

# Health Workers' Group Training Manual

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Spanish translation and adaptation of  
"Guía Didáctica Para el trabajo de grupo  
¿Es Difícil Ser Mujer? Una Guía sobre Depresión



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# Health Workers' Group Training Manual for: Is It Difficult Being a Woman? A Guide on Depression

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Spanish translation and adaptation of “Guía didáctica para el trabajo de grupo ¿Es difícil ser mujer? Una Guía sobre depresión”, by: Ma. Asunción Lara, Maricarmen Acevedo and Socorro Luna. Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz  
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## Acknowledgements

This **Health Workers' Group Training Manual** is a companion document to the English text "Is It Difficult Being a Woman? A Guide for Women on Depression." Why focus on depression? According to a recent World Health Organization report on the top five causes of disease in the world, depression is number five. Through the English text and this Manual, we attempt to respond to this fact and other pressing data. That other data includes: the status of mental health in the U.S in general, mental health and depression among the Latino/Hispanic population in the U.S., and with three sub-groups of Hispanic women: long-term residents, recent arrivals and individuals who cross back and forth between the U.S. and Mexico border (transborder individuals).

How did this all come about? The translation into English of the noted book and this Manual evolved through the efforts of several persons and institutions in the U.S. and Mexico. First, the financial support to create this document came from the Kellogg Fellows Leadership Alliance (KFLA) of the W. K. Kellogg Foundation. The collaborative is comprised of former Kellogg Foundation fellows who continue to give of their time in order to address urgent health needs in their region. The Co-Chairs for this project were Eva Margarita Moya, L.M.S.W., and Patty Stephens, Ph.D. and LMSW-ACP.

Second, were it not for permission from the author of the original Spanish book and her Didactic Guide "*Es Difícil Ser Mujer? Una Guía sobre Depresión*," Dr. María Asunción Lara Cantú, and the publisher Dr. Ramón de la Fuentes Muñiz's Institute of Psychiatry in Mexico, this work would not have been possible. We are deeply indebted to her, the publisher, and for their caricature friends in the text.

Special recognition also goes to Rebeca L. Ramos, M.A. and M.P.H. Ms. Ramos is the author of a focus group report that lays the initial foundation for this Manual. Her report, "Guide for the Adaptation of "*Es Difícil Ser Mujer?*" Materials for Immigrant Latinas in the U.S." provided unique insight into the perspectives on depression among the three subgroups of the Latino/Hispanic population indicated above. We are also grateful to the El Paso Community Foundation for serving as the fiscal agent and Strategic Organizational Solutions International, Inc., the contracts management entity, both of El Paso, Texas.

Irma A. and Victor M. Salas, the curriculum specialists and translators for the English version of the text and Manual/Guide thank the aforementioned and the many agencies, facilitators and community health workers/"*Promotores*" who contributed ideas towards this first English edition. We all hope our collective efforts encourage others in the medical and social services field to use the text and Training Manual so that women will more openly discuss a topic that has been and continues to be taboo in some segments of the Latino community. We thank past and future partners for taking a major step with us in promoting better mental health and in addressing the many challenges faced by those who are depressed, their family and their friends.

# Introduction

## General

This Manual is a complement to the English book on depression “Is It Difficult Being a Woman? A Guide for Women on Depression.” It was created as a new product to train community health workers/“*Promotores*” and other health and human services providers in the U.S. Why? In the U.S. general public and many segments of the Latino/Hispanic (used interchangeably) community, depression is not clearly understood. The symptoms, the treatment options, the different types of providers who can help, the different places where one can get help, etc., are not common knowledge. What is even less common is what depression is. Depression seems to mean different things to different people and results in “doing something” all the way to “doing nothing.” Yet, every day trained psychologists and psychiatrists find someone who may have had depression for years but neither the depressed person nor family members realized there was a problem. In the U.S. health care system, depression is recognized as a medical problem. Providers know that in a majority of cases, depression can be treated. But do most consumers know this?

## Purpose

This Manual is designed to help community health workers and others give essential information on depression to clients/patients in a clear, concise and responsible manner to Latinas who are recent residents, long-term immigrants, or transborder individuals on the U.S. side of the border. The information may serve as a way to prevent depression, understand it better, and/or motivate individuals to seek help if they think someone they know may be depressed. The information can be presented at one’s own agency or as part of community outreach work. The Manual and the companion book enable health and human services workers to educate the community-at-large by providing a better understanding of what depression is, its causes, what to do and where to go for more help. “*Promotores*” can play a significant role in prevention, education and referral. On the other hand, “*Promotores*” and other users of the text and this training manual must understand that these are not designed to help them make a clinical judgment about whether someone is or is not depressed. At the same time, recipients of the information must understand that the text and Manual are not a substitute for treatment if someone has been referred to seek care.

## Adaptation and Development

This Manual relied on several sources but the primary ones included: Dr. Lara’s Spanish book and Spanish “Didactic Guide,” the first U.S. Surgeon General’s Report on Mental Health in 2000 and a supplement, statistics from the U.S. National Institute of Mental Health (NIMH), and the U.S. Substance Abuse and Mental Health Administration (SAMSHA). KFLA Co-Chair Eva Margarita Moya, who is nationally recognized for her pioneer work with “*Promotores*” and was the Executive Director of the U.S. Section of the U.S.-Mexico Border Health Commission, gave countless volunteer hours. Also, Dr. Patty Stephens, KFLA Co-Chair and clinical psychologist, provided much in-kind time in editing the book and Manual. The special insight and “soul-revealing” information related to Latina women must be credited to Rebeca L. Ramos’ focus group work, though a small sample, on depression in 2004 with the intended Latina audience. Ms. Ramos is well known and respected for her scholarly, public health research about the U.S.-Mexico border. Finally, we acknowledge Irma Aguilar Salas and Victor Manuel Salas who undertook the laborious task of serving as curriculum and translator consultants and provided incredible expertise, sensitivity and patience to realize this project.

## Introduction (continued)

### Organization of the Training Manual

Health and human services providers bring various and unique knowledge, skills, and experiences to training programs. Like in any academic setting, familiarity in a given subject varies from individual to individual. For this reason, the Manual is divided in two main sections. The first part covers “how-to” steps for the six recommended workshop sessions in six Units. The second half is comprised of the following four Appendices: A - Workshop Design, Phases and Glossary; B - Mental Health, Depression in the U.S and Latino/Hispanic Community, and the Latina Audience; C - Additional Activities; and D - Facilitation Tips.

### Intended Audience

This Manual has been developed primarily to reach Mexican American women who recently arrived in the U.S; who travel back and forth between the U.S.-Mexico border for visits, shopping, job, etc., purposes; and/or who have been residents of the U.S. for a long time. To ensure that essential information is conveyed simply, accurately and sensitively, trained individuals are advised to implement the text and Manual as recommended. The sponsors of this document know that “*Promotores*” and others will create a safe and trusting learning environment. In this way, participants will feel comfortable in asking and discussing delicate matters and in deciding for themselves what they chose to do with the information.

### Facilitating this Workshop Topic

Given the nature of the subject, we recommend two individuals, if possible, for the six-part workshop series. One can lead and the other can serve as an assistant for logistics as well as a “second eye” to help address a potential or actual crisis. The other option, of course, is to co-present the sessions and conduct discussion. We ask that presenters conduct a self-assessment (see Appendix A) to determine if depression is a subject s/he can handle professionally and objectively before committing to attend training. If a potential facilitator has had or has a family member with depression, it does not mean that person cannot facilitate. However, we all know that there are certain topics we would rather not discuss in public. If this is the case, a potential workshop leader should decline training. It is critical that the trainers be emotionally balanced and intellectually ready to take action, if needed, when presenting the information. Women may cry, close up, or suddenly become nervous. How these situations are handled during classes is very important to participants and the entire process.

### Help Us Improve

Calendar year 2006 will be the first time for the “pilot” training and implementation of these materials in English. We deeply value and need “*Promotores*” and other workshop leaders to let us know how the sessions went. We want to make sure participants are receiving clear and concise information on depression. We invite your recommendations to improve the first text and Training Manual in English for U.S. Latinas. So please e-mail either person as noted below, and “*¡gracias!*”/thank you for helping others improve their overall mental health.

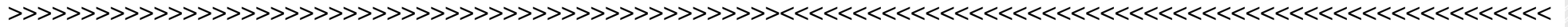
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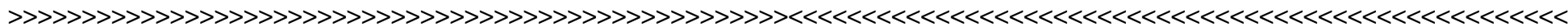
# **UNIT 1: WHAT IS DEPRESSION?**





Listed below is a snapshot of the six workshop sessions. It primarily reflects standard and other items for each session: the pages to reference in the book, abbreviated book title, required materials, and two of the three parts of the facilitation process (introduction and learning). The third element, closure, is not presented here. It is mostly repetitive. Informational closure does appear for each session in subsequent pages. As you will see below, here are similar patterns. Some aspects will be familiar; some will be different. For sure, your work will be both humbling and rewarding.

<b>Unit/ Session and Pages to Read</b>	<b>Book Page Section</b>	<b>Abbreviated Book Title</b>	<b>Required Materials</b>	<b>A. Introduction</b>	<b>B. Learning</b>
			a) Flip chart <i>(Items a-e are standard elements)</i> b) Markers c) Tape d) Paper and pens/pencils e) Affirmation	a) Welcome b) Overview c) Objectives  <i>(Standard elements)</i>	a) Lecturette b) Reading Aloud c) Discussion & Key Points (Pts.) d) Activity & Key Points  <i>(Standard elements)</i>
<b>1</b> (P. 12-37)	12-17 19-31 32-37	* Ed. Materials * What's Depression? * Thinking Habits	a – e and: * Preliminary Ground Rules & Pamphlet * "Amigo"/ "Friend" lyrics * <b>Questions &amp; Comments</b>	a - c and: * Icebreaker * <b>Preliminary Ground Rules</b> * Amigo"/"Friend"	a) 3 Lecturettes b) Reading Aloud - 3 sections c) Discussion & Key Points d) "Amigo"/"Friend" Activity
<b>2</b> (P. 40-78)	40-51 56-66 72-78	* Why? * Childhood * Major Life Events	a – e and: * Weekly Time Manager * Better Mental Health (MH), Please	a - c and: * <b>Homework Review</b>	a – c and: * <b>Wkly. Time Mgr.</b> Activity * <b>Better MH, Please</b> Activity
<b>3</b> (P. 82-121)	82-95 96-105 106-118 119-121	* A Woman's Upbringing: Friends, Dates, & Sexuality	a – e and: * What Do You Think? * 12 Steps for Dealing with Abuse	Same as Session 2	a, c (b = Reading Aloud - 4 sections) * <b>What Do You Think? (Values)</b> Activity * <b>12 Steps for Dealing with Abuse</b> Lecturette
<b>4</b> (P. 124-136)	124-136	* What's Happening? Marriage, Mothers, Post-Partum, etc.	a – e and: * Problem-Solving Steps * The Right Attitude for Problem-Solving * Pluses & Minuses	Same as Session 2	* <b>The Right Attitude for Problem-Solving (PS)</b> Lecturette (b = Reading Aloud - 1 section), c, and * <b>PS</b> Activity * <b>Pluses &amp; Minuses</b> Activity
<b>5</b> (P. 137-150)	137-148 151-154 149-150	* Old Ways: A Woman, Love & Suffering; Fear Anger, Sadness	a – e and: * Case Studies * Supplies for Homework	Same as Session 2	a, c, d (b = Reading Aloud - 3 sections) * <b>Case Studies</b> Activity
<b>6</b> (P. 155-166)	155-161 162-166	* New Ways * MH Resources	a – e and: * Mental Health Resources, * My Gift to Me & Evaluation	Same as Session 2	* a, (b = Reading Aloud - 2 sections), c, Activities = <b>MH Directory, My Gift ..., and, Evaluation</b>

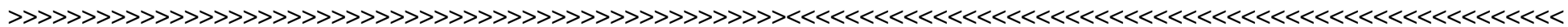


To quickly understand implementation of the workshop design, below we have provided essential information through a question and answer format. *(If some of the items below seem repetitive, they might be a reinforcement technique!)*

<ol style="list-style-type: none"> <li>1. How many sessions are there and how long is each?</li> <li>2. What is the maximum number of participants?</li> <li>3. How should the class be arranged?</li> <li>4. What materials do the participants need for every session?</li> <li>5. What materials will I typically need at every session?</li> <li>6. May participants bring their children?</li> <li>7. What information usually appears for every session in this unit?</li> <li>8. The first session is probably different from the remaining sessions?</li> <li>9. Will we do something different in the remaining sessions?</li> <li>10. May other participants help read?</li> <li>11. What materials are in the Manual that can also help me prepare?</li> <li>12. What if I have extra time during the planned two-hour session?</li> </ol>	<ol style="list-style-type: none"> <li>1. Six sessions (units) minimum, 2 hours long maximum</li> <li>2. Fifteen (15)</li> <li>3. In a circle with you sitting and standing as needed</li> <li>4. The book, their own journal, pencil or pen</li> <li>5. The book, this Manual, flipchart sheets and markers, extra writing paper for students/participants</li> <li>6. No, they need to make arrangements in advance; you don't want to be responsible for any accidents</li> <li>7.             <ol style="list-style-type: none"> <li>a. The “Session Overview”</li> <li>b. Objectives, materials and steps</li> <li>c. Discussion questions and key points</li> <li>d. Activities and keypoints</li> <li>e. Homework assignment</li> <li>f. Affirmation and reminders</li> </ol> </li> <li>8. Yes! Creating rapport, trust and confidence are essential.</li> <li>9. Good question! You will start by reviewing the homework assignment and continue with items “b” through “f” in item 7 above.</li> <li>10. Of course! Ask for volunteers at the first session. If several volunteer, take turns during the first session. Then you can call them in the future, but always ask for new readers.</li> <li>11. The four Appendices</li> <li>12. We doubt that. If you do, review, practice and use the “Additional Activities” in the Appendix.</li> </ol>
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**What else?**

**Be the professional you are recognized for being -- Prepared, effective, caring and trustworthy!**



The chart below is the “Unit/Session 1 Overview.” It provides more specifics about: 1) the required materials, 2) the facilitation process, including the third component, closure, 3) space for additional notes from the developers or for you to write in as needed, and 4) time slots for certain aspects for you to insert, but remember each session is a maximum of two hours. Note handouts appear in *italics*. The last page of this unit, the “Post-Facilitation Journal,” includes a form for the Trainer’s/Facilitator’s completion.

<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. Not applicable (N/A) b. Prepare flipchart sheet c. Prepare flipchart sheet d. N/A e. Questions/Comments	1. a. Welcome b. Workshop Objectives c. Workshop Overview d. Initial Points - Depression e. Previous Results	1. a. In script b. Page 75 of this Manual/Guide c. See p. 1 of this unit d. In script e. See <i>Questions and Comments</i>	
2. a. N/A b. Prepare flipchart/handouts	2. a. Ice Breaker: Self-Intros b. <i>Preliminary Ground Rules</i>	2. a. In script b. See item by same name	
3. a. Prepare flipchart sheet b. Prepare flipchart sheet	3. a. Session 1 Overview b. Session 1 Objectives	3. a. Use left column “Facilitation Process” b. See next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
4. N/A	4. a. Lecturette 1 b. Discussion and Key Points	4. In script	
5. <b>Book – P. 12-17</b> Let’s Begin: How to Use ...	5. a. Reading Aloud b. Discussion and Key Points	5. In script	
6. <b>Book – P. 19-31</b> What is Depression? b. Prepare flipchart/handouts	6. a. Reading Aloud b. Discussion and Key Points	6. a. In script b. See <i>Pamphlet/Poster</i>	
7. N/A	7. a. Lecturette 2 b. Discussion and Key Points	7. In script	
8. <b>Book – P. 32-37</b> Thinking Habits of Depressed	8. a. Reading Aloud b. Discussion and Key Points	8. In script	
9. a. <i>Amigo</i> handout; player for CD or cassette; and song.	9. a. Lecturette 3 & Activity b. Discussion and Key Points	9. a. In this unit; see item by same name b. In script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
10. Prepare flipchart	10. Session 1 Summary	10. In script	
11. Prepare flipchart	11. Session 1 Homework	11. In script	
12. Prepare affirmation for each	12. * <i>Affirmation</i> * Reminders	12. * Use blank, colored cards * In script	
See last page in this unit	<i>Post-Facilitation Journal</i>	Complete legibly in black or blue ink only.	By Facilitator

## Preparation Notes

**(Facilitator Codes)**

Ask = ?  
 Refer to = ●  
 Write = ✍

(1) A main step in the facilitation process. It helps you see where you are with time--go a little faster or slower.

