

Group Ten

MOTIVATION FOR CHANGE: OVERCOMING HELPLESSNESS

Skills to Be Taught

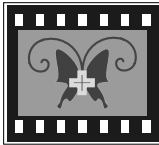
- Understand the Source and Consequences of Helplessness
- Identify Situations in Which You Can Become Empowered
- Assess Readiness for Change
- Increase Motivation to Pursue a Healthy Lifestyle



COUNSELOR TOOL BOX

Multi-modal Presentation of Material:

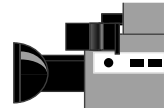
Verbal Didactic presentation of material
Questioning
Group discussion



Visual Visual presentation of major points using slides
Group responses written on flipchart by counselor
Written/Pictorial handouts provided in Client Workbook

Experiential Assessment: Readiness for change
Game: Stage of change graduation
Post-group quiz
Stress management/relaxation technique

Materials Flipchart and markers
Overhead projector and slides
Audio tape player and relaxation tape
Clock/timer
Pens/pencils
Prizes
“Loaner” Client Workbooks
Handouts:
Group agenda
Group quiz
Readiness Assessment
Stage of Change Graduation Game Worksheet
Certificate of Achievement (as warranted)



Reminders Ensure that all material on quiz is covered well during group.
Quiz material is indicated by **QUIZ ITEM** in the text.
Instructions to counselors are provided in **this typeface.**



AGENDA

(Two-hour group: Adjust times based on beginning time)

- 0:00 **Begin Group** (5 mins)
 Introductions – Rules – Time keeper assignment
- 0:05 **Introduction to Topic:** Increasing Motivation: Overcoming Hopelessness
 (5 mins)
- 0:10 **Learned Helplessness** (10 mins)
- 0:20 **Helplessness and Motivation** (10 mins)
- 0:30 **Change: Why, What, When** (15 mins)
- 0:45 **Stages of Change** (10 mins)
- 0:55 BREAK** (10 mins)
- 1:05 **Review** (5 mins)
- 1:10 **What's Your Stage** (10 mins)
- 1:20 **Game: Graduating to Next Stage** (20 mins)
- 1:40 **Empowerment** (5 mins)
- 1:45 **Quiz and Feedback** (5 mins)
- 1:50 **Relaxation Tape** (10 mins)
- 2:00 **End**

BEGINNING OF EVERY GROUP (5 mins)

- Group members and counselors introduce themselves and welcome new members.
- Group rules are reviewed.

Visual

HHRP⁺
GROUP RULES **RESPECT**

R*elaxation* (complete quiet...no talking, shuffling of papers, or walking around during relaxation exercise)

E*ating* (No eating during group)

S*ober* (don't come to group high)

P*unctuality* (come to group on time)

E*veryone can't talk at once* (no crosstalk)

C*onfidentiality* (what's said in group, stays in group)

T*eamwork* (group members work together towards recovery)

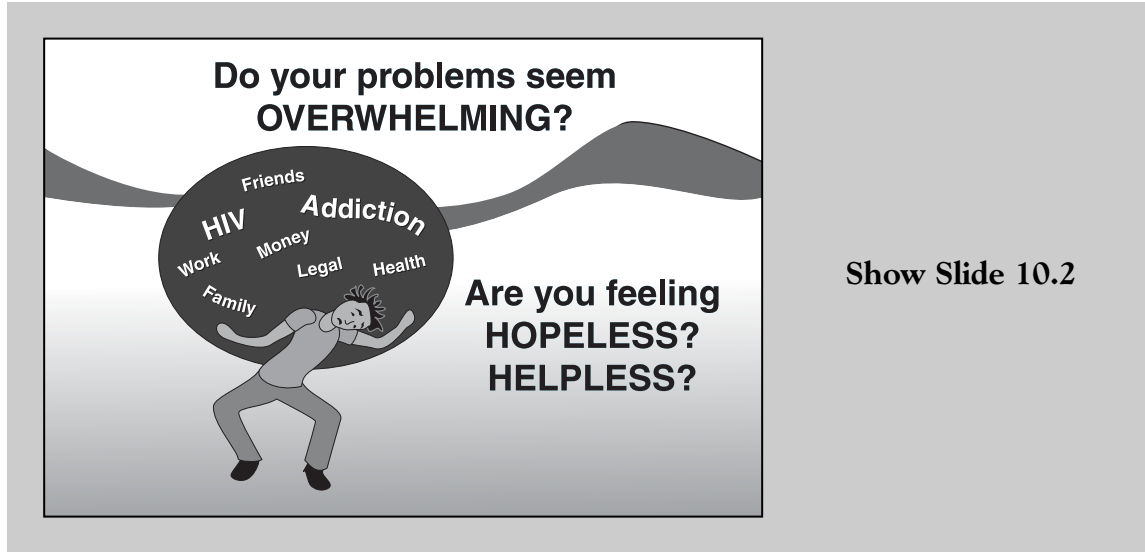
Show Slide 10.1

- Copy of agenda for today's group is distributed to group members.
- Ask for a volunteer to serve as time-keeper (to keep group on track and on time).
- Announcement of any graduates from the group today.
- Presentation of Certificate of Achievement to those who complete in good standing.

