

# TRANSLATING EFFECTIVE HEALTH BEHAVIOR STRATEGIES INTO PRACTICE FOR HIV+ WOMEN

THE SMART/EST WOMEN'S PROJECT

## INTERVENTION MANUAL

Appendix B

Stephen M. Weiss, Ph.D., MPH - Principal Investigator

# **Session 1 – Introduction**

## **Outline**

### **Relaxation**

#### **I. Relaxation—PMR**

### **Contents**

#### **I. Introduction of Therapists**

#### **II. Introduction of Format**

##### **A. Confidentiality**

##### **B. Expectations/Taping**

##### **C. Orientation to Procedures**

#### **III. Getting to Know Each Other**

##### **Exercise 1.1 Setting Goals**

#### **IV. Didactic—Stress, The Immune System and HIV**

### **Handouts** (End of Session – make copies)

1. Selecting Treatment Goals (2)
2. Values Clarification/Theme Identification (2)
3. Stress and Your Body
4. Instructions for Muscle Relaxation Exercises

### **Materials Needed**

1. Visual Aide 1 – Effects of Stress
2. Participant Manual – Purple

## **References**

Please see end of session

## Session 1 – Introduction

### I. INTRODUCTION

Introduction of co-therapists and positive reinforcement of participants for volunteering for the study and attending the initial group meeting.

### II. INTRODUCTION OF FORMAT

#### A. CONFIDENTIALITY

Many of you have been in groups before, so you know that confidentiality is extremely important for groups. As you know, your questionnaires and your blood work are all done using coded numbers, but we can't quite do that here in the group—we have to use names. Some of you know each other from before; some of you may know people who are friends of other people in the group. It is very important that we keep very strict confidentiality about what is said in the group so that people can feel safe enough to express how they truly feel. When you are outside of the group, you can talk about what you experienced, what you learned, or what you felt in the group, but please don't talk about other people's experiences, even without using their names. That often does not end up being confidential. If someone knows their friend, or their enemy, or their ex-lover is in the group, and they hear that "so-and-so" said this, sometimes they can guess from the context who is being described, and then confidentiality is lost. So again, outside the groups, feel free to talk about your own experiences and what you are learning, but not about the experiences of others. Is that something you will agree to?

Limits of confidentiality: It is important to mention a few occasions when we, as group leaders, would have to breach your confidentiality. Those occasions are if you indicate at any point that you might be a danger to yourself or to others, or if we learn that a child or elderly person is being harmed. The reason for this is that so we can do our jobs to keep you and others as safe as possible. However, we would never report anything without first talking to you.

**Therapists:** know the laws regarding partner notification, as they are different in each state.

#### B. EXPECTATIONS/TAPING

First, we would like to talk about what you can expect of this group. This group is for you, and we will tailor it to meet your needs. Therefore, we are looking to have input from you on what we discuss each week within the general topic areas.

Let us explain again how the groups are going to be set up. We will meet once a week for 16 weeks on this day at this time. You can expect these sessions to last about 2 hours and 15 minutes. It is extremely important that you come to all 16 of the weekly sessions.

Each week, we will be helping you to learn stress management and relaxation skills. The two of us will lead the groups. To make sure that we are following the format correctly and that we are doing the best possible job for you, we have a supervisor, a licensed psychologist, who will give us advice and suggestions over the next sixteen weeks.

Since our supervisor won't actually be in the group sessions, we will be tape recording the sessions so that he/she will be able to hear what is going on and provide us with feedback. This will enable us to do our jobs better. The only people who will hear the tapes will be the two of us and our supervisor. You may be uncomfortable with the idea that our supervisor will be hearing the tapes, so I want to assure you that the strictest confidence will be maintained.

You may be uncomfortable being taped, but that's perfectly natural. After a couple of weeks, you will be used to it and you probably won't even notice the tape recorder in the room.

**Therapists:** Does anyone have any questions or concerns about this? (Once any concerns have been addressed, the therapists can start the recorder.)

### **C. ORIENTATION TO PROCEDURES**

During the next sixteen weeks, we will be discussing ways to deal with stress in a healthy and effective manner. You will learn how to use these skills in stressful situations that happen in your everyday life—at work and home or when you are out socially. Most people experience some type of stressful situation every so often. Some of us have more stress than others. You don't have to be leading a stressful life in order to benefit from these skills—and they will also be helpful in situations that don't seem so stressful. For example, you can apply the ideas we will teach you to decision-making situations or communicating more effectively. So, you don't have to be under a lot of stress in order to gain something from your participation. But you will find that at those times when you do experience stress, the techniques you will learn here can be helpful.

Each weekly meeting we will start with "something good." We will all go around the room and share with the group one positive event that occurred in the past week or something you are proud of or something you accomplished toward your goal. At that time we will also check in to see how you did on the homework for between group meetings.

After that each group consists of two main parts. The first part is relaxation training. Each week a new form of relaxation will be introduced. We will practice it together in the group and then you can practice at home. The purpose of the relaxation training is to help you become more aware of what goes on in the body when you experience a certain emotion and to teach you relaxation as a skill for stress

management. People often go about their daily lives with too much tension in their muscles, which can sometimes cause headaches, backaches and other undesirable effects. This week you'll learn a technique that will help you relax your muscles whenever you need to—called progressive muscle relaxation.

Some of the techniques being introduced may be familiar to you, and in some cases the group session will serve as reminders to use skills you already have. That may be especially true for those of you who already practice meditation or relaxation skills.

You will also need to practice the relaxation exercises outside of the sessions in order to benefit from them. We have found in our previous research over the last few years that the more group members practice relaxation, the more they get out of the group. So, in this group the more you put into it, the more you will get out of it. We will be giving you audio copies of all the relaxation exercises to make it easier to practice at home.

For the other portion of each group we will ask you to discuss in your real life stressors. These could involve any kind of stressful situation from your everyday life that you feel comfortable sharing. We will then introduce some new information and apply this information to your stressors and work through some exercises. You may feel uncomfortable or anxious when some of the topics are discussed. However, it is important that you bring up your concerns, and we will work with you to learn how to handle that anxiety.

**Therapists:** Any questions about what has been discussed so far?

### **III. GETTING TO KNOW EACH OTHER**

Now, we'd like to break everyone up into pairs and have each of you "interview" your partner. We would like you to find out 3 things about your partner that she wants the group to know, such as how many children she has, where she is from, or a little about her background. After you do that each member will report to the group what she learned about her partner.

#### **Exercise 1.1—Setting goals**

We would now like to hear from you regarding what expectations you might have for the group. In other words, what is a major stressor that you would like to work on in the ten weeks we have available? We will try to help you think of some specific goals that can be achieved in the ten weeks we will be together. Try to be as specific as possible.

**Therapists:** Refer the women to their purple books in order to follow along with the appropriate grid. Make sure that you hear a goal from each of the women. Sometimes, they may have trouble coming up with something specific, so you may have to help them along by clarifying their thoughts or making suggestions.

For example, one stressor might be "difficulties managing my kids." In this case sub-goals might include: "improving their ability to follow directions," "reducing my anger when I talk to them."

Major stressors may have more than one goal. Often the goals include managing a problem and managing the emotional distress related to the problem. You can ask people to give you a specific example of a situation if you are not able to understand and identify a goal.

**Therapists:** It is often difficult to manage the discussion when the women start to discuss their stressors. The participants may want to discuss their problems in detail and obtain a solution to their difficulties. It will be important to remind the women that they will be working on these goals all 16 weeks and that we need to make sure everyone gets a turn to be heard.


As you articulate the stressors and goals you can also help people identify core values. These core values guide the individuals' decision-making processes. Some examples of core values include:

- Care taking—wanting to do our best to care for others and to develop them
- Achievement—to achieve personal or professional goals
- Brotherhood/equality—to feel connected and respected by others and to be treated as an equal
- Autonomy—to be able to determine your own future path
- Personal integrity/safety—to be in a safe environment and to have your sense of self protected and treated with respect
- Justice—to be treated fairly and to get what you deserve

You can describe the values to people by saying “Each of you holds certain values dear to your heart. These beliefs are cherished and important to us. Underlying each of your stressors, there is a value that is driving the distress.”

To help people identify the core values you can ask them what is most important to them. Are they stressed, for example, because they think they are not taking good enough care of someone and feel very strongly that it is important to be a good caretaker—or are they not able to achieve certain personal goals. Often the group can help each member identify their value.

## SESSION 1: SELECTING TREATMENT GOALS

Stressors  Goals

*Everyone has issues. What do you want to work on?*

<b><i>Major Stressors</i></b>	<b><i>Practical Treatment Goals</i></b>
Ex. 1: Feeling sick	Goal: Improving the way I care for my health.  Value: Personal integrity/autonomy
Ex. 2: Fights with friends	Goal: Improving communication with others.  Value: Love/affiliation
Ex. 3: Financial problems	Goal: Working to increase income.  Value: Autonomy
Ex. 4: Feeling depressed	Goal: Understanding and treating my depression.  Value: Personal integrity

## SESSION 1: VALUES CLARIFICATION/ THEME IDENTIFICATION

Stressor → Values/Themes

*What is important to you?  
What do you value?*

<b>Stressor</b>	<b>Values/Themes</b> Connection/Love Achievement/Identity Safety/Integrity Injustice	<b>Thoughts</b>
Ex. 1: I had a fight with my boyfriend.	Connection/Love	I want to have a loving relationship and I'm afraid our connection is damaged.
Ex. 2: I couldn't handle all my work at my job.	Achievement/Identity	I think of myself as a hard worker, but I just can't handle everything I have to do.
Ex 3: I got rejected for benefits because I misunderstood the forms.	Injustice	I need these benefits and it is unfair that I was denied.
Ex 4: My doctor doesn't listen to me.	Safety/Integrity	I'm worried about my health and I want to get better, but my doctor just isn't hearing what I'm saying.
	Connection/Love	I need to feel support around here but my doctor is not available.



### **III DIDACTIC: STRESS, THE IMMUNE SYSTEM AND HIV**

#### **A. Generate list of stressors (on board)**

Now we're going to do a brief review of the effects of stress on our bodies. First **ask the women**: What makes you feel stressed and when? (list all stressors that participants give you, and then add common ones if not given, e.g. bills, children, relationships, doctor, housing, etc.)

#### **B. Stress: What is it?**

We experience stress when we are faced with a situation that exceeds our capacity to cope. Part of the purpose of the group is to help you sharpen your coping skills to help you deal better with stressful situations (e.g., reduce arousal, think about problems in a more systematic way).

#### **C. Effects of stress (Show Visual Aid 1 – Effects of Stress)**

When you are in a stressful situation, your body reacts in a lot of different ways. Once information gets to your brain telling you what it is that you are facing, your brain takes that information and decides whether or not it is something that you can easily handle. If the information is interpreted as being stressful, then your brain sets off a complex set of responses that involve your entire body.

We have all been in stressful situations, so we know some of the ways that the body reacts to stress. Let's make a list

**Therapists:** (Have the women generate a list of the physical effects of stress) - Ask: What happens to your body when you are stressed?

Some physical effects of stress

- Pupils dilate
- Respiration increases
- Heart rate increases
- Blood pressure increases
- Blood flows to muscles and away from organs
- Sweat glands stimulated
- Sugar and fatty acids released into blood
- Adrenal gland releases "stress hormones"

In addition, stress can have effects on the cardiovascular system. For example, the "fatty acids" that are released into the blood hang around in the bloodstream and may lead to hardening of the arteries. Stress hormones may damage the blood vessel walls, which make them vulnerable to hardening of the arteries and clotting.

In people who are vulnerable to hypertension (high blood pressure), the increase in blood pressure during stress may add up over the years and result in strokes. Also,

in people whose heart muscles are already weakened, the increase in heart rate during stress can lead to heart attacks.

Physical changes during stress can also affect the stomach and intestines and lead to ulcers. This may be because the lining of the stomach does not get the oxygen and nutrients it needs during stress.

Stress also seems to affect how well the immune system works. For example, studies have shown that students are more likely to get sick during exam time. This is because the antibodies that fight viruses don't work as well during stressful periods. For people with HIV, the negative effects of stress on the immune system may be especially harmful. It has been found that some stress hormones can actually help the HIV virus to infect the cells of the immune system.

How you feel emotionally may also be affected by stress. Some of the symptoms of distress that people often experience when they are under stress include:

- Anxiety
- Depression
- Loneliness
- Social isolation

Although we cannot prevent stressful situations, we can learn to control the way these events or situations affect our bodies. By learning more effective ways of dealing with stress and relaxation techniques, you can either keep your body from reacting in these ways or learn to stop these responses before serious damage is done to the body and immune system. Over the next sixteen weeks, we will be working with you to help you learn some very useful stress management and relaxation techniques.

## **I. INTRODUCTION TO PROGRESSIVE MUSCLE RELAXATION (PMR)**

### **A. Background**

In the relaxation portion of the session, you will learn skills to help you manage the stress of your everyday lives. In particular, we will teach you a method of reducing the tension in your body. Often, people develop tension when they encounter stressful, even not-so-stressful, events. By practicing these skills every day, you will train your muscles to relax so physical tension will be less. Muscle relaxation consists of learning how to tense and relax different muscle groups throughout the body to help you feel more relaxed.

### **B. Rationale for PMR**

When we are in a stressful situation, our bodies react in a number of different ways, as we discussed earlier. When we say that dealing with life events is stressful, we are talking about our thoughts, feelings, and body sensations. If we learn to pay close attention to how our bodies are reacting to a situation, we may find hidden clues

about what we are feeling at any given time. One way to effectively deal with stressful situations is to learn how to distract ourselves in order to turn off this response. This can be done through the use of muscle relaxation.

You will learn to recognize the signs of both tension and relaxation as they occur in everyday situations, as well as in our sessions here.

**Therapists:** Any questions about what has been discussed so far?

The purpose of these sessions is to provide you with techniques you can use to deal with the stress we face everyday. You really need to make some time each day for yourself, for you to practice relaxation at home. We have found that having a special time and place can help you to practice relaxation on a regular basis.

## **II. TENSING INSTRUCTIONS AND DEMONSTRATION OF MUSCLE GROUPS**

In muscle relaxation, you will notice how different muscles feel when they are tensed or relaxed. We will talk you through each muscle group in your body and instruct you to tense and relax those muscles. During the relaxation session, we will be moving around the room to see how well you are relaxing.

Try to avoid moving around once a muscle group is relaxed unless you need to make yourself comfortable. The cue for you to tense the muscle is the word **NOW**. Finally, you should release the tension in the muscle immediately upon cue rather than gradually. The cue will be the word **RELAX**.

This session will take about 45 minutes, so if you need to use the restroom, do so now. You should remove watches, rings, glasses, and your shoes to increase your comfort level.

**Therapists:** Now is usually a good time for a bathroom break. Also offer the women the mats to lie down if available & space permits. Any Questions?

### **Instructions:**

One group leader presents PMR instructions (Pause lengths in seconds are indicated in parentheses), while the other leader monitors relaxation levels of group members. Tell group members that the therapist will be walking around and instructing them to further relax different parts of their body if necessary.

## **PROGRESSIVE MUSCLE RELAXATION – 7 MUSCLE GROUPS**

I'd like for you to lie on your back with your arms at your side or on your lap. Find a comfortable spot on your mat ... Now, close your eyes and take a nice, deep breath and hold it for a few seconds ... Now, slowly let the air out. And as you let the air out, you are releasing all the tension that is in your body.

**1.** Focus your attention on the muscles of your right arm. Lifting your arm slightly off the mat, I want you to make a tight fist and hold your arm as still as you can. Tense all of the muscles of your right arm NOW. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your arm gently drop back on the mat ... focusing on these muscles as they relax completely... noticing what it feels like as the muscles become more and more relaxed ... focusing all your attention on the feelings you feel as relaxation flows into these muscles (30).

Focus your attention on the muscles of your left arm. Lifting your arm slightly off the mat, I want you to make a tight fist and hold your arm as still as you can. Tense all of the muscles of your left arm NOW. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your arm gently drop back on the mat ... focusing on these muscles as they relax completely ... noticing what it feels like as the muscles become more and more relaxed ... focusing all your attention on the feelings you feel as relaxation flows into these muscles (30).

As you practice relaxing your muscles, \_\_\_\_\_ will come by and gently guide you so that you become more and more relaxed. You don't have to open your eyes when she comes by, just relax and let her gently guide you to a state of deeper and deeper relaxation.

**2.** Focus your attention on the muscles of your face. Squeeze your eyes shut very tightly and wrinkle your nose. Tense all the muscles of your face, NOW. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your face relax ... focusing on these muscles as they relax completely... noticing what it feels like as the muscles become more and more deeply relaxed ... focusing all your attention on the feelings you feel of deep, complete relaxation as your facial muscles loosen up ... smooth out ... you can think about nothing but the very pleasant feelings of calm .... peaceful .... relaxation (45).

**3.** I now want you to focus all of your attention on the muscles of your neck. By pulling your chin toward your chest, but not touching your chest, I want you to tense the muscles in your neck NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax ... letting all the tension go ... letting your neck relax ... focusing on these muscles as they relax completely ... noticing what it feels like as the muscles become more and more deeply relaxed ... there is nothing for you to do ... except focus all your

attention ... on the very pleasant feelings of deep, complete relaxation ... flowing into your neck ... just noticing what it is like ... as the muscles become more and more deeply relaxed (45) .

**4.** Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your shoulders. I want you to focus all of your attention on your shoulders. By pulling your shoulders up tightly to your ears, you can tense these muscles. I want you to pull your shoulders up tightly to your ears NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax ... letting all the tension go ... letting your shoulders gently drop down and rest on your mat. Allow the mat to support your shoulders as you more deeply relax ... focusing on these muscles as they become more and more deeply relaxed ... there is nothing for you to do ... except focus all your attention ... on the very pleasant feelings of deep, complete relaxation ... flowing into your shoulders ... just noticing what it is like ... as the muscles become more and more deeply relaxed (45).

**5.** Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your upper back. I want you to focus all of your attention on your upper back. By trying to pull your shoulder blades together, you can tense these muscles. I want you to pull your shoulder blades together NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax... letting all the tension go ... letting your back gently sink into your mat. Allow the mat to support your back as you more deeply relax ... focusing on these muscles as they become more and more deeply relaxed ... there is nothing for you to do ... except focus all your attention ... on the very pleasant feelings of deep, complete relaxation ... flowing into your back ... noticing what it is like ... as the muscles become more and more deeply relaxed (45).

**6.** Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your stomach. I want you to focus all of your attention on your stomach. By pulling your stomach in you can tense these muscles. I want you to pull your stomach in and tense these muscles NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your stomach relax ... focusing on these muscles as they become more and more deeply relaxed ... feeling the very pleasant feelings of deep, complete relaxation ... flowing into your stomach ... noticing what it is like ... as the muscles become more and more deeply relaxed (45).

**7.** As you continue to relax, I would now like you to focus your attention on the muscles of your right leg. By pointing your foot toward your face you can feel tension in these muscles. I want you to point the toes of your right foot toward your face NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your leg gently sink into the mat and relax ... focusing on these muscles as they become more and more deeply relaxed ... feeling the very pleasant feelings of deep, complete relaxation ... flowing into your right leg ... noticing what it is like ... as the muscles become more and more deeply relaxed (30).

As you continue to relax, I would now like you to focus your attention on the muscles of your left leg. By pointing your foot toward your face you can feel tension in these muscles. I want you to point the toes of your left foot toward your face NOW. Feel the muscles pull ... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax ... letting all the tension go ... letting your leg gently sink into the mat and relax ... focusing on these muscles as they become more and more deeply relaxed ... feeling the very pleasant feelings of deep, complete relaxation ... flowing into your left leg ... noticing what it is like ... as the muscles become more and more deeply relaxed (30).

We've relaxed the muscles of the arms; just allow them to continue relaxing. We've relaxed the muscles in the face and neck; go on allowing them to remain deeply relaxed. We've relaxed the muscles of the shoulders and stomach; allow these muscles to become even more deeply relaxed. We've relaxed the muscles of both legs; continue to allow these muscles to remain deeply and completely relaxed.

*(Allow 1 - 2 minutes of enjoyment)*

In a moment I am going to count backward from 4 to 1 and on the count of 4 you should begin to move your legs; on the count of 3 you should begin to move your arms; on the count of 2 you should move your head and neck; and on the count of 1 I'll ask you to open your eyes, feeling quite calm and relaxed, very pleasantly relaxed, just as if you have had a brief nap.

- 4      begin to move your legs
- 3      begin to move your arms
- 2      begin to move your head and neck
- 1      open your eyes

### **III. DETERMINING A TIME FOR DAILY RELAXATION PRACT**

**Therapists:** Following the relaxation session, co-therapists should ask who had difficulties and with what part of the relaxation. Determine what difficulties people anticipate with practicing relaxation. Take a few minutes to have a group discussion in order to pinpoint the time of day that is most conducive to relaxation for each participant.

Provide participants with handout, relaxation CD and participant manual.

### **HOMEWORK**

1. Encourage participants to take each other's telephone numbers.
2. Practice relaxation
3. Participant Handbook

## Session 1 – Introduction

### References

- Antoni, M.H., Schneiderman, N., Fletcher, M.A., Goldstein, D.A., Ironson, G., Laperriere, A. (1990). Psychoneuroimmunology and HIV-1. Journal of Consulting and Clinical Psychology, 58(1), 001-0012.
- Cohen, S., Tyrell, D.A., & Smith, A.P. (1991) Psychological stress in humans and susceptibility to the common cold. New England Journal of Medicine, 325, 606-612.
- Cupps, T. & Fauci, A. (1982). Corticosteroid-mediated immunoregulation in man. Immunology Review, 65, 133-155.
- Davis, M., Eschelman, E.R., & McKay, M. (1988). The Relaxation and Stress Reduction Workbook. Oakland: New Harbinger.
- Felten, D., Felten, S., Carlson, S., Olshawka, J., & Livnat, S. (1985). Noradrenergic and peptidergic innervation of lymphoid tissue. Journal of Immunology, 135 (suppl. 2). 755S-765S.
- Hall, N., & Goldstein, A. (1981). Neurotransmitters and the immune system. In R. Ader (Ed.) Psychoneuroimmunology (pp. 521-543). New York: Academic Press.
- Herberman, R., & Holden, H. (1978). Natural killer cell mediated immunity. Advances in Cancer Research, 27, 305-377.
- Ironson, G., Friedman, A., Klimas, N., Antoni, M.H., Fletcher, M.A., LaPerriere, A., Simoneau, J., & Schneiderman, N. (1994). Distress, denial, and low adherence to behavioral interventions predict faster disease progression in gay men infected with human immunodeficiency virus. International Journal of Behavioral Medicine, 1(10), 90-105.
- Kiecolt-Glaser, J.K., Garner, W., Speicher, C.E., Penn, G., & Glaser, R. (1984) Psychosocial modifiers of immunocompetence in medical students. Psychosomatic Medicine, 46, 7-14.
- Kiecolt-Glaser, J.K., & Glaser, R. (1992). Psychoneuroimmunology: Can Psychological interventions modulate Immunity? Journal of Consulting and Clinical Psychology, 60 (4), 569-575.
- Luiselli, J., Marholin, D., & Steinman, D. (1979). Assessing the effects of relaxation training. Behavior Therapy, 10, 663-668.
- Markham, P., Salahuddin, S., Veren, K., Orndorff, S., & Gallo, R. (1986). Hydrocortisone and some other hormones enhance the expression of HTLV-III. International Journal of Cancer, 37, 67-72.
- McCabe, P.M., & Schneiderman, N. (1985). Psychophysiologic reactions to stress. In N. Schneiderman & J.T. Tapp (Eds.) Behavioral Medicine: The biopsychosocial approach (pp. 99-131). Hillsdale, N.J.: Erlbaum.
- Stites, D., Stobo, J., Fudenberg, H., & Wells J. (1982). Basic and clinical immunology (4th edition). Los Altos, CA: Lang

## SESSION 1: SELECTING TREATMENT GOALS

Stressors  Goals

*Everyone has issues. What do you want to work on?*

<b><i>Major Stressors</i></b>	<b><i>Practical Treatment Goals</i></b>
Ex. 1: Feeling sick	Goal: Improving the way I care for my health.
Ex. 2: Fights with friends	Goal: Improving communication with others.
Ex. 3: Financial problems	Goal: Working to increase income.
Ex. 4: Feeling depressed	Goal: Understanding and treating my depression.



## SESSION 1: SELECTING TREATMENT GOALS

Stressors

Goals



*Everyone has issues. What do you want to work on?*

<b><i>Major Stressors</i></b>	<b><i>Practical Treatment Goals</i></b>

## SESSION 1: VALUES CLARIFICATION/ THEME IDENTIFICATION

Stressor 
→
 Values/Themes

*What is important to you?  
What do you value?*

<b>Stressor</b>	<b>Values/Themes</b> Connection/Love Achievement/Identity Safety/Integrity Injustice	<b>Thoughts</b>
Ex. 1: I had a fight with my boyfriend.	Connection/Love	I want to have a loving relationship and I'm afraid our connection is damaged.
Ex. 2: I couldn't handle all my work at my job.	Achievement/Identity	I think of myself as a hard worker, but I just can't handle everything I have to do.
Ex 3: I got rejected for benefits because I misunderstood the forms.	Injustice	I need these benefits and it is unfair that I was denied.
Ex 4: My doctor doesn't listen to me.	Safety/Integrity	I'm worried about my health and I want to get better, but my doctor just isn't hearing what I'm saying.
	Connection/Love	I need to feel support around here but my doctor is not available.

## SESSION 1: VALUES CLARIFICATION/ THEME IDENTIFICATION

Stressor 
→
 Values/Themes

*What is important to you?  
What do you value?*

<b><i>Stressor</i></b>	<b><i>Values/Themes</i></b> Connection/Love Achievement/Identity Safety/Integrity Injustice	<b><i>Thoughts</i></b>

## **SESSION 1 - STRESS & YOUR BODY**

### **HOW DOES YOUR BODY REACT WHEN YOU ARE STRESSED?**

- ◆ You breathe faster
- ◆ Your heart rate gets faster
- ◆ Your mouth may get dry
- ◆ Your muscles may get tense

### **SOME MEDICAL CONDITIONS CAN GET WORSE**

For example:

- ◆ If your blood pressure goes up, this may lead to hypertension or chronic high blood pressure.
- ◆ If your stomach produces more acid, ulcers get worse.

### **STRESS CAN ALSO WEAKEN YOUR IMMUNE SYSTEM**

- ◆ People catch more colds when they are under stress.

### **HOW DOES IT WORK?**

- ◆ Under stress, your body makes stress hormones.
- ◆ These hormones interfere with natural killer cells.
- ◆ These natural killer cells destroy cancer cells and other 'garbage' in your system.

## SESSION 1 - INSTRUCTIONS FOR MUSCLE RELAXATION EXERCISE

1. RIGHT ARM: Hold arm at a 45-degree angle and make a fist.  
LEFT ARM: Same as with right arm (above).
2. FACE MUSCLES: Squeeze eyes shut tightly and wrinkle your nose, tensing all the muscles of your face.
3. NECK: Pull head down until chin almost touches the chest.
4. SHOULDERS: Pull shoulders up tightly to your ears.
5. UPPER BACK: Pull the shoulders back (together).
6. STOMACH: Make the stomach hard by pulling it in.
7. RIGHT LEG AND FOOT: Lift foot off of the floor or mat, pull the toes back toward your face.  
LEFT LEG AND FOOT: Same as with right leg and foot (above).

## **Session 2 – Deep breathing combined with PMR-7 Outline**

### **Relaxation**

- I. Introduction to Breathing Exercise
- II. Review of the Script for 7 Muscle Group
- III. Deep Breathing Combined with PMR-7

### **Contents**

- I. Discussion on Practicing Relaxation
- II. Review List of Stressors Generated in the Last Session
  - A. Exercise 2.1
  - B. Figure 2.2
- III. Stress Management
  - A. General Introduction
  - B. Awareness of Physical Tension
    - i. Exercise 2.2
    - ii. Exercise 2.3
    - iii. Exercise 2.4
    - iv. Exercise 2.5
  - C. Awareness of Physical Sensations Associated with Emotion

### **Handouts** (End of Session – make copies)

1. Symptoms Checklist
2. Effects of Stress
3. Linking events and feelings (2)

### **Materials Needed**

1. Visual Aide 2 – Aspects of the Stress Response

### **References**

- Antoni, M.H., Baggett, L., Ironson, G., LaPerriere, A., August, S., Klimas, N., Schneiderman, N., & Fletcher, M.A. (1991). Cognitive-Behavioral stress management intervention buffers distress responses and immunologic changes following notification of HIV-1 seropositivity. *Journal of Consulting and Clinical Psychology*, 59(6), 906-915.
- Cacciope, R. And The Health Promotion Services Branch, Health Department of Western Australia. (1984). Taking Care of Yourself. Health Department of Western Australia.
- Davis, M., Eschelman, E.R., & McKay, M. (1988). The Relaxation and Stress reduction workbook. Oakland: New Harbinger.
- Gendlin, E.T. (1969). Focusing. Psychotherapy: Theory, Research, and Practice, 6, 4-15.
- Gendlin, E.T. (1981). Focusing. New York : Bantam

## Session 2 – Deep Breathing Combined with PRM-7

**Therapists:** Before Beginning Session Refer Back to Relevant Section of Therapist Process Notes

### I. Introduction to Breathing Exercise

The way that you breathe can either help to make you feel more stressed and nervous or more relaxed and calm. So, before we review the muscle relaxation exercise that we covered last week, let's talk about breathing. How is your breathing different when you are nervous from when you are totally relaxed?

**Therapists:** Get responses from the group.

When you're nervous or stressed, your breathing tends to be shallow and very quick (demonstrate). However, when you are totally relaxed (like right before you fall asleep after a long day), your breathing is slow and very deep. When you're doing relaxation, you should be trying to slow your breathing down and make it as deep as possible. With each breath, your focus should be on making each breath deeper and slower than the one before it. Singers learn to breathe from their stomachs and not from their chests to get enough air to make their tones full and strong. We are going to do the same thing, breathing from our stomachs in order to get full, deep breaths.

Before we move into the relaxation portion of this session, let's do an exercise to make sure that you are all breathing from your stomachs and not your chests.

**Therapists:** (Either have the participants stand and do the book-against-the-wall exercise OR have them to lie on the mats and do the book-on-the-stomach exercise. In both of these exercises, one of the co-therapist should demonstrate the proper method before having individual participants try the exercise.)

### II. Review of the script for 7 muscle groups (PMR-7)

1. Right arm: Hold arm at a 45 degree angle and make a fist.  
Left arms: Same as with right arm (above).
2. Face muscles: Squeeze eyes shut tightly and wrinkle your nose, tensing all the muscles of your face.
3. Neck: Pull head down until chin almost touches the chest.
4. Shoulders: Pull shoulders up tightly to your ears.
5. Upper back: Pull the shoulders back (together)

6. Stomach: Make the stomach hard by pulling it in.

7. Right leg and foot: Lift foot off of the floor or mat, pull the toes back toward your face.

Left leg and foot: Same as with right leg and foot (above).

After completing the breathing exercise and reviewing the steps of PMR-7, begin the relaxation session using the script entitled, "Deep Breathing Combined with Progressive Muscle Relaxation - 7 Muscle Groups."

### III. Instructions for Muscle Relaxation Exercise

Deep Breathing Combined With progressive Muscle Relaxation - 7 Muscle Groups

**Instructions:** One group leader presents PMR instructions (pause lengths in seconds are indicated in parentheses), while the other leader monitors relaxation levels of group members.

I'd like for you to sit comfortably [lie on your back] with your arms at your side or on your lap. Find a comfortable spot on your chair [mat]... Now, close your eyes and take a nice, deep breath and hold it for a few seconds... Now, slowly let the air out. And as you let the air out, you are releasing all the tension that is in your body.

#### DEEP BREATHING

First, we will learn how to breathe in a way that helps us to become more relaxed. Continue to take slow, deep breaths as you listen to my instructions.... you will breathe in to the count of 4,...hold to the count of 4,.. breathe out on the count of 4,.. and hold to the count of 4. We'll do this several times. Ready..., begin. Breathe in...,2...,3...,4..., hold...,2...,3...,4..., breathe out...2...,3...,4..., and hold...,2...,3...,4... (Repeat counting portion 3 or 4 times).

And as you continue to breathe in to the count of 4, hold to the count of 4, breathe out to the count of 4, and hold to the count of 4, you will now focus your attention to your muscles, while you continue to breathe as you've been instructed

#### PROGRESSIVE MUSCLE RELAXATION

1. Focus your attention on the muscles of your right arm. Lifting your arm slightly off the chair [mat], I want you to make a tight fist and hold your arm as still as you can. Tense all of the muscles of your right arm **NOW**. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your arm gently drop back on the mat (chair)... focusing on these muscles as they relax completely... noticing what it feels like as the muscles



become more and more relaxed...focusing all your attention on the feelings you feel as relaxation flows into these muscles (30).

Focus your attention on the muscles of your left arm. Lifting your arm slightly off the chair [mat], I want you to make a tight fist and hold your arm as still as you can. Tense all of the muscles of your left arm **NOW**. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your arm gently drop back on the mat (chair)... focusing on these muscles as they relax completely... noticing what it feels like as the muscles become more and more relaxed...focusing all your attention on the feelings you feel as relaxation flows into these muscles (30).

As you practice relaxing your muscles, \_\_\_\_\_ will come by and gently guide you so that you become more and more relaxed. You don't have to open your eyes when she comes by, just relax and allow her to gently guide you to a state of deeper and deeper relaxation.

And continue to breathe in for 4,... hold for 4,... breathe out for 4,... and hold for 4...

2. I'd now like for you to focus your attention on the muscles of your face. Squeeze your eyes shut very tightly and wrinkle your nose. Tense all the muscles of your face, **NOW**. Continue to breathe while you notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your face relax... focusing on these muscles as they relax completely... noticing what it feels like as the muscles become more and more deeply relaxed...focusing all your attention on the feelings you feel of deep, complete relaxation as your facial muscles loosen up...smooth out...You can think about nothing but the very pleasant feelings of calm....peaceful....relaxation (45).

3. I now want you to focus all of your attention on the muscles of your neck. By pulling your chin toward your chest, but not touching your chest, I want you to tense the muscles in your neck **NOW**. Feel the muscles pull... notice what it is like to feel tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax...letting all the tension go...letting your neck relax... focusing on these muscles as they relax completely... noticing what it feels like as the muscles become more and more deeply relaxed...There is nothing for you to do... except focus all your attention.... on the very pleasant feelings of deep, complete relaxation... flowing into your neck.. just noticing what it is like...as the muscles become more and more deeply relaxed (45).

And continue to breathe in for 4,... hold for 4,... breathe out for 4,... and hold for 4..

4. Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your shoulders. I want you to focus all of your attention on your shoulders. By pulling your shoulders up tightly to your ears, you can tense these muscles. I want you to pull your shoulders up tightly to your ears **NOW**. Feel the muscles pull... notice what it is like to feel

tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax...letting all the tension go...letting your shoulders gently drop down and rest on your mat. Allow the mat to support your shoulders as you more deeply relax... focusing on these muscles as they become more and more deeply relaxed...There is nothing for you to do... except focus all your attention.... on the very pleasant feelings of deep, compete relaxation... flowing into your shoulders...just noticing what it is like...as the muscles become more and more deeply relaxed (45).

5. Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your upper back. I want you to focus all of your attention on your upper back. By trying to pull your shoulder blades together, you can tense these muscles.

I want you to pull your shoulder blades together **NOW**. Feel the muscles pull... notice what it is like to feel tension in these muscles as they pull and remain hard and tight. Continue to breathe as you tense these muscles (5-7).

And relax...letting all the tension go...letting your back gently sink into your chair [mat]. Allow the chair [mat] to support your back as you more deeply relax... focusing on these muscles as they become more and more deeply relaxed...There is nothing for you to do... except focus all your attention.... on the very pleasant feelings of deep, compete relaxation... flowing into your back...noticing what it is like...as the muscles become more and more deeply relaxed (45).

And continue to breathe in for 4,... hold for 4,... breathe out for 4,... and hold for 4...

6. And as you continue to feel relaxation I'd like you to focus now on your stomach. Continue to allow these muscles to relax while you shift your attention to the next set of muscles, your stomach. I want you to focus all of your attention on your stomach. By pulling your stomach in you can tense these muscles. I want you to pull your stomach in and tense these muscles **NOW**. Feel the muscles pull... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your stomach relax... focusing on these muscles as they become more and more deeply relaxed...feeling the very pleasant feelings of deep, compete relaxation... flowing into your stomach... noticing what it is like...as the muscles become more and more deeply relaxed (45).

7. As you continue to relax, I would now like you to focus your attention on the muscles of your right leg. By pointing your foot toward your face you can feel tension in these muscles. I want you to point the toes of your right foot toward your face **NOW**. Feel the muscles pull... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your leg gently sink into the chair [mat] and relax... focusing on these muscles as they become more and more deeply relaxed...feeling the

very pleasant feelings of deep, complete relaxation... flowing into your right leg... noticing what it is like...as the muscles become more and more deeply relaxed (30).

As you continue to relax, I would now like you to focus your attention on the muscles of your left leg. By pointing your foot toward your face you can feel tension in these muscles. I want you to point the toes of your left foot toward your face **NOW**. Feel the muscles pull... notice what it is like to feel tension in these muscles as they pull and remain hard and tight (5-7).

And relax...letting all the tension go...letting your leg gently sink into the chair [mat] and relax... focusing on these muscles as they become more and more deeply relaxed...feeling the very pleasant feelings of deep, complete relaxation... flowing into your left leg... noticing what it is like...as the muscles become more and more deeply relaxed (30).

We've relaxed the muscles of the arms; just allow them to continue relaxing. We've relaxed the muscles in the face and neck; go on allowing them to remain deeply relaxed. We've relaxed the muscles of the shoulders, back and stomach; allow these muscles to become even more deeply relaxed. We've relaxed the muscles of both legs; continue to allow these muscles to remain deeply and completely relaxed.

And continue to breathe in for 4,... hold for 4,... breathe out for 4,... and hold for 4...3...2...1...

**Therapists:** (Allow 1 - 2 minutes of enjoyment)

In a moment I am going to count backward from 4 to 1 and on the count of 4 you should begin to move your legs; on the count of 3 you should begin to move your arms; on the count of 2 you should move your head and neck; and on the count of 1 I'll ask you to open your eyes, feeling quite calm and relaxed, very pleasantly relaxed, just as if you have had a brief nap.

- 4 begin to move your legs
- 3 begin to move your arms
- 2 begin to move your head and neck
- 1 open your eyes

## Session 2 - Stress & Awareness

### I. Check-In and Discussion:

**Therapists:** Inquire about the number of times during the previous week that each participant has practiced relaxation (PMR-7 from the previous session). Determine what facilitated doing exercises at home. Address any problems that participants are encountering with relaxation. Assist participants with problem-solving in order to overcome obstacles to practicing relaxation.

- How often do you find you are relaxing?
- Where are you practicing relaxation?
- What gets in the way for you?
- What obstacles do you set up to doing your relaxation?
- What do you say to yourself that keeps you from taking the time to practice your relaxation?
- What have people done or said to themselves that helps them keep their commitment to relax?



**STRESS**



**AWARENESS**

**Goal: To introduce the concepts of stress management and to increase awareness of physical responses to stressors.**

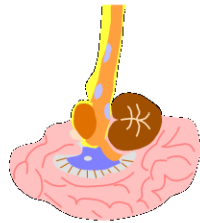
### Review list of stressors generated in the last session

#### Exercise 2.1:

Review with the group the symptoms of stress checklist (Figure 2.1) and then discuss what is stressful in lives and the corresponding effects of these stressors. This can be done in dyads with individuals reporting back to the group or with the group as a whole. Refer to list of stressors in this exercise. Ask for stressors that occurred during the past week. Identify the theme/values.

FIGURE 2.1

# THE EFFECTS OF STRESS



**COGNITIVE:** anxious thoughts, fear of what is going to happen, having problems concentrating, forgetfulness

**EMOTIONAL:** feelings of tension, worries, irritability, feelings of restlessness, inability to relax, feeling down or hopeless

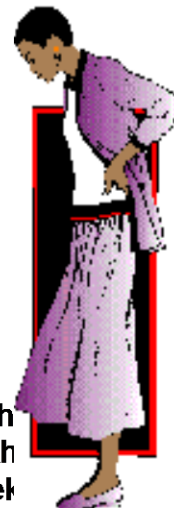


**BEHAVIORAL:** (what you do or don't do) avoidance of tasks, sleep problems, difficulty in completing work assignments, fidgeting, tremors, strained face, tension, crying, changes in drinking, eating, or smoking behaviors

**PHYSICAL:** stiff or tense muscles, grinding teeth, clenching fists, sweating, tension headaches, faint feelings, choking feeling, difficulty in swallowing, stomach ache, loss of interest in sex, tiredness, awareness of heart beating



**SOCIAL:** How a person acts in response to other people who is under stress: avoiding others, isolating themselves, or seeking other people, venting, getting easily irritated with others.



Last session, we defined "stress" as an individual's response to an external event that is perceived as exceeding his/her capacity to respond to it.

There are many aspects to the stress response:  
(Show Visual Aide 2 – Aspects of the Stress Response)

- **Cognitive (thoughts)**
- **Affective (feelings)**
- **Physical (body)**
- **Behavioral (actions)**
- **Social (dealing with others)**
- **Value/Theme**



It is important to become aware of these various effects of stress. They can be used as cues of when you need to find better coping strategies.

## II. Stress management:

**A. General Introduction:** Stress management consists of strategies that help us become more aware of situations which cause stress, and providing effective techniques for coping with stress. Stress management techniques have been used with success for many emotional and physical problems, including anxiety and depression, insomnia, fears of dental treatment, diabetes, high blood pressure, headaches, heart disease, genital herpes, arthritis, and side effects of cancer chemotherapy. Many times we have no control over the occurrence of stressful situations. However, we can get control over the ways that we deal with stress, which can either increase or decrease our stress symptoms.

One goal of this stress management intervention is to help you become more aware of:

- 1) the situations in which you are most likely to have automatic thoughts (a set way of thinking about situations that we do out of habit)
- 2) your favorite kind of automatic thoughts (in other words, what kind of thoughts pop into your mind most often when you are under stress)
- 3) how your thinking and how your feelings are connected
- 4) ways in which your thoughts and feelings shape your actions, your confidence in yourself, and your self-esteem.



**B. Awareness of Physical Tension:** One of the first steps to Stress Management is to increase our **Awareness** of both the obvious signals and subtle bodily signals of stress that we experience. One we become aware of what's going on in our minds and bodies, we can then concentrate on making important changes. We want you to get to know what makes you feel stressed, and to be able to tell when your body is reacting to stress so that you can start as early as possible to nip the stress in the bud.

### **Exercise 2.2: Body Awareness**

Close your eyes and pay close attention to how your body feels from head to toe, including high tension areas like the **stomach**, **shoulders**, **back**, and **neck**. Ask yourselves the following questions:

Where are your muscles tight?  
How long have they been this way?

Is there anything that happened that is connected with this feeling of tension?  
(Is there anything that is worrying you, bothering you, did something happen that made you feel this way?)

### **Discussion:**

- Which of your muscles usually feel tense, especially when something is bothering you?
- When do you feel this most?
- When are you most and least aware of your muscles feeling tense?

**Therapists:** refer to handout Linking Life Experiences to sensations and emotions

**Exercise 2.3:** Think of someone you are having difficulty with. (pause). Close your eyes and get a good picture of them in your mind. See their hair, the color of their eyes, what their face looks like, how they usually walk, what kind of clothes they wear, what kind of expression they usually have on their face, where you usually see them. And then think about how their voice sounds, how they smell. Then think about how you usually feel when you're with them. (How they make you feel). See where you are aware of physical sensations- paying particular attention to your chest and your abdomen, where we feel a lot of the sensations that are connected with our emotions.

[refer to grid on page 9] – what emotions are you experiencing? Anxious, irritable, nervous, sad, happy, calm, relaxed? What sensations or physical responses are you noticing? Do you feel tight or loose in there, full of butterflies, warmth, back pain, clenched, open, closed, like something is sinking, or rising, or clutching-- how does all that feel inside?

**Exercise 2.4:** Then think of someone you love (or care about a lot). (pause). Close your eyes and get a good picture of them in your mind. You might want to imagine them sitting right next to you. See their hair, the color of their eyes, what their face looks like, how they usually walk, what kind of clothes they wear, what kind of expression they usually have on their face, where you usually see them. And then think about how their voice sounds, how they smell. Then think about how you usually feel when you're with them. (i.e. how they make you feel). See where you are aware of physical sensations- paying particular attention to your chest and your abdomen, where we feel a lot of the sensations that are connected with our emotions. *Do you feel tight, loose in there, full of butterflies, warm, open, closed, like something is sinking, or rising, or clutching-- how does all that feel inside?*

**Exercise 2.5:** Ask members to describe the physical sensations during the previous

exercise. No reference to a person is necessary. Get as many descriptive adjectives as possible, as personal a description as possible.

—→ **Optional:** If any participants appear to grow anxious during this exercise, teach breathing for calming – Breathe in to the count of 4, hold to the count of 4, exhale to the count of 4, and hold to the count of 4. Use this to deal with any anxiety which comes up from any of the exercises used in this session.

### **C. Awareness of Physical Sensation Associated with Emotion**



Whenever you have an emotion (sadness, anger, joy), something happens in your body. It is important to become aware of what is going on in your body that is related to what you are feeling. For example, the bodily changes associated with anger may be quite different from those associated with sadness or grief.

### **Continued Activities for Increasing Awareness of Physical Sensations (Role Play)**

#### **Exercise 2.6:** [grid, page 9]

Imagine it is time to take your medicine and you go to the place you keep all your pills.

What do you feel?  
Where do you feel the tension?  
What do you think?

Imagine you are sitting in the waiting room at your clinic.

What do you feel?  
What thoughts cross your mind?  
Do you have positive and negative emotions?  
Where do you feel tense?

Discussion: Go around the group and ask “when you are stressed, how do you feel? What kind of feelings are you most aware of (e.g. painful, joyous, anxious)? Do you let in pleasant feelings as well as negative ones?

### **HOMEWORK**

- 1) Become aware of physical symptoms and emotions
- 2) Handouts
- 3) Practice PMR



## SESSION 2: SYMPTOMS CHECKLIST

When people are under stress, they may have one or more of the following symptoms. Please read the list below and place a checkmark next to those symptoms that you have when you are tense or under stress.

Hostility (acting “ugly” toward people)_____	Anger_____
Irritability_____	Resentment_____
Strong fears_____	Tense muscles_____
Headaches_____	Neck aches_____
Backaches_____	Digestion problems_____
Irritable bowel_____	Ulcers_____
Constipation_____	Chronic diarrhea_____
Muscle spasms_____	Tics_____
Sleeplessness_____	Sleeping problems_____
Overeating/ Loss of appetite_____	Physical weakness_____
Feeling sad or depressed_____	Low self-esteem_____
Staying away from other people_____	Alcohol/Drug use_____
Problems getting certain thoughts out of your mind_____	
Other_____	

**Adapted from Davis, Eshelman, and McKay (1988).**

## SESSION 2: THE EFFECTS OF STRESS



**1. Cognitive -**  
problems concentrating, forgetfulness

anxious thoughts, fear of what is going to happen, having



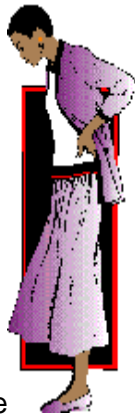
**2. Emotional -**  
restlessness, inability to relax, feeling down or hopeless

feelings of tension, worries, irritability, feelings of



**3. Behavioral -**  
problems, difficulty in completing work assignments, fidgeting, tremors, strained face, tension, crying, changes in drinking, eating, or smoking behaviors

(what you do or don't do) avoidance of tasks, sleep



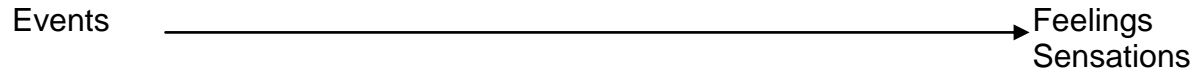
**4. Physical -** stiff or tense muscles, grinding teeth, clenching fists, sweating, tension headaches, faint feelings, choking feeling, difficulty in swallowing, stomach ache, loss of interest in sex, tiredness, awareness of heart beating



**5. Social -**  
How a person acts in response to other people when he/she is under stress: avoiding others, isolating themselves, or seeking out other people, venting, getting easily irritated with others.

## SESSION 2: LINKING EVENTS AND FEELINGS

### Linking Life Experiences to Sensations and Emotions

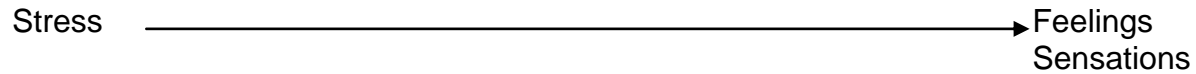


*Think about these experiences, how do you feel?*

<b>Event</b>	<b>Feelings</b> Examples of feelings are: <i>anxious, irritable, nervous, sad, angry, happy, calm, and relaxed.</i>	<b>Sensations/Physical Responses</b> Examples of sensations are: <i>headache, stomachache, muscle tension, dry mouth, back pain, comfort, warmth, and well-being.</i>
1. Thinking of someone you love		
2. Thinking of someone who made you angry or upset.		
3. Taking your medicine in the morning		
4. Sitting in the waiting room at your health clinic		

## SESSION 2: LINKING EVENTS AND FEELINGS

### Sensations and Emotions



*When you are stressed, how do you feel?*

<b>Major Stressors</b> Some stressors are: <i>getting sick, fights with family/friends, feeling overcrowded, not having enough money.</i>	<b>Feelings</b> Examples of feelings are: <i>anxious, irritable, nervous, sad, and angry.</i>	<b>Sensations/Physical Responses</b> Examples of sensations are: <i>headache, stomachache, muscle tension, dry mouth, back pain.</i>
Example: I lost my job	1. Feel anxious	1. Get headaches 2. Have upset stomach

## **Session 3 – Linking Thoughts and Feelings**

### **Outline**

#### **Relaxation**

- I. Diaphragmatic Breathing
  - A. Breathing Awareness
  - B. Deep Breathing
- Beach Scene Imagery

#### **Contents**

- I. Review of Weekly Assignments
  - a. Discussion of adherence in general
  - b. Adherence to relaxation
  - c. Check-in
- II. Didactic: Background
  - a. Review Effects of Stress
  - b. Understanding the Relationship Between Thoughts and Feelings
    - i. Diagram 3.1a
    - ii. Exercise 3.1b
    - iii. Exercise 3.2
  - c. The Interpretation Process
  - d. Interpretations, Emotions, and Awareness
    - i. Example 3.1
    - ii. Example 3.2
  - e. The Multicomponents of Emotion

#### **Handouts** (End of session – make copies)

- 1. Breathing Exercise
- 2. Relationship Between Thoughts and Feelings
- 3. A-P-I-R
- 4. Identifying Stressors and Responses
- 5. Identifying the Chain from Events to Interpretations to Responses (2)

#### **Materials Needed**

- 1. Visual Aid 3

#### References

None

### Session 3 – Diaphragmatic Breathing and Beach Scene Imagery Relaxation

**Therapists:** Before Beginning Session Refer Back to Relevant Section of Therapist Process Notes

- I. **Diaphragmatic breathing:** Facilitators should introduce the technique of diaphragmatic breathing in a way similar to the following:

Breathing is necessary for life. When we breathe properly, we manage our stress better. Babies breathe properly. Babies breathe fully and naturally. As adults few of us still breathe like this.

Let's look at what we all take for granted -- **a breath**. When you inhale, air is taken in and warmed through your nose. The hairs of your nose filter out dirt and dust, which are let out when you exhale.

How does that breathe work throughout your body? The diaphragm is a sheet-like muscle that stretches across your chest, separating your chest from your abdomen. Although you can move your diaphragm on your own, it pretty much operates automatically. When the diaphragm relaxes, the lungs contract (or partially close up) and air is forced out. Try taking deep breaths and letting them out. Notice how your shoulders and stomach drop slightly, which is also what your diaphragm does.

Breathing puts oxygen in your blood and helps to make your blood pure -- it cleans it out. When you don't get enough fresh air to your lungs, your blood doesn't get enough oxygen and it doesn't get as clean.

**There are several ways in which too little oxygen in your blood is related to your health:**

1) Waste products that should have been removed are kept in circulation, slowly poisoning your system; 2) When your blood lacks enough oxygen, it can affect your complexion; 3) Digestion is affected, i.e., you don't digest food as well; 4) Your organs and tissues become undernourished and don't work as well; 5) **Blood without enough oxygen in it can lead to feeling anxious, depressed or tired, and makes each stressful situation many times harder to cope with.** Proper breathing habits are extremely important for good mental and physical health. In addition, proper breathing and relaxation are essential for handling stress - because they help you to cope better.

**So, what can you do to improve your breathing habits?** You can learn to breathe in new ways that are more efficient and work for you to reduce your stress. Breathing exercises have been found to be effective in helping people reduce anxiety, depression, irritability, muscle tension, and fatigue.