☛ Remember number of steps

(1 – Welcome)  
 ? about language preference

☛ Flipchart  
 ☛ Flipchart

☛ Emphasize

**Session 1 Objectives:**

1. To provide the objectives and overview of the workshop series.
2. To provide the overview and objectives of Session 1.
3. To help participants recognize what depression is and what leads you to it.
4. To direct participants towards some actions they can take to prevent or help manage feelings of depression.

**Required Materials:**

1. Book
2. Manual/Guide
3. Five markers (red, blue, green, orange, and black)
4. Prepared flipchart sheets for:
  - a) “Workshop Objectives” (p. 75, item 1)
  - b) “Workshop Overview” (p. 1)
  - c) “Session 1 Overview” (p. 3)
  - d) “Session 1 Objectives” (above, this p. 4)
  - e) “Preliminary Ground Rules” (1.2; p. 13)
  - f) “Session 1 Summary” (p. 11)
  - g) “Session 1 Homework” (p. 11)
5. Index cards with lines for Facilitator
6. “Amigo”/Friend lyrics (1.4; p. 15)
7. Writing paper for all (1.1; p. 12)
8. Extra pens or pencils for all
9. Pamphlet for all (1.3; p. 14)
10. Prepared Affirmation for all (p. 11)
11. Extra flipchart

**12 Steps:** Follow the “script” below (*Note that you will see a bolded number and title as a quick reference*)

\* **Welcome** to this workshop series on depression. “*Bien venidos a este serie de clases sobre la depresión.*”

\* How many of you would like information in English and Spanish?

“*¿A cuántas de Uds. les gustaría que presente la información en inglés y también en español?*”

“*¿Cuántas prefieren que se presente únicamente en español?*”

Very well, we will.... / “*Muy bien, presentaré....*”

\* I’m very pleased to be here with you and am looking forward to getting to know each of you better.

\* I’d like to tell you a little about myself:

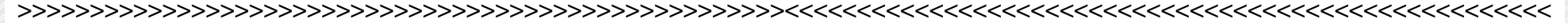
- Occupation                      - Reasons for being involved with this project

- Marital status                    - Personal experience with depression

\* The workshop objectives for the six sessions are:

\* The workshop overview shows that ....

\* There are no consequences if you don’t do the homework, but you will miss out on a chance to help yourself.



**Reminders for Every Class**

- \* Let's talk about what you need to remember for every session, before we continue.
  - Your textbook. Don't lend it out until the workshop is over. Some have done this in the past and didn't or couldn't get it back.
  - A notebook or journal
  - Something to write with

**? and Respond**

\* Any questions so far?

**Initial Points - Depression**

- \* I want to share some initial, main points about depression.
  - Depression is very common in women throughout the world.
  - Many women are not aware they are depressed.
  - The ones that do know it, don't know what to do.
  - Here we will talk about what depression is and what you can do to get out of it.
  - During the sessions, you will realize that all of us have problems.
  - If we talk about our problems, we will not feel all alone.
  - We can all learn from one another.

**Previous Results**

\* Many women in Mexico have taken this workshop, and almost all of them have expressed that it has had "some influence" (34%) or a "lot of influence" (63%) in their lives.

Overall, they reported that they:

- Have a better understanding of their problems and how to deal with them.
- Have changed their way of thinking.
- Know and accept themselves better.
- Have less problems.
- Have learned how to be more energetic.
- Have obtained important information

**(2 - Ice Breaker Activity:**

**“Self-Introductions”)**

☛ **Index cards**

**Listen** to expectations.

**Thank** each.

☞ unrealistic objectives on index cards.

**Observe** their characteristics.

**Identify** additional resources you may want to bring (e.g. for disabled needs) to next sessions.

☛ **Handouts and Flipchart**

?

**Pause**, and if correct:

**If no responses**, say:

**Review**

?

**If yes**, ☞ on Flipchart

?

**Vote**

- \* Before I proceed, I think the rest of you would like to know about the others in the group.
- \* We are going to go around the circle, and each one of you will introduce yourself.
- \* You can do this by stating:
  - Your name                      - Occupation
  - Marital status                - Why you are attending this workshop
- \* Thank you everyone. We have a very special group here.
- \* I heard some expectations that we will not be able to meet in this workshop because they do not match the objectives.
- \* These include: *(Some possibilities – Getting a job, solving a problem with one of your teenagers, etc.)*
- \* This workshop is about helping **you** deal with and solve problems that can be solved, and which will make **you** feel better.
- \* Remember -- This workshop will help **you** change, but you cannot change other persons.
- \* I’m going to pass out the “Preliminary Ground Rules” for the sessions and review them on the flipchart.
- \* First, can anyone tell me why “Ground Rules” are important?
- \* Thank you.
- \* “Ground Rules” will help us proceed respectfully and allow me to give you the information you came to get.
- \* I’m going to review the list, and then ask if anyone would like to change or add to the list, because it is preliminary.
- \* Would anyone like to change anything on the list or add something to the list? Thank you.
- \* How many of you agree we should change or add something?
- \* Why?
- \* Let’s take a group vote, and this is how we’ll decide. Raise your hand if you agree with the change or addition? Okay, this is how we will proceed.

**(3 – Objectives & Overview)**

☛ Flipchart

☛ Flipchart

**(4 - Present Lecturette 1)**

?

\* Now that we've completed some basics, let me review the "Session 1 Objectives"....

\* What have we done so far, and how will we continue this session? Let's look at the "Session 1 Overview"...

**"Let's Begin – How to Use the Educational Material"**

- Depression is a common problem. People need to find a way to get rid of the negative thinking normally associated with depression. Most of us will face depression some time in our lives.
- Depression is more common in women, though men also get depressed, but they don't make a big deal about it and actually hide it. Do any of you know men who have been depressed? How did he handle it?
- It is important for women to schedule some time for themselves. This time can be for meditation, resting, doing something you really enjoy doing, taking a class, going to a workshop, visiting a friend, etc.
- Women need to make time to read, write, talk or reflect. You will have a chance to do this in this workshop.

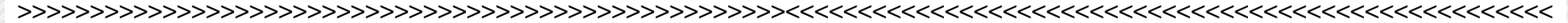
By reading, we can learn something new or learn more.

By writing or through discussion with someone you trust:

- We can express important feelings that we sometimes can't share with others.
- We can begin to define a problem more clearly, examine how it affects us/makes us feel, and consider solutions.
- We can take this information to improve or solve other parts of our lives in relationships with others.
- Or we can just reflect/think.
- In these ways we can begin to reduce depression, because we are now taking steps to do something

• We were given the gift of life at birth. We must care for ourselves first. This is not selfish. It is self-interest. Only if we take care of ourselves can we be healthy, happy, and have something good to give others--whether it's at home, with relatives, at work or in the community.

• Participating in this group and/or with persons you feel comfortable with to discuss what you are learning and sharing personal experiences is very important.



(Facilitator ◀)

*(Normally the theme of the educational material by itself generates the women’s participation, be it by comments about their own experiences or about someone they know. Some may begin to ask questions about depression, but don’t get into too much detail.)*

\* Many of the questions that you are asking now about depression will be answered in the following chapter, so at this time it is not necessary to go into too much detail.

(5 - Reading)

?

To participant

\* It’s time to get into the book.

\* Who wants to help me read aloud?

\* Do you want to read the *comadre* or *compadre* part? Good.

\* You can do it from where you are sitting or move where you think everyone can hear you.

\* Let’s all turn to page 12. We are going to read up to page 17.

\* Thank you.

Instruct

Discussion Questions

\* Do you think men and women express their deep feelings the same or differently? Why?

\* What are two ways you can express your deep feelings or problems?

\* How many of you prefer to write? How many of you prefer to talk to someone you trust?

Key Points

\* The key points in this section are:

✓ Men and women do express their deep feelings or problems differently for many reasons.

✓ It is important to express our deep feelings, especially when we are hurt, or sad, or uncomfortable about something someone said or did a long time ago or recently.

✓ It is not healthy to keep hurt feelings, or sadness or uncomfortable feelings about something in the past or currently to ourselves.

✓ It is important to learn to express them somehow. One is by writing, and the other is by talking to someone you trust.



(6 – Reading)

?  
To participant

Read

(7 - Present Lecturette 2)

Discussion Questions

(Facilitator ◀)

Distribute program pamphlet  
◀ pamphlet

Key Points

- \* Let’s all turn to page 19. We are going to read up to page 31.
- \* Who else wants to read?
- \* Do you want to read the *comadre* or *compadre* part? That will work.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

“What Is Depression?”

- In Esperanza’s case, we saw how an experience in her life contributed to depression.
- Depression is not only about sadness. There are other symptoms you must recognize.
- There are different types of depression.
- In the U.S., certain licensed workers are qualified to identify the different types. They look at the types of symptoms, number of different symptoms, the intensity of the symptoms, and how long these have been occurring with a client/patient.
- Professional help is required when the depression is severe.

- \* Have you ever heard anyone speak about depression? What did that person say?
- \* Have any of you or a family member or friend ever been depressed?
- \* Do you know of a case like Esperanza’s? What do you think of Esperanza’s situation?

*(Frequently women start to identify the topics touched on in the lesson with problems dealing with their children. It is necessary to insist that this workshop is for them to learn to give themselves space to listen, and support each other because on the contrary, it is difficult to help others. It is important to remind them to speak about themselves.*

*Frequently Esperanza’s situation is interpreted by the groups in a different context than what is given in the educational lessons. The case tries to emphasize that the symptoms were due to the fact that Esperanza’s childhood was the main influence in her bad choice of a partner, besides the fact that he lied to her about **being married**. It does not try to suggest that Esperanza is guilty for breaking up a marriage and that her depression is her punishment, as some of the women understood it to be.)*

- \* I’m going to give each of you a program pamphlet that has a more comprehensive list of the symptoms.
- \* As you can see, the symptoms of depression include: ...

These symptoms are the key points for this section of the book.

**(8 – Reading)**

?  
**To participant**

**Read**

**(9 – Present Lecturette 3)**

**Discussion Questions**

**Musical Activity**

☛ **Lyrics, player, song**

**Distribute “Amigo” lyrics**

**Discussion Questions**

(Facilitator: Notice preferences)

**Key Points**

\* Let’s all turn to page 32. We are going to read up to page 37.

\* Who else wants to read?

\* Do you want to read the *comadre* or *compadre* part? That will work.

\* You can do it from where you are sitting or move where you think everyone can hear you.

\* Thank you.

**“How A Depressed Person Thinks”**

\* People who are depressed think a certain way. Here are their most common ways of thinking.

- They blame themselves.
- They only pay attention to the negative.
- They expect a lot of themselves.
- They do not recognize what they do well.

\* Are these ways of thinking familiar to you?

\* Can any of you share if this happens to you and how?

\* Let’s look at an activity that has to do with more positive thoughts, positive thoughts about friendships--like friends you have or can make here or elsewhere.

\* Do any of you recognize this song? Yes, Roberto Carlos and others have sung this very popular song.

\* Let’s read the lyrics together in Spanish without singing it. (*Joking*) The second time I’ll have Roberto Carlos come out and join us.

\* Okay, let me turn on the music, and let’s accompany Roberto Carlos.

\* What is the song saying?

\* How many of you like to write your private thoughts on paper? How many prefer to talk to someone you trust when you have a serious problem? How many like to keep certain private matters to yourselves?

✓ Friendships can help us turn to someone when we have problems. We can express our problems, and together can begin to look in ways to resolve them.

✓ In the book, we saw that Esperanza’s childhood led her to making a bad decision for a partner. But as an adult, we can learn different ways to deal with problems.

✓ A depressed person has a certain way of thinking; they are negative ways of thinking and lead people into depression.

(10 – Closure)

☛ Flipchart

- \* What are the most important points we learned today? Let me summarize them.
  - ✓ Depression is common among women all over the world.
  - ✓ It is important to recognize the symptoms.
  - ✓ Depressed persons have a negative way of thinking.
  - ✓ We can express our problems and special feelings with persons we trust; they can help us look at solutions and help us avoid getting depressed by just listening or offering ideas.
  - ✓ Severe depression requires medical attention.

(11 – Homework Options)

☛ Flipchart

- \* You have 3 homework options:
  1. Read the chapter again and reflect on the ideas that were presented especially on pages 36 and 37. Reflect on your own without writing, if you want.
  2. Read what I just mentioned, and write down the symptoms and the ways of thinking that a depressed person has.
  3. Read the chapter with a trusted person. Discuss the symptoms and the ways a depressed person thinks. You can share the “Amigo” lyrics with that special person, if you want.
- \* The homework will help you reflect if you have had or have some of the same symptoms of depression or ways of thinking. It will also help you remember that there is a special someone you can trust.
- \* It is important to do your homework assignments. There are no negative consequences if you don't do it.
- \* If you don't do the homework, please come to class next time anyway. You don't want to miss new and other important information about depression.

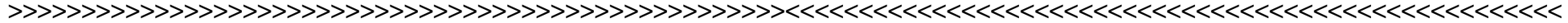
(12 – Distribute Affirmation)

**I matter, that is why I give time to myself.**

- \* This affirmation is the most important change you can make at the end of this workshop.
- \* This will lead you to do many other things that you want to do.
- \* Share it with your family, if you feel it is appropriate.

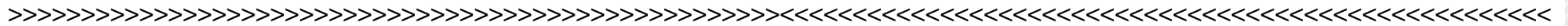
Reminders

- \* Thank you for your participation.
- \* Remember we will meet again on \_\_\_\_\_ day, at \_\_\_\_\_ time, and at \_\_\_\_\_ place.
- \* Bring your book and journal to every session.
- \* If you know of someone who should have been here, she can still join us. So please encourage her to come.
- \* You've been great! Have a good day/morning/afternoon/evening.



A series of 20 horizontal lines for writing, starting from the line below the decorative border and ending at the line above the bottom border.



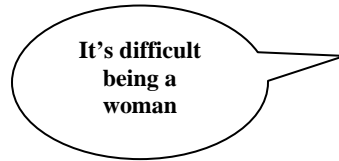


Ground rules are important in trainings, classes, and meetings because they promote harmony and respect. Review the list and see if you want to recommend others.

- \_\_\_ 1. Be on time. This shows respect to the trainer(s) and other participants. It will help the trainer provide the information and activities that have been carefully planned for the entire group.
- \_\_\_ 2. Try to attend all sessions.
- \_\_\_ 3. Participate in the discussions and activities. If you prefer not to and are asked, just say: "pass."
- \_\_\_ 4. Do not use the full names of persons you want to mention when speaking or asking a question. Say: "This family member, a neighbor, a teacher, a co-worker, etc. did..." Also, do not repeat anything that is discussed in the group by using a participant's name, especially personal problems. It is only appropriate to share what you are learning about depression or heard in class with persons outside the training by saying: "One of the group members was talking about..." Everyone in the group needs to respect, trust and feel comfortable discussing depression.
- \_\_\_ 5. Try to make friends with other women. "Be a friend to make a friend." (Smile, introduce yourself, be polite, kind, help, share, etc.)
- \_\_\_ 6. Speak loud enough when you are sharing ideas and experiences or asking questions.
- \_\_\_ 7. Ask any questions you want to ask. There are no dumb questions. The only dumb question is the one you don't ask.
- \_\_\_ 8. Raise your hand when you want to speak, but be considerate. Remember that others want an opportunity to speak and ask questions.
- \_\_\_ 9. Listen to others as you want them to listen to you. In other words, don't speak when someone else is speaking.
- \_\_\_ 10. Do not judge others. Everyone has a right to his/her opinion, values, beliefs, lifestyle, etc.
- \_\_\_ 11. Try not to give advice. It's better to share a similar experience to what someone else says and share how you felt and what you did. This is a good way to let the other person consider if this might work for her.
- \_\_\_ 12. Be a part of creating the right climate so everyone can express whatever feelings they have.

(Adapted from Dr. María Asunción Lara's Didactic Guide for "Is It Difficult Being a Woman? A Guide on Depression.")

A lot of women know that



...and much more when we feel depressed, have disagreements with our spouse, family or children and when we have problems or illness, economic, or health related problems.

During the last 2-3 months:

- ✓ Have you felt **sad** or without energy?
- ✓ Have you **lost interest** in the things that used to interest you?
- ✓ Have you had problems **sleeping**?
- ✓ Have you felt **irritated** anxious?
- ✓ Have you felt **tired**?
- ✓ Have you felt **guilty**, powerless or useless?
- ✓ Do you have problems **concentrating**?
- ✓ Have you thought a lot about **death**?

If you have experienced the majority of these symptoms, it is possible that you are **depressed**.



The following can also lead to **depression**

1. Having a parent addicted to alcohol or drugs
2. If our parents suffered from depression
3. Having lost our mother during our childhood
4. Having being **mistreated** (insults, threats, physical abuse) during your childhood
5. Having been **molested**, sexually abused, or violated, above all during your childhood or teen years
6. Living with a separate spouse who is an alcoholic or addicted to drugs
7. Being a victim of violence, be it verbal abuse, physical abuse or sexual abuse from your spouse
8. Have you thought a lot about **death**?

