AFFIRMING THE RESOLVE TO GET WELL:

A Standard Three-Month Psychosocial Program of Group Discussions For Culture-Positive MDR-TB Patients in the Intensive Phase of Treatment

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FOREWORD

Dr. Thelma E. Tupasi

Caring for patients with tuberculosis is a challenge. Caring for TB patients is more than just a clinical management of a sick patient. It requires a patient-centered approach that needs to be holistic in nature. The impact of the disease on the patient is multi-faceted. It is more so with MDR-TB patients who usually have suffered long years of illness and require longer treatment periods with drugs that are notorious for side-effects. Keeping them adherent to their treatment is a great challenge.

The impact of the disease is not only confined to its adverse effect on the physical well-being of the patient. The disease exerts a very dire psychosocial impact on the patient. Stigma, rejection especially by the patient's own loved ones, and loss of income due to sickness suffered by the TB patient all lead to depression and loss of self-esteem. Dealing with these psychosocial issues, adds another dimension into the care of TB patients.

With his dedication to his craft and with a rare gift of compassion, Dr. Ruben L. Encarnacion, a clinical psychologist, has saved despondent TB patients from the brink of self-destruction. He has counselled patients to understand their feelings and how to deal with them. Through group therapy sessions, he has helped patients regain their self esteem. Through peer support, patients develop a greater determination to continue their treatment. This determination is also fueled by the patient's desire to become healthy and socioeconomically productive again, inspired by his peers who have succeeded in the long-drawn treatment and have returned to work.

Dr. Encarnacion has developed these training modules based on the psychological issues that he has encountered in caring for TB patients, and the interventions he applied to address these issues. It is hoped that with these training modules, more social scientists can develop skills to provide the care and support that would prevent patients from abandoning treatment.

PREFACE

PSYCHO-SOCIAL SUPPORT FOR MDR-TB PATIENTS

1. Background

1. 1. Rationale

Comprehensive care for MDR-TB patients on treatment is essential for many reasons. Care for the body, the mind, the soul, the spirit. Here are some facts to consider:

- Tuberculosis disease not only affects the body but also the mind, spirit and soul. Stigma, ostracism and even rejection are quite common.
- A lot of MDR-TB patients have been sick for years and financial, emotional and social resources are drained up. The futile but often expensive treatment has negative consequences on the emotional and mental state of patients. For instance, some MDR-TB patients harbour a deep anger or sadness regarding the faulty treatment they may have received for years. Others have deep emotional hurts because their families stopped taking care of them.
- Some of the MDR-TB medicines have adverse drug reactions that adversely affect the mental state of the patients (leading to psychosis, depression)

1. 2. Experiences from Peru

A retrospective case series was performed among the first 75 patients to receive individualized MDR-TB therapy in Lima, Peru, between 1996 and 1999 (Vega et al., 2004).

- Baseline depression was observed in 52.2% of this cohort
- Baseline anxiety was observed in 8.7% of this cohort.
- Most individuals with baseline depression experienced improvement of depressive symptoms during the course of TB therapy.
- The incidence of depression, anxiety and psychosis during MDR-TB treatment was 13.3%, 12.0%, and 12.0%, respectively.
- The majority of the patients with depression, anxiety and psychosis required psychiatric pharmacotherapy,

1. 3. Experiences from Manila among regular DOTS patients

Even among TB patients not suffering from MDR-TB, the emotional strain is substantial, as was revealed in a study among 319 DOTS patients from public health centers in Malabon, Metro Manila who were retrospectively interviewed (PhD thesis Auer; not published in a journal). The following feelings were 'definitely' or 'somehow' reported:

- Sadness by 67% of the respondents
- Fear of dying from TB by 49%
- Feeling guilty by 49%
- Feelings of embarrassment by 41%
- Feeling ostracised by 26%
- The vast majority (86%) experienced at least one of these various forms of emotional distress.

2. Planned psycho-social activities

Four target groups:

1. Patients on treatment
2. Peer supporters (patients in the second phase of treatment)
3. The health care providers
4. Spiritual care givers

2. 1. Patients on treatment

4.1.1. KASAKA in-house patients

Idleness and homesickness are problems. Life at the moment is hard, for instance due to homesickness, boredom and the side effects of the drugs. In addition, for some patients a heavy question is what will happen to them after the six months of being an in-house patient at KASAKA.

The need:

- Structured daily activities (including livelihood training and livelihood activities)
- Healthy group dynamics

- Group counselling regarding issues affecting most of the patients
- One-on-one counselling regarding difficult issues in life
- Spiritual support for those who want it.

4.1.2. Present psycho-social activities for KASAKA in-house patients
(apart from gardening activities, livelihood training, health teaching)

- As of December, 2005, 10 group discussions with a Consultant Clinical Psychologist, Dr. Ruben Encarnacion, have been held. (Twenty more group discussions were conducted in 2006. In 2007, group discussions were held once every two weeks, with outpatients occasionally joining.)
- On several of these 10 occasions, one-on-one counseling has happened

4.1.3. Out-patients at KASAKA, in MMC and in LCP (Lung Center of the Philippines)

Some of these out-patients have relocated to Makati or Quezon City and may suffer from homesickness and boredom. Many suffer side effects.

The need:

- Regular meetings with patients to address their psycho-social needs
- Encouraging the treatment partner in her/his potentially difficult role
- Meeting patients who are on the verge of defaulting
- Monthly meetings with patient and if possible with treatment partner to anticipate challenges in the month to come

(Starting December 2006, Group Discussions for outpatients at Makati Medical Center (MMC) were held every other week. A full-time psychologist, Mr. Rod Lopiga, joined the TDF team then. Starting in October 2007, Dr. Encarnacion conducted group discussions at Lung Center of the Philippines (LCP), also every other week. These efforts led to increased treatment adherence among outpatients at LCP, measured in February 2008.)

2.2. Peer supporters

They need to be trained to do the following:

1. To become peer supporters to patients who are in the first phase of treatment
2. To become peer supporters/counsellors to patients who are on the verge of stopping treatment
3. To facilitate livelihood activities in KASAKA (for the in-house patients)

2.3. The health care providers (clinic staff)

Treating MDR patients is not easy:

- High workload with lots of demands (e.g. reporting for the Global Fund)
- Some patients are depressed or very weak. Others are moody and complain a lot.
- Some patients fail treatment and thus face an agonising death
- Working as a team can also be a challenge

The need:

- Training the providers for acquisition of counselling skills
- Regular meetings with the providers to share and uplift their spirits
- Giving the providers opportunities to "unload"

(From February to June 2008, six social workers, a peer supporter, and a psychologist from TDF underwent a 9-session semi weekly Basic Facilitators Training Workshop under Dr. Encarnacion. By July 2008, group discussions were offered weekly to outpatients at Kasaka, MMC and LCP as a regular part of the management of MDR-TB patients at TDF Philippines, In each of the three treatment centers, two social workers facilitate the group discussions. In LCP, a peer supporter (i.e. an MDR-TB patient) is also part of the team. Psychologist Rod Lopiga has also been conducting group discussions at Tala and Tayuman, new treatment centers that opened in February and September, 2008, respectively.)

2.4. Spiritual care givers

Many of the psycho-social issues have a spiritual dimension. We want to offer regular spiritual care.

The need:

- The spiritual care givers need some supervision regarding how to provide spiritual care in a psychologically healthy way
- The spiritual care givers may be needed to assist patients who are on the verge of defaulting

- Four times so far, people from churches have come to share with the patients

By Christian Auer, Ph.D.
Tropical Disease Foundation
December 2005

INTRODUCTION

Facing the MDR-TB patients to commence the psychosocial program, the psychologist/facilitator comes face-to-face with patients with varying tenure in the DOTS Plus program—from 2 weeks to 15 months, with the majority having stayed there from 2-5 months already.

Among the needs that jump out immediately at the facilitator is the patients' deep need to tell their stories. Other needs that arise are identified as follows:

- Need to accept their condition as MDR-TB
- Need to come to terms with any rejection they experienced before coming to the clinic
- Need to accept their necessary physical separation from their loved ones for the time being
- Need to accept their separation from their jobs while undergoing treatment
- Need to draw encouragement and support from one another to continue taking their daily medications
- Need to affirm their resolve to get well
- Need to support their self-esteem in the absence of work and in the infrequency of visits from their loved ones
- Need for a sense of hope and a sense of gratitude

Following is a set of modules that can be used to address these needs of outpatients during the first three months of a psychosocial program for culture-positive MDR-TB patients in their intensive phase of treatment. After completing this 3-month program, there will be patients newly enrolled into PMDT (Programmatic Management of Drug-Resistant Tuberculosis), and the 3-month cycle can resume. These modules were arrived at inductively, that is, the clinical psychologist flowed with the presenting needs of the patients from session to session during the pilot period from September 2005 to January 2006. Other modules were added from group discussions conducted in 2006-2007.

Later, from the summary notes of the group discussions, patterns of responses and group processes were inductively drawn. The following modules were then designed as

suggestions that any succeeding trained facilitator can follow with subsequent patient groups. Flexibility is encouraged to suit the style of the facilitator. The facilitator can be a psychology graduate or a social worker, well versed in working with groups, preferably in a clinical or patient setting. Other health care workers who have the listening skill and the interest in working with patient groups, can also be trained.

The emergent theme of the modules for the first three months is Affirming the Resolve to Get Well. Ten modules are presented, each lasting about an hour. These can be used during the first 3 months of the Psychosocial Program, with patient general assemblies held every month. In the Appendix, five modules are added for special occasions that arise during the treatment period. These are sessions for All Saints' Day, Christmas, New Year, Easter, Bereavement (following a co-patient's death), Welcome (welcoming a new patient), and Closure (farewell to a DOTS nurse/staff who is resigning).

In facilitating the modules, the psychologist must be committed to the inductive process of adult learning. This is done by asking questions that allow the patients to share their ideas, react to each other's stories, summarize the group's inputs, and draw their own learnings. Lecturettes are given minimally, for example in outlining the Stages of Acceptance of their illness. Summarizing the group's learnings from an activity ideally comes from the patients themselves. The inductive process calls for **showing**, not **telling**. ***Showing***, so that the patients can see and experience the activity for themselves, and ***listening***, so they become empowered to express and share themselves with one another.

It must be emphasized that in following these modules, good listening skills on the part of the facilitator are crucial—more important than any message or encouragement he or she has for the patients. Introducing inputs is secondary. It was found that the patients themselves have a listening ear for each other. This is slightly marred, however, by their having to talk through their masks and thus, be less intelligible. Any others playing a facilitator role, such as peer supporters, must understand that supporting new patients does not necessarily mean telling them your own story. Good listening skills are critical.

The modules are divided into the following categories. The activities are not

meant to be conducted sequentially. Facilitators can jump from one category to another, or design their own activity, depending on the felt need of the group at the moment.

Aside from the ten group discussion modules that I propose for a standard three-month psychosocial program for culture-positive MDR-TB patients in the intensive phase of treatment, I have included x more group discussions in the appendix.

