

PROJECT MASIHAMBISANE INTERVENTION GUIDE

Introduction

The goal of Project Masihambisane is to design, implement, and evaluate a robust, sustainable, and scalable intervention that improves the health and mental health of Mothers Living with HIV (MLH) in order to enhance the health and adjustment of their children.

The intervention focuses on HIV-positive pregnant women in KwaZulu-Natal Province in South Africa. It is delivered by Mentor Mothers: HIV-positive mothers who act as role models for the participant MLHs. The intervention is intended to be conducted in eight group sessions, four antenatal and four postnatal. A parallel version (not included herein) makes it possible for the Mentor Mothers to provide the intervention sessions individually as needed.

Manual Organization

This manual is organized into three parts. This introductory part describes the research project that guides the intervention.

Part I contains detailed information about the elements and techniques of the group sessions that are repeated in all sessions. These include, for instance, the use of Thanks Tokens and Discomfort Cups and how to initiate role-plays. Part I also teaches those segments that appear only once in a session but are used the same fashion in each of the eight sessions (opening and closing activities, Mentor Mother self-introductions, participant pair-sharing introductions, confidentiality, using Core Message posters). Part 1 then concludes with a section on Counseling and Communication Skills.

Part II guides the Mentor Mother through each of the eight sessions. Those elements that are unique to each session, such as Core Messages, are described in detail, but the common techniques, while mentioned where they should occur, are presumed to have been learnt through studying and practicing Part I. Four of the sessions are intended to be presented to the pregnant HIV-positive women; four to the same women after they have given birth.

The Research Project

This section will introduce the Mentor Mothers to the broader and more specific project goals and to their role within the project.

A. Why are we doing this study?

The Problem

1. South Africa has more people living with HIV than any other country. It is estimated that 5 million persons are living with HIV including 2.7 million women of childbearing age.
2. The number of children living in families with HIV, HIV+ babies, and children orphaned by AIDS continues to rise globally and in South Africa.
3. The HIV prevalence among pregnant women in South Africa in 2004 was 29.5%. In specific provinces such as KZN the rate of HIV is 40.7%.
4. It is projected that by 2010 75-to-100 babies out of every 1000 babies born alive in South Africa will die before their 5th birthday.

The Study

1. We are doing this study to find out if an intervention delivered by Mentor Mothers can improve the health and mental health of Mothers Living with HIV (MLH) in order to enhance the health and adjustment of their children. In every society women are the primary caretakers for children and those who are ill. HIV among women weakens the entire foundation of African nations. Improving mother's health improves the quality of her life, as well as her children and their community.
2. The program will be facilitated by Mentor Mothers. These are HIV-positive mothers who act as role models for the participating MLHs and who deliver the intervention sessions. The study will look at whether Mentor Mothers can provide the support and advice that MLH can use to remain healthy.
3. The intervention is intended to be conducted in eight group sessions, four antenatal and four postnatal. Four basic components (framing the problem, skills, resources, & addressing environmental barriers) are key to the intervention and will be addressed by Mentor Mothers in dealing with the four challenges facing MLH (health, mental health, parenting, & transmission).

B. What will we be looking for at the end of the study?

1. Key behaviors reflecting MLH adherence to child health

- Infant immunization and HIV testing.
- Consistent baby feeding methods.
- Attendance at well-baby clinic visits.
- Adherence to medication recommendations for the baby (e.g. AZT & trimethoprim prophylaxis).
- Parenting that results in cognitive and physical development at age-appropriate levels.

2. Key behaviors of MLH toward adherence to daily health acts for herself

- MLH intake of fruits and vegetables and healthy daily routines (e.g. sleeping).
- Routine receipt of personal medical care (including adherence to ARV if prescribed).
- Securing the child family grant.
- How the mother is feeling (mental state)
- Use of methods (e.g., condoms) for accomplishing both family planning and HIV/STD prevention.
- MLF bond to her new child.

3. Chart reviews monitoring the MLH for the following

- CD4 counts
- Blood type
- Hemoglobin
- TB
- OI (opportunistic infections)
- Height and weight
- Protein in the urine at childbirth

C. How are we going to involve and enroll pregnant women, mothers, and newborn babies in the study to be able to get the above information?

- At all study sites, counselors will refer all newly diagnosed HIV-positive women to the study. Research staff will coordinate the recruitment efforts.
- All newly diagnosed pregnant women will be asked whether they are willing to hear more about a research project taking place at the site.
- The women will be informed that their decision to participate or decline will in no way affect their services at the clinic and that the information they provide will be confidential.
- While we would like all pregnant women who are HIV-positive to enroll in the study and complete all study visits, participation (enrollment) in this study is completely voluntary – **No pregnant woman will be forced or intimidated into participating in the study.**
- Whilst we would like all enrolled pregnant women to complete the study, **no mother will be coerced to remain in the study against her will**
- To get pregnant women to participate in the study we need to inform them about the study using appropriate approaches and information.
- Our job is to provide pregnant women with all the information they need to make an informed decision about whether to participate in the study or not.
- Our job is also to address the pregnant woman's or mother's concerns and to take good care of them so that they are motivated to attend all group sessions.

PART I

1. Before the Session Begins
2. Opening Activities
3. Thanks Tokens
4. Confidentiality
5. Mentor Mother Self-Introduction
6. Pair-Sharing Introductions
7. Discomfort Cups
8. Core Messages
9. Role Playing
10. Closing Activities
11. Problem Behaviors

1. Before the Session Begins

Think of the session as starting when you walk into the room even before anyone arrives. You need to get there early enough to prepare all of the materials that you will use during the session. Make sure that the Thanks Tokens, Discomfort Cups, pitcher of water, and handouts are prepared and ready. Put the posters on display. Inspect the room to make sure that it looks clean and attractive. Arrange the chairs in a circle. Post the newsprint and have markers available. Display the snacks in an inviting, sanitary fashion.

Greet each participant warmly (by name if possible) as she arrives and make her feel welcome.

Follow the procedures for checking the women in so that attendance data is accurate.

2. Opening Activities

The Opening of each Project Masihambisane session follows the same pattern. The purpose of this is to establish the idea that there is a consistent agenda that all the sessions will follow, that both the Mentor Mothers and the participants can anticipate what is going to happen and feel more relaxed about the group, and that the sessions are intended to be warm and supportive.

- 1) Begin the session with a song and prayer.

Choose a song and prayer in advance of the session so you will be prepared. If it is possible to make both the song and the prayer relate to the topic of the session, please do so. If it is not possible, make both as uplifting and hopeful as you can. (The closing of each session also ends with a song and prayer, so pick one out to end the session with also.)

- 2) Praise and welcome the participants.

This is in addition to the individual welcome you give when they first arrive. Tell them how glad you are to see them here and how much you're going to enjoy the session with them.

3) Explain the structure of the groups.

Tell them that the groups will be about 2 hours in length. We are going to be talking about how we can have healthy babies and keep ourselves healthy, to live as long as we can. Each session will start and end the same way, and the order of the activities in each session is the same, but the specific material we will be discussing will be different from group to group. There will be four sessions we hope you can attend before you have your babies and four afterwards. We will be giving you information and material you can take home.

4) Describe the housekeeping details.