There are many ways to get out of a depression.



You will receive information about depression and its causes.  
You will get information to help you find solutions to your problems.

**Contact:**

(The song)

**Letra por Roberto Carlos e E. Carlos**

Tu eres mi amigo del alma, realmente el amigo  
Que en todo camino y jornada está siempre conmigo.

Aunque eres un hombre, aún tienes el alma de niño  
Aquel que me da su amistad, su respeto y cariño.

Recuerdo que juntos pasamos muy duros momentos,  
Y tú no cambiaste por fuertes que fueran los vientos.

Es tu corazón una casa de puertas abiertas.  
Tu eres realmente el mas cierto en horas inciertas.

En ciertos momentos difíciles que hay en la vida,  
Buscamos a quien nos ayude a encontrar la salida.

Y aquella palabra de fuerza y de fe que me has dado

Me de la certeza que siempre estuviste a mi lado.

Tu eres mi amigo del alma en toda jornada  
Sonrisa y abrazo festivo en cada llegada.

Me dices verdades tan grandes con frases abiertas.  
Tu eres realmente el mas cierto en horas inciertas.

**No preciso ni decir, todo ésto que te digo.  
Pero es bueno así sentir, que eres tu mi gran amigo.**

(La canción)

**Spanish Lyrics by Roberto Carlos and E. Carlos**

You are my soul mate, my real friend  
Who in every road and journey is always there with me.

Though you are a man, you have the soul of a child  
The one who gives me his friendship, respect and affection.

I remember that together we went through difficult times,  
But you did not change no matter how strong the winds were.

Your heart is a house with open doors.  
You are really the most certain in uncertain times.

In certain difficult times that we face in our life,  
We look for someone to help us find a way out.

And that word of strength and faith that you gave me

Gives me the certainty that you were always by my side.

You are my soul mate in every journey  
A smile and a hug at every arrival.

You tell me great truths with honest words.  
You are really the most certain in times that are uncertain.

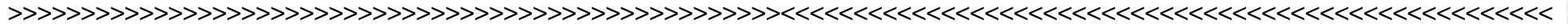
**Not to be precise, nor do I need to say all this that I say to you.  
But it is good to feel like this, that you are my great friend.**

*(Translated by Manual/Guide developers)*





## **UNIT 2: WHY DO WE GET DEPRESSED?**



<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. N/A b. Previously-prepared c. Previously-prepared	1. a. Welcome b. "Session 1 Summary" c. "Session 1 Homework Options"	1. a. In script b. Use previously-prepared flipchart c. Use previously-prepared flipchart	
2. a. Prepare flipchart b. Prepare flipchart	2. a. "Session 2 Overview" b. "Session 2 Objectives"	2. a. Use left "Facilitation Process" column b. See top of next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
3. Copy handout	3. <i>Weekly Time Manager</i>	3. See this unit and use script	
4. Copy handout	4. <i>Better Mental Health, Please</i>	4. See this unit and use script	
5. <b>Book p. 40-53</b> Why We Get Depressed?	5. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	5. a. In script b. In book c. In script	
6. <b>Book p. 56-69</b> Our Childhood	6. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	6. a. In script b. In book c. In script	
7. <b>Book p. 72-75</b> Major Life Events	7. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	7. a. In script b. In book c. In script	
8. <b>Book p. 76-78</b> Major Life Events (Cont'd.)	8. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	8. a. In script b. In book c. In script	
9. <b>Book p. 79</b> Reflection	9. a. Reading Aloud b. Activity	9. a. In book b. In script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
10. Prepare flipchart	10. Session 2 Summary	10. In script	
11. Prepare flipchart	11. Session 2 Homework	11. In script	
12. Prepare flipchart/handouts	12. * <i>Affirmation</i> * Reminders	12. * Use blank, colored cards * In script	
<b>See last page in this unit</b>	<b>Post-Facilitation Journal</b>	<b>Complete legibly in black or blue ink.</b>	<b>By Facilitator</b>



Preparation Notes

(Facilitator Codes)

Ask = ?

Refer to = ☛

Write = ✍

(1) A main step in the facilitation process. It helps you see where you are with time--go a little faster or slower.

☛ Remember number of steps

Session 2 Objectives:

1. To re-emphasize the value of homework assignments.
2. To stress the importance of making/scheduling time for one self and demonstrate how to do this.
3. To share 34 ideas to reduce stress/improve mental health.
4. To understand some of the reasons people get depressed.
5. To understand how childhood experiences can influence depression in later life.
6. To understand how major life events can influence depression.

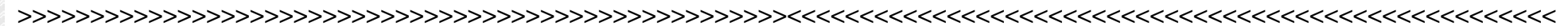
Required Materials:

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Book</li> <li>2. Manual/Guide</li> <li>3. Five markers (red, blue, green, orange, and black)</li> <li>4. Previously prepared flipchart sheets for:               <ol style="list-style-type: none"> <li>a) "Session 1 Summary"</li> <li>b) "Session 1 Homework Options"</li> </ol> </li> <li>5. Prepare flipchart sheets for:               <ol style="list-style-type: none"> <li>a) "Session 2 Overview" (p. 17)</li> <li>b) "Session 2 Objectives" (above, p. 18)</li> <li>c) "Session 2 Summary" (p. 22)</li> <li>d) "Session 2 Homework Options" (p. 23)</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>6. Index cards with lines for Facilitator</li> <li>7. "Weekly Time Manager" (2.1; p. 24-25)</li> <li>8. "Better Mental Health, Please" (2.2, p. 26)</li> <li>9. Extra writing paper (1.1, p. 12)</li> <li>10. Extra pens or pencils</li> <li>11. Prepared Affirmation for all (p. 23)</li> </ol> |
|--|---|

12 Steps: Follow the "script" below

(1 - Welcome?)

- ? \*
- ? \*
- ? \*
- ? \*
- ? \*
- ? \*
- ☛ Flipchart \*
- ☛ Flipchart \*



**Request 1 comment for each:**

- \* Raise your hand, if you:
  1. Re-read all of what we read last time or just pages 35-36.
  2. Read and wrote something.
  3. Did the reading with a friend and discussed the material.
  4. Reflected on your own without reading.
  5. Shared the “Amigo” lyrics with someone.
  6. Wish you had done your homework.

**(2-Overview & Objectives)**

☛ **2 Flipcharts**

- \* One of our objectives today is to stress the importance of homework and help you do it.
- \* But first, I’m going to give you the overview and objectives for Session 2. Then we’ll discuss making time.
- \* The “Session 2 Overview” says: ....
- \* The “Session 2 Objectives” are: ....

**(3-Activity: “Weekly Time Manager”)**

?

☛ **handout & distribute**

?

**Read aloud “steps” only**

?

- \* At some point in your life, have any of you ever felt like you didn’t do all that you planned to do in one day?
- \* Sure. We have all felt this or still do. Homework is one of the important things you need to plan.
- \* I’m going to handout something that I hope will help you plan when you’re going to do your homework.
- \* It can help you plan other important activities on a weekly basis.
- \* It’s called the “Weekly Time Manager.” There are 2 pages.
- \* Does everyone have the 2 pages?
- \* “Look at Part 2. The clock ....”
- \* How many of you think you will use this in the future?
- \* **Well, this is homework option 1.** Try it. Plan a few days, and try to follow your schedule. Be prepared to share this experience next week, if you choose this homework activity.

**(4-Activity: “Better MH, Please”)**

☛ **handout & distribute**

?

?

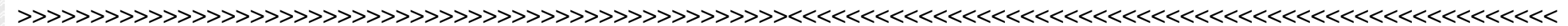
?

**(If none, then read it)**

?

**(If none, then read it)**

- \* I want to share another handout. It’s called “Better Mental Health, Please.”
- \* How many of you like the title? Why? (*Allow for 2 comments*)
- \* Let me give all of you two minutes to look at it. See if you recognize any of the ideas on it.
- \* How many ideas are there? (*Pause*) There are 34 ideas to reduce stress.
- \* Who would like to read the top portion? (*Pause*)
- \* Who would like to read the very bottom portion. (*Pause*)



?

- \* How many of you are currently doing any of the listed items and which ones? (*Look for 2 hands; ask which?*)
- \* **This is homework option 2.** I want you review the list at home, and place a checkmark on just one item you are not currently doing but would like to learn about. You can go to the library. **OR** you can actually start implementing one of the ideas. Just decide which, when, for how long, and report back to us next week.

?

- \* Any questions/comments about this?

**(5 – Why We Get Depressed?)**

**Facilitator-Read p. 40 and 41**

?

- \* Depression is caused by many factors: biological, childhood experiences, major life events, social factors, and self-generated factors.

?

- \* Let’s all turn to p. 40 and I’ll read pages 40 and 41.

?

- \* What childhood experience do you think could lead to depression? (*Take 1 comment*)

?

- \* What do you think major life events means? (*Take 1 example*)

?

- \* What is an example of a biological factor that could lead to depression? (*Take 1 comment*)

?

- \* What is an example of a woman’s social conditioning that could lead to depression? (*Take 1 example*)

?

- \* Can anyone think of a social factor that could lead to depression? (*Take 1 comment*)

**Pages 42-53**

?

- \* I’m not going to tell you if you were right or not.

**To participant**

- \* Let’s turn to page 42 and read up to page 53.

**Read**

- \* Who would like to read with me?

- \* Which part would you like to read? Okay.

- \* You can do it from where you are sitting or move where you think everyone can hear you.

- \* Thank you.

**Discussion Questions**

- \* What **major life event** affected Cristina in her marriage? Have any of you experienced something similar that you would like to share with the group?

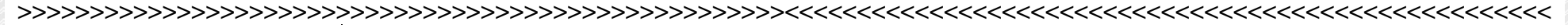
- \* What happened to Cristina as a **child**? Have any of you experienced something similar that you would like to share with the group?

- \* What were her **social conditioning** experiences as a female? Have any of you experienced something similar that you would like to share with the group?

- \* What **social factors** are affecting her as an adult? Have any of you experienced something similar that you would like to share with the group?

- \* What **biological factors** seem to be contributing to Cristina’s depression? Do any of you have an immediate family member with a history of depression that you would like to share with the group?

- \* Any questions or comments about what we read about Cristina’s case?



Facilitator ☛

(One of the most frequently asked questions has to do with what impact a separation, divorce, lovers, or children out of wedlock, etc., will have on children. These are sociological factors.

*If you are asked something you do not know, just say you don't know. Tell them you will research it, and provide an answer at the next session. **Correct information is always better than incorrect or misinformation.***)

**(6-Our Childhood)**

Pages 56-69

?

To participant

- \* Sometimes situations that occurred in our childhood affect us later in life; sometimes we don't even realize it.
- \* Let's turn to page 56 and read all the way to page 69.
- \* Who would like to read with me?
- \* Which part would you like to read? Okay.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

Read

**Discussion Questions**

Answer sought

Facilitator ☛

What childhood situations did we learn could affect us later?  
*(Rejection, abandonment, indifference, lack of love, death of our mother or close relative)*  
*In general, after this lesson, the discussions take a life of their own. Remind participants:*

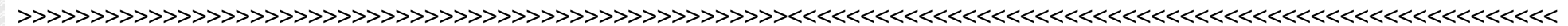
- \* This is a good time for sharing experiences.
- \* Speak about yourselves and not your children. If you can understand your own childhood experiences, you will develop a greater capacity to understand your children. However, this workshop does not teach you how to educate your children. You will have to look elsewhere for that. Our focus is depression.
- \* I know that there are persons who do not like to speak about their childhood because they don't like to criticize or speak ill of their parents. These lessons are not intended for you to judge your parents. Parents usually do the best they can based on the way they were brought up. You will find that understanding your childhood will help you understand them and yourself better.

**If not much response OR time is short**

- \* Because this appears to be difficult/*(and/or time is short)* and everyone needs a chance to share, let's get into smaller groups
- \* I want you to break up into groups of \_\_\_\_.
- \* Each member has \_\_\_\_ time, but can say "pass." Remember what you hear here is not be shared outside.
- \* Sometimes what we share is painful and may cause us to cry. I ask that group members listen with empathy.
- \* Know that little by little you will learn how to deal with those feelings and will be able to set them aside.

Facilitator ☛

*(Walk around and support those in need of support. Show compassion and calm. This helps the rest of the group feel that they are in a confident environment and can express themselves freely and without fear.)*



**(7-Major Life Events)**

Pages 72-75

?

To participant

Read

?

Answers sought

?

**(8- Major Life Events Cont'd.)**

Pages 76-78

If no response

**(9-Reflection)**

Page 79

**(10-Summary)**

- \* Difficult situations that life presents also lead the majority of people to experience depression. Let's read more about this.
- \* Let's turn to page 72 and read up to page 75.
- \* Who would like to read with me?
- \* Which part would you like to read? Okay.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.
- \* What examples did you read about or can you think of that could lead to depression?  
*(Loss of loved ones either through death or separation, changes in our lifestyle due to retirement, loss of good health, a change of residence, and small persistent difficulties.)*
- \* Would anyone like to share personal experiences related to this section? Thank you.
- \* Now, I'm now going to read a list of several major events in life, one-by-one. I'll pause after each. If anyone wants to share what has happened to you based on the list, I invite you to do so. Know that we all respect you may want to seek help from a specialist. It is important to move beyond that loss.
- \* Again it may be too painful for you to share openly, especially the loss of someone. I do encourage you to write or speak about these feelings later on so you can work through the loss. If you find the pain too severe, you may want to seek help from a specialist. It is important to move beyond that loss.
- \* Lets turn to page 79 for the reflection activity. I'll go ahead and read it.
- \* People can get depressed for several factors: biological, childhood experiences, major life events, social factors, and self-generated factors.
- \* The more we understand these factors and work through them, the sooner we can move on with our lives.
- \* If we work them through, we can be role models for our children's maturity and their learning to face and cope with problems that arise in life.
- \* If we don't address these properly, we can get "stuck." We can stop growing as mature and understanding adults and parents. We can carry hurt, pain, fear, sadness, suffering, grudges, etc., for a long time.
- \* Carrying these kinds of negative feelings can affect our health and relationships at home and work.



11-Session 2 Homework)

\* You have 3 homework options. You can work on:

1. Completing the chart in the “Weekly Time Manager” handout for a few days and trying to do what you planned. Then you will share your results with us next time we meet.
2. Selecting and practicing one of the items in the “Better Mental Health, Please” list and report back next time we meet.
3. Read pages 40-79 again and write your thoughts using the thoughts expressed the way “La Comadre” did it on pages 67-69.

Emphasize

\* Remember there are no consequences if you don’t do the homework. These are designed to help you, if you want to get the most benefits of the workshop classes.

(12-Affirmation)

\* I’m now going to give each one of you the affirmation for today’s session. It is yours to keep in a special place. It says:

Distribute

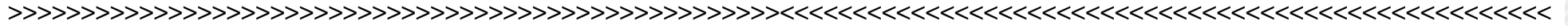
**“With love I try to understand my experiences as a child, an adolescent and in the present. This way I have better self-understanding, and I learn to accept and love myself”.**

Reminders

- \* Thank you for your participation.
- \* Remember we will meet again on \_\_\_\_\_ day, at \_\_\_\_\_ time, and at \_\_\_\_\_ place.
- \* Bring your book and journal to every session.
- \* You’ve been great! Have a good day/morning/afternoon/evening.



**2.1: Weekly Time Manager-Part 1**

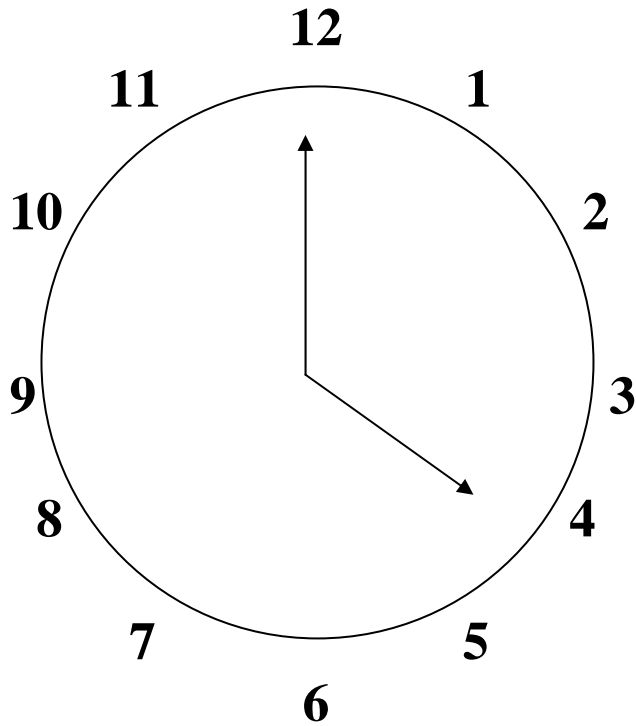


**Objective:** To help participants make time for themselves, the other important people and activities in their busy lives.