The modules in the appendix are divided into the following categories. The activities are not meant to be conducted sequentially. Facilitators can jump from one category to another, or design their own activity, depending on the felt need of the group at the moment.

1. **Sessions for Special Occasions.** There are sessions for All Saints Day, Christmas, New Year, Easter, as well as welcoming a new patient, farewell to a nurse, and bereavement over a patient who died.

2. **Personal Awareness.** This category includes activities that emphasize self-disclosure, sensory awareness, and feelings awareness.

3. **Values Clarification.** The activities in this category help the patients clarify the process by which they choose or act.

4. **Group Process.** This category includes activities that address issues concerning group process: group observation/awareness, forming subgroups, building trust, the effects of member behaviors on groups, and the like.

5. **Communication.** Activities dealing with experiments in communication awareness and listening.

6. **Feedback.** The activities hear deal with giving and/or receiving feedback in a group setting.

7. **Problem Solving.** The modules here address topics like life/career planning, conflict and its resolution. Also included are modules on sexuality and behavior.

8. **Miscellaneous.** A few icebreakers are included here.

Each module is designed to last about an hour.

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Have fun! The message of hope is conveyed best by a listening ear, an open heart, and a smiling face.

Dr. Ruben Encarnacion
December 2008

Module 1. REACTIONS TO THEIR DIAGNOSIS (MDR-TB)

Process Questions:

1. What were your reactions when found to have MDR-TB?

This initial question is posed to the large group. Individual responses are presented to the group. The facilitator can separate ***feeling*** reactions from ***thought*** reactions, to help patients become aware of the difference between their feelings and their thoughts. In listening mode, the facilitator probes the speaker to help her tell her story fully and to highlight stages of acceptance of the diagnosis.

2. What helped to overcome the struggles?

3. What went on in your mind when you started treatment at the center?

4. What makes you sad here?

5. What makes you happy here?

6. Describe your struggle in accepting your current situation.

Module 2. THE EXPERIENCE OF REJECTION

1. Ask for a volunteer to relate his experience of rejection upon finding out that he had TB.

Process Questions:

2. What hurt you the most?

3. What helped you?

4. How did you overcome these insulting experiences?

5. Ask others to relate their own experience of rejection, probing them with the same process questions.

6. **Noisy Sigh** – Regularize breathing, inhale-exhale 5 times, inhale getting well with medicines, exhale negative thoughts and experiences, big inhale, then big exhale as patients bend down from the waist with a noisy sigh.

Module 3. ESTABLISHING THE HELPING FACTORS

Process Questions:

1. What are the things at (Kasaka/MMC/LCP/MMC/LCP) that help you to get better?

2. What do you need from your fellow patients so that you will stay in treatment?
   During the third session, the participants were ready to express to one another what they needed from each other. They were given an opportunity to verbally express these needs. Other groups may need more time. The facilitator is encouraged to use his sensitivity to recognize the participants' state of readiness. With this particular group, the telling signs were:
   - When they started reacting and responding to what somebody else said
   - When they start "giving," e.g. saying, "*Nandito kami." (We are here.)*

Module 4. TEACHING THE QI GONG MEDITATION

(Note: The postures & movements have to be taught to the facilitator by Dr. Encarnacion or someone who knows Qi Gong, sitting or standing position)

1. Objectives: To give the patients a simple meditation technique that they can use everyday or as needed.
To become comfortable with being still and meditating on messages of life and health.
To become aware of their life force or "chi" as their vitality of being alive and well.

2. Instructions: Choose a quiet place indoors or outdoors where there is room enough to spread your arms unobstructed. For teaching purposes, the semicircle was used. Patients were asked to spread around. The 3 basic positions were taught carefully, one at a time. Patients were then taught the transition movements between positions, beginning with the starting position.

3. Meditations:

Position 1: Visualize and feel the sun, air, water, earth, dwelling on one element at a time. Sun takes away bacteria, gives us vitamins, allows all living things to grow. Air is what we breath in, giving us oxygen for all the cells in our body. Water is what takes away our thirst, a vital component of our bodies, in our blood transforming the air we breath into oxygen, allows all living things to grow. Earth is what we stand or sit on, will never go away, what our bodies are made of. These 4 elements are given free to all living beings, the only things we need in order to lie, thrive and grow.

Position 2: Our relationships with each other and those we love. The bond of love that binds us all as we give and receive help from one another.

Position 3: Supplication from the universe for anything else we need in order to make us whole, well and happy.

The whole procedure can take from 5 to 15 minutes.

To reinforce the learning of the hand positions and transitions, and to give an alternative as to how the meditation can be done, the meditation was done again, this time in standing position.

4. Gather Patients' Comments and Reactions. Some sample responses:
    - Warmth between palms (the "chi") was felt by 4-5 patients. Others who did not feel it yet were encouraged that sometimes, it takes time and practice.
    - Interpretations: "Init" was the "init ng pagmamahal, init na may minamahal tayo." Another patient said it was the "init ng nabubuhay."
    - *"Nakarelax ng katawan at paghinga."*
    - *"Araw, hangin, tubig, lupa—ito lang ang kailangan natin para mabuhay at maging kapakipakinabang."*
    - *"Magagamit ang* exercise/meditation *bago matulog—pampathimik.*

Module 5. STAGES OF ACCEPTANCE: TRUSTING THE TREATMENT

Process Questions:

1. What was your reaction when you were told that you suffer from MDR-TB?
   Back to the very first opening question in Module 1, but sharing this time is deeper and more extensive, the patients having developed greater comfort with one another and with the facilitator. In the pilot session, 4-5 patients shared their stories during this portion.

2. **Qigong meditation** – The **"sun, air, water, earth"** meditation as the four elements we all enjoy just because we are alive. These are also all we need to continue living.

3. **Lecturette: The 5 stages of Grieving**
   - **Denial**
   - **Anger**
   - **Bargaining**
   - **Depression**
   - **Acceptance**

   This is not a linear process. The stages can reappear. It is also important to differentiate from depression as a stage of grieving, due to very hard circumstances and homesickness, versus depression due to side effects of Cycloserin, one of their medications.

4. The facilitator notes with particular attention those among the patients who are still closer to the **Denial phase.** During the pilot sessions, one patient who was still in denial shortly went home and terminated her treatment.

Module 6. EXPECTATIONS, WORRIES, AND FEARS

Process

1. Break up into groups of 3.

2. Share with the small group your EXPECTATIONS OF YOURSELF & THE GROUP: Some sample responses:
   INAASAHAN:
   - Tulungan, damayan (Helping, commiserating)
   - Gumaling lahat tayo sa gamutan (That we will all get well)
   - Malampasin natin ang paghihirap (We will overcome the hardship)
   - Makipagkuwentuhan para mawala ang problema (Stories ease problems)
   - Sana mainitindihan nila ako, kasi makulit ako (I hope they accept me)

3. Form new subgroups of 3.

4. Share with your new group your WORRIES about the group. Sample replies:
   ALINLANGAN:
   - Baka hindi magamot; hindi mag-straight-negative (Might not get better)
   - Sana hindi ma-break ang pagsasamang maganda (Break in relationships)
   - Mawalan ng pag-asa; manghina ang loob (Losing hope)

5. Form new subgroups of 3

6. Share with your new group your FEARS about the group. Sample replies:
   KINATATAKUTAN:
   - Fit to work pa ba ako? (Am I still fit to work?)
   - Hanggang saang pangarap pa ang maaabot ko. (What dreams will I reach?
   - Mag-positive. (Become culture-positive)
   - Mamatay kung kailan malapit na gumraduate dahil sa complikasyon. (Die)
   - Baka hindi tulungan paglabas (I might not get promised help)

7. Process Questions:
    a) How did you choose your original subgroup?
    b) How have your feelings changed toward any of the group members with whom you worked during the activity?—*Walang pagbabago. (No change)*
    c) While participating how much did you disclose about yourself—Very much
    d) How and why did your participation vary from subgroup to subgroup?
    e) How have your expectations, worries and fears changed as a result of participating in this activity?
    f) What have you learned about other group members?
    g) What have you learned about yourself?
    h) How can you use what you have learned?

It was noted that there were no in-groups in this instance. The patients felt comfortable with ***all*** of their fellow patients. They did not exercise any selectivity in whether to reveal themselves to anyone or only partially. After the activity, the patients were guided through a Qi-Gong meditation of sun, air, water, earth. The session ended with a prayer by a patient.

Module 7. THE TIMES OF YOUR LIFE (Part I)

The session can start with the Qi Gong meditation, prayer, or song.

Process:

1. All the patients are given a pencil and a piece of paper that contain a table (see next page) consisting of six columns. The task for this session is to note down for each 7-year part of life (0 to 7 yrs, 8 to 14 yrs, 15 to 21 yrs etc), the main personal events, social events, and "in-things" of those years (movies, songs, fads).

2. Then subgroups of 3 or 4 members each are formed. In one session in the past, three groups were formed: one group consisting of four male patients (plus Dr. Ruben), one group consisting of three female patients (plus Christian) and one "Ilokano group", consisting of two male patients and one female patient. Each person shared her or his notes to the others in the group. This lasted about 15 minutes.

3. Sharing in the group as a whole about this. Some sample responses:

   - Hearing the stories helps us understand the patient who tells the stories.
   - There are sad stories and happy stories in the lives of the patients.
   - Telling the story does good to one's inner self (*nakakaluwag)*

*It was noted that for this session, falling sick with TB or MDR-TB was not a big thing in the stories.

On the succeeding session, another three columns in the table will be filled in.

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(The separate "Times of Your Life" Handout is inserted in the next page.)

THE TIMES OF YOUR LIFE, Part 1

Ages	Personal Event	Social Event	Uso: Song, Saying, Show, Movie, Fad That U Remember			
0-7						
8-14						
15-21						
22-28						
29-35						
36-42						
43-49						
50-56						

Module 8. THE TIMES OF YOUR LIFE, Part 2

The session can start with the Qi Gong meditation, prayer, or song.

Process:

1. All patients are given a pencil and their piece of paper that contained the table consisting of six columns, the first 3 columns filled in 14 days ago. An additional 3 columns are to be filled in today. The task for today was to note down for each 7-year part of life (0 to 7 yrs, 8 to 14 yrs, 15 to 21 yrs etc) – in relation to the main personal events, social events of those years – (i) the decision made in family life, work, personal life; (ii) reflected goals, attitudes, interests, beliefs, worries, feelings, aspirations; and (iii) how time, energy, money was spent.

2. In a previous group, the 4 male patients sat around one table, and the 3 female patients around another table, filling in their sheets. Christian was with the men while they shared and Dr. Ruben was with the women while they shared. The men's sharing clearly showed their priorities of family and supporting the family (mainly parents or children).

3. Subgroups are formed. Each patient relates his or her entries to the others. This process lasted about fifteen minutes. In a previous group, the male patients shared their notes among each other, and so did the female patients.

4. No sharing in the group as a whole was done. But the patients expressed that this exercise helped them with their situation.