Verbal

Counselor provides introduction to today's topic. (5 mins)

It is certainly understandable that you may feel quite overwhelmed at times by the heavy burden placed on you by HIV and addiction as well as all the associated medical, legal, financial, family, social, and employment problems that come along with addiction and HIV.



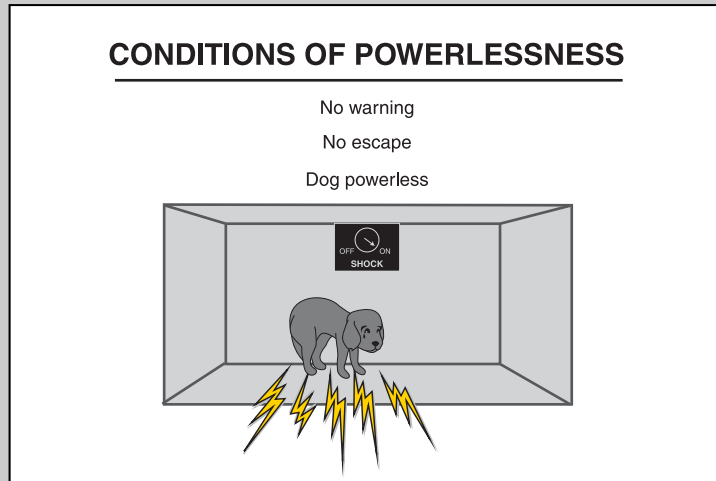
When people feel overwhelmed, they can feel hopeless, helpless, and powerless to do anything about their problems. They may think “I can’t change the fact that I’m infected with the virus,” or “nothing I do will make any difference,” or “what do I have to lose now?” For HIV-positive individuals in addiction treatment, feelings of helplessness and hopelessness, and thoughts such as these can quickly lead to relapse to drug use and other high risk behaviors. It can also lead to a relapse to old ways of thinking such as believing that heroin or cocaine will relieve the physical and emotional pain they are experiencing. The goal of today’s session is to help you understand the source, as well as the consequences of, helplessness, to help you increase your sense of control over your health and your life despite HIV and addiction, and to help you increase your motivation to pursue a healthy lifestyle.

Counselor presents material on learned helplessness. (10 mins)
Counselor writes LEARNED HELPLESSNESS on the board.

Verbal/
Discussion

“Learned Helplessness” refers to feeling powerless to help yourself now and in the future due to the experience of being powerless in the past. **QUIZ ITEM**
Let me show you what I mean. Many years ago an experiment was conducted that illustrates learned helplessness.

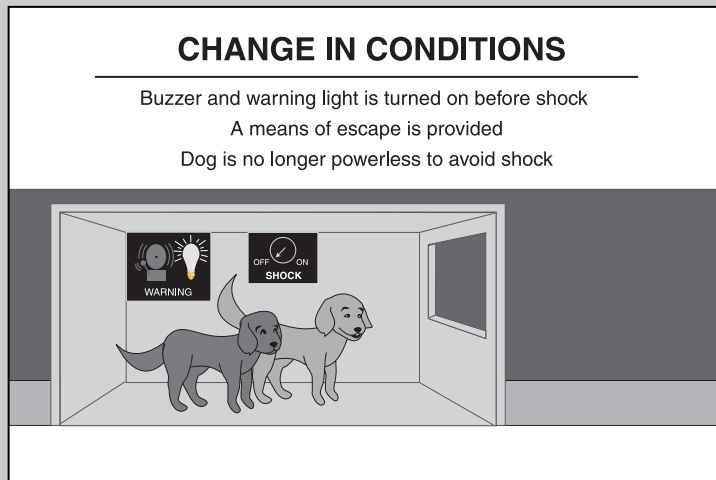
Visual



Show Slide 10.3

In the first part of the experiment, dogs were placed in a box with electric grids in the flooring and were subjected to numerous electric shocks from which they could not escape. No matter what they tried, they were completely powerless to do anything about the shocks. Because nothing they tried was ever successful in stopping the shocks, eventually they gave up trying and just passively accepted the shocks.