**Materials:** Two pages – Part 1 and Part 2.

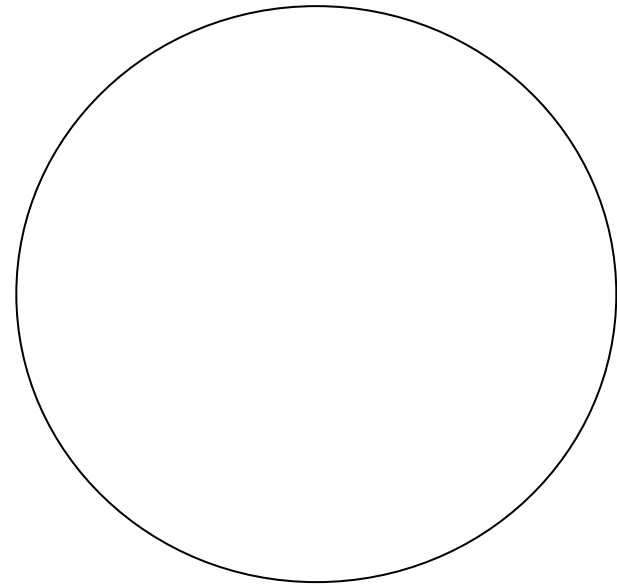
**Steps:** Look at Part 2. The clock on the left reminds us that we all get the same 24 hours in a day. Everyday we make choices about how we spend our time. The list on the right reflects options most women make every day. Look at this page now, and notice the options we saw on Part 2 appear in different order. Use this form right now to indicate the weekday and actual time you will schedule your homework. (*Pause for 1 minute.*) Where did you put homework? Save this. At some future point you can copy it, and fill in the rest.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>My Time</b>							
<b>Physical Activity</b>							
<b>Phone Calls</b>							
<b>House Chores</b>							
<b>Appointments</b>							
<b>Errands</b>							
<b>Work</b>							
<b>Family Time</b>							
<b>Time with Spouse/Partner</b>							
<b>Time with Relatives</b>							
<b>Sleep</b>							
<b>Other</b>							



Only 24 Hours In A Day

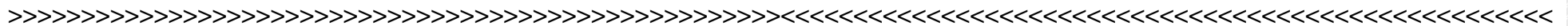
### "A Day In My Life"



#### How do you spend the majority of your time in one day?

Look at the list of things you can do. Pretend the circle is a pie. You have to divide it in 12 pieces because your "pie eaters" want a different size. Divide the pie reflecting the proportion of time you devote to the list of things below on a typical day.

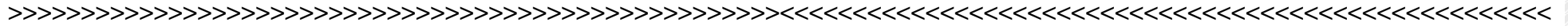
- |                     |                              |
|---------------------|------------------------------|
| 1. Appointments     | 7. Physical activity         |
| 2. Errands          | 8. Sleep                     |
| 3. Family time      | 9. Time with relatives       |
| 4. Household chores | 10. Time with spouse/partner |
| 5. Your time        | 11. Work                     |
| 6. Phone calls      | 12. Other                    |



Sometimes don't you wish you could walk to some place and say: "I'll have better mental health, please", and that it would be free? Reducing stress is important for depression. It is important for your overall mental, emotional, spiritual and physical health. Below are 34 ideas you can try to reduce stress. Read the list, place a checkmark under what you would like, think about where you could learn more, and find out if it is for free or a fee. If you try it and it works, the family might join you. Teaching your family about "less stress" is a free, lifetime gift for the whole family!

<u>Suggestions</u>	<u>Which would I like?</u>	<u>Where could I learn more?</u>	<u>Does it cost? How much?</u>	<u>Suggestions</u>	<u>Which would I like?</u>	<u>Where could I learn more?</u>	<u>Does it cost? How much?</u>
1. Communicate assertively				18. Organize (drawers, closet, room, etc.)			
2. Develop friendships				19. Plan your time (daily, weekly, monthly, etc.)			
3. Drink green tea				20. Play games			
4. Drink in moderation				21. Sit still and watch nature			
5. Drink less caffeine				22. Start a hobby			
6. Eat a balanced diet				23. Talk with someone you trust			
7. Enjoy safe sex				24. Take a warm bath			
8. Focus on the positive				25. Take a short nap			
9. Garden				26. Try aromatherapy			
10. Get a massage				27. Try autogenics			
11. Join a women's group				28. Try biofeedback			
12. Laugh (tell jokes, watch comedies, read cartoons)				29. Try guided imagery or visualization exercises			
13. Learn something new				30. Try yoga			
14. Learn to hypnotize yourself				31. Visit a new place or sick or older person			
15. Listen to calm music				32. Volunteer			
16. Look for solutions				33. Walk outdoors			
17. Meditate				34. Write/journal			

(Note: If you are depressed, taking medications or have other diagnosed medical conditions, check with your doctor first to see if any of the suggestions above will affect your situation.) (By permission of © Irma A. and Victor M. Salas, February 1, 2006, El Paso, Texas)



We truly value and deeply appreciate your contributions to helping women learn the basics about depression and respecting their decisions about what actions they may want to take. This Post-Facilitation Journal sheet is for you to complete so we can improve the sessions and manual/guide. Be honest and write down important observations about: 1) your participants (e.g., participation and needs), 2) this Manual/Guide (what you liked and didn't like, how you would improve it), and 3) other notes you want to make to improve the specific workshop session for the day. Complete, make a copy for your files, and submit the originals to the sponsors.

**1. Participants:** \_\_\_\_\_

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**2. Manual/Guide:** \_\_\_\_\_

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**3. Other:** \_\_\_\_\_

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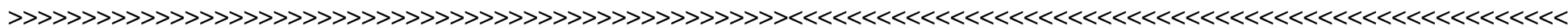
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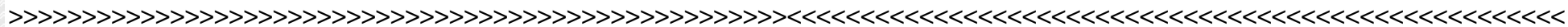
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**Submitted By:** \_\_\_\_\_ **Training City/State:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

# **UNIT 3: OUR CHILDHOOD**



<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. N/A b. Previously-prepared c. Previously-prepared	1. a. Welcome b. "Session 2 Summary" c. "Session 2 Homework Options"	1. a. In script b. Use previously-prepared flipchart c. Use previously-prepared flipchart	
2. a. Prepare flipchart b. Prepare flipchart	2. a. "Session 3 Overview" b. "Session 3 Objectives"	2. a. Use left "Facilitation Process" column b. See top of next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
3. Copy handout	3. <i>What Do You Think?</i>	3. See this unit and use script	
4. Copy handout	4. <i>Twelve Steps for Dealing with Abuse</i>	4. See this unit and use script	
<b>5. Book p. 82-95</b> How We Are Taught to be a Woman: As an Adolescent, As an Adult, & Sexually	5. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	5. a. In script b. In book c. In script	
<b>6. Book p. 96-105</b> Being a Couple, Motherhood, Post-Partum, & Menopause	6. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	6. a. In script b. In book c. In script	
<b>7. Book p. 106-118</b> Housewife, Working Mother, Caretaker, & Drugs & Violence	7. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	7. a. In script b. In book c. In script	
<b>8. Book p. 119-121</b> Reflection	8. a. Brief Introduction b. Reading Aloud c. Discussion & Key Points	8. a. In script b. In book c. In script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
9. Prepare flipchart	9. Session 3 Summary	9. In script	
10. Prepare flipchart	10. Session 3 Homework	10. In script	
11. Prepare flipchart/handouts	11. * <i>Affirmation</i> * Reminders	11. * Use blank, colored cards * In script	
<b>See last page in this unit</b>	<b>Post-Facilitation Journal</b>	<b>Complete legibly in black or blue ink.</b>	<b>By Facilitator</b>



Preparation Notes

(Facilitator Codes)

- Ask = ?
- Refer to = ☛
- Write = ✍

(1) A main step in the facilitation process. It helps you see where you are with time--go a little faster or slower.

☛ Remember number of steps

(1 – Welcome)

- ?
- ?
- ?

☛ Previously-prepared Flipchart

☛ Previously-prepared Flipchart

Session 3 Objectives:

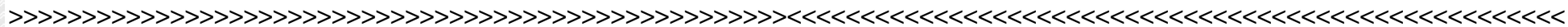
1. To help women reflect and clarify values related to the various topics in this unit.
2. To identify 12 steps women can take to deal with abusive relationships.
3. To identify ways in which women are taught/conditioned to be women.
4. To identify the various roles women can play in their lifetime.
5. To identify substance abuse as a common problem among women.
6. To identify how men who abuse drugs often contributes to violence in women.

Required Materials:

1. Book
2. Manual/Guide
3. Five markers (red, blue, green, orange, and black)
4. Previous-prepared flipchart sheets for:
  - a) "Session 2 Summary"
  - b) "Session 2 Homework Options"
5. Prepare flipchart sheets for:
  - a) "Session 3 Overview: (p.28)
  - b) "Session 3 Objectives" (above, p. 29)
  - c) "Session 3 Summary" (pp. 33-34)
  - d) "Session 3 Homework Option(s): (p. 33-Part A, p. 34-Part B)
6. Index cards with lines for Facilitator
7. "What Do You Think? (3.1; pp. 35-36)
8. "12 Steps to Dealing With Abuse" (3.2; p. 37)
9. Extra writing paper
10. Extra pens or pencils
11. Prepared Affirmation for all (p. 35)

11 Steps: Follow the "script" below

- \* Welcome to our 3<sup>rd</sup> of 6 sessions.
- \* How are you feeling today?
- \* I'm glad to see those who returned. Is there anyone here for the first time? If so, please introduce yourself.
- \* Is everyone here that should be here? Will you help me by looking around and letting me know who is absent so I can call that person after class to make sure she's OK?
- \* Thank you.
- \* To refresh our memory, let me ask a few of you what you think was the most important point you learned at our 2<sup>nd</sup> session.
- \* (Take 3-4 volunteers and say: Thank you. Good. Next. Great. etc.)
- \* To make sure we didn't miss any major points, let me review the "Session 2 Summary."
- \* We also had 3 homework options. The "Session 2 Homework Options" were ....



?/Respond  
?/Respond  
?/Respond

- \* Did anyone who worked on the 1<sup>st</sup> option want to share her experience about the “Weekly Time Manager”?
- \* Did anyone who worked on the 2nd option want to share her experience about “Better MH, Please”?
- \* Did anyone who worked on the 3rd option want to share her experience with the Session 2 reading activity?

?  
(If no, explore why)

- \* Did anyone do the homework?  
(*Confusing instructions, too many options, too difficult, too many other responsibilities, etc.*)
- It’s important that you try to do the homework.
- Set some time aside.
  - It doesn’t matter how you write - just write.
  - If you are concerned someone will read your private thoughts, tear the paper up write after you finish.
  - If you don’t like to write, talk about the experiences mentioned in the book with someone you trust.
  - I understand that remembering certain experiences may be painful or make you feel sad or angry. Many persons would feel the same way, but you did the best you could.
  - What is important now is that you have the option to see things differently and move on with your life.

If you sense the need,

(*Use the brief breathing or visualization exercise in Appendix C to lift their spirits.*)

**(2-Session 3 Objectives & Overview)**

☛ Flipchart

- \* Let’s move on with today’s new information.
- \* Let’s look at today’s “Session 3 Overview.” It says:....

☛ Flipchart

- \* What about the “Session 3 Objectives”? They are:....

**(3-What Do You Think?)**

☛ Handout for yourself only

- \* This unit covers a lot of material, but I think all of you will find it very interesting. In general it deals with how we are socialized/conditioned to be the women that we are.
- \* We are going to start with an activity, “What Do You Think?” It gives you an opportunity to think about different values and change your opinion if you want.

Instruct using handout p. 36  
Read the following items on p. 37

- \* (*Read steps 1-5 of page 36*)
- \* (*2, 6, 9, 24, and 25*)
- \* You may now return to your seats.
- \* How many of you changed your minds at least one time? (*Pause*)
- \* This demonstrates that when we have an opportunity to think about our lives, we discover we have other options we had not considered.





**(4-12 Steps to Dealing with Abuse)**

**☛ Distribute Handout & read**

\* I'm going to give you each a handout on ways to deal with abuse. Let me read it quickly, and we will discuss this later.

**(5-How We Are Taught to be a Woman)**

**Pages 82-95**

**?**

**To participant**

- \* Let's explore this subject further by turning to page 82. We are going to read up to page 95.
- \* Who would like to read with me?
- \* Which part would you like to read? Good.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

**Read**

**Discussion Questions**

- \* How are we taught to be a woman?
- \* What happens to girls as teens/teenagers/adolescents?
- \* What messages are given to women when they become adults?
- \* What did the sexuality section remind you of?

**Key Points**

- \* Messages about how we should be as females are told to us and expressed through the media constantly.
- \* Teen girls are pressured into dating and having boyfriends, but what if they want to study and not date?
- \* Women who don't get married by a certain age are considered strange. What if they want a career and want to travel before finding a partner or don't want to get married at all?
- \* Women are given many messages to dress a certain way, walk a certain way, look a certain way, etc., in order to be considered "sexy." What if a girl doesn't like all of that? What if she likes comfortable clothes? What if she wants to wait to have sex until she finds someone she loves and loves her back?

**(Caution Facilitator ☛)**

*(Often, women have many questions about sexuality. It would be very useful for you to have some sexuality pamphlets to give away or a contact number to get further information. The group might get off the subject of depression very easily.)*



**(6-Being a Couple, Motherhood, Post-Partum, & Menopause)**

**Pages 96-105**

**?**

**To participant**

**Read**

**Discussion Questions**

**Key Points**

**(7-Being a Housewife, Working Mother, Caretaker, Drugs & Women and Men)**

**Pages 106-118**

**?**

**To participant**

**Read**

- \* Let's go to the next section. It's about relationships, motherhood, post-partum depression and menopause.
- \* Let's turn to page 96. We are going to read up to page 105.
- \* Who would like to read with me?
- \* Which part would you like to read? Good.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.
  
- \* What messages are women given about:
  - Being a couple/having a man/being in a relationship?
  - Becoming a mother?
  - Post-partum?
  - Menopause?
  
- \* Would any of you like to share personal experiences/observations about these topics?
- \* Remember what is said in this room, stays in this room.
  
- \* Again, every person/woman is different. Not every woman:
  - Wants a man in her life.
  - Wants to have children.
  - Feels happy after she gives birth.
  - Experiences menopause in the same way.
  
- \* Let's turn to page 106 and read up to 118.
- \* Who would like to read with me?
- \* Which part would you like to read? Good.
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.



**Discussion Questions**

- \* Does anyone have any questions or comments about the section on:
  - Being a housewife?
  - Being a working mother?
  - Being a caretaker?
  - Women who abuse drugs?
  - Men who abuse drugs?
- \* Remember that one of our ground rules is not to give advice to another person who mentions a problem. You can share what you have done in the past under similar circumstance. Remember all information is confidential

**Key Points**

- \* Women can have different roles in their lifetime. Some are planned; some just happen.
- \* By sharing, asking, reading, writing, a woman can begin to solve problems with situations that are difficult.
- \* The handout on “12 Steps for Dealing with Abuse” is an example of information women can choose to read and do something or do nothing. They should consider their and their children’s current and future well-being/welfare. To do something could help the man as well.
- \* Women who have problems with substance abuse themselves should also consider her and her family’s current and future welfare.

**(8-Reflection)**

**Page 119-121**

← **Prepared homework flipchart**  
*(Homework Part A)*

- \* Let’s turn to page 119. Beginning with this page up to page 121, you will see a series of sentences that have a beginning but not ending. In other words, they are incomplete sentences.
- \* These pages are part A of your homework assignment.
- \* They are very important for you to do because they will help you reflect and understand yourself better.
- \* I will mention the second part of your homework, part B, at the end of the session

**(9-Session 3 Summary)**

← **Prepared flipchart**

- \* When we have an opportunity to think about our lives, we begin to evaluate and discover we have other options we had not considered, like the “What Do You Think?” activity.
  - Teen girls are pressured into dating and having boyfriends.
  - Women who don’t get married by a certain age are considered strange.
  - Women are given many with messages to look and act “sexy.”



- \* Not every woman:
  - Wants a man in her life.
  - Wants to have children.
  - Feels happy after she gives birth.
  - Experiences menopause in the same way.
- \* Women can have different roles in their lifetime. Some are planned or chosen; some just happen.
- \* When a woman feels overwhelmed, the best thing she can do is share it with someone she trusts.
- \* By sharing, asking, reading, writing, a woman can begin to solve problems with situations that are difficult.
- \* Men and women who abuse drugs can choose to learn about their problem, and do something or do nothing. They should consider their own and the entire family’s current and future welfare.