THE TIMES OF YOUR LIFE, Part 2

Ages	Decisions Made in Family, Work, Personal Life	Reflected Goals, Attitudes, Interests, Beliefs, Worries, Feelings, Aspirations	Time, Energy, Money Spent Where			
0-7						
8-14						
15-21						
22-28						
29-35						
36-42						
43-49						
50-56						

Module 9. MY FAVORITE MEMORIES

(Memories, Part 1 is more leisurely and light; good for early stages of group formation.)

1. Objectives:

To realize the value of our memories in our daily lives.

To see we can use our memories while undergoing treatment.

Process:

2. What is your favorite memory from childhood? Do you have a toy, a pet, a favorite pair of shoes you can't forget? Do you have a best friend, a favorite game? Sample responses:

Aso

Bisikleta

Akyat ng puno

4 years old—malaking sunog

Robot na laruan

Bracelet from Baguio, bigay ng kaibigan

Sapatos

Baro—simbolo ng pagmamahal ng nagbigay

Relo—bigay ng pinsan from Japan

3. Is there a person you can't forget? Someone who treated you kindly? Some responses:

Best friend, nagbibigay ng baon, nahulog sa balon 12 y/o

Kaibigan, mas malakas sa akin, nagtatanggol, umuwi na sa probinsiya 15 y/o

High school classmates—init ng samahan, harutan, harana

4. Make a plan to show these people that you thank them and they mean a lot to you. The group decided to say a group prayer to thank these people. In the prayer, the group also thanked the doctors and nurses at Kasaka/MMC/LCP who were helping them get well.

5. How would you like to be remembered? Example, for your sense of humor, thoughtfulness, hard work? Responses:

- *Ang kabaitan ko sa bawat tao*
- *Sa pagiging matapat ko sa aking kapwa lalo na ang aking palabra de honor*
- *Maalala ako sa kung sino talaga ako bilang tao—palabiro, pikon, at matulungin*
- *Kasipagan at masunurin sa magulang*

6. Synthesis: What is the value of our memories? *Ano ang halaga at saysay ng mga alaala natin?* Some responses:

- *Nagdudgtong ng kahapon at ngayon.*
- Memories enable us to hold on valuable people, experiences and things.

Lakas ng loob, inspirasyon para labanan ang paghihirap sa pag-inom ng gamot; panlaban sa pagkainip (habang naghihintay o walang ginagawa.

Module 10. MY EXPERIENCES OF BEING LOVED

(Memories, Part 2 is more in-depth and more suitable for patients warm to each other.)

1. Objectives:

   To realize the value of positive memories in our daily lives.

   To see how we can use these memories while undergoing treatment.

2. Patients are asked to recall their experiences of having been loved. Some responses:

   Several of the responses involved the parent or family member who take care of them when they were sick.

   Deceased wife – naglalambing noong nabubuhay

   Father – Taught lessons in school

   - Advised me against a boyfriend. Hindi ako hinayaan mapariwara.
   - Pag may sakit, titingnan kung may lamok; walang paborito

   Mother – Takes care of me when I'm sick

   - Napakabuti; siya nagsuporta; pag may hinihiling, binibili—gamit, damit, baon

   Lola – Takes care of me when I'm sick

   Deceased mother – nandiyan agad pag may sakit ako o may problema

   Kapatid – tinulungan ako

3. Summary/Synthesis: During the synthesis part of a previous group, the group's summary or ending note was that **receiving love gives us the ability to give love**.

4. In case of negative, painful memories: One patient could not help but recall a negative, hurtful memory about his father. "Di ko naramdaman na mahal niya ako—palo, buntal. Nanay napakabuti." I remarked that we all have things that we wish had never happened in our lives. We can talk about these in a future session, if you want.

APPENDIX

SECTION 1: SESSIONS FOR SPECIAL OCCASIONS

The following designs can be utilized when the occasion arises at any point of the psychosocial program. These are sessions for All Saints' Day, Christmas, New Year, Easter, Bereavement (session following a co-patient's death), Welcome (a new patient joins the group), and Closure (farewell to a DOTS nurse/staff who is resigning),.

Module 11: AN ALL SAINTS' DAY EVENING SESSION

Process Questions:

1. *Sino ang mga mahal ninyo sa buhay na nalulungkot kayo at wala na ngayon?* (Who are your loved ones that have died?)

2. *Ano yung mga tao o bagay na wala na sa inyo ngayon, na pinakahanap-hanap ninyo o mabigat sa kalooban ninyo?* (Who are the people or what are the things, gone now, that you miss the most?)
   Patients are paired off in dyads.
   In the pilot group, a mother spoke of her 4 children. Four men spoke of their former jobs.

3. *Ano yung pinakaaasam ninyo?* (What do you most look forward to?)
   Big group sharing revealed a unanimous response: to get well.

4. *Ano yung mga bago at sariwa na bagay na nangyayari sa inyo ngayon patungo sa pagpapagaling?* (What are the new things that happen to you as you get better? Where is the freshness in your condition?)
   It is important for the patients to become aware of the new and fresh experiences amidst their routines so they have something to look forward to. Sample responses in the pilot group were: new interactions with peers, learning something new (method

of cleaning) from a colleague, new way he was helped by a caregiver. Even taking their daily medications could be approached with a fresh attitude each day.

5. Summary/Synthesis. A sample synthesis is, *"Bitawan na ang nakalipas. Harapin ang kinabukasan."* (Let go of the past. Face the future.)

Module 12: MY CHRISTMAS WISH FOR YOU

Materials Preparation:

- 100 stars, about 3 inches tall, cut from 5 different colors of cartolina
- Pen for each patient
- Scotch tape cut into several 1-inch strips for sticking

Process:

1. The facilitator makes an introductory remark about our quality of inherent goodness, as contrasted with our abilities which can be rendered inutile when we are sick or jobless. This point was made in the "Deepening the Five-Finger Exercise" module.

2. Recall your happiest Christmas. Saddest? Volunteers relate their stories.

3. What gift or gifts do you need or want most this Christmas? Each participant speaks in front of the large group. It is important for the facilitators to hear and take note so that they can give a star-gift to those who receive only a few from their co-patients. Gifts can be material (a shirt, for example), spiritual (greater peace of mind; *sana huwag na mainip o malungkot* (I hope not to be impatient or sad)*)*, emotional (better relations with spouse), or social (better relations in general).

4. What gift do you wish to give your colleagues this Christmas? Patients are given 5 stars each of different colors. Directions: Select 5 of your colleagues that you most

want to give gifts to. Write down your gift or wish on your star. Excess stars are made available for those who want to give to more people.

5. Gift giving

   Process:

   a) 4 patients at a time are asked to sit on chairs in the middle of the big circle.
   b) Those in the outer circle are asked to approach the seated patients that they wish to give a gift to.
   c) The givers talk to the receivers and explain their gift or wish. Receivers may not talk but can respond nonverbally. The giver uses scotch tape to pin his star-gift on the receiver's gown.
   d) The next 4 patients take their turn. The cycle continues until all patients have become receivers.

6. Kasaka/MMC/LCP Human Christmas Tree – Patients pose with their stars on their gowns. They can do the Energy Chain to circulate their love-energy among each other.

7. Closing prayer or song

Module 13: NEW THINGS ON NEW YEAR

Process Question: What new things do you experience in your day-to-day life since you came to Kasaka/MMC/LCP?

Directions: Patients are given a piece of paper each to write down their response. Written responses are elicited in this module for two reasons: to encourage the patients' reflective ability and to ensure that each one gets to think and respond. A group discussion is done after about 15 minutes. Responses are read aloud to the group and the patients explain, react and respond to one another.

For illustrative purposes, here are some responses during the pilot session:

- *Masaya kahit na araw-araw may gamot dahil yon din ang nakatulong sa amin.* (I am glad to drink the meds everyday because that is what helps me.)
- *Ngayon lang nag-Pasko at New Year na malayo sa pamilya. Lalo na ngayon birthday ng asawa ko.* (It's my first time to spend Christmas and New Year away from my family. It's sad especially today, it's my wife's birthday.)
- *Anim na buwan na akong umiinom ng gamot.* (I have been drinking meds for 6 months now.)
- *Nakakabiyahe na akong mag-isa.* (I can now travel alone.)
- Continuation *na ako* (I am in the continuation phase now.)
- *Natanggap ko na ang nakaraan at masaya na ako.* (I have accepted the past and I am happy now.)
- *Dinalaw ako ng asawa ko. Nakasama ko ang anak ko.* (My spouse/son visited me.)
- *Salamat sa Panginoon at binigyan pa uli ako ng pagkakataon na humaba pa ang buhay at ako naman ay masaya sa araw ng Pasko at Bagong Taon na darating na ito. Maraming taong dumaramay sa buwang ito ng Disyembre* (Thanks be to God that I was given a chance to live a longer life. I am happy this Christmas and New Year. Many people commiserate in December.)
- *Medyo nalulungkot kasi hindi ako makauwi ngayong Bagong Taon.* (A little sad because I cannot go home this New Year.)

- *Nakilala ko ang mga taong makakaunawa sa akin—mga katulad kong may sakit. Nalaman ko ang tunay na saya sa buhay ko ang makipagkaibigan.* (I got to know those who could understand me—my fellow patients. I learned the true joy of friendship.)
- Excited *kasi malapit na akong gumraduate kaya lang* instead *na maging madali ang pag-inom ko ng gamot ay kabaligtaran ang nararamdaman ko. Nahihirapan akong uminom ng gamut ngayon pero kailangan kong labanan para maabot ko ang minimithi kong paggaling sa tulong na rin ng Diyos na nagbibigay sa akin ng kalakasan.* (Excited because I will graduate form intensive phase soon. However, drinking meds has become harder instead of easier. It is difficult but I have to so I will get well, with the help of God who gives us health.)
- *Masaya ako dahil bukas ay uuwi ako at kasama ko ang aking pamilya at barkada. At nagpapasalamat ako Panginoon at nakarating ako sa pagsubok na ito.* (I am happy because I will go home tomorrow to my family and friends. I am thankful to God that I have reached this phase of the challenge.)