Tell where the toilets are, that cell phones should be turned off, and that they should ask questions whenever they have them. They are free to move around and get refreshments or use the toilet, but please come back if they do, because some of the activities will need all of them to complete

3. Thanks Tokens

Thanks Tokens are two-inch-square pieces of laminated cardstock with a design on one side. Mentor Mothers have about 50 Thanks Tokens for their use (more if they need them). Each participant is handed a packet of 20 Thanks Tokens at the beginning of each session, after the opening activities listed above. (Participants will be asked to return the tokens at the end of the session so they can be reused in the next session.)

How are Thanks Tokens used?

When praising a participant for a meaningful contribution to the session, such as for speaking out on an issue or coming up with an idea, the Mentor Mother will accompany her praise with a Thanks Token, handing it to the person she is praising. The intent is to pair a compliment with a tangible symbol of appreciation to draw the participant's attention to the fact that she has been complimented. The Mentor Mother explains why the Thanks Token was given, for instance, "I liked your suggestion of how we might explain that better," or "I appreciate how you spoke up on that," at the time it is handed to the participant. Once the Mentor Mother starts modeling their use, she should encourage the participants to use them in their interactions with each other during the session.

When are Thanks Tokens used?

Participants are asked to give a Thanks Token along with a brief description of why she is giving it whenever another participant says or does anything she appreciates. In this manner, participants learn to deliver as well as receive compliments. When used consistently by both the Mentor Mother and the participants, Thanks Tokens leave most participants with positive feelings about themselves and each other.

Project Masihambisane sessions provide many structured opportunities for Thanks Tokens to be used. You will also find that opportunities to use them occur spontaneously at other times during the group, and you are encouraged to take advantage of those occasions to use Thanks Tokens; you don't have to wait for them to be mentioned in the outline.

It is important to note that Thanks Tokens are not a medium of exchange and are not "turned in" for anything of value.

What is the key to using Thanks Tokens?

The key to everyone using the Thanks Tokens rests on the Mentor Mother's comfort with them. If the Mentor Mother likes using them and does so at every opportunity, the participants will also use them and will find that they enjoy the experience of giving and receiving compliments. The good feelings that go along with that enjoyment will enhance the rapport of the group.

How to Teach Participants to Use Thanks Tokens

The Mentor Mother trainee will hand a packet of about 20 Thanks Tokens to the participants, while explaining to them how they are to be used (below):

Now I am going to give each of you a supply of what we call Thanks Tokens. These are for all of us to hand out when we want to show that we appreciate and value a person's contributions to the group. They work like this: when you do or say something that contributes to the success of the group, or show kindness or make a thoughtful comment, I will give you a Thanks Token and tell you why I am thanking you. The tokens are just a visible reminder of my appreciation, since sometimes our thanks may not be expressed clearly enough to be heard.

I am going to use Thanks Tokens, and I want you to use the Thanks Tokens, too. So if you appreciate something someone else says or does, please give that person a Thanks Token. Hand the token directly to the person you appreciate and tell that person why you are giving her the token.

The idea is to share your positive feelings about other people in the group by giving them a Thanks Token as you tell them how you feel.

The Mentor Mother's job is to:

- Introduce the use of Thanks Tokens at the start of each session.
- Model their use to show appreciation throughout each session.
- Encourage the participants to use them and help them use them correctly.

Thanks Tokens can also be used as facilitation techniques. You can use them to encourage or discourage participation.

- Thanks Tokens can help you draw a quiet participant into the group. For instance, you can address the quiet person by name and ask her opinion on something: "Mary, you seem to be giving this discussion a lot of thought. What do you think about what people are saying?" Listen and respond to what she

says. After you respond directly to her comment, say, “Thanks, Mary. I really appreciate your ideas” and hand her a Thanks Token. After several times, it is likely that she will start to enter into discussions more spontaneously.

- On the other hand, if one participant wants to answer all the questions herself and take over the discussion, you may say to her in a friendly way, “Mary, I like that you are always so willing to participate. But right now I need to let others have a chance to talk as well, so I won’t be calling on you for a few minutes.” Smile and hand her a Thanks Token.

Monitor the participants’ use of tokens. Make sure they give them one at a time and remind them to include a reason for giving it (“I really liked what you said,” or “I found that very helpful,” or “it was very courageous of you to do that”) if they forget. If participants get carried away in awarding tokens, remind them of why we use them: to show that we appreciate and value a person’s contribution.

4. Confidentiality

The paragraphs below are what we would like you to say and do with the group in the beginning of each session. We ask that you do it each time because people often need to be reminded of the confidentiality requirement, and because someone may have missed an earlier session where it was discussed. So in each session you must describe what confidentiality is and ask people to commit to it.

When we work together in this training session, we need to be able to trust each other. We will be talking about some things we don’t necessarily want spread around or talked about with anybody outside this group. In order to feel free to talk about these sensitive matters, everyone has to be able to trust that no one else in the group will talk about them outside the group. This kind of trust is called maintaining confidentiality, and it’s an important part of ensuring that this group will function properly.

In this training setting, we want everyone to agree to the following:

- 1. That things that are spoken about in this group that relate to someone’s personal experiences will not be talked about outside of the group unless the person being talked about agrees that it’s okay.**
- 2. We want you also to agree that if you worry about someone in the group or if you feel you need to talk more about something they said, you will approach that person and talk with them directly, not talk about them with a third person—not gossip about people in the group.**
- 3. We also want you to agree that if you want to use someone’s story or experience as an example to someone else, you will ask that person first, and will talk about the story in a way that doesn’t let anyone know who she is or what the group is about.**

Will you agree to do this?

Make sure each person nods or says “yes” when asked.

5. Mentor Mother Disclosure

During the start of each group session, you as a Mentor Mother will introduce yourself and disclose to the women that you are HIV positive and that you found out about your status when you were pregnant (if this is true). You will explain that you are a local HIV-positive mother who has been chosen to help other HIV-positive mothers learn more about how they can keep themselves and their babies healthy. You will explain to the group that one of the reasons you have been chosen is because you have learnt how to accept your status and live as full and healthy a life as possible.

Your disclosure will be very important because all of the women in the room will also be HIV positive and you want them to have a place that is safe for them to talk and share openly. It will be important that you make this safe for them, and one of the best ways of doing this is by disclosing your own HIV status.

How will the disclosure be done?

You will disclose your HIV-positive status to the women at the beginning of each session so that any new women in attendance will immediately know that you are HIV positive just like them. You will explain that you want to share your knowledge and experiences with them so that they can learn how to live a full and healthy life. In the process of doing this, you will be making it clear to all of the women that you know they are also HIV-positive and pregnant, and everyone has agreed to keep what everyone else says to themselves (confidential), so they don't have to be anxious about talking about it in the group.

What is the key to a good disclosure?

It will be very important to be open and honest with the women when talking about your disclosure. You should not say anything to the women that isn't true or that did not happen to you. You want the women to feel safe at these sessions and trust will be very important. You want to emphasize how you have maintained a full and healthy life but you should also be truthful about any difficulties that you have experienced.

Preparing Your Disclosure Scripts

We are asking you to prepare scripts for your own personal disclosure for each of the eight sessions. We want you to explain to the participants that you are a local HIV-positive mother who has been chosen to help other HIV-positive mothers learn more about how they can keep themselves and their babies healthy. When disclosing your status it will be important to be mindful of the following:

- Tell the group that you have been chosen to be a Mentor Mother at this clinic because you have learnt how to accept your status and live as full and healthy a life as possible.
- Emphasize to the women that this is a safe place for them to share and talk.
- Be honest and truthful with the women; do not say things that are not true.
- Be encouraging and hopeful with the women but also be honest about any difficulties that you experienced.