**(10-Session 3 Homework)**  
?

- \* We’ve already talked about the first part of your homework—completing the sentences on pages 119-121. Are there any questions?

**(11-Reminder/Affirmation)**  
**Distribute reminder**  
*(Homework Part B)*

- \* I’m going to give you each an affirmation for this session. This is related to part B of your homework.

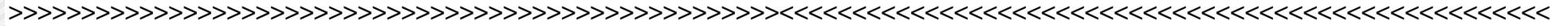
“ I would like to be a woman...”

- \* For part B of your homework, write down which characteristics you would like to have. Take into consideration what has been reviewed in the book material today.
- \* You can write down the qualities of some women you admire.
- \* Once you have written down your thoughts, it is important to go over the reminder several times a day during the week
- \* Reading the reminder helps you make the changes you want to make.
- \* This part B is also very important to do. Once you let go of some of your past, you can begin to dream about and begin being who you really want to be at home and at work. You can be different or more of what you choose. Please do both assignments for yourself and family.

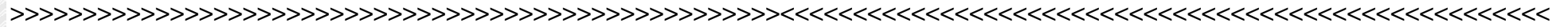
**Reminders**

- \* Thank you for your participation.
- \* Remember we will meet again on \_\_\_\_\_ day, at \_\_\_\_\_ time, and at \_\_\_\_\_ place.
- \* Bring your book and journal next time.
- \* Have a good day/morning/afternoon/evening.



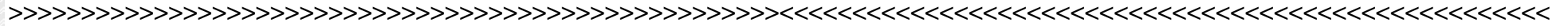


	<u>Yes?</u> <u>Agree</u>	<u>No?</u> <u>Disagree</u>
1. I think children only understand love and hurt until they are six years old.	_____	_____
2. I think it's OK for boys and girls to date alone starting at twelve.	_____	_____
3. I think girls should learn about sex and how their bodies work when they're 10.	_____	_____
4. In today's world, the man should still be the main one to make the money.	_____	_____
5. In today's world, the woman should stay at home until the children go to school.	_____	_____
6. A man needs more rest and relaxation than a woman.	_____	_____
7. If a man and woman have a child, they should get married.	_____	_____
8. Even if the man/partner you love seriously mistreats you, you should stay with him.	_____	_____
9. Even if the man/partner you love seriously mistreats your children, you should be quiet.	_____	_____
10. If a girl gets sexually molested or raped, at any age, it's because she did something wrong.	_____	_____
11. If your husband/partner pays all the bills, is a good father, <u>but</u> doesn't respect you, you should stay.	_____	_____
12. If I could choose again, I would marry the same man.	_____	_____
13. I think there should be a law that all parents attend and pass a parenting class before having children.	_____	_____
14. I believe all parents can learn to be better parents, even if one or both of their parents were not.	_____	_____
15. If a married man is "seeing" another woman, it is O.K for a married woman "to see" another man.	_____	_____
16. I think women today want too much—a job, a safe neighborhood, a loving partner, etc.	_____	_____
17. Women who have babies and get depressed afterwards should never have babies again.	_____	_____
18. All men seriously threaten their wives at one point or another in a relationship or marriage.	_____	_____
19. Mothers have no business going to work; that's why so many young people get into trouble.	_____	_____
20. I think you can find someone to trust and talk to about personal problems.	_____	_____
21. If you have a big problem as a child, a teenager, or adult, it will be a problem for you until you die.	_____	_____
22. If you have a problem and are not here legally, no one wants to help you in the U.S.	_____	_____
23. I believe that women are born to suffer. We need to learn how to accept that.	_____	_____
24. If a man is a U.S. citizen or legal resident and the wife is not, she should tolerate all his abuses.	_____	_____
25. I believe self-love, self-respect, self-forgiveness and happiness are possible.	_____	_____



- 1. Don't accept abuse.**
- 2. Take abuse seriously.**
- 3. Take emotional abuse as seriously as physical abuse.**
- 4. Don't believe it is your fault.**
- 5. Don't accept excuses.**
- 6. Don't confuse love with abuse.**
- 7. Don't deal with conflicts when one or both of you are angry.**
- 8. Don't use abuse to stop abuse.**
- 9. Get professional help.**
- 10. Consider how the abuse will damage your children.**
- 11. Consider the damage to the abuser.**
- 12. Be prepared to leave.**

(Source: Adapted from article entitled "Twelve Steps for Dealing with Abuse," © 1993, Jerome Murray, Ph.D.)



We truly value and deeply appreciate your contributions to helping women learn the basics about depression and respecting their decisions about what actions they may want to take. This Post-Facilitation Journal sheet is for you to complete so we can improve the sessions and guide. Be honest and write down important observations about: 1) your participants (e.g., participation and needs), 2) this Manual/Guide (what you liked and didn't like, how you would improve it), and 3) other notes you want to make to improve the specific workshop session for the day. Complete, make a copy for your files, and submit the originals to the sponsors.

1. Participants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Manual/Guide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Other: \_\_\_\_\_

\_\_\_\_\_

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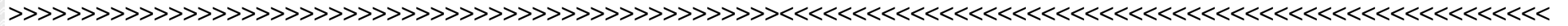
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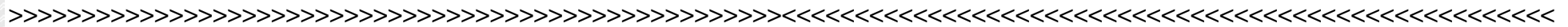
Submitted By: \_\_\_\_\_ Training City/State: \_\_\_\_\_ Completion Date: \_\_\_\_\_



# **UNIT 4: MAJOR LIFE EVENTS**





<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. N/A b. Previously-prepared c. Previously-prepared	1. a. Welcome b. "Session 3 Summary" c. "Session 3 Homework"	1. a. In script b. Use previously-prepared flipchart c. Use previously-prepared flipchart	
2. a. Prepare flipchart b. Prepare flipchart	2. a. "Session 4 Overview" b. "Session 4 Objectives"	2. a. Use left "Facilitation Process" column b. See top of next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
<b>3. Book p. 124-129</b> "Background" & "Defining What Is Happening to Us"	3. a. Reading Aloud b. Discussion & Key Points	3. a. In book b. In script	
4. Copy handout	4. <i>Problem-Solving Steps</i>	4. See this unit and use script	
5. Copy handout	5. <i>The Right Attitude for Problem-Solving</i>	5. See this unit and use script	
<b>6. Book p. 130</b> "Towards a Self-Re-Evaluation"	6. a. Reading Aloud b. Discussion & Key Points	6. a. In book b. In script	
7. Copy handout	7. <i>Pluses and Minuses</i>	7. See this unit and use script	
<b>8. Book p. 131-136</b> "How to Deal with Our Flaws" "How to Accept Our Good Qualities"	8. a. Reading Aloud b. Discussion & Key Points	8. a. In book b. In script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
9. Prepare flipchart	9. Session 4 Summary	9. In script	
10. Prepare flipchart	10. Session 4 Homework	10. In script	
11. Prepare flipchart/handout	11. * <i>Affirmation</i> * Reminders	11. * Use blank, colored cards * In script	
<b>See last page in this unit</b>	<b>Post-Facilitation Journal</b>	<b>Complete legibly in black or blue ink.</b>	<b>By Facilitator</b>



**Preparation Notes**

**(Facilitator Codes)**

- Ask = ?
- Refer to = 
- Write = 

(1) A main step in the facilitation process. It helps you see where you are with time-- go a little faster or slower.

 **Remember number of steps**

**(1 – Welcome)**

?  
?

 **Previously-prepared Flipchart**

 **Previously-prepared Flipchart**

**Session 4 Objectives:**

1. To introduce and practice how to use a problem-solving method.
2. To identify helpful attitudes in problem solving.
3. To gain a deeper understanding of how we view our good qualities and areas needing improvement and why.
4. To introduce a way to revisit our areas needing improvement and accentuate our good qualities.

**Required Materials:**

1. Book
2. Manual/Guide
3. Five markers (red, blue, green, orange, and black)
4. Previous-prepared flipchart sheets for:
  - a. “Session 3 Summary”
  - b. “Session 3 Homework”
5. Prepare flipchart sheets for:
  - a. “Session 4 Overview: (p. 39)
  - b. “Session 4 Objectives” (above, p. 40)
  - c. “Session 4 Summary” (p. 44)
  - d. “Session 4 Homework” (p. 44)
6. Index cards with lines for Facilitator
7. “Problem-Solving Steps” (4.1; p. 45)
8. “The Right Attitude for Problem Solving” (4.2; p. 46)
9. “Plus and Minuses” (4.3; p. 47)
10. Extra writing paper
11. Extra pens or pencils
12. Prepared Affirmation for all (p. 35)
13. Flipchart

**12 Steps:** Follow the “script” below

- \* Welcome to our 4<sup>th</sup> of 6 sessions.
- \* How are you since we last met?
- \* Is everyone here that should be here? Will you help me by looking around and letting me know who is absent so I can call that person after class to make sure she’s OK?
- \* Thank you.
- \* To refresh our memory, let me ask a few of you what you think was the most important point you learned at our 3<sup>rd</sup> session.
- \* *(Take 3-4 volunteers and say: Thank you. Good. Next. Great. etc.)*
- \* To make sure we didn’t miss any major points, let me review the “Session 3 Summary.”
- \* We also had 2 homework assignments. The “Session 3 Homework” including completing:
  - Sentences on pages 119 and 121; and
  - The affirmation “I want to become a woman ...”



?

- \* How many of you did your two homework assignments related to completing the
  - Sentences on pages 119 and 121?
  - Affirmation/reminder. “I want to be a woman ...?”

?

\* Does anyone remember why I said both of these assignments were important?

Pause

- \* Let me review the 10 sentences that appeared from pages 119 to 121:
  - My adolescence was ...
  - What I know about the menopause ...
  - My sexual life was ...
  - As a housewife, I feel ...
  - My spouse/partner ...
  - Women who work outside of their homes ...
  - I believe that pregnancy ...
  - I think that women who care for others should ...
  - For me, post-partum depression ...
  - Problems like violence, alcoholism and drugs can lead us to ...

?

\* Does anyone remember the affirmation/reminder I gave you?

Pause

\* It said: “I want to be a woman ...”

\* As you have probably guessed by now, the first set of sentences allows you to reflect on important aspects of being a woman.

\* The affirmation allows you to dream about the kind of woman you want to be.

Read

\* Let me read the 10 sentences and you will all take turns answering so everybody participates. Remember you can always say “pass” if you don’t want to respond or can’t think of anything at the moment.

On flipchart

\* Now I’m going to write “I want to be a woman....” and once again you will take turns answering so everyone has an opportunity to dream.

\* Look at this wonderful list of ideas and dreams. And you can all work towards those ideas/dreams.

**(2-Overview and Objectives)**

?

\* So what does the homework have to do with today’s session?

\* Let me give you an overview and the objectives.

Previously-prepared flipcharts

\* The overview shows that ...

\* The objective for today are ...

**(3-Background & Defining What Is Happening?)**

Pages 124-129

?

\* Let’s get started and turn to page 124. We will read up to page 129.

\* Who would like to read with me?

\* Which part would you like to read? Great!

To participant

\* You can do it from where you are sitting or move where you think everyone can hear you.

Read

\* Thank you.



?

Pause and reply

?

Reply accordingly

**(4-Problem-Solving Steps)**

← and distribute handout

**Discussion Questions**

**Key Points**

**(5-Right Attitude & Problem Solving)**

?

Reply accordingly

← handout

Read and ?

Distribute

- \* Let's discuss what we just read.
- \* What do you think about the following statement on page 124? "...if we are depressed, we can go into a deeper depression if we don't find solutions to our problems.
- \* When you are already feeling "down," the slightest problems can become magnified but you are not able to cope well with situations you consider to be a problem.
- \* When any of you have a problem, what do you usually do? How do you attempt to solve a problem?
  
- \* Sometimes we get stuck with problems. However, we all need to know how to solve problems.
- \* I'm passing out a handout called "Problem-Solving Steps." This is a step-by-step approach to studying a problem and trying to solve it.
- \* We're going to practice using this. Let me read the steps.
- \* You have 5 minutes to individually complete questions 3-11. Do as much as you can. Don't worry if you don't finish it. Begin.
- \* Time.
  
- \* What questions were difficult to answer and why?
- \* What questions were easy and why?
- \* How many answered any of questions 8-11, where it asks for you to write about options, resources, advantages and disadvantages?
- \* What do you think in general about this method? Do you think you would ever use it again or share it with your family or a friend? Well, if you want to, you can. Raise your hand if you want me to make one extra copy for you?
  
- \* The key point here is that if you have a method to doing something correctly (like baking a pie) and you practice, the better you will get. The same thing can happen with many problems, but we must also have the right attitude about solving problems.
  
- \* What do you think are some good to have in order to solve problems?
  
- \* I have a handout that has a list of "helpful" and "not helpful" attitudes for problem solving.
- \* Let me read about 4 and tell me if you think the attitudes help or don't help people solve problems. *(Randomly choose 4 items and ask the class; then give them the correct answer.)*
- \* Now I'm going to give each of you a copy to keep so you can remember these points.



**(6-Towards a Self Re-evaluation)**

Page 130

?  
?

- \* Let's turn to page 130 and only read that page.
- \* Do I have a volunteer or should I do it? (*Proceed accordingly.*)
- \* How many of you would like to know what you think about yourselves?

**(7-Pluses and Minuses)**

☛ and distribute handout

?

- \* I'm going to give you another handout. It's called "Pluses and Minuses."
- \* Who knows what that means?
- \* Pluses are positive aspects and minuses are "not-so-good" aspects. They are aspects we could improve.
- \* Let's read the top portion and then proceed with this activity. (*Follow the instructions*)

**Discussion Questions**

- \* How was that activity?
- \* Raise your hand if you had more items listed under the "A" columns?
- \* Raise your hand if you had more items listed under the "B" columns?
- \* Why do you think it's easier for most of us to identify our "not-so-good"/areas of improvement than our good qualities?

**Key Points**

- \* None of us are perfect. We all have pluses and minuses.
- \* If we were told something "not-so-good" since we were small, chances are we still remember it and believe it.
- \* However, we can change that negative perception.
  - We can re-evaluate that characteristic, and write down why it is no longer true.
  - We can accept it and try to improve in that area.
  - We can say to ourselves, like someone who loves us, our fairy grandmother: "Don't worry. Try to understand why you act this way and change if you want to do."
- \* It is more important to remember our good qualities than our "not-so-good" ones. Why? Because if we see ourselves in a more positive light, then we are less likely to become depressed.
- \* Another good practice for our positive mental health is to write a list of the good things that happen every day.

**(8-Our Flaws and Good Qualities)**

Pages 131-136

?  
To participant

- \* Let's turn to page 131 and read up to page 136.
- \* Who would like to read with me?
- \* Which part would you like to read? Great!
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

Read



**Discussion Questions**

?

**Key Points with ?**

**(9-Session 4 Summary)**

?

☛ **Prepared flipchart**

**(10-Session 4 Homework Options)**

☛ **Prepared flipchart**

**(11-Affirmation)**

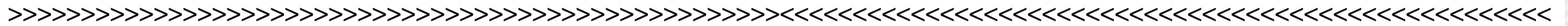
☛ **and distribute affirmation**

**Reminders**

- \* Any questions or comments about what we just read?
- \* What were some of the key points I mentioned earlier related to what we just read? (*Reply appropriately.*)
- \* What do you think are the main points of today’s class? (*Reply appropriately.*)
- \* To make sure we haven’t forgotten any, let me review the list I prepared to see what kind of job I did:
  - Using a problem-solving method can help us prevent depression or when we are depressed.
  - It is important to remember helpful attitudes about problem solving.
  - None of us are perfect. We all have good qualities and areas we can improve.
  - There are several ways to change our view of a “not-so-good” quality.
  - There are many ways to remind ourselves about our good qualities. This is very important for positive mental health.
- \* You have many options for your homework. Pick one of these or as many as you want. You could do one activity one day, the another, another day and so on.
  - 1) Complete the handout called “Problem-Solving Steps.”
  - 2) Look at your “Pluses and Minuses” list. Identify one area you want to improve. Work on dealing with it.
  - 3) Re-read your “Pluses and Minuses” list, and keep adding more to your “qualities” section.
  - 4) Several nights a week, write about agreeable and gratifying things that happened during the day.
- \* I’m going to give you the affirmation for this class. It re-enforces today’s activities. It says:

**I recognize and reward myself for my good qualities.  
I am compassionate and look for ways to deal  
positively with my imperfections.**

- \* Thank you for your participation
- \* Remember we will meet again on \_\_\_\_\_ day, at \_\_\_\_\_ time, and at \_\_\_\_\_ place.
- \* Bring your book and journal to our 5<sup>th</sup> session.
- \* Have a good day/morning/afternoon/evening.