Module 14. Good Friday, Black Saturday, Easter Sunday: A Shared Reflection and Discussion on how Holy Week plays out in the lives of MDR-TB patients

Good Friday - That which we die to or have to suffer from

Black Saturday- That which we have no control or choice over but to wait

Easter Sunday - The newness or freshness we experience after or amidst suffering

Process:

1. After the explanation above, the patients were asked to reflect on their experiences as MDR-TB patients and individually write down their experiences of Biyernes Santo, Sabado de Gloria, and Linggo ng Pagkabuhay. They were given 15 minutes.
2. Small group sharing in groups of 5 and 6, 30 minutes.
3. Large group synthesis, 10 minutes
4. Closing and prayer, 5 minutes

Experiences of Good Friday

- *Galaw at kilos noong araw, hindi na puwede.* (Goodbye to old activities)
- *Di maasikaso ang asawa at anak.* (Cannot take care of family)
- *Natatakot sa pag-inom ng gamot; parang nabibingi* (Afraid of taking meds)
- *Pag-alala sa sarili araw araw—baka may nadadamay sa katawan, may nararamdamang kakaiba* (Worrying about personal health everyday)
- *Bawal magtrabaho, di kaya buhayin ang mag-ina* (Cannot work)
- *Walang sigla ang katawan* (Feels lifeless)
- *Masakit na nararamdaman sa pamilya* (Suffering in family)
- *Hirap ng pagtulog sa gabi, epekto ng gamut*
- *Walang gana kumain, may tama ng gamot—**parang may pasang krus*** (No appetite, with side effects—like carrying a cross)
- *Namatay ang bisyo* (Goodbye to vices)
- *Naghihirap sa pag-inom ng gamut* (Suffering side effects opf meds)

Experiences of Black Saturday

- *Mahirap ang buhay, baka hindi makayanan bumuo pa ng bahay pag galling* (Life is hard. I might not be able to make a living when I get well.)
- *Umaga, iba ang nararamdaman dahil sa pag-inom ng gamut* (Feels different in the mornings due to side effects of meds)
- *Nagdadasal, sana gumaling para makatulong sa pamilya* (Praying to get well to help the family)
- *Paghihintay ng magandang pakiramdam* (Waiting to feel better)
- *Naghihintay ng magandang kinabukasan* (Waiting for a brighter future)
- *Wala nang magawa kundi maghintay lang—naglilibang, nagrerelax, palinis linis; nababawasan ang pag-iisip, pangamba* (Nothing to do but wait—entertain self, relax, do some cleaning; lessens worries and fears)
- *Walang control sa bisyo* (No control over vices before)
- ***Naduduwag, nahihiyang makisama sa dating kaibigan—baka makahawa*** (Ashamed to associate with previous friends—might contaminate them)
- *Pag-inom ng gamot, parang di gumagaling* (Drinking meds does not seem to make me feel better)
- *Parang nag-iisa, walang mahingian ng tulong* (Feels alone, no one to turn to)
- *Naghahanap ng masarap na maluluto para guminhawa ang katawan* (Looking for delicious dishes to cook in order to feel better)
- ***Wala nang control sa nangyayari sa pamilya,*** decision making (No more control over what befell us in the family)
- ***Tuuyan ba akong gagaling?*** (Will I ever get completely well?)
- ***Di kontrolado ang damdamin; ayaw uminom pero kailangan*** (No control over how I feel. I don't feel like drinking meds but I must.)

Experiences of Easter Sunday

- ***Pagbalik sa asawa't anak*** (Returning to family)

- ***Unti-unting bumubuti ang katawan, pakiramdam*** (Slowly recovering, feeling better)
- ***Gumaganda ang culture; lalong nagpupursige uminom ng gamot*** (Becoming culture-negative makes me more determined to take meds)
- Gumaganda ang kondisyon ng katawan (Getting physically better)
- ***Masaya—may pag-asang gumaling; kaya nang maglakad ng malayo; wala nang ubo*** (Happy. There is hope of getting well. I can walk far now without coughing)
- ***Gumaling at maalagaan ang sarili; makatulong sa pamilya*** (To get well and take care of myself; being able to help the family)
- Magkaroon ng bagong pag-asa sa mahal sa buhay. (Have new hope for my loved ones)

Closing, Synthesis

Each of us lives out the Passion, Death and Resurrection in our own lives, now as MDR-TB patients at Kasaka/MMC/LCP. This is how we are one with Christ, and how He is one with us in the midst of our personal journeys. The promise of Easter encourages us to continue taking our meds, because of the hope of getting well, and actually feeling better each week, as attested by several of the patients.

The session closed with a group prayer led by Patient G, the articulate informal leader.

Module 15: BEREAVEMENT OVER A FELLOW PATIENT'S DEATH

This session is non-prescriptive. No resolutions, prescriptions, solutions are attempted. Instead, patients are given the opportunity to express their reactions, feelings, fears, and thoughts.

Process Questions:

1. Anong nabalitaan ninyo sa nangyari kay __ ?
   Re-telling as ventilation

2. What are your reactions?
   What do you think of what happened?
   What are your feelings about what happened?

3. What do you want to do?
   Do you want us to pray?

4. What are your fears?

5. Qigong breathing and posture meditation on sun, air, water, earth to reaffirm the life within us and how the dead has returned to the earth.

Module 16: WELCOMING NEW PATIENTS

Process:

1. Opening prayer, song, or Qi Gong meditation.]

2. The **new inpatients (anywhere from 1 to 4) are invited to share their stories** with the rest of the patients. They are asked to share how they found out they had MDR-TB, how they reacted, what they did, how their family and friends reacted to them, etc. Suggested structure of their talk is: Reactions to the diagnosis, The Experience of rejection, and Stage of acceptance or denial.

3. **Messages of Patients to the Newcomers**

   Some sample messages from previous sessions:

   - "Huwag mawalan ng pag-asa. Binigyan kayo ng pagkakataong mabuhay. (Do not lose hope; you were given the opportunity to live.)
   - "Nakakalungkot, tulad ng karanasan namin." (It is sad at the start, as we have experienced.)
   - "Isipin lang natin, makabalik tayo sa pamilya natin, sa labas" (Let us just think that we will return to our families outside.)
   - "Sundin ang doctor; kumain." (Follow your doctor; eat well.) These are all provided at the center.
   - Do not stay alone in your room so often. Mix with your co-patients.
   - Eat well.
   - Do not get bored; treatment is long.
   - But do not look at the very long length of treatment, because it will only lead to self-pity.
   - Pray.
   - Do not be too harsh on your relatives who rejected you. Do not feel so bad.
   - Affirm that even the "older" patients often do not feel like taking their medications. This is natural. But there is no other way.

4. **Requests/Offerings**
   - Ask us if you need help— examples: prayers, walking, cleaning, sharing, kuwentuhan, to initiate conversations
   - The group answers yes, maybe, or no.

5. Love Shower

The newcomers are asked to sit in front of the circle, with their backs to their fellow patients. The patients go to them one at a time to engage them in one-on-one messages.

6. The newcomers are asked how they feel about the welcome. Sample response: Patient M felt encouraged to get well and to "show them (outsiders who hurt her) that she will be a cheerful, well M, *hindi patatalo."* (not giving up)

7. Process question to the whole group: What were your thoughts and feelings while welcoming the newcomers?

Sample responses:

- *Tanggapin ang darating sa inyo, kung ano tayo ngayon. Kung ano ang nakaraan, iwanan na natin. Ang importante, harapin natin ang ngayon. Ito ang tangi nating magagawa—inumin ang gamot, magpalakas, para marating ang kinabukasan.* (Accept your lot. It is important to face reality. This is all we can do for now—drink meds, get healthy, to have a future.)
- *Lalo na ang mga payat. Kung kaya namin, kaya rin ninyo. Wala kayong aalalahanin kasi narito kami. Habang narito tayo, iisa tayo. Huwag magkulong.* (Especially the thin ones. If we can do it, so can you. Do not worry because we are here. While we are here, we are one. Do not isolate yourself.
- *Paalala—ang gamot inumin natin. Dalawang gamutan lang. Kung hindi umubra, wala nang pangatlo. Kung gumaling, magagawa nating lahat.* (Reminder—drink your meds. We only have 2 chances. If we don't get well, there is no 3rd chance. If we get well, we can do anything.)

- *Inspirasyon sa akin silang 3. Patuloy na napagtityagaan kong uminom ng gamot. Nandoon ang pag-asa sa mga kasamahan. Iba-iba ang reaksyon nila sa nangyaring sakit*. (The 3 are an inspiration to me. I can patiently drink my meds. There is hope in the camaraderie. We all have different reactions to our illness.)
- *Kawawa pamilya natin kung di tayo makabalik. Makakahawa pa sa komunidad.* (Pity our families if we do not return to them. We will be contagious to the community.)

Module 17: FAREWELL TO A NURSE

Process:

1. The facilitator opens the session with a message to the group on comings and goings of relationships as a natural part of the cycles we go through in life. The exiting nurse is briefed beforehand that she will have two opportunities to speak—a "head talk" and a "heart talk." The "head talk" is to state the objective facts and reasons for her leaving that she wants the patients to know. The "heart talk" is for her to express her feelings to the patients about leaving. The "head talk" will be done to open the session, the "heart talk" at the close.

2. "Head Talk" – The exiting nurse is asked to tell the patients what she wants them to know about the factual circumstances surrounding her resignation.
3. Patients' Reactions – What do you think? How do you feel about it? What is the effect of her leaving on you?

4. Love Shower – Patients approach the nurse, seated at the middle, and privately convey any positive wishes they have for her. The nurse can only respond nonverbally.

5. "Heart Talk"

6. Closing prayer or song

SECTION 2. PERSONAL AWARENESS

INTRODUCTION TO PERSONAL AWARENESS MODULES

The activities in the Personal Awareness section help expand personal insight. They emphasize the topics of self-disclosure, sensory awareness, and feelings awareness. The self-disclosure activities teach the ability and skill to share oneself meaningfully with others; the sensory awareness activities focus on personal awareness through the exploration of the senses; the feelings awareness activities develop an emotional understanding of oneself.

Lack of self-understanding, inability to disclose one's thoughts and feelings, and lack of insight into sensory functioning can cause individuals to feel inarticulate or inadequate and can cause difficulties in relationships. The facilitator can find these activities helpful in dealing with these kinds of situations.

Self-disclosure activities have a wide range of appeal. Patients' ability or inability to reveal their thoughts and feelings can affect the success of group functioning in treatment, or plain social comfort with one another. Sensory awareness questions invite the patients to share their perceptions of and reactions to specific experiences or events. The facilitator is advised to judiciously choose and time these activities, keeping in mind the needs and experience level of the group as well as the patients' willingness and readiness to disclose.

This second section, on Personal Awareness, consists of eight structured group activities. "AC/DC" and "Listening to Our Surroundings" are taken from The Encyclopedia of Group Activities (ed. Pfeiffer, San Diego, CA: University Associates, 1989).

Module 18. Five Finger Exercise

By the 6th module (towards the end of the 2nd month), the patients were assessed to be more participative, more attuned to talking and listening to each other. This design had the patients pair off with a partner, to encourage them to talk more, in an atmosphere of greater privacy.

The following 5 topics of discussion among dyads or pairs are given one by one. Pairs need only 2-3 minutes of sharing per topic.

Topics:

1. **Ang mga mahal ko sa buhay (My Loved Ones)**
2. **Mga kakayahan ko (My Abilities)**
3. **Mga ugali/katangian na gusto ko sa sarili ko (Traits I like About Myself)**
4. **Greatest goal / biggest hope ko ngayon**
5. **Ang gagawin ko pag makalabas na sa Kasaka/MMC/LCP (What I'll Do When I Get Well)**

After the discussions by dyads, the group is asked to join into one big group to summarize/synthesize their responses.