For each of the 8 sessions it will be important for your script to be related to the session-specific topics. Each of these sessions has particular core messages that we would like you to bring up in your personal introduction. The session topics and their core messages are:

Antenatal Sessions

1. *Living Positively* (go to all your clinic appointments; get tested for STIs with your partner; decide who to tell; ask for emotional support)
2. *Keeping Myself and My Baby Healthy* (avoid smoking, drinking, and isihlambezo; eat healthy, take vitamins and medicine, and walk as much as possible; get support; have fun)
3. *Being Prepared* (take medicines and go to clinic appointments; tell sister at hospital you're HIV+; be sure baby gets nevirapine when it should; register for child grant; keep track of health records)
4. *Choosing an Exclusive Feeding Method* (use only one feeding method; don't use formula unless have clean water, money, flush toilet; feed one method exclusively for 6 months; go back to clinic for appointments; be careful not to infect others with HIV)

Postnatal Sessions

5. *Loving My New Baby* (use only 1 feeding method; breastfeeding is enough for 6 months; be aware that feelings change; enjoy your baby)
6. *Living a Long Life Together* (obtain a child grant; get baby immunized; eat healthy; get regular checkups; avoid infecting others with HIV)
7. *Being Partners* (get my partner tested; how to decide whether to have another baby; use condoms; deal with my partner's alcohol use or other women)
8. *Enjoying Life* (take time for yourself; do things to enjoy your baby; keep your friends close; let others help you)

Below are some sample scripts. You should modify or rewrite them to suit your own situation and personality.

Session 1: Living Positively Sample Introduction Script

- I found out I was HIV positive when I got pregnant, so I know something about how other women feel in this same situation.
- I know that everyone else in the room is also HIV-positive.
- One of the reasons I have been chosen to be a Mentor Mother at this clinic is because I have learnt how to live as full and healthy a life as possible even though I have HIV and a baby.
- I tried to keep myself healthy and went to all my clinic appointments.
- (If true:) I was also able to talk my partner into getting tested for STIs with me, too.
- (If true:) I now have a beautiful child who is healthy, too [or has tested negative for HIV].
- I finally told [my mother] I have HIV, and she has been very helpful and kind to me.
- We're going to be talking in these sessions about the things everyone can do to help make these good things happen.

Session 2: Keeping Myself and My Baby Happy Sample Introduction Script

- I have HIV which I found out about when I got pregnant.
- (If true:) I had a baby who was born after I got HIV.
- I can live pretty well and help others because I keep myself healthy.
- During my pregnancy, I ate healthy foods, took my vitamins and didn't drink alcohol or smoke, and I didn't let myself be talked into Isihlambezo, because that could have hurt my baby. I made a point of having some fun, too, singing and dancing with my friends.
- (Tell some other things you did to keep healthy while you were pregnant.)
- I'm working hard—with lots of success—at keeping my baby healthy as well as myself.
- With each other's help, we can all stay as healthy as possible and keep our babies healthy, too

Session 3: Being Prepared Sample Introduction Script

- I have HIV and my child is now (age).
- When I found out I had HIV and was pregnant, I was worried and wanted to have a healthy baby.
- I learnt that there are things I can do to prepare for a healthy baby. I took the medications they recommended at the clinic, and told the sister I had HIV so when the baby was born, he (she) got the right medication and vaccinations.
- I also kept my own health records and made a chart for my baby, so I would know what to do for us both and when to do it. (Show copy of health chart.)
- As soon as my baby was born I applied for my child grant, and this helped, too. (Hold up copy of your child grant.)
- I want to help you to also prepare to have a healthy baby.

Session 4: Choosing an Exclusive Feeding Method Sample Introduction Script

- I found out I had HIV when I got pregnant.
- My goal was to have a healthy baby, and I learnt there are things I could do to help make that happen.
- I learnt about feeding methods and
 - I was able to select a feeding method to use exclusively, or
 - I learnt it was important not to mix feeding methods—breast feeding OR bottle feeding, but not both, because that is bad for the baby, or
 - I didn't use one exclusive feeding method, but I now know how important it was.
- I also took my baby back to the clinic when he was six days old and the other times they recommended, for medicine, vaccinations, and testing.
- We're here to talk more about what you can do to help have a healthy baby.

Session 5: Loving My New Baby Sample Introduction Script

- Like you, I found out I had HIV when I became pregnant.
- I did what I could before the baby was born to keep us both healthy.

- I want to congratulate you on doing the same, and now you have your new baby.
- After my baby was born, I learnt it was very important to show my love to my new baby, because loving gestures help keep the baby healthy.
- One of the ways I showed my love for my new baby is that I stuck with the one feeding method I chose—breastfeeding—for six months, and I took care of my breasts so they didn't get too sore to breastfeed. That made it easier to enjoy the baby.
- I was surprised that my feelings changed once I had the baby, and I feel very warm and close and loving to him now.
- And that's what we're going to talk about today: what you can do to keep your precious new baby healthy and loved.
- Show the earliest picture you have of your baby.

Session 6: Living a Long Life Together Sample Introduction Script

- I also found out I had HIV when I was pregnant, and sometimes it got pretty discouraging.
- Getting the child grant made life easier, and that made it less discouraging.
- I learnt that having my baby immunized and tested for HIV and getting the results made me even more committed to keeping him healthy so he can live a long life.
- Eating healthy food regularly also made me feel better, and gave me more energy to take care of my baby.
- Living a long life means I need regular clinic check-ups as much as my baby does.
- It's important that I stay as healthy as possible so I can help him grow up healthy and happy.
- I know that everyone here is also HIV+, and that you want the same things that I do for our babies, and that's what we're going to be talking about today.
- Show a copy of your child grant, or a sample application.

Session 7: Being Partners Sample Introduction Script

- I also found out I had HIV when I was pregnant, and sometimes it got pretty discouraging.
- (Tell something about your relationship with your partner, or with the baby's father. How has it worked out? Are you still together? What have you done in particular to make it work out, or what will you do in your next relationship to make it work out.)
- I know that everyone here is also HIV+, and that you want the same things that I do for our babies, and that's what we're going to be talking about today.
- One of those things that we want that will often help the baby have a happy and healthy life is to have a good relationship with our partner, or with the baby's father. That is what we're going to focus on today.
- Ask women who are in a relationship at the present to raise their hands.
- Tell women that if they don't have a relationship at the present, they may have one in the future, so use this information and these skills as if they were in that future relationship.

Session 8: Enjoying Life Sample Introduction Script

- I'm much more relaxed now that I know how to take care of myself and my baby, despite the fact that I have HIV.
- I learnt that I was HIV positive when I found out I was pregnant, like some of you did, I know.
- Now that I know how to take care of us both, I can also enjoy life more.
- My baby and I spend time together, and even just doing simple things like keeping him clean and fed helps us grow close.
- My friends have helped me and even my man helps with the baby a little.
- Being together with people I enjoy has made my life very satisfying.

Write a personal introduction script for each of the eight sessions and practice reading it aloud to one or more of the other women outside of the training. This will help you learn it. You will be asked to introduce yourself using your scripts at various times during the training.

6. Pair-Sharing Introductions

Right after you finish your personal Mentor Mother self-introduction in each session, you will ask the other women to introduce themselves in a specific way. This method is called *pair-sharing introductions*. The purpose of this is to welcome the women to the group and help them feel more relaxed and comfortable with the other women. During the pair-sharing exercise women are charged with finding out specific information about each other and introducing their pair-partner to the group.