**Objective:** To assist participants with basic questions in order to improve problem-solving skills.

**Materials:** If done in writing, you need this sheet and a pen or pencil. If done orally, just this sheet.

**Time:** 10 minutes if done individually; 20 minutes if done in pairs (10 minutes for each).

**Steps:** Give each participant this sheet to complete individually and/or to discuss with another person in the group.

1. How do you feel? \_\_\_\_\_

2. What are your problems? \_\_\_\_\_

\_\_\_\_\_

3. Pick one problem: What is that problem? \_\_\_\_\_

4. Who owns the problem? \_\_\_\_\_

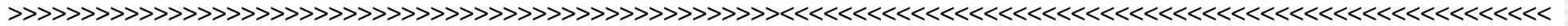
5. Why is it a problem? \_\_\_\_\_

6. What have you tried that didn't work? \_\_\_\_\_

7. What have you tried that did work? \_\_\_\_\_

	9. What resources will you need?	10. What are the advantages?	11. What are the disadvantages?
<b>8. What are other options?</b>			
A.			
B.			
C.			
D.			





**Objective:** To help participants identify attitudes that are helpful and not helpful in problem-solving

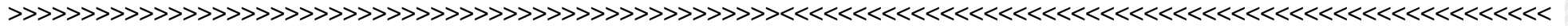
**Materials:** This sheet

**Time:** 5 minutes

**Steps:** The trainer or a student(s) can read the two lists below. Then discuss why the items appear under “helpful” or “not helpful.”

Helpful	Not Helpful
<p>Adults are responsible for their own happiness.</p>	<p>Feeling at fault or responsible for the unhappiness of other adults.</p>
<p>Accept that everything cannot be perfect.</p>	<p>Worrying about everything that is not well.</p>
<p>Solve one problem at a time.</p>	<p>Trying to solve all our problems at one time.</p>
<p>Accept that your children have a right to make mistakes. They do not have to be perfect.</p>	<p>Feeling guilty for our children’s problems.</p>
<p>Accept that you cannot solve the problems of alcoholism and drug addiction of a family member. Seek help in places that specialize in this area.</p>	<p>Trying to solve a family member’s problems with alcoholism and drug addiction.</p>
<p>Look for the fountain of happiness within ourselves.</p>	<p>Relying on others to fill our fountain of happiness.</p>
<p>Develop a “shell” against other people’s criticisms and opinions.</p>	<p>Trying to please everyone.</p>
<p>Separate our problems from those of others.</p>	<p>Taking responsibility for other people’s problems.</p>
<p>Start to change for our own good whether others change or not.</p>	<p>Believing that our problems will end when other persons change their ways.</p>





We truly value and deeply appreciate your contributions to helping women learn the basics about depression and respecting their decisions about what actions they may want to take. This Post-Facilitation Journal sheet is for you to complete so we can improve the sessions and manual/guide. Be honest and write down important observations about: 1) your participants (e.g., participation and needs), 2) this Manual/Guide (what you liked and didn't like, how you would improve it), and 3) other notes you want to make to improve the specific workshop session for the day. Complete, make a copy for your files, and submit the originals to the sponsors.

1. Participants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Manual/Guide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

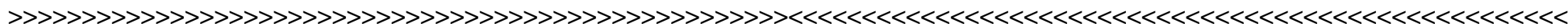
\_\_\_\_\_

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\_\_\_\_\_

Submitted By: \_\_\_\_\_ Training City/State: \_\_\_\_\_ Completion Date: \_\_\_\_\_

# **UNIT 5: A WOMAN'S UPBRINGING**



<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. N/A b. Previously-prepared c. Previously-prepared	1. a. Welcome b. "Session 4 Summary" c. "Session 4 Homework"	1. a. In script b. Use previously-prepared flipchart c. Use previously-prepared flipchart	
2. a. Prepare flipchart b. Prepare flipchart	2. a. "Session 5 Overview" b. "Session 5 Objectives"	2. a. Use left "Facilitation Process" column b. See top of next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
<b>3. Book p. 137-148</b> Changes In Our Beliefs: Being a Woman, Love & Suffering	3. a. Reading Aloud b. Discussion & Key Points	3. a. In book b. In script	
<b>4. Book p. 151-154</b> New Ways of Seeing	4. a. Reading Aloud b. Discussion & Key Points	4. a. In book b. In script	
5. Copy handout	5. Case Studies Packet	5. See this unit and use script	
<b>6. Book p. 149-150</b> Letting Go of Sadness, Fear & Anger	6. a. Reading Aloud b. Homework Instructions	6. a. In book b. In script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
7. Prepare flipchart	7. Session 5 Summary	7. In script	
8. Prepare flipchart	8. Session 5 Homework	8. In script	
9. Prepare flipchart/handouts	9. * <i>Affirmation</i> * Reminders	9. * Use blank, colored cards * In script	
<b>See last page in this unit</b>	<b>Post-Facilitation Journal</b>	<b>Complete legibly in black or blue ink.</b>	<b>By Facilitator</b>



**Preparation Notes**

**(Facilitator Codes)**

- Ask = ?
- Refer to = ☛
- Write = ✍

(1) A main step in the facilitation process. It helps you see where you are with time--go a little faster or slower.

☛ Remember number of steps

**(1 – Welcome)**

?  
?

- ☛ Previously-prepared Flipchart
- ☛ Previously-prepared Flipchart

**Session 5 Objectives:**

1. To clarify beliefs about being a woman.
2. To clarify beliefs about love.
3. To clarify beliefs about suffering.
4. To help participants identify how the way they view the world and themselves can lead to depression and ideas for more positive and practical views.
5. To facilitate practice using problem-solving steps and learned information on depression around abusive relationships.
6. To facilitate the importance of letting go of sadness, fear and anger.

**Required Materials:**

1. Book
2. Manual/Guide
3. Five markers (red, blue, green, orange, and black)
4. Previous-prepared flipchart sheets for:
  - a. “Session 3 Summary”
  - b. “Session 3 Homework”
5. Prepare flipchart sheets for:
  - a. “Session 5 Overview: (p. 49)
  - b. “Session 5 Objectives” (above, p. 50)
  - c. “Session 5 Summary” (p. 53)
  - d. “Session 5 Homework” (pp. 53-54)
  - e. “How Depressed Persons Think” (p. 52; items 1-5 in regular print)

6. Index cards, computer paper, envelopes, folders
7. “Case Studies” packet (5.1; pp. 55-59)
8. Extra writing paper
9. Extra pens or pencils
10. Prepared Affirmation for all (p. 54)
11. Flipchart

**9 Steps:** Follow the “script” below

- \* Welcome to our 5<sup>th</sup> of 6 sessions.
- \* How are you doing today?
- \* Is everyone here that should be here? Will you help me by looking around and letting me know who is absent so I can call that person after class to make sure she’s OK?
- \* Thank you.
- \* To refresh our memory, let me ask a few of you what you think was the most important point you learned at our 4<sup>th</sup> session.
- \* (Take 3-4 volunteers and say: Thank you. Good. Next. Great. etc.)
- \* To make sure we didn’t miss any major points, let me review the “Session 4 Summary.”
- \* We had several homework options. The “Session 4 Homework” options were:



**Homework-related Questions**

- \* How many of you did your homework?
- \* Would one of you who did the homework:
  1. Completing the handout called: “Problem-Solving Steps,” share your experience?
  2. Using the “Pluses and Minuses” list to identify one area you want to improve, share how you decided to deal with that?
  3. Adding more good qualities to your “Pluses and Minuses” list, share your experience?
  4. Writing at night about agreeable and gratifying things that happened during the day, share your experience?
- \* Did anyone get any benefits from the affirmation? (*Respond accordingly*)

**(2-Overview & Objectives)**

← Prepared Flipchart

- \* What’s our class about today?
- \* Let me summarize the overview and objectives.
- \* The overview reflects ...
- \* There are 6 objectives today. There are ...

**(3-Beliefs about Being a Woman, Love and Suffering)**

Pages 137-148

?

To participant

- \* Lets turn to page 137 and read up to page 148.
- \* Who would like to read with me?
- \* Which part would you like to read? Great!
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

Read

**Discussion and Questions**

← Blank Flipchart

✍

? and ✍

? and ✍

? and ✍

- \* Did anyone get any benefits from the affirmation?
- \* **I’m going to use this flipchart to list the group’s thoughts for each.**
- \* I’m going to ask each of what your opinion is, and I will write it down.
- \* Let’s start with: What are your beliefs about being a woman?
- \* What about love? What are your beliefs about love?
- \* And suffering? What are your beliefs about suffering?
- \* Let me show you each list. I want all of you to ask yourself what beliefs on the list you want to change.
- \* The key point here is that until we reflect about our individual beliefs, we continue in the same path. We may have signs of depression and not even know it. Or if we don’t have them yet, we might lead ourselves there.

**Key Point**



**(4-New Ways of Seeing)**

**Page 151-154**

?

**To participant**

**Read**

**← Prepared Flipchart**

?

?

- \* Let's turn to page 151 and read up to page 154.
- \* Who would like to read with me?
- \* What part would you like to read? Great!
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

**Discussion Questions**

- \* How many of you remember how a depressed person thinks? (*Reply accordingly.*)
- \* I have that list on this flipchart. I'm going to rotate questions with all of you. I'll read a negative habit, and ask you a few questions. This is to help you see if you have a pattern that could lead to depression. If you do have a negative habit, I will ask you to identify a positive thought or view and have you repeat it.

**A depressed person:**

- 1) Pays more attention to negative aspects in life.  
*Do you do this? When does this situation occur? Give an example.*
- 2) Exaggerates event that will not have major impact.  
*Do you do this? When does this situation occur? Give an example.  
Identify a positive thought or view. Now repeat it 3 times.*
- 3) Is very demanding of oneself.  
*Do you do this? When does this situation occur? Give an example.  
Identify a positive thought or view. Now repeat it 3 times*
- 4) Blames oneself for everything that doesn't turn out right. Positive outcomes are just luck.  
*Do you do this? When does this situation occur? Give an example.  
Identify a positive thought or view. Now repeat it 3 times*
- 5) Rarely recognizes or rewards oneself for positive results.  
*Do you do this? When does this situation occur? Give an example.  
Identify a positive thought or view. Now repeat it 3 times*

\* Any questions or comments about this activity?





**(5-Case Study)**

☛ Case Study

☛ Note

?

- \* In the next section of the book, we are going to read about “letting go of sadness, fear and anger.”
- \* As part of this, we have a special activity in addition to what you have read.  
(Proceed using the “Case Studies” packet, pages 55-59.)
- \* Do you think this activity helped you?

**(6-Letting Go of Sadness, Fear and Anger)**

Pages 149-150

- \* Let’s turn to page 149. I will read pages 149 and 150 because this is a short section.
- \* As you can see from these two pages, what was described is one way to let go of feelings like sadness, fear, and anger. This is one of four options for your homework assignment. I’ll explain more in a few minutes.

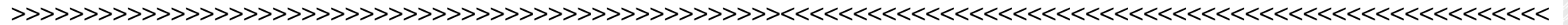
**(7-Session 5 Summary)**

☛ Prepared Flipchart

- \* We all have different beliefs about being a woman, love and suffering.
- \* These are formed early in life.
- \* Because we continue the same paths until adulthood, we may have been doing something that was not making us happy. In fact, it could be a source of leading us into depression.
- \* By using problem-solving steps we have learned, we can more objectively analyze a problem and decide what is best for ourselves and all of those involved.
- \* We need to identify and can overcome thinking habits of depressed people.
- \* Latina immigrants have common issues. By discussing them, we can learn about different options.
- \* Although it may seem difficult to let go of sadness, fear and anger, it is possible. We need to identify these feelings. We need to learn ways to let them go and try different options.
- \* Letting these negative feelings go can prevent or help us deal with depression.

**(8-Session 5 Homework)**

- \* You have just one assignment:
  - Identify what feeling/negative experience you want to let go and what you plan to do in the future to move beyond this difficult incident or experiences.
  - After these instructions, I will give each of you: a blank sheet of paper, a plain folder, a blank index card, and regular, paper-size envelope for the paper.
  - Depending on how you choose to express those feelings, you will use one side to express the unfortunate past and the other side to reflect your moving beyond the experience/overcoming this problem.



- Because we all express ourselves differently, you can choose to express yourself in 1 of 3 ways:
  - 1) Write a letter, a poem or a song; Use the paper I give you for this option.
  - 2) Use pictures (draw or cut and paste from pictures newspaper and magazines). Use the folder I give you for this option.
  - 3) Create two items, 1 for the past and 1 for the future. Use things from around the house or outdoors that will fit in the envelope. Use the index card I give you to briefly explain which item represents the past and which is the future and why.

- Bring your assignment to class WITHOUT YOUR NAME.
- As you enter class, just place it on my desk.
- At our last class meeting, we will have a short break for me to display all of your work.
- When we start class again, I will ask if the person who brought this wishes to present her past challenge and wants to briefly describe her plan to overcome this past experience. If someone claims it, you can present your homework. Then we will have a brief discussion.
- If no one claims the homework, I will present what is provided as best I can and still discuss it with the class.
- At the end of that class, you may collect your homework.
- Any questions? This homework is very important. It will help you let go of what you need to let go.

**(9-Affirmation)**

\* Now, I'm going to give each one of you the homework supplies and several affirmations. They reinforce today's work. Whenever you face a problem, you should choose and analyze the affirmation that can help you the most to remain calm. Repeat it to yourself several times while breathing profoundly. They include the following:

- I am going to look at the positive side of my problems.**
- I cannot control everything that happens.**
- I can only solve a part of my problems.**
- Am I exaggerating something that isn't very important?**

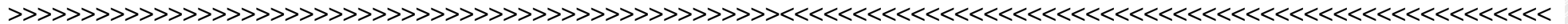
**Reminders**

- \* Thank you for your participation.
- \* Remember we will meet again on \_\_\_\_\_ day, at \_\_\_\_\_ time, and at \_\_\_\_\_ place.
- \* Bring your book and journal to our last session.
- \* Have a good day/morning/afternoon/evening.









Mary is 28, divorced, and has a six year-old son and four year-old daughter from her first marriage. She moved in to live with her boyfriend Joe at his house for almost six months now. All of Mary’s friends make comments about what a “perfect man” he is, and what a perfect father and husband he would be for her. Joe is forty and makes a decent living. Mary is okay with the situation, but she is not sure about him. She suspects something but cannot put her finger on it. He shows her children lots of attention—physically, verbally and by buying them things all the time. For him, the children always come first. He’s just too nice to her kids, she thinks. Sometimes he pays more attention to them than to her.

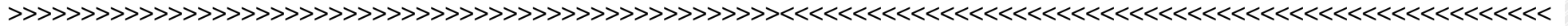
One day, the little girl runs to her mother when Joe arrives. The little girl places both hands on her pubic area as if covering/protecting that and later begins to scratch without stopping. When her older brother sees this, he too runs to his mother making unusual mouth gestures and clings to his mother. Joe gets very angry because the children are not running to him with open arms as usual. Mary has noticed significant behavior changes. Some times he is very angry. Other times he is super nice. Today Mary is really surprised to see Joe extremely angry. He asks the children if they don’t want the surprise he brought them today. The children just nod their heads “no.” Joe tries to calm down and tries another approach to get them to go hug him. The children keep clinging to Mary. He gets angry again, and tells Mary he is not going to put the children to bed tonight because the children are ungrateful. He storms off saying to Mary: “You better teach your kids to do everything I say, and teach them to be appreciative. And you know what else? I don’t want you talking to the neighbors around here so much. As a matter of fact, I don’t want you talking to any one in this neighborhood at all.”

\*\*\*\*

**Activity Instructions:**

1. Make sure everyone has a copy of the same case study and “Problem-Solving Steps” for this activity.
2. Read the case study.
3. Review the problem-solving steps, and then discuss possible options for the problem.
4. Select your best option.
5. Have someone in your group volunteer or select a spokesperson to:
  - a. Make a brief presentation describing the case to the entire group using the problem-solving steps for this activity.
  - b. Allow 5 minutes for questions and comments from the entire class and teacher/facilitator.





We truly value and deeply appreciate your contributions to helping women learn the basics about depression and respecting their decisions about what actions they may want to take. This Post-Facilitation Journal sheet is for you to complete so we can improve the sessions and manual/guide. Be honest and write down important observations about: 1) your participants (e.g., participation and needs), 2) this Manual/Guide (what you liked and didn't like, how you would improve it), and 3) other notes you want to make to improve the specific workshop session for the day. Complete, make a copy for your files, and submit the originals to the sponsors.

1. Participants: \_\_\_\_\_

Horizontal lines for writing under section 1.

2. Manual/Guide: \_\_\_\_\_

Horizontal lines for writing under section 2.

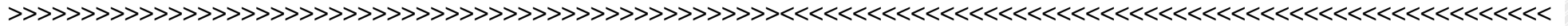
3. Other: \_\_\_\_\_

Horizontal lines for writing under section 3.