Visual




Show Slide 10.4

In the second part of the experiment, the conditions were changed. The same dogs that had been in the first part of the experiment, as well as new dogs that had never experienced the inescapable shocks, were placed in a similar apparatus. This time, however, the conditions were changed such that a buzzer was sounded or a light was turned on prior to the shock being delivered so that the animal could avoid the painful shock if it learned to jump over a partition into the next compartment of the box as soon as it heard the warning buzzer or saw the warning light.

Visual

LEARNING TO AVOID THE SHOCK

Dog with no previous experience of being powerless to avoid the shock learned quickly to do so by jumping over the partition as soon as the light went on and the buzzer sounded.



The diagram shows a dog in a compartment on the left. On the wall are two signs: one with a lightbulb and the word 'WARNING', and another with a switch and the words 'OFF' and 'ON' above 'SHOCK'. The dog is jumping over a partition wall towards the right, where another dog is visible. The background is dark, and the floor is light.

Show Slide 10.5

The animals with no prior experience of the inescapable shocks learned quickly to jump over the partition as soon as the warning buzzer or light came on and therefore avoided being shocked.

Visual

LEARNED HELPLESSNESS
Continuing to feel and act helpless, powerless, and hopeless despite a change in conditions

Dogs that previously had been powerless to avoid the shock did not even try to do so despite the change in conditions. They passively received the shock.



The diagram shows a dog in a compartment on the left. On the wall are two signs: one with a lightbulb and the word 'WARNING', and another with a switch and the words 'OFF' and 'ON' above 'SHOCK'. The dog is standing on the floor, which has several lightning bolts striking it. The dog on the right is looking towards the left. The background is dark, and the floor is light.

Show Slide 10.6

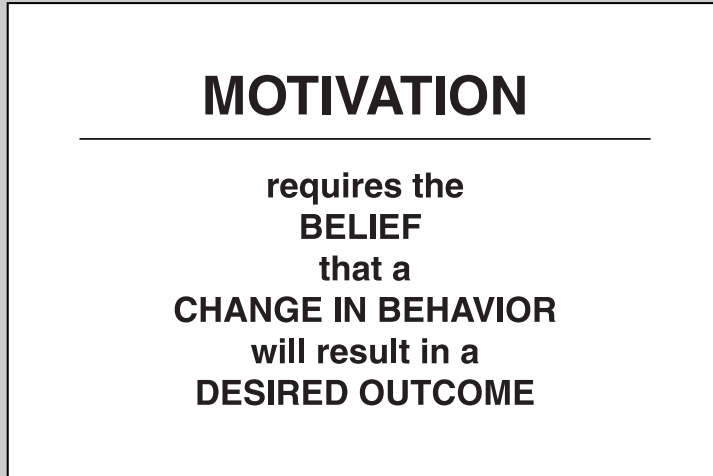
However, the animals that previously had experienced being powerless to avoid the shocks did not learn how to avoid the shocks despite the change in conditions. These dogs just remained passively in the compartment that had the electric grids in the floor and they did not learn how to use the buzzer and light as signals to jump over the partition and avoid being shocked.

This is an example of learned helplessness. These animals “learned” from their previous experience with the shocks that they were powerless to stop them and that there was no point in trying to escape. Their previous experience prevented them from realizing that they were no longer powerless.

Verbal/
Discussion

Counselor describes how learned helplessness is related to motivation.
(10 mins)

Visual

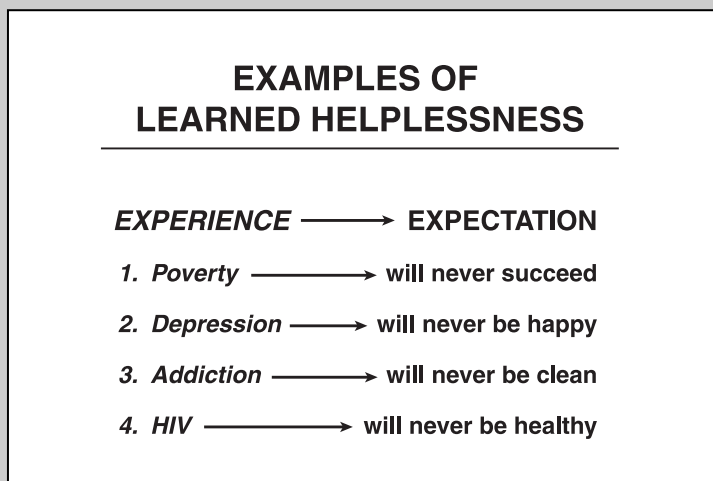


Show Slide 10.7

Motivation for change involves having the belief that changing one's behavior can influence the outcome. If you don't believe that what you do will have any effect, then you will be unmotivated to make any changes. The dogs in the experiment had no motivation to jump over the partition because they still believed that they could do nothing to prevent the shocks.