You'll probably learn this breathing exercise in a few minutes, and you'll feel some immediate benefits. However, it may take months of regular practice to gain the full benefits of deep,

proper breathing. After you have tried the following exercises, it will be important to find a way to practice breathing every day.

### **A. Breathing Awareness**

(Before beginning this exercise, allow participants to blow their noses or otherwise clear their nasal passages.)

Lie down on your couch (or mat) in a relaxed position -- your legs slightly apart, your toes pointed comfortably outwards, your arms at your sides, not touching your body, your palms up, and your eyes closed. Allow the couch (or mat) to support your body as you gently sink into it. Become aware of your body as it begins to more deeply relax.

Bring your attention to your breathing and place your right hand on your stomach. Your hand should gently and slowly rise every time you inhale and gently and slowly drop every time you exhale.

Now place both of your hands gently on your abdomen and follow your breathing. Notice again how your stomach rises each time you slowly inhale, and falls as you slowly exhale.

Bring your attention now to your chest. Place your left hand on your chest, while leaving your right hand on your stomach. Is your chest relaxed? Is your stomach moving more than your chest? Spend a minute or two feeling how your chest also rises, but much less than the movement of your stomach.

Scan your body for tension, especially your neck, chest, and stomach. Are you relaxed in your neck, chest, and stomach? Allow your neck, chest, and stomach to more deeply relax.

### **B. Deep Breathing**

Now, inhale slowly and deeply through your nose. Allow the air to go into your stomach and push up your hand as much as feels comfortable. Your chest should move only a little.

When you feel at ease with your stomach full of air, exhale through your mouth, making a quiet, relaxing, whooshing sound like the wind as you blow gently out. Your mouth, tongue, and jaw will be relaxed. Take long, slow, deep breaths which raise and lower your stomach. Focus on the sound and feeling of breathing as you become more and more relaxed.

When you become at ease with breathing into your stomach, practice it whenever you feel like it -- during the day when you are sitting and standing. Where do you see yourself doing this during the day? See yourself in your mind's eye, at home or at work, waiting in line at the grocery store, or sitting in the clinic as you wait for your appointment. Imagine yourself taking the time to do your breathing. How does it feel? Concentrate on your stomach moving up and down, the air moving in and out of your lungs, and the feeling of relaxation that deep breathing gives you.

When you have learned to relax yourself using deep breathing, practice it whenever you feel yourself getting tense.

## **II. Beach Scene Imagery**

Introduce the concept of how images may be used to bring about relaxation.

### **Beach Scene Imagery**

I'd like for you to close your eyes and make yourself as comfortable as possible. Remember to keep your eyes closed as you allow yourself to continue relaxing, letting yourself become deeper and deeper relaxed. Listen carefully as I describe a scene to you. I want you to use your imagination to take yourself to this quiet and peaceful place.

Take in a nice, deep breath and as you let that breath go, begin to imagine that you are on the beach. It's a beautiful, warm day and you have decided to go to the beach and enjoy some time alone. It's a warm and shiny day, but not very humid at all. There's a cool, crisp breeze blowing through the trees. Can you see this picture in your mind? You are on the beach on this special day. As you look around, you notice that you have the beach all to yourself. Bright sunshine bathes the quiet and peaceful beach. As you look up and down the shore, all you can see are miles and miles of clean, white sand, the gentle waves as they drift in and out over the shore, and the tall, tall, palm trees as they blow lazily in the breeze. It is late morning, before the beach gets too hot. Right now, the beach is nice and warm and sunny and comfortable.

As you walk towards the ocean, you can feel the coolness of the sand beneath your bare feet. There's a light breeze blowing today, clean and crisp. And you can smell the refreshing scent of the ocean as the breeze gently blows across your face. You look around the beach and find a special spot to place your towel down on the sand. When you sit down, you naturally start to dig your toes into the cool, wet sand. It feels too good to just wiggle those toes in the sand. As you sit there, just let the sand slip between your toes. Now take your toes and dig into the sand, going deeper and deeper into the sand. Now lift your toes and let the sand flow between your toes and fall back onto the beach. With your toes in the sand, you can feel the sand getting warmer and warmer in the sunshine. Slowly you start to feel your feet getting warmer too.

Now you lie back on your large beach towel beside the ocean. You are lying on your back with your legs stretched out and your arms comfortably beside you. Imagine you are lying there with your eyes closed and paying close attention to the sounds that are all around you. You can hear the cry of seagulls overhead, as they fly over the edge of the ocean, flapping their wings. The wind is lightly blowing, whispering as it passes trees, shaking the leaves of the palm tree. As your eyes remain closed, you continue to listen to the sounds around you. The main sound that you hear is the ocean. The waves make a bunch of different sounds that you listen to: they make a gentle roaring sound as they rise and break, and then they make a soft, sloshing sound as they come up to the beach, gently touching the shore.



With your eyes still closed, listen to the sound of the waves as they flow back and forth over the shore, roaring and splashing; the sound of the seagulls flapping their wings overhead; and the soothing sound of the soft, blowing wind passing through the palm trees. You can feel the sun as it begins to make everything get warmer and warmer in the sunshine. You begin to feel the comfortable warmth all over your body. You feel the comfortable warmth on your shoulders first, but then you gradually begin to feel the warmth of the sun, on your chest, on your stomach, on the tops of your legs, on your feet, and especially on your face. You can feel your cheeks and jaws and forehead getting comfortably warmer and warmer from the heat of the sun. The heat that you're feeling is a peaceful, warm, soothing feeling that is coming from the sun. You can sense the golden glow of the sun through your eyelids, a soft, golden light that is softened in your mind. Concentrate on that warm, golden light. As you lie here in the sun on the beach, you feel very deeply relaxed..... very safe, very comfortable, very warm. You roll your head slowly to the side and you can feel the comfortable warmth of the sun spreading down your neck.

In your mind's eye, you slowly open your eyes as you lie there on your towel, and things look sort of hazy and far away. As you look out into the water, you can see a sailboat lightly bobbing in the water. The water sparkles and shimmers in the sunlight. You can see many shades of blue and green and turquoise and emerald in the glistening sea. You watch the white caps on the ocean, rising up on the top of a wave, breaking, and then disappearing again. You watch the waves go up and down, up and down, up and down, and you feel very, very comfortable and relaxed. A few birds soar by overhead and you look up at the sky. It is a pure blue sky dotted with fluffy white clouds. The clouds look so soft and comfortable that you want to touch them. But as you try to lift your arm to touch one of the clouds you realize that it is very difficult to move your arm. You can't even lift your fingers off the towel because of how comfortably heavy they feel.

As you lie on your towel beside the ocean, you feel the comfortable warmth of the sun on your body. Every now and then, a light breeze gently blows over you, and cools you and it feels very refreshing. You can feel the breeze as it blows over your chest, your stomach, your legs, and across your cheeks and face. As the breeze leaves, it is replaced once again by the warmth of the sun. Concentrate on how that warmth feels all over your body. It makes you feel very, very heavy. In the background, you can barely hear the sounds of the ocean and the seagulls.

With your eyes closed very gently, you can sense the golden glow of the sun. If you listen very carefully to the ocean, you can hear the sounds that it makes. In your mind you can even see the waves rising, breaking with white foam, and then disappearing again, roaring, then sloshing, then fading away. You listen to them rising, then falling, rising, then falling, rising, and then falling. As you listen, you can feel your breathing begin to slow and match the pattern of the ocean, rising, then falling, rising, then falling rising, and then falling. You continue to feel the warmth of the sun, and the feel of the cool breeze as it softly and gently blows over your body. The warmth of the sun and the sounds and sights of the waves make you feel very warm and very deeply relaxed.

The sounds around you begin to sound as though they are becoming farther and farther away as they begin to fade into the background. Concentrate on the golden glow of the sun and the warmth it makes you feel. The sounds continue to disappear, and all you can sense is the golden light and the warmth of the sun. The only sound you can hear is the roar of the ocean. The waves gently rising, then falling, rising, then falling, rising, then falling, then fading away. You can feel your body moving gently to the rhythm of the waves, as you feel deeper and deeper relaxed, and warmer and warmer all the time.

Right now, you are fully relaxed. Your mind and body are fully relaxed, at peace. Your heart can beat regularly, in perfect rhythm. Your breathing is very deep and regular. All of the systems in your body have reached a state of balance, of harmony. In this state of balance, resistance to illness may be stronger. Your immune system may work better to keep you healthy longer. When you are deeply relaxed, your body feels strong and healthy. Allow yourself to just enjoy that sense of peace, balance, and calm. Pay close attention to what it feels like to be fully relaxed. Take a few moments to enjoy these feelings of relaxation.

Now I am going to count backwards from 4 to 1. On the count of four, I will ask you to start moving your legs; on the count of three, begin moving your hands and arms; on the count of two, begin to move your head and neck; and on the count of one, open your eyes, feeling calm, relaxed, refreshed - 4 (begin moving your legs) . . 3 (begin moving your hands and arms) . . 2 (begin moving your head and neck) . . . 1 (open your eyes, feeling calm, relaxed, and refreshed).

## Session 3 – Linking Thoughts and Feelings

### I. Review of Weekly Assignments

Check for difficulties with monitoring of stress or with relaxation practice.

**Discussion** of adherence to relaxation; things that facilitate doing exercises at home or work, as well as problems that people are encountering with relaxation at home.

### B. Adherence in general

1. Often times when we change a routine or want to add a routine into our lifestyles it takes a while before it becomes “automatic”. It is like breaking a habit.....and most everyone of us know how difficult it is to break a habit, like nail biting, smoking, etc. Fortunately, many people find it easier to incorporate a routine into your lifestyle than to extinguish one. For example, relaxation. Many of you are getting better at incorporating relaxation into your lives the more you do it, and the more you see the positive effects of relaxation. In order to do that, we take a look first to see if we can “easily” find time to do it, then, if not, we ask these questions:

- How often do you find you are relaxing?
- Where are you practicing relaxation?
- What gets in the way for you?
- What do you say to yourself that keeps you from taking the time to practice your relaxation?
- What have you done or said to yourself that helps you keep the commitment to relax?

Understanding or realizing what obstacles prevent us from establishing a routine or from doing things will help us to work around them so that we can be successful. For example, if you were to say “I want to do my relaxation, but it’s hard with the kids around”. The children occupying your attention prevent you from practicing your. Therefore, look for time when your children are at school or elsewhere. Sometimes we feel as if we “just don’t have enough time” to squeeze in one more thing. However, you may find that a 15 or 20 minute relaxation in the morning or afternoon gives you more energy to do your tasks, perhaps even more efficiently. Thus, because you took out 15-20 minutes in the morning, you actually accomplish more and/or are more productive. When we begin to get used to doing something a certain way, pretty soon, if you don’t do it, you’ll miss it. The best way to get there is to practice. Just like with anything new you learn to do, you practice until it becomes “second nature”. It also helps if you see the benefits from the “new routine”. When you see benefits, you are more likely to WANT to do it more.

Over the course of these sessions, we will be asking you to learn new things and to practice until they become “second nature”

### C. Check-In

1. Check in with each participant to find out how much they practiced relaxation and awareness of stress. Some may tell of stressful situations that occurred over the past week and how they dealt with it. Allow about 3-5 minutes for each person. Remember one or two of the stressful situations described to use them in examples for the didactic section this week.

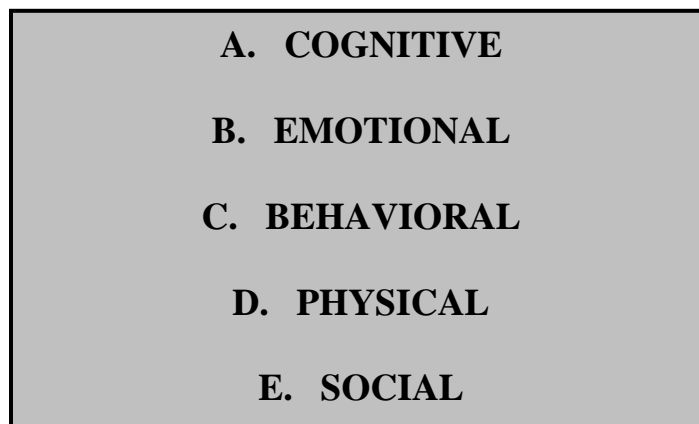
## II. Didactic: Background

### A. Review effects of stress

First we'll quickly review the different effects of stress that we described last week. These include:

### B. Understanding the relationship between thoughts (interpretations) and feelings

Today we are going to talk about how **what you think can affect your mood**. These exercises will let you experience what we are talking about.



(Show Visual Aid 3) This model shows the relationship between your thoughts and feelings. It is not the actual events, but your **perceptions** that result in changes in mood. When you are sad, your thoughts will represent a realistic interpretation of negative events. When you are depressed or anxious, your thoughts will often be illogical, distorted, unrealistic or just plain wrong.



**WORLD:** A series of positive, neutral and negative events.

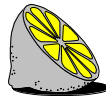


**THOUGHTS:** You interpret the events with a series of thoughts that continually flow through your mind. This is called your internal dialogue.



**MOOD:** Your feelings are created by your thoughts and not the actual events. All experiences must be processed through your brain and given a conscious meaning before you experience any emotional response.

### Exercise 3.1b: Lemon Imagery



"Close your eyes and imagine a bright, clean, sparkling white plate. And in the middle of that bright, clean, sparkling white plate is a fresh, ripe, yellow lemon. See the bright waxy yellow skin. The lemon is so fresh.....so ripe.....just picture that fresh, yellow, ripe lemon in the middle of the bright, clean, sparkling white plate. Now..... imagine that you pick up the lemon and cut it with a knife. Feel the juice trickle between your fingers. Perhaps some of the juices squirt up at you near your face. As you cut the lemon, the scent of the fresh ripe lemon becomes stronger. Take a deep sniff of that fresh, clean, lemony scent. Now, bring the lemon to your mouth and touch your tongue. Your mouth puckers immediately from the bitterness. You feel shiver move up your spine...Now, take a **big bite** of the lemon and notice all of the sensations.....the lemony smell and the tangy, tartness and bitterness continues to send shivers up your spine. Whenever you are ready open your eyes."

*Discussion: What sensations did you feel? Where is the lemon?*

As you just experienced, there is a relationship between the way in which you think and the way you feel which involves: **GIVE HANDOUT FOR VISUAL AID 3.1A.**

➔Becoming aware of the relationship between what you think and what you feel:



### Awareness

➔Our emotions or moods come from the way we look at things.

Remember the exercise we did last week when we asked you to remember someone special to you? Not only was there a physical change, but also perhaps you noticed your mood changed slightly as well.

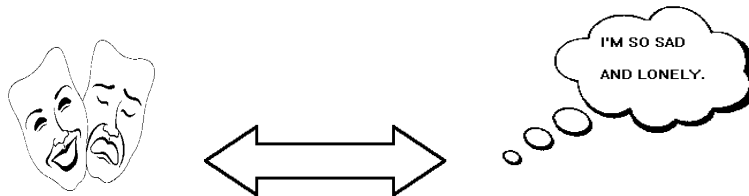
## Interpretations



➔ Before we really experience an event, we must process it, give it meaning. So you must think about what is happening to you and understand it before you really feel it.

➔ If the perception is correct or accurate then our emotions or mood will be appropriate or match the situation. If our perception or thinking is inaccurate then our feelings may also become distorted, extreme, etc.

➔ This is how depression and anxiety may occur unnecessarily. This does not mean that we only experience depression or anxiety when our perceptions are distorted. However, many times may find that we feel bad for no good reason.



**Emotions and Thoughts Are Related:** When you feel any **emotion** such as sadness, anger, or joy, you also experience **physical changes** (changes in your body) and at the same time you have **thoughts or images**. So when you experience an emotion, you actually experience several things with it:

1. you "**feel**" the emotion - the affect (e.g., anxiety)
2. you experience changes in your body (e.g., your heart races, muscle tension, headaches)
3. you experience thoughts or images (e.g., "I'll never get this job" or an image of being broke).

\*\*\*\*\*All of these components of emotion are important, and they **interact** with each other to perpetuate or feed one another\*\*\*\*\*

### **Exercise 3.2**

Help participants begin to understand how feelings and thoughts are connected. To understand why when you have a specific feeling (e.g.: sadness), you need to understand how your interpretation process is working. (You do not necessarily need to use these terms.)  
[see page 11 of participant manual]

Thinking -----→ Feeling  
*When you are stressed, what do you think?*

Event	Thoughts ( <i>self-talk</i> )	Responses	
		Feelings	Sensations
Ex. 1 “The doctor at the health center talks to me in a harsh way.”	“She thinks I’m no good.”	Angry Hurt	Upset Stomach
	“She doesn’t respect me.”	Angry	Agitated Tense muscles
	“This place is no good.”	Nervous	Agitated Headache

Event	Thoughts ( <i>self-talk</i> )	Responses	
		Feelings	Sensations
Ex. 1 “You ask someone (your child, parent, partner) to help you and they don’t do it right away.”	“They don’t love me or care.”	Sad	Tense Tired
	“They will never care.”	Angry Worried	Agitated Upset stomach
	“I’ll never get enough help, and I’ll always be exhausted..”	Angry Hurt Nervous	Exhausted

**Illustrate process and have participants come up with some examples or use examples taken from the check-in earlier, using the grid on page 12 of the participant manual**

## C. The Interpretation Process

\* REFER TO HANDOUT "Awareness – Perception – Interpretation – Responses" In Participant Manual

EVENT: Something is happening (e.g., a STRESSOR)

PERCEPTION: Your mind becomes AWARE of this event. The event has to be perceived or filtered in.

INTERPRETATION/ THOUGHTS/ SELF-TALK: In order for you to have an emotion, you must first make an interpretation about what it means to your personal well-being. Is it addressing love, identity, justice, or relationships? After you have perceived the event, you start to determine the impact of this event on you.

Relevant issues would include:

- What's happening?
- Do I care about what is happening?
- Is it good or bad for me?
- Can I do anything about it?
- Can I cope with it?
- Will it get better or worse?

EMOTIONAL/PHYSICAL STATE: What we feel about the event is directly linked with how we appraise or value it. Emotions are the results of how we interpret things. Emotions are accompanied by behavioral and physical reactions.

Refer back to Exercise 3.2 to illustrate how these 4 elements are connected.

## D. Interpretations, Emotions, and Awareness

**AWARENESS** : When becoming aware of the relationship between what you think (interpretation), what you feel (emotion), how you react (physical and behavioral) realize that:  
***Interpretation process occurs Very, Very, Very FAST!!!!!!***

When we are appraising an event these thoughts occur so quickly that sometimes they are referred to as **AUTOMATIC THOUGHTS**.

We say AUTOMATIC as referring to a stage of a learning process. The more you repeat an action the more you learn to perform it and the faster you learn to do it. After a while it is automatic, like brushing our teeth or even breathing.

Example 3.1



Think about learning to drive. In the beginning, when you see a traffic light, you talk to yourself about what to do....soon, you stop when you see the light turn red, without awareness of any thoughts or talking to yourself through it.

Because it happens so quickly, it is not easy to become AWARE of what we think about an event.

### Example 3.2

Think about improving your skills at baking a cake. Say for example that you wanted to learn how to make your chocolate cake more moist. First, you would have to be AWARE of what you are doing wrong. Maybe you have made chocolate cake so many times that you do not even use a recipe anymore. It is now AUTOMATIC and so it is very hard to be AWARE of how much of each ingredient that you put in your cake batter or even how long it is that you usually bake the cake.

One way to be aware of your movement is to videotape yourself and carefully observe what you do. By slowing down the tape you can observe, frame by frame, a very complex process.



In the same way, we can try to find ways to videotape our thoughts in our minds. There is no easy way to record our thoughts, self-talks, or interpretations.

In order to identify more easily our interpretations about situations, we can use some information derived from research in emotion.

## **E. The many components of emotion**

There are many different parts of emotion. When you feel any emotion--sadness, anger, joy,- you have organized thoughts or images and you also experience physical changes at the same time.

1. You have thoughts or images (he doesn't care for me).
2. You feel the emotion (sadness or anger).
3. You experience changes in your body (heart races).
4. You need to move or to behave in a certain way (want to be alone).

All of these different parts of emotion are important and they interact with each other. These indicators make you AWARE of your emotional state.

## **HAVING EMOTIONS IS A SIGN THAT YOU ARE INTERPRETING SOMETHING.**

### Examples of the Emotion-Thought Link

Distressing and upsetting emotions often signal to us that we are engaging in some form of negative thinking. Thus, by examining our negative thoughts during these troubling emotional states, we can distinguish between negative thoughts that arise from accurate and inaccurate perceptions of external stressful events, and attempt to modify and change those distorted thought processes (arising from inaccurate perceptions) that are causing us unnecessary distress.

For example, an individual who lost her job and was seeking new employment found herself quite anxious and depressed before new job interviews. She examined her negative thoughts "I will never get this job, I am not qualified, the people here will never like me", and found that she was likely appraising the situation (i.e. the job interview) in an overly negative and unrealistic manner. Thus, her attempt to break the cycle of negative emotion by changing negative thoughts to something more like "I have an even chance of getting this job; I am well-prepared for this interview; if I don't get this job, there are several other jobs advertised for which I am qualified." These more realistic and accurate thoughts reduced her anxiety and depression levels, and helped her to feel more comfortable in the interview.

### STEPS TO BREAKING THE CYCLE:

#### STEPS TO BREAKING THE CYCLE

- BECOME **AWARE** OF NEGATIVE THINKING PATTERNS
- LEARN TO **RECOGNIZE** ANXIETY – PRODUCING **APPRAISALS**
- BEGIN TO **NOTICE** THAT THESE THOUGHTS ARE **AUTOMATIC**
- TAKE NOTE THAT THESE THOUGHTS ARE OFTEN **NEGATIVE OR DISTORTED**
- BEGIN TO **CHANGE** TO MORE **BALANCED APPRAISALS**

1. The interviewee needed to be **AWARE** that she was saying something unrealistically negative to herself – she had to learn to **RECOGNIZE HER ANXIETY-PRODUCING APPRAISALS** (recognize her anxiety-producing thoughts about the situation). These **THOUGHTS** occur so quickly that we refer to them as **AUTOMATIC**. The automatic thoughts that are associated with anxiety and other negative emotions are **OFTEN NEGATIVE AND DISTORTED**. For example, the thought "I'll never get this job" is an unrealistic appraisal of the situation, because she did get called for an interview – therefore, the employer was impressed enough with the woman's resume to consider giving her the job. So she did have some chance.

2. Once she learned to identify her negative thoughts, she could then work on changing **THESE THOUGHTS**. After practice, less distorted thoughts (i.e. **MORE BALANCED APPRAISALS**) would then be automatic, and the process of identifying and changing unrealistic negative thoughts would also be automatic.

### GOALS FOR THE NEXT TWO WEEKS:

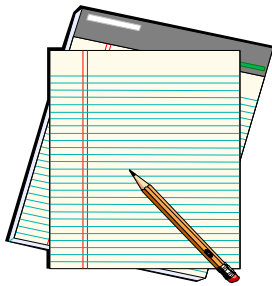
Next week you will begin to examine more closely where your own thoughts are inaccurate and distorted, and how such thoughts lead you to experience emotional and physical distress.

The following week, you will begin the process of changing and restructuring these distorted thoughts so that your perceptions of external events are brought more in line with reality. Again, this will be a critical step in continuing the process of stress management.

This week's assignment is to identify stressful situations that you encounter during the week, negative thoughts associated with these encounters, and associated emotional and physical responses corresponding to these situations. The work that you do during this week will serve as the basis for next week's discussion, so please put as much effort into these tasks as you can.

Here are a couple of forms to help you monitor your perceptions, interpretations, and responses to events over the next week.

## **HOMEWORK**



- Practice Relaxation
- Identify stressful situations during the week and the negative thoughts, emotions and physical responses related to the situations.

## **SESSION 3 - BREATHING EXERCISE**

### **Breathing Awareness**

(Before beginning this exercise, blow your nose or otherwise clear your nasal passages.)

Lie down on your couch (or mat) in a relaxed position -- your legs slightly apart, your toes pointed comfortably outwards, your arms at your sides, not touching your body, your palms up, and your eyes closed. Allow the couch (or mat) to support your body as you gently sink into it. Become aware of your body as it begins to more deeply relax.

Bring your attention to your breathing and place your right hand on your stomach. Your hand should gently and slowly rise every time you inhale and gently and slowly drop every time you exhale.

Now place both of your hands gently on your abdomen and follow your breathing. Notice again how your stomach rises each time you slowly inhale, and falls as you slowly exhale.

Bring your attention now to your chest. Place your left hand on your chest, while leaving your right hand on your stomach. Is your chest relaxed? Is your stomach moving more than your chest? Spend a minute or two feeling how your chest also rises, but much less than the movement of your stomach.

Scan your body for tension, especially your neck, chest, and stomach. Are you relaxed in your neck, chest, and stomach? Allow your neck, chest, and stomach to more deeply relax.

### **Deep Breathing**

Now, inhale slowly and deeply through your nose. Allow the air to go into your stomach and push up your hand as much as feels comfortable. Your chest should move only a little.

When you feel at ease with your stomach full of air, exhale through your mouth, making a quiet, relaxing, whooshing sound like the wind as you blow gently out. Your mouth, tongue, and jaw will be relaxed. Take long, slow, deep breaths which raise and lower your stomach. Focus on the sound and feeling of breathing as you become more and more relaxed.

When you become at ease with breathing into your stomach, practice it whenever you feel like it -- during the day when you are sitting and standing. Where do you see yourself doing this during the day? See yourself in your mind's eye, at home or at work, waiting in line at the grocery store, or sitting in the clinic as you wait for your appointment. Imagine yourself taking the time to do your breathing. How does it feel? Concentrate on your stomach moving up and down, the air moving in and out of your lungs, and the feeling of relaxation that deep breathing gives you.

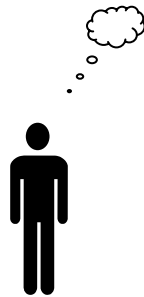
When you have learned to relax yourself using deep breathing, practice it whenever you feel yourself getting tense.

## SESSION 3 -RELATIONSHIP BETWEEN THOUGHTS AND FEELINGS

This model shows the relationship between your thoughts and feelings. It is not the actual events, but your perceptions that result in changes in mood. When you are sad, your thoughts will represent a realistic interpretation of negative events. When you are depressed or anxious, your thoughts will often be illogical, distorted, unrealistic or just plain wrong.



**WORLD:** A series of positive, neutral and negative events.



**THOUGHTS:** You interpret the events with a series of thoughts that continually flow through your mind. This is called your internal dialogue.



**MOOD:** Your feelings are created by your thoughts and not the actual events. All experiences must be processed through your brain and given a conscious meaning before you experience any emotional response.

## **SESSION 3 – A-P-I-R**

### **AWARENESS → PERCEPTION → INTERPRETATION → RESPONSES**

Think about a time you wanted your kids or a spouse or friend to do something for you and it didn't work out. You didn't get what you thought you needed.

Create a movie script in your mind. Tell us all the details.

**AWARENESS**      Describe the situation.  
What do you want?  
How did you let the other person know what you wanted?  
What did they do?

**PERCEPTION**      What was your overall perception of what happened -  
Negative, positive, in-between

**INTERPRETATION**      What were the thoughts you had about what happened?  
What did you say to yourself?

**RESPONSES**      Feelings and sensations

## SESSION 3: IDENTIFYING STRESSORS AND RESPONSES

<b>STRESSORS</b> (Some stressors are...getting sick, fights with friends or family, feeling overcrowded, not having enough money)	<b>RESPONSES</b> (Some responses are...feeling anxious, irritable, nervous, sad or angry, having headaches, stomachaches, muscle tension, dry mouth, back pain, no energy, or being unable to rest or relax)
Example: I lost my job	1. <i>Feel anxious</i>
	2. <i>Get headaches</i>
	3. <i>Have an upset stomach</i>

## SESSION 3: IDENTIFYING THE CHAIN FROM EVENTS TO INTERPRETATIONS TO RESPONSES

**Events → Thoughts → Feelings**

Thinking  → Feeling

*When you are stressed, what do you think?*

<b>Event</b>	<b>Thoughts (Self-Talk)</b>	<b>Responses</b>	
		<b>Feelings</b>	<b>Sensations</b>
Ex. 1. "The doctor at the health center talks to me in a harsh way."	"She thinks I'm no good."	Angry Hurt	Upset stomach
	"She doesn't respect me."	Angry	Agitated Tense muscles
	"This place is no good."	Nervous	Agitated Headache
Ex. 2: "You ask someone (your child, parent) to help you and they don't do it right away."	"They don't love me or care."	Sad	Tense Tired
	"They will never care."	Angry Worried	Agitated Upset stomach
	"I'll never get enough help, and I'll always be exhausted."	Angry Hurt Nervous	Exhausted



**SESSION 3: IDENTIFYING THE CHAIN FROM EVENTS TO  
INTERPRETATIONS TO RESPONSES  
RESPONSES EVENTS → THOUGHTS → FEELINGS**

Thinking —————→ Feeling

*When you are stressed, what do you think?*

<b><i>Event</i></b>	<b><i>Thoughts (Self-Talk)</i></b>	<b><i>Responses</i></b>	
		<b><i>Feelings</i></b>	<b><i>Sensations</i></b>

# **Session 4 - Negative Thinking and Cognitive Distortions**

## **Outline**

### **Relaxation**

- I. Deep Breathing
- Special Place Imagery

### **Contents**

- I. Discussion of Adherence
- II. Check-in
- III. Review of Awareness of Stress
  - a. Stressful situations of the week
  - b. Thoughts linked to the stressful situations
- IV. Negative Thinking or Cognitive Distortions

### **Handouts** (End of session – make copies)

- 1. Examples of Negative Thinking
- 2. Analyzing Thoughts and Feelings: Thinking Things Through
- 3. Negative Thinking or Cognitive Distortions
- 4. Identifying Types of Negative Thinking (2)
- 5. Identifying More Reasonable and Helpful Ways to Think (4)
- 6. Identifying Parts of the Problem (4)

### **Materials Needed**

None

## References

Davis, M., Eshelman, E.R., & McKay, M. (1988). The Relaxation and Stress Reduction Workbook. Oakland: New Harbinger.

Jakubowski, P. & Lange, A.J. (1978). The Assertive Option. Champaign, Illinois: Research Press.

## Session 4 – Negative Thinking and Cognitive Distortions Relaxation

**Therapist:** Before Beginning Session Refer Back to Relevant Section of Therapist Process Notes

### **I. Deep Breathing**

Today we are going to start with a deep breathing exercise. Just as we have discussed in the previous sessions, deep breathing can be very relaxing by itself, as it allows us to take in fresh oxygen, which in turn helps our bodies in many ways. Why is it important for us to have oxygen in our bodies? (helps to make our blood pure – helps to filter out the “poisons”; helps our complexion; helps with digestion – nourishes our organs and tissues to work better and more efficiently; blood without enough oxygen in it can lead to feeling anxious, depressed or tired, and makes each stressful situation many times harder to cope with; proper breathing habits are extremely important for good mental and physical health and are essential for handling stress - because they help you to cope better.)

### **Instructions**

**Breathing to the count of 4.** Breathe in to the count of 4, hold to the count of 4, breathe out to the count of 4, and hold to the count of 4. Do this several times. **Breathe in..., 2..., 3..., 4..., hold..., 2..., 3..., 4..., breathe out..., 2..., 3..., 4... and hold..., 2..., 3..., 4....** . This can be done at any time, anywhere, when you are feeling anxious and want to calm down.

### ***Combining breathing to the count of 4 with Imagination:***

This exercise combines the relaxing benefits of relaxed breathing with self suggestions.

Lie down on a rug or blanket on the floor in a relaxed pose. Place your hands gently on your abdomen and continue relaxed breathing to the count of 4.

Imagine that, with each incoming breath of air, energy is coming into your lungs. As you hold, energy is being stored in the center of your body and flowing out to all parts of your body. Imagine that as you breathe out, any tension that you have is leaving your body. Just let tension flow out as you breathe out. Form a picture of this in your mind, breathing in and letting energy come into your body, holding, and letting the energy flow through your body. Breathing out, and letting go of any tension, and holding, letting yourself remain in a clear, calm, state. If you want to think of a calm relaxing color, you can imagine yourself breathing in this color on the in breath, and then as you hold, letting this color flow to all parts of your body, calming and restoring you.

Gradually come back to the room and open your eyes.

Continue on a daily basis for at least five to ten minutes a day.

**Discussion: How was that? How relaxed did it get you? How does it compare to muscle relaxation for you?**

## **II. Relax through imagery of a safe, secure place.**

Suggest that participants think of a special place in their minds, a place they have been, or have seen in a movie or a picture, or an imaginary place, which is very beautiful, and where they feel calm and safe. When they have selected a place (which they can change if they want), then continue with "Special Place Imagery."

### **Special Place Imagery**

Just focus on your breathing as the air comes in... and out...in and out of your body. Without forcing it, allow yourself to achieve a rhythm of breathing,..... deeper, and deeper.....slower and slower....., becoming more and more relaxed with every breath.....Try to let each breath become a little bit deeper than the one before it. Just allow yourself to slow down, finding peace, and calm all around you .... Continue to focus on each breath as it goes in.....and out in and out..... Slowly..... gently.. calmly... breathing in..... and out...

Every time you let air into your body, you can say to yourself in your mind "relax" or "peace" or any word or phrase that will help you become more relaxed and at peace.

And as that air leaves your body, all the stress.... trouble... and tension from the day... begins to leave your body..... As you breathe out, you can let all the tension go.... Let it all go....leaving your body every time that you breathe out.....allowing you to become more and more deeply relaxed with every breath.

Focus on each breath very gently, very quietly. Breathing in and out. If you have any thoughts going by, It's okay... Just let them drift by... No need to focus on any one thought right now... Let them drift by... like bubbles floating by in the air... As you are breathing slowly, deeply... you begin to experience comfort and warmth... signs that you are deeply relaxed...

Feel the comfort and peace of your body in a relaxed state. Now imagine a place.. a special place that you enjoy. Where you feel peaceful... calm..., and relaxed. A place where you are secure and very safe. Your special place might be at the beach... or in the mountains... or maybe in the woods by a river or brook. Or maybe your special place is a room in your house.

Imagine yourself going to your special place now... Picture it in your mind... Be in that place now... Breathe deeply and feel its peace. Feel that place begin to fill you with joy and warmth. Allow yourself to let in the gentle relaxation of that special place...

Look around you... it's as if you're there now.... See the all the different shapes and all the colors of your special place...see the different objects, as if they are right there in front of you ... What are the textures that you see?... Are there shadows? ... patterns?... leaves or clouds moving?.....What do you hear?... Be aware of any sounds.....notice the smell the air....your special place may have that special scent, that as soon as you notice it, your body relaxes

even more with it's familiarity. What is the temperature...? Can you feel comfortable warmth or coolness on your skin...? Do you feel a cool breeze against your face? Be aware of all the sensations in your special place.... Feel the peace of your special place.

Breathe in the air and as you breathe in let yourself be completely filled with the peace of this special place...Allow yourself to experience its beauty.. Let it nourish you and calm you.

Let the peace and harmony of this place spread throughout your body. With every breath, let the calmness spread deeper through your body... restoring every cell, bringing energy, healing, relaxing wholeness throughout your body. And as you breathe you become gradually more... and more relaxed... more.... and more deeply at peace.

(Long pause 1-2 minutes)

Breathing deeper and deeper into the calm and peace, letting it fill you.

Know that this is a place you always have inside of you. And that you have the ability to go there any time you want by breathing deeply in and out, shutting your eyes, and taking yourself to this inner healing place.....

And now we are going to count back from 4 to 1. When I say 4 you can begin to move your feet. When I count to three, you can begin to move your arms and hands. When I count to 2 you can begin to move your head and neck. And on 1 you can stretch and gradually open your eyes, coming to a fully alert state, but retaining the relaxed calm peacefulness of this relaxation experience.....

*(As you say this shift your voice from soothing relaxing tones to more crisp everyday alerting tones.)* 4..... you can begin to move your feet. 3.... begin to move your arms and hands. 2 .... begin to move your head and neck. 1 .... stretch and gradually open your eyes, coming to a fully alert state, but keeping the relaxed calm peacefulness of this relaxation experience.

#### Questions for discussion:

What was this like for you. How did this compare to what we have done previously? What was the memory of tensing like as compared to tensing and relaxing? Did anyone have more trouble concentrating? Were you able to find your relaxed place? What was it like there?

**Therapists:** If participants had trouble using imagery in their relaxed place you may explain that visualization can be extremely difficult for some people, so if this form of relaxation was more difficult for you than the basic exercise, don't feel that you have failed in any way. Give some suggestions concerning practicing visualization. (e.g. "imagine a red triangle. let it change to a blue triangle. then let it change to a yellow triangle. then let it change to a yellow circle. then let it change to a red circle. then let it change to a red square. then let it change to a blue square. etc."

Relaxation session evaluation and reminder to do homework.

## Session 4 – Negative Thinking and Cognitive Distortions

I. Continue discussion of obstacles to the practice of relaxation; things that facilitate doing exercises at home, or at job.

- Did the discussion we had last week help anyone set aside time for relaxation? Is your self-talk about relaxation changing?
- How often do you find you are relaxing?
- Where are you practicing relaxation?
- What gets in the way for you?
- What obstacles still get in the way of finding time to do your relaxation?
- What do you say to yourself that keeps you from taking the time to practice your relaxation?
- What have people done or said to themselves that helps them to keep their commitment to relax?

Just as we've discussed adherence to the relaxation, later on we will discuss the importance of adherence to other areas of your health, such as medication, diet and other healthy behaviors you may want to adjust or change.

### II. Review of Adherence

- a. Check-in. Go through the group and ask what people did over the past week with topics that had been discussed last week.
- b. Obstacles. Find out what obstacles prevented them from working towards their goals. Problem solve with the whole group as to how these obstacles can be avoided or worked around. Let them know that sometimes we may choose a goal which may turn out to be too difficult at the time, in that case, alter the goal, whether it means to decrease the goal, or change completely. Also, we may set goals that are difficult to reach "overnight", therefore, it is important to recognize that you are working towards the goal, and each day or week, you are closer to reaching the goal. And each small goal you reach sets you up for success along the way. For example, when someone is working on losing weight, they may have chosen the goal to cut out sodas completely, even though they may have been drinking 3 or more sodas a day. Work with them to understand that setting a smaller goal of cutting down to 1 soda a day is a good start, then they can eventually work their way to 1 soda every other day or every 2 days, then to 1 soda a week, or no sodas except on "special occasions". Another example may be in the pedometers. Maybe you have set to walk 7,000 steps a day, but when you first start out, you are only averaging 5,000 steps a day. You may want to set 5,200 steps or 5,300 steps as your first week goal, then once you are able to do that without much problem, you can then increase it by more, until you eventually reach 7,000 steps each day. You may then find you want to increase your goal even more after that. *Our goal as therapists is to help the participants to be successful in their goals then build on them.*

- c. When and where are you able to maintain your relaxation goal?
- d. What obstacles prevent you from working towards your goal?
- e. What do you say to yourself that keeps you from reaching your goal?
- f. What have people done or said to themselves that helps them to keep their commitment to their goal?

As we've just seen, some other things that might prevent us from reaching a nutritional goal is what we tell ourselves – for example: “My kids will never eat this, so why should I bother to make this just for myself”, “I HAVE to have soda/coffee/sweets”. “Now that I'm watching what I eat, I can't have ANY sweets or fried foods – why should I deprive myself?”

This leads us to our next topic of automatic thoughts – or negative thinking or cognitive distortions.

## II. Negative thinking or cognitive distortions

- ◇ If our interpretations about the things that stress us out are accurate, then our emotions will probably be accurate as well, and therefore they will be more useful in our response to the stress.
- ◇ But if our interpretations are wrong or inaccurate, then we might get all worked up for no reason. This is often how depression, anxiety, anger, guilt and “stress in general” may occur unnecessarily. This does not mean that we experience negative emotions only when our interpretations are distorted.
- ◇ Often our thinking is a mixture of accurate and inaccurate interpretations.
- ◇ Negative thinking often involves inaccurate interpretations which are often used by most of us at one time or another. We will talk about some of the most common types of inaccurate interpretations and some familiar negative emotions that go along with them.

Once we identify the negative thought, we can then proceed with rational thought replacement

- ◆ Self-talk can be irrational, rational or rationalized.
- ◆ There are a number of helpful ways of replacing irrational responses which can be summed up in 5 basic steps which will be covered in next session.

**Our goal today is to discuss some examples of negative thinking and how we can begin to think more positively by practicing rational thought replacement.**

### A. Examples of Negative Thinking

**Therapist:** Facilitators should encourage participants to generate examples of both negative and positive thinking.

## 1. ALL-OR-NOTHING THINKING:

You interpret things as all or nothing categories. There are no in-betweens or gray areas. A person is either all good or all bad. Sometimes we see ourselves as all good or all bad. People who are perfectionists often engage in all-or-nothing thinking. If you are a perfectionist you might fear any mistake or imperfection because if your performance falls short of perfect, you see yourself as a total failure. Then you may feel inadequate and worthless. This type of thinking is unrealistic because life is rarely completely one way or the other.

What might we say instead? *"We are all human and we all make mistakes", "nobody's perfect"* are examples of things we can say to ourselves to rid ourselves of all-or-nothing thinking.

Another common "all-or-nothing" type of thinking is: "I messed up my diet already this morning/afternoon, so I may as well eat "bad" today, and I'll start tomorrow". Instead, even if you eat more than what you had planned, you can balance it out in a later meal.

**2. OVER-GENERALIZATION:** You see one problem as the end of the world. If one bad thing happens to you, you think that bad things will happen to you over and over again. This makes you feel upset. For example, suppose you and your boyfriend or girlfriend just broke up. You might say "This relationship didn't work out. Nobody will ever want me. I'll never be in a good relationship. I'll always be lonely." In other words, you think that just because you had ONE bad relationship, all of your relationships will be bad.

Another way to think about what happened is, *"I'm sorry that this relationship didn't work out, but I am a person who is lovable. I have my friends and my family who love me. Just like I found him, I can find another boyfriend"*. Another example might be if you have lost one of your favorite rings and something else "nice" broke, you might think: "I'll never be able to have anything nice".

**3. MENTAL FILTER:** Have you ever found yourself 'stuck' on one negative thought that you couldn't get out of your mind? People who are depressed often see only the bad in the world. They can't see anything positive. An example-- You spend time focusing on what you cannot do, rather than on what you can do. Here's another example -- you may have said something like this when you found out you were HIV+: "Now that I'm HIV+ I can't enjoy life anymore."

Suppose you said instead *"Yes, I am now HIV+, but I am alive, feeling well, and I will make the most out of the life I have before me."*

## 4. DISQUALIFYING THE POSITIVE:

People who do this reject positive experiences by insisting they "don't count" for some reason or other. This way you can keep thinking negatively even when you have positive everyday experiences. An example of this is the way some people tend to respond to compliments. You've heard people say "Oh this old thing?" when somebody compliments



them on their clothes. Or you might automatically tell yourself, "They are just being nice" when someone gives you a compliment. This is one of the most destructive examples of negative thinking since what you are telling yourself is that you are second-rate and not worth it.

So what can you do to accept the positive? When someone compliments you, say "*thank you!*" You might even think, "*how nice of them to notice,*" because you have already focused on your positive qualities.

**5. PEOPLE JUMP TO CONCLUSIONS** IN TWO COMMON WAYS: "MIND READING" and the "FORTUNE TELLER ERROR."

### **OTHER PEOPLE'S MINDS 101 AN INTRODUCTORY COURSE**

**A. Mind reading:** You decide that someone is reacting negatively to you, and you don't bother to consider other explanations. For example, you make the assumption that other people are looking down on you and you are so convinced about this that you don't even bother to check it out. Suppose you were walking down the street and you pass a friend on the street and the friend does not say hello because he doesn't notice you. You might think, "He is ignoring me so he must not like me anymore." Let me share with you a personal example, I remember once complaining to a friend about a man who looked in my direction as he passed me on the street and frowned. I felt like he disapproved of me for no reason. My friend said, "maybe he had gas!" We had a good laugh and I learned a good lesson. We can't read people's minds.

So if your friend doesn't speak to you as he passes by, say 'hello' to him! Maybe he has something on his mind and didn't even notice you.

**B. The Fortune Teller Error:** You believe that things will turn out badly and you are convinced that your prediction is fact. It is like having a crystal ball that foretells only misery for you. You imagine that something bad is going to happen and you take this prediction as a fact even though this is unrealistic. An example of this is saying to yourself as you get ready for your doctor's appointment: "The doctor's just going to tell me bad news, so why should I bother going on?" or "my doctor is going to yell at me for not taking my medication, so why should I bother to go in?"

What could you say instead?: "If I don't go to the doctor I won't know if the medicine is working or not."

### **6. MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:**

You exaggerate the importance of some things (such as your mistakes or someone else's achievement) or you inappropriately disregard other things (your own positive qualities or the other person's faults). Magnification often occurs when you look at your own mistakes and exaggerate their importance: For example, "I burned the chili, I'm a terrible cook!" This is also called the "binocular trick". You magnify your mistakes as if you were looking through

binoculars that make them look larger than they really are. Another example of magnification is when you get a cold and you decide it's pneumonia.

What might you say instead? Example 1: *"I burned the chili because I didn't pay enough attention to how long it was cooking. Next time I'll be more careful."* Example 2: *"The doctor said it was just a cold. I'll do what I need to do to keep myself healthy."*

Minimizing, on the other hand, occurs when you look at your strengths and good points and minimize their significance as if you were looking through the wrong end of the binoculars. Suppose you've been helping your child with her homework, yet you think to yourself: "My daughter is doing well in school because she's smart, just like her Daddy". This thinking doesn't acknowledge the hard work you did to help her learn to read.

Here's another way to think about the situation: **"I am so glad that my daughter is smart, and doing well in school. It looks like the work that I did with her really paid off!"**

## **7. EMOTIONAL REASONING:**

You assume that your negative emotions reflect the way things really are: "I feel it, therefore it must be true." For example: "I feel guilty, therefore I deserve this." "I feel depressed, therefore I'm a loser." This kind of thinking is misleading because your feelings reflect your thoughts and beliefs. If your thoughts and beliefs are inaccurate, your emotions would reflect this. Emotional reasoning can help keep some people depressed. Because things feel so negative, you think things truly are negative. (Another example ...My doctor would suggest new medications/treatments if s/he really cared about me.

How can we stop emotional reasoning? When you feel bad, ask yourself *"do I have some reason for feeling bad? Are things really going wrong in my life, or am I just being too emotional right now?"*

## **8. SHOULD STATEMENTS:**

You try to motivate yourself with shoulds and shouldn'ts, as if you have to be beaten or punished before you do anything. "Musts" and "oughts" can also cause problems. If you feel that you "should" clean the house everyday, but you don't have the time, so you begin to feel guilty. We also direct "should" statements toward others. When you direct should statements toward others, you might feel anger, frustration, and resentment. "If my boyfriend really loves me, he should buy me a car". When you don't get the car, you start to feel resentful toward your boyfriend. "Shoulds", "oughts", "must", and "have to" all imply expectations – often times expectations that are either unrealistic or that the other person is unaware of, but we assume they know – "he should know that I want him to buy me the car".

What can we say to ourselves instead of the "should" statements? *"It would be nice if I could clean the house everyday. When I have the time and energy, I will clean up the house".* *"Although he didn't buy me a new car, my boyfriend shows me he loves me in his own, special way".*

**9. LABELING AND MISLABELING:** This is an extreme form of over-generalization. Personal labeling means creating a completely negative self-image based on one mistake. Instead of describing your error ("I messed up") you attach a negative label to yourself: "I'm stupid" or "I'm bad". For example, suppose you forget to call your mother on her birthday, you say "I'm a bad daughter".

What might you say instead? *"Just because I forgot to call my mother to wish her happy birthday doesn't mean I'm bad. I can call her now, wish her a happy birthday and explain what happened."*

Mislabeling occurs when someone else's behavior rubs you the wrong way, you attach a negative label to him: "He's a fool". Mislabeling involves describing an event with language that is highly colored and emotionally loaded.

Here's an example: Your 12 year old son returns from the market with all the groceries except the milk that he forgot to buy. You call him "dumb". What could you say instead?: *"It's okay, everyone forgets things once in a while. Please go back to the store to get it."*

If you make a mistake, it's just a mistake -it's not the end of the world and it doesn't mean that you (or others) are stupid.

#### **10. PERSONALIZATION:**

You see yourself as the cause of some negative thing which, in reality, you were not responsible for. You decide that what happened is your fault. Personalization causes you to feel guilt. "My husband is depressed and it's my fault."

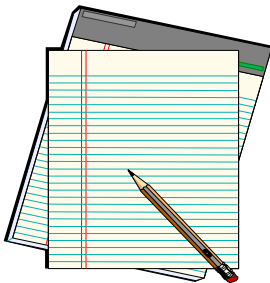
Instead you might say, *"I'm sorry my husband is depressed. I will support him as he works through his depression"*.

Exercise 4.1

**"WHICH OF THESE TYPES OF NEGATIVE THINKING DO YOU TEND TO DO? HOW MIGHT YOU THINK MORE POSITIVELY IN THE SAME SITUATION?"**

**(Have women practice "flipping" from negative to positive, more balanced thoughts.)**

#### **HOMEWORK**



- a. Relaxation practice
- b. Identify negative thoughts and cognitive distortions

## SESSION 4: EXAMPLES OF NEGATIVE THINKING

	<b>Type of Thinking</b>	<b>Definition</b>	<b>Example</b>
	All-or-nothing thinking/ Catastrophic thinking	Everything is all good or all bad	"I have a cold. It must be pneumonia."
	Overgeneralization	One problem is the end of the world.	"My boyfriend broke up with me. No one will ever want me."
	Mental Filter	Focusing only on the negative.	"now the I'm HIV+, I can't enjoy life anymore."
	Disqualifying the positive	Positive experiences "don't count."	Someone compliments your hair, and you think, "They're just being nice."
	Jumping to conclusions: Mind reading	You assume what others are thinking.	"He didn't say 'Hi', he must be mad at me."
	Fortune Teller	You treat your prediction as if it were fact.	"The doctor is just going to give me bad news."
	Emotional reasoning	You assume your negative emotions reflect reality.	"I feel depressed, therefore I'm a loser."
	Should statements	You try to motivate yourself with "shoulds" or "shouldn'ts".	"I should cook dinner for my kids even when I'm not feeling well."
	Labeling and Mislabeled	An extreme form of overgeneralization	"I failed this test. I'm stupid."
	Personalization	You see yourself as the cause of some negative thing but in reality, you are not responsible.	"My husband is an alcoholic, and it's my fault."

Derived from:

Beck, A.T., & Shaw, B.F. (1977). Cognitive approaches to depression. In A. Ellis & R. Grieger (Eds.), Handbook of rational-emotive therapy (pp. 119-134). New York: Springer Publication Corp.

Burns, D.D.(1999). Feeling good: The new mood therapy. New York: Morrow/Avon.

Ellis, A., (1996). Reason and emotion in psychotherapy: A comprehensive method of treating human disturbances. New York: Carol Group.

## SESSION 4 - ANALYZING THOUGHTS AND FEELINGS & THINKING THINGS THROUGH

<i>EVENT</i>	<i>SELF-TALK</i>	<b>TYPE OF NEGATIVE THINKING</b>	<i>FEELINGS</i>	<i>SENSATIONS</i>
"My partner won't have sex with me anymore."	"He doesn't love me."	Catastrophic thinking Mind reading	Sadness Shame Anger Hurt Fear	Headaches Muscle Tension Tiredness Irritability

### THINKING THINGS THROUGH – RATIONAL THOUGHT REPLACEMENT

⇒ Think about your self-talk.

⇒ What kind of negative thinking are you using?

Do you say ...

"I'll always be sick (or poor, or unhappy, or alone, etc.)?"

OR

"He'll never be helpful (or loving, or understanding, etc.)."

Do you think...

If it's bad now, it will always be bad.

OR

If I'm unhappy now, I'll always be unhappy.

⇒ Try to slow down your thinking.

Think ...

Nothing is all bad or all good. What parts are okay, and what parts need work?

I have problems now. I can probably fix some, I may need some time for the rest.

## SESSION 4 - NEGATIVE THINKING OR COGNITIVE DISTORTIONS

If our interpretations about the things that stress us out are accurate, then our emotions will probably be accurate as well, and therefore they will be more useful in our responses to the stress.

But if our interpretations are wrong or inaccurate, then we might get all worked up for no reason. This is often how depression, anxiety, anger, guilt and "stress in general" may occur unnecessarily. This does not mean that we experience negative emotions only when our interpretations are distorted.

Often our thinking is a mixture of accurate and inaccurate interpretations.

Negative thinking often involves inaccurate interpretations, which are often used by most of us at one time or another.