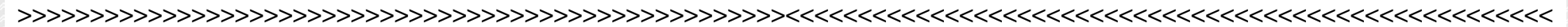
Submitted By: \_\_\_\_\_ Training City/State: \_\_\_\_\_ Completion Date: \_\_\_\_\_



# **UNIT 6: WHAT TO DO?**



<b>Required Materials</b>	<b>Facilitation Process</b>	<b>Additional Notes</b>	<b>Time (Minutes)</b>
<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>	<b>A. Introduction</b>
1. a. N/A b. Previously-prepared c. Previously-prepared d. Space to display homework	1. a. Welcome b. "Session 5 Summary" c. "Session 5 Homework" d. Homework Presentations	1. a. In script b. Use previously-prepared flipchart c. Use previously-prepared flipchart d. Students or Trainer will present/discuss	
2. a. Prepare flipchart b. Prepare flipchart	2. a. "Session 6 Overview" b. "Session 6 Objectives"	2. a. Use left "Facilitation Process" column b. See top of next page	
<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>	<b>B. Learning</b>
<b>3. Book p. 155-161</b> New Ways of Behaving	3. a. Reading Aloud b. Discussion & Key Points	3. a. In book b. In script	
4. Copy handout	4. <i>"My Gift to Me... Contract"</i>	4. See this unit and use script	
<b>5. Book p. 162 to end</b> Copy handout	5. a. Reading Aloud b. <i>"MH Directory"</i>	5. a. In book b. See this unit and use script	
<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>	<b>C. Closure</b>
6. Prepare flipchart	6. Session 6 Summary	6. In script	
7. a. Previously-prepared b. Handout	7. a. Workshop Summary b. <i>Evaluation</i>	7. In script	
8. Prepare flipchart/handouts	8. * <i>Affirmations</i> * Farewell	8. * Use blank, colored cards * In script	
<b>See last page in this unit</b>	<b>Post-Facilitation Journal</b>	<b>Complete legibly in black or blue ink.</b>	<b>By Facilitator</b>



**Preparation Notes**

**(Facilitator Codes)**

- Ask = ?
- Refer to = ☛
- Write = ✍

(1) A main step in the facilitation process. It helps you see where you are with time--go a little faster or slower.

☛ Remember number of steps

**(1 – Welcome)**

?  
?

☛ Previously-prepared Flipchart

☛ Previously-prepared Flipchart

**Session 6 Objectives:**

1. To facilitate “letting go” expressions through participants’ homework assignments.
2. To identify 4 new ways of behaving/being to help prevent or reduce depression.
3. To give participants an opportunity to make their own commitment to preventing or reducing depression through “My Gift to Me.”
4. To help participants identify mental health-related services in their community.
5. To give participants a voice in helping improve the pilot phase of this Facilitator guide and process.

**Required Materials:**

1. Book
2. Manual/Guide
3. Five markers (red, blue, green, orange, and black)
4. Previous-prepared flipchart sheets for:
  - a. “Session 5 Summary”
  - b. “Session 5 Homework”
5. Prepare flipchart sheets for:
  - a. “Session 6 Overview: (p. 61)
  - b. “Session 6 Objectives” (above, p. 62)
  - c. “Session 6 Summary” (p. 66)
  - d. “Session 6 Homework” (p. 66)
6. Index cards, computer paper, envelopes, folders
7. “My Gift to Me” (6.1; p. 67)
8. “Mental Health Dictionary” (6.2; p. 68)
9. Workshop Evaluation (6.3; p. 69)
10. Extra paper, pens or pencils
11. Flipchart
12. Space to display students’ homework

**(Optional: Instant camera for group photo)**

**9 Steps:** Follow the “script” below

- \* Welcome to our last session
- \* How are you doing today?
- \* Is everyone here that should be here?
- \* Thank you.
- \* To refresh our memory, let me ask a few of you what you think was the most important point you learned at our 5<sup>th</sup> session.
- \* *(Take 3-4 volunteers and say: Thank you. Good. Next. Great. etc.)*
- \* To make sure we didn’t miss any major points, let me review the “Session 5 Summary.”
- \* You had 3 homework options. The “Session 5 Homework Options” were to identify feelings you want to let go from your past and reflect how you plan to overcome these feelings by expressing it through words, pictures or creating two small items from ordinary items around the house or found outdoors.



Homework Presentations

Notes for Facilitator

(Take great care in:

- Demonstrating genuine empathy.
- Paying attention to the problem and plans and **not** the artistic quality of the homework. You do not want to make this an artistic competition.)

?

- \* I know most, if not all, of you did your homework because I have already displayed them without problem before class started.
- \* I don't believe we need to take a break since we are ready to practice "letting go" with the support of all of us who have come to know and grow during the last five weeks.
- \* Who can tell me why "letting go" of an unfortunate experience(s) is important? (Pause for comments and thank.)
- \* Yes, "letting go" helps us heal from an old pain, or hurt, or period in our life. It is important because it can help prevent depression or reduce it.
- \* Let's begin. I'm going to start with the exhibit farthest from me and work back to the one closest to me.
- \* As I hold up the homework assignment, I will describe it and ask if any one wants to claim it as her own.
- \* I'll pause for a few moments, and if you claim it, please tell us in 3 minutes what problem it represents in your past. Then show us the exhibit portion that reflects how you plan to overcome it/your plans for the future.
- \* Here is the first item. It is (a word/visual/created assignment) Let me show it to the class.
- \* Does any one want to claim it? Why did you pick this project? What does it represent in your past? What are your plans to overcome it in the future?
- \* Thank you so much for sharing. You're on your way!

?

?

3 Script Options for Unclaimed Homework

\* No?

- \* Okay. What I have here is a **letter** (or a poem or a song) and I'll read one side. (Read what appears to be the past problem. Read the future plan.)
- \* Okay. What I have here is a **visual homework** assignment. One side of the index card says that the past is about ... The future plans are to ...
- \* Okay. What I have here are two **created items**. One side of the index card says that the past is about.... The future plans are to ...



☛ **Discussion Script for Unclaimed Homework**  
*(cont'd.)*

- \* Let's discuss this briefly:
  - How common do you think this problem is?
  - What kind of impact do you think this has had on the family members of this person?
  - Knowing what you know now about depression, what would you do and why?
  - I trust that the person who did this will be able to prevent or reduce her depression because she has gained new information from this class and

☛ **Script for all Claimed Homework**

- \* Tell us briefly what unfortunate experience you want to overcome and what your plans are.
  - How long have you wanted to "let go" of this?
  - What was it like to do the homework assignment you chose?
  - What was beneficial?
  - Congratulations. I believe you have begun the process.
- \* Thank you all for your homework participation and presentations today. You have all taken a giant step in "letting go" part of the negative past and a giant step in moving on with your life.
  - Next, I want to quickly review the rest of the class session.
  - But should we take a five-minute break first?
  - Let's do that and return because I have some more valuable content to help you this last day.

**(2-Overview & Objectives)**

☛ **Prepared Flipchart**

- \* What's the rest of our class about today?
- \* Let me summarize the overview and objectives.
- \* The overview reflects ...
- \* The objectives today are ...

**(3-New Ways of Behaving/Being)**

**Pages 155-161**

**?**

**To participant**

- \* Let's turn to page 155 and read up to page 161.
- \* Who would like to read with me?
- \* What part would you like to read? Great!
- \* You can do it from where you are sitting or move where you think everyone can hear you.
- \* Thank you.

**Read**



**Key Point**

\* The key point here is that there are at least four ways that you can try to help prevent or reduce depression. The recommendations are simple, doable and cost nothing or very little to do.

?

\* How many of you think you would like to try one of the ideas and could commit to doing it for at least 6 weeks?

**(4-My Gift to Me/Contract”)**

\* And speaking of ideas, I want to distribute a handout that I think you will like. *(Pause until everyone has it.)*  
\* As you can see, it is called “My Gift to Me.”

?

\* What does the first column state?

?

\* What questions appear in the second column?

?

\* The items in the first column should look familiar.

\* Does any one remember the name of the handout where we saw these ideas?

They appeared in the “Better Mental Health, Please” handout.

Read the list and pick 1 or 2 items you would like to do help you with stress/improve your mental health.

Draw a circle around the one or two items you picked.

\* Now read the second column with the questions to yourself.

Briefly write down the answers for the 1 or 2 items you picked.

\* Why am I giving this to you?

\* The author of the book has discovered that persons who attended the workshop and continued reviewing or the book, personal journal and handouts benefited the most after these classes ended. Certainly, if you also work on one item on your contract list at the same time, you can improve your mental health more.

?

\* How can this be? Commit to doing just one of the items for the next six weeks.

\* Why 6 weeks? In 6 weeks you can begin to reinforce what you learned at this workshop and get much more of the benefits than just the time we have spent together.

\* In 6 weeks, we will call you to see how you are doing to improve your mental health.

?

\* Any questions?



**(5-Where to Go?)**

Pages 162 to the end

Read

☛ Directory Handout

**(6-Summary)**

☛ Prepared Flipchart

**(7-Workshop Summary)**

☛ Prepared Flipchart

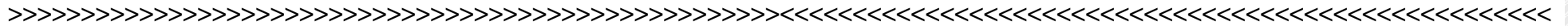
☛ Get Flipchart

?

**(8-Affirmation & Farewell)**

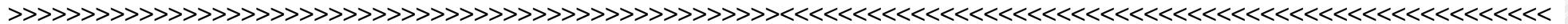
- \* We know that some of you want more information for yourself and/or for others.
- \* These few pages talk about where to go.
- \* Who would like to read with me? I'll read one page and then you read the next until we finish.
- \* Thank you.
  
- \* We know that you want more specific information, so I'm going to pass out a directory for you to complete at home this week.  
*(OR that "X person/agency" helped us put together for you.)*
  
- \* I'm going to review the key points from today's session.
  - "Letting go" of pain/hurt/negative feelings or experiences is important to preventing and reducing depression.
  - To maintain the knowledge you have learned, it is important that you re-read the entire or parts of the book or your journal or handouts over the next 6 weeks.
  - To make changes requires a commitment. You need to determine what, when and how often you will commit to improving your mental health. That is the gift you deserve and should give yourself.
  - The handout on the directory of mental health services can help you and others get more useful information.
  
- \* Thanks to you, we have covered the majority if not all of the material and activities we planned.
- \* To refresh your memory, they included: (Use the "Workshop Overview")....
- \* Since the guide and process for these classes are new, we need to know what worked well and what we can improve. It's like the "Pluses and Minuses" activity you did.
- \* Could we go around the class and have you share that information with me?
- \* I'll write these down on this flipchart.
  
- \* It has been an honor and privilege to have you in class and to be your teacher and learner as well.
- \* Thank you very much. I will close by reading you this last affirmation:
 

**"To love myself means: To know how to receive, to ask to be treated with respect, treat myself like I treat others, forgive my mistakes, find my positive qualities, be patient with myself, have tolerance and love. If I cannot love myself, I cannot love others."**
  
- Please take your special homework projects with you. Thank you again. I wish you better mental health.



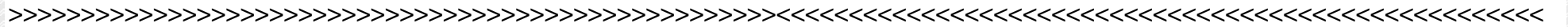
To better my mental health, I will:	Why will I do this? How will I do this? When will I start? How many times per week and hours?
Communicate assertively	
Drink green tea	
Drink in moderation	
Drink less caffeine	
Eat a balanced diet	
Enjoy safe sex	
Focus on the positive	
Garden	
Get a massage	
Join a women's group	
Laugh	
Learn something new	
Learn to hypnotize myself	
Listen to calming music	
Look for solutions	
Meditate	
Meet new people	
Organize at home or work	
Plan my time ahead	
Review the book/my journal	
Share house chores	
Sit still and watch nature	
Start a hobby	
Talk with a person I trust	
Take a warm bath	
Take a short nap	
Try aromatherapy	
Try autogenics	
Try biofeedback	
Try visualization exercises	
Try yoga	
Visit a new place	
Visit someone I enjoy	
Visit a sick or older person	
Volunteer	
Walk outdoors	
Write/journal	





Type of Agency	Name of Agency	Address Phone Number	Notes: Eligibility requirements, hours of operation, cost, etc.
Alcoholics Anonymous			
Child Care			
Children's Elementary School			
Children's Middle School			
Children's High School			
Children's Health Insurance			
Church			
Clinic (Community Health Center)			
College			
Community-based Organization			
Department of Health and Human Services			
Domestic Violence			
Employer Assisted Program			
Employment Office			
Faith-based Organization			
Homeless Shelter			
Hospital (Public General)			
Housing (Low-income)			
Immigration/Refugee Center			
Legal Aide			
Medicare & Medicaid Insurance			
Mental Health/Mental Retardation			
Social Security Administration			
Shelter for Battered Women			
Substance Abuse Treatment			
University			
Other			
Other			





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1. Participants: \_\_\_\_\_

Five horizontal lines for writing notes under the '1. Participants:' section.

2. Manual/Guide: \_\_\_\_\_

Five horizontal lines for writing notes under the '2. Manual/Guide:' section.

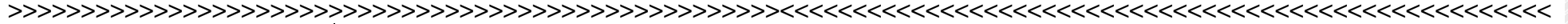
3. Other: \_\_\_\_\_

Five horizontal lines for writing notes under the '3. Other:' section.

Submitted By: \_\_\_\_\_ Training City/State: \_\_\_\_\_ Completion Date: \_\_\_\_\_

# **APPENDIX A: Workshop Design, Phases and Glossary**

A-1: The Overall Design



In four sections, this unit presents the overall workshop design and phases to plan, facilitate and follow-up on the workshop series on depression through the text “Is It Difficult Being A Woman?” and this Guide. Part A covers the overall design of the workshop series. The “Pre-Facilitation Phase,” section B, includes pre-workshop steps. The third, the “Facilitation Phase” (C), has essential information on implementation. The last, section D, provides follow-up measures for the “Post-Facilitation Phase.”

A-1: The Overall Design

Objectives

- 1. To make available information about depression that will allow women to:
- Eliminate the stigma associated with this disturbance.
- Recognize the symptoms of depression and take effective and timely action.
2. To promote reflection around the theme at the end of the sharing process.
3. To create an environment so participants can be comfortable in sharing personal experiences in and outside the workshop.
4. Motivate group members to practice self-help suggestions.
5. Motivate participants to seek specialized help where it is needed

Targeted Participants

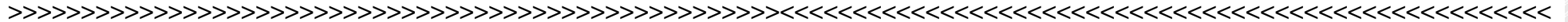
It is for women who are:

- Between 20-45 years
• Long-term, short-term, or transborder (border crossers) Latina immigrants
• Have basic reading skills
• Interested in the topic
• Wanting to prevent depression
• Under medical care for mild symptoms of depression

It is not recommended for women:

- Younger than 20 or older than 45 because the content is specific to those between 20-45 years.
• With severe depression, with serious disabilities, or that exhibit psychosis, organ damage or bipolar disorder.
• Who have additional problems to depression like substance abuse (alcohol or drugs), anxiety attacks or other psychiatric diagnosis. Although the workshop might benefit them in some aspects, it could only be considered as a secondary help to their specific problems.

A-1: The Overall Design



**Recruiting the Participants**

- The Appendix includes a pamphlet/poster to announce the workshop/invite women.
- If working with a primary health care or mental health agency, you will have an excellent source.
- Community outreach through health and human services meetings, personal contacts, media, etc, is another means.

**Participants and Evaluation Activities**

Participants are expected to participate in two workshop evaluation aspects.

- Initial Evaluation – Interested participants must agree to an initial interview to help the facilitator determine workshop eligibility, the characteristics of the applicants, and to determine whom to refer elsewhere. The interview form is provided within this Facilitator’s Guide.
- Exit Evaluation – The facilitator will contact workshop graduates twice after the workshop. She will request a face-to-face interview 15 days and 3 months after the workshop. The purpose of this interview/evaluation is to help refine administrative elements and the Facilitator Guide and to gather additional data on the results/impact of the workshop. The other equally important goal here is to identify if the participant is having any difficulties related to depression and to provide a source for follow up. This form is also found in this Guide.

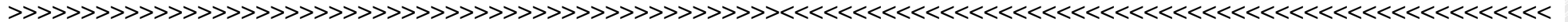
**Anticipated Characteristics of the Participants**

* Schooling:	Less than high school	Problems:	They vary – Money, spouse/partner,
* Income:	Low to middle		children, emotion-deficient
* Employment:	Some do; some don’t		influences since being a child,
* Marital status:	Varies		alcoholic father, depression in
* Children:	Most have children		mother, sexual molestation, etc
* Intended Latinas:	Review Unit 1		

**Two Points To Remember about Depression**

- Depression by itself produces a lack of motivation.
- Persons with depression have a great need for emotional support and recognition.

A-1: The Overall Design



**The Approach – A Group Strategy**

In various countries the group strategy has been one of the strategies that has shown major benefits in helping women. In the majority of countries, group work has been proven to facilitate the most efficient use of limited mental health resources.