Let's discuss how learned helplessness could occur in human beings in the following examples and how it could affect motivation.

Visual



Show Slide 10.8

Counselor leads a discussion, and ensures that the following examples are included:

Answers:

- 1. Poverty.** Children raised in poverty or in the inner-city may feel that they won't ever succeed so may not even try, they may drop out of school, and live out their lives in poverty.
- 2. Depression.** People suffering from depression may feel so bad that they start to believe there is nothing they can do to make themselves feel better and that it is going to last forever, making the depression even worse.
- 3. Addiction.** People struggling with addiction who have tried to stop using drugs many times in the past and have not been able to stay clean, may begin to believe that nothing will make a difference. They stop trying, drop out of treatment, and continue to use drugs.
- 4. HIV.** Some people with HIV disease think, "why should I bother to change my behavior? I'm powerless to change my HIV status." They continue to use drugs, continue to engage in unsafe sex, and believe that they have no control over their health and their lives any more, even though they actually do have a lot of control.

Counselor summarizes **LEARNED HELPLESSNESS** as follows:

To summarize, learned helplessness is a phenomenon seen in both humans and non-humans. For people who are addicted to drugs and have tried many times to quit, learned helplessness reduces the motivation to continue trying to quit, and can contribute to continued drug use and risky behavior. For people who are infected with HIV, learned helplessness can reduce motivation to lead a healthy lifestyle. Because they are powerless to do anything to change the fact that they are now infected with HIV, these individuals also feel powerless to do anything that could maintain or improve their health. In fact, there is a great deal you can do to increase your motivation to be abstinent and to lead a healthy lifestyle.

Counselor instructs group on the Three W's of change (15 mins)

Today, we will discuss the three W's of change:

**Didactic/
Discussion**

- **Why** you should change
- **What** you change, and
- **When** you will change

The question today is: Are we going to be like those dogs in the experiment just sitting in the cage accepting the pain when we could do things to avoid it by learning something new. That is what these groups are about—acknowledging that there are things over which you have no control, such as being HIV-positive, identifying what you do have control over now, and learning strategies for improving the quality of your life in the present and for the future. Remember the serenity prayer:

Counselor recites the Serenity Prayer as follows:

Visual

SERENITY PRAYER

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

Show Slide 10.9

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

We refer to the serenity prayer frequently in this program. Let's see how it relates to learned helplessness, motivation, and the three W's of change.

QUESTION: Let's begin with **Why**. Why should you change your behavior? You are already infected with HIV, so why should you care about changing your behavior now. You may remember this slide from other groups.

WHY CHANGE?

Reasons to CARE

Compromised Immune System (HIV+ individuals are susceptible to other life threatening sexually transmitted infections)

Altruism (you can help protect others)

Reinfection (you can be reinfected with a strain of HIV virus that is resistant to new medications)

Evidence (there is strong evidence that behavior change can reduce the transmission of infection)

Show Slide 10.10

You can remember this by the word **CARE**.

C = Compromised immune system. Because your body's defense system is weakened by HIV, you are particularly vulnerable to infection and need to do everything in your power to protect your health.





A = Altruism. You can make a difference in protecting the lives of other people.

R = Reinfection (also called superinfection). You could potentially be infected with a different strain of HIV that is resistant to medication, thus reducing your chances for survival.

E = Evidence from research. There is convincing evidence that if you change your behavior you can have a substantial impact on protecting your own health and the health of others.

QUESTION: Let's go to the next W—**What**. You cannot change the fact that you are now infected with HIV, so what can you change?

WHAT CAN YOU CHANGE?

 <p>Knowledge <i>Become more knowledgeable about HIV and addiction</i></p>	 <p>Participation <i>Actively participate in your health care</i></p>
 <p>Abstinence <i>stay clean and sober</i></p>	 <p>Risk reduction <i>don't exchange body fluids</i></p>

Show Slide 10.11

Counselor leads discussion and ensures that the following examples are included:

We discuss these lifestyle changes in detail in other groups, but let's review them again briefly:

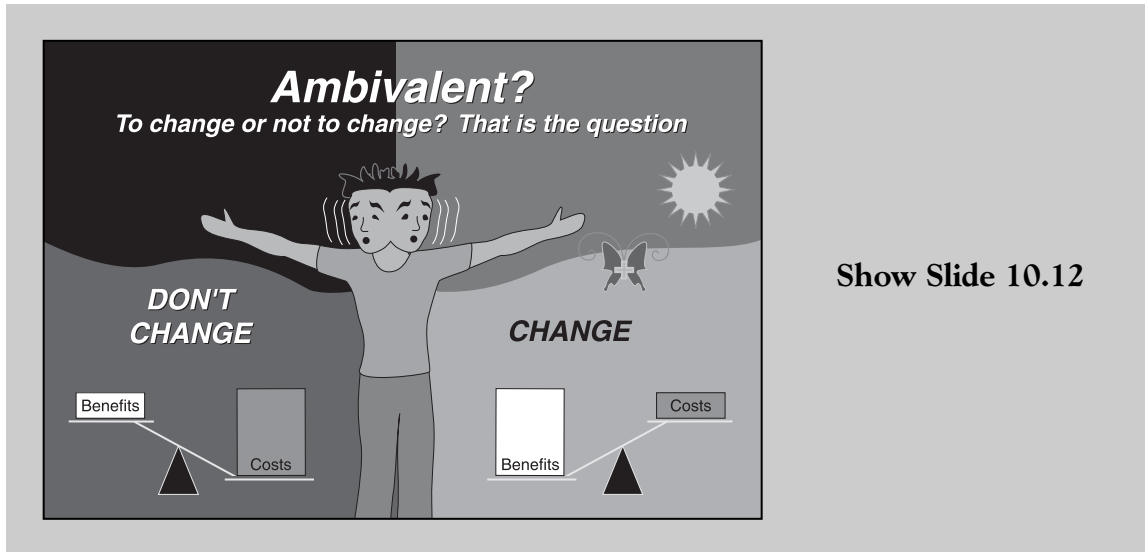
Knowledge. You can become more knowledgeable about HIV and addiction and its treatment. People who are not knowledgeable about their condition cannot make informed decisions.

Participation. Be an active participant in your health care. **QUIZ ITEM** Keep your medical appointments, ask questions, and take medications exactly as prescribed. Eat well and exercise in moderation. Ultimate responsibility for your health care is yours. Others can advise you, but unless you actively participate you will not maintain your health.

Abstinence. Stay in treatment, work the program, and stay clean and sober one day at a time. **QUIZ ITEM** If you continue to use drugs, you will further weaken your immune system, and you will do more damage to your physical and mental health. Drugs and alcohol also affect decision making, and often lead to unhealthy lifestyle choices.

Risk Reduction. Don't share body fluids. **QUIZ ITEM** That includes no sex without condoms or other latex protection, no sharing of needles or other drug paraphernalia, including cookers, cotton, or rinse water. Do not engage in behaviors that place you and others at risk for HIV infection or re-infection or that place you and others at risk for becoming infected with other sexually-transmitted and blood-borne diseases.

QUESTION: We've covered **Why** you should change and **What** you can change. The third **W** is **When**. When will you change? Are you ready right now to make these lifestyle changes or are you ambivalent?




You will not make lasting changes until you believe that a change in behavior will result in some desired outcome and that the benefits of changing outweigh the costs of change. It is normal to feel ambivalent about change. **QUIZ ITEM** Feeling ambivalent does not mean that you will never be able to change. **QUIZ ITEM** As shown in the slide, ambivalence is feeling conflicted—feeling torn between two choices—and not knowing what course to take. Just because you want to be healthy does not necessarily mean you want to change your lifestyle. For example, although there are many good reasons not to inject drugs or have unprotected sex, each of you probably has your own reasons for continuing to engage in these high risk behaviors. The personal benefits to you of engaging in these behaviors may make them extremely difficult to give up. When you feel “ambivalent” you should acknowledge your ambivalence and **begin to weigh the costs and benefits of making the change.** **QUIZ ITEM** Before you can move forward, you need to identify additional reasons to change that will help tip the scales in favor of making the change.

Counselor describes the stages of changes. (10 mins)

It is important to know if you are ready for change because your readiness or lack of readiness will affect your motivation to make healthy lifestyle choices. Researchers have identified specific stages of change, as shown on this slide:


Visual

WHEN WILL YOU CHANGE?

Pre-contemplation
"I don't have a problem" 

Contemplation
"I have a problem. I might need to make some changes"

Preparation
"I'm getting ready to make some changes"

Action
"I'm beginning to make some changes" 

Maintenance
"I like the changes I've made and I'm working on not sliding backwards"

Show Slide 10.13

Stage 1:

If you are in the “pre-contemplation” stage of change, you have no intention to change and you deny that there is any need to change. You’ve probably all been in this stage at some point in your lives with regard to your drug use. It’s the **“I don’t have a problem” stage**. **QUIZ ITEM** Sometimes people have to hit bottom before they leave this stage, or they can be helped to move out of this stage by weighing the costs and benefits of change. Once the benefits of change outweigh the costs, you are ready to graduate to the next stage.

Stage 2:

If you are in the “contemplation” stage of change, you have not yet begun to make changes, but you are **seriously considering changing** in the next six months. You acknowledge that you have a problem, and that the benefits of change outweigh the costs.