For the pilot group, the response synthesis was as follows:

1. Pamilya (Family)
2. Makipagkaibigan (Ability to make friends)
3. Madaling malapitan (Approachable)
4. Gumaling (To get well)
5. Pumunta sa pamilya; pumunta sa kaibigan (Go back to family and friends)

Module 19. Deepening the Five-Finger Exercise

Process Questions:

1. Patients are asked to think of a ***trait*** ***(ugali, katangian)*** and an ***ability*** ***(kakayahan)*** that they possess and like about themselves.

2. In large group mode, individuals share this trait and ability one after the other.

3. What is the difference between a ***trait*** and an ***ability***?
   Here, patients may see that an ability is something you can ***do*** that is useful. Meanwhile, a trait is something inherent to a person that does not go away even if he is jobless or sick.

4. Relate to the experience of rejection. Is there any one among you who was rejected by her friends or loved ones because she was sick and no longer useful?

5. What do you have remaining when you lose your abilities temporarily? Patients can draw abstract generalizations such as life, natural goodness ***(bait)***, love.

6. In what ways do you show or share these with one another?

7. **Energy chain:** Patients hold hands within the large circle. They are instructed to receive the positive energy with their left hand and pass it on with their right hand. Depending on the outcome and response, the facilitator may instruct the participants to revese the flow—receive with their right hand, pass on with their left. The facilitator may ask the participants to allow their hands to rise as they feel the energy circulating more strongly within the group's energy chain.

Module 20. Ups and Downs in Day-to-Day Experiences

Patients are once again asked to pair off into dyads for a one-to-one sharing.

Process Questions:

1. What event or incident in the past week gave you some joy?

2. What event or incident in the past week made you feel down?

3. The patients are asked to join into one big group for the summary/synthesis. In the pilot group, the synthesis was as follows:
   - *Pag may kalungkutan, may kasiyahan. Normal sa buhay.*
   - *Pag may kalungkutan,*
     - *Paglabanan para maging masaya*
     - *Hanapan ng solusyon*
     - *Huwag mawawalan ng pag-asa*
   - *Pag may kasiyahan, tanggapin, lasapin, ipamahagi.*

4. Breathing exercise. Inhale the good, exhale the bad, 5 times, ending with a **Noisy Sigh.**

Module 21. WHAT'S IN A NAME?

Process:

1. The facilitator opened the session with a comment on our names, how people call us, and how we are identified by our names. We can give more meaning to our names so we can use it to describe us, according to how we know ourselves at a given time.

2. **Instructions:** On a piece of bond paper, write down your name vertically (1st letter on top, downward to last letter below in one line). For every letter, think of a word that begins with the same letter that describes you. Write down that word alongside the letter.

3. **Sharing**. At the end of about 20 minutes, the patients were gathered in a big circle. Going clockwise, each patient was asked to share his/her work: Some samples:

   CONRADO – Courageous, **O**bedient, **N**eat, **R**esponsible, **A**ctive, **D**ignity, **O**utstanding
   MATEO – Man **A**lways **T**hink in case of **E**mergency, **O**rder
   ROMMEL – Responsible, **O**veracting, **M**aalaga, **M**apagmahal, **E**asy cry, **L**iar (wrote "single" in DOTS form when he was in fact married)
   HARVEY – Honest, **A**lert, **R**eliable, **V**egetarian, **E**nergetic, **Y**outhful
   ELENA - Excellent (Pinagbubuti lahat), Loyal (ayaw makalamang), Eager (to do my duties), Nervous, Ability
   VIRGINIA – Vegetarian, **I**nteresado sa bawat gawain, **R**esponsible mother, **G**o to church every Sunday, **I**naalaala ang mga anak, **N**asisyahan sa bawat oras at araw, **I**nilalaan ang natitirang buhay sa Panginoon, **A**lay ko sa Panginoon ang aking kakayahan

4. **How did you feel / What were you thinking while sharing?** Some samples:
   - Nahihiya—baka yung sabihin, mali sa nakikita nila
   - Baka yung isulat, di naman yon ang ibig sabihin

- Nagsasabi ng totoo, nagagalak; Masaya para ipakilala ang sarili
- Excited, parang hinahabol ang hininga
- Masaya; di masaya pag di nakakapagsalita
- Nararamdaman kumikilos ang utak; Parang nakita na gumagana ang isip

5. How did you feel / What were you thinking while listening to others share?

- Nakikilala ang ugali ng iba
- Nalalaman kung totoo ang sinasabi nila. Pag di sumasang-ayon, puwedeng i-advise
- Masaya nabubuo ang tiwala

During the summary/synthesis portion of the session, the patients were told that it is their traits (pag-uugali) embodied in their name that they naturally show to others and the world outside, and that is also how the world in turn responds to them.

Module 22. CELEBRATING DIFFERENCES

Goal: To practice listening skills, and to encourage self-disclosure.

Process:

1. The patients are asked to group in pairs and to tell each other about their lives (their families, work etc). They are given about 10 minutes time.

2. Then each patient is asked to report to the whole group what the partner had shared. Each patient will do this, from between maybe 30 seconds to around 2 minutes.

Some of the shared highlights were:

- One mother shared that her partner reads the Bible a lot and taught her how to forgive.

- One patient shared how his partner, he is from Northern Luzon, had contact to his wife through text messages but that starting last month, his wife no longer replies to the sent text messages. But this father is determined to continue treatment to get well.

3. After the sharing, the patients are asked how they felt about it. Someone said that the other patients can be an inspiration to her. Another person said na "nakikibagay tayo" due to the differences.

4. The facilitator encourages the patients that differences are good. If all were the same there would be no admonishment, no progress. He can also explain that we need to know ourselves and that this will help to continue with something that we think is important, such as MDR-TB treatment. In our differences we can develop friendship and strong bonds.

Module 23. AC/DC: SIMILARITIES AND DIFFERENCES AMONG PATIENTS

Goals: To explore the differences among individual patients.
To help each patient gain insight into his or her self-concept.
To develop the patients' listening skills.

Process:

1. The facilitator asks a volunteer to select the other participant who is most *similar* to himself or herself.

2. The volunteer and the selected partner enter the middle of the circle (with the other patients grouped around them, observing) and discuss their attributes. The observers may participate in facilitating the discussion if either of the partners in the middle expresses a desire that they do so.

3. After 5-10 minutes, the observers review the conversation and discuss the perceived between the 2 speakers.

4. The facilitator asks another volunteer to select the other patient who is most *dissimilar* to himself or herself.

5. Step 2 is repeated.

6. The facilitator leads a discussion of the experience by asking the following questions:

   - How did the first conversation compare with the second? Which went more easily and why? In which conversation did you feel the speakers learned more about each other? Some responses:
     The first pair is easier, since they "match" (*nagmamatch sila).*
     In the second pair there is *kunting hiya.*
     All 4 participants learnt a lot regarding themselves.

- What have you learned about the participants? Did you find yourself empathizing with any of the speakers? What do you find is the value of learning about someone who is different from you? Sample response:
  Patient R shares that she could partly identify with all 4 (she finds herself in all 4).
  It was noted that especially through the second pair we can learn about our weaknesses.
  It is more difficult to approach someone who is not similar to you but one learns a lot through it and after the initial difficulties, it can be very beneficial.

Module 24. LISTENING TO OUR SURROUNDINGS

1. Objectives: To exercise and develop listening skills.
   To become comfortable with silence and listening to our surroundings.

2. Instructions: Choose a quiet place outdoors or in your room where you can be alone and quiet. Make an effort to be still and to listen to sounds in your surroundings. What do you hear? What is it telling you? Example, you may hear the wind and hear it asking you to breathe it in. No talking with others. How long can you be still? (Patients agreed to 20 minutes.)

3. After 20 minutes, patients are gathered in a circle. A good majority was able to be still and listen to their surroundings. A few had some difficulty due to distractions and restlessness. First, they were asked how the listening exercise differed from ordinary listening. One responded: *"Naiiba kasi pinakinggan ang mga bagay na naiisip."*

4. What did you hear and what did it tell you? Some responses
   - Puno—Itong mga dahon, nagsisilbing lakas para ibigay ko sa inyo. Hanging pag pasok sa dahon, ibinubuga sa atin, sariwa, nagbibigay ng lakas sa ating katawan, gayundin sa isip
   - Kislap ng araw, minsan meron, minsan wala. Nagpapahiwatig, minsan malakas ka na, di dapat abusuhin. Makakaramdam din ng napupundi, di maganda, malungkot, panghihina.
   - Tubig na dumadaloy—magpatuloy tayong nabubuhay. Napakahalaga.
   - Halakhakan—medyo maingay, di tahimik. Kailangan akong magpakasaya, di malungkot. Minsan lang maisilang. We have to make ourselves happy.

5. I commented on projections—how often, we hear what we want or need to hear. This is ok, because we become aware of what we need at the moment.

6. Altered state of consciousness. The facilitator can put the patients under deep relaxation. By suggestion, they can be asked to go to their favorite place (beach or mountain) where there was a wise old man in a hut. Wise old man invites them to tell him their problems, whatever is disturbing their peace. After a while, patients are asked to listen to the wise old man's message, in a similar way that they listened to their surroundings. After the trance exercise, which lasts about 10 minutes, patients can be asked what message they got from they wise old man. Some responses:
   - Huwag kang mag-alala, matakot.
   - Huwag kang mawalan ng pag-asa.
   - Hayaan mo na ang nakaraan; harapin ang kinabukasan.

7. Patients are encouraged to try these listening exercises on their own during the week—taking time off to be by themselves and listening to their surroundings, or to be still and tell the "wise old man" their worries and woes, and to listen to his message. I offered that this was no different from praying.

SECTION 3. VALUES CLARIFICATION

INTRODUCTION TO VALUES CLARIFICATION MODULES

The activities in the Values Clarification section help patients clarify the process by which they choose to act. Through these activities, patients can learn what motivates them at work, at home, and in social settings.

There are numerous benefits of this self-investigative process. People can develop insight into how their values affect their decisions; they can identify the sources of their significant beliefs, pinpoint their reactions to these beliefs, and reconsider which ones they might want to modify; they can exchange points of view and learn the significance that others attach to their own points of view; they can learn how to set priorities more effectively; they can examine their personal development and growth in the context of their values; and they can foster their own self-actualization.

Often relationships improve when colleagues share and develop an understanding of one another's values. Similarly, values clarification is helpful when patients must form subgroups to complete a series of tasks; such clarification can help the subgroup members achieve a greater ability to work together. It is also a critical part of planning. Values clarification is often a necessary step when individuals need to understand themselves and one another better in order to work toward common goals.

The third section, on Values Clarification, consists of three structured group activities. "Group Commandments" is taken from The Encyclopedia of Group Activities (ed.Pfeiffer, San Diego, CA: University Associates, 1989).

Module 25. OUR FAVORITE SONGS AND WHAT THEY REVEAL ABOUT US

Process:

1. The first time that this activity was conducted, patients were huddled and singing together, serving as a spontaneous springboard for this exercise. It is best that a session like this be as spontaneous as possible, i.e. not "staged," so that the patients do not feel self-conscious or pressured to sing. The session starts by with the group just continuing to sing 4-5 songs of their choice.