How are Pair-Sharing Introductions Conducted?

The participants are asked to pair up with another participant, preferably someone they don't know. They are asked to pick a different person to pair with in each session. They are told to introduce themselves to each other, then find one thing that they have in common and one thing that is different about them. In each session the women are also asked to complete a specific sentence in their pairs. These sentences include such things as, "I know I will be a good mother because ..." or "To keep me and my baby healthy, I am going to ..." The different sentences to be completed are specified in the instructions for each session.

After the women have a few minutes to talk with their pair-sharing partner, the Mentor Mother asks each pair to stand up together. One woman from the pair will introduce the other woman to the whole group and then the other woman in the pair will introduce her partner to the group. They will tell what they have in common and what is different between them. The pair sharing will continue around the circle until everyone has been introduced.

What is the Key to Successful Pair-Sharing?

To have a successful pair-sharing the women should pair with someone that they have not introduced previously, if possible. It is important to encourage the women and make them feel welcome by having the group clap to welcome each woman to

the group. Acknowledge that the women have shared and reward them with Thanks Tokens.

How to Introduce Pair-Sharing to Participants

This is how you can introduce the pair-sharing activity to the group participants. Say to the group:

The purpose of the way we do introductions is to welcome you to the group. I'd like you to pair up with another woman in the group. Try to work with someone you do not know or who you have not worked with before. Once you have a pair-partner, you should each introduce yourselves and find one thing that is the same about each of you and one thing that is different. Similarities might be that you are both the same age or both are having your first child. Differences could be that one of you has two brothers and the other none. It doesn't have to be those exact things—just any two things that are the same and another set that are different.

During each session the women will have a sentence to complete during the pair-sharing that focuses on the specific session topic. Before asking the women to actually begin the exercise, explain about completing a sentence and read aloud the sentence to be completed.

You will have about ten minutes to talk with each other. During this time I also want you each to complete the following sentence aloud to your pair-partner, in your own words:

Session 1: **"I know I will be a good mother because ..."**

Session 2: **"To keep me and my baby healthy, I am going to ..."**

Session 3: **"To prepare for my baby's birth, I will ..."**

Session 4: **"When I think about choosing an exclusive feeding method for my baby, I feel ..."**

Session 5: **"This is what I am doing to keep my baby happy ..."**

Session 6: **"This is what I am doing to keep my baby healthy ..."**

Session 7: **"This is what I want my partner to do for the baby and me ..."**

Session 8: **"This is what I am doing to keep involved with other people ..."**

Start the pair-sharing. After a few minutes remind the women to make sure that both have a chance to talk and introduce themselves. A few minutes later, call the group back together and have them form a circle with each pair of women standing next to each other.

We will now go around the circle and each woman from the pair will introduce her partner to the group. Who would like to begin?

Continue around the circle and listen to what the women have to say. Encourage clapping to welcome each woman to the group. Give a Thanks Token to each woman speaking and thank her for sharing. When everyone has been introduced, ask them to sit down again. Summarize what they have said and tell them:

- **You have joined this group to learn more about how to make sure you do the best for yourself and your baby.**
- **You are being a good mother by coming regularly to your clinic visits and to the Project Masihambisani.**

7. Discomfort Cups

What are Discomfort Cups?

Discomfort Cups are clear containers filled with colored water. The water represents discomfort caused by persons, places, feelings, or situations. The cups help participants assess and discuss their feelings of discomfort more effectively. Rather than labeling feelings such as worried, sad, happy, or angry, Discomfort Cups allow participants to focus on their level of comfort or discomfort in response to various situations.

The Discomfort Cups are accompanied by a poster illustrating five cups—one empty, one a quarter full, one half full, one three-quarters full, and one completely full. The greatest feeling of discomfort one can imagine is represented by the full Discomfort Cup. That discomfort may be extreme anger, anxiety, excitement, nervousness, depression, or any other emotion that is experienced as discomfort. A lack of discomfort in a situation is represented by an empty cup. The associated feeling may be happiness or calm or something else that represents a lack of discomfort to the person. The specific feeling isn't as important for our purposes as the presence or absence of discomfort.

Full cup = extremely uncomfortable
 Three-quarters full = very uncomfortable
 Half-empty cup = somewhat uncomfortable
 One-quarter full cup = mildly uncomfortable
 Empty cup = no discomfort

How are Discomfort Cups Used?

The Discomfort Cups are introduced at the start of each of the eight sessions. The Discomfort Cups have several functions:

1. They are used frequently throughout each session to help the participants assess and discuss their feeling of discomfort more effectively.
2. The Discomfort Cups help participants rank or order a hierarchy of comfortable vs. uncomfortable events.
3. They help establish an optimal rate of performance.
4. The Discomfort Cups act as a facilitation tool by providing a check-in mechanism with group participants.

How Do Discomfort Cups Help Participants Assess and Discuss Their Feelings of Discomfort More Effectively?

Linking Discomfort Cup levels with situations being discussed or with recent experiences help participants identify when their emotions are or have been highly charged in an uncomfortable way and what situations are likely to result in those extremes of discomfort. The person at or near a completely full Discomfort Cup is

likely to find that her discomfort interferes with good judgment and sound decision-making. The person at or near an empty Discomfort Cup is better able to think and make decisions regardless of how she labels the particular feeling or emotion. The purpose of the Discomfort Cups is to increase participants' emotional awareness and self-regulation.

How Do the Discomfort Cups Help Participants Rank Order Comfortable vs. Uncomfortable Events?

The Discomfort Cups help participants establish a sliding scale rating of events ranging from those that are easy to deal with (comfortable) to ones that are more difficult (uncomfortable) to deal with. Linking Discomfort Cup levels with situations being discussed or with recent experiences helps participants identify when their emotions are or have been highly charged and what situations are likely to result in those high extremes of feelings. For example, a participant may learn that she is very uncomfortable (three-quarters full Discomfort Cup) when she is with a family member to whom she has not disclosed her HIV status. She may be only mildly uncomfortable (one-quarter full Discomfort Cup), however, when she is with someone who knows her status.

Knowledge of our hierarchy of comfortable versus uncomfortable events can help us better prepare to deal with the event. For example, a participant who knows that discussing her HIV status increases her Discomfort Cup to completely full (extremely uncomfortable) can use relaxation or other skills taught in Project Masihambisane prior to the discussion of her status to lower her Discomfort Cup level to a more comfortable state.

How Do the Discomfort Cups Establish a Rate of Optimal Performance?

Knowing our optimal level of performance helps us be aware of when that range is about to be exceeded. We can then use various techniques taught in Project Masihambisane to bring us back to our optimal performance level.

For example, before discussing her pregnancy with her partner, a woman may experience an over-heated face and sweaty palms. These body cues indicate that her Discomfort Cup is quite full. She knows that based on her own experience, her Discomfort Cup needs to be less than half full for her to handle herself at her best. She could, for instance, engage in deep breathing to lower her Discomfort Cup.

We often don't realize that a full Discomfort Cup is associated with distorted thoughts and unhealthy behaviors. When emotions run high and Discomfort Cups are fuller, it is easy to overreact, exaggerate, or not think as clearly as usual. As a consequence, it is more difficult to make good decisions.

The person at or near an empty Discomfort Cup is better able to think and act clearly regardless of the particular situation. In contrast, the person at or near a full cup is experiencing intense emotions and therefore may be unable to problem-solve and react effectively. Understanding this can be very helpful in reducing discomfort and managing emotions before making decisions or taking action.