## SESSION 4: IDENTIFYING TYPES OF NEGATIVE THINKING

Types  
of Thinking

Different  
Feelings

*What kinds of thinking “errors” do you make?*

<b>Event</b>	<b>Self-talk</b>	<b>Type of Negative Thinking</b>	<b>Feelings</b>	<b>Sensations</b>
Ex. 1: “My husband won’t have sex with me anymore.”	“He doesn’t love me.”	Catastrophic thinking  Mind reading	Sadness Anger	Headaches Muscle tension Tiredness Irritability
	“I’m ugly.”	Personalization  Labeling	Shame	
	“I’m a bad wife.”	Catastrophic thinking  Overgeneralization	Defensive hurt	
Ex. 2: “I feel tired all the time.”	“I must be really sick.”	Catastrophic thinking  Mental filter	Fear	Muscle tension Headaches Upset stomach Fatigue
	“I’ll never get better.”	Overgeneralization  Catastrophic thinking	Sadness	
	“My children will grow up without a mother.”	Fortune teller	Worry	

## SESSION 4 - IDENTIFYING TYPES OF NEGATIVE THINKING

Types  
of Thinking

Different  
Feelings



*What kinds of thinking “errors” do you make?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Feelings</i></b>	<b><i>Sensations</i></b>



## SESSION 4 - IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK

New Thinking → New Feelings

*What is a more reasonable approach to the situation?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Rational Thought Replacement</i></b>
Ex. 1: "My husband won't have sex with me anymore."	"He doesn't love me."	Catastrophic thinking  Mind reading	"He shows me he loves me in other ways. There may be a different explanation. He may be afraid. We may need to talk about sex and AIDS."
	"I'm ugly."	Personalization  Labeling	"I don't think I've let myself go, but I haven't been thinking about my appearance much since I got sick. Maybe I can pay attention some more."
	"We'll never have sex again."	Catastrophic thinking  Overgeneralization	"We are having problems now, but we had a decent sex life in the past, and we can probably work this out."
	"He's not a real man."	All-or-nothing thinking	"There are many things I like about my husband. I need to focus on those and work out the sex part. If he's going through something that makes him uncomfortable, it won't help if I attack him."

## SESSION 4 - IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK – CONTINUED

New Thinking → New Feelings

*What is a more reasonable approach to the situation?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Rational Thought Replacement</i></b>
Ex. 2: "My doctor made a serious face when she was reviewing my chart."	"I must be dying."	Overgeneralization Mind reading	"There may be something wrong, but I have been able to work with my doctor to get better."
	"Something terrible is happening."	Catastrophic thinking	"I can't guess about what's happening. I will have to ask questions. Maybe there are other reasons she looks like that."
	"She doesn't like me."	Personalization	"She has treated me with respect before. Sometimes she's just having a bad day and she looks cranky."
	"She is a bad doctor."	Labeling	"I have always thought she was pretty good. I can't start attacking when I feel nervous."

## SESSION 4: IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK

New Thinking 
→
 New Feelings

*What is a more reasonable approach to the situation?*

<i><b>Event</b></i>	<i><b>Self-talk</b></i>	<i><b>Type of Negative Thinking</b></i>	<i><b>Rational Thought Replacement</b></i>

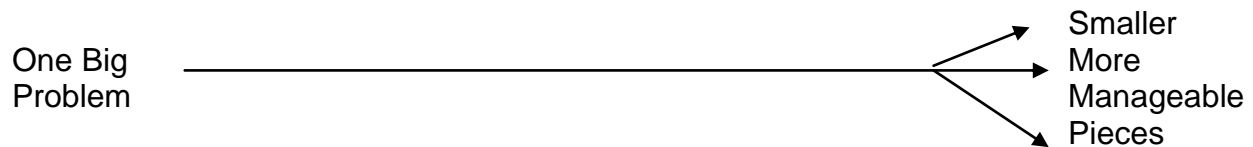
**SESSION 4 - IDENTIFYING MORE REASONABLE &  
HELPFUL WAYS TO THINK – CONTINUED**

New Thinking ➔ New Feelings

*What is a more reasonable approach to the situation?*

<i><b>Event</b></i>	<i><b>Self-talk</b></i>	<i><b>Type of Negative Thinking</b></i>	<i><b>Rational Thought Replacement</b></i>

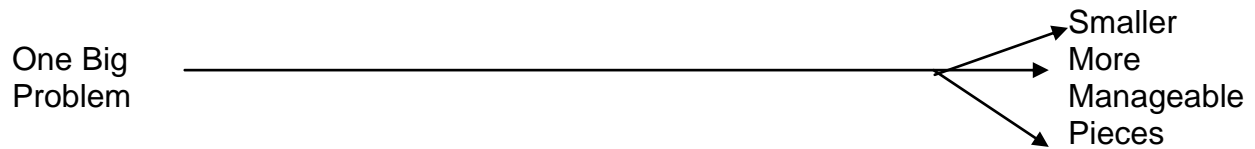
## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM



When you break down a problem, think about two major themes: the **practical issues** that require action and the **emotional issues** you must face.

<b>Big Problem</b>	<b>Parts of the Problem</b>		<b>Feelings</b>
Ex. 1: I have AIDS.	Practical Issues	I feel sick a lot.	Scared
		I have a lot of doctor appointments.	Annoyed
		I have to take a lot of pills.	Frustrated
		I don't know who will take care of my kids when I get sick or if I die.	Anxious
	Emotion Management Issues	I am overwhelmed by my fears.	Despair
Ex. 2: I don't have friends in my neighborhood.	Practical Issues	I have no one to socialize with.	Lonely
		I have no one to give me advice.	Afraid
		I have no one to help me.	Sad
	Emotion Management Issues	I am embarrassed because I don't have any friends.	Anxious

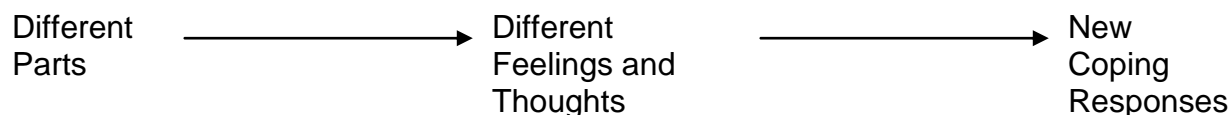
## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM CONTINUED



*When you break down a problem, think about two major themes: the **practical issues** that require action and the **emotional issues** you must face.*

<b>Big Problem</b>	<b>Parts of the Problem</b>		<b>Feelings</b>
	Practical Issues		
	Emotion Management Issues		
	Practical Issues		
	Emotion Management Issues		

## SESSION 4 - IDENTIFYING PARTS OF THE PROBLEM



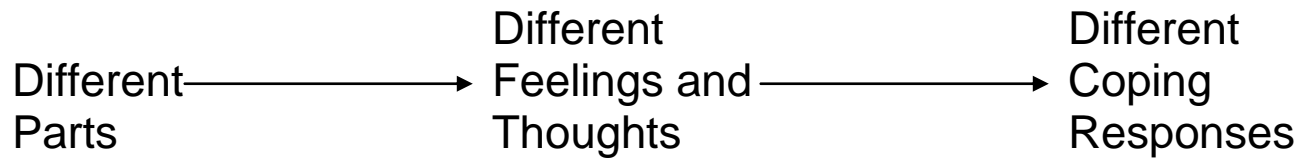
*How do you usually respond to these problems?*

*Do you avoid? Do you worry?*

*Do you do too much? ...too little?*

<b><i>Parts of the Problem</i></b>		<b><i>Some Typical Thoughts</i></b>
	<i>Feelings</i>	
I feel sick a lot.	Anxiety	"I am a lousy wife and mother because I don't have the energy to take care of everyone."
I have a lot of doctor appointments. I can't get anything else done.	Irritation Anger	"How am I supposed to manage my life when I have all these appointments? This virus has taken over my life."
I have to take a lot of pills.	Resentment	"Why should I take all of these pills anyway? They're not going to cure me."
I don't know who will take care of my kids when I get sick or if I die.	Fear	"I feel like I am abandoning my children."
I am feeling overwhelmed by my fears.	Despair	"I will never be able to manage my feelings."

## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM CONTINUED



*How do you usually cope with these problems?  
Do you avoid? Do you worry?  
Do you do too much? ...too little?*

<b><i>Parts of the Problem</i></b>	<b><i>Feelings</i></b>	<b><i>Some Typical Coping Responses</i></b>



## **Session 5 – Autogenic Training and Rational Thought Replacement Outline**

### **Relaxation**

- I. Integration of Relaxation with Stress Management
- II. Four-Count Breathing Relaxation
- III. Autogenics
- IV. Run Through of Instructions

Autogenic Exercises – Homework

### **Contents**

- I. Review Weekly Activity Obstacles to adherence and maintenance
  - a. Discussion of Adherence
- II. Rational Thought Replacement
  - a. Examples of Negative Thinking  
Exercise 5.1
  - b. RTR – Didactic
    - i. Differences Between Irrational, Rational and Rationalized Self-Talk
    - ii. Examples of Rational Responses
    - iii. Exercise 5.2
  - c. Examples of RTR
  - d. Steps to RTR
  - e. Exercise 5.3
- III. Group Discussion

### **Handouts**

- I. Autogenic Exercise – Homework
- II. Resource List
- III. Ways of Coping
- IV. Stressful Events Flow Chart
- V. Support

### **Materials Needed**

1. Laminated Vignettes 1, 2, and 3

### References

Antoni, M.H., Goodkin, K., Goldstein, D. et al. (1991)

Folkman, S., Chesney, M., McKusick, L., Ironson, G., Johnson, D.S., Coates, T.J. (1991). Translating coping theory into an intervention. In J. Eckenrode (Ed.), The social context of coping (pp. 239-261). New York: Plenum Press.

Ironson, G. et al. (1994)

Lazarus, R.S. & D, S. Folkman (1984). Stress, interpretation, and coping. New York: Springer.

## **Session 5 – Relaxation for Session, Autogenic Training**

**Therapists:** Before Beginning Session Refer Back to Relevant Section of Therapist Process Notes

- I. **Today we will begin by practicing breathing and we will do a relaxation exercise called Autogenic Training. Before we begin, let's talk about using a technique called "Ready-Set-Go" that will help you decide when to use relaxation.**

### **READY-SET-GO:**

1. **READY:** To get yourself ready to deal with a situation that you know will probably be stressful. For example, if you know that you have a doctor's appointment today at 1:00 p.m., you might decide that you should use relaxation in the morning to help you to deal with the long wait that you are expecting at the doctor's office. This way, you would get yourself ready to deal with this situation so that you can prevent yourself from getting tense and stressed out.
2. **SET:** To get yourself all set to use a particular coping response while you're dealing with the situation. For example, let's say that you have decided to bring a book with you to the doctor's office to keep your mind occupied while you wait. Before opening the book, you decide to do a breathing exercise to make yourself calm enough to read the book without letting the wait get to you. In this way, you'd be combining the breathing exercise and the coping strategy to prevent yourself from getting upset while you are actually in a stressful situation.
3. **GO:** Once the stressful situation has occurred and you have started to get upset, you can use relaxation to help yourself to go back to being calm. Using the same example, let's say that after waiting 2 hours at the doctor's office, you start to get really upset. At that point, you might realize that your heart's beating really fast, you're getting a headache, and your stomach is turning. You know that you are about to say or do something that you may regret. So you decide to give the breathing exercise a try so that you can calm yourself down. Once you get yourself more relaxed, you can deal with the situation better and prevent yourself from getting more and more upset.

**III. Have group do 4-count breathing method for relaxation.**

**IV. Autogenics: Facilitators should give an explanation about autogenic training which is similar to the following:**

Autogenic Training (AT) is a systematic program to teach your body and mind to respond quickly and effectively to your verbal commands to relax and return to a balanced, normal state. What this means is that autogenic training is a way for you to get your mind and body to relax when you tell them to. Does it sound too good to be true? With training and regular practice, you can learn to do this. **IT IS ONE OF THE MOST EFFECTIVE WAYS TO REDUCE** tension in the body and get rid of anxiety.

AT is based upon studies that were done with people who had been hypnotized or had learned to hypnotize themselves. They reported that they felt less tired, had less tension, and had less pain (such as headaches). It appeared to help them to deal better with stress in their everyday lives. They usually reported that once they had gotten rid of tension and no longer felt tired, that they had two powerful and pleasurable sensations—warmth throughout the body and a feeling of heaviness in the arms and legs. Does this happen for you when you are relaxed? AT was developed for people who wanted to be able to make themselves become deeply relaxed, without the help of a hypnotist. AT uses phrases to relax the mind so that the body can become deeply relaxed. Using this method, you will learn to give yourself feelings of warmth and heaviness so that you can feel relaxed whenever you want to. Today, will cover some of the basic exercises used in AT to reverse your body's responses to stress.

The first basic exercise includes the theme of **heaviness**. The point of this exercise is to relax the muscles in your arms and legs. The second basic exercise includes the theme of warmth. When your body is responding to stress, blood tends to be pooled in your head and trunk of your body. So the point of the second exercise is to increase the flow of blood into other parts of your. For example, as you say, ***“My right hand is warm,”*** more warming blood will flow into your right hand.

The third exercise focuses on getting the heartbeat to slow down and become more normal. What you say to yourself is: ***“My heartbeat is calm and regular.”*** The fourth exercise does the same thing for your breathing. You say: ***“My breathing is calm and regular.”*** The fifth exercise relaxes and warms the stomach area, as you say, ***“My stomach is warm.”*** The last exercise reduces the flow of blood to the head as you say, ***“My forehead is cool.”***

## Symptom Effectiveness

AT has been found to be effective in the treatment of breathing problems (asthma), digestion problems (constipation, diarrhea, and ulcers), the circulation problems (racing heart, irregular heartbeat, high blood pressure, cold feet and hands, and headaches), and thyroid problems. AT is also useful in reducing anxiety, irritability, and fatigue that are symptoms associated with the nervous system. It can be used to deal with pain, stress, and to reduce or eliminate sleeping problems.

## Contraindications

If you feel anxious or restless during or after AT exercises, or experience recurring negative side effects, you should go back to the breathing or muscle relaxation exercises.

**[For your knowledge: AT specialists recommend moving at a slow but sure pace in learning these exercises, taking from four to ten months to master all six exercises.]**

It is recommended that you begin with one and a half minute sessions five to eight times a day. If you cannot find time for this, do 30 second sessions at least twice a day to get started. As you become more comfortable with AT, you can gradually increase the length of sessions to 30 to 40 minutes twice a day.

### **Instructions for Autogenic Training**

In doing these exercises, it is essential that you maintain an attitude of passive concentration. You can't force yourself to feel heavy or warm. Instead you have to **let go into the relaxation and let your body do what is necessary for you.** That is, experience whatever physical, mental, or emotional response you have to the exercises without having any expectations. Just let whatever happens happen and try to be very aware of what's happening. Passive concentration does not mean "spacing out" or going to sleep. It means that you are open to your experience without analyzing it. This casual attitude is very different from active concentration. Active concentration is important when you are doing things like making a new recipe or fixing a car. **Passive concentration** is required for relaxation. For example, passive concentration is like what we use when we watch a movie. We just watch what's on the screen. Unlike meditation which we'll be doing in a few weeks, autogenics focuses on what's going on in the body rather than what's going on in the mind.

Each exercise has certain phrases that you keep in mind as you passively concentrate on a particular part of your body. Repeat the phrase over and over to yourself, keeping up a steady, silent, verbal pattern.

It is very important to have as few distractions as you possibly can while doing these exercises. Choose a quiet room where you won't be disturbed. Keep the room temperature at a warm, comfortable level. Turn the lights down low. Wear loose clothing. Let your body be relaxed and close your eyes beginning these exercises. Do the exercises in the afternoon, before dinner, or in the morning before breakfast. It is always best to practice before meals rather than after eating. As you are first learning autogenics, try to reduce all outside distractions. Once you have become comfortable with it, you may be able to practice in an ordinary setting without preparation. Autogenics can be practiced for a few minutes maybe right before the kids come home from school or whenever you can use a quick break. You can take ten minutes for yourself and relax.

You can do the AT exercises sitting or lying down:

1. Sit in an armchair in which your head, back and extremities are comfortably supported and you are as relaxed as possible, or
2. Lie down with your head supported, your legs about eight inches apart, your toes pointed slightly outward and your arms resting comfortably at your sides without touching them.

Scan your body to be sure that the position you choose is tension-free. In particular, check for unsupported arms, head or legs, tightening of the limbs at the joints, or crooked spine.

You will not be able to maintain perfect passive concentration at first. Your mind will wander. That's OK. When you find this happening, just get back to the phrase as soon as possible. In addition, you may experience some initial symptoms which are normal, but distracting. For example, you may sense a change in your weight or body temperature, tingling, involuntary movements, stiffness, some pain, anxiety, a desire to cry, irritability, headaches, nausea or hallucinations. Whether these symptoms are pleasant or unpleasant, remember that they are only temporary, that they are not the purpose of AT and that they will pass as you continue with the program.

When you are ready to stop an AT session, say to yourself, "When I open my eyes, I will feel refreshed and alert." Then open your eyes, breathe a few deep breaths as you stretch and flex your arms. Be sure that you are not still in a trance-like state when you go on to your regular activities.

## **V. Run through of instructions:**

### **Heaviness Theme**

Repeat the following phrases, five to eight sessions a day. Each time you say a phrase, say it slowly, taking about five seconds and then pause about three seconds. Repeat each phrase about four times. Always start with the arm that you write with. If you write with your right arm, you would repeat, "My right arm is heavy" four times, and then go on to the next phrase, "My left arm is heavy" and repeat it four times, etc.

My right arm is heavy.

My left arm is heavy.

Both of my arms are heavy.

My right leg is heavy.

My left leg is heavy.

Both of my legs are heavy.

My arms and legs are heavy.

My neck and shoulders are heavy.

*Note:* If you have difficulty feeling heaviness using the verbal phrases, you may want to add visual imagery. For example, you might imagine weights attached to your arms and legs gently pulling them down. Or you might want to think of your arms and legs as made of heavy lead sinking into the ground. Think of the heaviness along the entire arm from your shoulder down to the tips of your fingers. Pick one of these imagery prompts and stay with it.

### **Warmth Theme**

My right arm is warm.

My left arm is warm.

Both of my arms are warm.

My right leg is warm.

My left leg is warm.

Both of my legs are warm.

My arms and legs are warm.  
My arms and legs are heavy and warm.  
My neck and shoulders are heavy and warm.

*Note:* If you have trouble experiencing a feeling of warmth using the verbal phrases, try visual imagery. (But only pick one of these at a time). For instance, imagine your right arm lying on a warm heating pad. Feel the warmth of the pad through your hand and arm. Imagine yourself in a nice warm shower or bath with the warmth of the water all around you. Imagine your hand down in a comfortably warm pan of water. Imagine yourself sitting in the sunshine, with the sun falling warmly on your arms and legs. Think about holding a nice, comfortably warm mug of your favorite hot drink in your hand. What kind of drink is this? Focus on it. (Add visual suggestions if appropriate) Think about the blood flowing gently through the fingertips of your hands and through your toes.

Take a few minutes for enjoyment.

Then say to yourself, "When I open my eyes, I will feel refreshed and alert." (say this four times). Then open your eyes, breathe a few deep breaths as you stretch and flex your arms. Be sure that you are not still in a trance-like state when you go on to your regular activities.

The ideal is to practice these exercises at home two times a day with your breathing.

### **Script for autogenic practice in session**

Now let's do a practice session on AT:

Get into a comfortable position, either sitting or lying, and close your eyes. Take a deep breath, and exhale fully and completely. Remember to breathe properly throughout the exercise. Let the day's experiences and thoughts pass through you and out of you. Do not hold onto your thoughts; allow them to go. Watch them flow by as if on a movie screen, or like billboards passed on the highway.

Repeat this mood phrase to yourself four times: **"I am at peace with myself and fully relaxed."** Remember to breathe properly, and on the exhalation breathe away any tension.

Concentrate on feeling heaviness in your arms and legs. Right-handed people begin with the right arm; left-handed people with the left. Right-handed people begin: **"My right arm is heavy. My right arm is heavy. My right arm is heavy. My right arm is heavy."** Left-handed people begin: **"My left arm is heavy. My left arm is heavy. My left arm is heavy. My left arm is heavy."** Pause between each phrase—this is not a race. Take your time, and let any worries or thoughts that you have flow through you, and out of you. Feel the heaviness in your arm. Go on to the opposite arm and repeat the phrase to yourself four times: **"My left arm is heavy,"** or **"My right arm is heavy."** Feel the heaviness in your arm. **"Both of my arms are heavy."** **"Both of my arms are heavy."** **"Both of my arms are heavy."** **"Both of my arms are heavy."**

Then proceed to the legs, saying to yourself: **"My right leg is heavy. My right leg is heavy. My right leg is heavy. My right leg is heavy."** Feel the heaviness in your leg. Remember to breathe naturally, and take your time, pausing between each phrase. Then the other leg: **"My left leg is heavy. My left leg is heavy. My left leg is heavy."** Feel the heaviness in your legs. **Both of my legs are heavy. Both of my legs are heavy. Both of my legs are heavy. Both of my legs are heavy. " "My arms and legs are heavy. My arms and legs are heavy. My arms and legs are heavy. My arms and legs are heavy."**

Then say to yourself: **"My neck and shoulders are heavy. My neck and shoulders are heavy. My neck and shoulders are heavy. My neck and shoulders are heavy."** Feel the heaviness in your neck and shoulders. Take a deep, calm breath, and exhale fully and completely.

Then concentrate on feeling warmth as you relax your muscles. Right-handed people begin: **"My right arm is warm. My right arm is warm. My right arm is warm. My right arm is warm"** Left-handed people begin: **"My left arm is warm. My left arm is warm. My left arm is warm. My left arm is warm."** Feel the warmth in your arms; be aware of the pulse, and the flow of blood through your entire body. Go on to the other arm.

Then let go of the tension in your legs, saying to yourself: **"My right leg is warm. My right leg is warm. My right leg is warm. My right leg is warm."** Feel the warmth in your right leg. Continue with the other leg and repeat the phrase to yourself four times. **"My left leg is warm. My left leg is warm. My left leg is warm. My left leg is warm. My left leg is warm."** Feel the warmth in your legs.

**Both of my legs are warm. Both of my legs are warm. Both of my legs are warm. Both of my legs are warm. " "My arms and legs are warm . My arms and legs are warm. My arms and legs are warm. My arms and legs are warm. My arms and legs are warm."**

Remember to breathe slowly and naturally, and let any thoughts flow out of you. Move on to your neck and shoulders, and say to yourself: **"My neck and shoulders are warm. My neck and shoulders are warm. My neck and shoulders are warm."** Feel the warmth in your neck and shoulders, and feel the warm blood flowing through your body. Just allow yourself to remain relaxed, don't try to force the feeling, and be aware of any sensation of blood flow or temperature change. Remember to breathe naturally and calmly.

**"My arms and legs are warm and heavy. My arms and legs are warm and heavy. My arms and legs are warm and heavy. My arms and legs are warm and heavy."**

Remember to breathe slowly and naturally, and let any thoughts flow out of you.

When you have completed the last phrase, rest for **a few moments. To** bring yourself back to a normal state of alertness repeat the phrase to yourself: **"I am refreshed and completely alert. I am refreshed and completely alert. I am refreshed and completely alert. I am refreshed and completely alert"** Take a deep, full breath, flex your arms and legs, and stretch. You may wish to repeat the last phrase several more times. Slowly open your eyes.

**Therapists:** Give the women a few seconds to open their eyes and reconnect with the group.

**Ask:** Were you able to feel heaviness? Warmth?

- Was the technique more successful for one part of your body than another?
- Did you experience any sensations other than heaviness? Were you able to feel warmth?
- Any sensation of blood flow?
- Did you find the exercise pleasant or disturbing?
- Did you feel any resistance to letting go?

If you were unable to feel heaviness in your limbs you may be trying too hard. Remember not to hold on to your thoughts—let them flow through you, and out of you. You may have found it easier to feel warmth or heaviness in your arms or stomach; this is not unusual and the rest will come with practice. Feeling warmth, especially in the legs and feet, may take some time. It can take several months of daily practice just to feel warmth in one's legs, so don't be discouraged if you are having difficulty with this part of the exercise. The phrase used for the forehead suggests cooling and calming to relax the muscles of the head and face. A warming suggestion would increase blood flow to the brain and scalp, possibly causing a headache for migraine sufferers. Remember that this is the first time you've done the exercise—be patient. If you were able to let go, and flow with the phrases, then you are on your way to being a more relaxed person.

After you have followed the routine for several weeks, you may find that you can decrease the number of times that you say each phrase because your body will be reprogramming itself, and responding quicker to your statements.

**Homework:** We would like you to practice any of the types of relaxation that we are teaching.



## **Session 5 – Introduction Rational Thought Replacement & Introduction of Coping**

### **I. Discussion of Adherence**

- How much are people practicing?
- How is everyone doing with their relaxation?

### **Integration of relaxation with stress management.**

- **Do these relaxation exercises help you to become more aware of the tension that you have in your body?**
- Do the breathing and relaxation exercises make you more aware of your anxious thoughts and fears?
- Does being able to relax give you time to come up with different ways to deal with problems?

### **II. Rational Thought Replacement**

#### **a. Didactic review:**

**Review the cognitive distortions from last week. Ask the participants which ones they found to be their “favorite” type of thinking.**

Now that we’ve identified various types of thinking that may lead us to an incorrect or inappropriate reaction, let’s look at what we do next – that is, how to replace these irrational thoughts with more rational ones.

### **II. Differences between irrational (inaccurate), rational, and rationalized self-talk**

#### **a. INACCURATE, NEGATIVE, OR DISTORTED SELF-TALK:**

This type of thinking is irrational. As we saw from last week, these thoughts tend to have us thinking the worst. These thoughts are often illogical, inaccurate, self-defeating, and un-realistic. Example – “I’m late for my doctor’s appointment. She’s going to drop me as a patient.”

#### **b. RATIONAL (BALANCED) SELF-TALK:**

These types of thoughts are reasonable, help us feel better about ourselves, tend to be more accurate, and are more realistic. Example – “I’m late for my doctor’s. I’ll explain why and try to be on time next time.”

#### **c. RATIONALIZED SELF-TALK:**

These thoughts are used to deny concern or convince ourselves everything is okay. Example – “I’m late for my doctor’s appointment, but I won’t explain why. Maybe they didn’t notice. The doctor always runs late, anyway.”

#### **d. Examples of Rational Responses**

If you are finding it difficult to generate rational responses, the examples below can be used as a way to begin correcting negative self-talk. These examples can be expanded by adding more thoughts appropriate for the situation.

- This situation is not worth getting upset over.
- Nobody's perfect.
- It takes two to have an argument.
- When you think good thoughts, you feel good, too.

#### e. Exercise 5.2: Helpful Guidelines for Replacing Irrational Responses

- Identify words such as "always", "never", "should", "can't"
- Learn to recognize your favorite irrational, negative thoughts
- If you have a lot of negative thinking, choose the negative thoughts that cause you the most distress and focus on them
- If you get stuck and can't think of a balanced, positive thought, come back to it
- Think of how someone else would respond e.g. think of how the model mother would respond, or how someone you respect would respond
- Think of how you would respond to someone else in the same situation
- Ask someone else how they would respond
- Learn to describe events in less extreme terms:
  - Rather than say that things are terrible, you might say "things aren't going well right now". Rather than say "you are getting on my last nerve", you might say, "I need some time away from you so that I can re-group".

#### C. Example of Rational Thought Replacement:

<i>EVENT</i>	<i>SELF-TALK</i>	<b>TYPE OF NEGATIVE THINKING</b>	<i>RATIONAL THOUGHT REPLACEMENT</i>
"My doctor made a serious face when she was reviewing my chart."	"I must be dying."	Overgeneralization Mind Reading	"There may be something wrong, but I have been able to work with my doctor to get better."
	"Something terrible is happening."	Catastrophic Thinking	"I can't guess about what's happening.  I will have to ask questions." There are other reasons she looks like that."
	"She doesn't like me."	Personalization	"She has treated me with respect before. Sometimes she's just having a bad day and she looks cranky."

	"She is a bad doctor."	Labeling	"I have always thought she was pretty good. I can't start attacking when I feel nervous."
--	------------------------	----------	---

We have now spent a considerable amount of time last session and this session examining the make-up of negative thought patterns, especially those patterns that reflect distorted negative thinking. As previously stated, a major component of stress management involves increasing awareness of our own distorted thought patterns, identifying how these thoughts contribute to various states of emotional and physical distress, and then changing (or restructuring) these negative thought processes so that they are more in line with reality. In changing our "distorted" negative thoughts (remember that some negative thoughts are accurate perceptions of reality) we are likely to improve our emotional and physical well-being.

#### **D. Steps to Rational Thought Replacement:**

##### **A. Identifying and Replacing Irrational Thoughts**

There are five steps to refuting and replacing inaccurate or negative self-talk.

##### **STEP 1- BECOME AWARE: IDENTIFY SELF-TALK**

You have already been practicing this step for the last two weeks. It is an essential step that is important to several aspects of stress management.

##### **STEP 2- RATE YOUR BELIEF IN EACH NEGATIVE THOUGHT (0-100%)**

To do this, select a negative thought, and rate the extent to which you believed that thought was true at the time when you were thinking it. If you were completely convinced that the thought was true, you would rate it 100%. If you believed that there was no truth to the thought, then you would rate it 0%.

##### **STEP 3- CHALLENGE YOURSELF: DISPUTE THE SELF TALK STATEMENT IDENTIFIED AS INACCURATE OR NEGATIVE.**

Select a negative thought (perhaps from your homework).

What rational support is there for this idea?

What evidence exists for the falseness of this idea?

What is the worst that could happen to me?

How awful is that worst thing?

How likely is that to happen?

How could I handle the worst possible scenario?

What good things might occur?

How likely is it to happen?

##### **STEP 4- DISCARD THE DISTORTION: CHANGE THE NEGATIVE THOUGHT TO A MORE RATIONAL ONE**

What can I say to myself that will reduce excessive negative feelings?

What can I say to myself that will be self-enhancing, instead of self-deprecating?

What can I say to myself that will facilitate my ability to cope with the situation appropriately.

How do I want to feel and act in this situation?

What do I need to say to myself that will help bring that about?

Rate your belief in your rational response (0-100).

### **STEP 5- EVALUATE THE OUTCOME**

Re-rate your belief in your automatic thoughts (0-100).

Specify and rate subsequent emotions (0-100).

### **Exercise: Putting it all together**

#### **Review last week's session**

- Describe a stressful situation
- Describe some of your automatic thoughts
- Describe different types of cognitive distortions evident
- Refuting irrational thoughts

### **E. Exercise 5.3. Practice changing negative thoughts and feelings**

In the following vignettes, three volunteers are needed. The first person (#1) is the stimulus person (who represents the event in the world). The second person (#2) will respond to the event with automatic, negative thoughts. The third person (#3) will portray a close friend or counselor of person #2, who will help #2 reframe the thoughts into more balanced, rational thoughts.

Each participant will be handed a card with the description of her role in the vignette. (Person #2 will receive a total of two cards, given one at a time.) Participants are not to see each other's cards.

**Therapists:** You may want to be persons #1 & #2 for the first vignette to demonstrate to the group, and have a group member be person #3. Then have group participants be all of the persons in the following vignettes. For each vignette, just introduce the people with their name (ie, vignette #1, person #1 is Dr. Brown) and nothing more. Only the person playing a part can read her own card to herself.

### **Vignette #1**

#### **Person #1**

Your name is Dr. Brown. One of your patients is coming in to see you and you like her very much. However, you must tell her that her T-cell count has dropped by 100 points since her last visit. Please tell your patient, Ms. Jones, in as sensitive way as you can about her drop in T-cells.

**Person #2****SIDE A**

Your name is Janet Jones and you have an appointment to see your doctor, Dr. Brown. Dr. Brown has been prescribing medications like AZT and ddI to help you fight HIV. You trust and like Dr. Brown and have faith in her care of you.

Listen to what Dr. Brown has to tell you.

**Person #2****SIDE B**

After getting the news from your doctor, you go home and call up your good friend, Mary. Mary is someone you trust very much and she knows that you are HIV+.

Tell Mary about the first negative thoughts that came into your mind when the doctor told you that your T-cells had dropped.

**Person #3**

Your name is Mary. Your friend, Janet, calls you and you can tell that something is on her mind.

Help Janet to have more balanced, positive thoughts about the news that she will share with you.

**Vignette #2****Person #1**

Your name is Ms. Williams. You are a teacher at the local school. You are calling the mother of one of the boys in your class (Jason) because of his behavior. Although he has been a good student all semester, suddenly his grades have fallen and he does not participate in class as much as before.

Call his mother, Ms. Collins, to tell her that you are concerned about Jason's behavior at school.

**Person #2****SIDE A**

Your name is Ms. Anna Collins and you have a son named Jason. You are HIV+, but haven't told Jason yet. Lately, however, you have been feeling tired and cranky. You've been preoccupied with concerns about your health. You've noticed that Jason has been "clingy" lately. He doesn't want to go to school, and he doesn't want you out of his sight.

The telephone rings. Answer the phone and see who it is.

**Person #2****SIDE B**

After talking to Ms. Williams, you decide to call your counselor, Ms. Susie, to get her advice.

Call Ms. Susie and tell her about the first negative thoughts that came into your mind when the teacher told you about your son's behavior in class.

**Person #3**

Your name is Ms. Susie and you are a volunteer counselor for African-American women with HIV. One of the members of your support group, Ms. Anna Collins, calls you up with concerns about her son.

Talk to her and help her to change her -first negative thoughts into more balanced," positive thoughts so that she can handle this situation better.

**Medication Adherence/Safer Sex:****Vignette #3****Person #1:**

Your name is Freddy. You have just started dating Tina and want to have sex with her. You've heard about the HIV virus, but aren't too concerned, after all, Tina "looks clean".

**Person #2:****Side A**

Your name is Tina and you are HIV+. You and Freddy just started dating but have not yet disclosed to Freddy that you are HIV+. He is the first guy you've dated since you found out you are HIV+. You really like him and don't want to scare him away.

**Side B**

After your date, call Linda, your best friend since childhood and tell her about the first negative thoughts that came into your mind. She knows you are HIV+ and you trust her with everything.

**Person #3:**

Your name is Linda and you and Tina have been friends since you were very young. You've shared many experiences together – both good and bad. Tina is calling you now to tell you about her date with Freddy.

Talk to her and help her to change her first negative thoughts into more balanced, positive thoughts so that she can handle the situation better.

**Therapists:** It may be useful to encourage the woman to begin thinking about the types of support they get from the group, and to identify how they will replicate that support once the program is over. For example, women might receive both emotional and instrumental support from the group. They get emotional support when the leaders and women praise them or empathize with their problems. They get instrumental support when they get direct advice about how to handle problems or when they participate in the relaxation exercises. The groups are efficient because they combine both services in one format. Once the groups are over, they may need a combination of supports to obtain the same effect. They may need to

begin individual or group therapy, or they may join AA or another 12 step or support program. They may also want to make formal plans for a coffee klatch with their friends to obtain regular emotional support.

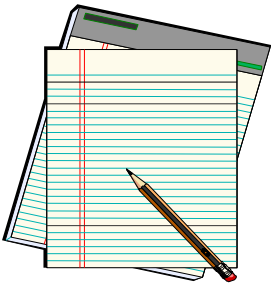
It may be useful to ask the women to contract to establish these plans. The discussions can be very behavioral, with the women specifying how, when and where they will get the support. If they are having difficulty establishing these contacts, then directions and support can be offered. Each week, leaders can ask women to develop their plans further.

It may be particularly crucial to have these discharge plans firmly in place because the women are so susceptible to severe life stress. Significant negative life events (such as major illness, deaths of close contacts, etc.) happen more frequently to poor people, and the impact of these events on health is greater for poor than wealthier people.

### **III. Group discussion:**

Integrating interpretations, rational thought replacement, and relaxation into lifestyle.

#### **Homework**



- 1) Awareness of stressful situations and negative thoughts
- 2) Practice rational thought replacement
- 3) Practice autogenic training and handout

## SESSION 5 - AUTOGENIC EXERCISES: HOMEWORK PRACTICE

### Heaviness Theme:

Repeat the following verbal phrases five to eight sessions a day. Each time you say a phrase, say it slowly, taking about five seconds and then pause about three seconds. Repeat each phrase about four times. Always start with the arm that you write with. So if you are right-handed, you would start by repeating, "My right arm is heavy" four times, and then go on to the next phrase, "My left arm is heavy" and repeat it four times, etc.

My right arm is heavy.  
My left arm is heavy.  
Both of my arms are heavy.  
My right leg is heavy  
My left leg is heavy.  
Both of my legs are heavy.  
My arms and legs are heavy.  
My neck and shoulders are heavy.

**Note:** If you have difficulty achieving a sensation of heaviness using the verbal phrases, you may want to add visual imagery. For example, you might imagine weights attached to your arms and legs gently pulling them down. Or you might want to think of your arms and legs as made of heavy lead sinking into the ground. Think of the heaviness along the entire arm from your shoulder down to the tips of your fingers.

### Warmth Theme

My right arm is warm.  
My left arm is warm.  
Both of my arms are warm.  
My right leg is warm.  
My left leg is warm.  
Both of my legs are warm.  
My arms and legs are warm.  
My arms and legs are heavy and warm.  
My -neck and shoulders are heavy and warm.

**Note:** If you have trouble experiencing a feeling of warmth using the verbal phrases, try visual imagery. For instance, imagine your right arm lying on a warm heating pad. Feel the warmth of the pad through your hand and arm. Imagine yourself in a nice warm shower or bath with the warmth of the water all around you. Imagine your hand submerged in a comfortably warm pan of water. Envision yourself sitting in the sunshine, with the sun falling warmly on your arms and legs. Think about holding a nice, comfortably warm mug of your favorite hot drink in your hand.



## **AUTOGENIC EXERCISES: HOMEWORK PRACTICE (CONT)**

Think about the blood flowing gently through the fingertips of your hands and through your toes.

Take a few minutes for enjoyment.

Then say to yourself, "When I open my eyes, I will feel refreshed and alert." (say this four times). Then open your eyes, breathe a few deep breaths as you stretch and flex your arms. Be sure that you are not still in a trance-like state when you go on to your regular activities.

Try to practice these exercises at home two times a day with your breathing.

## SESSION 5 - WAYS OF COPING

### SERENITY PRAYER:

*Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.*

### EMOTION – FOCUSED COPING

*For things I must accept:*

Prayer  
Meditation  
Relaxation  
Acceptance and softening

### PROBLEM – FOCUSED COPING

*For things I can change:*

Gathering information  
Developing a plan  
Getting support  
Taking action

## SESSION 5 – RESOURCE LIST



### SMART/EST RESOURCE LIST

#### DADE COUNTY:

South Florida AIDS Network (SFAN).....	(305) 585-5241
Positive Connections.....	(305) 891-2066
Penalver Clinic.....	(305) 325-3450
Health Crisis Network.....	(305) 751-7775
Health Crisis Network Hotline.....	(305) 751-7751
Haitian-American Community Association of Dade County.....	(305) 751-3429
Jackson Memorial Hospital Outpatient Mental Health Clinic.....	(305) 585-6211
The Salvation Army.....	(305) 637-6720
Miami Dade Health Department STD clinic.....	(305) 324-2436
Genesis House.....	(305) 856-1043
Food for Life Network.....	(305) 576-3663
Family Health Center.....	(305) 637-6400
Borinquen Health Center.....	(305) 576-6611
Care Resources.....	(305) 573-5411
MOVERS.....	(305) 754-2268
Union Positiva.....	(305) 644-0667
University of Miami Special Immunology Clinic.....	(305) 243-4598
Christ Crusaders.....	(305) 769-3044
North Dade Health Center.....	(305) 620-3758
Stanley Myers Community Health Center.....	(305) 538-8835
Switchboard of Miami Hotline.....	(305) 358-HELP
Center for Haitian Studies.....	(305) 757-9555
Miami Beach PET Center.....	(305) 535-5540
Camillus Health Concern.....	(305) 374-1065
Catholic Hospice.....	(305) 822-2380
South Beach AIDS project.....	(305) 532-1813
Mercy Hospital Special Immunology.....	(305) 285-2994
Empowering U.....	(786) 318 -2337

#### BROWARD COUNTY:

AIDS Info Line.....	(800) 342-AIDS
Center One.....	(800) 339-2815
Crisis Hotline.....	(954) 467-6333
Sunshine Health Center.....	(954) 921-0777

## **SESSION 5 - STRESSFUL EVENTS FLOW CHART**

### **AWARENESS**

(THOUGHTS, FEELINGS, BODY SENSATIONS)

### **INTERPRETATION**

(THOUGHTS: INACCURATE - REPLACEMENT OF THAT THOUGHT WITH MORE  
BALANCED [POSITIVE] THOUGHTS)

### **INTERPRETATION**

(SITUATION: CONTROLLABLE OR UNCONTROLLABLE)

### **COPING**

(DEAL WITH THE ACTUAL PROBLEM OR WITH YOUR EMOTIONS ABOUT THE  
PROBLEM)

## SESSION 5 - SUPPORT

### *Who do you turn to, when you need....*

- Someone to talk over your ideas and thoughts about your children.
- Someone to talk over your ideas and thoughts about your future.
- Someone to talk to when you feel sad and lonely.
- To talk over problems.
- To have some help with the kids, when you're sick and when you're not.
- To have some help caring for your house.
- Someone to take you to the doctor.
- To go out and have fun.
- To borrow some money. (A little or a lot)
- To get a ride somewhere.
- Some help finding housing or getting rent support.
- Some help with financial resources.
- Some help with medical insurance.
- Some help with depression or other mental health problems.
- Someone to explain a new medicine or medical condition.
- Some spiritual support or guidance.
- Someone to pray with you.
- Someone to turn to when you want alcohol or drugs.

## **Session 6 – Autogenic Training (AT) and Breathing; Continuing Rational Thought Replacement Outline**

### **Relaxation**

- I. Breathing
  - II. Autogenic Practice
  - III. Discussion
- Autogenic Homework

### **Contents**

- I. Review Weekly Assignments
  - a. Adherence issues
  - b. Negative statements
  - c. Rational thought replacement
- II. Didactic: Coping
  - a. Diagram 6.1 – Coping: Breaking Down the Problem
  - b. Diagram 6.2 – Coping: Practice Sheet
  - c. Diagram 6.3
    - i. Exercise 6.1
    - ii. Exercise 6.2
- III. Exercise 6.1

### **Handouts**

1. Autogenic Homework
2. Identifying Types of Coping (2)
3. Identifying Ways of Coping (2)
4. Identifying Strategies for Acceptance and Action
5. Serenity Prayer
6. Coping

### **Materials Needed**

1. Visual Aide 4 (Serenity Prayer Flip Chart)

### **References**

None

## Session 6 – Relaxation for Session, Autogenic Training (AT) & Breathing

**Therapists:** Before Beginning Session Refer Back to Relevant Section of Therapist Process Notes

### I. Breathing

#### I. *Complete, Natural Breathing:*

**Therapists:** Give an overview of natural breathing which is similar to the following:

Before we move on to the relaxation exercise for today, let's take some time to talk about how important it is to use deep breathing. Since the start of these sessions, we have done a number of different breathing exercises. Just about everyone's breathing has gotten better, but there is still room for improvement. So today, we are going to start with a different breathing exercise. Did you ever notice how babies breathe or how most people breathe when they are asleep? Their breathing is very slow and deep, with pauses between each breath. Sometimes, it even looks as if the person has stopped breathing altogether when they are between breaths. That's the kind of breathing that you should have in mind when doing breathing exercises. Deep breathing helps us to feel better, physically, emotionally, and spiritually. The more practice that we get at breathing this way, the more we will be able to breathe this way in our everyday lives. Some of the things that prevent us from breathing naturally are: wearing tight, restrictive clothing; having poor posture; not getting enough exercise; and leading stressful lives. The following exercise is designed to help you to get into the habit of breathing naturally, to get the most out of each breath.

- a. Begin by sitting or standing up straight (in good posture).
- b. Breathe in through your nose.
- c. As you breathe in, the **first** thing that should happen is that your stomach should push out as you begin to fill your lungs. **Second**, your chest should rise slightly as you complete your breath.
- d. Hold your breath for a few seconds then let it out.

#### II. **AUTOGENIC practice including heartbeat, breathing, stomach, and forehead**

Last week, we started AT (Autogenic Training). As you remember, we practiced making different parts of our bodies feel heavy and then warm. We talked about some of the other themes in AT which involved the heartbeat, breathing, stomach, and forehead. This week, we will put it all together.

**Heartbeat Theme**. The first part that we will add today involves the heartbeat. What we are trying to do is to slow the heartbeat down. While we repeat the phrases about the heartbeat, you might need to place your right hand over your heart so that you can be aware of your heartbeat. Some people may experience discomfort when they turn their attention to their own heartbeat. If you feel sick to your stomach, dizzy, or have any other problems while concentrating on your heartbeat, say to yourself: “**I feel calm. I feel calm. I feel calm. I feel calm.**”

**Breathing Theme.** The second part that we'll be adding today involves breathing. What we are trying to do is to make the breathing deeper and slower.

**Stomach Theme** The third part that we will be adding today involves the stomach. When people are fully and deeply relaxed, they often report feeling warm in the stomach area. What we are trying to do is to make the stomach feel warm. However, if you have serious stomach problems, bleeding ulcers, or diabetes, do not try to make the stomach feel warm. Focus instead on feeling calm and relaxed by repeating this phrase four times: **"I am calm and relaxed."**

**Forehead Theme:** The last part that we will be adding today involves the forehead. When people are stressed, a lot of blood rushes to the head, making it feel hot. What we are to do is to get some of the blood that is pooled in the head to flow to other parts of the body. By doing this, we are able to cool the head and to warm other parts of the body, producing a relaxing feeling.

**In general, the order of the phrases will be:**

My right/left arm is heavy and warm.

My right/left leg is heavy and warm.

My arms and legs are heavy and warm.

My heartbeat is calm and regular.

My breathing is calm and regular.

My stomach is warm.

My forehead is cool and calm.

**Instructions for in-session autogenic training:**

Find a comfortable position lying on your couch and close your eyes. Take a deep, slow breath, and hold that breath for a moment. Now exhale, letting all of the air out fully and completely. Allow yourself to continue to breathe slowly and naturally.

Repeat the following phrases to yourself slowly, and allow yourself to feel the heaviness and the warmth. Like before, you can use your imagination to help you feel heaviness or warmth. For example, to feel heaviness, you might want to imagine yourself sinking into sand or into your couch. To feel warmth, you might want to imagine that you are placing your arm or legs into a tub of pleasingly warm water or that you are using a heating pad. As we do this exercise, remember to repeat each phrase to yourself 4 times.

The first phrase is: "I am at peace with myself and fully relaxed. I am at peace with myself and fully relaxed. I am at peace with myself and fully relaxed. I am at peace with myself and fully relaxed." Breathe naturally and slowly, remembering to exhale completely. Try feeling the heaviness in your arms, as you say to yourself: "My right arm is heavy. My right arm is heavy. My right arm is heavy. My right arm is heavy." Allow yourself to let go of the muscles in your arms as you say to yourself: "My left arm is heavy. My left arm is heavy. My left arm is heavy. My left arm is heavy."



Continue to breathe slowly and naturally, and say to yourself: “My right leg is heavy. My right leg is heavy. My right leg is heavy. My right leg is heavy.” Let go of the tension in your legs as you say to yourself: “My left leg is heavy. My left leg is heavy. My left leg is heavy. My left leg is heavy.” Now say: “My neck and shoulders are heavy. My neck and shoulders are heavy. My neck and shoulders are heavy. My neck and shoulders are heavy.” Let your shoulders drop; allow the muscles to relax fully and completely.

As you continue to breathe slowly and naturally, say to yourself: “My right arm is warm. My right arm is warm. My right arm is warm. My right arm is warm. Feel the blood flow through your arm and into your hand, and say to yourself: “My left arm is warm. My left arm is warm. My left arm is warm. My left arm is warm.” Allow yourself to let go even more, and say to yourself: “My right leg is warm. My right leg is warm. My right leg is warm. My right leg is warm.” Feel the blood flow through your leg and into your foot, as you say to yourself: “My left leg is warm. My left leg is warm. My left leg is warm. My left leg is warm.” Now say to yourself: “My neck and shoulders are warm. My neck and shoulders are warm. My neck and shoulders are warm. My neck and shoulders are warm. My arms and legs are warm and heavy. My arms and legs are warm and heavy. My arms and legs are warm and heavy.

Calm your heart by saying to yourself: “My heartbeat is calm and regular. My heartbeat is calm and regular. My heartbeat is calm and regular.” Feel your strong, even heartbeat. Some people may experience discomfort when they turn their attention to their own heartbeat. If you feel sick to the stomach, dizzy, or notice any other disturbing sensation, change the phrase to: “I feel calm. I feel calm. I feel calm. I feel calm.”

To slow your breathing say to yourself: “My breathing is calm and regular. My breathing is calm and regular. My breathing is calm and regular. My breathing is calm and regular.” Feel the air completely filling your lungs when you breathe in, and as you breathe out, feel the warm air leaving your lungs. Pause between each phrase, and say the phrases to yourself slowly and calmly.

Concentrate on warmth in your stomach, saying to yourself: “My stomach is warm and calm. My stomach is warm and calm. My stomach is warm and calm. My stomach is warm and calm.” If you have serious stomach problems, bleeding ulcers, or diabetes, change the phrase to: “I am calm and relaxed. I am calm and relaxed. I am calm and relaxed. I am calm and relaxed.”

Move on to your forehead, repeating to yourself: “My forehead is cool and calm. My forehead is cool and calm. My forehead is cool and calm. My forehead is cool and calm.” Feel the excess blood flowing out of your head. Remember to breathe the calm, full breath; allow any thoughts that may come to mind to flow through you, and out of you.

Breathe slowly and naturally, allowing yourself to breathe away tension each time that you breathe out. Continue to relax, letting every breath carry you deeper into a state of deep calm and peace. And as you relax, you feel more calm, more at peace, and you enjoy these feelings very much.

Every time you practice this exercise you will get better and better at it, being able to relax more deeply and more completely. Every time you practice, you will get better at relieving tension, and be able to relax quicker. You will be able to feel the effects of the calmness and relaxation throughout your day. You will feel calm and relaxed, and be aware of any tension or excess energy that you may have.

Now, gently bring yourself up and out of deep relaxation to a more alert state, gradually letting yourself become more aware of what is around you, but remaining calm and relaxed. Say to yourself: "I am refreshed and alert. I am refreshed and alert. I am refreshed and alert. I am refreshed and alert." Take a deep, full breath and stretch, letting the feelings of calmness and relaxation carry over with you into a fully alert state. You may wish to take another deep breath and stretch, and then gradually open your eyes.

### **III. Discussion:**

- Did you find this exercise more difficult than the basic exercise?
- Was it easier to feel warmth or heaviness?
- Did you want to come out of the deep relaxation state?

## Session 6 – Executing Effective Coping Responses

### I. Review Weekly Assignments

- a. How is everyone doing with their relaxation practicing? Are you finding it easier to find the time to do it? Do you miss it when you are unable to do it? When you find that you feel better when you do something, it makes it easier to continue to do it, and you notice it more when you don't do it.
- b. What about negative thoughts over the past week? Who would like to share any stressful situation with their negative thoughts.
- c. What did you tell yourself? How did you use the rational thought replacement?

### II. DIDACTIC: Coping

- 1) When are you using relaxation to help you to deal with stressful situations?
- 2) Have you become more aware of when you are using negative self-talk? Are you able to think of more balanced (or positive) statements to say to yourself?
- 2) Do breathing and relaxation exercises help you to calm down so that you can think clearer and make more realistic interpretations of what is going on?
- 3) When are these techniques not working?
- 4) When could you be using them that you're not?

#### **Discussion:**

- What does the word “coping” mean to you?
- What kinds of problems or difficult situations do you cope with in your life?
- Are you satisfied with the way that you deal with problems or do you feel that you could use some different methods to help you to deal better with your problems?

The term "coping" may have many different meanings for different people. We should use one definition of coping so that we can all be talking about the same thing. For this session, we will use the word “coping” to talk about what a person does to deal with a situation or problem that seems unbearable. So, coping refers to what we do when we face something that is overwhelming. Coping is what we do when we are not sure that we can handle a problem or situation (Lazarus & Folkman, 1984). There are two basic ways that people cope with a situation. The person can deal with a problem by changing how she thinks about the situation or by altering her behavior in the situation. So, you can cope with a situation by changing what you think or by changing what you do.

Now, all ways of coping are not equally effective, right? There are ways of dealing with a problem or situation that can make things get better or worse for you. When the way that you

choose to cope with a problem or situation makes you feel better about the situation or actually changes the situation for the better, we call that **productive (successful) coping**. If the way that you cope with a problem or situation makes you feel temporarily better, but causes other problems in the long-run, or if it does help the problem at all, we call that **nonproductive (unsuccessful) coping**.

So, all ways of coping with a situation are not equal, right? Some are more effective (more productive, work better) than others, depending on the situation.

### **How does *productive (successful) coping* help?**

1) *Problem Focused Coping* involves changing a problem that is upsetting you.



#### **Examples:**

- thinking about how to solve the problem
- making decisions
- conflict resolution ("making up")
- getting information
- getting advice
- setting goals

2) *Emotion-Focused Coping* involves dealing with the way you feel about the situation or problem that is upsetting you.