2. Patients are asked to think of the song that they're thinking of at the moment, their favorite right now. They are then asked to pair off with a partner.

3. Taking turns, each patient would tell his/her partner his favorite song and explain why that song touches them at the moment. Sample responses:
    - Sabi Mo (by Menopause) – Naaalala ang mahal sa buhay
    - I Don't Wanna Miss a Thing (by Aerosmith) – Namimiss ang pamilya, special someone
    - Tuldok (Asin) – Tayo lahat, nagsimula at magwawakas sa tuldok. Lahat pare-pareho.
    - Sa Kanya (Ogie Alcasid) – Dating kasintahan
    - Changes in My Life – Theme song naming mag-asawa
    - Larawang Kupas – Naaalala ang namatay na misis at mga anak
    - Pag-ibig ko sa iyo, ibibigay ko sa iyo - nakakasaya
    - Something (in the way she moves) – Relax, isang babae lang
    - November Rain – Gumagaan ang loob at kaisipan
    - Against All Odds – My problems, habang kinakanta, dinadala sa Diyos
    - Rock and Roll – Nagpapasaya
    - Kahit Kailan – Tungkol sa pangako at pag-ibig sa isat isa. Paborito ko mula elementary.

4. In a large group, patients are led in a group discussion of why we choose the songs we chose, what they reveal about us. The discussion can start with what the songs do to them—nagpapasaya, nagpaparelax, naglilibang. One patient stated that when he puts himself into the song (taking the lyrics to heart), he is able to express himself—"Nakakapaglabas ng niloloob." I pointed out that many of the songs chosen are reminders of their loved ones. What does this say about their present situation? That they are separated from their loved ones while undergoing in-house treatment at Kasaka/MMC/LCP, and that they long most for their loved ones. The idea can be presented that their favorite songs for now, reveal what they need most or are thinking of/longing for most at this time.

5. As a closing song and prayer, the group can sing a spiritual song like "Lead Me Lord" or "Ama Namin."

Module 26. GROUP COMMANDMENTS

Goals:

To help the participants recognize the extent to which a person's rules for others are representative of his or her value system.

For the patients to come up with a set of rules that they will all try to follow.

Materials:

Pen and paper for each participant

Process:

1. Introduction: There are shoulds and should nots for members of groups like ours. Give examples. Distribute pen & paper. Spend the next 5 minutes writing 5 commandments that you feel a member of your group should follow.

2. After 5 min., each participant reads & explains his/her list. Other participants are asked not to respond or react; just listen.

3. Reread. Analyze where the commandment comes from (value investigation). Does he follow it? Agree/Disagree among the group? Realistic?

   Synthesis of responses during the pilot run centered on 7 clusters: Health/Avoid re-infection, Getting along with others, Hygiene/Self-respect, Respecting privacy, Obedience, Self-discipline, Spiritual

4. Whose rules are too ideal? Do you agree?
   Whose list is most realistic? Why?
   Which would you follow & why?
   Which would you refuse to follow & why?
   If you could rewrite, what would you drop or add? Why? (Most would add items that their groupmates thought of and they did not.)

5. What did you learn from the exercise? Sample responses:

   Follow all rules.

   Love one another.

   Kung magawa lahat, magiging successful and pagpapagamot.

   Teamwork

The individual lists are collected. These can be handed to 3 volunteers. The 3 volunteers are asked to synthesize the lists and come up with a written set of "Group Commandments" for the next session.

The session can be closed with a prayer.

Module 27. FILTERING THE GROUP COMMANDMENTS

Process:

1. Qi-Gong meditation (15 min)

2. The volunteers from the previous session prepared the summary list of Group Commandments and presented this. The patients are asked to choose just one commandment each that they would like to concentrate on, in order to get along more effectively with their colleagues. Patients are asked to write this commandment on a piece of paper.

3. Following are the commandments individually chosen by the patients. These are quoted here as illustration of what is on the "top-of-mind" of the patients when it comes to their individual behaviors at Kasaka/MMC/LCP:
   a. Pinagtuunan ng pansin, trabaho
   b. Huwag umubo sa harap ng pagkain
   c. Matuto tayo makisama at magpakababa sa ating kapwa

d. Pinagtotoonan ko ng pansin ang garden
e. Cooperation
f. Panatilihing malinis
g. Panatillihin ang kalinisan sa kapaligiran
h. Respect individual rights esp. the sensitiveness of other people when they said stop/no, then do it.
i. Kailangan ang pagtiwala sa isat isa
j. Magmahalan, magtulungan at understand each other
k. Magtulungan at magkaisa
l. Dapat kumain sa pag-kainan!
m. Keep cleanliness
n. Respeto
o. Practice to wake early

4. Patients can take the opportunity to ask for their colleagues' forgiveness if they have frequently violated some rules, e.g. spitting, throwing trash, and urinating in improper places. Patients can also make requests of their colleagues, e.g not to make fun of them.

5. A patient can be asked to lead the closing prayer.

SECTION 4. GROUP PROCESS

INTRODUCTION TO GROUP PROCESS MODULES

The Group Process section encompasses a number of purposes: getting acquainted, group observation/awareness (activities that develop the patients' skills in observing what is happening to their group), forming subgroups, building trust and norms of openness, examining the effects of individual patient behaviors on the whole group, and establishing closure.

The use of such activities depends on the facilitator's assessment of the group's stage of development. Wise choices and timing of group process activities can help to facilitate group growth, to ease a group through a difficult period or process, and to develop cohesiveness among patients. In addition, by participating in these kinds of activities, patients can learn what to expect in the development of their own groups and how to handle various situations that arise within their groups as other patients get well or enter the group.

The fourth section on Group Process, consists of four structured group activities. "Knowing Your Peers: Developing Friendships" and "Expectations, Worries, and Fears" are taken from The Encyclopedia of Group Activities (ed. Pfeiffer, San Diego, CA: University Associates, 1989).

Module 28. KNOWING YOUR PEERS: DEVELOPING FRIENDSHIPS

Process:

1. Patients are given a pencil and bond paper each. They are asked to close their eyes, picture as many group members (fellow patients) as possible. Upon opening their eyes, they are asked to write the names of these people.

2. Patients are then asked to look around and list other names.

3. Write a short phrase describing a special encounter or impression for each name. Sample responses:
    - Morello—magaling sa gitara
    - Tisoy—mahilig magbasa
    - Gilbert—marami akong natututunan
    - Marlon—magaling magpayo
    - Raquel—unang umalalay sa akin ditto sa Kasaka
    - Susan—simple at tahimik
    - Remigio—mabait sa akin
    - Padua—magaling magpayo
    - Josie—mabait, mabiro; Tinulungan ko dahil sa kanyang kalagayan, naawa sa kanya. Tinulungan ko sa mga gamit, pagkain at iba pa. Ako'y kinikilalang tatay.

4. Talk to group members whose names you listed. Relate impressions.

5. Talk to the ones you are less acquainted with.

6. Seek out those with whom you would like to continue sharing in greater depth.

7. Discussion questions (with sample responses):
    - What are the values of developing peer relationships?

i. Magkakakilala
ii. Pagkakaisa
iii. Imbis na malungkot, nalilibang

- What difficulties are involved?
    i. Pag may gumraduate, masayang malungkot. Masaya dahil gumagaling na siya. Naeencourage kami sa pag-inom ng gamot. Malungkot dahil nawawalan ng kasama.

8. To end the session, the patients can do the Qi-Gong meditation.

Module 29. A SONG FOR YOU

Process:

1. It is best to begin another singing session spontaneously, i.e. not "staged," so that the patients are not self-conscious or pressured. With a patient playing the guitar and then alternating with other patients, the group can sing 3-5 songs together. It is best for the whole group to participate in singing, and for selection of songs to be random and spontaneous.

2. Patients are asked to think of a song that they would like to offer to a fellow patient.

3. Taking turns, each patient would tell the large group his name, chosen song, recipient, and explanation. Sample responses:
    - Maki: "Laklak," for Padua—may mga ugali na ganoon; minsan natikman, hinahanap-hanap
    - Levi: "Let It Be," for Morillo—sa hirap natin ditto, sino ang kailangan tawagan?
    - Morel: "Maghintay Ka Lamang," for Richelle—habang bata pa, may pag-asa basta maghintay
    - Miguel: "May Bukas Pa," for Mendoza—parang nahihirapan mag-inom ng gamot
    - Gilbert: "Tutulungan Kita Malimot Mo Siya," for Racquel—gumraduate na ang best friend niya rito
    - Jilmer: "At Your Side," for Dexter—minsan nahihinaan ng loob
    - Rachel: "Count On Me," para sa mga kaibigan, about friendship
    - Cherie: "Pana-panahon," for all, Ito time na down tayo. Marami pang panahon at pagkakataon para umasenso
    - Dexter: "Love Is All Around," for Pangan—wala daw nagmamahal sa kanya; nandito kami.
    - Rosalina: "Pangako," for all, habang umiinom ng gamot, may pag-asa gumaling

- Marcelo (deaf): "Alaala ng Lumipas," for Dexter
- Boyet: "Pagsubok," for all, sakit namin, pagsubok sa buhay

4. Selecting and offering a song for a fellow patient enable the patients to go out of themselves and empathize with a colleague, giving a part of themselves to another, or to the whole group, in some instances. Recipients are asked how they felt about receiving a song offering. Their responses:
    - Masaya
    - Na-encourage

5. As a closing song, the group sang "Maghintay Ka Lang," with Morel playing the guitar and all patients joining heartily in singing. Herald suggested that the lyrics be written on manila paper to close some sessions in the future. This song is shaping up to be the "theme song" of the Kabalikat group, in their daily sacrifice of taking meds, hopefully, to eventual graduation from the program and cure.

Module 30. AN OUTDOOR EXERCISE: LEAN FORWARD AND BACK

Process:

1. This is an outdoor exercise, designed to show how group members' individual behaviors, and trust, affect the whole group. The patients are asked to form a big circle outdoors. They were asked to count off 1-2-1-2-1-2, etc. All No. 1s are instructed to slowly lean forward with their entire weight while holding hands with those next to them. All No. 2s are asked to lean back. They are asked to support one another so that no one falls. After trying this, roles are reversed: No. 2s are asked to lean forward, No. 1s to lean backward. Again, the challenge is to support one another so that no one falls.

2. **Process Questions:** Noong sumasandal patalikod/paharap, anong nararamdaman o naiisip ninyo? When you leaned forward or back, what were you thinking and feeling?
    - Baka mabitawan, matuluyan
    - Takot
    - Baka mabuwal
    - Mahina ang hawak ng katabi
    - Takot, baka may bumitaw
    - Humigpit ang hawak
    - May tiwala sa isat isa
    - Nagawa dahil malakas ang katabi

3. **Anong natutunan ninyo sa exercise na ito? What did you learn from this exercise?**
    - Kailangan magtiwala sa isat isa.
    - Kailangan pakiramdaman ha huwag magbitaw sa humahawak at sa hinahawakan.
    - Pag bumitaw ka, 2 masasaktan.
    - Ang paghawak sa kamay ay tulong sa isat isa.