The Discomfort Cup assists participants to learn ways to reduce their emotional discomfort prior to making decisions or reacting to situations.

How Do the Discomfort Cups Act as a Facilitation Tool?

The Discomfort Cups act as a facilitation tool by providing a check-in mechanism with group participants. At various points during each session, Mentor Mothers are instructed to go around the room and get a Discomfort Cup reading from participants. This helps Mentor Mothers monitor the emotional involvement and response of participants.

Both individual participants and groups can have a Discomfort Cups reading. Mentor Mothers should use the Discomfort Cup to check their participants whenever they feel that readings on it are rising in an unhelpful or unplanned way, or to monitor a successful resolution of a tension or conflict.

Introducing the Discomfort Cups to Project Masihambisane Participants

To introduce the Discomfort Cups to the participants, say:

Now I want to introduce you to something we call the “Discomfort Cups.”

This is a tool we are going to use throughout the eight sessions of Project Masihambise, and this is a good time to talk about it.

Some of the things we will talk about during these sessions may make us feel uncomfortable.

Hold up a pitcher filled with colored water.

The water in this pitcher represents your discomfort with a person, place, feeling, or situation.

Hold up an empty cup and say:

These cups, which we call Discomfort Cups, can range from empty to completely full. When a Discomfort Cup is empty, that means a person is experiencing no discomfort at all.

While filling the Discomfort Cup with water, say:

The water in the Discomfort Cup corresponds to the amount of discomfort a person is feeling. The more water in a Discomfort Cup, the more discomfort a person feels. A completely full Discomfort Cup represents extreme discomfort.

The Discomfort Cups enable us to get a sense of just how uncomfortable we are in different situations.

Point to Discomfort Cup poster:

A completely full Discomfort Cup means extreme discomfort—as uncomfortable as you can imagine something being.

An empty cup means you have no discomfort—you're not uncomfortable at all.

Where someone is on the Discomfort Cups at a given moment depends on that person and the situation.

For instance, when I started talking this morning for the first time, my level of discomfort was higher than it is now. It started at around <pour the water into the Discomfort Cup to indicate the appropriate level of discomfort and name it >, but now that I've been talking for a while, it's down to about < pour some water from the Discomfort Cup back into the pitcher to indicate the appropriate level of discomfort in the cup and name it >.

What makes us uncomfortable varies from person to person. What have you experienced that has made you extremely uncomfortable, that is, when you might have a completely full Discomfort Cup?

Use the pitcher to fill a cup completely full.

Can someone give me a personal example of a completely full Discomfort Cup?

Get a few examples from participants and write them on newsprint. Give out Thanks Tokens as you express appreciation for their participation.

Take the completely full cup and place it on the table. Take the pitcher and fill another cup three-quarters full. Show it to the participants.

Now I'd like you to think of two examples of experiences that have made you very uncomfortable, what you would judge to be a Discomfort Cup that is three-quarters full.

Remember, we are talking about personal experiences, that is, situations, people, places, thoughts, or feelings that have caused you to be very uncomfortable with a Discomfort Cup at this level, but not the worst you could imagine.

Does anyone want to tell us what very uncomfortable is for you?

Get a few examples from participants and write them on newsprint. Give out Thanks Tokens as you express appreciation for their participation.

Take the three-quarters-full cup and place it on the table. Take the pitcher and fill another cup half full. Show it to the participants.

Now I'd like you think about experiences that have made you somewhat uncomfortable. Somewhat uncomfortable is a Discomfort Cup about this full.

Does anyone want to tell us what somewhat uncomfortable is for you?

Get a few examples from participants and write them on newsprint. Give out Thanks Tokens as you express appreciation for their participation.

Take the half-full cup and place it on the table. Take the pitcher and fill another cup one quarter full. Show it to the participants.

Now, finally, I want you to think about experiences that have made you be just mildly uncomfortable—a Discomfort Cup this full. That’s only a little bit above an empty cup, “not uncomfortable at all.”

Get a few examples from participants and write them on newsprint. Give out Thanks Tokens as you express appreciation for their participation.

Take the quarter-full cup and place it on the table. Take an empty cup and show it to the participants.

Think of some experiences where your Discomfort Cup would be completely empty and you have absolutely zero discomfort.

Who will share some examples with us of empty Discomfort Cups?

Get a few examples and write them on newsprint. Give out Thanks Tokens.

OK, that was very good. Thanks for sharing. Where is your Discomfort Cup right now?

Get several responses. Give out Thanks Tokens to contributors.

So, we see that different people have different bodily reactions to discomfort, even when the situations are similar.

Do you have any questions?

Answer questions briefly.

For the Mentor Mother Trainees Only:

- **Think about where your Discomfort Cup reading needs to be for you to facilitate at your best?**

Note: Some Mentor Mother Trainees may say that they will facilitate best when their Discomfort Cup is empty. Others may say they facilitate best when they have some level of discomfort. There is no correct answer. The point of asking the question is to start the Mentor Mother Trainees identifying where their Discomfort Cup need to be for them to perform optimally. It is also useful to let them know that what works for one may not work for another, and this difference is normal and acceptable.

- **When could you use the Discomfort Cups during the Project Masihambisane sessions?**

Note: Discomfort Cups should be used when indicated in the training manual and whenever the Mentor Mother feels that she needs to check in with the group to assess their discomfort with an idea or feeling brought up during the session.

8. Core Messages

Core Messages are the critical content elements of each session. They incorporate information about health promotion and parenting. Together with the emotional regulation and other cognitive behavioral skills taught in Project Masihambisane, they form the tools each mother develops to protect her health and the health of her newborn.

The Core Messages are designed to be delivered in an interactive, engaging, and persuasive way. They are not lectures to be delivered in the middle of each session. Mentor Mothers should always use Thanks Tokens to engage participants in the discussion and to recognize of the contributions of participants.

Some of the Core Messages may cause participants to experience discomfort. This is normal. Using the Discomfort Cups during the discussion of Core Messages will help participants assess their discomfort and deal with it in healthy, productive ways. Role plays will provide participants with opportunities to develop and rehearse these new skills and are an integral part of the Core Message segments of the sessions. Mentor Mothers use these techniques in asking participants to walk with them on the journey to a happy, healthy life.

9. Role Plays

Role playing is a training technique that gives participants an opportunity to explore new ways of dealing with uncomfortable or difficult situations. Some of these scenarios are described in the intervention guides and will be explained by the Mentor Mothers; others will be suggested by participants themselves as various topics are discussed. In role-playing exercises, participants have an opportunity to observe and practice coping and interacting in different ways from their previous experiences. Their rehearsals of these new skills occur in an instructive and supportive environment and provide participants with a repertoire of positive responses to potentially problematic situations.

Follow-up discussions that take place after each role play give the participants an opportunity to analyze some of the social dynamics that occurred. This objectivity is available both to those who participate in the role play session and to those observing the role play. One important result of this activity is that participants have an opportunity to see the situation from perspectives other than their own. That opportunity results in a greater sensitivity to the responses and reactions of others.

There are different types of role plays. In this project, the role plays are not scripted but a scenario is described and participants are asked to act it out without preparation. Instructions for each role play are found within the session guides.

Mentor Mothers should not let a role play go beyond 10 minutes and should monitor it to assure that participants understand and keep to the point. During role plays, Mentor Mothers have the opportunity to also use Thanks Tokens and the Discomfort Cups. The specific use of these techniques in role plays is described in the intervention outline.