#### **Examples:**

- changing negative thoughts to more balanced or positive thoughts (thinking about it in another way)
- "letting it all hang out" expressing how you feel
- doing more pleasant activities (to help you feel better)
- relieve muscle tension (exercising, relaxation, deep breathing)

3) You do not need to choose between dealing with the emotions that you have and dealing with the problem. You can do both. In fact, dealing with one, can help you to deal with the other. For example:

(a) how you choose to cope with a situation can affect how you feel both physically and emotionally when you are under stress.

(b) most importantly, how you choose to cope

with a situation is the part of the stress response that is most easy for you to see and is the easiest for you to change.

An important part of dealing with a problem or stressful situation is figuring out which parts of it that we can control (**controllable**) and which parts are outside of our control (**uncontrollable**).

### **A key to adaptive coping:**

There are clearly problems that we can change and problems that we can't change. But most problems have some parts to them that we can change and others that we can't change. Recall the serenity prayer:

**"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."**

(Show Visual Aide 4 –serenity prayer flip chart)

The serenity prayer addresses part of the coping response. The coping response involves:

**The stressful event --> awareness of the stress --> interpreting the situation** (Is it something that I can handle? ) --> **interpreting the situation** (Is it something that I can control or change, or is it out of my hands?) --> **copng response** (You decide what to do or how to think about the situation).

### **\*Give Handout – "Ways of Coping" (Serenity Prayer)**

**Review model of awareness, interpretation, and show where coping fits into the picture.**

Dealing with a stressful situation can be broken down into 4 basic parts:

#### **Example:**



Before a doctor's visit, practicing relaxation exercises can help decrease feelings of anxiety. This reduction in anxiety may help you focus better on

## **STRESSFUL EVENT**



## **AWARENESS**

*(thoughts, feelings, body sensations)*

## **INTERPRETATION**

*(THOUGHTS: inaccurate ==> replacement of that thought with more balanced [positive] thoughts)*

## **INTERPRETATION**

*(SITUATION: controllable or uncontrollable)*

## **COPING**

*(deal with the actual problem or with your emotions about the problem)*

### **Example:**

**Stressful event** - Your teenager comes home much later than s/he said that s/he would.

**Awareness of the stress** - you look at the clock and see that it's 2:00 a.m. **Interpretation of the situation** - Can I do anything about the fact that my child came home late tonight?

Although I can't do anything about him/her coming home late this time, I can certainly punish him/her for not obeying my rules. **Coping response** - You find out why the teenager was late and ground him/her for a month because their excuse was "trifling."

The key point to successful coping:

Like the serenity prayer says, knowing the difference between the things you can change and the things you can't, and having the courage to change what you can and the serenity to accept the things you cannot change.

### **Which aspects of the following things are controllable/uncontrollable?**

Your health  
 Your kids  
 Traffic  
 Landlord  
 Lack of money  
 Problems with family  
 Your neighborhood  
 Lack of transportation  
 Getting married  
 Getting divorced  
 Having a baby

If we don't choose the right response to a stressful situation, we may find ourselves becoming even more stressed because we not only failed to appropriately deal with the original situation, but we feel frustrated with our failure! Also, some responses lead to other problems that are worse than the one we started off with!

Let's take a look at some of the ways people cope that usually don't lead to solving their problems.

## A. Diagram 6.2

### COPING

#### BREAKING DOWN THE PROBLEM

Every big problem has smaller parts. It is easier to solve the problem if you break it down into smaller parts. Different parts of the problem may lead to different responses – different feelings, sensations, and actions.

"I HAVE HIV"	
PARTS OF THE PROBLEM	INITIAL RESPONSES (Feelings, Sensations, Actions)
"I feel sick a lot."	Feelings: fear and sadness Sensations: pain, discomfort, exhaustion Actions: avoid doing usual activities
"I have to take too many pills."	Feelings: anger, resentment, fear Sensations: nausea, exhaustion Actions: forget to take the medicine

"I have too many doctor's appointments."	Feelings: irritation, worry Sensations: exhaustion Actions: cancel appointments, forget to ask doctor questions, act angry towards nurses
"I don't know who will take care of my kids when I get sick or if I die."	Feelings: anxiety, sadness, anger Sensations: heart palpitations, sweatiness Actions: avoid planning, fight with my family

## ***COPING***

**Let's examine each part of this problem.  
What parts require acceptance?  
What parts can change?**

<b>"I FEEL SICK A LOT"</b>				
<b>PARTS I CAN'T CHANGE</b>	<b>WAYS I CAN COPE</b>		<b>PARTS I CAN CHANGE</b>	<b>WAYS I CAN COPE</b>
I may feel sick sometimes.	<p>I can accept this truth.</p> <p>I can get medicine to help with pain and suffering.</p> <p>I can pray for relief and comfort.</p> <p>I can practice relaxation.</p>		I may be able to prevent some illnesses.	<p>I can get good quality medical care.</p> <p>I can reduce stress in my life.</p> <p>I can practice good health habits.</p>

**... more on coping**



"I HAVE TO TAKE TOO MANY PILLS"				
PARTS I CAN'T CHANGE	WAYS I CAN COPE		PARTS I CAN CHANGE	WAYS I CAN COPE
I may have to take some medicine.	<p>I can examine some of the feelings I have about taking this medicine.</p> <p>I can work on accepting the need for medication.</p> <p>Maybe there are other foods I can eat which will help with the side effects.</p>		<p>I may be able to adjust my medication.</p> <p>I may be able to take less medicine or a have less complicated schedule of medication.</p>	<p>I can talk to my friends, my doctor and my pharmacist to learn about new medicines.</p> <p>I can read about new medicines.</p> <p>I can talk to my doctor about my medication schedule.</p> <p>I can talk to my doctor and my friends about the problems with side effects.</p> <p>I can find ways to adjust my activities to help me remember to take my medicine.</p>

.... more on coping.

"I DON'T KNOW WHO WILL TAKE CARE OF MY KIDS IF I GET SICK OR DIE."				
PARTS I CAN'T CHANGE	WAYS I CAN COPE		PARTS I CAN CHANGE	WAYS I CAN COPE
I may not always be able to care for my kids.	<p>I can accept this truth.</p> <p>I can pray for guidance and their safety.</p>		I can develop plans to protect their safety and well-being.	<p>I can talk to my friends and my family to develop plans.</p> <p>I can learn about financial and practical resources that might be available to my family.</p>

## B. Diagram 6.2

### ***COPING***

#### PRACTICE SHEET FOR BREAKING DOWN THE BIG PROBLEMS

#### **IDENTIFY THE DIFFERENT PARTS OF THE PROBLEM**

#### **THINK ABOUT YOUR RESPONSE TO EACH PART OF THE PROBLEM**

<b>PARTS OF THE PROBLEM</b>	<b>INITIAL RESPONSES</b> <b>Feelings, Sensations, Actions</b>
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:

### **III. COPING**

Last week we began to discuss various ways and types of coping. Let's review a bit first. Once we've identified the stressful event, we then want to break it down to 4 basic parts –

**AWARENESS** – thoughts, feelings, body sensations

**INTERPRETATION – THOUGHTS:** inaccurate → replacement of that thought with more balanced [positive] thoughts

**INTERPRETATION – SITUATIONS:** controllable or uncontrollable

**COPING** – deal with the actual problem or with your emotions about the problem

We've already discussed and practiced the first three parts. Now we want to discuss coping. One way of coping is to avoid the stressful event or problem. There are 2 ways to avoid in order to cope with stress.

1. What does an ostrich do when it's frightened? It puts its head in the sand. Sometimes people take the same kind of approach to their problems.



### **BEHAVIORAL AVOIDANCE:**



The great lengths that people will go to in order to reroute their lives away from an uncomfortable person, place, or activity. Example: Someone might stop coming to all family “get togethers” because there is one person that they have problems with.

### **COGNITIVE AVOIDANCE:**



Often takes the form of distraction from or outright denial of the problem at hand, does little to change the nature of the burden. Example: Sometimes, a person would rather pretend that they are getting along with their husband or boyfriend rather than face the fact that they are starting to have a lot of problems.

### Emotion-Focused Strategies

- increased oral intake activities such as smoking,



eating,



and alcohol



and recreational drug use/abuse.

Indeed these activities may serve, at the physical level, to distract or numb one from feelings of anxiety.

- feeling helpless
- engaging in risky behaviors (unprotected sex) in response to feeling depressed or angry.
- stuffing your feelings inside



If we choose not to directly avoid the problem, there is always a passive way to deal with the problem:

### **2. Passive Emotion-Focused Strategies.**

We all do these at one time or another. And they can be particularly harmful in the long run. For example, let's say that you had financial problems and instead of dealing with this problem, you started overeat. Not only would you still have the original problem, but now you are overweight, or hooked on cigarettes, etc. **Recent studies have shown that people who are living with the virus AND smoke cigarettes are more likely to have more complications with the virus than those who do not smoke.** Sometimes people will drink alcohol or use drugs to help "numb" themselves. While they may feel better initially, when they sober up, the problem is still there



We all know people who deny that they are HIV+. Maybe this was your initial response to finding out that you were positive. Sometimes, being in denial can have bad effects on people. When people who have the virus are in denial, they tend to become more depressed and have drops in their T-cells. This only serves to make the problem worse and make them become sick a lot quicker than people who are not in denial.

-- a growing body of literature has related an attitude of "giving up" or "hopelessness" to a poorer prognosis and

shorter survival

time for patients with some types of cancer"

### 3. **Passive strategies are interrelated and often perpetuate each other.**

The use of indirect problem-focused strategies often give rise to the use of indirect emotion-focused strategies and vice versa.



**Example:** Joe is having a difficult time approaching his supervisor about some recent anxiety-arousing events in which he was discriminated against because he's Black. Thinking (*cognitive interpretation: fortune teller*) that he will never gain support from his supervisor (*cognitive interpretation: all or nothing thinking*) he avoids him (*coping: behavioral avoidance*), feels more anxious, and tries to distract himself (*coping: cognitive avoidance*) from the problem, which is now recurring. As he experiences more and more, Joe finds himself eating more junk food and having a few drinks at lunch to "calm down" (*coping: consummatory activities*). Thus, his behaviors are now designed to avoid both the problem and his anxious feelings. These alternative consummatory activities may make Joe less likely to confront the problem because they:

- (1) provide a temporary relief from the irksome nature of the problem,
- (2) provide him with a biological reward for escaping from the problem, and

- (3) deflate his sense of self-efficacy or "take the wind out of his sail", thereby making him more likely to avoid, disengage and distract himself in the future. Beyond these behavioral consequences, because this process also perpetuates feelings of helplessness, Joe may also become depressed.

### **Exercise 6.1:**

#### **Identifying your own personal coping style.**

**Therapists:** Have group members discuss their coping strategies in relation to specific stressful situations generated from last week's homework.

What are your most common coping strategies?  
When do you use direct strategies?  
Are you more problem-focused or emotion-focused?  
Under what circumstances do you use indirect strategies?

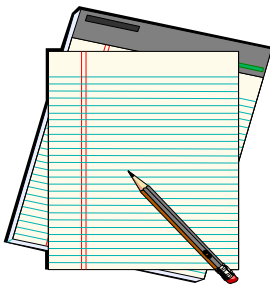
### **Exercise 6.2:**

#### **Identifying your coping responses to situations related to HIV/AIDS**

**Therapists:** Have participants discuss their coping strategies to a situation related to HIV that occurred in the recent past.

What are your most common coping strategies?  
When do you use more direct strategies?  
Do you tend to use emotion or problem focused strategies?

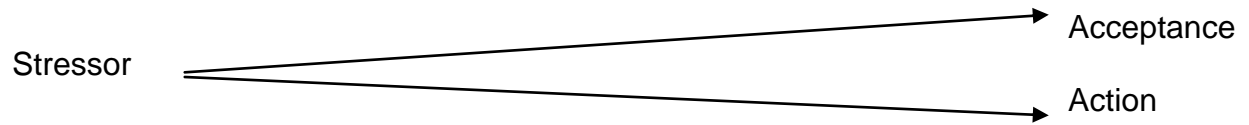
## **HOMEWORK**



- Continue Practicing Relaxation and Monitor Effective Coping Strategies



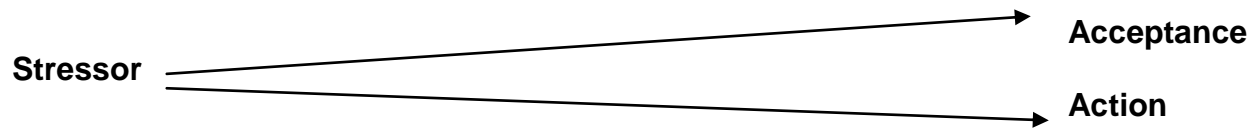
## SESSION 6: IDENTIFYING WAYS OF COPING



*What parts of the problem must you accept?  
What parts can you change?*

<b><i>Problem</i></b>	<b><i>Acceptance</i></b> <i>Parts I CAN'T Change</i>	<b><i>Action</i></b> <i>Parts I CAN Change</i>
Part 1: "I feel sick a lot."	I may feel sick sometimes.	I may be able to prevent some illnesses.
Part 2: "I don't know who will take care of my kids if I get sick or die."	I may not always be able to care for my kids.	I can develop plans to protect their safety and well-being.
Part 3: "I have to take a lot of pills."	Medicine sometimes has to be taken several times a day to work properly.	I can talk to my doctor and see if something can be adjusted.

## SESSION 6: IDENTIFYING WAYS OF COPING



*What parts of the problem must you accept?  
What parts can you change?*

<b><i>Problem</i></b>	<b><i>Acceptance</i></b> Parts I CAN'T Change	<b><i>Action</i></b> <b><i>Parts I CAN Change</i></b>

## SESSION 6: IDENTIFYING STRATEGIES FOR ACCEPTANCE AND ACTION

Problem  → Coping Response

*What types of coping strategies can you use?*

<b>Problem</b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance – Taking Care of My Feelings</i></b>
Ex. 1: "I feel sick a lot."	I may feel sick sometimes.	I can accept that I may feel sick. I can put this in perspective.
		I can practice relaxing when I feel nervous about my health.
		I can reach out for support when I feel frustrated and overwhelmed by my condition.
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>
	I may be able to prevent some illnesses.	I can get medicine to help with pain and suffering.
		I can ask my family and friends for help so I can rest.
		I can practice good health habits.
		I can communicate with my doctors to get better care.

## SESSION 6: IDENTIFYING TYPES OF COPING

Problem \_\_\_\_\_ → Coping  
Response

*What types of coping strategies can you use?*

<b><i>Problem</i></b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance – Taking Care of My Feelings</i></b>
Ex. 2: “I don’t know who will take care of my kids if I get sick or die.”	I may not always be able to care for my kids.	I can pray for strength when I feel truly sad and angry.
		I can practice relaxing so that I can solve problems more effectively when I feel worried.
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>
	I can develop plans to protect my kids’ safety and well-being.	I will work with my relatives and my social worker to develop plans for my children’s futures.

## SESSION 6: IDENTIFYING TYPES OF COPING

Problem \_\_\_\_\_ → Coping Response

*What types of coping strategies can you use?*

<b><i>Problem</i></b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance— Taking Care of My Feelings</i></b>
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>
<b><i>Problem</i></b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance— Taking Care of My Feelings</i></b>
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>

## SESSION 6 - AUTOGENIC HOMEWORK

I am at peace with myself and fully relaxed. (Repeat 4 times.)

My right arm is heavy. (Repeat 4 times.)

My left arm is heavy. (Repeat 4 times.)

My arms and legs are heavy. (Repeat 4 times.)

My arms and legs are heavy and warm. (Repeat 4 times.)

My heartbeat is calm and regular. (Repeat 4 times.)

My breathing is calm and regular. (Repeat 4 times.)

My stomach is warm. (Repeat 4 times.)

My forehead is cool and calm. (Repeat 4 times.)

I am refreshed and alert. (Repeat 4 times.)

If you experience discomfort when you turn your attention to your heartbeat, change the phrase to: “**I feel calm. I feel calm. I feel calm.**” If you have serious stomach problems, bleeding ulcers, or diabetes, change the phrase to: “**I am calm and relaxed. I am calm and relaxed. I am calm and relaxed. I am calm and relaxed.**”

## SESSION 6 – COPING

(Diagram 6.2)

### PRACTICE SHEET FOR BREAKING DOWN THE BIG PROBLEMS

**IDENTIFY THE DIFFERENT PARTS OF THE PROBLEM**

**THINK ABOUT YOUR RESPONSE TO EACH PART OF THE PROBLEM**

<b>PARTS OF THE PROBLEM</b>	<b>INITIAL RESPONSES Feelings, Sensations, Actions</b>
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:

## SESSION 6 – SERENITY PRAYER

**God, grant me the serenity to  
accept the things I cannot  
change, the courage to change  
the things I can, and the wisdom  
to know the difference.**



## **Session 7 – Autogenic Training (AT) and Breathing; Coping**

### **Relaxation**

- I.** Breathing
- II.** Autogenic Practice
- III.** Discussion
- IV.** Autogenic Homework

### **Contents**

- V.** Review Weekly Assignments
  - a. Coping
- VI.** Didactic: Coping
  - a. Diagram 7.1 – Coping: Breaking Down the Problem
  - b. Diagram 7.2 – Coping: Practice Sheet
  - c. Diagram 7.3
    - i. Exercise 7.1
    - ii. Exercise 7.2
- VII.** Exercise 7.1
- VIII.** Steps to effective coping

### **Handouts**

- IX.** Autogenic Exercises
- X.** Strategies to Help You Accept Difficult Feelings

### **Materials Needed**

None

### **References**

None

## Session 7 – Autogenic Training (AT) and Breathing

### Autogenics with deepening visualization for relaxation

#### A. Rationale

For the past two weeks, we have been doing AT (autogenic training), which is a way to relax by repeating different phrases to yourself. First, you practiced making your arms, legs, and other body parts feel heavy and warm. Last week, we added more phrases to the exercise to make your breathing and heartbeat slow and regular, your stomach warm, and your forehead cool. Today, we will continue AT and add a part that will use your imagination to help you become deeply and completely relaxed. When you are doing relaxation exercises, toward the end of the exercise, you are in a state where you are very open to suggestions.

At that point, it is a good time to repeat **positive self-suggestions** (statements that will help you to become a better person) to yourself about things that you want to do or maybe how you want to deal with a problem that you are facing. For example, if you want to stop smoking, you may want to say something over and over again such as, “I love to breathe pure air”; or “I can do without smoking.” If you wanted to eat less, you might say, “I have control over what I eat,” or “I can eat less and be more attractive.” If you want to have better control over your temper, you might want to say to yourself, “I have control over my temper” or “I will control my temper so that I can have a better relationship with my kids.” The suggestions you choose for yourself should be short, convincing, realistic, and something that you can control. For example, “I’m going to hit the lottery today” would not be a good choice because it is not realistic and you have no control over the selection of the winning numbers. However, “I will put \$20 into a savings account each month” is more realistic and is something that you can control. You can mix the **positive self-suggestions** in with the other phrases that we’ve done before or you can wait until the after you have said all of the other phrases before saying these new phrases.

Take a few moments to think of some positive self-suggestions, things that you want to say to yourself to help you to do or feel something that is important to your well-being.

**Facilitators should have participants spend a few moments thinking of a centering or positive self suggestion.**

Has everyone thought of something?

Ok, let’s begin...

#### B. Instructions for Autogenics with visual imagery

Get yourself into a comfortable position, either sitting or lying down, and close your eyes. Take in a deep, slow breath, and pause for a moment after you breathe in. Now, exhale, letting that breath out, fully and completely. Allow yourself to continue to breathe slowly and naturally. Repeat each phrase to yourself slowly, and allow yourself to feel the heaviness and the warmth.

The first phrase is: “I am at peace with myself and fully relaxed. I am at peace with myself and fully relaxed. I am at peace with myself and fully relaxed.” Breathe naturally and slowly, remembering to let each breath out completely. Try feeling the heaviness in your arms, as you say to yourself: “My right arm is heavy. My right arm is heavy. My right arm is heavy.” Allow yourself to let go of the muscles in both of your arms as you say to yourself: “My left arm is heavy. My left arm is heavy. My left arm is heavy.”

Continue to breathe slowly and naturally, and say to yourself: “My right leg is heavy. My right leg is heavy. My right leg is heavy.” Let go of the tension in both of your legs as you say to yourself: “My left leg is heavy. My left leg is heavy. My left leg is heavy.” Now say: “My neck and shoulders are heavy. My neck and shoulders are heavy. My neck and shoulders are heavy.” Let your shoulders drop; allow the muscles to relax fully and completely.

As you continue to breathe slowly and naturally, say to yourself: “My right arm is warm. My right arm is warm. My right arm is warm. Feel the blood flow through your arm and into your hand, as you say to yourself: “My left arm is warm. My left arm is warm. My left arm is warm.” Allow yourself to let go even more, and say to yourself: “My right leg is warm. My right leg is warm. My right leg is warm.” Feel the blood flow through your leg and into your foot, as you say to yourself: “My left leg is warm. My left leg is warm. My left leg is warm.” Now say to yourself: “My neck and shoulders are warm. My neck and shoulders are warm. My neck and shoulders are warm.”

Now, slow and calm your heart by saying to yourself: “My heartbeat is calm and regular. My heartbeat is calm and regular. My heartbeat is calm and regular.” Feel your strong, even heartbeat. If you feel any discomfort while focusing your attention on your heartbeat, change the phrase to: “I feel calm. I feel calm. I feel calm. I feel calm.”

To slow your breathing say to yourself: “My breathing is calm and regular. My breathing is calm and regular. My breathing is calm and regular.” Feel the air completely filling your lungs when you breathe in, and feel the warm air leaving your lungs as you breathe out. Pause between each breath, and say the phrases to yourself slowly and calmly.

Concentrate on the warmth in your stomach by saying to yourself: “My stomach is warm and calm. My stomach is warm and calm. My stomach is warm and calm.” If you have any discomfort, change the phrase to: “I am calm and relaxed. I am calm and relaxed. I am calm and relaxed.”

Move on to your forehead, repeating to yourself: “My forehead is cool and calm. My forehead is cool and calm. My forehead is cool and calm.” Feel the extra blood flowing out of your head. Remember to breathe in calm, full breaths; allow any other thoughts that you are having to flow through you, and out of you.

Breathe slowly and naturally, allowing yourself to breathe away tension each and every time that you breathe out. Imagine that any thought or experience running through your mind appears to you as a bubble, and just let the bubble float up, and out of your consciousness. Just as if you were watching a glass of carbonated water, see the bubbles rise to the top and

pop. Let your thoughts or experiences rise up and out of your mind. Don't hold on to any of them—just watch them as they float by. And just like the glass of carbonated water, the bubbles begin to appear less often, slowing and finally stopping, until the water becomes clear and calm. As you continue to breathe slowly and calmly, your mind gradually becomes calm and clear as you let go of distractions, and become deeply relaxed, calm, and at peace.

Imagine that you are at the top of a slow moving escalator, and as you step on the escalator, you find yourself slowly riding down, deeper and deeper into relaxation. As you ride down on this escalator, you can feel yourself becoming more and more relaxed. Slowly, you can feel your muscles becoming heavier and more relaxed, as you allow yourself to drift deeper into a dreamlike state of calmness and relaxation. As you near the bottom of this slow- moving escalator, you can see yourself in your favorite outdoor place. It is a calm and beautiful day, and as you step off the escalator you look around at this calm, peaceful scene.

When you step off the escalator, you notice that there is a path in front of you. It may be a sandy path, or it may be a path through woods that is covered with leaves or pine needles, or it may be a grassy path, or a path full of stones and pebbles. Follow that path to a pleasant place of your own choosing that is totally comfortable for you. It may be by some water, in the mountains, in your home, in a museum, or even in the clouds. It may be a place you have been, or would like to go, or a place that can only exist in your fantasy world. Use your imagination to fill in the shapes, colors, and lighting in your special place. Drift slowly over to the most comfortable spot, and allow yourself to lie down, just sinking into the warm earth. Gradually, tension melts away, and is replaced by calmness and deep relaxation. Feel the warmth of the sunlight as it gently shines down and warms your hands and arms. Imagine that the sun and warm breezes warm your legs and feet.

Imagine that you can feel the warmth and light from the sun above you. You can feel it shining down-in and through your entire body. You feel it beginning to relax and soothe every part of your body. In a moment, you focus your attention on this sunlight and move it over to your right arm. Focus it there. Feel the warmth of the sun and imagine the light from the sun in your right hand. You can feel it soothing and relaxing your right hand. And in a moment, it begins to move from your right hand to your forearm...and then to your upper arm...and then to your shoulder. Just feel the sunlight warming and soothing your entire right arm. You can feel it filling and soothing every muscle and nerve in your right arm. And you feel your right arm—from the tips of your fingers to your shoulders-becoming completely relaxed. And you find yourself just letting go more and more...becoming more and more at peace.

Now move the light from the sun to your left arm. Imagine it entering and soothing your left hand. And in a moment you can begin to feel it moving from your left hand up your left arm...soothing your forearm... and then your upper arm...moving all the way up to your shoulder. You're relaxing all the muscles and nerves in your left arm...feeling the light and warmth in your left arm, soothing your entire left arm. Just continue to let yourself drift deeper and deeper into quietness and peace...feeling very safe, secure, and relaxed.

And, gently now, take the light from the sun and move it over to your right leg. Allow it to move from the tips of your toes all the way up your right leg to the right hip bone. Feel the warmth as

the sunlight moves up through your right leg, from your right foot to your right calf...and then to your right knee...and then to your right thigh...and finally to your right hip bone. Just feel the sunlight entering and soothing every muscle and nerve in your right leg and hip. Your entire right leg is feeling completely relaxed.

And in a moment, feel the sunlight move to your left leg. Again, allow it to move from your left foot up through your entire left leg to your hipbone. Feel it soothing and relaxing your left ankle...then your calf...and then your knee...and then soothing all the muscles in your thigh...and finally moving up into your hip. You can feel the sunlight entering every muscle and nerve in your entire left leg. And in a moment you find your left leg feeling completely relaxed.

And now move the light from the sun into your stomach area. Just feel it warming and soothing every organ in the lower part of your body. Just feel the pressures and tensions of the day draining away from you as your stomach relaxes completely. Feel your stomach becoming very relaxed.

Now take the light from the sun and move it into your chest area. Let it soothe and comfort that area. Just feel it pouring into your chest. You're feeling relaxed...at peace...and comfortable throughout your entire chest...feeling your chest becoming very relaxed and your breathing becoming easy.

Now, in a moment, bring the light from the sun down through the top of your head. Imagine it soothing and comforting the top of your head...and then the area around your eyes...and then your jaws. And in a moment, feel the warm, soothing sensations of the sunlight moving down into your neck, relaxing and releasing every tight muscle in your neck. And in awhile you can feel your neck completely relaxing. Your head and neck are becoming completely relaxed.

And now let the sunlight move down your spine, down through your spine all the way to your tailbone. And then imagine the light moving out from your spine into every nerve of your body. Feel the sunlight moving into every nerve of your body, healing and relaxing all of those nerves. And as all of your nerves relax, you can become deeply relaxed and at peace.

Let the warmth of the sun spread to every cell of your body, melting the tension, healing every cell of your body, and allowing you to become more calm and relaxed. As the sunlight and warmth flow freely and easily through your body, simply let go of tension and allow yourself to become deeply relaxed, calm, and at peace. See yourself completely relaxed, feel your arms and legs become heavier and heavier as you melt into the earth. Let the peace and calm of this place relax you even more. Pay close attention to what it feels like to be calm and deeply relaxed and keep this feeling in your mind, so that you can remember it when you are fully awake.

As you lie comfortable and relaxed in the stillness of your special place, take the special phrase you have thought of and say it to yourself several times. **(pause 20 sec.)** Or you can say to yourself: "My mind is quiet. I feel calm and still. My thoughts are focused on myself and I am at ease. Deep within my mind, I am calm and comfortable. I am at peace with myself."

You may picture yourself breathing in gentle healing light of a color that is right for you, softly surrounding and healing any part that needs to be healed. You may call upon the energies of your body, your red blood cells, your white, blood cells, your hormones, and T-cells, your body's energies and defenses, and bring them to whatever part of your body that you want to heal. Now take this in your own way with your own imagination and let it work.

Allow yourself to go on enjoying these feelings of calm and deep relaxation for a few more moments. Remember that this deep relaxation and calm is always there, waiting deep within you. It is a part of you. You can call upon it whenever you need to.

Every time you practice this exercise you will get better and better at it, being able to relax more deeply and more completely. Every time you practice, you will get better at relieving tension, and be able to relax quicker. You will be able to feel the effects of the calmness and relaxation throughout your day. You will feel calm and relaxed, and be aware of any tension or excess energy that you may have.

Now, gently bring yourself up and out of deep relaxation to a more alert state, gradually letting yourself become more aware of what is around you, but remaining calm and relaxed. Say to yourself: "I am refreshed and alert. I am refreshed and alert. I am refreshed and alert. I am refreshed and alert." Take a deep, full breath and stretch, letting the feelings of calmness and relaxation carry over with you into a fully alert state. You may wish to take another deep breath and stretch, and then gradually open your eyes.

### **C. Questions for Discussion:**

- Did you find this exercise more difficult than the basic exercise?
- Did you have any trouble getting a picture of the bubbles in your mind?
- Was it easier to feel warmth or heaviness this time than before?
- Were you ready to come out of the deeply relaxed state?

Visualization (getting a picture of something in your mind) can be extremely difficult for some people, so if this form of autogenics was more difficult for you than the basic exercise, don't feel that you have failed miserably. Once again, letting go and clearing your mind of distractions will make this exercise easier. If you had more difficulty visualizing the bubbles in the carbonated water than visualizing yourself outside, you were probably more receptive by the time you reached the second stage of the visualization.

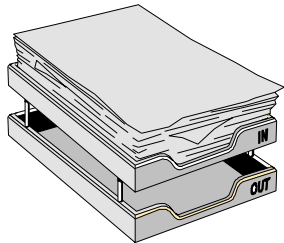
Visualization is a skill that improves with practice. Warmth and heaviness, for some people, are easier to feel when the suggestions are accompanied by visualization. If you found this to be true, then you should always do AT with visualization. Not wanting to come out of a state of deep relaxation is normal, especially if you have trouble relaxing most of the time. Just remember that once you have become deeply relaxed, you can recall that peaceful, calm feeling throughout the rest of your day.

## Session 7 – Executing Effective Coping Responses and Softening

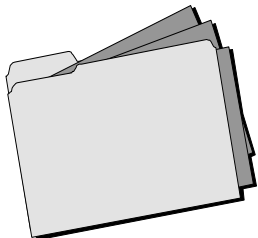
### I. Review weekly assignment

**Therapist:** Give each member the opportunity to describe a stressful event that occurred over the previous week and their coping response.

Give group time to practice classifying the type of coping [Was the person dealing with the problem (problem-focused) or with their feelings about the problem (emotion-focused coping) or BOTH].



**FOR THE GENERAL STRESSOR  
USE COGNITIVE RESTRUCTURING**



**TO HELP BREAK IT DOWN INTO  
MANAGEABLE PARTS AND IDENTIFY  
DEMANDS AND CONTROLLABILITY**

### II. STEPS TO EFFECTIVE COPING

- a. In addition to identifying ways of coping, we can also learn when one coping style may be more productive and beneficial than another. For the general stressor, use cognitive restructuring to help break it down into manageable parts and identify demands and controllability.
- b. **APPRAISAL GUIDELINES** (Adapted from Folkman et al., 1991)

#### **STEP 1. BREAK IT DOWN.**

**Breakdown general stressor** into specific stressful situations. One big problem can be broken down into

smaller more manageable problems.

**STEP 2. DETERMINE WHAT IT IS THAT YOU WILL NEED TO DO.**  
(**Identify** specific **demands** of situation.)

**STEP 3. WHAT PARTS CAN I CONTROL OR NOT CONTROL**  
(**Identify controllable and uncontrollable aspects** of the specific situation.)

**STEP 4. PICK THE BEST KIND OF COPING RESPONSES BASED ON WHETHER OR NOT THE PROBLEM IS CONTROLLABLE**  
(**Establish goals** for coping based on the **appropriate fit** between coping strategies [problem- vs. emotion-focused] and appraisal of the controllability of the situation.)

### **Exercise 7.1: Practice Appraising Stressors**

**Therapist:** Have group generate examples of a general stressful situation in their lives. Have them practice identifying specific stressful demands of the general situation and identify the controllable and uncontrollable aspects of the problem: (Refer to handout XXXX)

- ◆ **General stressor** (BIG PROBLEM)
- ◆ **Specific stressful demands** (SMALLER MORE CONTROLLABLE PROBLEMS)
- ◆ **Uncontrollable/controllable aspects**

#### **Example 7.1:**

The general stressor of "being HIV+" may be broken down into specific stressful demands of being HIV+ such as:

- having frequent doctor appointments
- telling family members and friends that you are HIV+
- problems choosing and taking medicine
- problems practicing safer sex behaviors with partners

### **III. PROBLEM-FOCUSED COPING:**

1. Think of options for changing the situation
2. Consider the possible outcomes of each option
3. Order the options according to their level of importance  
[Choose which options are best for you based upon their outcomes].

### **IV. EMOTION-FOCUSED COPING:**



1. Relaxation exercises
2. Doing fun and pleasurable activities
3. Accepting negative feelings instead of avoiding them.

**Exercise 7.2 Part 1:** Have group or dyads generate and evaluate problem-focused strategies to the specific situations brought up in group.

- *Possible options:*
- *Outcomes:*
- *Priority of options:*

**Exercise 7.2 Part 2:** Have group practice steps to effective coping to the following scenarios:

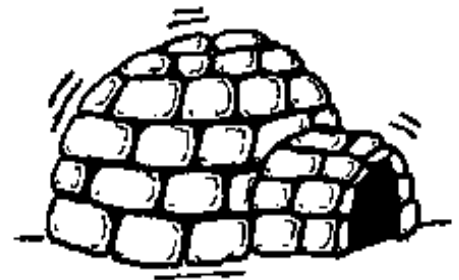
1. drop in T cell count
2. friend/lover sickness/death
3. talking to family members about HIV & AIDS

**Therapists:** In exercises 7.1 and 7.2, the women are asked to identify and evaluate possible stressors. It may be useful to add a section in which they specifically identify and rehearse the types of support they will need and obtain then they try to cope with these anticipated stressors. Some potential stressors might include: needing to move, having a hospitalization, losing a friend or lover to AIDS, etc. At the end of sessions 8, 9 & 10 specific plans for obtaining support will be discussed.

**Therapist:** Go back and review Behavioral Avoidance, Cognitive Avoidance, and Emotion-Focused Coping.

## V. Softening Exercises

People often respond to physical pain or negative emotions (like fear, anger, shame, worry, disappointment, etc.) by fighting it, trying to build a solid wall of tightness around it, attempting to brace against or block off the feeling. This allows the person to avoid the pain for awhile, but the problem with this is that the more you resist pain, the more it hurts. And the more it hurts, the more you will try to resist it. So by building a wall around the pain, you end up with more pain. In order to protect



yourself against feeling this pain, you build an even bigger wall around it. This vicious circle



producing one big knot of pain and resistance that is extremely difficult to untie.

An alternative way to deal with pain is to learn to **soften** around it. This means you must first be willing to admit to yourself that you are feeling physical or emotional pain and then simply allow yourself to experience physically and mentally whatever it is that hurts. Be your own best friend, be your own perfect mother, hold your own hand, and then sit and console yourself as you experience the pain.

When you soften around pain, you consciously relax your tense clenched muscles around the spot or the feeling that hurts. You focus on the pain itself, without all the tightness you tend to add to it. **Softening** also means that you notice but disregard your thoughts about how awful the discomfort or emotion is, how you can't stand it, move, have to get away, and so on. Often when you go through a fear or a sadness, or a physical pain in this way you are surprised at how what before totally unmanageable becomes manageable.



have to  
looked

Our attitude towards our feelings and our physical pain is important in how much stress we feel. By **accepting our feelings** and our experiences, we eliminate the stress of bracing against them, or running away from them, and allow ourselves to use as much energy as possible to deal with our life situations directly. You may not like the fact that you are feeling something, but opening up to what is there, without judgement, can often bring release and relief with it. By doing this, we accept what is going on inside of us. We allow ourselves to accept what "is", not what we would like to be there. This kind of attitude allows you to take in as much information as possible, and then lets you maximize your options, because you know what is going on inside of us.

**Therapists:** To help participants better understand the concept of acceptance as a coping option have them go through Exercise 7.3. Be certain that there is sufficient time for exercise 7.4 and time to process these painful feelings and emotions. These feelings and emotions will most likely represent a wide range of intensity. However, it is possible that some group members will report more severe negative feelings and emotions, which must be processed prior to ending the session. In addition, be aware that it may be necessary to finish the session with Exercise 7.4 (in order to counter the feelings and experiences associated with Exercise 7.3). It is important to note that combining exercises (7.3 and 7.4) provides an excellent example of how they can independently counter negative thoughts and emotions with positive thoughts and emotions.

### Exercise 7.3: Softening in response to painful feelings and emotions

Think back to a time when you were having difficulty with someone who is close to you. Or think of something you're not looking forward to. Or, if you prefer, think of a person that you loved and lost. Feel that feeling again in your body... Just allow that feeling to be, gently, without judging it, and without pulling away from it. You might let yourself put your hand over the place that hurts in a way that almost soothes it, and say quietly to yourself " That's what I feel right now, that's real

for me right now." You will find that the feeling may loosen or release somewhat... Let yourself cradle that feeling as if you were embracing a hurt child... Just let it be there... Tell yourself that it's okay to feel this way. That it's okay to hurt, worry, feel sorry, or whatever else you may feel right now. Acknowledge whatever attitudes, feelings, or thoughts arise into awareness as you continue to pay attention to the sensations in your body, moment-to-moment... If any words or images arise that capture the essence of the sensation, just be aware of them... Then gently bring your awareness back to the room, keeping with you the awareness and gentleness toward yourself.

Practice softening towards physical and emotional pain. This exercise can also be done to deepen positive feelings.

#### **Exercise 7.4: Deepening positive feelings and emotions**

Think back to a time when someone who is really close to you did or said something that made you feel really happy, proud, special, or cared about. Or think of something you're really looking forward to. Or, if you want, think of a person that you love and have a close connection with. It can be your husband, partner, child, friend, or just about anybody that makes your life fuller and more enjoyable. Feel that feeling again in your body... Just allow that feeling to be, growing and expanding throughout your entire body. Feel the warmth and contentment that you feel and say to yourself, "Yeah, this is how feeling good feels for me. This is how I feel when I am happy and content." Allow yourself to really enjoy these feelings, bathing yourself in the happiness of the moment. Acknowledge whatever attitudes, feelings, or thoughts arise into awareness as you continue to pay attention to the sensations that you have, moment-to-moment... If any words or images arise that capture the essence of the sensation, just be aware of them... Then gently bring your awareness back to the room, keeping with you the awareness and positive feelings that you have toward yourself.

**Therapists:** (Elicit experiences of the group during this exercise. Have group members to discuss the difference between the sensations felt during the two exercises. Elicit comments regarding the power of positive thoughts and feelings).

Practice deepening positive feelings. You deserve to feel good about yourself. It is a wonderful experience can help you to feel better about yourself, more confident about yourself and your ability to deal with stressful situations. As you have seen, you can use positive thoughts and feelings to counter negative thoughts and feelings.

Introduce other ways of softening...Examples:

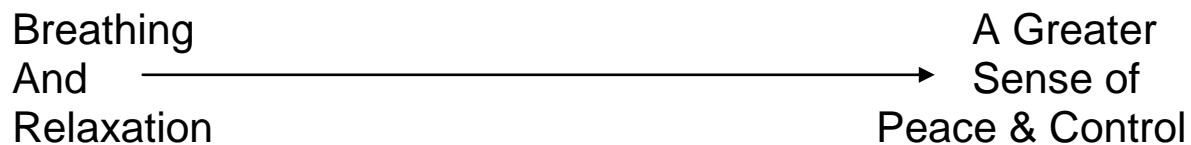
- 📖 Prayer
- ☯ Hot baths
- α Sharing with others
- ✍ Journal writing

#### **HOMEWORK**

##### **a. Practice Relaxation**

- b. Practice breaking down the problems
- c. Practice other ways of coping

## **SESSION 7: SOFTENING – STRATEGIES TO HELP YOU ACCEPT DIFFICULT FEELINGS**



*Can you reduce your distress when you face tough situations?*

In the first exercises, you picked a specific situation, a “slice of life”, that makes you very anxious or angry. Next, you identified the feelings you have when you face this situation. You recognized the parts of the situation you can change and the parts you may have to accept. This exercise helps you learn to accept your feelings so you don’t have to be defensive.

Step 1 – Practice your favorite relaxation exercise. Let yourself completely relax. Take at least 15 minutes to let yourself slow down and feel calm and peaceful.

Step 2 – Now think about the specific situation that made you anxious or angry. Imagine the face of a particular person involved in the situation or imagine the details of an interaction you have had a s part of this situation. Let the feelings you experienced in this situation – anger, sadness, anxiety, hurt – flow over your body. Keep BREATHING as you let the feelings wash over you. Inhale through your nose and exhale slowly, blowing the air through your mouth. Let yourself blow away tension. Just let the feelings flow through you and release the pain.

You don’t have to say anything or do anything. You don’t have to immediately “right the wrongs.” Just let yourself take time to relax and feel the feelings. Let yourself heal.



## **Session 8 – Meditation, Anger Awareness, Assertiveness Outline**

### **Relaxation**

- I. Didactic: Introduction to Meditation
- II. Preparation for Meditation
- III. Meditation Practice
- IV. Discussion

### **Contents**

- I. Review Week
- II. Didactic: Increasing Anger Awareness
  - A. Exercise 8.1
  - B. Exercise 8.2
- III. Moderating Factors
  - Exercise 8.3
- IV. Introduction to Anger Management
  - Exercise 8.4
- V. Introduction to Assertion Techniques

### **Handouts**

- I. Self Evaluation Questionnaire – Anger Awareness
- II. Anger Analysis
- III. Replacing Anger Thoughts

### **Materials Needed**

None

### References

Sections of this module were duplicated or adapted from the Leader Guide Agent Conflict Resolution Training Manual, Five Steps To... Increase Pride and Decrease Stress by Elizabeth Brondolo, Ph.D., with permission from the author

## Session 8 - Relaxation

### I. DIDACTIC INTRODUCTION TO MEDITATION

#### A. Definition

Today, we are going to learn a different way of relaxing, meditation. How many of you saw the movie, "What's Love Got To Do With It?" This is the story of the life of Tina Turner who was in an abusive relationship (her husband was physically and emotionally abusing her for years). According to the movie, Tina Turner felt trapped in her situation and couldn't find a different or better way of dealing with her husband. It was not until her girlfriend (or friend-girl) introduced her to meditation that she was able to get in touch with herself and what was best for her life. Why do you think meditation was able to help her? **(Solicit answers from the group.)** Through meditation, she looked inside of herself and found the strength to change her life for the better. Have any of you ever used meditation before? What was your experience? **(Solicit likes, dislikes, etc.)**

Let me tell you more about meditation. Meditation is the practice of **uncritically** trying to focus your attention on one thing at a time. Usually, our minds are "running a mile a minute," full of all kinds of thoughts - what we did yesterday, what we have to do before picking up the kids, what we are going to fix for dinner, etc. Since it's impossible to sit and think about nothing at all, one way to give our minds a rest from all the thoughts that run through our minds is to meditate. When we meditate, we give our minds one thing to think about. What we choose as the one thing that we focus on really isn't all that important. When you meditate, you can repeat, either aloud or silently, a syllable (like "OM,"), word, or group of words. This is known as mantra meditation. Sometimes, people stare at something like a flame or flower to keep their attention on one thing. Many people who meditate that it is convenient and relaxing to focus their attention on the rising and falling of their own breath. But you can use anything as an object of meditation.

#### B. Quality of thought

It is important to understand that the key to meditation is not in being able to block out all other thoughts except what you are meditating on, but rather in trying not to think about anything else while meditating. Our minds have a tendency to not want to stay concentrated on any one thing. When you are meditating, all kinds of thoughts will come into you mind and distract you from meditating. I'm going to give you an example of what a typical meditation session would be like. Let's say for example, I decided that I was going to meditate by counting to three over and over again. It would go something like this:

"One. . . two. . . This isn't so hard. . . one. . . two. . . three. . . one. . . I'm not having many thoughts at all... Oh, oh, I just had a thought... That was another one. . . two. . . My nose itches.. . one. . . I wonder if it's okay to scratch it . . . There goes another thought. I've got to try harder . . . one...two . . . three . . . one . . . two . . . I shouldn't be so hard on myself. I'm not supposed to do that. . . one. . . two. . . three. . . one. . . I sure am hungry. Wonder what I'll cook tonight. . . one. . . two . . . three. . . I'm having way too many thoughts. . . I'll never get this right.

. . one. . . two. . . Maybe I should've picked another way of meditating . . one. . two. . . three. . . one."

The most important thing about meditating is to **realize** when your mind has drifted to other thoughts and to get yourself back on track, focusing on what you are supposed to be meditating on. When you keep directing your attention back to meditating, over time a number of surprising things will become apparent.

### **C. Meditative Insights**

1. It is impossible to worry, fear, or hate when your mind is thinking about something else. This is one way that meditation reduces stress.
2. It isn't necessary to think about everything that pops into your head. You have the ability to choose which thoughts you will think about. Meditation makes it very clear that we are able to control our minds. We can pick what we will think about and when we will think about it.
3. Even though we have a lot of different thoughts, these thoughts can be put together into a few simple categories, such as: fearful thoughts, angry thoughts, wanting thoughts, planning thoughts, memories, and so on. We already know about the ways that thoughts are connected to feelings.
4. We all have things that we tend to think about. Over our lives, we get into the habit of thinking about certain. One we become aware of our habits of thinking and looking at things, these habits will begin to lose their influence over our lives. Over the past few weeks, you have undoubtedly become much more aware of some of your favorite ways of thinking about and looking at things.
5. Emotion, aside from the thoughts and pictures in your mind, consists entirely of physical sensations in your body. We talked about how our bodies feel when we are feeling certain emotions. In particular, we talked about how our bodies reacted to stressful situations just a few weeks ago.
6. Even the strongest emotion will become manageable if you concentrate on what's going on in your body, instead of what is going on in your mind.
7. Thought and emotion are not permanent. They pass into and out of your body and mind. They need not leave a trace.
8. When you are awake to what is happening right now, the extreme highs and extreme lows of your emotional response to life will disappear. Thus, things will appear to be in a much more manageable range.



#### ***D. Physiological effects of meditation***

Meditation has been shown to help the body in the following ways:

- (1) Heart beat and breathing rates slow down
- (2) Oxygen consumption falls by 20 percent.
- (3) Blood lactate levels drop. This level rises with stress and fatigue.
- (4) Skin resistance to electrical current, a sign of relaxation, increases fourfold.
- (5) EEG ratings of brain wave patterns indicate increased alpha activity, another sign of relaxation.

#### ***E. Basics for meditation***

It has been shown that any type of meditation can produce these results as long as four factors were present:

- (1) A relatively quiet environment
- (2) A mental device that provides a constant stimulus (same thing over and over again)
- (3) A comfortable position, and
- (4) A passive attitude (this aspect will be discussed in depth later).

#### ***F. Effect of meditation on physical symptoms***

Meditation has been used successfully in the treatment and prevention of high blood pressure, heart disease, strokes, migraine headaches, and autoimmune diseases such as diabetes and arthritis. It has also proved helpful in treating anxiety, depression, and other disorders.

#### ***G. Benefits of Regular Practice***

You can learn to meditate within a few minutes. Immediately your body will use less oxygen (a sign of deep relaxation) while you are meditating. However, as with most things, the benefits of meditation increase with practice. Levels of relaxation deepen. Attention becomes more steady. You become more adept at living in the present moment. Therefore, it is important to meditate regularly.

In general, any amount of time spent in meditation is more relaxing than not meditating at all. When you first begin to practice, maintain the meditation for only as long as is comfortable, even if this is only for five minutes a day. If you feel that you are forcing yourself to sit, you may get to the point where you start to hate to do meditation at all. As you progress in your practice and meditation becomes easier, you will find yourself wanting to meditate for longer periods of time. In terms of relaxation, twenty to thirty minutes once or twice a day is sufficient.

## **II. PREPARATION FOR MEDITATION**

### **A. Postures**

#### **1. Positions**

**a. In a chair** with your knees comfortably apart and your hands resting in your lap.

**b. Tailor-fashion (cross-legged) on the floor.** This position is most comfortable and stable when a cushion is placed under your buttocks so that both knees touch the floor.

**c. Japanese fashion on your knees with your big toes touching and your heels pointed outward** so that your buttocks rest on the soles of your feet. Again, if you place a cushion between your feet on which your buttocks can rest, you will be able to hold the position for a much longer period of time.

**d. The yoga full lotus position.** This position requires so much physical conditioning that it is not recommended for beginners.

**2. Back:** Sit with your back straight (but not ramrod rigid) and let the weight of your head fall directly down upon your spinal column. This can be accomplished by pulling your chin in slightly. Allow the small of your back to arch.

**3. Balance:** Rock briefly from side to side, then from front to back and establish the point at which your upper torso feels balanced on your hips.

**4. Breathing:** Close your mouth and breathe through your nose. Place your tongue on the roof of your mouth.

**5. Hands:** Your hands can either rest comfortably in your lap or on your knees, or can rest open on your knees with your forefingers and thumbs touching.

### **B. Centering Yourself in a Meditative Position**

#### **1. Grounding**

Close your eyes and focus on the place where your body touches the cushion or chair. What are the sensations there? Next notice the places where your body touches itself. Are your hands crossed? Your legs? Pay attention to the sensation at these places of contact. Finally focus on the way your body takes up space. Does it take up a lot of space? A small amount? Can you feel the boundary between your body and space? Notice the feelings there.

#### **2. Breathing**

With your eyes closed, take several deep breaths and notice the quality of your breathing. Is it fast or slow? Deep or shallow? Notice where your breath rests in your body. Is it up high in your chest? In the midsection around your stomach? Down low in your belly? During meditation, the best way to relax is to breathe from the stomach and not the chest.

### **C. Meditative Attitude**

Maintaining a passive attitude during meditation is perhaps the most important for relaxation. It is important to realize that, especially as a beginner, you will have many thoughts and relatively few moments of clear concentration. This is natural and to be expected. Realize that your thoughts are not really interruptions, but are an important part of meditation. Without thoughts, you would not be able to develop the ability to let them go.

A passive attitude includes a lack of concern about whether you are doing things right, whether you are accomplishing any goals, or whether this meditation is right for you. Sit with the intention of "I'm going to put in my time here, just sitting, and whatever happens is exactly what should happen. Let your thoughts go by. Imagine that you are watching your thoughts, just like clouds drifting by, but don't grab hold of them. If you find that you are lost in thought, just let your thoughts go and return to your meditation.

## **III. MEDITATION PRACTICE**

### ***Mantra Meditation***

This is the most common form of meditation throughout the world. Before you begin, select a word or syllable that you like. It may be a word which has meaning for you. Or it may be two nonsense syllables, the sound of which you find pleasant. Many meditators prefer the universal mantra, "OM."

Find your posture and center yourself. Take several deep breaths and allow all of the day's activities and concerns to wash over you. Just let them pass without allowing them to bother you. Do not hold on to any of them. Begin to focus upon your breath, breathing slowly and naturally. Let your body breathe itself, calmly and slowly. Do not force your breath or hyperventilate. Breathe away any experience of the day that may be distracting or disturbing you. As your mind begins to clear and your breathing begins to take care of itself, sense a greater calmness and relaxation coming over you.

Take a moment to scan your body and become aware of any held tension. Turn your attention to your feet and your legs, up to your stomach, then to your chest, your arms and hands, shoulders, neck, and head. Let go of any tension remaining anywhere in your body. Just breathe it away and allow everything to go loose and limp. Sink into whatever surface you are sitting on. Continue to breathe slowly, releasing any tension in your back. Your jaw and tongue are relaxed; your face is calm and smooth.

Shift your attention back to your breath, which has established its own regular and even pattern. Begin to focus on a word or sound. Concentrate on the mantra, hearing, seeing, thinking, feeling nothing else. Whenever your consciousness wanders from the word, gently bring it back. See it for an instant written before you, or isolated on an otherwise blank movie screen. Continue to focus on this mantra, hearing it over and over again. If you notice any sensations in your body,

note the feeling, then return to the repetition of your own special word. You needn't force it. Let your mantra find its own rhythm as you repeat it over and over again. After twenty minutes of this meditation, picture yourself coming completely out of this state. Make a fist with each of your hands and take a deep breath. Exhale fully and completely and open your eyes. Say to yourself: "I am refreshed and alert."

Remember, meditation is to be practiced with awareness. You may find that the repetition of a mantra, especially when repeated silently, can easily become mechanical. When this happens, you may have the sense that an inner voice is repeating your mantra while you are actually lost in thought or rapidly approaching sleep. Try to stay aware of each repetition of each syllable.

#### **IV. DISCUSSION**

So, how do you like meditation? What was it like for you?