Stage 3:

If you are in the “preparation” stage of change, you have made the decision to make changes in your life and you are now **preparing to make changes** (for example, by learning the skills you will need).

Stage 4:

If you are in the “action” stage of change, you have **recently begun to change** your behavior (you have been making changes for less than six months).






Stage 5:

If you are in the “maintenance” stage of change, you have been actively changing your behavior for a long period of time (for six months or more) and are now ensuring that you have the skills to **maintain the changes permanently**.

QUESTION: If I asked you what stage of change you were in what would you say?

Answer: You would need to ask me to be more specific because it might well depend on what type of behavior I was referring to.

JOE'S DIFFERENT STAGES OF CHANGE

	<p><i>concerning</i> SAFER SEX</p>	<p>Pre-contemplation stage <i>No intention to use condoms</i></p> 
	<p><i>concerning</i> HEALTH CARE</p>	<p>Contemplation stage <i>Thinking about being an active participant in own health care</i></p> 
	<p><i>concerning</i> ILLEGAL DRUG USE</p>	<p>Action stage <i>Has stopped using illegal drugs for one month</i></p> 
	<p><i>concerning</i> SHARING DRUG PARAPHERNALIA</p>	<p>Maintenance stage <i>Has not shared needles or drugs in over 6 months</i></p> 

Show Slide 10.14

Visual

The fellow on the slide is in the pre-contemplation stage with regard to safer sexual behavior. He has no intention to use condoms. However, he is in the contemplation stage with regard to becoming an active participant in his own health care. He realizes he needs to keep his medical appointments and follow treatment recommendations, but hasn't started yet. With regard to his addiction, he is in the action stage; he hasn't used any illegal drugs for the past month, and he is in the maintenance stage of change with regard to sharing drug paraphernalia. He hasn't shared works with anyone for over six months. So if I asked Joe what stage he is in, how could he answer? Clearly, it is extremely important to identify your stage of change **for each type of behavior** in order to know what you need to do next. We'll do this after the break.

(10 mins)

Break

Review

Counselor reviews material covered before the break. (5 mins)

Before the break we talked about learned helplessness and its influence on motivation and readiness for change. Learned helplessness refers to feeling powerless now and in the future due to feeling powerless in the past.

QUIZ ITEM Individuals with HIV may feel helpless when in fact there are many aspects of their health and life that they do in fact have control over. It is extremely important to identify what you have control over and what you don't, so that you can begin to make necessary lifestyle changes, such as becoming more knowledgeable, participating in your health care, being abstinent from drugs, and not sharing body fluids. **QUIZ ITEM** We also talked about feeling ambivalent about making changes. Feeling ambivalent means feeling conflicted or torn between two choices. Feeling ambivalent is normal. **QUIZ ITEM** Change often doesn't come easily. When you feel "ambivalent" you should not assume that you will never change your behavior, but instead you should acknowledge your ambivalence and **begin to weigh the costs and benefits of making the change.** **QUIZ ITEM** When you weigh the costs and benefits, the strength of the benefits can move you from ambivalence to action. We also discussed how important it is to identify your readiness for changing various behaviors because you might be ready to change one behavior, but not another. We talked about five different stages of change: **Precontemplation**—this is when you don't have any intention to make a change—it's the "I don't have a problem stage;" **Contemplation**—in this stage you recognize that you have a problem and plan to change in the future but haven't done so yet; **Preparation**—in this stage you are actively preparing to make a lifestyle change; **Action**—in this stage you have actually begun to make changes, and have been doing so successfully for less than six months; and finally the **Maintenance stage**—in this stage you have been successfully making changes for more than six months. Depending on what stage you are in currently, you will need to use a different strategy to help you graduate to the next stage.

**Experiential/
Practice**

What's your stage? (10 mins)

Now let's see what stage of change each of you are in for various behaviors:

I am going to distribute the Readiness Assessment.

I'll read the questions aloud.

Answer honestly.

When we are finished, you will score it yourself and then we'll play our game.

Counselor distributes READINESS ASSESSMENT and reads each question provided below sufficiently slowly that group members have time to mark their answers.

In the box labeled **Sexual Practices**, circle the number next to the statement that matches your current intentions:

1. I have no intention to use condoms every time I have sex.
2. I am seriously considering always using condoms, but haven't made any definite preparations yet.
3. I am now actively preparing myself to begin engaging in safer sexual practices, but haven't started yet.
4. I've used condoms *every time I have sex* for **less than six months**.
5. I've been using condoms *every time I have sex* for **longer than six months**.