What Are the Types of Role Plays?

There are two types of role plays that will be used: fish bowls and dyads. Fish-bowl role plays involve two actors performing a role play while all other participants observe. Dyads involve multiple pairs of participants acting in separate role plays at the same time (much like pair-sharing introductions). Participants are asked to pair up with someone they do not know well or with whom they have not role played already. Several dyads will be asked to volunteer to demonstrate their role play for the group after they develop it, bringing examples into the fish-bowl format.

How Are the Role Plays Conducted?

There are three stages to a standard role play: the set up, the play, and the discussion.

1. Set Up

In the set-up stage, the facilitator sets the stage. This means describing the scenario and assigning roles to participants. In early role plays (in the first few sessions), the Mentor Mother will tell the actors what the situation is and what their goal is in the role play. The actors respond to the situation spontaneously and think up their actions at that moment. There is no time for the actors to plan their plot, and no written descriptions or guidelines. As participants become more used to role playing, they will design the scenario and identify their goals and methods themselves.

2. The Play Itself

During the second stage of role playing, participants act out their roles and the play is carried out. If the play becomes too long, the Mentor Mother can give the actors a time warning and then end the role play after that. Alternatively, the play may be too short, and the Mentor Mother must encourage the actors to embellish their acting or to add interactions that make the role play more realistic. The participants are to demonstrate the method they think will solve the problem the scenario addresses.

3. The Follow Up

The third stage is the follow-up. This is critical and cannot be omitted. It is important for all the participants to discuss what happened. They may question individual role-players to ask why they took a particular position, made a certain statement, or undertook an action. The explanation and the resulting discussion is important for the participants to obtain a greater understanding of the social dynamics related to a particular situation. Some of the other participants may

generate suggestions that help in the role play, and the actors may choose to repeat the role play using the suggested technique.

During some role plays, a certain amount of emotion (anger, dismay, disagreement) may be generated, especially if some role-players take the play very seriously. The follow-up discussions give the Mentor Mother a chance to cool off the group a little and to explain that the emotion was generated by the structure of the situation. Emotion should not be discouraged; it provides an opportunity to reveal the nature of some situations.

During this stage the Discomfort Cups should be used to help participants verbalize their discomfort with the various situations that they have witnessed or taken part in. If they describe their Discomfort Cup level at the beginning and again at the end of the role play, the Mentor Mother can point out the calming effects of practice and of getting something over with. If participants haven't experienced such a calming, more rehearsal, with different suggestions, may be needed.

When Are Role Plays Used?

During each session participants will be asked to perform role plays at various points to help enhance their understanding of the core messages and to help build their skills in handling different problematic situations they may face related to the core messages. Role playing has been shown to be an effective method of increasing awareness, enhancing participant analysis of situations, and familiarizing participants with various situations that they may encounter, as well as increasing skills and reducing discomfort.

How to Introduce the Role Play to the Participants

The first time you use role playing in the first session, introduce the fish-bowl role play to the participants by saying:

- **Now I am going to introduce you to role playing. Role plays will be used during each session. The idea of the role play is to help you build the skills you need to make positive choices for you and your baby and to practice how you might handle different situations.**

Set up the room for the role play:

- **The role play is designed to help you handle situations that you may find yourself in.**
- **Everyone will have a chance to participate in the role play.**
- **Please help me set up a pair of chairs in the middle of the room and everyone their chairs in a circle around the two in the middle.**

Set up the practice role play:

- **I would like two women to volunteer to put on the first role play.**
- **Please pair up with someone that you don't know very well.**

- **Both of you will get a chance to play both parts, so you can decide who will go first and let me know.**
- **Please sit in the two chairs in the middle of the room.**

Describe the situation that will be acted. Answer any questions. Introduce the topic and begin the role play:

- **Now I will give you three minutes for the first role play and then I'll ask you to switch roles so that both of you will have a chance to play different roles. I'll tell you when to switch.**

After three minutes stop the role play and have the women switch roles. After three more minutes end the role play exercise but keep them in their places.

- **Using the Discomfort Cups, tell me how you felt when you first sat down to do the role play. Get a response from each.**
- **Now use the Discomfort Cups to tell me how you feel about it now.**
- **What did you like about how you did your role play?**
- **If you had to do it over again, what would you do differently?**

Give out Thanks Tokens to the volunteers to show your appreciation for their performance and tell them they can return to the group.

- **Now, I'd like our observers to each tell us, in a few words, what they liked about the first role play.**
- **What one thing you would do differently if you had played either part?**
- **Where were your Discomfort Cups during the role play?**
- **Now tell me the same things about the second role play.**

Set up dyadic role plays:

- **Can you help me set up pairs of chairs throughout the room?**
- **Everyone is going to get a chance to practice that role play.**
- **I want you to pair up, preferably with someone you don't know very well. Decide which of you will go first.**
- **I'll give you about three minutes for the first role play, and then you can switch parts so that both of you get a chance to practice.**
- **Ok, you can start now.**

Allow three minutes, and then tell the participants to switch roles. Give them another three minutes and bring the group back together.

- **Now I would like a pair of participants to talk about how they felt when engaging in the role play; who will start?**
- **What did you learn about handling future similar situations?**
- **Where were your Discomfort Cups during the role play?**
- **Where were your Discomfort Cups at the end of the role play?**

Give out thanks tokens to the volunteers to show your appreciation for their participation and thank all of the women in the group.

Have the women help restore the room to how it was before the role play exercise.

Role Play Exercises

ANTENATAL SESSION 1: LIVING POSITIVELY

Pair up with another woman and role play how to handle a barrier that might get in the way of keeping a clinic appointment. Examples of barriers could be missing the bus, having to wait a long time at the clinic, or a mean sister.

Role-play how you would tell someone that you are pregnant or about your HIV positive status.

Role play how you might ask someone for support. (How do you ask for support? Who do you ask? What do you say?)

ANTENATAL SESSION 2: STAYING HEALTHY

Practice Role playing a situation where you are able to refrain from engaging in risky behavior such as drinking alcohol, smoking or Isihlambezo.

Role play how you might ask someone for support. (How do you ask for support? Who do you ask? What do you say?)

ANTENATAL SESSION 3: BEING PREPARED

Role play a situation where it might be difficult to take your medicine and demonstrate how you can overcome this difficulty and make it easier to take your medicine. (Address what these difficulties might be.)

Pair up with another woman and role play how to handle a barrier that might get in the way of keeping a clinic appointment. Examples of barriers could be missing the bus, having to wait a long time at the clinic, or dealing with a mean sister.

Pair up with another woman and role play how you would tell the sister they you are HIV positive. One way is to use the HIV+ cards. What is a situation that might make you reluctant or nervous to tell the sister that you are HIV+ and how would you react in that situation?

Role play thanking the sister for taking care of you and your baby.

ANTENATAL SESSION 4: FEEDING CHOICES

Role play telling someone about your choice of feeding method and then staying firm in your method of choice (for instance what will you say to your partner, how will you refuse formula at the clinic?)

Role play about thanking the sister for taking care of you and your baby. How can you let her know that you appreciate her?

Role play about thanking a neighbor for giving you advice and assistance with breastfeeding.

Role play a situation where there might be a risk of infecting someone with HIV and how you can avoid infecting that person. For example, if you cut yourself and are bleeding, you can tell your older children to be very careful and not to touch the blood.