What sort of distractions did you experience?

Was there any turning point at which the exercise became easier? Distractions are the rule, not the exception. The body will resist sitting still and the mind will resist being quieted. Especially since you ordinarily program your body to keep moving and your mind to keep thinking, reversal of this process will not be immediate. In your normal workday you may be in a state of emotional arousal that you are unaware of, until you try to sit still and calm down. Distractions range from the usual string of mental verbalizations to visual fantasies. Thoughts are going to appear in your mind. The important thing is not to hold on to them and not to evaluate them. If a particular thought or image recurs you might want to take a look at it when you are not meditating. Sometimes distractions in the meditative state can provide insight into what's really bothering you.

Often people speak of a turning point at which the exercise becomes easier. This may not occur for weeks. It is similar to the turning point in acquiring any new skill; the gains in competence may be cumulative but are perceived as sudden. Sometimes you must get through the same hurdles and obstacles each time you sit down to meditate. Don't worry, they will probably fall away after the first few minutes of the meditation.

## Session 8 – Anger Management and Introduction to Assertiveness Training

### I. REVIEW OF ADHERENCE, RELAXATION AND STRESSFUL SITUATIONS.

#### REVIEW TYPES OF COPING – Exercise 8.1

Last session we discussed different ways people cope with stress.

Let's go ahead and list them on the board.

Now, what stressful events did any of you encounter since our last session?

What parts were controllable? What parts were uncontrollable?

How did you cope? **Therapist:** list the coping response under the appropriate category, or put a check mark there – was the person dealing with the problem – problem-focused, or with their feelings about the problem – emotion-focused coping, or BOTH.

See if any difficulties occurred with self-monitoring of coping strategies. Review situations which were difficult. Identify and assess the practicality of the coping styles used.

- ➔ Are there any instances where passive strategies were used and more active ones may have been substituted?
- ➔ Make sure that participants note the difference between **uncontrollable** and **controllable** stressors and determine which coping strategies work best for them.

### I. DIDACTIC: INCREASING ANGER AWARENESS

We've talked about softening in response to emotional pain and we've seen how powerful softening can be. There are other responses to emotional pain. One of them is anger. We typically think of anger in a rather limiting way. Today, we're going to explore anger and its role in your life.

It is important to increase our understanding of the role that anger plays in our lives. For example, do you go to any extreme to avoid anger? The first step is to recognize that it's okay to be angry. Anger is an emotion, just as happy, sad, frustrated, etc. It's how we express that emotion (anger) that may or may not be appropriate.

Second step is to recognize that our reactions to anger are learned. Like many of our emotions, we are "taught" when, where and how to express anger. Much of this training occurs in our families. Just as we learned how to express our anger and to respond to others anger, we can learn new ways to handle angry feelings.

**Therapists:** Also be aware of the possibility of defensive anger related to feelings of shame or humiliation as a result of past perceived failures (to function effectively in their roles as mother, wife, etc.).

**A. Exercise 8.2 Analyzing frustrating negative affect states**

*Think about different provocations which have made you angry:*

- Describe the situation to the group
- Think about what thoughts you had in these situations
- How did you feel?
- How strong were these feelings (rate 1 to 10)?
- How do others in the group feel about the same situation?

**Therapist:** Discuss what these situations may mean to group members personally:

- What do these situations have in common?
- What values do they reflect?
- What about the situation caused you to feel the way you do and to feel so strongly?
- Does it remind you of other things in your life?

**B. Exercise 8.3 - [CAN BE USED AS DISCUSSION TOPIC NON-WRITTEN]**

**SELF-EVALUATION QUESTIONNAIRE**

Anger Awareness

1. When my mother got angry she

---

---

---

2. When my father got angry he

---

---

---

3. What types of people, situations, and events tend to make you angry?

---

---

---

4. When I feel angry I

---

---

---

5. When someone gets angry with me I,

---

---

6. I've turned anger in on myself by

---

---

7. List some of the ways that anger has empowered you or ways you like to use your anger to generate changes in your life

---

---

---

---

## II. MODERATING FACTORS

There are certain things which can **affect** how we respond to certain situations:

- Physical state (being tired, having PMS, being hungry)
- Support (alone/with others)
- People (same/different, one/several people, same/opposite sex)
- Power hierarchy (people who we feel have more power than us/people we feel have less power than us)

Note that some of the above factors are controllable or at least temporary [e.g., physical state] and some are not [e.g., power hierarchy].

### Power hierarchy

In our relationships with others, there are people whom we feel treat us like an equal. In these relationships we may feel less discomfort and risk expressing emotions such as anger. In other relationships, however, the expression of anger may carry with it high risks or even danger.

Examples of situations:

Low risk: Jackie and Mary have been friends since grade school. Mary went to Jackie's house and borrowed a shirt without asking to borrow it, making Mary resentful and angry.

High risk: Shirley has been in a relationship for a few months. Her boyfriend wants to have unprotected sex but Shirley doesn't want to risk being re-infected

with HIV. He has been verbally abusive and she is fearful that he will become physically abusive as well.

#### **Exercise 8.4**

Developing a hierarchy of power and risk in emotional situations:

Think of relationships in your life that carry with them different degrees of risk in expressing emotions and rank them from lowest to highest degree of risk.

**Therapists:** List them on a board. Examples include: child(ren), friend, grocery clerk, parent, landlord, doctor, boyfriend/girlfriend/spouse

### **III. DIDACTIC: INCREASING ANGER AWARENESS**

We've talked about softening in response to emotional pain and we've seen how powerful softening can be. There are other responses to emotional pain. One of them is anger. We typically think of anger in a rather limiting way. Today, we're going to explore anger and its role in your life.

It is important to increase our understanding of the role that anger plays in our lives. For example, do you go to any extreme to avoid anger? The first step is to recognize that it's okay to be angry. Anger is an emotion, just as happy, sad, frustrated, etc. It's how we express that emotion (anger) that may or may not be appropriate. Second step is to recognize that our reactions to anger are learned. Like many of our emotions, we are "taught" when, where and how to express anger. Much of this training occurs in our families. Just as we learned how to express our anger and to respond to others anger, we can learn new ways to handle angry feelings.

**Therapists:** Also be aware of the possibility of defensive anger related to feelings of shame or humiliation as a result of past perceived failures (to function effectively in their roles as mother, wife, etc.).

### **IV. INTRODUCTION TO ANGER MANAGEMENT**

You will see that the steps to effective and productive anger management are very similar to what we taught you about coping with stressful situations. Again, remember that anger is an emotion and it's okay to be angry. What anger management does is help us to express our anger in a more productive and less harmful way. Just as we think there are appropriate ways, time and places to express our love for someone (hugging, kissing, etc.), there are appropriate ways, time and places to express our anger.

#### **A. Beginning to slow down the process:**

1. Recognize that you are angry before you react – (just as you recognize when you are stressed)
2. Notice physical symptoms (e.g. increased muscle tension, fast heart rate)
3. Acknowledge your anger (don't invalidate your emotion – it's okay to be angry)
4. Are you too upset or angry to appropriately deal with the situation now? Do you need a cooling down period (e.g., exercise, talking it over)?



## **B. Anger Appraisal**

1. *You:* Examine your appraisal of the situation. Apply the methods you learned to form more balanced thoughts.
  - ➔ What are you saying to yourself?
  - ➔ What is the valid part of your anger?
  - ➔ Do you have any distorted thoughts contributing to or worsening your experience of anger? (e.g., "No one treats me with respect" or "Everyone steps on me").
2. *Them:* Respect the other person's position. People are more likely to listen to you when you consider their vantage point.
  - ➔ Where is the other person coming from?
  - ➔ Is the other person off the wall?

## **C. Expressing Anger: What are your options?**

### **Discussion:**

Finding healthy constructive ways of expressing your anger. What does it mean to be assertive vs. aggressive?

- I. *Strategy:* How to find the best strategy to express your anger
  - Recognize your needs.
  - Recognize the needs of the other person.
  - Assess timing (Do I need to be in a better mood to say something about this?).
  - Do they need to be in a better mood?
  - What is the desired outcome? (Do you want to keep the relationship? Do you want to get a certain goal no matter what it does to the relationship?)
  - Power differences in the relationship.
  - Nature of continuing relationship.
- II. *Possible responses:* Be aware that there are more possibilities than stuffing your anger or blowing up. Start to learn which work for you.

**A ➔ Assertiveness** - e.g., 'when you do Y I feel X' (introduced in this module)

**B ➔ Blowing up**

**C ➔ Cooling down** - Wait for a better time

**D ➔ Defusing** - Seeking advice

**E ➔ Expression, Eating, Exercise**

**F ➔ Focus on incompatible behavior**

**G ➔ Giving up** (anything I say will not make a difference)

**H ➔ Heaven focused** - being a martyr (I'll get my rewards in heaven)

**I ➔ Information seeking** (getting all the details)

SMART/EST III Project

Intervention Manual VII

Adapted from The SMART Manual, (Antoni, et. al.)

March 2008

Page 153

## J → Joking

### Exercise 8.5 - Discussion

Have the participants choose a low risk situation (from their risk hierarchy list) and have the two therapist role play the situation. Separate group members into two groups and have each group focus on a different aspect of the exchange (i.e., verbal communication, emotional facets). Have group members provide feedback at the end of the exchange. Next, select another situation and have two group members role play, with the rest of the group providing feedback at the end of the exchange.

### III. INTRODUCTION TO ASSERTION TECHNIQUES

We've talked a little already about what it means to be assertive vs. aggressive. There are other times when being assertive can be helpful. If a speaker's intentions are not clearly communicated then interpersonal conflict may occur. This conflict may be stressful.

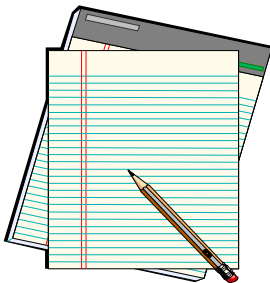
Assertiveness may decrease stress by:

- allowing individual to stand up for rights without violating rights of others
- allowing individual to express personal likes and dislikes more easily
- providing appropriate context for person to disagree openly
- allowing individual talk about self with less self-consciousness

Although assertive communication can be a useful stress management technique, it is important to understand that the **choice of whether to use this form of communication in specific situation is up to the participant**. Assertiveness may be more or less appropriate in certain situations and with certain people. Often times, being assertive is appropriate when we are talking about our health, especially when it comes to sexual activity. This is in order to protect ourselves and our partners.

NEXT WEEK WE WILL FOCUS ON ASSERTIVE COMMUNICATIONS AS A WAY OF REDUCING OUR STRESS.

### HOMEWORK



- Identify and monitor in different risk/power-hierarchy situations how you experience and express anger.
- Monitor problem situations where assertive communications may be an option and notice how you feel and respond in these situations.

## SESSION 8 - SELF-EVALUATION QUESTIONNAIRE ANGER AWARENESS

1. When my mother got angry she

---

---

---

2. When my father got angry he

---

---

---

3. What types of people, situations, and events tend to make you angry?

---

---

---

4. When I feel angry I

---

---

---

5. When someone gets angry with me I,

---

---

6. I've turned anger in on myself by

---

---

---

7. List some of the ways that anger has empowered you or ways you like to use your anger to generate changes in your life

---

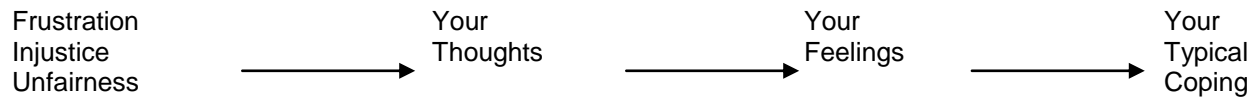
---

---

---

---

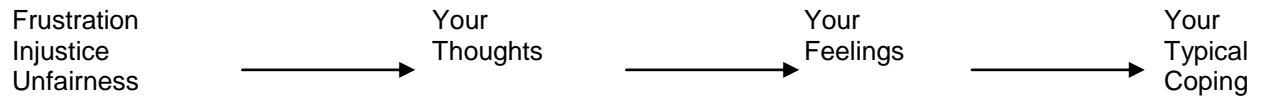
## SESSION 8: ANGER ANALYSIS



*What do you think and feel when something unfair or unjust happens?*

<b>Provocation</b>	<i>Thoughts</i>	<b>Feelings (How strong? 1-10)</b>	<b>Sensations</b>	<b>Your Typical Coping</b>
Ex. 1: Boyfriend comes home late.	"He doesn't care."	Anger Sadness	Tired Tense	Giving up
	"He's out with someone else."	Anger Jealousy	Hot Tense	Blowing up
Ex. 2: The doctor cancels my appointment.	"She doesn't care about me."	Anger Frustration	Anxious Tense	Giving up
	"She doesn't respect me."	Anger Shame	Hot Anxious	Blowing up

## SESSION 8: ANGER ANALYSIS



*What do you think and feel when something unfair or unjust happens?*

<b><i>Provocation</i></b>	<b><i>Thoughts</i></b>	<b><i>Feelings (How strong? 1-10)</i></b>	<b><i>Sensations</i></b>	<b><i>Your Typical Coping</i></b>

## SESSION 8: REPLACING ANGRY THOUGHTS

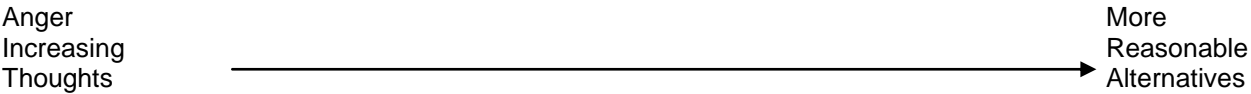
Anger  
Increasing  
Thoughts

More  
Reasonable  
Alternatives

*Can you examine and change the way  
you think about the situation?*

<b>Provocation</b>	<b>Thoughts</b>	<b>Type of Thinking</b>	<b>Rational Thought Replacement</b>
Ex. 1: My mother criticizes the way I'm raising my kids.	"I think I'll never be a good mother."	Catastrophic thinking Fortune teller	"My mother may not agree with me, but my kids are doing well, and I think I'm doing a good job."
	"My mother will never understand me."	Overgeneralization	"My mother may not understand some of the things I do, but I know I'm doing the best I can."
Ex. 2: My boyfriend or spouse criticizes my housekeeping.	"I'm a lousy wife."	Overgeneralization Mental filter	"I may not always keep the house spotless, but I do the best I can when I feel well."
	"He doesn't love me."	Mind reading Catastrophic thinking	"I know he loves me, he just gets frustrated sometimes."

SESSION 8: REPLACING ANGRY THOUGHTS



Can you examine and change the way  
you think about the situation?

Provocation	Thoughts	Type of Thinking	Rational Thought Replacement

## **Session 9 – Meditation and Imagery Outline**

### **Relaxation**

- I. Discussion of Mindfulness
- II. Mindfulness Meditation
- III. Breath Counting Meditation

### **Contents**

- I. Review Week
- II. Review Cognitive Aspects of Anger Management
- III. Barriers to Assertive Behavior
- IV. Assertiveness Training
- V. Homework

### **Handouts**

- I. Anger Management – Putting it all Together (2)
- II. Putting it all Together
- III. Body Language and Feelings (2)

### **Materials Needed**

None

### References

\*Sections of this module were duplicated or adapted from the Leader Guide Agent Conflict Resolution Training Manual, Five Steps To... Increase Pride and Decrease Stress by Elizabeth Brondolo, Ph.D., with permission from the author.



## Session 9 – Mediation and Imagery

### I. FIND OUT HOW PRACTICE OF MEDITATION WENT LAST WEEK AND IF THERE WERE ANY PROBLEMS.

### II. DISCUSSION OF MINDFULNESS

**Preface:** As we experience this meditation, allow yourself to be completely open to what I say, without worry or concern. If you are not quite sure about the meaning of something I say, do not dwell on it or worry about it. Just listen and let my words speak to your deeper consciousness.

Mindfulness means being aware of the moment as it is. It is a being relaxed and paying attention to both the inner world of thoughts and feelings and the outer world of actions and perceptions. For example, mindfulness means really being present with the food when eating, enjoying it, tasting every bite, rather than thinking about other things. Mindfulness means being open to the experience of motion when taking a walk, and to the sights, sounds, and smells around you. It means living your life fully wherever you are. Mindfulness requires a change in attitude. The joy is not in finishing an activity. The joy is in doing it. Mindfulness being fully in the present.

***(Mindfulness meditation first)***

### III. MINDFULNESS MEDITATION

Whenever we sit for meditation we create a refuge for ourselves ... A quiet time for turning our awareness within ... so that we can bring more attention... more openness... and more mindfulness to everything we do during the rest of the day ... Mindfulness is simply the practice of being fully aware of what we are experiencing from moment to moment ... When we are mindful we can bring a kind or quiet balance to all of our activities. We can also be mindful of our inner experiences ... Mindful of our breathing ... mindful towards sensations in our bodies ... mindful of feelings ... even mindful of thoughts ... or of whatever arises in our field of awareness...

In the same way, our mindfulness can focus on our experience as we go about our day ... doing one activity at a time ... with full attention ... which helps to focus the mind and bring us into the present moment...

Let's begin by sitting with the back straight ... the head balanced comfortably ... hands resting in the lap ... and with your eyes closed. Take a few deep breaths, as you begin to turn your attention inward ... remembering how you can use each time that you breathe out as a chance to let go ... and relax.

(..... long pause ..... 15 seconds)

And now let the breath find its own natural rhythm ... and simply be aware of the waves of the breath as it rises and falls ... Be aware of the natural sound of your breath ... You may think the words "hum" as you breathe in ... and the word "sah" as you breathe out ... or you may use your own words or phrases.

(..... long pause ..... 20 seconds)

Sometimes the breath is long ... or short ... sometimes it may be smooth ... other times you may notice irregularities ... but whatever you notice, as you are mindful of your breath, just let it be ... without judging ... without commenting ... without wishing it were different .....and simply open to this moment ... to each breath ... to a state of acceptance of whatever is happening.

(..... long pause ..... 10 seconds)

Now ... as you continue to be aware of your breath ... let your primary focus move to any sensations that may be present in the body ... Be mindful of how you are sitting ... and feel the touch-points where the back ... and bottom are supported by the chair .....See if you can surrender to the pull of gravity ... and feel your body becoming heavier, and more relaxed ... Simply be very mindful of any ... subtle shifts that you notice in the body ... And open to the sensations now in your hands, as they rest in your lap or touch each other.

(pause ..... 10 seconds)

Focusing on the hands can be very quieting, very relaxing ... And in the same way, as you begin to relax the muscles of the face, that sense of relaxation may begin to move deeper into the body ...

So let your eyes become soft ... let go of any tension in the facial muscles as you breathe out .... and let go in a wave every time that you breathe out ...

(pause)

If you experience any discomfort or pain instead of resisting or tightening around it, can you allow it to be there? ... See if you can be open to the sensations and observe them with mindfulness ... with full attention from one moment to the next ... These sensations are continuously changing ... Just notice what sensations you feel, with a quiet acceptance of whatever is happening ...

(pause)

You might imagine the breath moving into your area of tension ... and imagine the breath softening and helping the tension to release ... Breathing into the discomfort, breathing out of it, using the breath as a tool for awareness, for softening, for letting go ...

(long pause)

Sometimes, even in the midst of restlessness or discomfort, we can experience a little stillness ... some acceptance ... Just notice how sensations in the body are continuously arising ... passing by ... and then disappearing within the field of your awareness ...

(long pause)

Now we'll move the focus of attention from sensations in the body to thoughts in the mind ... Thoughts are continuously arising ... perhaps in the forms of worries, anxieties, fears, hopes, fantasies, endless thoughts about everything, all very natural in the process of the mind ... So as you sit in stillness, the body is in a state of quiet and relaxation, watch each thought as it comes and goes ... Be mindful towards the process of thinking ... and notice how the thoughts are always subtly shifting ... moving ... dissolving ... (pause) ... and when you notice that you've

been carried away in a stream of associations, in a stream of thoughts, just notice that that has happened, and without judgment, without being hard on yourself, gently return to awareness of your breath ... being aware of the breath in the foreground, while the thoughts may continue in the background ...

(long pause)

Breathing is the most natural way to center ourselves and be anchored in the present moment ... When thoughts arise, come back to your breathing ... Our thoughts are like waves that rise and fall on the surface of the mind ... Occasionally there may be moments when the waves of the mind subside a little ... and the mind becomes clear and quiet like a still mountain lake on a windless day ... And in these moments of stillness, we may experience the very ground of our own being ... a sense of wholeness ... a sense of oneness .....

(long pause)

Now shift the focus of awareness to any sounds that come to your attention...

Just be open and receptive to those sounds that may arise in the environment ... There's no need to judge sounds as pleasant, unpleasant, or distracting ... but quietly accept whatever sounds come, whatever sounds go, using sound, now, as the object of your mindfulness...

(long pause)

Whenever you become aware that the mind is wandering, come back to your breathing ... Pure awareness as you breathe in, letting go as you breathe out ... using your breathing to let go of distractions, impatience, boredom, restlessness, or whatever else you notice ... (pause) ... and for the remaining time, keep the breath in the foreground of your awareness ... and in the background, whatever else may arise ... sensations in the body ... thoughts in the mind ... sounds in the environment ... or anything else ...

(very long pause at least 5 minutes)

As we come to the end of this meditation, appreciate that you have given yourself this time to become quiet ... and to nourish the state of being as a balance to the state of doing ... As you practice mindfulness of breath, mindfulness of sensations, mindfulness of thoughts, and so on, the benefits of this practice will expand, so that you can bring full attention to whatever you do during the rest of the day ... And now, at your own pace, begin to bring your awareness back to the room.

(pause)

### **III. BREATH COUNTING MEDITATION**

This is perhaps the most relaxing form of meditation. Following the gentle ins and outs of breathing creates a sense of peace and restfulness.

**A.** Find your posture and center yourself. Take a few, deep, breaths from the stomach and begin to clear your mind. Let go of all the worries and concerns of the day. Allow your mind to slow down. Either close your eyes or fix them on a spot on the floor about four feet in front of you. Your eyes may or may not be focused. (1 minute pause)

**B.** Take deep but not forced belly breaths. As you do, focus your attention on

each part of the breath: the part where you are breathing in, the turn (the point at which you stop breathing in and start breathing out), the part where you are breathing out, the pause (between breathing in and out), the turn (the point at which you start to breathe in), and so on. Pay careful attention to the pause. What are the sensations in your body as you pause between breaths? As your breathing becomes more comfortable and begins to take care of itself, turn your attention from your stomach to the air coming in and leaving your nose. (2 minute pause)

Focus on the point of your nose at which the air enters and leaves your body. Let your body breathe itself. Do not force your breathing. Feel the coolness at the tip of your nose, and pause for just a moment after each time that you breathe in. Then breathe out, fully and completely, feeling the warmth at the tip of your nose as the air passes out of your body. Become aware of the cool flow of air into your nose as you breathe in, the warm flow of air out of your nose as you breathe out. Pause again for just a moment after breathing out. These pauses are the quietest times of the breath. (2 minute pause)

**C.** Begin to count your breaths, beginning with the next time that you breathe out as 1. Count the next time that you breathe in as 2, the next time that you breathe out as 3, and so on, up to 10. Then go back to 1. If any thoughts come to mind, just let them pass over and through you. Do not hold on to them, but do not reject them too vigorously either. Just allow them to come and go. Do not evaluate them, and do not judge yourself for having them. If you lose your focus of attention, relax your breathing and go back to 1. If you start to lose count for any reason, do not try to pick up where you left off, just go back to the number 1. (2 minute pause)

**D.** If you begin to carry on long talks with yourself inside your mind, or have fantasies, just relax and begin to count again. You can always return to the easy rhythm of your own breathing, the sound of air entering and leaving your body, the feeling of air at your nose. Let your breath carry you and breathe itself. If you begin to breathe unnaturally, to hyperventilate or to hold your breath, just attempt to relax all the muscles in your chest and stomach. Return briefly to the image of the balloon to restore the easy pattern of your breaths. Then go back to your counting. (2 minute pause)

**E.** If a particular sensation in your body catches your attention, focus on the sensation until it begins to fade away. Then return your attention to breathing in and out and the counting of your breaths. (Continue 10 minutes)

## Session 9 – Assertiveness Training

### I. REVIEW WEEK

#### a. Coping/Anger management

- i. Report back to group on experiences with anger techniques during the week based on homework assignment. Solicit comments from group members about the *verbal* and *emotional* facets of situations revealed.

### II. REVIEW COGNITIVE ASPECTS OF ANGER MANAGEMENT

- a. Review cultural concerns related to aggressiveness vs. assertiveness in certain situations, (e.g. when having difficulty getting important information from medical staff, etc.).

### III. BARRIERS TO ASSERTIVE BEHAVIOR

There are many reasons why people may not use assertive behaviors:

(When discussing, remind the group that these examples often will represent inaccurate or negative thinking that can be disputed and replaced.)

- Fear of displeasing others ("people pleaser"): When others disapprove of us it may be unpleasant and uncomfortable. If we incorrectly interpret disapproval to mean that *we are all bad*, we are more likely to become depressed and less likely to stand up for our rights.
- Fear of rejection or retaliation: Often our reaction to this fear is more immobilizing than fear itself. When faced with the possibility of rejection or retaliation we often see ourselves as helpless. We forget that we do not have to passively accept inappropriate treatment. In reality, we can protect ourselves or we can do things for ourselves that would make the rejection easier to experience.
- Mistaken sense of responsibility: When we internalize others' hurt feelings, we take on the responsibility of making everyone else happy. When another person is hurt by our assertion it is important to discern whether you actually hurt the other person or whether the other person felt hurt because of his/her own misinterpretation of your assertive behavior.
- Mistaken view of your human rights: Many people believe that they don't have the right to stand up for their wants, needs and wishes. It is very difficult to be assertive when denying yourself basic rights. Remember you can accept and act on your own rights without violating the rights of others.
- Reluctance to forfeit advantages of being nonassertive: It may be important to assess what benefits you may gain when acting nonassertively (i.e., by not standing up for your rights, people may defend you, by never disagreeing you can appear to be easy to get along with, etc.)
- Feeling vulnerable and unsafe: Anger and aggression is often manifested in a person who

feels threatened and powerless. It is important to be aware of situations in which you may feel vulnerable. Also, in order to promote assertive behavior instead of aggressive behavior, it is important that you monitor your thoughts for negative self-statements and cognitive distortions.

## **II. ASSERTIVENESS TRAINING**

### **A. Sending assertive message**

1. **I want** statements: clarify what you really want and allows other person to understand how to fulfill your wants. (e.g., I want to be on time to my appointments)
2. **I feel** statements: clarify how you feel without blaming or attacking other person. Don't use generalizations to describe how you feel, instead be specific and quantify your feelings (i.e., extremely happy, slightly irritated) (e.g., I feel slightly irritated when you say you'll be here at a certain time and you show up later.)

It is important to **recognize the other person's situation**, feelings, beliefs and wants when you assert your wants, feelings and beliefs. It is also good to **use "I" language** that expresses negative feelings in a non-blaming way (e.g., When you show up late, I often doubt myself and feel insecure about the relationship).

### **B. Effective listening**

Listening to others often encourages others to listen to you more attentively. In addition, effective listening will reduce the likelihood that you will misinterpret the message. Effective listening does not mean you are passively agreeing with the other person's message; instead it means respecting the rights of the sender to express his/her thoughts and feelings. Effective listening usually consists of **repeating in your own words what the person has said** and **nonverbal communication** that you are paying attention.

### **C. Non-verbal communication**

We communicate our feelings to others in more ways than simply verbally. The way we stand, how we look at them, the tone in which we say things all serve to send powerful messages about feelings and intentions to others. Some body language communicates threat while other signals respect. Here are a few different types of body language, take a few minutes to discuss what they may mean:

- Body posture - relaxed shoulders, leaning toward you/turning away from you
- Stance - firm or tentative
- Eye contact - looking at you/avoiding you, glaring, staring
- Hand motions - swinging/still, relaxed to side, clenched, wringing
- Tone of voice - soft/loud, rough/gentle, threatening/comforting
- Distance - close or distant

## D. Problem-solving conflicts

**Therapist:** Be aware of the balance between safety and assertiveness.

Sometimes we must deal with situations that are more vague in terms of what the actual messages, desires and feelings of the two parties are. There are several steps that can be taken to clarify the nature of the conflict, generate possible options for solutions, and arrive at a decision on the best solution to the problem:

1. Recognize there is a problem and define it in clear terms (i.e., be specific and avoid generalizations.)
2. Identify possible solutions: both parties should generate a variety of possible solutions.
3. Critique each possible solution: It is important to be assertive but remember the best solution will meet both parties needs.
4. Making the decision to accept a solution: both parties should discuss the expected outcomes and possible barriers to carrying out the solution.

### **\*Non-workable solutions:**

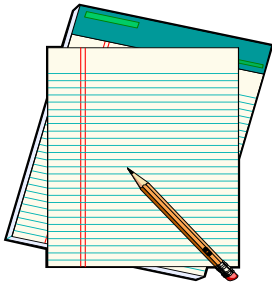
There are often situations in which no workable solution is available or the risk of being assertive is too great, there are alternatives to directly assertive behavior, such as changing your environment and developing ways of satisfying yourself. **\*This is a very important point to highlight with the women: that they have a choice as to when, where and with whom they use assertive communications. If they have expressed or indicated they are in an abusive relationship emphasize that their safety and the safety of any children involved is first priority.**

## **Exercise 9.1**

### **Role Play**

Using the power/risk hierarchy developed by the participants during session 7 & 8, have participants select one with higher risk in their hierarchy and have two of them role-play the situation. Have them use the assertiveness skills discussed today as well as anger management techniques learned. Have the other group members break up into 2 or 3 groups and assign each group to focus on different characteristics of the exchange (e.g., non-verbal communications, assertive communications, verbal/emotional communications). At the end of the role play have the actors discuss their perceptions of each other, have group members provide feedback on observed behaviors and perceived efficacy of actors. Re-do role play with actors using group members' feedback and suggestions. (Ask for specific examples from participants.)

## VI. HOMEWORK



Select a moderate risk situation from your hierarchy and use some of the skills learned in the last two modules-- anger management, using "I" statements, altering body language, effective listening-- to work through a conflict. Monitor problem situations where assertive communications may be an option and notice how you feel and respond in these. Do the barriers discussed today keep you from communicating assertively in these situations?

Continue processing termination issues and encourage women to think about ways of obtaining social support between upcoming monthly maintenance sessions.

\*Sections of this module were duplicated or adapted from the Leader Guide Agent Conflict Resolution Training Manual, Five Steps To... Increase Pride and Decrease Stress by Elizabeth Brondolo, Ph.D., with permission from the author.



## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
Ex. 1: My friend made a nasty remark about the way that I look.	"She is so mean. She is a really bad person."	Angry	She has a sharp temper and she can be mean sometimes, but she is also a lot of fun.  <u>Strategy</u> - I can put this in perspective.	She may be willing to change.  <u>Strategy</u> - I can talk to her about the way I feel.
	"Maybe she's right. Maybe I look really awful."	Nervous	There may be days when I'll look bad.  <u>Strategy</u> - I can recognize the truth that AIDS and my medication may change my appearance.	I can check to see if there are things that can be done.  <u>Strategy</u> - I'll talk to my doctor about my worries and concerns.
	"I'll never find a really nice friend."	Sad	No one person will fill all my needs and I have to accept some faults with the good stuff.  <u>Strategy</u> - I can accept that people have limitations.	I don't have to depend on anyone.  <u>Strategy</u> - I can try to find new friends.
	"I am a weak and bad person for being upset by this."	Guilty	I'm going to get mad sometimes.  <u>Strategy</u> - I can use softening to help me with my feelings.	I don't have to feel guilty.  <u>Strategy</u> - I can talk to my support and learn from my mistakes.


## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN Change and Coping Strategy</i>
Ex. 2: My doctor doesn't return my calls.	"I can't stand being treated with disrespect."	<b>Angry</b>	Sometimes doctors behave rudely.  <u>Strategy</u> - I can use softening and relaxation to help me manage my anger and distress.	I don't have to accept their behavior.  <u>Strategy</u> - I can communicate my feelings.
	"I don't know if this can ever change."	Frustrated	It will mean taking a risk to confront her. I will be anxious.  <u>Strategy</u> – I can use relaxation strategies to help me calm down.	I can act in a hopeful way.  <u>Strategy</u> - I can talk to her and ask her to return my calls.
	"I could die if I need help and she isn't available."	Afraid	I have to deal with the problem because the situation is serious.  <u>Strategy</u> – I'll pray for strength.	I can develop a backup plan.  <u>Strategy</u> - I can talk to my family to get an emergency plan.

## SESSION 9: PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –

## SESSION 9: BODY LANGUAGE AND FEELINGS

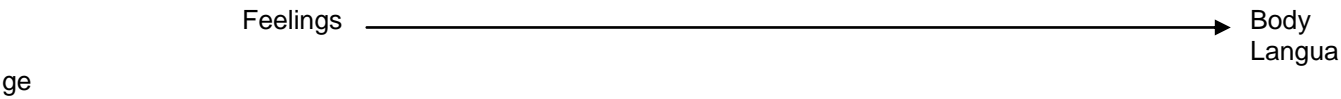
Feelings  Body Language

ge

*How do your feelings affect your body language?  
Does your body language change depending upon the situation and the other person involved?  
Think about your power and the other person's power...*

<b>Provocation</b>	<b>Feelings</b>	<b>Breath</b>	<b>Body Language</b>	
			<i>Facial Expression</i> (e.g., eyes, mouth, jaw)	<i>Body Posture</i> (e.g. shoulders, arms, distance) v
Ex. 1: Fight with my mother	Resentment Anger Fear	Breathing Hard	Frown Narrowed Eyes	Smaller Hands down
Ex. 2: Fight with my kids	Anger Overwhelmed	Breathing Hard	Openly angry eyebrows Frowning Mouth open	Bigger Hands up Shoulders back
Ex. 3: Fight with my doctor	Fear Anger Sadness	Controlled Holding In	Jaw Tightens Pursed Lips Flat Face	Smaller Arms crossed Tense
Ex. 4: Fight with my boyfriend or spouse	Anger Sadness Fear	Breathing Hard	Crying Lips Turned Down	Hands down Fists balled Tense

SESSION 9: BODY LANGUAGE AND FEELINGS



Try role playing a discussion with someone who makes you angry. How do you feel? How do you act?

Provocation	Feelings	Breath	Body Language	
			Facial Expression	Body Posture

## **Session 9 – Meditation and Imagery Outline**

### **Relaxation**

- IV. Discussion of Mindfulness
- V. Mindfulness Meditation
- VI. Breath Counting Meditation

### **Contents**

- I. Review Week
- II. Review Cognitive Aspects of Anger Management
- III. Barriers to Assertive Behavior
- IV. Assertiveness Training
- V. Homework

### **Handouts**

- IV. Anger Management – Putting it all Together (2)
- V. Putting it all Together
- VI. Body Language and Feelings (2)

### **Materials Needed**

None

### **References**

\*Sections of this module were duplicated or adapted from the Leader Guide Agent Conflict Resolution Training Manual, Five Steps To... Increase Pride and Decrease Stress by Elizabeth Brondolo, Ph.D., with permission from the author.

## Session 9 – Mediation and Imagery

### I. FIND OUT HOW PRACTICE OF MEDITATION WENT LAST WEEK AND IF THERE WERE ANY PROBLEMS.

### II. DISCUSSION OF MINDFULNESS

**Preface:** As we experience this meditation, allow yourself to be completely open to what I say, without worry or concern. If you are not quite sure about the meaning of something I say, do not dwell on it or worry about it. Just listen and let my words speak to your deeper consciousness.

Mindfulness means being aware of the moment as it is. It is a being relaxed and paying attention to both the inner world of thoughts and feelings and the outer world of actions and perceptions. For example, mindfulness means really being present with the food when eating, enjoying it, tasting every bite, rather than thinking about other things. Mindfulness means being open to the experience of motion when taking a walk, and to the sights, sounds, and smells around you. It means living your life fully wherever you are. Mindfulness requires a change in attitude. The joy is not in finishing an activity. The joy is in doing it. Mindfulness being fully in the present.

***(Mindfulness meditation first)***

### III. MINDFULNESS MEDITATION

Whenever we sit for meditation we create a refuge for ourselves ... A quiet time for turning our awareness within ... so that we can bring more attention... more openness... and more mindfulness to everything we do during the rest of the day ... Mindfulness is simply the practice of being fully aware of what we are experiencing from moment to moment ... When we are mindful we can bring a kind or quiet balance to all of our activities. We can also be mindful of our inner experiences ... Mindful of our breathing ... mindful towards sensations in our bodies ... mindful of feelings ... even mindful of thoughts ... or of whatever arises in our field of awareness...

In the same way, our mindfulness can focus on our experience as we go about our day ... doing one activity at a time ... with full attention ... which helps to focus the mind and bring us into the present moment...

Let's begin by sitting with the back straight ... the head balanced comfortably ... hands resting in the lap ... and with your eyes closed. Take a few deep breaths, as you begin to turn your attention inward ... remembering how you can use each time that you breathe out as a chance to let go ... and relax.

(..... long pause ..... 15 seconds)

And now let the breath find its own natural rhythm ... and simply be aware of the waves of the breath as it rises and falls ... Be aware of the natural sound of your breath ... You may think the words "hum" as you breathe in ... and the word "sah" as you breathe out ... or you may use your own words or phrases.

(..... long pause ..... 20 seconds)

Sometimes the breath is long ... or short ... sometimes it may be smooth ... other times you may notice irregularities ... but whatever you notice, as you are mindful of your breath, just let it be ... without judging ... without commenting ... without wishing it were different .....and simply open to this moment ... to each breath ... to a state of acceptance of whatever is happening.

(..... long pause ..... 10 seconds)

Now ... as you continue to be aware of your breath ... let your primary focus move to any sensations that may be present in the body ... Be mindful of how you are sitting ... and feel the touch-points where the back ... and bottom are supported by the chair .....See if you can surrender to the pull of gravity ... and feel your body becoming heavier, and more relaxed ... Simply be very mindful of any ... subtle shifts that you notice in the body ... And open to the sensations now in your hands, as they rest in your lap or touch each other.

(pause ..... 10 seconds)

Focusing on the hands can be very quieting, very relaxing ... And in the same way, as you begin to relax the muscles of the face, that sense of relaxation may begin to move deeper into the body ...

So let your eyes become soft ... let go of any tension in the facial muscles as you breathe out .... and let go in a wave every time that you breathe out ...

(pause)

If you experience any discomfort or pain instead of resisting or tightening around it, can you allow it to be there? ... See if you can be open to the sensations and observe them with mindfulness ... with full attention from one moment to the next ... These sensations are continuously changing ... Just notice what sensations you feel, with a quiet acceptance of whatever is happening ...

(pause)

You might imagine the breath moving into your area of tension ... and imagine the breath softening and helping the tension to release ... Breathing into the discomfort, breathing out of it, using the breath as a tool for awareness, for softening, for letting go ...

(long pause)

Sometimes, even in the midst of restlessness or discomfort, we can experience a little stillness ... some acceptance ... Just notice how sensations in the body are continuously arising ... passing by ... and then disappearing within the field of your awareness ...

(long pause)

Now we'll move the focus of attention from sensations in the body to thoughts in the mind ... Thoughts are continuously arising ... perhaps in the forms of worries, anxieties, fears, hopes, fantasies, endless thoughts about everything, all very natural in the process of the mind ... So as you sit in stillness, the body is in a state of quiet and relaxation, watch each thought as it comes and goes ... Be mindful towards the process of thinking ... and notice how the thoughts are always subtly shifting ... moving ... dissolving ... (pause) ... and when you notice that you've



been carried away in a stream of associations, in a stream of thoughts, just notice that that has happened, and without judgment, without being hard on yourself, gently return to awareness of your breath ... being aware of the breath in the foreground, while the thoughts may continue in the background ...

(long pause)

Breathing is the most natural way to center ourselves and be anchored in the present moment ... When thoughts arise, come back to your breathing ... Our thoughts are like waves that rise and fall on the surface of the mind ... Occasionally there may be moments when the waves of the mind subside a little ... and the mind becomes clear and quiet like a still mountain lake on a windless day ... And in these moments of stillness, we may experience the very ground of our own being ... a sense of wholeness ... a sense of oneness .....

(long pause)

Now shift the focus of awareness to any sounds that come to your attention...

Just be open and receptive to those sounds that may arise in the environment ... There's no need to judge sounds as pleasant, unpleasant, or distracting ... but quietly accept whatever sounds come, whatever sounds go, using sound, now, as the object of your mindfulness...

(long pause)

Whenever you become aware that the mind is wandering, come back to your breathing ... Pure awareness as you breathe in, letting go as you breathe out ... using your breathing to let go of distractions, impatience, boredom, restlessness, or whatever else you notice ... (pause) ... and for the remaining time, keep the breath in the foreground of your awareness ... and in the background, whatever else may arise ... sensations in the body ... thoughts in the mind ... sounds in the environment ... or anything else ...

(very long pause at least 5 minutes)

As we come to the end of this meditation, appreciate that you have given yourself this time to become quiet ... and to nourish the state of being as a balance to the state of doing ... As you practice mindfulness of breath, mindfulness of sensations, mindfulness of thoughts, and so on, the benefits of this practice will expand, so that you can bring full attention to whatever you do during the rest of the day ... And now, at your own pace, begin to bring your awareness back to the room.

(pause)

### **III. BREATH COUNTING MEDITATION**

This is perhaps the most relaxing form of meditation. Following the gentle ins and outs of breathing creates a sense of peace and restfulness.

**A.** Find your posture and center yourself. Take a few, deep, breaths from the stomach and begin to clear your mind. Let go of all the worries and concerns of the day. Allow your mind to slow down. Either close your eyes or fix them on a spot on the floor about four feet in front of you. Your eyes may or may not be focused. (1 minute pause)

**B.** Take deep but not forced belly breaths. As you do, focus your attention on

each part of the breath: the part where you are breathing in, the turn (the point at which you stop breathing in and start breathing out), the part where you are breathing out, the pause (between breathing in and out), the turn (the point at which you start to breathe in), and so on. Pay careful attention to the pause. What are the sensations in your body as you pause between breaths? As your breathing becomes more comfortable and begins to take care of itself, turn your attention from your stomach to the air coming in and leaving your nose. (2 minute pause)

Focus on the point of your nose at which the air enters and leaves your body. Let your body breathe itself. Do not force your breathing. Feel the coolness at the tip of your nose, and pause for just a moment after each time that you breathe in. Then breathe out, fully and completely, feeling the warmth at the tip of your nose as the air passes out of your body. Become aware of the cool flow of air into your nose as you breathe in, the warm flow of air out of your nose as you breathe out. Pause again for just a moment after breathing out. These pauses are the quietest times of the breath. (2 minute pause)

**C.** Begin to count your breaths, beginning with the next time that you breathe out as 1. Count the next time that you breathe in as 2, the next time that you breathe out as 3, and so on, up to 10. Then go back to 1. If any thoughts come to mind, just let them pass over and through you. Do not hold on to them, but do not reject them too vigorously either. Just allow them to come and go. Do not evaluate them, and do not judge yourself for having them. If you lose your focus of attention, relax your breathing and go back to 1. If you start to lose count for any reason, do not try to pick up where you left off, just go back to the number 1. (2 minute pause)

**D.** If you begin to carry on long talks with yourself inside your mind, or have fantasies, just relax and begin to count again. You can always return to the easy rhythm of your own breathing, the sound of air entering and leaving your body, the feeling of air at your nose. Let your breath carry you and breathe itself. If you begin to breathe unnaturally, to hyperventilate or to hold your breath, just attempt to relax all the muscles in your chest and stomach. Return briefly to the image of the balloon to restore the easy pattern of your breaths. Then go back to your counting. (2 minute pause)

**E.** If a particular sensation in your body catches your attention, focus on the sensation until it begins to fade away. Then return your attention to breathing in and out and the counting of your breaths. (Continue 10 minutes)

## Session 9 – Assertiveness Training

### III. REVIEW WEEK

#### a. Coping/Anger management

- i. Report back to group on experiences with anger techniques during the week based on homework assignment. Solicit comments from group members about the *verbal* and *emotional* facets of situations revealed.

### IV. REVIEW COGNITIVE ASPECTS OF ANGER MANAGEMENT

- a. Review cultural concerns related to aggressiveness vs. assertiveness in certain situations, (e.g. when having difficulty getting important information from medical staff, etc.).

### V. BARRIERS TO ASSERTIVE BEHAVIOR

There are many reasons why people may not use assertive behaviors:

(When discussing, remind the group that these examples often will represent inaccurate or negative thinking that can be disputed and replaced.)

- Fear of displeasing others ("people pleaser"): When others disapprove of us it may be unpleasant and uncomfortable. If we incorrectly interpret disapproval to mean that *we are all bad*, we are more likely to become depressed and less likely to stand up for our rights.
- Fear of rejection or retaliation: Often our reaction to this fear is more immobilizing than fear itself. When faced with the possibility of rejection or retaliation we often see ourselves as helpless. We forget that we do not have to passively accept inappropriate treatment. In reality, we can protect ourselves or we can do things for ourselves that would make the rejection easier to experience.
- Mistaken sense of responsibility: When we internalize others' hurt feelings, we take on the responsibility of making everyone else happy. When another person is hurt by our assertion it is important to discern whether you actually hurt the other person or whether the other person felt hurt because of his/her own misinterpretation of your assertive behavior.
- Mistaken view of your human rights: Many people believe that they don't have the right to stand up for their wants, needs and wishes. It is very difficult to be assertive when denying yourself basic rights. Remember you can accept and act on your own rights without violating the rights of others.
- Reluctance to forfeit advantages of being nonassertive: It may be important to assess what benefits you may gain when acting nonassertively (i.e., by not standing up for your rights, people may defend you, by never disagreeing you can appear to be easy to get along with, etc.)
- Feeling vulnerable and unsafe: Anger and aggression is often manifested in a person who

feels threatened and powerless. It is important to be aware of situations in which you may feel vulnerable. Also, in order to promote assertive behavior instead of aggressive behavior, it is important that you monitor your thoughts for negative self-statements and cognitive distortions.

#### **IV. ASSERTIVENESS TRAINING**

##### **A. Sending assertive message**

1. **I want** statements: clarify what you really want and allows other person to understand how to fulfill your wants. (e.g., I want to be on time to my appointments)
2. **I feel** statements: clarify how you feel without blaming or attacking other person. Don't use generalizations to describe how you feel, instead be specific and quantify your feelings (i.e., extremely happy, slightly irritated) (e.g., I feel slightly irritated when you say you'll be here at a certain time and you show up later.)

It is important to **recognize the other person's situation**, feelings, beliefs and wants when you assert your wants, feelings and beliefs. It is also good to **use "I" language** that expresses negative feelings in a non-blaming way (e.g., When you show up late, I often doubt myself and feel insecure about the relationship).

##### **B. Effective listening**

Listening to others often encourages others to listen to you more attentively. In addition, effective listening will reduce the likelihood that you will misinterpret the message. Effective listening does not mean you are passively agreeing with the other person's message; instead it means respecting the rights of the sender to express his/her thoughts and feelings. Effective listening usually consists of **repeating in your own words what the person has said** and **nonverbal communication** that you are paying attention.

##### **C. Non-verbal communication**

We communicate our feelings to others in more ways than simply verbally. The way we stand, how we look at them, the tone in which we say things all serve to send powerful messages about feelings and intentions to others. Some body language communicates threat while other signals respect. Here are a few different types of body language, take a few minutes to discuss what they may mean:

- Body posture - relaxed shoulders, leaning toward you/turning away from you
- Stance - firm or tentative
- Eye contact - looking at you/avoiding you, glaring, staring
- Hand motions - swinging/still, relaxed to side, clenched, wringing
- Tone of voice - soft/loud, rough/gentle, threatening/comforting
- Distance - close or distant

## D. Problem-solving conflicts

**Therapist:** Be aware of the balance between safety and assertiveness.

Sometimes we must deal with situations that are more vague in terms of what the actual messages, desires and feelings of the two parties are. There are several steps that can be taken to clarify the nature of the conflict, generate possible options for solutions, and arrive at a decision on the best solution to the problem:

5. Recognize there is a problem and define it in clear terms (i.e., be specific and avoid generalizations.)
6. Identify possible solutions: both parties should generate a variety of possible solutions.
7. Critique each possible solution: It is important to be assertive but remember the best solution will meet both parties needs.
8. Making the decision to accept a solution: both parties should discuss the expected outcomes and possible barriers to carrying out the solution.

### **\*Non-workable solutions:**

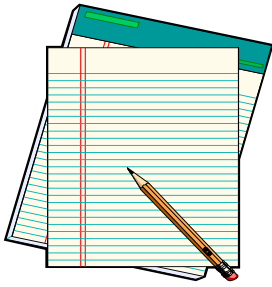
There are often situations in which no workable solution is available or the risk of being assertive is too great, there are alternatives to directly assertive behavior, such as changing your environment and developing ways of satisfying yourself. **\*This is a very important point to highlight with the women: that they have a choice as to when, where and with whom they use assertive communications. If they have expressed or indicated they are in an abusive relationship emphasize that their safety and the safety of any children involved is first priority.**

## **Exercise 9.1**

### **Role Play**

Using the power/risk hierarchy developed by the participants during session 7 & 8, have participants select one with higher risk in their hierarchy and have two of them role-play the situation. Have them use the assertiveness skills discussed today as well as anger management techniques learned. Have the other group members break up into 2 or 3 groups and assign each group to focus on different characteristics of the exchange (e.g., non-verbal communications, assertive communications, verbal/emotional communications). At the end of the role play have the actors discuss their perceptions of each other, have group members provide feedback on observed behaviors and perceived efficacy of actors. Re-do role play with actors using group members' feedback and suggestions. (Ask for specific examples from participants.)

## VI. HOMEWORK



Select a moderate risk situation from your hierarchy and use some of the skills learned in the last two modules-- anger management, using "I" statements, altering body language, effective listening-- to work through a conflict. Monitor problem situations where assertive communications may be an option and notice how you feel and respond in these. Do the barriers discussed today keep you from communicating assertively in these situations?

Continue processing termination issues and encourage women to think about ways of obtaining social support between upcoming monthly maintenance sessions.

\*Sections of this module were duplicated or adapted from the Leader Guide Agent Conflict Resolution Training Manual, Five Steps To... Increase Pride and Decrease Stress by Elizabeth Brondolo, Ph.D., with permission from the author.

## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
Ex. 1: My friend made a nasty remark about the way that I look.	"She is so mean. She is a really bad person."	Angry	She has a sharp temper and she can be mean sometimes, but she is also a lot of fun.  <u>Strategy</u> - I can put this in perspective.	She may be willing to change.  <u>Strategy</u> - I can talk to her about the way I feel.
	"Maybe she's right. Maybe I look really awful."	Nervous	There may be days when I'll look bad.  <u>Strategy</u> - I can recognize the truth that AIDS and my medication may change my appearance.	I can check to see if there are things that can be done.  <u>Strategy</u> - I'll talk to my doctor about my worries and concerns.
	"I'll never find a really nice friend."	Sad	No one person will fill all my needs and I have to accept some faults with the good stuff.  <u>Strategy</u> - I can accept that people have limitations.	I don't have to depend on anyone.  <u>Strategy</u> - I can try to find new friends.
	"I am a weak and bad person for being upset by this."	Guilty	I'm going to get mad sometimes.  <u>Strategy</u> - I can use softening to help me with my feelings.	I don't have to feel guilty.  <u>Strategy</u> - I can talk to my support and learn from my mistakes.

## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER


<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN Change and Coping Strategy</i>
Ex. 2: My doctor doesn't return my calls.	"I can't stand being treated with disrespect."	<b>Angry</b>	Sometimes doctors behave rudely.  <u>Strategy</u> - I can use softening and relaxation to help me manage my anger and distress.	I don't have to accept their behavior.  <u>Strategy</u> - I can communicate my feelings.
	"I don't know if this can ever change."	Frustrated	It will mean taking a risk to confront her. I will be anxious.  <u>Strategy</u> – I can use relaxation strategies to help me calm down.	I can act in a hopeful way.  <u>Strategy</u> - I can talk to her and ask her to return my calls.
	"I could die if I need help and she isn't available."	Afraid	I have to deal with the problem because the situation is serious.  <u>Strategy</u> – I'll pray for strength.	I can develop a backup plan.  <u>Strategy</u> - I can talk to my family to get an emergency contact.