In the box labeled **Drug Use**, circle the number next to the statement that matches your current intentions with regard to using illegal street drugs:

1. I have no intention to quit using all illegal drugs.
2. I am seriously considering quitting all illegal drugs but haven't made any definite preparations to quit yet.
3. I am now actively preparing myself to quit using all drugs, but haven't quit yet.
4. I have now stopped using drugs and have been completely *abstinent* for **less than six months**.
5. I stopped using drugs and have been *completely abstinent* for **more than six months**.

In the box labeled **Health Care**, circle the number next to the statement that matches your current intentions:

1. I have no intention to see a doctor regularly, or to take all my medications as directed or to be an active participant in my own health care.
2. I am seriously considering talking to my doctor about becoming more active in my health care, but haven't made any definite preparations yet.

3. I am now actively preparing myself to form a partnership with my health care provider so that I can participate more actively, but haven't done so yet.
4. I have now begun participating actively in my health care and have been *100% compliant with all medical recommendations* for **less than six months**.
5. I have been participating actively in my health care and have been *100% compliant with all medical recommendations* for **more than six months**.

In the box labeled **Sharing Drug Paraphernalia**, circle the number next to the statement that matches your current intentions:

1. I have no intention to stop sharing drug paraphernalia with other people (e.g., I plan to share needles, or cookers, or cotton, or rinse water).
2. I am seriously considering not sharing paraphernalia any more, but haven't made any definite preparations yet.
3. I am now actively preparing myself to stop sharing paraphernalia, but haven't stopped yet.
4. I stopped sharing drug paraphernalia and *haven't shared anything* for **less than six months**.
5. I stopped sharing drug paraphernalia and *haven't shared anything* for **more than six months**.

Counselor waits for everyone to finish each section and then writes the following scoring instructions on the board and also reads it aloud:

In the space labeled **Stage:** _____ in each of the four boxes,

If you circled 1 in that box, write in the space the word "precontemplation."

If you circled 2 in that box, write in the space the word "contemplation."

If you circled 3 in that box, write in the space the word "preparation."

If you circled 4 in that box, write in the space the word "action."

If you circled 5 in that box, write in the space the word "maintenance."

Counselors walk around the room and help group members with scoring as needed.

STAGE OF CHANGE GRADUATION game (20 mins)

Experiential/
Game

Aim:

- To review stages of change
- To overcome helplessness
- To tip the balance in favor of change
- To increase motivation for harm reduction

Materials:

- Stage of Change Graduation game worksheet
- Previously completed Readiness Assessment sheets
- Pens/pencils
- Prizes (e.g., wallet-sized cards: Serenity prayer; Happiness is...)

Instructions:

1. I am going to divide the group into pairs and provide each of you with a worksheet.
2. You and your partner will look over the Readiness Assessment you just completed and will select one behavior that you are **least ready to change** (for example, a behavior on which you scored in the “precontemplation” stage (if none, then “contemplation,” if none, then, “preparation,” and so forth).
3. The goal of the game is to help you graduate to the next stage of change.
4. To do this, first discuss with your partner your reasons for not wanting to change your behavior, and write these on your worksheet. These are the costs of change.
5. With your partner, list the potential benefits of making a change on your worksheet so that there are more benefits than there are reasons not to change.
6. Then discuss strategies for moving to the next stage. You will need to correctly identify the next stage on your worksheet and you will get points for each appropriate strategy for graduating to that stage.
7. At the end of 10 minutes, each group member will read the behavior that is to be changed, the current stage of change, the list of benefits of change, and list of strategies for graduating to next stage. The group will have 10 minutes to complete the scoring.
8. Points will be awarded for the number of costs and benefits you identify. You will receive additional points if the benefits of change outweigh the costs. You will also receive a point for naming the next stage of change, and for identifying strategies that will help you graduate to this next stage.

9. Scores for each pair will be added together for a total score, so it is important that both you and your partner participate equally in the game.
10. The pair with the most points wins the game and a prize.

Counselor calls "Time" after 10 minutes, and each group member reads the selected behavior, stage of change, costs and benefits of change, and strategies for graduating to the next stage. Counselor writes scoring criteria and each pair's score on the board as follows:

Scoring Criteria:

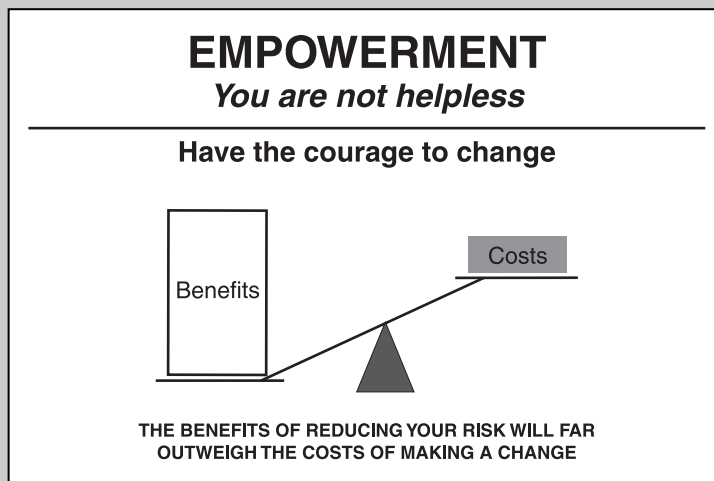
Specific behavior	(identified correctly = 1 point)
Stage of change	(identified correctly = 1 point)
Listed reasons for ambivalence (costs)	(each appropriate cost = 1 point)
Listed benefits of change	(each appropriate benefit =1 point)
Benefits should outweigh costs	(costs minus benefits)
The next stage of change	(identified correctly = 1 point)
Strategies for moving to the next stage of change	(each appropriate strategy = 1 point)
Score: Partner #1: _____	
Score: Partner #2: _____	
Total score for pair: _____	

Verbal

Counselor leads a brief discussion on empowerment. (5 mins)

Learning that you are HIV-positive is not a diagnosis of helplessness. Feeling helpless can lead to depression, drug use, and behaviors that risk your health and the health of other people.

Visual



Show Slide 10.15

Empowerment entails becoming calm and centered and conducting an honest cost–benefit analysis. It means having the courage to move beyond denial and acknowledge that you have a problem and that you may feel ambivalent about making lifestyle changes. There is much within your power that you can do to tip the balance on the cost:benefit scale in favor of reducing your risks and maintaining your health. List all the benefits of making necessary changes in your behavior. Then identify things in your life that you do have control over; list all the things you can do to reduce your risk and maintain your health and then prioritize them. Then systematically start working on each item on your list. Change does not necessarily come all at once, and sometimes can be difficult. You may go through stages where you feel quite ambivalent. This is normal and not to be taken as a sign of failure. **QUIZ ITEM** The important point to remember is that you do have control and you can make choices that will move you through the ambivalence and into an improved quality of life. Unlike the dogs in the ‘learned helplessness’ experiment that remained helpless and did not even try to help themselves, you do **not** have to remain helpless. As we have discussed in this group, although you are powerless at this point to change your HIV-serostatus, you are not powerless to protect your health and the health of others. It is within your power to find the serenity to accept the things you can’t change, the courage to change the things you can, and the wisdom to know the difference. This is empowerment.

QUIZ WITH IMMEDIATE FEEDBACK (5 mins)

Quiz

As you know, we end each group with a quiz and a ten minute relaxation exercise. I’m going to pass around the quiz now.

Counselor distributes the quiz (attached), and reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. Does “Learned helplessness” mean feeling powerless to help yourself now

and in the future due to an experience of being powerless in the past?
The answer is **(a)** True.

2. Which of the following decisions are under your control? The answer is **(d)** all of the above—don't use drugs, don't exchange body fluids, and participate actively in your health care. You have personal control over each of these.
3. If you are already HIV-positive, why should you bother changing your behavior now? The answer is **(e)** all of the above. Remember the reasons to **C.A.R.E.**—compromised immune system makes you vulnerable to other infections; altruism is your desire to protect others; there is also the potential for you to become reinfected with a different strain of HIV that is resistant to treatment; and, finally, there is strong evidence from research that you are not powerless to protect your health and the health of others.
4. What should you think or do if you feel “ambivalent” about using condoms? The answer is **(c)** you should weigh the costs and benefits of using condoms to try to tip the balance in favor of change. The other answers are not correct—ambivalence **is** normal and it does **not** mean that you will never decide to use condoms.
5. If your friend is still using drugs, and has no intention to stop, what stage of change is your friend in? The answer is **(d)** none of the above. Your friend is in the pre-contemplation stage, which is not listed.

**Stress
Management**

STRESS MANAGEMENT/RELAXATION EXERCISE (10 mins)

We are going to conclude by doing a brief relaxation exercise. I'll be dimming the lights and playing an audiotape. I'd like you to get comfortable in your chair, uncross your legs, and sit quietly with your eyes closed and just follow along with the tape. Remember that learning to relax is a skill that takes practice, so if you feel restless at first, just remind yourself that this is a 10 minute gift of quiet time that you give to yourself and to the other members of the group. As we've discussed in this group, this and similar techniques can be extremely useful to you if you incorporate them into your daily life. When you become calm and centered you can enter that part of you that is empowered, and not helpless. When you enter that space deep inside you, you can more clearly identify the benefits of changing your behavior in order to reduce your risk and maintain your physical, emotional, and spiritual health.

Counselor dims the lights, says “quiet please,” and begins the tape.

END SESSION