POSTNATAL SESSION 5: LOVING MY BABY

Role play telling someone about your choice of feeding method and then staying firm in your method of choice (for instance what will you say to your partner, how will you refuse formula at the clinic?)

Role play telling the sister that you are depressed since your baby was born.

POSTNATAL SESSION 6: LIVING TOGETHER

Role play asking someone for help in filling out the child grant application, then role play actually applying for the child grant.

Role play how you would react in hearing that your baby is HIV negative and role play how you would tell your partner.

Role play how you would handle a situation that might get in the way of keeping a clinic appointment. Examples of barriers could be missing the bus, having to wait a long time at the clinic, or dealing with a mean sister.

Role play a situation where there might be a risk of infecting someone with HIV and how you can avoid infecting that person. For example, if you cut yourself and are bleeding, you can tell your older children to be very careful and not to touch the blood.

POSTNATAL SESSION 7: BEING PARTNERS

Pair up with another woman and role play how you would ask your partner to take an HIV test; role play different ways of asking your partner to test.

Role play asking your partner to use a condom. What are the various reactions that your partner can take? Role play how you would respond to these reactions.

Role play asking your partner what you want with regards to his drinking alcohol (drink less, drink not at all, stay away if they're drunk, no sex if they're drunk, etc.)

POSTNATAL SESSION 8: ENJOYING LIFE

What might make your new baby less enjoyable? Role play how you would overcome problems and try to make your new baby more enjoyable.

Role play telling a friend that they are important to you.

Role play asking a friend to do something with you that you would like them to do.

Role play asking a friend or nearby relative to help you with the baby or in a task that you need some help with.

10. Closing Activities

A successful closing summarizes what the participants learnt or experienced during the session, reminds them what they want to do between now and the next session, and causes them to want to return to the next session. It is structured in a systematic fashion so that each time the women know what to anticipate at the end of the session. In Project Masihambisane, the closing activities are as follows:

- Using the posters, go through the Core Messages summarizing the points made during the session.
- Remind participants that they identified some goals or activities they want to accomplish to benefit their babies and themselves. (These will be specific to the particular session.) Tell them that you are available to talk to them between sessions if they have any questions.
- Tell them that if they do the things we discussed today and the other things they will learn in future sessions, they will be good mothers.
- Tell them that you want very much for them to return to the group. They may come next week, the next time they are at the clinic, or whenever it is convenient. Give out (or remind them of) the card listing group and clinic meeting times and days.
- Thanks Tokens:
 - Ask the participants to give thanks tokens to other group members who have said something particularly meaningful to them or who have helped them by their presence. Remind them to tell the person why they're giving them a Thanks Token.
 - When they have finished, ask them to turn in their Thanks Tokens so they can be used next time.
- Lead the group in the closing song and prayer you prepared before the session. Remember to make them relevant to the session topic, or at least cheerful and upbeat.

11. Suggestions for Handling Problem Behaviors in the Group

BEHAVIOR	POSSIBLE CAUSES	FACILITATOR RESPONSES
One participant argues frequently	Likes to be the center of attention. Wants to keep people from getting close. Angry about something. Upset about personal problems. Needs to dominate. Thinks arguing demonstrates intelligence. Doesn't know another way to interact socially.	Keep the group calm. Obtain Discomfort Cup reading. Use relaxation exercises to bring the tension level down if needed. Find points in what the person is saying that have merit. Engage the person in an assertiveness role play. Have the person practice self-talk in a provocative situation. Have the group brainstorm pros and cons regarding the points being made. In a private moment ask what is bothering the person.
Several participants argue frequently	Don't like each other. May be members of opposing cliques. Lack skills in social problem solving or assertiveness.	Emphasize points of agreement. Point out objectives that cut across both positions. Create role plays for others to perform on resolving the conflict. Have members find positive qualities in the opponents. Give out praise for positive behavior. Emphasize that group members can be good and still present troublesome behaviors.
Participant won't talk	Is frightened. Feels insecure. Is bored. Is indifferent. Feels superior. Knows all the answers, or thinks he or she does. Wants to be drawn out. Is depressed.	Give praise for any small response. Obtain Discomfort Cup reading and discuss. Ask for help in reading a script or role playing. Assign work in pairs. Encourage the group to give the person Thanks Tokens for participation. If the person is depressed, provide a referral for individual counseling. Say, "Let's hear from someone we haven't heard from today."
Participant is overly talkative	Participant is eager to share and earn praise. Participant needs to show off and receive attention. Participant may know a great deal and want to show it. Participant typically talks a great deal. Participant may feel nervous or insecure.	Don't put participant down. Ask thoughtful questions to make the person pause. Interrupt with, "That's an interesting point. What do other people in the group think about it?" Take the person aside and say that you need help in letting other group members have the experience of coming up with answers.
Participant is disruptive	Causing trouble gets attention of Facilitator. Angry about something and doesn't know how else to express it. Trying to hide feelings of insecurity. Looking for peer respect. In emotional pain.	Ignore, redirect, and reward. Give praise when the person is calm. Invite to role play a part. Divide participants into small groups; put the disruptive person with strong peers. Stay physically close in order to reinforce appropriate behavior through Thanks Tokens. Ask the client to take a five minute break. Ask the client to leave and come back next time.
Participant complains frequently	May have legitimate reason to complain. Has a pet peeve. Gripping is participant's personal style. Has a great many dysfunctional thoughts.	See if appropriate changes can be made. Point out what can be changed and what can't. Use Discomfort Cups and explore thoughts behind the feelings. Involve the group in addressing the issues. Create a role play where someone is unhappy and wants to bring about change, using "I" statements. Discuss the complaints privately.

BEHAVIOR	POSSIBLE CAUSES	FACILITATOR RESPONSES
Participant rambles	Anxious. Isn't clear about topic. Wants to contribute but doesn't know how. Has trouble concentrating. Bothered by dysfunctional thoughts. Is trying to impress but unsure.	Orient to the topic. Refocus the group. Interrupt with a question about the topic at hand. Ask the group to respond to the person's comments. Give praise and Thanks Tokens for any comments that lead back to topic. Say, "That's interesting, but I don't think I'm clear about how that relates to this". Give the person a task to respond to and ask the person to think aloud, helping him or her stay focused. Model staying on target.
Participant takes a stand and refuses to change	Believes strongly in a particular point of view. Connects position with self-esteem. Is opinionated. Hasn't understood other points of view. Feels threatened.	Ask the person to argue against own viewpoint. Have the group respond to the point of view. Ask the person to repeat back the other positions that have been stated. Get Discomfort Cup readings and explore source of any discomfort. Give Thanks Tokens for believing strongly and for expressing other positions.
Participant focuses on wrong topic	Doesn't understand the direction of the session and the group. Has a personal agenda. Needs to feel assertive. Doesn't want to deal with the topic at hand.	Take the blame. Say, "Something I said must have caused us to get off the topic. We're talking about _____". Try to find out if the topic the person is on has a personal significance. Ask the group if the person's topic is one that needs to get dealt with. Ask the person to think about the correct topic and then give a Discomfort Cup reading; explore where any discomfort is coming from.
Participant constantly seeks the Facilitator's point of view	Wants attention, praise. Looking for advice. Trying to copy the leader's behavior. Doesn't understand what position is the best one to take. Wants to challenge the Facilitator.	Give Thanks Tokens for participating and paying attention. Throw questions back to the group. Give direct answers if appropriate. Don't take away the person's opportunity to solve his or her own problem. Ask for situations that demonstrate the question and role play them.
Participant cannot read well	Never had opportunity to learn. Is dyslexic. Needs glasses. Has eye problem.	Have another group member assist with prompting. Have another group member be the person's shadow and take over only the reading part of the exercises. Give Thanks Tokens for trying. Arrange for outside assistance on the basic problem.
Participant makes incorrect statements	Doesn't know the facts. Believes myths about the topic. Goes along with peer group distortions.	Ask the person what the consequences of the statement would be. Ask the group to react to the statement. Accept that the person does believe it with, "I can see how you feel," or, "That's one way of looking at it". Say, "I see your point, but how does it fit with _____?" Have the group try to figure out how such a belief got started. Make sure the person doesn't end up feeling stupid or embarrassed.