- Minsan may pag-aalangan kung may pagkakaisa.
- Di puwede bitawan ang mahina kasi masasaktan.

4. **Anong kinalaman nito sa buhay natin sa KASAKA/MMC/LCP? What does this have to do with your lives as patients?**
    - Kahit anong hirap kakayanin kasi alam mo nandiyan sila.
    - Yung mahina, kailangan bigyan ng pansin.
    - Give consideration sa kasama.
    - Suportahan ang kapwa kahit malakas o mahina.
    - Malakas o mahina, kaya tumulong sa kapwa.tive

5. Closing Prayer

SECTION 5. COMMUNICATION

INTRODUCTION TO MODULES ON COMMUNICATION

The Communication section activities illustrate what happens when people communicate, verbally and nonverbally. They also emphasize listening. Effective communication is the cornerstone of human relations. In its absence, relationships wither and work groups function as collections of individuals rather than as teams.

Participating in communication activities can help patients learn in a variety of ways. They can learn to recognize their own as well as others' communication patterns; they can become aware of the factors that help or hinder communication; they can develop an understanding of the effects of assumptions on communication. They can learn to express their feelings authentically, using both verbal and nonverbal means. They can learn to listen in ways that improve the flow of thoughts between people and that increase understanding within the groups they belong to.

The fourth chapter, on Communication, consists of two structured group activities. "Happy and Sad Experiences" is taken from *The Encyclopedia of Group Activities* (ed. Pfeiffer, San Diego, CA: University Associates, 1989).

Module 31. HAPPY AND SAD EXPERIENCES

Goals: To encourage self-disclosure

To build relationships and cohesiveness among patients

Process:

1. Introduce yourself. Tell the big group about your happiest experience. Samples:
   - Namamasyal with family (5 responses)
   - Pagkakaroon ng maraming kaibigan (2 responses)
   - Pag-aaral, pakikisalamuha sa kaibigan bago magkasakit
   - Tinanggap sa TDF

2. Form dyads. Choose the partner whose experience was either easy or very difficult for you to identify with.

3. 5-minute sharing: Why did you choose each other? Get to know more about each other.

4. Form in a big group. Tell the big group about your saddest experience. Samples:
   - Nagkasakit. Naputol ang ginagawa sa buhay (9 responses)
   - Nireject ng tao dahil sa sakit
   - Nawalan ng kaibigan; binukod ng pamilya

5. Form new dyads. Choose the partner whose experience was either easy or very difficult for you to identify with.

6. 5-minute sharing: Why did you choose each other? Get to know more about each other.

7. Discussion:
   a) Which of the 2 dialogues was easier to enter into, 1st or 2nd? Why?

- More patients said, “Masaya.” Some said, “Malungkot.”

b) Why did you select the partner you did?

- *Dahil naiintindihan niya ako.*
- *Parehong nahinto sa pag-aaral.*
- *Parehas namatay ang ama.*

c) What did you learn about your partners?

d) How might you be able to use what you learned in this group?

- *Natutong magtiwala sa kapwa. Gawin mo ang nararapat pag pinagkatiwalaan ka. Pagkakaroon ng concern sa bawat isa. Maging adaptable sa situwasyon.*

8. The session closed with another song, “Hindi Kita Malilimutan.”

Module 32. "I-STATEMENTS"

Part I.

An introductory note is given: When we have something sensitive to say that involves other people, it is often easier for our message to come across more smoothly if we use "I-statements." Instead of judging or blaming the person we need to talk to, it is easier for them to take our message if we "own" our reaction or our feeling about what was said or done. Furthermore, when we use "I-statements," there is something constructive that we can do because we are owning a problem instead of blaming someone else. Ask for examples:

Blaming/Judging:

Salbaheng mga nurse, binibigyan ako ng gamot na matindi.
Matigas ang kama ko.
Ang tamad mo.
Wala kang pakisama.

I-Statements:

Nasusuka ako sa gamot.
Nababahuan ako sa gamot.
Sumasakit ang tiyan ko.
Kumakati ang braso ko.
Sumasakit ang dibdib ko.
Nahihirapan ako kumain kasi matigas ang kanin.

The patients are then asked to think of their own present situation and to make I-statements about this. It is of interest to note the content of their I-statements from the sample responses:
Nalulungkot ako dahil hindi makauwi.
Masaya ako dahil nakita ko ang anak ko.
Nagsisisi ako dahil nagkasakit ako.

Kung hindi sana ako nagpabaya sa sarili ko, nasa piling ako ng pamilya ko.

Kung hindi ako nagkasakit, maayos ang trabaho.

Nalulungkot ako, nagsisisi ako.

Nanghihina ako lagi dahil hindi ako makatulog.

Masaya ako dahil nandito ako para gumaling.

Module 33. ACTIVE LISTENING

Part II. Patients are divided into groups of 3. Individuals in the group were to alternate between the roles of speaker, listener and observer for 3 rounds, according to the following table:

	Speaker	Listener	Observer
Round 1	A	B	C
Round 2	B	C	A
Round 3	C	A	B

Speakers are asked to share using "I-statements." They are given 3 options of topics: their story in last week's group discussion on Celebrating Differences, their thoughts and feelings about their MDR-TB, or anything at all they have a need to talk about now.

In order to show differences between active listening and improper listening, listeners in the first 2 rounds are asked to play a role.

In the first round, listeners are instructed to keep on interrupting the speaker with questions, comments, etc.

2nd round listeners were asked not to give eye contact.

For the 3rd round, listeners were asked to listen as well as they could.

After the 3 rounds, the patients are gathered in 1 big group and asked about their experiences during the role play and their reactions. The characteristics of active listening are highlighted, for instance: asking questions to clarify, commenting as appropriate, reacting, good eye contact. (The speakers said that being listened to made them "feel good"—nakakahinga, napapakinggan.)

A few speakers during either of the 1st 2 rounds recognized that their listener was interrupting or not looking at them. However, more speakers still felt okay about the first 2 rounds and kept on expressing themselves. Probably they were talking to the observers and/or were caught up in their strong need to express their story.

The day's group discussion is synthesized: We use I-statements so we have a better chance of coming across with what we have to say, and we can do something about it. We practice active listening so we can hear and understand the other person's message well.

The session ended with a prayer by a patient.

SECTION 6. FEEDBACK

INTRODUCTION TO FEEDBACK

This activity in the Feedback section probably warrants the greatest caution of any in this manual. Several factors should be taken into consideration when contemplating using this feedback activity: the patients' readiness and willingness to deal with feedback, the comfort and trust that exist within the group, the extent to which they interact with each other on a daily basis, the patients' maturity level, their experience e or lack of experience with similar activities, and the facilitator's ability to help the patients process any strong feelings that may be generated by giving and/or receiving feedback. The facilitator should continually keep in mind the principles of feedback and should ensure that the feedback procedure is constructive.

When conducted appropriately, this feedback activity can increase patients' understanding of themselves and one another. It can also improve relationships immeasurably. When chosen imprudently, however, feedback activities can cause extensive harm. Because of the level of risk involved, the facilitator should take care to be sensitive to patient needs when group members have been conscripted into this feedback activity.

Module 34. ONE-ON-ONE DIALOGUES, WITH VARIATION FOR CHRISTMAS GIFT GIVING

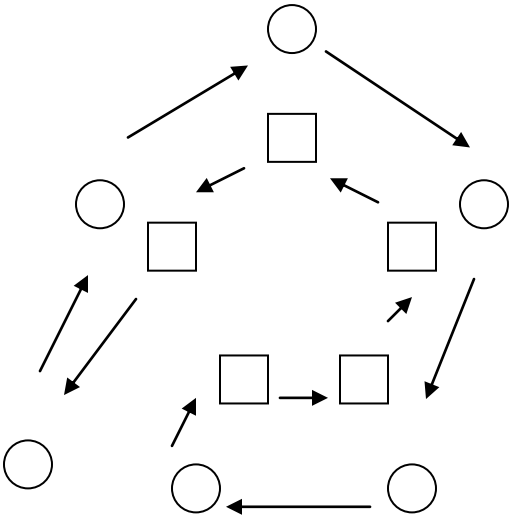
Objectives:

For the patients to have an opportunity to talk to each one in a structured way, for self-disclosure and feedback sharing.

To nurture interpersonal relations among inpatients.

Instructions for feedback sharing: Talk of two topics when facing each partner. 1) *Ang gusto kong malaman mo sa akin* . . . (What I want you to know about me is . . .)*;* 2) *Gaganda ang samahan natin kung ikaw ay* . . . (We will get along better if you . . .); complete the sentence with your request from the other person.

The flow of "traffic" is carefully explained so that at the end of so many rounds, each person would have faced all other co-patients as a dialogue partner.



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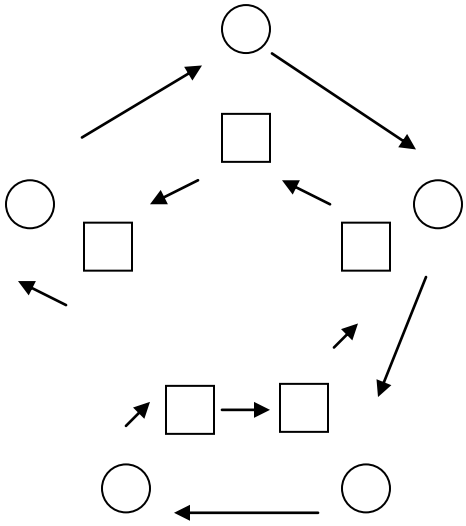

Diagram A. Human traffic flow if there

Diagram B. Human traffic

is an odd number of patients. For each round, one patient will be resting.

flow if there is an **even** Number of patients.

Group synthesis; Gather take-outs of the patients from this session:

1) What did you learn about yourself?
2) What did you learn about your group?
3) What did you learn about Christmas?

This same design can be used for a **Christmas Gift Giving Session**. Just cut out stars from vari-colored cartolina. Paste **Ang gusto kong malaman mo sa akin . . .** on one set of stars, and **Gaganda ang samahan natin kung ikaw ay . . .** on another set. The participants will write their message at the back of the star and sign their name before giving it to their partner for every round. Two stars—one of each message—are given.

SECTION 7. PROBLEM SOLVING

INTRODUCTION TO PROBLEM SOLVING MODULES

The first activity in the Problem Solving category, **XO Olympics: Cooperation vs. Competition**, was initially used among a group of clinic staff that needed to restore their trust amongst each other.

The second activity, **Psychodrama**, is a good way of addressing a common problem that MDR-TB patients face: How the patient's life "stops" or is put on hold after being diagnosed MDR-TB. Another common problem that can be worked out using the Psychodrama activity is social rejection from their friends and families. In this technique, one patient volunteers to work out the problem he has experienced by acting it out in a drama, instructing fellow patients to play out the different roles in his drama, and getting help from his colleagues in finding different ways of looking at or reacting to his problem.