## SESSION 9: PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –

## SESSION 9: BODY LANGUAGE AND FEELINGS

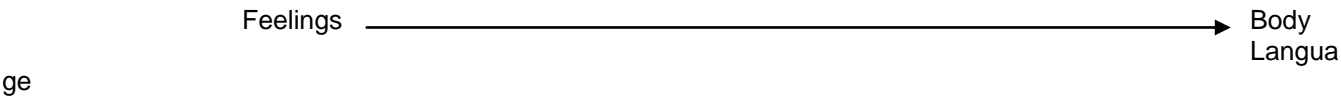
Feelings  Body Language

ge

*How do your feelings affect your body language?  
Does your body language change depending upon the situation and the other person involved?  
Think about your power and the other person's power...*

<b>Provocation</b>	<b>Feelings</b>	<b>Breath</b>	<b>Body Language</b>	
			<i>Facial Expression</i> (e.g., eyes, mouth, jaw)	<i>Body Posture</i> (e.g. shoulders, arms, distance) v
Ex. 1: Fight with my mother	Resentment Anger Fear	Breathing Hard	Frown Narrowed Eyes	Smaller Hands down
Ex. 2: Fight with my kids	Anger Overwhelmed	Breathing Hard	Openly angry eyebrows Frowning Mouth open	Bigger Hands up Shoulders back
Ex. 3: Fight with my doctor	Fear Anger Sadness	Controlled Holding In	Jaw Tightens Pursed Lips Flat Face	Smaller Arms crossed Tense
Ex. 4: Fight with my boyfriend or spouse	Anger Sadness Fear	Breathing Hard	Crying Lips Turned Down	Hands down Fists balled Tense

SESSION 9: BODY LANGUAGE AND FEELINGS



Try role playing a discussion with someone who makes you angry. How do you feel? How do you act?

Provocation	Feelings	Breath	Body Language	
			Facial Expression	Body Posture

## **Session 10 – Increasing Social Support Outline**

### **Relaxation**

- I. Participants' choice

### **Contents**

- I. Review Week
- II. Understanding Social Support
- III. Why is all this talk about social support important?
  - a. Exercise 10.1a
- IV. Obstacles to obtaining and maintaining support networks
- V. Applying the CBSM model of social support
- VI. Review of support network modification
- VII. Review of 10 weeks and reiterate CBSM model

### **Handouts**

- I. Gathering Support (2)

### **Materials Needed**

None

### References

None

## Session 10 – Increasing Social Support

Therapists: Allow participants to choose which relaxation method they want to do.

### V. REVIEW WEEK

**Therapist:** In what way have group members practiced assertiveness skills during the weeks 8 and 9. Have them talk about problem situations where they were able to make use of their new communication skills.

#### Discussion:

1. Have they been able to state wants and needs in “I” statements?
2. What listening skills have they used?
3. Have they altered their body language in any way during interpersonal interactions?
4. Who are they practicing assertiveness skills with regularly, who might they need to begin practicing these skills with?

## II. UNDERSTANDING SOCIAL SUPPORT

**A. What are your most valuable *personal* and *material* resources?** e.g. intelligence, sense of humor, money, homes, cars, physical health, etc.

**Therapist:** Discuss how our *social* resources (i.e. relationships with other people) tend to enhance or detract from the importance we place on these previously discussed resources.

#### EXAMPLES:

==>Having other people to share our accomplishments (degrees, new house, job promotion) is often what makes us feel so good about them.

==>Having others console us in times of sorrow or depression makes us feel less alone and isolated.

==>Having someone laugh when we tell a joke lets us know that our humor is appreciated.

==>Having someone to share our thoughts and ideas with lets us know that our intelligence is both appreciated and beneficial to other people.



### B. Who are supportive people in our lives?

In what ways are these people able to provide us with support (e.g. emotional, tangible, affiliation)? Are these people available whenever we need them, or only at intermittent times? Are our interactions with others (even ones we love) always positive, or are they hurtful and disturbing at times?

### C. In what ways do we provide other people with support?

Why does our willingness and ability to provide such support generally make us feel good (e.g. increased self-esteem, sense of purpose, reduces feelings of helplessness and victim mentality - always getting support but never giving any in return).

**\*\*Might want to use *support provider assessment exercise* to help group members identify where their networks show strengths and weaknesses.**

### III. WHY IS ALL THIS TALK ABOUT SOCIAL SUPPORT IMPORTANT?

Let's spend some time talking about the ways in which supportive relationships can have a health promoting effect (both mental and physical) on our bodies.



#### Discussion:

**Therapist:** Ask group members to identify ways in which supportive relationships might enhance their lives and may possibly promote their health. Include in the discussion the direct and indirect benefits of social support listed below.

#### Direct Benefits:

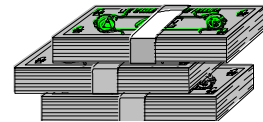
##### Information Support (e.g. doctors and nurses)

- 1) Promotes healthier behaviors
- 2) Facilitates one's ability to obtain necessary medical care
- 3) Provides advice leading to solutions



##### Tangible Support (e.g. friends and family)

- 1) Helps accomplish chores
- 2) Provides money to pay bills
- 3) Provides assistance to meet various obligations



#### Indirect Effects:

##### Emotional Support (e.g. friends and family)

Emotional support serves as a *stress buffer*.



#### HOW?

A) Knowledge of an existing support network as a coping resource helps the individual to *redefine a stressor as being less overwhelming*.

B) Support can *reduce one's affective reaction* to events (initial upset is diminished), allowing maintenance of active coping

and less paralysis in the short run.

C) *Emotional support* allows one to vent fears and to decrease private ruminations about stressors.

D) *Informational support* can be used to challenge irrational cognitive appraisals (catastrophizing, black & white thinking).

E) *Social integration* can increase a person's sense of well-being, belongingness, purpose, meaning and perhaps greater perceived personal control over life events.

F) Positive social contacts may exert *biological effects*; such as better regulated stress hormone levels

**A. Exercise 10.1a:** Write the initials of the people who identify in the appropriate places, and then indicate what their relationship is to you. (**Handout social support exercise sheet**)

- 1) With whom in your life do you feel comfortable sharing your thoughts and feelings both good and bad?
- 2) Who can you count on to lend you a hand when you need it (e.g. getting a ride somewhere, doing chores, moving furniture, etc.)?
- 3) From whom could you borrow money if you needed it?
- 4) Who are the people you "most" enjoy spending your time with (these will probably be people who make you feel most positive about yourself)?
- 5) Who do you feel "truly" cares about you; and would be supportive of you under almost any circumstance?

#### **IV. OBSTACLES TO OBTAINING AND MAINTAINING SUPPORT NETWORK**

\*Now that we have spent some time discussing social support, why it is important to our health (mentally and physically), and the extent to which social support exists in our own lives, let's discuss some of the obstacles that stand in the way of obtaining or maintaining a solid social network:

**A) Generate a list of obstacles that might prevent people from maintaining a strong support network.**

***Potential Obstacles:***

- 1) Multiple Bereavements
- 2) Sickness of friends limits social activities



- 3) Fractured Family Ties
- 4) Self-imposed social withdrawal due to fears (of contagion, stigma, reminders of others who have gotten sick)
- 5) Sense of disconnection from past pre-HIV life and people
- 6) Other people fearing to be close (emotionally or physically) to an HIV-infected person
- 7) Others generated by group

**B) Rate of controllability of each on a scale of 1 (low control) to 4 (greater control).**

**C) After generating these obstacles engage in a discussion about them.**

## **V. APPLYING THE CBSM MODEL TO SOCIAL SUPPORT ISSUES**

### **A) Challenging Cognitive Appraisals**

- 1) What is my rationale for withdrawing?
- 2) How else might my family, friends, coworkers, and potential friends and partners react?
- 3) How might I react differently to people (i.e. listen to what they are thinking and feeling), in an effort to gain their trust and improve my relationship with them?
- 4) How might I be more open and honest with people about my life, in an effort to increase my level of intimacy with them?



### **B. MODIFYING COPING STRATEGIES**

- 1) Seek out information (as relates to their medical condition)
- 2) Seek out tangible aid (money, advice, instructions)
- 3) Communicate needs and feelings (good and bad) more effectively to friends, family, and supportive others (e.g. medical personnel).
- 4) Allow yourself to rely on trusted friends
- 5) Enjoying nurturance, expressing feelings assertively (even anger)
- 6) Finding a central confidant and increasing connection (e.g. intimate partner, close friend, psychotherapist, support group, religious leader, etc.)





7) Increase involvement in the community (lending support)

8) Journaling



9) Get a pet!



## VI. REVIEW OF SUPPORT NETWORK MODIFICATION:

- A) Assessment of support network strengths and weaknesses
- B) Rate controllability of obstacles to forming and maintaining network
- C) Challenge cognitive appraisals blocking supportive connections
- D) Modify and execute various coping strategies
- E) Re-evaluate the situation to see if it has improved

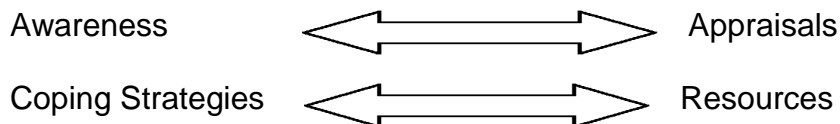
## VII. REVIEW OF 10 WEEKS AND REITERATE CBSM MODEL

### GOAL TOOLS

Awareness	====>	PMR, Body Scan, Stress
Appraisals	====>	Cognitive Restructuring
Coping	====>	Coping Behavior Change, Assertion & Expressions
Resources	====>	Social Network

7

*These goals and activities are all interdependent:*




**Therapist:** Provide examples of how these forces are interdependent and bi-directional

## VIII. PERSONAL PLAN FOR IMPLEMENTATION

- A) Probe for how individuals plan to integrate CBSM into their lives.
- B) Do they see these as able to call upon the cognitive tools they've learned?
- C) Are they able to envision a regular program of relaxation?
- D) How will they begin this week, what tools will they use?
  - 1) Practice exercises (in AM/PM, place?)
  - 2) Check tension awareness levels daily (how, which symptoms will you scan?) - physical/bodily, emotional, cognitive, social.
- E) Make a schedule of monthly meetings and come to them regularly. At these monthly meetings you can expect camaraderie and support, discussions of progress, relaxation if you request it, integration and implementation of the tools you have learned over the past 10 weeks.

## **IX. REMIND THEM OF THE LIST OF COMMUNITY RESOURCES IN THEIR PARTICIPANT MANUAL**

## SESSION 10: GATHERING SUPPORT

Feelings  Body Language

*Who can you turn to for friendship, help, and guidance?*

<b><i>Stressors</i></b>	<b><i>For Emotional Support</i></b>	<b><i>For Advice or Help</i></b>
Ex. 1: Problems with kids	My Mom My sister Other parents at the school	The kids' teachers My social worker/ psychologist
Ex. 2: Problems with spouse or boyfriend	My girlfriends My sister	My social worker/ psychologist A women's group
Ex. 3: Problem with health	My spouse A family member	My doctor The nurse in the doctor's office My pharmacist My social worker/ psychologist

## SESSION 10: GATHERING SUPPORT

Feelings



Body  
Language

*Who can you turn to for friendship, help, and guidance?*

<b><i>Stressors</i></b>	<b><i>For Emotional Support</i></b>	<b><i>For Advice or Help</i></b>

# **Session 11 – Physical Activity & Medication Adherence Outline**

## **Contents**

- I. Introduction to "Taking Care of Yourself"
  - a. Confidentiality
  - b. Attendance
- II. Physical Activity
  - a. Introduction to Physical Activity
  - b. Video #1- Physical Activity (stretching segment)
- III. Medication Adherence
  - a. Video tape
  - b. How the medication works

## **Handouts**

- I. Negative Cognition Grid
- II. Physical Fitness Goal Setting

## **Materials Needed**

- I. "Taking Care of Yourself" Video I (Physical Activity and Nutrition) – Stretching section
- II. Adherence to Medication Video
- III. Roxanne Laboratories diagram of HIV

## References

Kraak, V., Hernandez, Y., Kaplan, C. R., Babicz, D., God's Love We Deliver (1994). Eating Tips for HIV Disease: Nutrition Information. <http://www.aidsinfor NYC.org/glwd>.

Descriptions of Drugs and Treatments. (1999). AIDS Treatment Data Network. <http://www.aidsnyc.org/network/drugloss.html>

LaPerriere, A., Antoni, M., Fletcher, M. A., Schneiderman, N. (1992). Exercise and health maintenance in HIV. Clinical Assessment and Treatment of HIV. Rehabilitation of a Chronic Illness. M. L. Galantino, (Ed.) Thorofare: SLACK Incorporated.

Karpay, E. (2000). The everything total fitness book. Holbrook, MA: Adams Media Corporation.

## Session 11 – Physical Activity & Medication Adherence

### DIDACTIC:

#### **I. INTRODUCTION TO “TAKING CARE OF YOURSELF”/CONFIDENTIALITY (5 MIN)**

Over the next few weeks, we’re going to be talking about taking care of yourself by developing your ability to master and maintain a healthy lifestyle. We’re going to look at five different kinds of behavior that give you control of your health and well-being; Medical treatment, Nutrition, Fitness, Safer Sex, and limiting Drug or Alcohol use. Today, we’re going to talk about Physical Activity and Medication Adherence.

##### **A. PHYSICAL ACTIVITY (40 min)** Overview (5 minutes)

1. **Didactic:** Physical activity is an important part of healthy living because we use our bodies to do many things, like walking, lifting, standing, carrying things, etc. When we don’t feel good physically, as we’ve mentioned in our classes before, we may not feel as good, which in turn may affect how we view situations, or situations may become more stressful. Also, if there are certain tasks that we need to do, but it’s difficult because we get tired too easily, like walking up a flight of stairs or carrying one load of laundry, we may become frustrated. There are many things that we can do to help ourselves improve our fitness that does not take a lot of extra time or cost a lot of money. In this section, we will review in more details the importance of physical activity, look at what you are already doing, and help you to begin to prepare to make some changes, or to maintain your current level of physical activity.

**Therapist:** Give each woman an opportunity to discuss her own exercise routine/daily physical activity or and/or readiness to increase daily physical activity. Emphasis is on increasing everyday activity, but may also include the adoption of a structured exercise regimen.

2. **Exercise in setting fitness goals:** Have women identify goals and barriers to achieving goals.
3. **Exercise Opportunity:** Women are given opportunity to practice exercise routine by working out to SMART/EST II exercise video.

##### **A. DIDACTIC COMPONENT**

##### **A. Physical Activity Self-Assessment –Evaluate Stages of Change (5 minutes)**

1. To begin to identify stage of readiness for increasing daily physical activity using Prochaska et al.’s model of stages of change. There are many little steps that are involved in making changes into our lives or routines. First, we have the stage where you do not want to make a change. There is what we call the “pre-contemplation stage”, where we think “oh, that would be nice to change within the next 3-6 months or so”. Then

we have the contemplation stage, where we think – okay, I want to make a change, here are the steps that I need to do it”. Then there is the stage where you actual begin to practice the stage. Followed by the stage where you maintain the change.

When making a change in a behavior or habit (like increasing physical activity, or decreasing smoking), we must first find which stage we are at. Then, we can work our way to the next stage, and so on, until we have successfully made the change. Often times we are unable to make those changes stick because we try to do too many stages at once.

Allow women discuss their current exercise/physical activity involvement. Expert walks women through their daily activity and makes a list on the board of possible daily activities including: walking to car/bus stop, using stairs instead of elevator, running after children, housework, gardening, dancing, etc.

2. To increase readiness to change, there will be a brief discussion in which women are asked to generate lists of personal benefits to increased physical activity.

A. **Educational Component** (10 minutes)

1. Leader explains concept of physical fitness—“ability to make it through life’s daily challenges with energy to spare.”

2. Leader explains four components of fitness: Cardiovascular, strength, flexibility, and rest.

- a. **Cardio fitness**— this includes the heart, lungs, and veins/arteries which all work together efficiently to bring oxygen to the muscles. Without cardiovascular fitness, doing even light activities will put a strain on the body, we begin to breathe heavy, get tired easily, and find that our stamina is low. We engage in aerobic activity to improve cardiovascular fitness.

Examples of exercises that improve cardiovascular fitness: walking, running, jumping rope, bicycle riding, vigorous sweeping or mopping the floors, dancing

- b. **Muscular Strength**—If muscles aren’t used, they atrophy (shrink), thereby making it difficult to do even the most simple daily activities (e.g., carrying groceries or children). Building muscles raises the metabolic rate, so the body burns more calories even at rest. Building muscles stimulates the bone, causing it to become stronger. This is especially important for women, who are often at greater risk for osteoporosis (bone thinning). When we talk about muscle strength training and other physical activities, these will not lead to you becoming muscle-bound like Arnold Schwarzeneger or have bulging muscles.

Examples of exercises that improve muscular strength: body weight (push ups, sit-ups, leg lifts), soup cans (instead of dumbbells), elastic bands.

- c. **Flexibility**—Is “the ability to move a joint through its range of motion” (p.16). Being flexible means less pain, soreness, and injury and increased ability to move smoothly.

Examples of exercises that improve flexibility: Yoga, ballet, stretching (to be shown in video)

- d. **Rest/Recovery**— It is just as important not to overwork the body, as it needs time to rest and recover to stay healthy and injury-free.

#### A. **SETTING FITNESS GOALS** (10 minutes)

A. Review framework for change; identify barriers and resources for adherence to exercise routine or increased daily physical activity; review cognitions that may support or obstruct adherence.

#### B. Women will come up with one goal to work on during the 12 week phase II period.

- a. Check with the participants to ensure that the goal is reasonable and attainable. Be specific: Ask participant to set goal in clear behavioral terms (e.g., What activity? How many times per week? Under what conditions? At what time during the day? Where?).
- b. Ask each group member to think of one potential barrier that would prevent her from reaching her goal (illness, lack of childcare, smoking etc.).
- c. Ask each member to come up with a plan of action so that the barrier does not prevent attainment of goals (Ask the participant to be as specific as possible).
- d. Review common barriers/excuses for not exercising or being physically active and how to respond to stay on the fitness track.
- e. Review “worst case scenario” cognitions that may impede progress (use negative cognition grid/handout).

### 3. **PRACTICE** (10 minutes)

#### A. **Practice SMART/EST III video:**

#### B. **Monitor form, exertion level, safety behaviors:**



Strategies for handling symptoms of being unfit (e.g., if in pain, STOP exercising, slow pace or just walk in place if out of breath, cool down with stretching following exercise, keep hydrated)

## **II. MEDICATION ADHERENCE (70 min)**

**A. Videotape** (participants watch 17 minute video)

### **B. Virus Activity Education:**

**1. Introduction to HIV and Virus Activity Education:** Assess For Basic Knowledge about HIV

Q. Tell me what you know about HIV? What is HIV?

A. HIV is a virus that attacks the cells that are a part of your immune system. It uses the immune system cells for its machinery to reproduce itself in your body.

**2. Explain difference between HIV and AIDS**

Q. How does HIV affect the body?

A. HIV breaks down your body's defense system so that it cannot fight illnesses.

**3. Explain how virus attacks CD-4 cells, the meaning of CD4 cells and viral load**, and the meaning of numbers from the tests (upper and lower limits of CD-4 cells and viral load) (Use Visual Aid XX)

Q. Can anyone Define and Clarify T-Cells, CD4-cell count?

A. T- Cells or CD4-cells fight infection by providing a defense for your body. They are part of the immune system.

Q. Can anyone explain the effects of the HIV virus on the immune system?

A. HIV destroys the T-cells in the body. This is important because the T-cells are needed to fight infection. Without them, the body cannot fight some kinds of serious illnesses that normally would not bother it.

### **For participants with higher knowledge base:**

A. HIV gets into the CD4-cells. HIV is a retrovirus, which means that its genetic code is stored on a single strand of RNA instead of a double strand of DNA. To reproduce itself, HIV uses an enzyme called reverse transcriptase to change its RNA into DNA. Only DNA can get into the nucleus of the CD4-cells. HIV DNA gets into the nucleus of

the CD4-cell and gets into the CD4 DNA. The HIV tells the CD4-cell DNA to make copies of the virus. New virus is made and leaves the CD4-cell, to look for more CD4-cells to infect.

Q. Can anyone define and clarify viral load?

- A. Medication is essential to attack the virus and fight different illnesses when your CD4-cells fall below 200, due to your body's increased need for protection against infection.
- A. The recommendations for when a person living with HIV starts medication are established by the world health organization, and are the same in every country.
- A. A viral load count of undetectable is the goal of medication. The virus is not gone, it is simply so low that it cannot be found using the traditional test. However, with a very sophisticated test, it is still found. As the viral load goes up, the CD-4 cells may go down.

**C. Medication activity education ("this is how the medication affects the virus")**

- 1. How medications work on the virus
  - a. Picture of HIV and CD-4 cells (Roxane Laboratories diagram of HIV)
  - b. State the three classes of medications and where they work in the HIV virus life cycle
  - c. Patient education materials
- 2. Goals of therapy/expected outcomes
  - a. Decreased viral load, increased CD-4 cells

**3. SPECIAL ISSUES OR INSTRUCTIONS (GIVING PATIENT INFO ON ASKING ABOUT THE FOLLOWING – EMPOWERING THE PATIENT)**

- a. Check names of meds
  - b. Check dose of meds
  - c. Frequency of dosing
  - d. Food interactions
  - e. Check important/troublesome side effects
- 4. Patient education materials
  - 5. Drug tailoring
    - 1. Choosing a regimen that's right for you
    - 2. Discuss perceived barriers to adherence (timing, pill burden, discretion)

**D. Address medication dosing times/ drug tailoring/use of substances**

1. Stress importance of timeliness of dosing (e.g. every 12 hours means every twelve hours, 1 hour window around normal dosing interval allowed)
2. Substance use (alcohol, illegal substances) – concerns with adherence to HAART regimen and overall wellness (focus on health promotion, maintaining healthy lifestyle outside of the influence of drugs and this impact on established goals in treatment), issues with drug interactions (liver)

#### **E. Patient-provider relationship**

1. Establish and encourage open lines of communication with medical provider
2. Ask questions
3. Share concerns
4. Be honest
5. Empower and encourage

#### **F. Feedback** about videotape and discussion

Discussion about patient beliefs about medication (dispel myths and rumors) – *will be kept as an option for the open discussion segment*

## SESSION 11 – NEGATIVE COGNITION GRID

### COMMON REASONS FOR NOT EXERCISING AND SUGGESTED RESPONSES

(Adapted from Karpay, E. (2000). The everything total fitness book. Holbrook: MA: Adams Media Corp.)

NEGATIVE COGNITION	MORE RATIONAL RESPONSES
"I don't have the time to exercise."	"I don't have to exercise in long blocks. I can take a 5-minute walk a couple of times a day."
"Exercise is too hard. It hurts."	"If done properly, exercise should challenge me. I should start out slowly and pace myself so I can get harder."
"It's too expensive to exercise. I don't have the money to spend on fancy gyms."	"I don't have to join a gym in order to exercise. If I go to the park or neighborhood with friends, I can play basketball or "tag" with my kids. I don't need to buy anything."
"Some days I feel too sick to exercise."	"I will check with my doctor and see when I am not feeling well. I don't need to exercise every day. I can just walk to the corner and back."
"I don't like to get all sweaty when I exercise."	"Sweating is the body's way of cooling me down. It's natural. Plus, it feels great to take a shower after having worked up a sweat."
"I have more important things to do."	"What's more important to me than my health? If I don't have the time to exercise, I may have more time to do other things because I will feel better and have more energy."
"I can't exercise—who will watch my kids while I'm working out?"	"I need to make exercise a priority so I will be a better parent to my children. Maybe we can do something like a family walk. Maybe I can ask my neighbor if she can babysit so that she can have some exercise too."

## SESSION 11 - PHYSICAL FITNESS GOAL SETTING: GETTING AROUND THE BARRIERS

<b>FITNESS GOAL</b>	<b>POTENTIAL BARRIER</b>	<b>PLAN OF ACTION</b>
Ex. To walk around the block three days per week	Rain/Snow	Walk around the local indoor mall; use the SMART exercise video; jump rope inside

## **Session 12 – Introducing Nutrition Outline**

### **Contents**

- I. Medication Adherence Follow-up
- II. Physical Activity – aerobic segment
  - a. Follow-up
  - b. Video Tape
- III. Nutrition
  - a. Introduction
  - b. Assessment

### **Handouts**

- I. Recipes
- II. Nutrition assessment sheet
- III. Benefits of Food Groups

### **Materials Needed**

- I. Physical activity/Nutrition – video
- II. Food Pyramid Poster (Visual Aide 5)
- III. Food models
- IV. Cooking Demonstration:
  - V. Burner/hotplates
  - VI. Food – prepared by Nutritionist
- VII. Plates, cups, utensils
- VIII. Water, tea, seltzer water (optional)
- IX. Fruit (optional)

### **References**

- Cacciope, R. And The Health Promotion Services Branch, Health Department of Western Australia. (1984). Taking Care of Yourself. Health Department of Western Australia.
- LaPerriere, A., Antoni, M., Fletcher, M. A., Schneiderman, N. (1992). Exercise and health maintenance in HIV. Clinical Assessment and Treatment of HIV. Rehabilitation of a Chronic Illness. M. L. Galantino, (Ed.) Thorofare: SLACK Incorporated.

## Session 12 – Introducing Nutrition

### I. Check In

### I. Review of Practice and Follow-Up

#### XI. Medication Adherence follow up

- a. For those of you taking medication, how many of you have a system set in place to help you remember to take your medication? *Generate a list of systems group member use.*

Examples:      daily/weekly pill box  
                     Alarm on watch  
                     Children  
                     Turning bottle upside down  
                     Pager

Remember, we spoke last time about the importance of the timing of the dosing -- who remembers the “window” of time you have around the normal dosing interval?

**Therapist:** Stress importance of timeliness of dosing (e.g. every 12 hours means every twelve hours, 1 hour window around normal dosing interval allowed)

- b. Discussion about patient beliefs about medication (dispel myths and rumors) – *will be kept as an option for the open discussion segment*

#### XII. Review of Nutritional changes –

- a. How did everyone do with the nutritional goals/changes you selected a few weeks ago?
- b. Are there any obstacles that you can think of that is making it difficult for you to reach these goals? **Therapist:** Find out what obstacles the group faced during the week. Are any of these obstacles consistent with obstacles preventing them from relaxing?
- c. How might we work around these obstacles?
- d. Is it necessary to change the goals? Would it make sense to put a “mini-goal” in there – like a goal that is half-way between your original goal and where you are now? Next week we will have a cooking demonstration so that you will see that eating healthy can be relatively inexpensive and taste good as well as easy to prepare for yourself and your family.

### C. Physical Activity: Participants follow up - Physical Activity Video –

- Aerobic Segment
- Feedback and discussion on video

## **II. NUTRITION (120 min)**

### Session One: Nutrition Self-Assessment And Cooking Demonstration

#### **I. Introduction (5 minute)**

1. Nutritionist introduces herself to the group. Explains that there will be two classes on nutrition during the course. Today, the discussion will focus on two topics:
  - Reflecting on one's own dietary habits. We will reflect on what our health priorities are through good nutrition.
  - Participating in a food demonstration and food tasting.

#### **II. Defining Healthy Eating And Identifying Nutrition Issues/Barriers (25 minutes)**

The goal in this section is to involve participants in identifying personal nutrition issues, as well as their solutions. When possible, the nutritionist should draw on the collective experience and wisdom of the participants. When necessary, the nutritionist should offer sound, evidenced-based suggestions for resolving the problem as well as suggest additional resources the participant may access. The nutritionist should create a poster for teaching each of the two discussion topics that itemizes the nutrition issues and barriers she believes from experience will resonate with the participants. She may want to add a few issues and should also leave time for participants to mention additional issues. Below are some possible nutrition issues and barriers that may be relevant to the group.

##### **1. Common Nutrition Issues:**

- How to decrease medication side effects such as diarrhea and nausea
- What one can eat with particular HIV medications or other medications
- What are some nutritious meals we can serve our family when we don't have the time or energy to prepare a meal
- What we can do to reduce body fat without losing muscle
- What are some healthy ways to gain weight
- How we can kids to try new foods, especially vegetables

##### **2. Common Nutrition Barriers:**

- Healthy foods don't taste as good
- It's hard to resist temptation
- No good supermarkets within walking distance
- Lack of money to purchase nutritious foods
- Family isn't interested in improving their eating habits



- Don't want to cook a different meal for each family member

### III. Nutrition Self Assessment (30 minutes)

1. Nutritionist explains to the group that each member of the group is going to evaluate her own diet. The food models should be placed on a table in front of the participants and arranged into food groups to assist the students in visualizing foods and portion sizes. The nutritionist hands out the Nutrition Tune-up sheet to each student and reads aloud the following questions. (The nutritionist should pace the reading to the rate that participants are completing the assessment sheet.). The therapist should assist the participants as needed in filling out the sheets.
  1. How many servings of fruit did you eat yesterday?  
1 serving = 1 small apple; 1/2 banana; 3/4 cup orange juice; 1/2 mango; 1/2 cup of canned fruit packed in juice; 12 grapes.  
*(Participants can give themselves extra health points if most of their fruit was not as juice.)*
  2. How many servings of vegetables did you eat yesterday?  
1 serving = 1/2 cup cooked vegetables (such as broccoli, string beans, carrots or zucchini; etc.); 1 cup raw vegetables (such as green salad, tomatoes, cabbage, etc.) or 1 cup vegetable juice such as tomato.  
*(Potatoes, corn and lima beans are counted as starches; old fashioned V8 juice can be counted as a vegetable but not the new sweetened V8 juice line.)*
  3. How many servings of calcium-rich foods did you eat yesterday?  
1 serving = 1 cup milk or calcium fortified soymilk; 1 oz cheese; 1 cup yogurt; 5 cups collard greens; 3 cans sardines (packed in water).
  4. How many servings of whole grains or fiber-rich starches did you eat yesterday?  
1 serving = 1 slice whole wheat bread; 1/2 cup brown rice; 1 small potato; 1/2 plantain; 1/2 cup beans or peas.
  5. How many servings of high-protein foods did you eat yesterday?  
1 serving = 1/2 cup beans or peas; 1 oz. fish, poultry or meat; 1 oz. cheese, 1 egg
  6. How many servings of sweetened beverages did you drink yesterday?  
1 serving = 1 cup soda, iced tea or fruit drink (Snapple, KoolAid, or Hawaiian Punch).
  7. How many servings of fats did you eat yesterday?  
1 serving = 1 tsp. butter, margarine, oil or mayonaise. For every food that was pan-fried or deep-fried add 6 servings of fat.
2. Nutritionist brings out Food Pyramid poster and goes over the food groups discussing how each of the groups contributes to good health (Show Visual Aide 5)

### VEGETABLES

- High in minerals and vitamins
- The darker the green vegetable, the higher the mineral content
- Vitamins and minerals help the immune system; help us to stay healthy.
- Fresh and frozen vegetables are better than canned.

#### FRUIT

- Rich in vitamins and minerals-i.e.- oranges have Vitamin C
- Bananas have potassium, etc.
- Fruits have fiber- explain importance.
- Healthy source of natural sugar (to replace other "sweets")
- Easy to carry during day and many fruits do not need to be refrigerated
- Substitute fruit for juice as metabolizes more slowly and therefore will not raise blood sugar as quickly (especially for those with elevated glucose)

#### CALCIUM-RICH FOODS

- Helps maintain strong bones and teeth
- Especially important for women and children

#### GRAINS, ESPECIALLY WHOLE GRAINS, AND OTHER UNPROCESSED STARCHES

- High in fiber-can help control diarrhea
- Higher in nutrient value- including protein, and mineral
- Better for controlling blood sugar - (i.e. use brown rice in place of white rice)

#### HIGH-PROTEIN FOODS

- Helps to maintain and regain muscle mass
- Necessary to maintain functioning of human body

#### FATS

- Emphasize moderate amounts of healthier fats: fish, olive oil, canola oil, peanut oil, avocado, nuts
- Eat less fried foods
- Eat more foods that are steamed, baked or broiled
- Use lowfat dairy products such as skim or 1% milk or yogurt, lowfat soymilk, lowfat cottage cheese, lowfat hard cheeses to reduce saturated fat intake

#### SWEETENED BEVERAGES

- Sodas, sweetened coffee and excess juice are low in nutrients ---- either displace more nutritious foods or may add too many calories
- Sugar causes tooth decay

#### 3. Ask participants:

What did you find out about your eating habits from your self-assessment?

What healthy foods do you eat regularly?

What seemed to be your nutrition strong points?

What seems to need a little work?

WOULD YOU BE WILLING TO COMMIT TO TRYING TO CHANGE ONE HABIT UNTIL THE NEXT SESSION?

4. NUTRITIONIST ASKS GROUP MEMBERS TO EACH PICK A DIET OR HABIT THEY'D LIKE TO CHANGE AND WORK ON CHANGING IT UNTIL THE NEXT SESSION.
5. NUTRITIONIST OR THERAPIST COLLECTS THE COMPLETED SELF-ASSESSMENT SHEETS, PHOTOCOPIES THEM AND RETURNS THEM TO THE GROUP MEMBERS.

#### IV. Food Demonstration And Meal (35 minutes)

As you cook, discuss with the women how this meal is relatively inexpensive. Brown rice is very inexpensive and filling; vegetables – using what is in season makes it less expensive – or using frozen vegetables, although not as healthy is an acceptable substitute; chicken is probably the most expensive item, however, because it is cut into pieces and mixed with vegetables, it will feed more people (according to the recipe, 2 lbs of chicken will feed 6-9 people). Olive, sesame seed, or peanut oil are all healthy, lasts a long time and add flavor to your cooking. Soy sauce adds saltiness (low sodium available for those watching their sodium intake) and is full of flavor. Also consider using lemon/lemon juice to add a different flavor to this as well. **Therapist:** add up the cost of the ingredients and divide by 7 so that the participants can see how they have now made a healthy, good tasting meal for under \$5 per person – much less than a meal at a fast food restaurant.

##### Menu

Tofu or Chicken with stir-fried vegetables

Brown rice

Fresh fruit (optional)

Water, seltzer or iced herb tea

1. Tofu or Chicken With Stir-Fried Vegetables (Serves 6-9)  
(Cut up most of the vegetables in advance; show how to cut up a few vegetables and then gently stir fry as described in recipe. Bring in cooked rice; heat on second burner or in microwave.)

2 onions, sliced  
2 pounds extra firm tofu, cut in 1 inch cubes or  
2 pounds chicken cutlets cut in 1 inch pieces  
1 large zucchini, sliced  
1 bunch broccoli, cut into 1" pieces  
4 carrots, peeled and sliced  
10 fresh mushrooms, sliced

2 teaspoons fresh ginger, peeled/grated  
2 garlic clove, chopped  
1 cup water  
4 tablespoons soy sauce  
2 tablespoon olive or peanut oil  
black pepper, to taste

Heat the oil in a large, heavy frying pan. Gently fry the onion until they are nearly clear. Add the zucchini, broccoli, carrots, garlic and ginger and cook for 8 minutes over medium heat, stirring occasionally. Add the cubed tofu or chicken and heat gently for another 2 minutes. Serve over rice.

\*Note: Many different kinds of vegetables can be substituted. Try string beans, snow pea pods or different combinations of vegetables. Small amounts of green peas, sweet peppers and spinach are good additions too. Three cups of cooked shrimp, beef or pork cut into 1 inch cubes can be substituted for the tofu or chicken, if desired.

## 2. Brown Rice

Use 1/3 to 1/2 cup raw brown rice for each participant. Most brown rices require approximately 1 1/4 cups of water for each cup of rice cooked. Bring water to a boil; pour in washed rice. Bring back to a boil and stir. Turn down heat to a simmer; simmer approximately 35-40 minutes until all water is absorbed. Let sit and additional 10-15 minutes before serving to fully plump up.

## SESSION 12 - NUTRITION TUNE-UP

Think back to yesterday and try to remember everything you ate and drank all day. and try to remember:

- What you had at each meal.
- Any snacks you ate between meals.
- What you drank with meals and between meals
- What you ate for dessert.

For Each Question Below, Select The Number Of Servings You Had Yesterday.

1. How many servings of fruit did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 small apple; 1 med. banana; 3/4 cup orange juice; 2 small plums; 1/2 cup of canned fruit packed in juice; 12 grapes. (Give yourself extra health points if most of your fruit was not juice.)

2. How many servings of vegetables did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1/2 cup cooked vegetables (such as broccoli, string beans, carrots or zucchini; etc.); 1 cup raw vegetables (such as green salad, tomatoes, cabbage, etc.) or 1 cup vegetable juice such as tomato.  
(Potatoes, corn and lima beans are counted as starches; old fashioned V8 juice can be counted as a vegetable but not the new sweetened V8 juice line.)

3. How many servings of calcium-rich foods did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup milk or calcium fortified soymilk; 1 oz cheese; 1 cup yogurt; 5 cups collard greens; 3 cans sardines (packed in water).

4. How many servings of whole grains or fiber-rich starches did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 slice whole wheat bread; 1/2 cup brown rice; 1 small potato; 1/2 cup beans or peas.

5. How many servings of high-protein foods did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup beans or peas; 3 oz. fish, poultry or meat; 2 oz. cheese, 1-2 Tbl. lowfat peanut butter.

6. How many servings of sweetened beverages did you drink yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup soda; iced tea; or fruit drink (such as Snapple, KoolAid, or Hawaiian Punch).

7. How many servings of fats did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

☐ 11    ☐ 12    ☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17    ☐ 18    ☐ 19    ☐ 20    ☐ 21

1 serving = 1 tsp. butter; margarine; oil or mayonaise. For every food that was pan or deep fried add 6 servings of fat.

## SESSION 12 – RECIPES

### Menu

Tofu or Chicken with stir-fried vegetables

Brown rice

Fresh fruit (optional)

Water, seltzer or iced herb tea

#### 1. Tofu or Chicken With Stir-Fried Vegetables (Serves 6-9)

(Cut up most of the vegetables in advance; show how to cut up a few vegetables and then gently stir fry as described in recipe. Bring in cooked rice; heat on second burner or in microwave.)

2 onions, sliced

2 pounds extra firm tofu, cut in 1 inch cubes or

2 pounds chicken cutlets cut in 1 inch pieces

1 large zucchini, sliced

1 bunch broccoli, cut into 1" pieces

4 carrots, peeled and sliced

10 fresh mushrooms, sliced

2 teaspoons fresh ginger, peeled/grated

2 garlic clove, chopped

1 cup water

4 tablespoons soy sauce

2 tablespoon olive or peanut oil

black pepper, to taste

Heat the oil in a large, heavy frying pan. Gently fry the onion until they are nearly clear. Add the zucchini, broccoli, carrots, garlic and ginger and cook for 8 minutes over medium heat, stirring occasionally. Add the cubed tofu or chicken and heat gently for another 2 minutes. Serve over rice.

\*Note: Many different kinds of vegetables can be substituted. Try string beans, snow pea pods or different combinations of vegetables. Small amounts of green peas, sweet peppers and spinach are good additions too. Three cups of cooked shrimp, beef or pork cut into 1 inch cubes can be substituted for the tofu or chicken, if desired.

#### 2. Brown Rice

Use 1/3 to 1/2 cup raw brown rice for each participant. Most brown rices require approximately 1 1/4 cups of water for each cup of rice cooked. Bring water to a boil; pour in washed rice. Bring back to a boil and stir. Turn down heat to a simmer; simmer approximately 35-40 minutes until all water is absorbed. Let sit and additional 10-15 minutes before serving to fully plump up.

## SESSION 12 - BENEFITS OF FOOD GROUPS

### VEGETABLES

- High in minerals and vitamins
- The darker the green vegetable, the higher the mineral content
- Vitamins and minerals help the immune system; help us to stay healthy.
- Fresh and frozen vegetables are better than canned.

### FRUIT

- Rich in vitamins and minerals-i.e.- oranges have Vitamin C
- Bananas have potassium, etc.
- Fruits have fiber- explain importance.
- Healthy source of natural sugar (to replace other "sweets")
- Easy to carry during day and many fruits do not need to be refrigerated
- Substitute fruit for juice as metabolizes more slowly and therefore will not raise blood sugar as quickly (especially for those with elevated glucose)

### CALCIUM-RICH FOODS

- Helps maintain strong bones and teeth
- Especially important for women and children

### GRAINS, ESPECIALLY WHOLE GRAINS, AND OTHER UNPROCESSED STARCHES

- High in fiber-can help control diarrhea
- Higher in nutrient value- including protein, and mineral
- Better for controlling blood sugar - (i.e. use brown rice in place of white rice)

### HIGH-PROTEIN FOODS

- Helps to maintain and regain muscle mass
- Necessary to maintain functioning of human body

### FATS

- Emphasize moderate amounts of healthier fats: fish, olive oil, canola oil, peanut oil, avocado, nuts
- Eat less fried foods
- Eat more foods that are steamed, baked or broiled
- Use lowfat dairy products such as skim or 1% milk or yogurt, lowfat soymilk, lowfat cottage cheese, lowfat hard cheeses to reduce saturated fat intake
- Soy products may substitute for dairy for those who are lactose intolerant

### SWEETENED BEVERAGES

- Sodas, sweetened coffee and excess juice are low in nutrients ---- either displace more nutritious foods or may add too many calories
- Sugar causes tooth decay



## **Session 13 – Introducing Safer Sex Outline**

### **Contents**

- I. Medication Adherence
  - a. Follow-up
- II. Physical Activity
  - b. Follow-up
  - c. Video Tape - (15 minutes) Strength Segment
- III. Nutrition
  - d. Follow-up of Behavior Contract
  - e. Cooking Demonstration
- IV. Safer Sex – Male And Female Condoms
  - a. Introduction to Safer Sex and Sexual Barriers
  - b. "Taking Care of Yourself" video #1 / 2 (Part 1: Male and female condoms)
  - c. Demonstrate Using a Male Condom Using the Demonstration Model
  - d. Demonstrate Using a Female Condom the Female Reproductive System Chart (Visual Aide 5)
  - e. Review Sexual Diaries and pass out Diaries

### **Handouts**

1. SMART/EST Recipes Book
2. **Sexual Diary**
3. Tips On Using Reality Female Condoms
4. Tips On Using Male Condoms
5. Nutrition Contracts

### **Materials Needed**

1. Physical activity/Nutrition – video – strength segment
2. Cooking Demonstration materials
  - Burner/hotplates
  - Food – prepared by Nutritionist
  - Plates, cups, utensils
  - Water, tea, seltzer water
  - Fruit (optional)
3. Taking Care of Yourself" video #1 (Part 1: Male and female condoms)
4. Samples of male & female condoms
5. Female reproductive system chart (Visual Aide 6)
6. Demonstration penis models
  - Barrier product packages (9 male & 3 female condoms) for each participant
7. Sexual Diaries

### References

### Session 13 – Introducing Safer Se

#### I. Check In

#### II. Physical Activity (15 min)

- Review of practice
- Brief identification of strategies to remove barriers and increase adherence over the coming 2-week period
- Practice physical activity video –Strength Segment

#### III. Medication Adherence Follow-up (15 min)

- a. For those of you taking medication, how many of you have a system set in place to help you remember to take your medication? *Generate a list of systems group member use.*

Examples:      daily/weekly pill box  
                     Alarm on watch  
                     Children  
                     Turning bottle upside down  
                     Pager

Remember, we spoke last time about the importance of the timing of the dosing -- who remembers the “window” of time you have around the normal dosing interval? **Therapist:** Stress importance of timeliness of dosing (e.g. every 12 hours means every twelve hours, 1 hour window around normal dosing interval allowed)

- b. Is anyone having problems being adherent to their medications?

1. If on a different medication, how long did you doctor have you stay on the medication before discontinuing it or changing to another medication?

- c. Discussing Side effects

1. Many of the HIV medications have side effects – you may have noticed them since our last session, or they may have decreased. Remember, some medications may have some effect on you, while others may not. Some medications may bother other people that will not bother you.
2. Although there are many side effects that are common and predictable, there are others that are not, so it is important to remember that it is not always possible to tell who will have what side effects.”

#### IV. **NUTRITION** (45 + 30 min)

##### **1. Review Weekly Activity**

- a. Review of Nutritional changes – How did everyone do with the nutritional goals/changes you selected a few weeks ago? Are there any obstacles that you can think of that is making it difficult for you to reach these goals? *Find out what obstacles the group faced during the week. Are any of these obstacles consistent with obstacles preventing them from relaxing?* How might we work around these obstacles? Is it necessary to change the goals? Would it make sense to put a “mini-goal” in there – like a goal that is half-way between your original goal and where you are now? Next week we will have a cooking demonstration so that you will see that eating healthy can be relatively inexpensive and taste good as well as easy to prepare for yourself and your family.
- b. Now, moving on to medication adherence. For those of you taking medication, how many of you have a system set in place to help you remember to take your medication? *Generate a list of systems group member use.*

Examples:      daily/weekly pill box  
                    Alarm on watch  
                    Children  
                    Turning bottle upside down  
                    Pager

##### **2. Healthy Changes**

###### **I. Introduction to Session** (5 minutes)

A. Nutritionist introduces herself again briefly to the group; especially to any group members who were absent. Explains that today the discussion will focus on two topics:

- Learning about goal-setting
- Participating in a food demonstration and food tasting

###### **II. Changing Nutrition Habits Through Goal-Setting** (20 minutes)

###### **1. Introduction To Goal Setting**

Nutritionist/therapist hands out the photocopied nutrition self assessment sheet “Nutrition Tune-Up: How Well Do I Eat?” to group members. Asks participants to reflect again on what they learned about their eating patterns in the first session.

Nutritionist introduces the term goal-setting and behavioral contracts and explains why this is important when people are trying to change life-long habits. Food habits can be very difficult to change because they are so much a part of who we are.

Nutritionist explains the importance of making clear, specific changes one at a time so that they're manageable. Nutritionist passes around behavioral contracts (see attached Behavioral Contract) and guides students through completing the behavioral contracts. Therapist assists in facilitating the behavioral contracts.

###### **2. CHOOSING A TARGET BEHAVIOR:**

Nutritionist asks each group member to reflect on their nutrition self-assessment and select one new nutrition-healthy habit they're willing to start and do.

*(Ex: I will eat more vegetables).*

**3. Setting A Behavior Goal:**

Ideally, how often would they like to do this new behavior?

*(Ex: I will eat vegetables twice a day --- with lunch and dinner.)*

**4. Create A Realistic Yardstick To Evaluate Success:**

Realistically, how often are they pretty sure they can do this new nutrition-healthy behavior?

*(Ex: This week I will eat vegetables at least twice a day on three days, and once a day on the other four days.)*

**5. Prepare For Success:**

What kind of preparation will be needed to successfully start the habit?

*(Ex: I will buy vegetables and tell my children and partner why I am changing what I cook.)*

When will they start the new behavior?

*(Ex: I will go shopping tomorrow and prepare vegetables for tomorrow's dinner.)*

**6. Strategies For Overcoming Obstacles:**

What obstacles are there likely to be?

*(Ex: a) The stores within walking distance of my home don't have a good selection of good, inexpensive vegetables. b) My family doesn't like it much when I try to serve new foods.)*

How can obstacles be realistically overcome or dealt with?

*(Ex: a) I will shop with my friend who has a car so we can drive to a bigger store with better vegetables. b) I will cook vegetables for my family so they taste good.)*

**7. PUT THE HEALTHY BEHAVIOR INTO ACTION!**

**8. Evaluate:**

Were they successful at meeting the yardsticks they set for themselves?

*(Ex: I ate vegetables twice a day on three days and once a day on four days this week.)*

If Yes:

Does it feel good to have succeeded?

Do you want to maintain the new behavior you've put in place?

Do you want to increase how frequently you do your new behavior?

If No:

Was your yardstick for success realistic?

What obstacles did you encounter?

What could you do differently?

**9. Photocopy:** Make copies of participants' behavioral contracts to use at the next session.

## SESSION 13 - MAKE A CONTRACT TO GET HEALTHY!

NUTRITION GOAL	SUPPLIES NEEDED	POTENTIAL BARRIER	PLAN OF ACTION
Ex. To bring lunch instead of eating fast food three days per week	Lunch bags, cut-up veggies, bread, peanut butter	Too tired in the morning to make lunch	Spend 10 minutes while cleaning up after dinner to make tomorrow's lunch

### III. Food Demonstration (20 minutes)

#### Menu

**Ground turkey chili tostadas with beans, lettuce, grated cheese, avocado, yogurt**

**Tomato Salad**

**Fresh Fruit (optional)**

**Water, Seltzer Or Iced Herbal Tea**

#### **1. Ground Turkey Chili Tostadas (Serves 6-9 with 2 tostadas per person)**

(Nutritionist may want to prep onions, lettuce and grated cheese prior to class to save time.)

##### **Chili**

1 1/2 lbs. ground turkey	2 tbl. pickling liquid from green olives (opt.)
1 large onion, chopped coarsely	1-2 tbl. oil
3 tbl. chili powder	2 cloves garlic, chopped
2 15 oz. cans of red, pink or kidney beans	1/2 tsp. red pepper or cayenne (optional)
1 cup water	1/4 tsp. black pepper
1/3 cup catsup	

##### **Tostadas**

12-18 Corn tortillas	1 cup plain yogurt
3 cups chopped lettuce	1 avocado, sliced
2 cups grated cheddar cheese	Hot sauce or Picante sauce (optional)

Heat the oil in a large frying pan. Saute the onion until clear. Add the garlic and the ground turkey. Cook over moderate heat until the turkey is browned. Add the chili powder, cook 1 minute more. Add the beans, water, catsup, black pepper and the optional ingredients, if used, (red pepper or cayenne and green olive pickling liquid) and cook for ten minutes more until ingredients are well blended. (For best taste, simmer chili for an additional 20 minutes).

Toast corn tortillas lightly in a fry pan over moderate heat. Top with a spoon of chili, grated cheese, yogurt, lettuce and a slice of avocado. Serve.

#### **2. Tomato Salad (Serves 6-9)**

4 large or 8 medium ripe tomatoes, sliced thin	1/2 small onion, sliced thin
1 tbl fresh parsley, chopped or 1 tsp. dried parsley	1 tbl. vinegar (preferably balsamic or cider)
1/2 tsp. sugar	Salt and pepper to taste

Mix ingredients together. Serve. This salad gets better over the next few days as the flavors mellow

## **V. SAFER SEX (45 min)**

### **A. INTRODUCTION TO SAFER SEX AND SEXUAL BARRIERS**

Another way of taking care of yourself is practicing safer sex. Safe sex is abstinence, not having sex with anyone. Safer sex is having sex, but protecting yourself by having only one partner, limiting the number of partners you have, and using sexual barriers to limit the transmission of STDs and HIV. It is important for people living with HIV/AIDS to protect themselves from infection with STDs or other strains of HIV, because STDs and other strains of HIV make your viral load go up and will make you get sicker.

Male and female condoms are the most effective way to provide a barrier that protects you from coming into contact with the bodily fluids of a sexual partner. Let's talk now about sex and sensuality.

#### **DISCUSSION: CURRENT SEXUAL BEHAVIOR**

How do you define sex versus sensuality? (Briefly discuss sensuality versus sexual behaviors such as oral sex and sexual intercourse (penetrative sex)).

What are some methods of practicing safer sex? Briefly discuss safer sex methods: Abstinence, self-stimulation (masturbation), sensual activities, limiting partners, sexual barriers. (Encourage group members to share briefly about their experiences with safer sex, concerns and possible changes.)

Inquire about previous experiences group members may have had using barrier products.

Let's look at some ways you can practice safer sex using barrier products.

#### **B. Show "taking care of yourself" video #1/2**

**(Male and female condoms) – Therapist:** If you are short on time, you may show the video while the participants eat

#### **DISCUSSION: IMPORTANCE OF ADHERENCE TO SAFER SEX**

Did anyone have any problem understanding any part of the video? Which part? (Explain or clarify as needed).

Many people are nervous about using products they don't have much experience with or have never seen. Has anybody, in the group or has a friend of anyone in the group, used male or female condoms before? What did you use? What was that like? What made you decide to use the product? What do you think it would be like to use this product? Do you have any concerns about using barrier products with your partner(s)? (Encourage group members to share briefly about experiences or problems with condoms and guide group to demonstration.)

**Therapists:** encourage participants to identify negative self-talk related to condom and other barrier use. Guide participants in rational thought replacement.

### **C. DEMONSTRATE USING A MALE CONDOM USING THE DEMONSTRATION MODEL**

Male Condom: "Take the condom out of the package, using care not to tear it with your teeth or finger nails. Check the expiration date on the package. Put the condom over the head of the penis and leave a small reservoir at the top for the sperm to go in. Remember to squeeze the air out of the top. Roll the condom down the shaft of the penis with the balls of your fingers, all the way to the base. If you like, you can add a couple of drop of water-based lubricant to the head of the penis before putting on the condom or to the outside of the condom. After you have finished having sex, take hold of the condom at the base of the penis and hold it in place until the penis is not inside your vagina. Then remove the condom. Don't throw it away in the toilet. Remember you need a new condom each time you have sex. Remember you need a new condom each time you have sex. Never use the same condom twice because it will have fluids on it, or it may break."

**Therapists:**

- Discuss the basic anatomy by showing the positioning of the penis, and the function of the condom when used using the chart.
- **Hand out male condoms and demonstration penis models to each person.**
- Facilitate a successful learning experience (work with participants ensuring that each participant successfully puts the condom on the model).
- **Hand out the information sheet.**

### **D. DEMONSTRATE USING A FEMALE CONDOM USING THE FEMALE REPRODUCTIVE SYSTEM CHART (Show Visual Aide 6)**

Female Condom: "Take the female condom out of the packet using care not to tear it with your teeth or nails. Squeeze the small ring between your fingers and slide the ring into your vagina. Reach up into the female condom and push the ring all the way up your vagina until it locks into place over the cervix. (Show placement on chart of female reproductive system). The large ring should be outside the vagina. You can add a little lubricant to the inside of the female condom, if you like. After you have finished having sex, take hold of the condom and twist the large ring to prevent any spillage. Pull out the condom and dispose of it. Don't throw it in the toilet. Remember, you need a new female condom each time you have sex."