BEHAVIOR	POSSIBLE CAUSES	FACILITATOR RESPONSES
Participant speaks in an unclear way	Feels awkward speaking in a group. Has ideas but is unsure how to express them appropriately.	Don't say, "What you mean is this". Ask, "Do you mean," and then rephrase in more appropriate language what you think the participant may have been trying to say. Have the person write out what he or she wants to say and then coach him or her. Pair the person with someone else who will model the desired language when they work together on a task. Praise participant language that comes close to expressing the ideas appropriately. Have the person make very small presentations at first.
Participant is consistently late	Has outside responsibilities that interfere (child care, job, school). Is hostile to group. Angry at HIV status.	Speak to participant and discover why; problem-solve a solution; set boundaries. Serve food ½ hour before start time, then remove it. Ask group for recommendations.
Participant comes to session drunk or high	One-time slip up. Dependency problem.	Refer to ground rules and ask participant to leave until sober. Process with group. Speak to participant outside of group.

COUNSELING AND COMMUNICATION SKILLS FOR MENTOR MOTHERS

Purpose

To strengthen Mentor Mothers' ability to listen to, communicate with, and provide the necessary skills to Mothers Living with HIV (MLH).

The Use of Counseling

Counseling seeks to serve three main purposes:

- Informative: ensuring that clients have a clear understanding of the facts that will enable them to make informed decisions.
- Supportive: helping clients to cope with the decisions they make and their outcomes.
- Preventive: increasing the clients' awareness of measures they can take to protect themselves and others.

What is Counseling?

Counseling is a helping relationship. It is usually a one-to-one communication specific to the needs of the individual. When you counsel a mother, you

- listen to her,
- help her to understand the choices that she has to make,
- help her to decide what to do, and
- help her to develop confidence to carry out her decisions.

Counseling means more than advising. Often, when you advise others, you are telling them what you think they should do.

Counseling also means more than education and providing information. Providing information may be part of counseling, but not the only part.

A counselor does NOT make a decision for a woman or push her towards a particular course of action or enforce a health policy.

Counselors need to accept that a woman may find it difficult to make a decision. She may change her mind and need to discuss issues with her family members. The counselor needs to support and assist a woman through this process.

Remember that a counselor cannot take away all of a woman's worries and is not responsible for a woman's decisions.

What are the principles of counseling?

The principles of counseling must always be observed during counseling training. These include:

- Confidentiality,
- Acceptance,
- Individualization,
- Non-judgmental,
- Self-determination,
- Control of emotional involvement,

- Purposeful expression of feelings.

Counseling and communication DOs and DON'Ts

DO

Mentor Mothers must be able to:

- communicate well with mothers and their families
- listen well
- understand what mothers are saying and
- provide support and counseling.

DON'T

Mentor Mothers should NOT:

- tell the mothers what to do
- look down upon mothers and have an attitude that says: "I know it all"
- provide too much information all at once
- provide irrelevant information
- talk all the time, without listening to the exact concerns of the mother or her family

Interpersonal Communication Skills Checklist			
Creating a Caring Environment	Yes	No	Comment
Greeting			
Make woman relaxed by smiling, eye contact, body language			
Soft tone, asks how mother and baby are, shows empathy			
Skill: Questioning and Listening			
Use appropriate questions and listen actively: Encourage dialog: ask open ended questions Show that you are listening (head nodding, eye contact, acknowledging sounds, yes...hmmm) Do not interrupt Seek more information: probing questions Avoid jumping in with premature diagnosis Reflect feelings Acknowledging (make participant feel noticed and normal) Paraphrase what mother says			
Counseling Effectively			
Skill: Counseling and sharing information			
Ask participant understanding of situation			

<p>Discuss and try to correct any misconception or rumors</p> <p>Use simple and understandable language</p> <p>Ask for any questions or concerns</p> <p>Use visual aids when appropriate</p> <p>Ask the client to repeat what she needs to do</p> <p>Ask if she agrees and will try to do what is being discussed</p> <p>Summarize and repeat key information</p> <p>Arrange follow up if indicated</p>			
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JUDGING WORDS

Well	Normal	Enough	Problem	Crying `too much
good	correct	adequate	fail	unhappy
bad	proper	inadequate	failure	happy
badly	right	satisfied	succeed	fussy
wrong		plenty of	success	colicky
sufficient				

- The words in bold at the top of each group are words that are used most commonly. These are the words that we will work with in the exercises.
- Below each of the common words is a list of other words with similar meanings. For example, `adequate' and `sufficient' appear below `enough'. Words with opposite meanings are also in the same group. For example `good' and `bad'. All of these are judging words, and it is important to avoid them.
- Judging questions are often closed questions, and can often be avoided by using an open question.

Then:

- Look at the table **USING AND AVOIDING JUDGING WORDS**
- Suggest translations of the five common words in the local language.
- Write in the table the translations that you agree about.
- For each word, read out the Judging question, and give your translation of it.
- Think of a non-judging question.

Using and avoiding judging words			
English	Local language	Judging question	Non-judging question
Well		Does he suckle well?	<i>How is he suckling?</i>
Normal		Are his stools normal?	<i>What are his stools like?</i>
Enough		Is he gaining enough weight?	<i>How much weight did he gain last month?</i>
Problem		Do you have any problems	<i>How is he feeding?</i>
Crying too much		Does he cry too much at night	<i>How does he behave at night?</i>

Exercise 1: Asking Open Questions

Questions 1-6 are 'closed' and it is easy to answer 'yes' or 'no'.
Write a new 'open' question, which requires the mother to tell you more.

To answer:

(example)

1. Is your pregnancy making you sick? (How are you feeling?)

2. Does your baby sleep with you? (Where does your baby sleep?)

3. Did you tell someone about your test result? (Who else knows about your test results?)

4. Are you often away from your baby? (How much time do you spend away from your Baby?)

5. Are your nipples sore? (How do your breasts feel?)

6. Do you clean this cup? (How do you clean the cup?)

EXERCISE 3: Empathizing - to show that you understand how the mother feels

Statements 1-3 are things that mothers might say. Below each statement are three responses you might make.

- Underline the words in the mother's statement that show something about how she feels.
- Mark the response that is most empathetic.

1. My nipples are so painful I will have to formula feed

- a) The pain makes you want to stop breastfeeding?
- b) Did you formula feed any of your previous children?
- c) Oh! don't do that - it's not necessary to stop just because of sore nipples.

2. My breast milk looks so thin; I am sure it cannot be good

- a) That's the foremilk - it always looks rather watery.
- b) You are worried about how your breast milk looks?
- c) Well, how much does the baby weigh?

3. I do not have any milk in my breasts, and my baby is a day old already

- a) You are concerned because your breast milk has not come in yet?
- b) Has he started suckling yet?
- c) It always takes a few days for breast milk to come in.