The third activity suggests a way to resolve interpersonal issues that may arise among the group of patients. Care should be taken by facilitator in bringing up the issues because often, the patients are embarrassed that their petty grievances against each other are brought to the attention of the facilitator. It is best to reassure them that this is okay, and that the problems they wish to resolve should be named and owned by they themselves.

The fourth and fifth activities are about sexuality, arising from male and female patients living together in a treatment center.

Module 35. X-O OLYMPICS: COMPETITION VS. COOPERATION

1. The objectives of this game are: (1) To realize the consequences of following collegial agreements, as well as the consequences of not following; and (2) To experience the social pressure to cooperate, as well as the competitive drive to win.

2. Among the participants, 3 pairs of volunteers were formed. The remaining act as observers. Each team gives itself a name and is given 2 cards, one with an "X" and another with an "O." For each of 10 rounds, the pair will decide which card to show. Scoring will be as follows:

O	O	O	-10 points for all
O	X	X	10 for the O, -5 for the Xs
O	O	X	10 for the X, -5 for the Os
X	X	X	3 points for all

3. The teams are told that their goal is to win. After the 3rd and the 6th rounds, there will be a meeting among the representatives of each pair. They will discuss and negotiate on strategy for the remaining rounds.

4. Scores are tabulated on the board for all to see.

5. In the latter rounds, the observers may be able to tell that all it would take for a team to win is to break the agreement and play an "O" card to get 10 points and give the other 2 teams a –5. If 2 teams had the same thing in mind to cheat, they would both lose and give the remaining X (the one who followed the agreement) 10 points. As it happened, each of the team leaders all followed their agreement, with their partners in the dark.

6. Process questions asked were:

a. How did the partners feel about not being told what their leaders agreed upon? -- Need for transparency, open communication, and full disclosure among teammates.
b. What pressure did you feel to cooperate? -- They followed the agreement because it was the right thing to do.
c. Did you know that you could win by cheating on the agreement? -- Yes, but didn't think much about it.
d. What were the consequences of cooperating? -- Everybody wins, feels okay.
e. What would be the consequences of cheating or breaking the agreement – You might win, you might lose (if 2 teams decide to cheat on the same round), but most important, teams will feel bad about each other for the betrayal of trust.

Module 36. PSYCHODRAMA

Goals: To help the patients gain an understanding of "how life stops" due to TB, felt by colleagues.
To help the patients learn ways of coping with their problems.

Process:

1. The session started with a group singing of "Ama Namin." (Our Father)

2. The last session was recalled, in which patients named their happiest and saddest experiences. The highest number of replies for saddest moment was 9 patients feeling that their lives stopped after having been diagnosed MDR-TB. I asked for a volunteer who experienced this. Patient G agreed.

3. Instructions to Patient G:
   - Select a situation that shows your problem.
   - Select other patients to play the roles of characters involved in your problem. Instruct them about their roles.

- Arrange the setting so that it closely duplicates your problem.
- When you and the other role players are ready, begin. Talk and move spontaneously.

4. Stop when the attitudes and behaviors relevant to the problem have been elicited clearly.

5. Discussion:
   - Was the drama real?
   - Did it accurately portray the problem?
   - Did the people playing roles feel involved?
   - What feelings, attitudes, actions were elicited?

6. Change characters and replay the psychodrama. This is to allow the Patient to see how someone else in his role copes with the problem. (In this example, Patient G was asked to play the son this time. Wife played classmate, classmate played wife, Patient L played Patient G.)

7. Discussion:
   - What did you learn about your coping behavior?
   - As role player, what did you learn? Was it hard to identify with your role? Why?
   - What suggestions do you have for solving the problem?

8. The session closed with a Patient leading the group in singing "Maghintay Ka Lang," (Just You Wait) in reaction to the psychodrama.

Module 37. WORKING THROUGH INTERPERSONAL ISSUES

This session is used in response to the staff's reports to the facilitator that certain interpersonal issues have arisen among the patients.

The session starts with the Qi-gong breathing meditation.

The group is then asked about experiences and incidents over the past 2 weeks. The group can take this session as an opportunity to voice out certain interpersonal issues that are bothering the patients. Expect them to be reluctant to do so. In the past, one of them said that he wished they (inpatients) could settle these among themselves and not have to let the facilitator know. The facilitator needs to reassure them that that this is a good opportunity, and that perhaps, certain matters can not be settled among themselves and the individuals involved need some facilitation.

In the past, the interpersonal issues were:

- Taking the initiative of cooking and then being told off. (This was because certain individuals were shouldering the expense for the gas.)
- A male patient going to the female dorms and relieving himself there.
- Begging from fellow inpatients and from outpatients.
- Being haughty despite being on the receiving end.

The facilitator allows the patients to air out and work through the problems by themselves. The facilitator listens and interjects only to clarify, probe for feelings and reactions, summarize, etc. Comments and interpretations from the facilitator are minimized.

In the pilot activity, patients were thanked for their candidness in sharing their interpersonal issues during the group. One patient who walked out in anger during the session was thanked for coming back and being able to work on the issue calmly.

Another participant was thanked for not being defensive but for being receptive in accepting the issues raised against him.

The session closed with a prayer.

Module 38. HOW TO DEAL WITH OUR SEXUALITY IN AN INPATIENT TREATMENT CENTER SETTING

Background: Recently a male in-patient entered the room of a female in-patient with the aim of having sex with her. The lady refused and left the room and the man did not insist.

The group discussion started with a Qi-Gong meditation.

The group was then split into two: Dr. Lua and Bygo were facilitating a group discussion with the five female in-patients (including the lady who was asked to have sex; patient X) and Dr. Ruben and Christian went to the garden with 5 male in-patients (including the one who had entered the room of a female in-patient; patient Y). The group discussion was to be opened with the question: "What are the basic needs of our body?"

Notes from the time with the five male patients

- After some discussion on the basic needs of our body, Y soon told his story. He explained that he felt a strong need to have sex. He also said that he has been separated from his wife for 10 years but that there is some hope that they may re-unite.
- Y was encouraged to apologize to X.
- The group discussed how sexual tension or sexual power can be dampened. It was said that jokes are good to reduce sadness, and that it was no good to stay in your room on your own.

- Y complained that somehow he is not able to make jokes even though they are sometimes on the tip of his lips. He suspected that the effect of the drugs is a reason for this (he stated that on Sundays it is easier for him to make jokes).
- The group also mentioned the following regarding how one's sexuality can be lived:
    - Be a gentleman to the ladies
    - Be nice and helpful to the ladies
    - Be a responsible member of KASAKA/MMC/LCP
    - Have fellowship with your co-patients
    - Y shared that the former nurse had said that masturbation is "bawal". Dr. Ruben said that masturbation can be a healthy way of releasing sexual tension. Later on this was talked over between Dr. Lua and Dr. Ruben and Dr. Lua agreed that masturbation is not prohibited. Dr. Lua had already stated to X that masturbation is not prohibited and not harmful.

At the end Y was asked to pray which he did.

Dr. Lua and Bygo told us regarding the females' group discussion that after some hesitation the group discussed sexuality.
It was noted that patient X does not wear her uniform but dresses rather lightly (e.g. no bra, free shoulders). Dr. Lua said that she had talked this over with the patient but that the patient had stated that this was her way of dressing and that she would not change.

Module 39. EXPRESSING YOURSELF AS WOMAN/MAN

The group was told that today we will use our bodies by acting.

First part:
The patients were asked to present by acting (no words allowed) a well-known song. The approach was that when a man acted, the ladies were to find out what song it was and when a lady acted, the men were to find out what song it was.

Several patients presented songs (e.g. "Give Thanks to the Holy One", "You and I"). It took a while for the other patients to find out the songs.

- Observation: Not all patients agreed to act. Most were hesitant to act but then did well.

Second part:
For several patients: a patient was asked to act a small action (e.g. "Kain tayo", "Magkwentuhan tayo") for a patient of the opposite sex who was sitting on a chair in front. The others had to find out what was acted.

Reflections at the end (by Dr. Ruben, by Christian, but also by some patients)

- What we did and how we did it shows who we are as men and women.
- For instance, a man can show respect to a lady
- Can you show feelings to each other? Yes, but in a decent way.
- A male patient commented that the ladies are reluctant to initiate greeting the male patients.
- Communication is important—thru words, actions and deeds.

- Acting is somehow a challenge for many of us: we need to overcome some *hiya*. But the knowledge of being accepted in the group helps. Then you do not feel *napahiya* even if your acting is not good enough to allow the others to find out what you are acting.
- More generally: we need trust in each other to be able to really express ourselves.

- Summary notes by Dr. Christian Auer

SECTION 8. ICEBREAKERS

Icebreakers are structured games that can be used to warm up the patients before a serious group activity. Ideally, icebreakers are multisensory and allow for body movements, standing up and moving around. Icebreakers can be high-brow (involve some thinking) or silly, as long as no one is made fun of. Icebreakers are meant to be fun and constructive in that they prepare the patients for an important activity that may require them to sit, reflect, discuss, participate, or be still for the coming hour..

Module 40. SAMSON AND DELILAH: HUMAN JACK EN POY

1. Instead of the hand gestures of scissors, stone and paper, we will be using whole body gestures of Samson, Delilah, and the Lion. Following the rules of Jack en Poy, Samson beats the Lion, the Lion defeats Delilah, and Delilah overpowers Samson.

2. Two teams are formed, composed of 4 to 7 members each. Mixed-gender groups are encouraged. Those not participating are asked to act as judges and scorers.

3. Separately, each team decides on the gesture and sound that they will make for Samson, Delilah, and the Lion. Their action should have 2 components—a body movement or gesture, and a sound effect.

4. Before each turn, the two teams confer separately and in private on what action they will play for this turn. Understanding must be ensured because the team must be united in their action. If the members of the team are not united for that turn, they lose the turn by default. The facilitator explains this rule.

5. Teams face each other. When the facilitator gives the signal, each team acts out their gesture towards the other team. Samson beats the Lion, the Lion defeats Delilah, and Delilah overpowers Samson.

6. From among the observers, the judges decide on the winner, and the scorer scores accordingly. First team to reach 5 wins.

Module 41. MUSICAL CHAIRS VARIATION

Because this icebreaker is somewhat rough and strenuous, it should only be used with patients who are near-well and not experiencing hardness of breathing.

Chairs are arranged in a circle, facing inward. Their should be one less chair for the number of patients. Exmple, if there are 15 patients, use 14 chairs. One patient stands in the middle as the IT. All others sit on chairs in the outer circle.

The IT names a category. All those who fulfill that category are to stand and change chairs. The IT tries to occupy a vacant chair, so that one patient remains standing as the next IT, without a chair. The next IT names a succeeding category. Repeat until the group agrees to end the game.

Sample categories are:

- All those who are married
- All who are above 40 years old
- All those whose fathers have died
- All wearing a wrist watch
- All wearing open sandals or slippers

Invariably, the patients will start thinking of naughty, unusual or creative categories, making the game more fun:

- All who have no partners
- Those who have more than 4 children
- Those who did not brush their teeth this morning

Game ends when the group agrees to end the game.