Hand out female condoms to each participant interested in learning more about female condoms. Hand out the information sheet.

**Therapist:** Answer any questions on male or female condom use.

For those participants who may have concerns about domestic violence, remind them of the section on assertiveness and risk prevention when discussing the use of sexual barriers with their partner.



## E. DISCUSSION: SEXUAL NEGOTIATION STRATEGIES ON CONDOM USE WITH PARTNER

**Therapists:** Encourage participants to review why it is important to practice safer sex.

- Exercise: Awareness building
- What feelings are you having right now about using male or female condoms with our partner?

**Therapists:** Encourage participants to voice their emotional responses to suggesting the use of the female condom to their partner (eg., nervous, excited, etc).

- What thoughts might people have about using male or female condoms with their partner?

**Therapists:** Encourage participants to voice their thoughts about suggesting the use of the female condom to their partner.

- When we separate our thoughts from our emotions, we can see that the thoughts seem to make the emotions stronger!
- What kind of thoughts seem to make us more nervous or feel unhappy about suggesting using female condoms?

**Therapists:** Encourage participants to share thoughts that may make them especially anxious.

- What kind of thoughts could we have that might make us feel more confident or happy about suggesting using female condoms?

**Therapists:** Encourage participants to experiment with changing their thoughts and feeling the change in their emotional response.

**Therapist:** Discuss how participants might negotiate use of barrier products (condoms and placebos).

- In a committed relationship, why might a man or a woman want to protect his/herself from STDs and HIV?
- What are situations in which a couple might wish to protect themselves by using a barrier product?
- Why might it be a problem to get your partner to agree to use a barrier product?
- As a woman, how do you feel about using a barrier product?

**Therapists:** Encourage brainstorming problems and solutions.

## A. REALITY FEMALE CONDOM: TIPS ON USING REALITY FEMALE CONDOM

**Q: What is the Reality Female Condom?**

**A:** Reality is a soft, loose-fitting plastic condom that lines the vagina. It has a soft ring at each end. The ring at the closed end is used to put the condom inside the vagina and holds it in place. The other ring stays outside the vagina and partly covers the lip area.

**Q: Why is the Reality Female Condom important?**

A: When used right all the time the failure rate is low. Reality works very well in preventing the transmitting of HIV and STD's.

**Q: How do you use the Reality Female Condom?**

A: Before sex begins, the woman puts the ' female condom in with her fingers, almost like a tampon without an applicator. It is very important to read the instructions carefully first. Many women practice inserting the female condom once or twice so that they get the feel for how it works.

First, check the condom and make sure it is completely lubricated on the outside and the inside. While holding the condom at the closed end, grasp the soft, inner ring and squeeze it between your thumb and middle finger, the fingers that you snap with, so it becomes long and narrow. With the other hand, separate the outer lips of your vagina. Gently insert the inner ring into your vagina. You should feel the inner ring go up and move into place. Next, place your index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the condom is not twisted. The outer ring stays on outside of your vagina.

Reality is now in place and ready for use with a partner. The condom sticks to the vaginal wall. It lines the vagina, fitting like a second skin. Gently guide the penis into the sheath's opening with your hand, to make sure that it goes in right. Make sure that the penis is not going through on the outside of the condom. It is important to use enough lubricant so that the condom stays in place during sex. If the condom is pulled out or pushed in, there is not enough lubricant. Add more to the inside of the condom or the outside of the penis. To take out the condom, twist the outside ring and gently pull the condom out. Try to do this before standing up, to avoid any spillage. Throw the condom out in the garbage.

**Q: Is it easy to use?**

A: Yes if you read the instructions carefully to understand how Reality works and use it correctly each time, you can expect it to work very well. Sometimes it takes 2 or 3 times to get used to using it. Once women get used to using it, many women like it because it feels warm, smooth, and natural. Some ladies like to have their partners put it in for them.

**Q: When am I supposed to insert this condom?**

A: You can put the female condom in before you have sex, or up to eight hours ahead of time.

**Q: What is the inner ring for?**

A: The inner ring is used mainly for putting the condom in, although it does help keep the female condom in place once the ring is past the pubic bone. Be sure the inner ring is pushed up as far as it will go past the pubic bone and that you use enough lubricant so that the penis slips easily in and out of the condom.

**Q: Can the penis be used to place Reality?**

A: No.

**Q: Can the man feel the inner ring?**

A: Most men do not, although some have reported that they do feel that it is there. Because the inner ring is not attached to the condom, it allows the penis to move freely inside the woman.

**Q: Can I use the male condom and the female condom at the same time?**

A: No, because neither one will work properly. The material used in condoms is designed to work next to skin. If the two condoms rub together, friction between them could cause the male condom to be pulled off or the female condom to be pushed in.

**Q: What ingredients are in the lubricant? Can I use anything else with it?**

A: It's ok to add N-9 reality is already lubricated with silicone. The extra lubricant is water based and will not kill Sperm or STD's. Because Reality is made from polyurethane, lubricants will not cause the sheath to disintegrate.

**Q: Why is Reality more expensive than male latex condoms? Where can I get it?**

A: Reality is available in drug stores, health centers, family planning clinics, and from other health providers. It costs more than a male condom. This is because Reality is made of polyurethane, a thin, strong, sensitive plastic that cost more than latex. Even though it cost more to make polyurethane have many benefits. For example, it rarely rips or tears, and can be used with any lubricant -water based or oil based, including lubricant N-9. In addition, polyurethane transmits heat once it is inside the body, so you can hardly feel it during sex.

**Q: Is Reality covered by Medicaid?**

A: The Female Health Company has filed for Medicaid reimbursement in 55 states and territories. As of February 1997, Reality is approved for Medicaid reimbursement or other similar state-funded programs in 37 states including Florida, New Jersey and New York. Call The Female Health Company at 1-800-63 5-0844 for the name of the person in your state who can tell you more about the details of yours state's coverage.

**Q: Will my partner fit?**

A: If he fits into you, he will be able to fit into this condom. You will probably need a lot of extra lubricant though. The lubricant will make entry easier.

**Q: Why can't I wash the condom out after having sex and re-use it? Do I need a new one for each time I have sex?**

A: Just like a male condom, the female condom can only be used one time.

## **B. MALE CONDOMS: TIPS ON USING MALE CONDOMS**

### **1. CONDOMS FEEL TIGHT/ WON'T FIT**

Use a larger brand like Trojan Magnum, Maxx, Pleasure Plus or Lifestyles Tuxedo. These bigger brands can fit anybody, no matter what size. Water based lube cuts down on the condom breaking. Make sure the ring is completely rounded around to the bottom of the penis. Unroll the condom all the way with your fingers like you would if you were putting on a sock or stocking. Be very careful not to tear the condom with your fingernails.

### **2. CAN'T FEEL ANYTHING**

Try a thinner condom like Beyond Seven, Maxx, or Kimono. Condoms are a lot better these days and can be thin and still work well. A drop of water based tube in the tip of the condom will make things feel more natural. More play in the tip means more feeling in the most sensitive parts of the penis.

### **3. CONDOMS BREAK**

You can't leave any space for air to be trapped at the tip of the condom. There should be a loose space at the tip (without air in it). To make the space, pinch the tip as you unroll the condom down to the bottom of the penis and work out any air bubbles by rubbing the penis down- Use good condoms, ones you know you can trust. Don't keep your condoms in a warm place and always check the expiration date before opening the package. If you are having an all-nighter, check to see if the condom is holding up and change it once in a while.

### **4. NO CONDOMS AROUND WHEN I NEED THEM**

Keep your condoms where you can find them. Don't worry what people think if you're known for carrying around condoms. Your partner will be relieved that you thought of protecting both of you. Remember it's better safe than sorry.

### **5. HE'LL GO LIMP**

This is usually a problem when there is a break while one of you goes to find a condom or has trouble getting the thing on. Nerves also play a part when you're with someone new. Condoms can be a turn-off when a person has had so many bad experiences with them. Practice by yourself or with your partner, make it fun. Practice makes perfect. Remember that your brain is your biggest sex organ. Make condoms a habit and put your mind at rest.

### **6. CONDOMS SLIP OFF**

Hold the base of the penis when pulling out. There is a brand of condom called Mentor designed for heavy-duty use that sticks to the base of the penis. Don't let your partner stay inside of you once he comes, have him pull out before the condom gets loose and slips off.

### **7. SHOULD I USE CONDOMS FOR ORAL SEX?**

A few people have been infected with HIV from sucking and swallowing cum or pre-cum, but that was from throat infections, bleeding, and cuts or sores in the mouth or throat. One way to have safer sex is to not to leave your partners cum or pre-cum into your mouth. You can also avoid sucking the tip of the penis or use a non-lubricated condom like Lifestyles Kiss of Mint. Do not brush or floss your teeth right before sex to prevent cuts in your mouth. Use a

mouthwash or gum to freshen your breath instead. Place a non lubed condom inside like a little cap over the head of the penis, but whatever way you try, try not to get the cum or pre-cum into your mouth. Have your partner to pull out and finish the job with your hands. If you get cum in your mouth, you need to swallow or spit, just don't let it sit in your mouth.

#### **8. WHY ARE CONDOMS IMPORTANT?**

Condoms are very reliable in preventing the transmission of the AIDS virus, HIV, when you use them right every time you have sex. Condoms also protect against getting burned.

#### **9. CAN YOU KEEP A CONDOM FOR USE LATER, OR RE-USE CONDOMS?**

Condoms have an expiration date on them and you shouldn't use it after that date. You should never re-use a condom.

## **Session 13 - Reality Female Condom**

### **Tips on Using Reality Female Condom:**

#### **Q: What is the Reality Female Condom?**

A: Reality is a soft, loose-fitting plastic condom that lines the vagina. It has a soft ring at each end. The ring at the closed end is used to put the condom inside the vagina and holds it in place. The other ring stays outside the vagina and partly covers the lip area.

#### **Q: Why is the Reality Female Condom important?**

A: When used right all the time the failure rate is low. Reality works very well in preventing the transmitting of HIV and STD's.

#### **Q: How do you use the Reality Female Condom?**

A: Before sex begins, the woman puts the ' female condom in with her fingers, almost like a tampon without an applicator. It is very important to read the instructions carefully first. Many women practice inserting the female condom once or twice so that they get the feel for how it works.

First, check the condom and make sure it is completely lubricated on the outside and the inside. While holding the condom at the closed end, grasp the soft, inner ring and squeeze it between your thumb and middle finger, the fingers that you snap with, so it becomes long and narrow. With the other hand, separate the outer lips of your vagina. Gently insert the inner ring into your vagina. You should feel the inner ring go up and move into place. Next, place your index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the condom is not twisted. The outer ring stays on outside of your vagina.

Reality is now in place and ready for use with a partner. The condom sticks to the vaginal wall. It lines the vagina, fitting like a second skin. Gently guide the penis into the sheath's opening with your hand, to make sure that it goes in right. Make sure that the penis is not going through on the outside of the condom. It is important to use enough lubricant so that the condom stays in place during sex. If the condom is pulled out or pushed in, there is not enough lubricant. Add more to the inside of the condom or the outside of the penis. To take out the condom, twist the outside ring and gently pull the condom out. Try to do this before standing up, to avoid any spillage. Throw the condom out in the garbage.

#### **Q: Is it easy to use?**

A: Yes if you read the instructions carefully to understand how Reality works and use it correctly each time, you can expect it to work very well. Sometimes it takes 2 or 3 times to get used to using it. Once women get used to using it, many women like it because it feels warm, smooth, and natural. Some ladies like to have their partners put it in for them.

#### **Q: When am I supposed to insert this condom?**

A: You can put the female condom in before you have sex, or up to eight hours

ahead of time.

**Q: What is the inner ring for?**

A: The inner ring is used mainly for putting the condom in, although it does help keep the female condom in place once the ring is past the pubic bone. Be sure the inner ring is pushed up as far as it will go past the pubic bone and that you use enough lubricant so that the penis slips easily in and out of the condom.

**Q: Can the penis be used to place Reality?**

A: No.

**Q: Can the man feel the inner ring?**

A: Most men do not, although some have reported that they do feel that it is there. Because the inner ring is not attached to the condom, it allows the penis to move freely inside the woman.

**Q: Can I use the male condom and the female condom at the same time?**

A: No, because neither one will work properly. The material used in condoms is designed to work next to skin. If the two condoms rub together, friction between them could cause the male condom to be pulled off or the female condom to be pushed in.

**Q: What ingredients are in the lubricant? Can I use anything else with it?**

A: It's ok to add N-9 reality is already lubricated with silicone. The extra lubricant is water based and will not kill Sperm or STD's. Because Reality is made from polyurethane, lubricants will not cause the sheath to disintegrate.

**Q: Why is Reality more expensive than male latex condoms? Where can I get it?**

A: Reality is available in drug stores, health centers, family planning clinics, and from other health providers. It costs more than a male condom. This is because Reality is made of polyurethane, a thin, strong, sensitive plastic that cost more than latex. Even though it cost more to make polyurethane have many benefits. For example, it rarely rips or tears, and can be used with any lubricant -water based or oil based, including lubricant N-9. In addition, polyurethane transmits heat once it is inside the body, so you can hardly feel it during sex.

**Q: Is Reality covered by Medicaid?**

A: The Female Health Company has filed for Medicaid reimbursement in 55 states and territories. As of February 1997, Reality is approved for Medicaid reimbursement or other similar state-funded programs in 37 states including Florida, New Jersey and New York. Call The Female Health Company at 1-800-635-0844 for the name of the person in your state who can tell you more about the details of your state's coverage.

**Q: Will my partner fit?**

A: If he fits into you, he will be able to fit into this condom. You will probably need

a lot of extra lubricant though. The lubricant will make entry easier.

**Q: Why can't I wash the condom out after having sex and re-use it? Do I need a new one for each time I have sex?**

A: Just like a male condom, the female condom can only be used one time.



## **SESSION 13 - MALE CONDOMS**

### **TIPS ON USING MALE CONDOMS:**

#### **1. CONDOMS FEEL TIGHT/ WON'T FIT**

Use a larger brand like Trojan Magnum, Maxx, Pleasure Plus or Lifestyles Tuxedo. These bigger brands can fit anybody, no matter what size. Water based lube cuts down on the condom breaking. Make sure the ring is completely rounded around to the bottom of the penis. Unroll the condom all the way with your fingers like you would if you were putting on a sock or stocking. Be very careful not to tear the condom with your fingernails.

#### **2. CAN'T FEEL ANYTHING**

Try a thinner condom like Beyond Seven, Maxx, or Kimono. Condoms are a lot better these days and can be thin and still work well. A drop of water based lube in the tip of the condom will make things feel more natural. More play in the tip means more feeling in the most sensitive parts of the penis.

#### **3. CONDOMS BREAK**

You can't leave any space for air to be trapped at the tip of the condom. There should be a loose space at the tip (without air in it). To make the space, pinch the tip as you unroll the condom down to the bottom of the penis and work out any air bubbles by rubbing the penis down- Use good condoms, ones you know you can trust. Don't keep your condoms in a warm place and always check the expiration date before opening the package. If you are having an all-nighter, check to see if the condom is holding up and change it once in a while.

#### **4. NO CONDOMS AROUND WHEN I NEED THEM**

Keep your condoms where you can find them. Don't worry what people think if you're known for carrying around condoms. Your partner will be relieved that you thought of protecting both of you. Remember it's better safe than sorry.

#### **5. HE'LL GO LIMP**

This is usually a problem when there is a break while one of you goes to find a condom or has trouble getting the thing on. Nerves also play a part when you're with someone new. Condoms can be a turn-off when a person has had so many bad experiences with them. Practice by yourself or with your partner, make it fun. Practice makes perfect. Remember that your brain is your biggest sex organ. Make condoms a habit and put your mind at rest.

#### **6. CONDOMS SLIP OFF**

Hold the base of the penis when pulling out. There is a brand of condom called Mentor designed for heavy-duty use that sticks to the base of the penis. Don't let your partner stay inside of you once he comes, have him pull out before the condom gets loose and slips off.

#### **7. SHOULD I USE CONDOMS FOR ORAL SEX?**

A few people have been infected with HIV from sucking and swallowing cum or pre-cum, but that was from throat infections, bleeding, and cuts or sores in the mouth or throat. One way to have safer sex is to not to leave your partners cum or pre-cum into your mouth. You can also

avoid sucking the tip of the penis or use a non-lubricated condom like Lifestyles Kiss of Mint. Do not brush or floss your teeth right before sex to prevent cuts in your mouth. Use a mouthwash or gum to freshen your breath instead. Place a non lubed condom inside like a little cap over the head of the penis, but whatever way you try, try not to get the cum or pre-cum into your mouth. Have your partner to pull out and finish the job with your hands. If you get cum in your mouth, you need to swallow or spit, just don't let it sit in your mouth.

#### **8. WHY ARE CONDOMS IMPORTANT?**

Condoms are very reliable in preventing the transmission of the AIDS virus, HIV, when you use them right every time you have sex. Condoms also protect against getting burned.

#### **9. CAN YOU KEEP A CONDOM FOR USE LATER, OR RE-USE CONDOMS?**

Condoms have an expiration date on them and you shouldn't use it after that date. You should never re-use a condom.

## SESSION 13 – NUTRITION CONTRACT

NUTRITION GOAL	SUPPLIES NEEDED	POTENTIAL BARRIER	PLAN OF ACTION
Ex. To bring lunch instead of eating fast food three days per week	Lunch bags, cut-up veggies, bread, peanut butter	Too tired in the morning to make lunch	Spend 10 minutes while cleaning up after dinner to make tomorrow's lunch

## **Session 14 – Introduction to Harm Reduction Outline**

### **Contents**

- I. Medication Adherence
- II. Physical Activity
  - Follow up
  - Video (15 minutes) Stretching Segment
- III. Nutrition
  - Follow -up of Behavior Contract
- IV. Safer Sex
  - Cognitive-Behavioral Strategies with the use of female condoms
- V. SUBSTANCE USE/ABUSE REDUCTION
  - Harm Reduction

### **Handouts**

- VI. Talking Points and Specifics about Tobacco Use

### **Materials Needed**

- 1. Physical activity Video (15 minutes) – Stretching – introduce beginners' yoga for stretching
- 2. Sexual Diaries

### **References**

None

## Session 14 – Introduction to Harm Reduction

### I. PHYSICAL ACTIVITY

VIDEO (15 minutes) Stretching Segment

**Therapists:** Each participant (who has provided written authorization from their physician) follows along with the Stretching segment of the Physical Activity Video.

### II. NUTRITION

Check in with follow-up of behavior contract/ evaluate – fast food

- a. **Nutritional Goals:** *Review with the group their nutritional goals and any obstacles they may have encountered. If many of them are achieving their goals, then begin discussion about maintenance. As we begin to work towards our goal, what helps us to maintain a healthy behavior is to have it become a “habit” – if we continue to do it over and over again, pretty soon, we do this behavior without thinking twice about it. It becomes easier to maintain when we integrate it into our daily routine. For example, the relaxation exercises we’ve been teaching you. For some of you, it took extra attention to make time into your schedule to include relaxation – sometimes it seemed easier to not do it, then to re-arrange your schedules. However, after finding a “better time”, like as you wake up in the morning, after the kids leave for school, as part of your bedtime routine, you may notice that it will seem weird if you DON’T do it at that time.*

Just like the relaxation and the nutrition, taking your medication is also a “habit”. Many of you may have found a routine for your medication to help you remember to take them as you need to. Some of you have already mentioned your routines for taking your medication. This helps us to remain adherent, so that we DON’T forget to take our pills when we need to – little reminders to “jog” our memory.

### III. MEDICATION ADHERENCE

#### I. Medication Adherence follow up

- d. For those of you taking medication, how many of you have a system set in place to help you remember to take your medication? *Generate a list of systems group member use.*

Examples:      daily/weekly pill box  
                     Alarm on watch  
                     Children  
                     Turning bottle upside down  
                     Pager

Remember, we spoke last time about the importance of the timing of the dosing -- who remembers the “window” of time you have around the normal dosing interval?

1. Stress importance of timeliness of dosing (e.g. every 12 hours means every twelve hours, 1 hour window around normal dosing interval allowed)

e. Is anyone having problems being adherent to their medications?

1. If on a different medication, how long did you doctor have you stay on the medication before discontinuing it or changing to another medication?

f. Discussing Side effects

1. Many of the HIV medications have side effects – you may have noticed them since our last session, or they may have decreased. Remember, some medications may have some effect on you, while others may not. Some medications may bother other people that will not bother you.
2. Although there are many side effects that are common and predictable, there are others that are not, so it is important to remember that it is not always possible to tell who will have what side effects.”

#### **IV. SAFER SEX – FEMALE CONDOMS**

##### **A. Introduction to Safer Sex - Adherence**

This week, we’re going to talk some more about using sexual barrier methods and also about reducing the use of alcohol or drugs as a method of coping with stress.

##### **DISCUSSION: RECENT SEXUAL BEHAVIOR**

**Therapist:** Review methods of practicing safer sex. Briefly discuss the safer sex methods presented: Abstinence, self-stimulation (masturbation), sensual activities, limiting partners, sexual barriers.

##### **DISCUSSION: FEMALE CONDOMS**

Inquire about experiences group members may have had using the female condom.

What are some advantages to using a female condom?

1. Made from polyurethane, not from latex (some women and men are allergic to latex).
2. Safe and strong, pre-lubricated.
3. Woman controlled (the woman chooses to use it up to 8 hours before having sex).
4. No fear of loss of erection (some men are afraid if they use a male condom, they will lose their erection; performance anxiety).
5. No loss of sensation for the man.

6. Heat conductant (conducts the woman's body heat and feels natural).

What are some problems women might have experienced?

Female condom slipped up inside

Solution – add lubricant, the condom is sticking to the penis

Female condom hurt

Solution – reposition the female condom, practice again

Female condom was noisy

Solution – add lubricant

Female condom was difficult to insert

Solution – practice with it when you're alone. It takes up to three tries before most women are really comfortable inserting the female condom.

Using what we've learned about the connection between thoughts, feelings and behavior, let's look at some of the thoughts we might have had about the female condom when we saw it.

**Therapist:** Select a woman with a negative response to the female condom. Use the flipchart to demonstrate the process; use participant examples such as those listed below).

What are some thoughts that could replace these negative thoughts?

**Therapist:** Have participants brainstorm potential alternative thoughts. Use the list of positive attributes for substitution, such as:

Situation	Automatic Thought	Feeling	Behavior
Female Condom	"It's ugly"	Fear of being rejected	Don't try using female condom
Female Condom	"I'm afraid he won't like it"	Fear of being rejected	Don't tell partner about the female condom
Female Condom	"It would hurt"	Fear of Pain	Don't try using the female condom

"It looks different from the male condom, but when the male condom is unrolled, it looks almost the same."

"He might be surprised by how it looks, but he will probably like not wearing the male condom."

"It might feel uncomfortable, but I won't know until I try it. I'll try it alone to practice before I show him."

**Therapist:** Emphasize that the change in thinking helps women to feel differently about using the female condom, and help to make women feel more in control.

**Let's look at some of the thoughts we might have about using sexual barrier products like male and female condoms.**

Now we will talk about how we might use these skills in dealing with sexual issues. Sometimes a person can feel uncomfortable about bringing up wanting to protect herself by using sexual barriers with their partner. Sometimes a person may feel uncomfortable or angry when their partner wants to protect themselves from sexual diseases.

Some people have more than one partner. Regardless of how much we trust our partners, and trust is very important, we can never be 100% sure that our partner is not seeing someone else.

Exercise 1

What are some of the things you might say when we bring up sexual protection?

**Therapists:** Encourage participants to discuss their own experiences or to share what they might have heard about what happens when safer sex methods are discussed.

Break down the process

**Therapists:** Once the discussion is underway, ask participants to stop and become aware of their automatic thoughts on this issue. Write some of these responses.

EVENT What happened?	PERCEPTION How did I understand the event?	THOUGHTS What did I say to myself?	FEELINGS What emotions did I feel?	SENSATIONS What did I feel in my body?
EXAMPLE:  We received some sexual barriers to try at home.	I would like to try a sexual barrier during sex, but first I want to make sure how my partner feels about it.	Forget it, he/she will never use it. He/She will get mad. We will have a fight. It is not worth it.	Nervous Sad Anxious Guilty Angry Worried Helpless	Tense in my shoulders Heart beats faster Sick to my stomach

Identify Negative Automatic thoughts

"I know what he/she will say."

"I will not bring it up because what is the point? I know what he/she will say."

"He/She will say no."

"He/She will get mad."

**Therapists:** Assist the participants in addressing the automatic thoughts by becoming aware they are "mind reading" or "fortune telling".



A woman often may feel she knows what their partner will say or do. Many times, they are right. Some women have learned to avoid doing or saying something that may make their husband or boyfriend angry because they may be beaten when this happens. Women may also be afraid of losing financial, money, support for the household and their children if they bring up a topic that makes their husband or boyfriend angry. Men may be afraid to bring up protection to their wife or girlfriend because she might think he is cheating on her. Or maybe she'll get so mad at him that she'll "hold-out" on him (i.e., withhold sex). These are realistic ways people find to protect themselves and their children.

**Therapists:** Encourage the participants to discuss their experiences. Reinforce their sense of security by reminding them of the agreement on confidentiality.

However, there is more happening here than knowing what might happen. Automatic thoughts are powerful. These negative automatic thoughts tell us how we should behave, or the way we should act. If we challenge the automatic thoughts, we can choose to act differently.

#### Rational thought replacement

First of all, we cannot predict the future. We do not really know what someone else might say. What are some other possible responses to talking about sex?

#### Positive Responses:

- Important to be healthy for the family, yourself and children.
- Many people have STDs or HIV
- It is a relief to talk about this

#### Negative Responses:

- Distrust
- He/She does not like how a condom feels

**Therapists:** Have participants brainstorm possible alternative thoughts. Emphasize that the change in thinking helps women feel differently about sexual product use and helps them feel in control.

## V. “TAKING CARE OF YOURSELF” SUBSTANCE USE/ABUSE REDUCTION

### A. HARM REDUCTION

Harm reduction is a set of practical strategies with the goal of meeting drug users “where they’re at” to help them reduce any harm associated with their drug use. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for using harm reduction. However, the following principles are central to harm reduction practice.

**\*\*please note that this module was developed based on the assumption that for active drug users--we are trying to reduce drug and alcohol use, the risky behaviors associated with drug and alcohol use, and to encourage entry into drug treatment. Not all of our women are actively using drugs, or may have never used drugs before. For women not actively using drugs, this module would be presented to help them deal with family members and/or friends using drugs, serve as relapse prevention (if they are a former user), and help them to avoid situations that might put them at risk for starting drug use. It is also a model for decreasing unhealthy behaviors, such as smoking.**

**Harm Reduction:** Accepts, for better or for worse, that illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

**Ensures** that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them, and both affirms and seeks to strengthen the capacity of people who use drugs to reduce the various harms associated with their drug use.

**Understands** that drug use is a complicated issue. And that people who use drugs are part a continuum ranging from severe abuse to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.

**Establishes** quality of individual and community life and well-being— not necessarily the end of all drug use as the sign of successful interventions and policies.

**Calls** for non-judgmental, non-coercive services and resources for people who use drugs and communities in which they live in order to assist them in reducing possible harms.

**Recognizes** that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug related harms.

**Does not** attempt to minimize or ignore the many real and tragic harms and dangers associated with illicit drug use.

The above material was cited from the Harm Reduction Coalition manual. The HRC is a non-profit organization with offices in New York, NY and Oakland, CA. They also publish info about such topics as safe heroin injection and what to do if an overdose occurs. Write to them at: 3223 Lakeshore Avenue, Oakland CA 94610 for more info.

## **B. How we can help ourselves and others (family members, friends, members of our community) using drugs and alcohol?**

### **Selected Session Objectives:**

1. Participants will articulate the context and culture of drug use –how it influences multiple systems (individuals, families, community, etc.)
2. Participants will understand the risks associated with sharing injection works.
3. Participants will be exposed to a harm reduction approach in drug use.
4. Participants will reflect on risky situations and how to avoid them.

### **Selected Activities:**

1. Discussion: The Context of Using Drugs  
Adopting a harm reduction approach to help yourself and others (family members, friends, etc.) affected by drug use.
2. Harm Reduction Game (using 3 different scenarios, participants are given cards and asked to classify them according to their level of risk). Possible scenarios might include: injection drug use and risk of HIV transmission, crack use and risk of sexual transmission, alcohol use and risk of sexual transmission.
3. Discussion: People, Places and Things: After identifying different types of risks from the last activity, the interventionist will use flip-chart to discuss settings, norms, and social Influences that might encourage risky situations associated with drug use (i.e., women using drugs in crack houses, shooting galleries; drug using networks).
4. A word on smoking: While smoking may not have the same consequences as drinking alcohol or using drugs, it still creates harm to our bodies, especially if you are living with the HIV virus. Recent studies have shown that people who are living with the virus AND smoke cigarettes are more likely to have more complications with the virus than those who do not smoke. If you are interested in decreasing the number of cigarettes you smoke, or stopping completely, there are many ways to go about this as well.

While you may not smoke, you may live with someone who does, or are close to someone who smokes. Here are a few facts about smoking:

#### **Health reasons:**

- Individuals who smoke when infected with HIV progress to full-blown AIDS more rapidly. Once diagnosed with AIDS, the progression to death is faster in smokers than it is in non-smokers.
- Nicotine addiction should be considered a chronic disease; relapse is not uncommon.
- Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fire and AIDS COMBINED!!
- More than two thirds of smokers want to quit, and more than half try to stop every year.

- Proper counseling and appropriate use of nicotine replacement and other drug treatment can increase long-term quit rates from less than 10% to 30%.
- Reduce the chance of your children developing or suffering from worsened asthma, middle ear infections and bronchitis.
- Reduce the chance that your children will smoke.
- Reduce the chance that your family will develop cancer, heart disease, and other diseases related to breathing in second hand smoke.

Smokers are more likely to:

- get colds and flu
- become impotent
- have problems getting pregnant
- have gum disease and yellow teeth
- have shortness of breath and wheezing
- get cataracts in your eyes

Social Reasons:

Less stress from friends, family and co-workers who are non-smokers.

Financial reasons:

More money in your pocket! (A pack a day smoker can save more than \$2500 per year by quitting.)

Misc.

There are over 4000 chemicals in tobacco smoke

Smokers lose, on average, 14 years of life.

Each week, a pack-a-day smoker loses one day of life.

This can be found in the participant manual.

(provided by the **The LGBT SmokeFree Project**)

## **SESSION 14 - TALKING POINTS AND SPECIFICS ABOUT TOBACCO USAGE**

### Health reasons:

- Individuals who smoke when infected with HIV progress to full-blown AIDS more rapidly. Once diagnosed with AIDS, the progression to death is faster in smokers than it is in non-smokers.
- Nicotine addiction should be considered a chronic disease; relapse is not uncommon.
- Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fire and AIDS COMBINED!!
- More than two thirds of smokers want to quit, and more than half try to stop every year.
- Proper counseling and appropriate use of nicotine replacement and other drug treatment can increase long-term quit rates from less than 10% to 30%.
- Reduce the chance of your children developing or suffering from worsened asthma, middle ear infections and bronchitis.
- Reduce the chance that your children will smoke.
- Reduce the chance that your family will develop cancer, heart disease, and other diseases related to breathing in second hand smoke.

### Smokers are more likely to:

- get colds and flu
- become impotent
- have problems getting pregnant
- have gum disease and yellow teeth
- have shortness of breath and wheezing
- get cataracts in your eyes

### Social Reasons:

- Less stress from friends, family and co-workers who are non-smokers.

### Financial reasons:

- More money in your pocket! (A pack a day smoker can save more than \$2500 per year by quitting.)

### Misc.

- There are over 4000 chemicals in tobacco smoke
- Smokers lose, on average, 14 years of life.
- Each week, a pack-a-day smoker loses one day of life.

## **Session 15 – Relapse Prevention for Substance Use; Risk Reduction Outline**

### **Contents**

#### **I. Physical Activity**

- a. Follow-up
- b. Video Activity

#### **II. Nutrition**

- c. Follow-up on Behavior Contract

#### **III. Medication Adherence**

- d. Follow-up (Harm reduction: Alcohol/Tobacco Use/Abuse Reduction)

#### **IV. Safer Sex**

- e. Challenges and Solutions
- f. Exercise 15.1: Safer Sex Problem Solving

#### **V. Harm Reduction**

- g. Relapse Prevention: Challenges and Solutions

### **Handouts**

None

### **Materials Needed**

- 1. Physical Activity Video (15 minutes) – Aerobic segment – Dance video
- 2. Role Playing Scenario Cards

### **References**

None

## Session 15 - Relapse Prevention for Substance Use; Risk Reduction

### I. PHYSICAL ACTIVITY

- Video
- Follow-up

**Therapists:** Each participant (who has provided written authorization from their physician) follows along with the Aerobic segment of the Physical Activity Video.

### II. NUTRITION

- Follow-up

### III. MEDICATION ADHERENCE

- Follow-up

- g. For those of you taking medication, how many of you have a system set in place to help you remember to take your medication? *Generate a list of systems group member use.*

Examples:      daily/weekly pill box  
                     Alarm on watch  
                     Children  
                     Turning bottle upside down  
                     Pager

Remember, we spoke last time about the importance of the timing of the dosing -- who remembers the “window” of time you have around the normal dosing interval?

2. Stress importance of timeliness of dosing (e.g. every 12 hours means every twelve hours, 1 hour window around normal dosing interval allowed)

- h. Is anyone having problems being adherent to their medications?

1. If on a different medication, how long did you doctor have you stay on the medication before discontinuing it or changing to another medication?

- i. Discussing Side effects

1. Many of the HIV medications have side effects – you may have noticed them since our last session, or they may have decreased. Remember,

some medications may have some effect on you, while others may not. Some medications may bother other people that will not bother you.

2. Although there are many side effects that are common and predictable, there are others that are not, so it is important to remember that it is not always possible to tell who will have what side effects.”

#### **IV. SAFER SEX:**

##### **Relapse Prevention and Safer sex: Challenges and Solutions**

It is sometimes difficult to practice safer sex. People sometimes feel awkward discussing their needs during intimate moments, or simply just do not feel like addressing the topic. Practicing safer sex helps to prevent transmission and/or reinfection of the HIV virus during sexual activity.

##### **EXERCISE 15.1: SAFER SEX PROBLEM SOLVING**

Discuss any difficulties and/or problems (if any) that participants have experienced during sexual activities. Record on the board possible challenges that participants may have encountered and discuss possible solutions.

##### **CHALLENGES**

- ☐ Partner problems
- ☐ Disclosure difficulties
- ☐ Fear of domestic violence or abuse

##### **SOLUTIONS**

- ☐ Opening lines of communication
- ☐ Increased awareness of your own needs
- ☐ Remind participants of the section on assertiveness and risk prevention

##### **CBSM RELATED SOLUTIONS:**

- ☐ Active coping
- ☐ Replacing irrational thoughts
- ☐ Identify cognitive distortions and negative self-talk

##### **ROLE PLAYING:**

Role playing is an effective tool to allow people to practice what they are going to say in a safe environment. Although people sometimes feel a little uncomfortable at playing a role, most people relax and enjoy the experience and learn a lot from it.

**Therapist:** Have the participants break up into groups of 2. Have each group move their chairs so that they are facing each other. Each group will be given one of the role play segments, and they will choose which participant will play which role (man & woman).

After the “couple” discusses their segment, they begin their role play. As each participant says something or makes a comment, the facilitator stops them & discuss their roles and responses



with the group. Use the material presented by the group members, if preferred, or the material outlined below.

### Segment 1: **Safer Sex**

Your husband or boyfriend has been away working for a long time. He will be home tonight and you would like to use a condom to protect you both. What sort of reasons could you offer for using condoms? (*Hint: mention protection from STDs and staying healthy and productive*)

### Segment 4: **Safer Sex**

You and your partner have been together for a few months and have had sex. You know you are HIV- and do not have an STD. You have talked about your past relationships, although you have never discussed your sexual histories and HIV or STD status with each other. You want to know if your partner has an STD or is HIV+. How do you ask?

**Therapist:** Each role play should last about 3 minutes. Following the role play presentations, the group members should process their feelings about the role plays (including: what worked between the actors, what didn't work, and what could be other possible solutions)

## **V. DRUGS/ALCOHOL**

What resources can we bring to ourselves and others using drugs and alcohol?

### **Selected Session Objectives:**

- a. Participants will review different types of risky situations identified in first session.
- b. Participants will learn skills for avoiding risky situations.
- c. Participants will learn about different resources and treatment options for drug and alcohol users.
- d. Participants will learn about different resources and treatment options for smoking cessation

**Discussion:** Briefly review flipcharts developed in discussion on people, places and things.

**Discussion:** Resources available in the community, e.g., drug treatment, your HIV provider, needle exchange (in New York), etc.

**Discussion:** There are several resources and types of treatments for smoking cessation, such as support groups, nicotine patches, medication, or going "cold turkey". If you are interested in stopping cigarette smoking, you may find that one method may work better than another method for you – or you may need to use a combination of methods. We will review some of these methods now, and they can also be found in your participant manual. You should speak with your doctor/physician about some of these, such as the nicotine patch, chewing gum, and medication, before starting.

For some of you started this program smoking and have decreased the number of cigarettes you smoke per day, you may have already begun to notice a physical change in your body and

your ability to breathe. You will be surprised at the positive changes that will occur once you stop smoking completely.

Just like with drugs and alcohol, relapse of smoking cigarettes is a common obstacle. Over the course of these 15 weeks, we hope that you have learned techniques and ways to prevent and/or decrease your chances of relapsing with any of these 3.

What can you think of that would help prevent someone from relapsing into using alcohol, drugs or cigarettes once they've stopped? (list group ideas).

As a reminder, there is a list of resources in your participant manual for smoking cessation. If you do not smoke, then please feel free to pass them on to someone you know who is interested in quitting. We also have a list of resources for those looking to decrease or stop using alcohol and/or drugs.

Begin to prepare group for end of sessions: Next session will be our last session together as a group. You will still come back to our study for the follow-up assessment sessions, where we ask you all those questions. Some previous groups have found it nice and helpful to remain in contact with each other. If you would like to do the same, please feel free to do that, if you are not already doing so.

## **Session 16 – Review and Summary Outline**

### **Content**

1. Physical activity video (15 minutes) – Strength Segment
2. Discussion: Challenges and Solutions, Healthy Lifestyle
3. Assessments
4. Handouts and Close

### **Handouts**

Diplomas

### **Materials Needed**

None

### **References**

None

## Session 16 – Review and Summary

### I. Check In

### II. Video (15 minutes) – Strength -

**Therapist:** Each participant (who has provided written authorization from their physician) follows along with the Strength segment of the Physical Activity Video.

#### **DIDACTIC:**

In our last session, we're going to talk some more about falling back into old, unhealthy behaviors and reviewing the different areas we have addressed over the last 5 sessions. We have been talking about strategies to promote and maintain our health by taking care of yourself. The behaviors we have discussed are the most powerful tools you have to be healthy and stay healthy. But these tools only help you stay healthy if you use them. *Remember, you can only get the benefits from your medication or vitamins if you take them, you can only protect yourself and your partner from infection by practicing safer sex, you can only be physically fit by getting some type of exercise and by using positive coping strategies, you can avoid using alcohol, tobacco and drugs.*

#### **ROLE PLAYING:**

Give various scenarios for women to role play.

### **CHALLENGES AND SOLUTIONS – Wrap-up**

#### **Discussion:**

1. What do you foresee as some obstacles, or would prevent you from continuing on with your healthy lifestyle changes which you learned here?  
(take each category separately and go around the room to each participant each time).
  - a. Physical Activity
  - b. Nutrition
  - c. Medication Adherence
  - d. Safer Sex
  - e. Substance Use/Abuse reduction
2. How will YOU maintain the changes that you've made thus far?
3. What other changes do you plan on making in the next 6 months?

**Therapists:** Encourage group members to establish goals for themselves for maintaining their health behaviors. Hand out sheets of paper to write a list of goals for each health behavior area, nutrition, medication adherence, fitness, safer sex, and substance use risk reduction. Encourage group members to share their experiences with the products they have received, and with maintaining their healthy lifestyle program.

Inform the group members that they may stay in touch with one another, if they have found this helpful in making some of those changes in their life and for continued support. Encourage the members to notify us if there is a change for them as well, i.e. move, new phone number/contact number, etc.

**Therapist:** Emphasize that we look forward to seeing them again when they return for their follow-up assessments (T3, T4).

## **HANDOUTS AND CLOSE**

1. Diplomas

# **TRANSLATING EFFECTIVE HEALTH BEHAVIOR STRATEGIES INTO PRACTICE FOR HIV+ WOMEN**

**THE SMART/EST WOMEN'S PROJECT**

## **PARTICIPANT MANUAL**

### **Appendix G**

**Stephen M. Weiss, Ph.D., MPH - Principal Investigator**

## SESSION 1: SELECTING TREATMENT GOALS

Stressors \_\_\_\_\_ → Goals

*Everyone has issues. What do you want to work on?*

<b><i>Major Stressors</i></b>	<b><i>Practical Treatment Goals</i></b>
Ex. 1: Feeling sick	Goal: Improving the way I care for my health.
Ex. 2: Fights with friends	Goal: Improving communication with others.
Ex. 3: Financial problems	Goal: Working to increase income.
Ex. 4: Feeling depressed	Goal: Understanding and treating my depression.

## SESSION 1: SELECTING TREATMENT GOALS

Stressors

Goals



*Everyone has issues. What do you want to work on?*

<b><i>Major Stressors</i></b>	<b><i>Practical Treatment Goals</i></b>



## SESSION 1: VALUES CLARIFICATION/ THEME IDENTIFICATION

Stressor 
→
 Values/Themes

*What is important to you?  
What do you value?*

<b>Stressor</b>	<b>Values/Themes</b> Connection/Love Achievement/Identity Safety/Integrity Injustice	<b>Thoughts</b>
Ex. 1: I had a fight with my boyfriend.	Connection/Love	I want to have a loving relationship and I'm afraid our connection is damaged.
Ex. 2: I couldn't handle all my work at my job.	Achievement/Identity	I think of myself as a hard worker, but I just can't handle everything I have to do.
Ex 3: I got rejected for benefits because I misunderstood the forms.	Injustice	I need these benefits and it is unfair that I was denied.
Ex 4: My doctor doesn't listen to me.	Safety/Integrity	I'm worried about my health and I want to get better, but my doctor just isn't hearing what I'm saying.
	Connection/Love	I need to feel support around here but my doctor is not available.

## SESSION 1: VALUES CLARIFICATION/ THEME IDENTIFICATION

Stressor 
→
 Values/Themes

*What is important to you?  
What do you value?*

<b><i>Stressor</i></b>	<b><i>Values/Themes</i></b> Connection/Love Achievement/Identity Safety/Integrity Injustice	<b><i>Thoughts</i></b>

## **SESSION 1 - STRESS & YOUR BODY**

### **HOW DOES YOUR BODY REACT WHEN YOU ARE STRESSED?**

- ◆ You breathe faster
- ◆ Your heart rate gets faster
- ◆ Your mouth may get dry
- ◆ Your muscles may get tense

### **SOME MEDICAL CONDITIONS CAN GET WORSE**

For example:

- ◆ If your blood pressure goes up, this may lead to hypertension or chronic high blood pressure.
- ◆ If your stomach produces more acid, ulcers get worse.

### **STRESS CAN ALSO WEAKEN YOUR IMMUNE SYSTEM**

- ◆ People catch more colds when they are under stress.

### **HOW DOES IT WORK?**

- ◆ Under stress, your body makes stress hormones.
- ◆ These hormones interfere with natural killer cells.
- ◆ These natural killer cells destroy cancer cells and other 'garbage' in your system.

## SESSION 1 - INSTRUCTIONS FOR MUSCLE RELAXATION EXERCISE

1. RIGHT ARM: Hold arm at a 45-degree angle and make a fist.  
LEFT ARM: Same as with right arm (above).
2. FACE MUSCLES: Squeeze eyes shut tightly and wrinkle your nose, tensing all the muscles of your face.
3. NECK: Pull head down until chin almost touches the chest.
4. SHOULDERS: Pull shoulders up tightly to your ears.
5. UPPER BACK: Pull the shoulders back (together).
6. STOMACH: Make the stomach hard by pulling it in.
7. RIGHT LEG AND FOOT: Lift foot off of the floor or mat, pull the toes back toward your face.  
LEFT LEG AND FOOT: Same as with right leg and foot (above).

## SESSION 2: SYMPTOMS CHECKLIST

When people are under stress, they may have one or more of the following symptoms. Please read the list below and place a checkmark next to those symptoms that you have when you are tense or under stress.

Hostility (acting “ugly” toward people)_____	Anger_____
Irritability_____	Resentment_____
Strong fears_____	Tense muscles_____
Headaches_____	Neck aches_____
Backaches_____	Digestion problems_____
Irritable bowel_____	Ulcers_____
Constipation_____	Chronic diarrhea_____
Muscle spasms_____	Tics_____
Sleeplessness_____	Sleeping problems_____
Overeating/ Loss of appetite_____	Physical weakness_____
Feeling sad or depressed_____	Low self-esteem_____
Staying away from other people_____	Alcohol/Drug use_____
Problems getting certain thoughts out of your mind_____	
Other_____	

**Adapted from Davis, Eshelman, and McKay (1988).**

## SESSION 2: THE EFFECTS OF STRESS



**1. Cognitive -**  
problems concentrating, forgetfulness

anxious thoughts, fear of what is going to happen, having



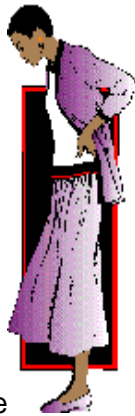
**2. Emotional -**  
restlessness, inability to relax, feeling down or hopeless

feelings of tension, worries, irritability, feelings of



**3. Behavioral -**  
problems, difficulty in completing work assignments, fidgeting, tremors, strained face, tension, crying, changes in drinking, eating, or smoking behaviors

(what you do or don't do) avoidance of tasks, sleep



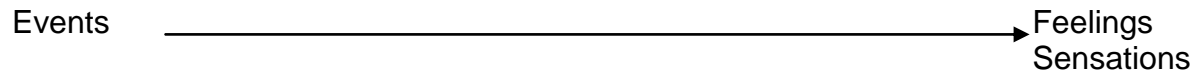
**4. Physical -** stiff or tense muscles, grinding teeth, clenching fists, sweating, tension headaches, faint feelings, choking feeling, difficulty in swallowing, stomach ache, loss of interest in sex, tiredness, awareness of heart beating



**5. Social -**  
How a person acts in response to other people when he/she is under stress: avoiding others, isolating themselves, or seeking out other people, venting, getting easily irritated with others.

## SESSION 2: LINKING EVENTS AND FEELINGS

### Linking Life Experiences to Sensations and Emotions

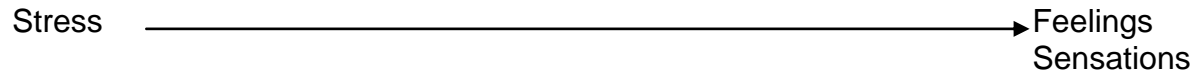


*Think about these experiences, how do you feel?*

<b>Event</b>	<b>Feelings</b> Examples of feelings are: <i>anxious, irritable, nervous, sad, angry, happy, calm, and relaxed.</i>	<b>Sensations/Physical Responses</b> Examples of sensations are: <i>headache, stomachache, muscle tension, dry mouth, back pain, comfort, warmth, and well-being.</i>
1. Thinking of someone you love		
2. Thinking of someone who made you angry or upset.		
3. Taking your medicine in the morning		
4. Sitting in the waiting room at your health clinic		

## SESSION 2: LINKING EVENTS AND FEELINGS

### Sensations and Emotions



*When you are stressed, how do you feel?*

<b>Major Stressors</b> Some stressors are: <i>getting sick, fights with family/friends, feeling overcrowded, not having enough money.</i>	<b>Feelings</b> Examples of feelings are: <i>anxious, irritable, nervous, sad, and angry.</i>	<b>Sensations/Physical Responses</b> Examples of sensations are: <i>headache, stomachache, muscle tension, dry mouth, back pain.</i>
Example: I lost my job	1. Feel anxious	3. Get headaches 4. Have upset stomach



## **SESSION 3 - BREATHING EXERCISE**

### **Breathing Awareness**

(Before beginning this exercise, blow your nose or otherwise clear your nasal passages.)

Lie down on your couch (or mat) in a relaxed position -- your legs slightly apart, your toes pointed comfortably outwards, your arms at your sides, not touching your body, your palms up, and your eyes closed. Allow the couch (or mat) to support your body as you gently sink into it. Become aware of your body as it begins to more deeply relax.

Bring your attention to your breathing and place your right hand on your stomach. Your hand should gently and slowly rise every time you inhale and gently and slowly drop every time you exhale.

Now place both of your hands gently on your abdomen and follow your breathing. Notice again how your stomach rises each time you slowly inhale, and falls as you slowly exhale.

Bring your attention now to your chest. Place your left hand on your chest, while leaving your right hand on your stomach. Is your chest relaxed? Is your stomach moving more than your chest? Spend a minute or two feeling how your chest also rises, but much less than the movement of your stomach.

Scan your body for tension, especially your neck, chest, and stomach. Are you relaxed in your neck, chest, and stomach? Allow your neck, chest, and stomach to more deeply relax.

### **Deep Breathing**

Now, inhale slowly and deeply through your nose. Allow the air to go into your stomach and push up your hand as much as feels comfortable. Your chest should move only a little.

When you feel at ease with your stomach full of air, exhale through your mouth, making a quiet, relaxing, whooshing sound like the wind as you blow gently out. Your mouth, tongue, and jaw will be relaxed. Take long, slow, deep breaths which raise and lower your stomach. Focus on the sound and feeling of breathing as you become more and more relaxed.

When you become at ease with breathing into your stomach, practice it whenever you feel like it -- during the day when you are sitting and standing. Where do you see yourself doing this during the day? See yourself in your mind's eye, at home or at work, waiting in line at the grocery store, or sitting in the clinic as you wait for your appointment. Imagine yourself taking the time to do your breathing. How does it feel? Concentrate on your stomach moving up and down, the air moving in and out of your lungs, and the feeling of relaxation that deep breathing gives you.

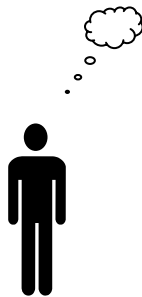
When you have learned to relax yourself using deep breathing, practice it whenever you feel yourself getting tense.

## SESSION 3 -RELATIONSHIP BETWEEN THOUGHTS AND FEELINGS

This model shows the relationship between your thoughts and feelings. It is not the actual events, but your perceptions that result in changes in mood. When you are sad, your thoughts will represent a realistic interpretation of negative events. When you are depressed or anxious, your thoughts will often be illogical, distorted, unrealistic or just plain wrong.



**WORLD:** A series of positive, neutral and negative events.



**THOUGHTS:** You interpret the events with a series of thoughts that continually flow through your mind. This is called your internal dialogue.



**MOOD:** Your feelings are created by your thoughts and not the actual events. All experiences must be processed through your brain and given a conscious meaning before you experience any emotional response.

## **SESSION 3 – A-P-I-R**

### **AWARENESS → PERCEPTION → INTERPRETATION → RESPONSES**

Think about a time you wanted your kids or a spouse or friend to do something for you and it didn't work out. You didn't get what you thought you needed.

Create a movie script in your mind. Tell us all the details.

**AWARENESS**      Describe the situation.  
What do you want?  
How did you let the other person know what you wanted?  
What did they do?

**PERCEPTION**      What was your overall perception of what happened -  
Negative, positive, in-between

**INTERPRETATION**      What were the thoughts you had about what happened?  
What did you say to yourself?

**RESPONSES**      Feelings and sensations

## SESSION 3: IDENTIFYING STRESSORS AND RESPONSES

<b>STRESSORS</b> (Some stressors are...getting sick, fights with friends or family, feeling overcrowded, not having enough money)	<b>RESPONSES</b> (Some responses are...feeling anxious, irritable, nervous, sad or angry, having headaches, stomachaches, muscle tension, dry mouth, back pain, no energy, or being unable to rest or relax)
Example: I lost my job	1. <i>Feel anxious</i>
	2. <i>Get headaches</i>
	3. <i>Have an upset stomach</i>

## SESSION 3: IDENTIFYING THE CHAIN FROM EVENTS TO INTERPRETATIONS TO RESPONSES

### Events → Thoughts → Feelings

Thinking  → Feeling

*When you are stressed, what do you think?*

<b>Event</b>	<b>Thoughts (Self-Talk)</b>	<b>Responses</b>	
		<b>Feelings</b>	<b>Sensations</b>
Ex. 1. "The doctor at the health center talks to me in a harsh way."	"She thinks I'm no good."	Angry Hurt	Upset stomach
	"She doesn't respect me."	Angry	Agitated Tense muscles
	"This place is no good."	Nervous	Agitated Headache
Ex. 2: "You ask someone (your child, parent) to help you and they don't do it right away."	"They don't love me or care."	Sad	Tense Tired
	"They will never care."	Angry Worried	Agitated Upset stomach
	"I'll never get enough help, and I'll always be exhausted."	Angry Hurt Nervous	Exhausted

**SESSION 3: IDENTIFYING THE CHAIN FROM EVENTS TO  
INTERPRETATIONS TO RESPONSES**  
**Responses Events → Thoughts → Feelings**

Thinking —————→ Feeling

*When you are stressed, what do you think?*

<b><i>Event</i></b>	<b><i>Thoughts (Self-Talk)</i></b>	<b><i>Responses</i></b>	
		<b><i>Feelings</i></b>	<b><i>Sensations</i></b>

## SESSION 4: EXAMPLES OF NEGATIVE THINKING

	<b>Type of Thinking</b>	<b>Definition</b>	<b>Example</b>
	All-or-nothing thinking/ Catastrophic thinking	Everything is all good or all bad	"I have a cold. It must be pneumonia."
	Overgeneralization	One problem is the end of the world.	"My boyfriend broke up with me. No one will ever want me."
	Mental Filter	Focusing only on the negative.	"now the I'm HIV+, I can't enjoy life anymore."
	Disqualifying the positive	Positive experiences "don't count."	Someone compliments your hair, and you think, "They're just being nice."
	Jumping to conclusions: Mind reading	You assume what others are thinking.	"He didn't say 'Hi', he must be mad at me."
	Fortune Teller	You treat your prediction as if it were fact.	"The doctor is just going to give me bad news."
	Emotional reasoning	You assume your negative emotions reflect reality.	"I feel depressed, therefore I'm a loser."
	Should statements	You try to motivate yourself with "shoulds" or "shouldn'ts".	"I should cook dinner for my kids even when I'm not feeling well."
	Labeling and Mislabeling	An extreme form of overgeneralization	"I failed this test. I'm stupid."
	Personalization	You see yourself as the cause of some negative thing but in reality, you are not responsible.	"My husband is an alcoholic, and it's my fault."

Derived from:

Beck, A.T., & Shaw, B.F. (1977). Cognitive approaches to depression. In A. Ellis & R. Grieger (Eds.), Handbook of rational-emotive therapy (pp. 119-134). New York: Springer Publication Corp.

Burns, D.D.(1999). Feeling good: The new mood therapy. New York: Morrow/Avon.

Ellis, A., (1996). Reason and emotion in psychotherapy: A comprehensive method of treating human disturbances. New York: Carol Publishing Group.

## SESSION 4 - ANALYZING THOUGHTS AND FEELINGS & THINKING THINGS THROUGH

<i>EVENT</i>	<i>SELF-TALK</i>	<b>TYPE OF NEGATIVE THINKING</b>	<i>FEELINGS</i>	<i>SENSATIONS</i>
"My partner won't have sex with me anymore."	"He doesn't love me."	Catastrophic thinking Mind reading	Sadness Shame Anger Hurt Fear	Headaches Muscle Tension Tiredness Irritability

### THINKING THINGS THROUGH – RATIONAL THOUGHT REPLACEMENT

⇒ Think about your self-talk.

⇒ What kind of negative thinking are you using?

Do you say ...

"I'll always be sick (or poor, or unhappy, or alone, etc.)?"

OR

"He'll never be helpful (or loving, or understanding, etc.)."

Do you think...

If it's bad now, it will always be bad.

OR

If I'm unhappy now, I'll always be unhappy.

⇒ Try to slow down your thinking.

Think ...

Nothing is all bad or all good. What parts are okay, and what parts need work?

I have problems now. I can probably fix some, I may need some time for the rest.



## SESSION 4 - NEGATIVE THINKING OR COGNITIVE DISTORTIONS

If our interpretations about the things that stress us out are accurate, then our emotions will probably be accurate as well, and therefore they will be more useful in our responses to the stress.

But if our interpretations are wrong or inaccurate, then we might get all worked up for no reason. This is often how depression, anxiety, anger, guilt and "stress in general" may occur unnecessarily. This does not mean that we experience negative emotions only when our interpretations are distorted.

Often our thinking is a mixture of accurate and inaccurate interpretations.

Negative thinking often involves inaccurate interpretations, which are often used by most of us at one time or another.

## SESSION 4: IDENTIFYING TYPES OF NEGATIVE THINKING

Types  
of Thinking

Different  
Feelings

*What kinds of thinking “errors” do you make?*

<b>Event</b>	<b>Self-talk</b>	<b>Type of Negative Thinking</b>	<b>Feelings</b>	<b>Sensations</b>
Ex. 1: “My husband won’t have sex with me anymore.”	“He doesn’t love me.”	Catastrophic thinking  Mind reading	Sadness Anger	Headaches Muscle tension Tiredness Irritability
	“I’m ugly.”	Personalization  Labeling	Shame	
	“I’m a bad wife.”	Catastrophic thinking  Overgeneralization	Defensive hurt	
Ex. 2: “I feel tired all the time.”	“I must be really sick.”	Catastrophic thinking  Mental filter	Fear	Muscle tension Headaches Upset stomach Fatigue
	“I’ll never get better.”	Overgeneralization  Catastrophic thinking	Sadness	
	“My children will grow up without a mother.”	Fortune teller	Worry	

## SESSION 4 - IDENTIFYING TYPES OF NEGATIVE THINKING

Types  
of Thinking

Different  
Feelings



*What kinds of thinking “errors” do you make?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Feelings</i></b>	<b><i>Sensations</i></b>

## SESSION 4 - IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK

New Thinking 
→
 New Feelings

*What is a more reasonable approach to the situation?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Rational Thought Replacement</i></b>
Ex. 1: "My husband won't have sex with me anymore."	"He doesn't love me."	Catastrophic thinking  Mind reading	"He shows me he loves me in other ways. There may be a different explanation. He may be afraid. We may need to talk about sex and AIDS."
	"I'm ugly."	Personalization  Labeling	"I don't think I've let myself go, but I haven't been thinking about my appearance much since I got sick. Maybe I can pay attention some more."
	"We'll never have sex again."	Catastrophic thinking  Overgeneralization	"We are having problems now, but we had a decent sex life in the past, and we can probably work this out."
	"He's not a real man."	All-or-nothing thinking	"There are many things I like about my husband. I need to focus on those and work out the sex part. If he's going through something that makes him uncomfortable, it won't help if I attack him."

## SESSION 4 - IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK – CONTINUED

New Thinking → New Feelings

*What is a more reasonable approach to the situation?*

<b><i>Event</i></b>	<b><i>Self-talk</i></b>	<b><i>Type of Negative Thinking</i></b>	<b><i>Rational Thought Replacement</i></b>
Ex. 2: "My doctor made a serious face when she was reviewing my chart."	"I must be dying."	Overgeneralization Mind reading	"There may be something wrong, but I have been able to work with my doctor to get better."
	"Something terrible is happening."	Catastrophic thinking	"I can't guess about what's happening. I will have to ask questions. Maybe there are other reasons she looks like that."
	"She doesn't like me."	Personalization	"She has treated me with respect before. Sometimes she's just having a bad day and she looks cranky."
	"She is a bad doctor."	Labeling	"I have always thought she was pretty good. I can't start attacking when I feel nervous."

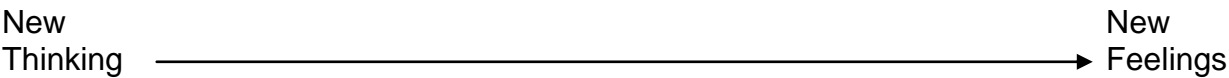
## SESSION 4: IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK

New Thinking 
→
 New Feelings

*What is a more reasonable approach to the situation?*

<i><b>Event</b></i>	<i><b>Self-talk</b></i>	<i><b>Type of Negative Thinking</b></i>	<i><b>Rational Thought Replacement</b></i>

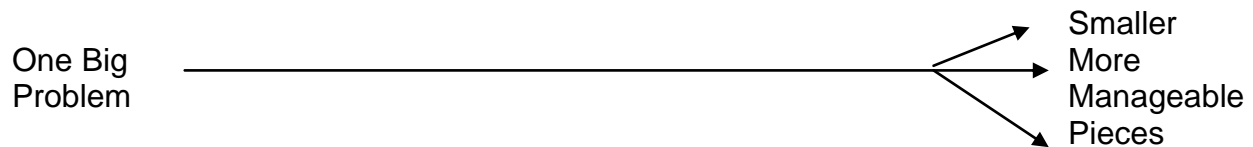
# SESSION 4 - IDENTIFYING MORE REASONABLE & HELPFUL WAYS TO THINK – CONTINUED



*What is a more reasonable approach to the situation?*

<i><b>Event</b></i>	<i><b>Self-talk</b></i>	<i><b>Type of Negative Thinking</b></i>	<i><b>Rational Thought Replacement</b></i>

## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM

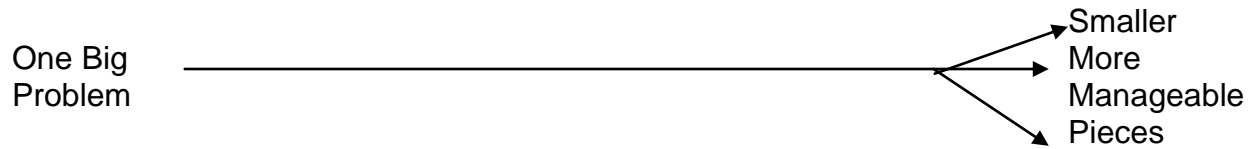


When you break down a problem, think about two major themes: the **practical issues** that require action and the **emotional issues** you must face.

<b>Big Problem</b>	<b>Parts of the Problem</b>		<b>Feelings</b>
Ex. 1: I have AIDS.	Practical Issues	I feel sick a lot.	Scared
		I have a lot of doctor appointments.	Annoyed
		I have to take a lot of pills.	Frustrated
		I don't know who will take care of my kids when I get sick or if I die.	Anxious
	Emotion Management Issues	I am overwhelmed by my fears.	Despair
Ex. 2: I don't have friends in my neighborhood.	Practical Issues	I have no one to socialize with.	Lonely
		I have no one to give me advice.	Afraid
		I have no one to help me.	Sad
	Emotion Management Issues	I am embarrassed because I don't have any friends.	Anxious



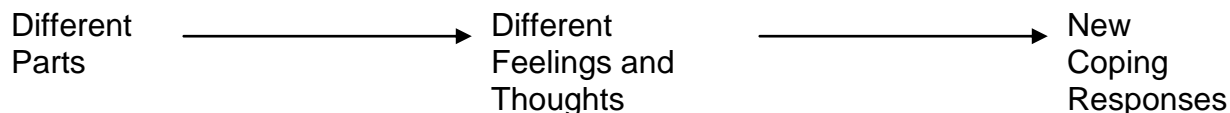
## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM CONTINUED



*When you break down a problem, think about two major themes: the **practical issues** that require action and the **emotional issues** you must face.*

<b><i>Big Problem</i></b>	<b><i>Parts of the Problem</i></b>		<b><i>Feelings</i></b>
	Practical Issues		
	Emotion Management Issues		
	Practical Issues		
	Emotion Management Issues		

## SESSION 4 - IDENTIFYING PARTS OF THE PROBLEM



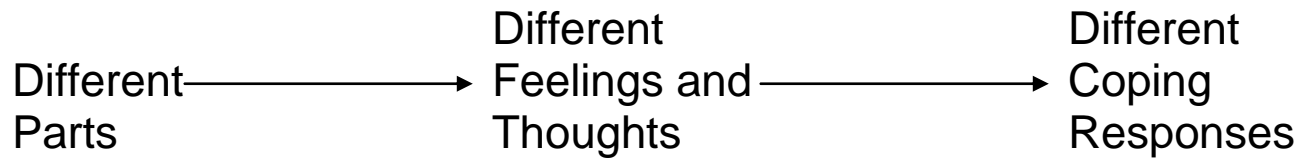
*How do you usually respond to these problems?*

*Do you avoid? Do you worry?*

*Do you do too much? ...too little?*

<b><i>Parts of the Problem</i></b>		<b><i>Some Typical Thoughts</i></b>
	<i>Feelings</i>	
I feel sick a lot.	Anxiety	"I am a lousy wife and mother because I don't have the energy to take care of everyone."
I have a lot of doctor appointments. I can't get anything else done.	Irritation Anger	"How am I supposed to manage my life when I have all these appointments? This virus has taken over my life."
I have to take a lot of pills.	Resentment	"Why should I take all of these pills anyway? They're not going to cure me."
I don't know who will take care of my kids when I get sick or if I die.	Fear	"I feel like I am abandoning my children."
I am feeling overwhelmed by my fears.	Despair	"I will never be able to manage my feelings."

## SESSION 4: IDENTIFYING PARTS OF THE PROBLEM CONTINUED



*How do you usually cope with these problems?  
Do you avoid? Do you worry?  
Do you do too much? ...too little?*

<b><i>Parts of the Problem</i></b>	<b><i>Feelings</i></b>	<b><i>Some Typical Coping Responses</i></b>

## SESSION 5 - AUTOGENIC EXERCISES: HOMEWORK PRACTICE

### Heaviness Theme:

Repeat the following verbal phrases five to eight sessions a day. Each time you say a phrase, say it slowly, taking about five seconds and then pause about three seconds. Repeat each phrase about four times. Always start with the arm that you write with. So if you are right-handed, you would start by repeating, "My right arm is heavy" four times, and then go on to the next phrase, "My left arm is heavy" and repeat it four times, etc.

My right arm is heavy.  
My left arm is heavy.  
Both of my arms are heavy.  
My right leg is heavy  
My left leg is heavy.  
Both of my legs are heavy.  
My arms and legs are heavy.  
My neck and shoulders are heavy.

**Note:** If you have difficulty achieving a sensation of heaviness using the verbal phrases, you may want to add visual imagery. For example, you might imagine weights attached to your arms and legs gently pulling them down. Or you might want to think of your arms and legs as made of heavy lead sinking into the ground. Think of the heaviness along the entire arm from your shoulder down to the tips of your fingers.

### Warmth Theme

My right arm is warm.  
My left arm is warm.  
Both of my arms are warm.  
My right leg is warm.  
My left leg is warm.  
Both of my legs are warm.  
My arms and legs are warm.  
My arms and legs are heavy and warm.  
My -neck and shoulders are heavy and warm.

**Note:** If you have trouble experiencing a feeling of warmth using the verbal phrases, try visual imagery. For instance, imagine your right arm lying on a warm heating pad. Feel the warmth of the pad through your hand and arm. Imagine yourself in a nice warm shower or bath with the warmth of the water all around you. Imagine your hand submerged in a comfortably warm pan of water. Envision yourself sitting in the sunshine, with the sun falling warmly on your arms and legs. Think about holding a nice, comfortably warm mug of your favorite hot drink in your hand.

## **AUTOGENIC EXERCISES: HOMEWORK PRACTICE (CONT)**

Think about the blood flowing gently through the fingertips of your hands and through your toes.

Take a few minutes for enjoyment.

Then say to yourself, "When I open my eyes, I will feel refreshed and alert." (say this four times). Then open your eyes, breathe a few deep breaths as you stretch and flex your arms. Be sure that you are not still in a trance-like state when you go on to your regular activities.

Try to practice these exercises at home two times a day with your breathing.

## SESSION 5 - WAYS OF COPING

### SERENITY PRAYER:

*Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.*

### EMOTION – FOCUSED COPING

*For things I must accept:*

Prayer  
Meditation  
Relaxation  
Acceptance and softening

### PROBLEM – FOCUSED COPING

*For things I can change:*

Gathering information  
Developing a plan  
Getting support  
Taking action

## SESSION 5 – RESOURCE LIST



### SMART/EST RESOURCE LIST

#### DADE COUNTY:

South Florida AIDS Network (SFAN).....	(305) 585-5241
Positive Connections.....	(305) 891-2066
Penalver Clinic.....	(305) 325-3450
Health Crisis Network.....	(305) 751-7775
Health Crisis Network Hotline.....	(305) 751-7751
Haitian-American Community Association of Dade County.....	(305) 751-3429
Jackson Memorial Hospital Outpatient Mental Health Clinic.....	(305) 585-6211
The Salvation Army.....	(305) 637-6720
Miami Dade Health Department STD clinic.....	(305) 324-2436
Genesis House.....	(305) 856-1043
Food for Life Network.....	(305) 576-3663
Family Health Center.....	(305) 637-6400
Borinquen Health Center.....	(305) 576-6611
Care Resources.....	(305) 573-5411
MOVERS.....	(305) 754-2268
Union Positiva.....	(305) 644-0667
University of Miami Special Immunology Clinic.....	(305) 243-4598
Christ Crusaders.....	(305) 769-3044
North Dade Health Center.....	(305) 620-3758
Stanley Myers Community Health Center.....	(305) 538-8835
Switchboard of Miami Hotline.....	(305) 358-HELP
Center for Haitian Studies.....	(305) 757-9555
Miami Beach PET Center.....	(305) 535-5540
Camillus Health Concern.....	(305) 374-1065
Catholic Hospice.....	(305) 822-2380
South Beach AIDS project.....	(305) 532-1813
Mercy Hospital Special Immunology.....	(305) 285-2994

#### BROWARD COUNTY:

AIDS Info Line.....	(800) 342-AIDS
Center One.....	(800) 339-2815
Crisis Hotline.....	(954) 467-6333
Sunshine Health Center.....	(954) 921-0777

## **SESSION 5 - STRESSFUL EVENTS FLOW CHART**

### **AWARENESS**

(THOUGHTS, FEELINGS, BODY SENSATIONS)

### **INTERPRETATION**

(THOUGHTS: INACCURATE - REPLACEMENT OF THAT THOUGHT WITH MORE  
BALANCED [POSITIVE] THOUGHTS)

### **INTERPRETATION**

(SITUATION: CONTROLLABLE OR UNCONTROLLABLE)

### **COPING**

(DEAL WITH THE ACTUAL PROBLEM OR WITH YOUR EMOTIONS ABOUT THE  
PROBLEM)

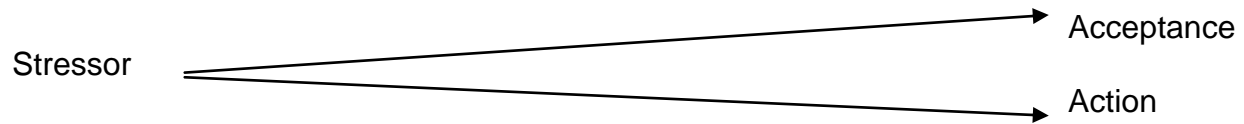


## SESSION 5 - SUPPORT

### *Who do you turn to, when you need....*

- Someone to talk over your ideas and thoughts about your children.
- Someone to talk over your ideas and thoughts about your future.
- Someone to talk to when you feel sad and lonely.
- To talk over problems.
- To have some help with the kids, when you're sick and when you're not.
- To have some help caring for your house.
- Someone to take you to the doctor.
- To go out and have fun.
- To borrow some money. (A little or a lot)
- To get a ride somewhere.
- Some help finding housing or getting rent support.
- Some help with financial resources.
- Some help with medical insurance.
- Some help with depression or other mental health problems.
- Someone to explain a new medicine or medical condition.
- Some spiritual support or guidance.
- Someone to pray with you.
- Someone to turn to when you want alcohol or drugs.

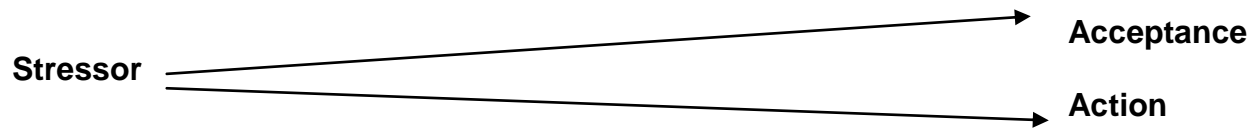
## SESSION 6: IDENTIFYING WAYS OF COPING



*What parts of the problem must you accept?  
What parts can you change?*

<b><i>Problem</i></b>	<i>Acceptance</i> Parts I CAN'T Change	<i>Action</i> Parts I CAN Change
Part 1: "I feel sick a lot."	I may feel sick sometimes.	I may be able to prevent some illnesses.
Part 2: "I don't know who will take care of my kids if I get sick or die."	I may not always be able to care for my kids.	I can develop plans to protect their safety and well-being.
Part 3: "I have to take a lot of pills."	Medicine sometimes has to be taken several times a day to work properly.	I can talk to my doctor and see if something can be adjusted.

## SESSION 6: IDENTIFYING WAYS OF COPING



*What parts of the problem must you accept?  
What parts can you change?*

<b><i>Problem</i></b>	<b><i>Acceptance</i></b> Parts I CAN'T Change	<b><i>Action</i></b> <b><i>Parts I CAN Change</i></b>

## SESSION 6: IDENTIFYING STRATEGIES FOR ACCEPTANCE AND ACTION

Problem \_\_\_\_\_→ Coping Response

*What types of coping strategies can you use?*

<b>Problem</b>	<b>Parts I CAN'T Change</b>	<b>Acceptance – Taking Care of My Feelings</b>
Ex. 1: "I feel sick a lot."	I may feel sick sometimes.	I can accept that I may feel sick. I can put this in perspective.
		I can practice relaxing when I feel nervous about my health.
		I can reach out for support when I feel frustrated and overwhelmed by my condition.
	<b>Parts I CAN Change</b>	<b>Action – Solving the Problem</b>
	I may be able to prevent some illnesses.	I can get medicine to help with pain and suffering.
		I can ask my family and friends for help so I can rest.
		I can practice good health habits.
		I can communicate with my doctors to get better care.

## SESSION 6: IDENTIFYING TYPES OF COPING

Problem \_\_\_\_\_ → Coping  
Response

*What types of coping strategies can you use?*

<b>Problem</b>	<b>Parts I CAN'T Change</b>	<i>Acceptance – Taking Care of My Feelings</i>
Ex. 2: “I don’t know who will take care of my kids if I get sick or die.”	I may not always be able to care for my kids.	I can pray for strength when I feel truly sad and angry.
		I can practice relaxing so that I can solve problems more effectively when I feel worried.
	<b>Parts I CAN Change</b>	<b>Action – Solving the Problem</b>
	I can develop plans to protect my kids’ safety and well-being.	I will work with my relatives and my social worker to develop plans for my children’s futures.

## SESSION 6: IDENTIFYING TYPES OF COPING

Problem \_\_\_\_\_ → Coping Response

*What types of coping strategies can you use?*

<b><i>Problem</i></b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance— Taking Care of My Feelings</i></b>
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>
<b><i>Problem</i></b>	<b><i>Parts I CAN'T Change</i></b>	<b><i>Acceptance— Taking Care of My Feelings</i></b>
	<b><i>Parts I CAN Change</i></b>	<b><i>Action – Solving the Problem</i></b>

## SESSION 6 - AUTOGENIC HOMEWORK

I am at peace with myself and fully relaxed. (Repeat 4 times.)

My right arm is heavy. (Repeat 4 times.)

My left arm is heavy. (Repeat 4 times.)

My arms and legs are heavy. (Repeat 4 times.)

My arms and legs are heavy and warm. (Repeat 4 times.)

My heartbeat is calm and regular. (Repeat 4 times.)

My breathing is calm and regular. (Repeat 4 times.)

My stomach is warm. (Repeat 4 times.)

My forehead is cool and calm. (Repeat 4 times.)

I am refreshed and alert. (Repeat 4 times.)

If you experience discomfort when you turn your attention to your heartbeat, change the phrase to: “**I feel calm. I feel calm. I feel calm.**” If you have serious stomach problems, bleeding ulcers, or diabetes, change the phrase to: “**I am calm and relaxed. I am calm and relaxed. I am calm and relaxed. I am calm and relaxed.**”

## SESSION 6 – COPING

(Diagram 6.2)

### PRACTICE SHEET FOR BREAKING DOWN THE BIG PROBLEMS

**IDENTIFY THE DIFFERENT PARTS OF THE PROBLEM**

**THINK ABOUT YOUR RESPONSE TO EACH PART OF THE PROBLEM**

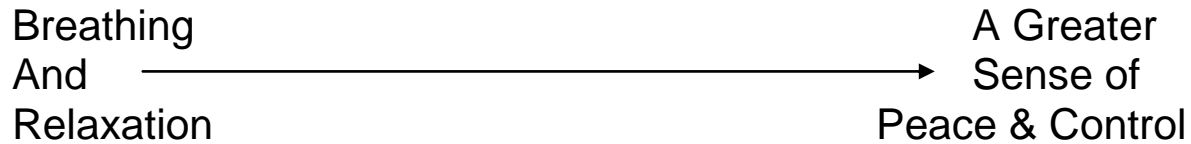
<b>PARTS OF THE PROBLEM</b>	<b>INITIAL RESPONSES Feelings, Sensations, Actions</b>
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:
	Feelings: Sensations: Actions:



## SESSION 6 – SERENITY PRAYER

**God, grant me the serenity to  
accept the things I cannot  
change, the courage to change  
the things I can, and the wisdom  
to know the difference.**

## SESSION 7: SOFTENING – STRATEGIES TO HELP YOU ACCEPT DIFFICULT FEELINGS



*Can you reduce your distress when you face tough situations?*

In the first exercises, you picked a specific situation, a “slice of life”, that makes you very anxious or angry. Next, you identified the feelings you have when you face this situation. You recognized the parts of the situation you can change and the parts you may have to accept. This exercise helps you learn to accept your feelings so you don’t have to be defensive.

Step 1 – Practice your favorite relaxation exercise. Let yourself completely relax. Take at least 15 minutes to let yourself slow down and feel calm and peaceful.

Step 2 – Now think about the specific situation that made you anxious or angry. Imagine the face of a particular person involved in the situation or imagine the details of an interaction you have had a s part of this situation. Let the feelings you experienced in this situation – anger, sadness, anxiety, hurt – flow over your body. Keep BREATHING as you let the feelings wash over you. Inhale through your nose and exhale slowly, blowing the air through your mouth. Let yourself blow away tension. Just let the feelings flow through you and release the pain.

You don’t have to say anything or do anything. You don’t have to immediately “right the wrongs.” Just let yourself take time to relax and feel the feelings. Let yourself heal.

## SESSION 8 - SELF-EVALUATION QUESTIONNAIRE ANGER AWARENESS

1. When my mother got angry she

---

---

---

2. When my father got angry he

---

---

---

3. What types of people, situations, and events tend to make you angry?

---

---

---

4. When I feel angry I

---

---

---

5. When someone gets angry with me I,

---

---

6. I've turned anger in on myself by

---

---

---

7. List some of the ways that anger has empowered you or ways you like to use your anger to generate changes in your life

---

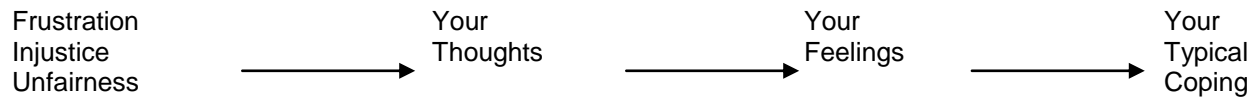
---

---

---

---

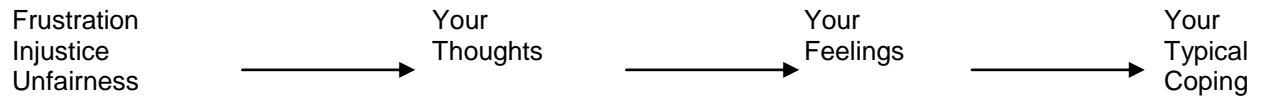
## SESSION 8: ANGER ANALYSIS



*What do you think and feel when something unfair or unjust happens?*

<b>Provocation</b>	<i>Thoughts</i>	<b>Feelings (How strong? 1-10)</b>	<b>Sensations</b>	<b>Your Typical Coping</b>
Ex. 1: Boyfriend comes home late.	"He doesn't care."	Anger Sadness	Tired Tense	Giving up
	"He's out with someone else."	Anger Jealousy	Hot Tense	Blowing up
Ex. 2: The doctor cancels my appointment.	"She doesn't care about me."	Anger Frustration	Anxious Tense	Giving up
	"She doesn't respect me."	Anger Shame	Hot Anxious	Blowing up

## SESSION 8: ANGER ANALYSIS



*What do you think and feel when something unfair or unjust happens?*

<b><i>Provocation</i></b>	<b><i>Thoughts</i></b>	<b><i>Feelings (How strong? 1-10)</i></b>	<b><i>Sensations</i></b>	<b><i>Your Typical Coping</i></b>

## SESSION 8: REPLACING ANGRY THOUGHTS

Anger  
Increasing  
Thoughts

More  
Reasonable  
Alternatives

*Can you examine and change the way  
you think about the situation?*

<b>Provocation</b>	<b>Thoughts</b>	<b>Type of Thinking</b>	<b>Rational Thought Replacement</b>
Ex. 1: My mother criticizes the way I'm raising my kids.	"I think I'll never be a good mother."	Catastrophic thinking Fortune teller	"My mother may not agree with me, but my kids are doing well, and I think I'm doing a good job."
	"My mother will never understand me."	Overgeneralization	"My mother may not understand some of the things I do, but I know I'm doing the best I can."
Ex. 2: My boyfriend or spouse criticizes my housekeeping.	"I'm a lousy wife."	Overgeneralization Mental filter	"I may not always keep the house spotless, but I do the best I can when I feel well."
	"He doesn't love me."	Mind reading Catastrophic thinking	"I know he loves me, he just gets frustrated sometimes."

## SESSION 8: REPLACING ANGRY THOUGHTS

Anger  
Increasing  
Thoughts

More  
Reasonable  
Alternatives

*Can you examine and change the way  
you think about the situation?*

<b><i>Provocation</i></b>	<b><i>Thoughts</i></b>	<b><i>Type of Thinking</i></b>	<b><i>Rational Thought Replacement</i></b>

## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
Ex. 1: My friend made a nasty remark about the way that I look.	"She is so mean. She is a really bad person."	Angry	She has a sharp temper and she can be mean sometimes, but she is also a lot of fun.  <u>Strategy</u> - I can put this in perspective.	She may be willing to change.  <u>Strategy</u> - I can talk to her about the way I feel.
	"Maybe she's right. Maybe I look really awful."	Nervous	There may be days when I'll look bad.  <u>Strategy</u> - I can recognize the truth that AIDS and my medication may change my appearance.	I can check to see if there are things that can be done.  <u>Strategy</u> - I'll talk to my doctor about my worries and concerns.
	"I'll never find a really nice friend."	Sad	No one person will fill all my needs and I have to accept some faults with the good stuff.  <u>Strategy</u> - I can accept that people have limitations.	I don't have to depend on anyone.  <u>Strategy</u> - I can try to find new friends.
	"I am a weak and bad person for being upset by this."	Guilty	I'm going to get mad sometimes.  <u>Strategy</u> - I can use softening to help me with my feelings.	I don't have to feel guilty.  <u>Strategy</u> - I can talk to my support and learn from my mistakes.




## SESSION 9: ANGER MANAGEMENT – PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
Ex. 2: My doctor doesn't return my calls.	"I can't stand being treated with disrespect."	<b>Angry</b>	Sometimes doctors behave rudely.  <u>Strategy</u> - I can use softening and relaxation to help me manage my anger and distress.	I don't have to accept their behavior.  <u>Strategy</u> - I can communicate my feelings.
	"I don't know if this can ever change."	Frustrated	It will mean taking a risk to confront her. I will be anxious.  <u>Strategy</u> – I can use relaxation strategies to help me calm down.	I can act in a hopeful way.  <u>Strategy</u> - I can talk to her and ask her to return my calls.
	"I could die if I need help and she isn't available."	Afraid	I have to deal with the problem because the situation is serious.  <u>Strategy</u> – I'll pray for strength.	I can develop a backup plan.  <u>Strategy</u> - I can talk to her and get an emergency contact.

## SESSION 9: PUTTING IT ALL TOGETHER

<i>Provocation</i>	<i>Thoughts</i>	<i>Feelings</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>	<i>Acceptance Parts I CAN'T Change and Coping Strategy</i>
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –
			<u>Strategy</u> –	<u>Strategy</u> –

## SESSION 9: BODY LANGUAGE AND FEELINGS


Feelings  Body Language

ge

*How do your feelings affect your body language?  
Does your body language change depending upon the situation and the other person involved?  
Think about your power and the other person's power...*

<b>Provocation</b>	<b>Feelings</b>	<b>Breath</b>	<b>Body Language</b>	
			<b>Facial Expression</b> (e.g., eyes, mouth, jaw)	<b>Body Posture</b> (e.g. shoulders, arms, distance) v
Ex. 1: Fight with my mother	Resentment Anger Fear	Breathing Hard	Frown Narrowed Eyes	Smaller Hands down
Ex. 2: Fight with my kids	Anger Overwhelmed	Breathing Hard	Openly angry eyebrows Frowning Mouth open	Bigger Hands up Shoulders back
Ex. 3: Fight with my doctor	Fear Anger Sadness	Controlled Holding In	Jaw Tightens Pursed Lips Flat Face	Smaller Arms crossed Tense
Ex. 4: Fight with my boyfriend or spouse	Anger Sadness Fear	Breathing Hard	Crying Lips Turned Down	Hands down Fists balled Tense


## SESSION 9: BODY LANGUAGE AND FEELINGS

Feelings  Body Language

*Try role playing a discussion with someone who makes you angry. How do you feel? How do you act?*

<b>Provocation</b>		<b>Breath</b>	<b>Body Language</b>	
			<b>Facial Expression</b>	<b>Body Posture</b>

## SESSION 10: GATHERING SUPPORT

Feelings  Body  
Language

*Who can you turn to for friendship, help, and guidance?*

<b><i>Stressors</i></b>	<b><i>For Emotional Support</i></b>	<b><i>For Advice or Help</i></b>
Ex. 1: Problems with kids	My Mom My sister Other parents at the school	The kids' teachers My social worker/ psychologist
Ex. 2: Problems with spouse or boyfriend	My girlfriends My sister	My social worker/ psychologist A women's group
Ex. 3: Problem with health	My spouse A family member	My doctor The nurse in the doctor's office My pharmacist My social worker/ psychologist

## SESSION 10: GATHERING SUPPORT

Feelings



Body  
Language

*Who can you turn to for friendship, help, and guidance?*

<b><i>Stressors</i></b>	<b><i>For Emotional Support</i></b>	<b><i>For Advice or Help</i></b>

## SESSION 11 – NEGATIVE COGNITION GRID

### COMMON REASONS FOR NOT EXERCISING AND SUGGESTED RESPONSES

(Adapted from Karpay, E. (2000). The everything total fitness book. Holbrook: MA: Adams Media Corporation).

NEGATIVE COGNITION	MORE RATIONAL RESPONSES
"I don't have the time to exercise."	"I don't have to exercise in long blocks. I can take a 5-minute walk a couple of times a day."
"Exercise is too hard. It hurts."	"If done properly, exercise should challenge me. I should start out slowly and pace myself so I can get harder."
"It's too expensive to exercise. I don't have the money to spend on fancy gyms."	"I don't have to join a gym in order to exercise. I can go to the park or neighborhood with friends, I can play basketball, "tag" with my kids. I don't need to buy anything."
"Some days I feel too sick to exercise."	"I will check with my doctor and see when I am not feeling well. I don't need to exercise every day. I can just walk to the corner store."
"I don't like to get all sweaty when I exercise."	"Sweating is the body's way of cooling me down. It's natural. Plus, it feels great to take a shower after having worked up a sweat."
"I have more important things to do."	"What's more important to me than my health? If I have the time to exercise, I may have more time to do other things because I will feel better and have more energy."
"I can't exercise—who will watch my kids while I'm working out?"	"I need to make exercise a priority so I will be a better parent to my children. Maybe we can do something together, like a family walk. Maybe I can ask my neighbor if she can babysit so that she can have some exercise too."

## SESSION 11 - PHYSICAL FITNESS GOAL SETTING: GETTING AROUND THE BARRIERS

<b>FITNESS GOAL</b>	<b>POTENTIAL BARRIER</b>	<b>PLAN OF ACTION</b>
Ex. To walk around the block three days per week	Rain/Snow	Walk around the local indoor mall; use the SMART exercise video; jump rope inside





## SESSION 12 - NUTRITION ASSESSMENT SHEET

Think back to yesterday and try to remember everything you ate and drank all day. and try to remember:

- What you had at each meal.
- Any snacks you ate between meals.
- What you drank with meals and between meals
- What you ate for dessert.

For Each Question Below, Select The Number Of Servings You Had Yesterday.

8. How many servings of fruit did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 small apple; 1 med. banana; 3/4 cup orange juice; 2 small plums; 1/2 cup of canned fruit packed in juice; 12 grapes. (Give yourself extra health points if most of your fruit was not juice.)

9. How many servings of vegetables did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1/2 cup cooked vegetables (such as broccoli, string beans, carrots or zucchini; etc.); 1 cup raw vegetables (such as green salad, tomatoes, cabbage, etc.) or 1 cup vegetable juice such as tomato.  
(Potatoes, corn and lima beans are counted as starches; old fashioned V8 juice can be counted as a vegetable but not the new sweetened V8 juice line.)

10. How many servings of calcium-rich foods did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup milk or calcium fortified soymilk; 1 oz cheese; 1 cup yogurt; 5 cups collard greens; 3 cans sardines (packed in water).

11. How many servings of whole grains or fiber-rich starches did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 slice whole wheat bread; 1/2 cup brown rice; 1 small potato; 1/2 cup beans or peas.

12. How many servings of high-protein foods did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup beans or peas; 3 oz. fish, poultry or meat; 2 oz. cheese, 1-2 Tbl. lowfat peanut butter.

13. How many servings of sweetened beverages did you drink yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

1 serving = 1 cup soda; iced tea; or fruit drink (such as Snapple, KoolAid, or Hawaiian Punch).

14. How many servings of fats did you eat yesterday?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10  
☐ 11    ☐ 12    ☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17    ☐ 18    ☐ 19    ☐ 20    ☐ 21

1 serving = 1 tsp. butter; margarine; oil or mayonaise. For every food that was pan or deep fried add 6 servings of fat.

## SESSION 12 – RECIPES

### Menu

Tofu or Chicken with stir-fried vegetables

Brown rice

Fresh fruit (optional)

Water, seltzer or iced herb tea

### 3. Tofu or Chicken With Stir-Fried Vegetables (Serves 6-9)

(Cut up most of the vegetables in advance; show how to cut up a few vegetables and then gently stir fry as described in recipe. Bring in cooked rice; heat on second burner or in microwave.)

2 onions, sliced

2 pounds extra firm tofu, cut in 1 inch cubes or

2 pounds chicken cutlets cut in 1 inch pieces

1 large zucchini, sliced

1 bunch broccoli, cut into 1" pieces

4 carrots, peeled and sliced

10 fresh mushrooms, sliced

2 teaspoons fresh ginger, peeled/grated

2 garlic clove, chopped

1 cup water

4 tablespoons soy sauce

2 tablespoon olive or peanut oil

black pepper, to taste

Heat the oil in a large, heavy frying pan. Gently fry the onion until they are nearly clear. Add the zucchini, broccoli, carrots, garlic and ginger and cook for 8 minutes over medium heat, stirring occasionally. Add the cubed tofu or chicken and heat gently for another 2 minutes. Serve over rice.

\*Note: Many different kinds of vegetables can be substituted. Try string beans, snow pea pods or different combinations of vegetables. Small amounts of green peas, sweet peppers and spinach are good additions too. Three cups of cooked shrimp, beef or pork cut into 1 inch cubes can be substituted for the tofu or chicken, if desired.

### 4. Brown Rice

Use 1/3 to 1/2 cup raw brown rice for each participant. Most brown rices require approximately 1 1/4 cups of water for each cup of rice cooked. Bring water to a boil; pour in washed rice. Bring back to a boil and stir. Turn down heat to a simmer; simmer approximately 35-40 minutes until all water is absorbed. Let sit and additional 10-15 minutes before serving to fully plump up.

## SESSION 12 - BENEFITS OF FOOD GROUPS

### VEGETABLES

- High in minerals and vitamins
- The darker the green vegetable, the higher the mineral content
- Vitamins and minerals help the immune system; help us to stay healthy.
- Fresh and frozen vegetables are better than canned.

### FRUIT

- Rich in vitamins and minerals-i.e.- oranges have Vitamin C
- Bananas have potassium, etc.
- Fruits have fiber- explain importance.
- Healthy source of natural sugar (to replace other "sweets")
- Easy to carry during day and many fruits do not need to be refrigerated
- Substitute fruit for juice as metabolizes more slowly and therefore will not raise blood sugar as quickly (especially for those with elevated glucose)

### CALCIUM-RICH FOODS

- Helps maintain strong bones and teeth
- Especially important for women and children

### GRAINS, ESPECIALLY WHOLE GRAINS, AND OTHER UNPROCESSED STARCHES

- High in fiber-can help control diarrhea
- Higher in nutrient value- including protein, and mineral
- Better for controlling blood sugar - (i.e. use brown rice in place of white rice)

### HIGH-PROTEIN FOODS

- Helps to maintain and regain muscle mass
- Necessary to maintain functioning of human body

### FATS

- Emphasize moderate amounts of healthier fats: fish, olive oil, canola oil, peanut oil, avocado, nuts
- Eat less fried foods
- Eat more foods that are steamed, baked or broiled
- Use lowfat dairy products such as skim or 1% milk or yogurt, lowfat soymilk, lowfat cottage cheese, lowfat hard cheeses to reduce saturated fat intake
- Soy products may substitute for dairy for those who are lactose intolerant

### SWEETENED BEVERAGES

- Sodas, sweetened coffee and excess juice are low in nutrients ---- either displace more nutritious foods or may add too many calories
- Sugar causes tooth decay

## SESSION 13 - REALITY FEMALE CONDOM

### Tips on Using Reality Female Condom:

#### Q: What is the Reality Female Condom?

A: Reality is a soft, loose-fitting plastic condom that lines the vagina. It has a soft ring at each end. The ring at the closed end is used to put the condom inside the vagina and holds it in place. The other ring stays outside the vagina and partly covers the lip area.

#### Q: Why is the Reality Female Condom important?

A: When used right all the time the failure rate is low. Reality works very well in preventing the transmitting of HIV and STD's.

#### Q: How do you use the Reality Female Condom?

A: Before sex begins, the woman puts the ' female condom in with her fingers, almost like a tampon without an applicator. It is very important to read the instructions carefully first. Many women practice inserting the female condom once or twice so that they get the feel for how it works.

First, check the condom and make sure it is completely lubricated on the outside and the inside. While holding the condom at the closed end, grasp the soft, inner ring and squeeze it between your thumb and middle finger, the fingers that you snap with, so it becomes long and narrow. With the other hand, separate the outer lips of your vagina. Gently insert the inner ring into your vagina. You should feel the inner ring go up and move into place. Next, place your index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the condom is not twisted. The outer ring stays on outside of your vagina.

Reality is now in place and ready for use with a partner. The condom sticks to the vaginal wall. It lines the vagina, fitting like a second skin. Gently guide the penis into the sheath's opening with your hand, to make sure that it goes in right. Make sure that the penis is not going through on the outside of the condom. It is important to use enough lubricant so that the condom stays in place during sex. If the condom is pulled out or pushed in, there is not enough lubricant. Add more to the inside of the condom or the outside of the penis. To take out the condom, twist the outside ring and gently pull the condom out. Try to do this before standing up, to avoid any spillage. Throw the condom out in the garbage.

#### Q: Is it easy to use?

A: Yes if you read the instructions carefully to understand how Reality works and use it correctly each time, you can expect it to work very well. Sometimes it takes 2 or 3 times to get used to using it. Once women get used to using it, many women like it because it feels warm, smooth, and natural. Some ladies like to have their partners put it in for them.

**Q: When am I supposed to insert this condom?**

A: You can put the female condom right before you have sex, or up to eight hours ahead of time.

**Q: What is the inner ring for?**

A: The inner ring is used mainly for putting the condom in, although it does help keep the female condom in place once the ring is past the pubic bone. Be sure the inner ring is pushed up as far as it will go past the pubic bone and that you use enough lubricant so that the penis slips easily in and out of the condom.

**Q: Can the penis be used to place Reality?**

A: No.

**Q: Can the man feel the inner ring?**

A: Most men do not, although some have reported that they do feel that it is there. Because the inner ring is not attached to the condom, it allows the penis to move freely inside the woman.

**Q: Can I use the male condom and the female condom at the same time?**

A: No, because neither one will work properly. The material used in condoms is designed to work next to skin. If the two condoms rub together, friction between them could cause the male condom to be pulled off or the female condom to be pushed in.

**Q: What ingredients are in the lubricant? Can I use anything else with it?**

A: It's ok to add N-9 reality is already lubricated with silicone. The extra lubricant is water based and will not kill Sperm or STD's. Because Reality is made from polyurethane, lubricants will not cause the sheath to disintegrate.

**Q: Why is Reality more expensive than male latex condoms? Where can I get it?**

A: Reality is available in drug stores, health centers, family planning clinics, and from other health providers. It costs more than a male condom. This is because Reality is made of polyurethane, a thin, strong, sensitive plastic that cost more than latex. Even though it cost more to make polyurethane have many benefits. For example, it rarely rips or tears, and can be used with any lubricant -water based or oil based, including lubricant N-9. In addition, polyurethane transmits heat once it is inside the body, so you can hardly feel it during sex.

**Q: Is Reality covered by Medicaid?**

A: The Female Health Company has filed for Medicaid reimbursement in 55 states and territories. As of February 1997, Reality is approved for Medicaid reimbursement or other similar state-funded programs in 37 states including Florida, New Jersey and New York. Call The Female Health Company at 1-800-63 5-0844 for the name of the person in your state who can tell you more about the details of your state's coverage.

**Q: Will my partner fit?**

A: If he fits into you, he will be able to fit into this condom. You will probably need a lot of extra lubricant though. The lubricant will make entry easier.

**Q: Why can't I wash the condom out after having sex and re-use it? Do I need a new one for each time I have sex?**

A: Just like a male condom, the female condom can only be used one time.



## **SESSION 13 - MALE CONDOMS**

### **TIPS ON USING MALE CONDOMS:**

#### **1. CONDOMS FEEL TIGHT/ WON'T FIT**

Use a larger brand like Trojan Magnum, Maxx, Pleasure Plus or Lifestyles Tuxedo. These bigger brands can fit anybody, no matter what size. Water based lube cuts down on the condom breaking. Make sure the ring is completely rounded around to the bottom of the penis. Unroll the condom all the way with your fingers like you would if you were putting on a sock or stocking. Be very careful not to tear the condom with your fingernails.

#### **2. CAN'T FEEL ANYTHING**

Try a thinner condom like Beyond Seven, Maxx, or Kimono. Condoms are a lot better these days and can be thin and still work well. A drop of water based lube in the tip of the condom will make things feel more natural. More play in the tip means more feeling in the most sensitive parts of the penis.

#### **3. CONDOMS BREAK**

You can't leave any space for air to be trapped at the tip of the condom. There should be a loose space at the tip (without air in it). To make the space, pinch the tip as you unroll the condom down to the bottom of the penis and work out any air bubbles by rubbing the penis down- Use good condoms, ones you know you can trust. Don't keep your condoms in a warm place and always check the expiration date before opening the package. If you are having an all-nighter, check to see if the condom is holding up and change it once in a while.

#### **4. NO CONDOMS AROUND WHEN I NEED THEM**

Keep your condoms where you can find them. Don't worry what people think if you're known for carrying around condoms. Your partner will be relieved that you thought of protecting both of you. Remember it's better safe than sorry.

#### **5. HE'LL GO LIMP**

This is usually a problem when there is a break while one of you goes to find a condom or has trouble getting the thing on. Nerves also play a part when you're with someone new. Condoms can be a turn-off when a person has had so many bad experiences with them. Practice by yourself or with your partner, make it fun. Practice makes perfect. Remember that your brain is your biggest sex organ. Make condoms a habit and put your mind at rest.

#### **6. CONDOMS SLIP OFF**

Hold the base of the penis when pulling out. There is a brand of condom called Mentor designed for heavy-duty use that sticks to the base of the penis. Don't let your partner stay inside of you once he comes, have him pull out before the condom gets loose and slips off.

## **7. SHOULD I USE CONDOMS FOR ORAL SEX?**

A few people have been infected with HIV from sucking and swallowing cum or pre-cum, but that was from throat infections, bleeding, and cuts or sores in the mouth or throat. One way to have safer sex is to not to leave your partners cum or pre-cum into your mouth. You can also avoid sucking the tip of the penis or use a non-lubricated condom like Lifestyles Kiss of Mint. Do not brush or floss your teeth right before sex to prevent cuts in your mouth. Use a mouthwash or gum to freshen your breath instead. Place a non lubed condom inside like a little cap over the head of the penis, but whatever way you try, try not to get the cum or pre-cum into your mouth. Have your partner to pull out and finish the job with your hands. If you get cum in your mouth, you need to swallow or spit, just don't let it sit in your mouth.

## **8. WHY ARE CONDOMS IMPORTANT?**

Condoms are very reliable in preventing the transmission of the AIDS virus, HIV, when you use them right every time you have sex. Condoms also protect against getting burned.

## **9. CAN YOU KEEP A CONDOM FOR USE LATER, OR RE-USE CONDOMS?**

Condoms have an expiration date on them and you shouldn't use it after that date. You should never re-use a condom.

## SESSION 13 – NUTRITION CONTRACT

NUTRITION GOAL	SUPPLIES NEEDED	POTENTIAL BARRIER	PLAN OF ACTION
Ex. To bring lunch instead of eating fast food three days per week	Lunch bags, cut-up veggies, bread, peanut butter	Too tired in the morning to make lunch	Spend 10 minutes while cleaning up after dinner to make tomorrow's lunch

## **SESSION 14 - TALKING POINTS AND SPECIFICS ABOUT TOBACCO USAGE**

### Health reasons:

- Individuals who smoke when infected with HIV progress to full-blown AIDS more rapidly. Once diagnosed with AIDS, the progression to death is faster in smokers than it is in non-smokers.
- Nicotine addiction should be considered a chronic disease; relapse is not uncommon.
- Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fire and AIDS COMBINED!!
- More than two thirds of smokers want to quit, and more than half try to stop every year.
- Proper counseling and appropriate use of nicotine replacement and other drug treatment can increase long-term quit rates from less than 10% to 30%.
- Reduce the chance of your children developing or suffering from worsened asthma, middle ear infections and bronchitis.
- Reduce the chance that your children will smoke.
- Reduce the chance that your family will develop cancer, heart disease, and other diseases related to breathing in second hand smoke.

### Smokers are more likely to:

- get colds and flu
- become impotent
- have problems getting pregnant
- have gum disease and yellow teeth
- have shortness of breath and wheezing
- get cataracts in your eyes

### Social Reasons:

- Less stress from friends, family and co-workers who are non-smokers.

### Financial reasons:

- More money in your pocket! (A pack a day smoker can save more than \$2500 per year by quitting.)

### Misc.

- There are over 4000 chemicals in tobacco smoke
- Smokers lose, on average, 14 years of life.

- Each week, a pack-a-day smoker loses one day of life.

**- Provided by The NYC LGBT SmokeFree Project**

## **SMART/EST RESOURCE LIST**



### **DADE COUNTY:**

South Florida AIDS Network (SFAN).....	(305) 585-5241
Positive Connections.....	(305) 891-2066
Penalver Clinic.....	(305) 325-3450
Health Crisis Network.....	(305) 751-7775
Health Crisis Network Hotline.....	(305) 751-7751
Haitian-American Community Association of Dade County.....	(305) 751-3429
Jackson Memorial Hospital Outpatient Mental Health Clinic.....	(305) 585-6211
The Salvation Army.....	(305) 637-6720
Miami Dade Health Department STD clinic.....	(305) 324-2436
Genesis House.....	(305) 856-1043
Food for Life Network.....	(305) 576-3663
Family Health Center.....	(305) 637-6400
Borinquen Health Center.....	(305) 576-6611
Care Resources.....	(305) 573-5411
MOVERS.....	(305) 754-2268
Union Positiva.....	(305) 644-0667
University of Miami Special Immunology Clinic.....	(305) 243-4598
Christ Crusaders.....	(305) 769-3044
North Dade Health Center.....	(305) 620-3758
Stanley Myers Community Health Center.....	(305) 538-8835
Switchboard of Miami Hotline.....	(305) 358-HELP
Center for Haitian Studies.....	(305) 757-9555
Miami Beach PET Center.....	(305) 535-5540
Camillus Health Concern.....	(305) 374-1065
Catholic Hospice.....	(305) 822-2380
South Beach AIDS project.....	(305) 532-1813
Mercy Hospital Special Immunology.....	(305) 285-2994
Empowering U.....	(786) 318-2337

### **BROWARD COUNTY:**

AIDS Info Line.....	(800) 342-AIDS
Center One.....	(800) 339-2815
Crisis Hotline.....	(954) 467-6333
Sunshine Health Center.....	(954) 921-0777