The use of the first educational material of “Is It Difficult Being A Woman? A Guide About Depression”, and its guide demonstrated that:

- It is easy reading.
- It promotes reflection.
- It provides a favorable environment to share experiences and doubts.
- It promotes unity.
- Participants can identify with the diverse problems voiced by other women.

**Conditions Necessary To Implement the Group Strategy**

Facilitator Preparation: 1. It is very important that the facilitator read the educational materials very carefully, and above all, have time to reflect on the various aspects and finish, if not all, at least some of the self-help recommended exercises. This will help the facilitator understand and share her experiences with the group.

2. Get to know the participants beforehand and read the initial interview questionnaires of those who will participate. This will help develop a more cohesive group.

Time Span: Six, 2-hour weekly sessions (to meet the objectives)  
 OR 8 to 10 maximum sessions, if:

- You see the desire from previous workshop participants,
- You need to slower the pace for better understanding and/or more discussion.
- Identify appropriate activities in the “Additional Activity Packet” in the Appendix.

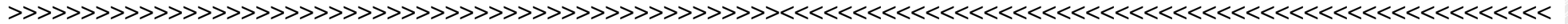
Schedule: Will depend on the facilitator’s availability, the participants and workshop location.

Seating: When possible, sit with the participants in a circle so that they feel all on an equal basis.

Group Size: No more than 15

Participant Materials: 1) The book –“ Is It Difficult Being A Woman? A Guide on Depression”, 2) A notebook or journal to take notes, 3) Copy of objectives and Preliminary Ground Rules

A-1: The Overall Design



The Workshop's Dynamics

Readings: In order to have interaction on the information, the reading of the educational materials is the most important activity.

- The readings can be done by the facilitator or by one of the participants that has the ability to do it. One of them can read the part of *La Comadre* and someone else the rest of the script. It is suggested that the main points of the lecture be noted on a poster, flip chart, or chalkboard.
- Though reading is not a dynamic strategy, it ensures that everyone does it and it promotes unity among the group for a brief period of time, leaving the rest of the time for reflection and comments.

Motivation: Generally the women arrive very motivated for the workshop.

Participation: This varies.

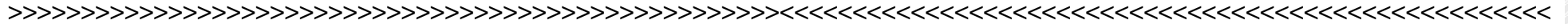
- Some of them hardly speak while others monopolize the conversation. It is very difficult to limit the participation of the "talkers" to a reasonable amount of time. Tactfully remind the group that everyone has to have time to speak.
- In dealing with the ones who do not participate, sometimes it is necessary to ask them to comment on a particular item and to set a routine so that everyone is involved.
- No one should ever be pressured to speak when they do not want to. Let them they can say: "Pass."
- Sometimes after the session, there are some who wish to speak in private. How much time you allow depends on the time that you can afford to give. It is important to get them to speak in the group rather than give them individual attention.

Attendance: It is important to note the importance of attending all the sessions, if for any reason they are absent from one of them.

- Among the difficulties they can have that would prevent their attendance are their responsibilities, for example: they can't count on support for childcare while they attend the workshop. If you can, help them find some options for childcare.



A-2: Pre-Workshop Phase



**A-2: Pre-Workshop Phase**

**The Potential Facilitator**

This Guide has been developed for use by “*Promotores*” and other health care and human services providers. Because depression is a complex and delicate medical issue, we want facilitators who:

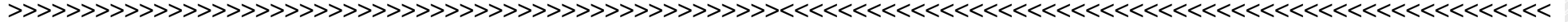
- Are interested in this subject area.
- Know they can comfortably handle discussions on depression, mental health, repressed women, and gender roles.
- Have a pattern of high marks from participants who have attended their workshops.
- Would be comfortable co-presenting the material with another trained or untrained “*Promotores*” or someone who is experienced in the field of depression/mental health.
- Have completed the “Pre-Screening Form” and received confirmation for training participation.
- Have committed to attending and staying for the entire three-day training session.

**Training Site for Community Participants**

Prior to the training,

- Determine where the best location would be. Primary health care and mental health service agencies are ideal, but any agency that serves women ages 20-45 and reflect the targeted Latinas would also be worth exploring. You can build on their clientele, and they can help you identify individuals who would be most suitable for the workshops and who could benefit.
- Send them a brief letter or note, the pamphlet in the Appendix, and your calling card.
- Call them within 5 working days to explain more about the training and content and make an appointment to see them.
- Prepare a host agency packet with the items below, and any others, to take to your appointment.
  - 1) Pamphlet
  - 2) Your calling card
  - 3) Pre-Screening Form (in this Manual/Guide)
  - 4) Checklist for Training Site (in this Manual/Guide)
  - 5) Book (For display only)
  - 6) Any other materials you think would be beneficial for the host/sponsoring agency

A-2: Pre-Workshop Phase

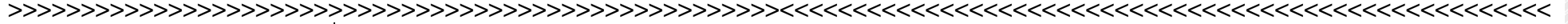


**Appointment Discussion**

When meeting the point of contact at the host agency, it will be important to be prepared to discuss information as noted below.

1. The objectives of the training:
  - To help Latina immigrants, between the ages of 20-45 years, learn about depression, its causes, its impact on a person and family, and
  - To obtain tools and resources on how to prevent or better cope with mild depression.
  
2. Participant information and recruitment support to enlist:
  - Women who are recent arrivals, long-term immigrants, transborder individuals
  - Women from the ages of 20-45 years
  - A maximum of 14 participants
  - Women who are mentally, physically and literacy-eligible (per the Pre-Screening Form).
  
3. Workshop information
  - Six (6) total sessions, 2 hr. each  
     OR 10 maximum sessions, 2 hr. each also
  - Participants will receive a copy of the book
  
4. Three-day training you have received and the benefits for the targeted participants
  
5. The “host agency packet” materials cited in the previous page and write notes to see what equipment and furnishings they have for you to borrow during the workshop on depression.
  
6. Distribution of pamphlets
  
7. Training dates, times and room location
  
8. Any other questions participants may have
  
9. Name of key contact person and phone number when you do the training should you have any special needs
  
10. Appreciation for attention and support to this all-important training.

A-2: Pre-Workshop Phase



If you will be presenting at your agency, make an appointment with your supervisor and present the same information above. Also enlist your supervisor’s support to share the same information with your Executive Director.

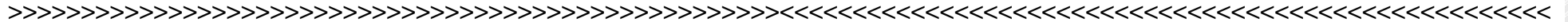
Afterwards, remember to:

- Follow-up with a letter to confirm scheduled training and other pertinent information.
- Call one week in advance of scheduled training to set-up the day before the training.

**The Participants**

- Based on your arrangements to recruit the participants, make sure the following steps are taken:
  - 1) Set up a date, time and room to help potential participants complete the pre-screening form.
  - 2) Review the forms using the guidelines you learned in the training to determine who would benefit.
  - 3) Determine how to best confirm their participation and give them any pre-training information (days, time, location, etc.)

A-3: Workshop Phase



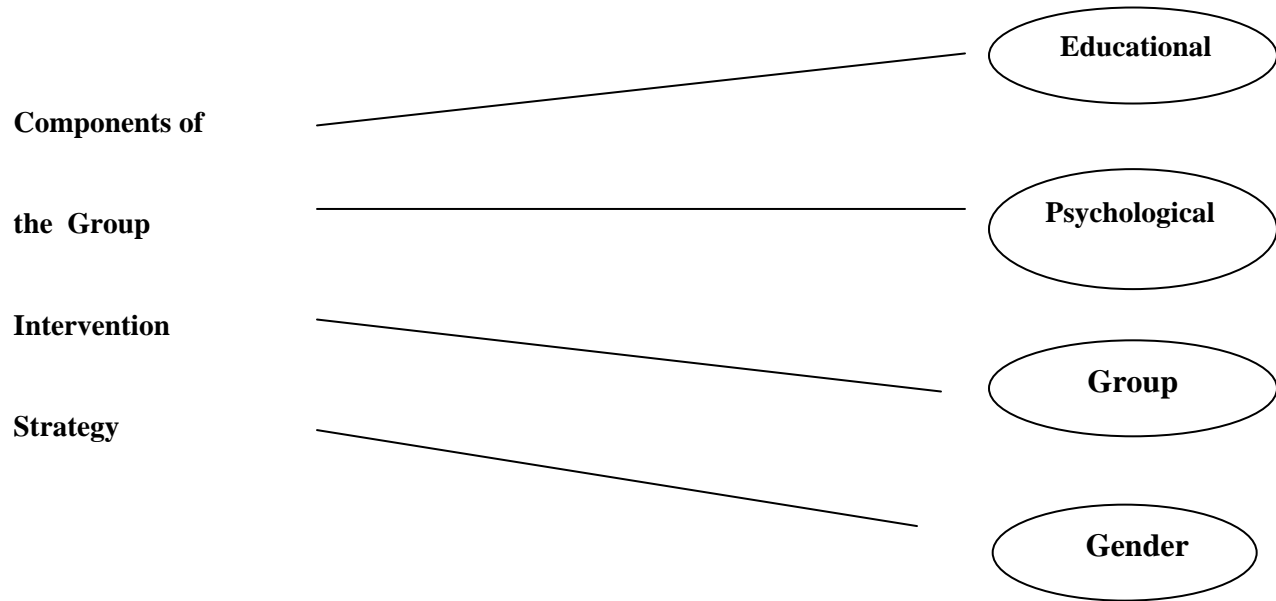
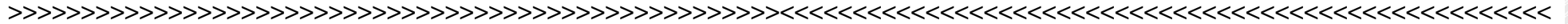
**A-3: Workshop Phase**

1. **Building on Previous Results:** As stated in the “Introduction” of this U.S. Facilitator Guide, the textbook along with sections of this Guide, are based on work done by Dr. María Asunción Lara and the “Ramón de la Fuente” National Institute of Psychiatry in Mexico. The sponsors of this document strongly believe that “*Promotores*” who attend this unique training can have similar impact with Latinas in the U.S. based in large part from the cited institution’s results. Take note:

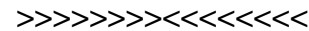
- Mental health projects were conducted over 15 years in Mexico.
- In 1991, Dr. Lara and the Institute studied women who worked outside the home and concluded with a study on gender stereotypes and mental health.
- Various studies in the 1990s in Mexico concluded that a high rate of women who showed symptoms of depression, and who normally did not seek specialized help, were also not aware of some of the psychological factors related to the symptoms of depression.
- Women in the studies expressed a great need for some type of information that would allow them to reflect upon their reality.
- From that came the idea of developing the book: “Is It Difficult Being a Woman? – A Guide on Depression” and an evaluation of the preliminary version with different groups of women. In doing this, they learned not only about the types of educational materials women needed but learned that **women wanted to talk about their problems after completing the reflection part of the lecture presentations.**
- This experience, combined with the fact that in Mexico there are limited resources for mental health, motivated the authors to design a low-cost, high-benefit group strategy (offered at the primary health care level) that would have its basis in the lectures found in the book.
- The group intervention strategy was evaluated and among its results were: not only a significant decrease in
- the symptoms of depression but also in anxiety and physical well-being, as well as improved self-esteem. The majority of participants indicated that the intervention had “some” or a “big” influence in their life and in coping with their problems.

2. **The Group Strategy Approach** – From the work cited, Dr. Lara designed a group strategy that is presented as Figure 1 on the following page. It displays the four components of the workshop approach.

A-3: Workshop Phase



(Source: Didactic Guide for “Is It Difficult Being a Woman? – A Guide on Depression” by Dr. María Asunción Lara, et al, Ramón de la Fuente National Institute of Psychiatry in Mexico, page 5.)

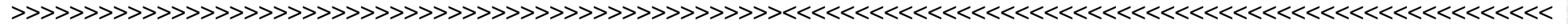


An explanation of each of the four components follows so that facilitators can understand the framework for the group strategy.

**a. Educational Component**

This component involves the role of the facilitator and how participants are viewed. These will be created in the women’s group by having them reflect on their personal, social, and gender roles and how these influence their attitudes and behavior in a positive way. Participants are valued as learners who bring all of their life history upon which a facilitator must build to promote further learning.

A-3: Workshop Phase



The diagram below best illustrates the facilitative role. It proposes a continuous dialogue by participants at the end of the educational material.

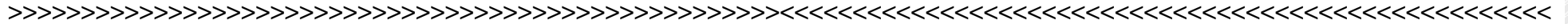


- Encourage **two-way** communication and **dialogue**, in order to:
- **Stimulate** change processes based on **analysis and reflection** among the group.
- The point of departure for the educational materials is the experiences, as much as the **needs and interests mediated by the social and cultural conditions of women**.
- The facilitator's role is to **mediate the work of the group**.

- The content of the educational materials is a key element of the expressed interested and needs of **what the women think and feel**.
- The **Communication abilities** demonstrated by the facilitator during the intervention.
- The verbal and non-verbal communication processes are elaborated and presented **with the meaning and significance for the group of women at every group session**.

- A **climate of trust and respect** is built by encouraging the ability to listen and express experiences.
- Persons are considered to have the **potential to discover, understand, express and form and own their knowledge and experiences from their innermost self**.
- While sharing and imparting their knowledge and experiences, it is possible to **grasp and put into practice a series of changes that helps them get rid of depression**.

A-3: Workshop Phase



**b. The Psychological Component**

The facilitator’s objective in the workshop is **not** about providing psychotherapy. It **is** about psychological education that is culturally sensitive and significant to the social and gender situation of the targeted women. It is also about facilitating:

- ❖ Improved self-esteem.
- ❖ The ability to apply cognitive behavioral techniques (behaviors that be trained with the mind) in order to modify the negative way that depressed persons view themselves, their situation and future.
- ❖ Reflection strategies.
- ❖ The ability to express one’s feelings and emotions.

Various exercises/activities are used to address this component. Among them is writing. Participants are invited to write about different aspects of their life with the goal of facilitating not just repressed emotions and feelings but to allow them to confront their traumatic experiences, like the rational analysis and reflection activities.

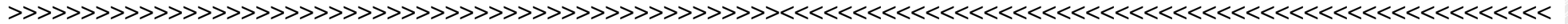
It is surprising that even women with little schooling can complete this activity with great results. For some, it may be more complicated to write because they:

- ❖ Are not familiar with doing something like this.
- ❖ Do not have sufficient privacy at home to do this as a homework exercise.
- ❖ Do not have a place at home where they can save their writings where others will not see or read their private thoughts.

For participants who find it difficult to write, suggest that they share their problems with friends or family members they trust. By participating in the workshop group, members will gain experience discussing their problems and will realize that they are not the only ones who have problems. It is also recommended that facilitators provide different examples of practical strategies so participants can face the symptoms of depression and/or solve problems that promote symptoms.

Review B-3 carefully, it reflects what women said in the focus groups that were conducted with the three, sub-groups. List those ideas in the left column on this page, and add others that you think might be beneficial for the workshop series.

A-3: Workshop Phase



**c. The Group Component**

Again it must be stressed that the workshop is not psychological group therapy. The basis for the series is not based on analyzing or managing a therapeutic group process. The facilitative role is about the application of the strategy through the specific activities that have been developed for the Latina immigrants. These include **three aspects that are essential to facilitating a process for change:**

❖ *The application of the program as provided in this Facilitator Manual/Guide*

Certainly this workshop series is one of many possible programs through which one can achieve the same objectives. However, with the participants' evaluation of the workshop and "Promotores" comments as a facilitator in the first pilot year of the project, the sponsors of this Manual believe that the refinement process will help ensure the positive results that are sought for the intended participants.

❖ *The facilitator' attitude in front of the participants*

The facilitator's attitude is one of the most important elements for the success of the program. Group participants of sessions in Mexico stated this person played a significant role in their making positive changes. Honesty, empathy and positive attitude toward all must rank at the top.

❖ *The climate created for the group*

Mexico found that the subsequent list of facilitator characteristics contributed the most to creating a climate where participants could trust and express their feelings. They are certainly not revolutionary, but what is important is that the subject of depression is a topic that requires particular attention to the list.



## A-3: Workshop Phase

- \* Address participants by their name.  
 \* Encourage them to speak about their experiences, feelings, fear or anxieties by asking open questions.  
 \* Explain that all feelings are valid, even if they are difficult to express.  
 \* Do not interpret what is stated.  
 \* Display a “realistic optimism.” State that other women have managed to change and have benefited in many ways; in the same way, they can benefit through these sessions.  
 \* Reinforce the value of small changes or steps; encourage them.  
 \* Support them when they need it and be empathetic--Show that you know how to put yourself in the participants’ shoes and understand their situation.  
 \* Refrain from correcting them; do not force changes and respect the process for each participant.  
 \* Refrain from passing judgments, and do not allow participants to do this either.  
 \* Promote respect for every one’s ideas and display a positive attitude toward all.  
 \* Do not encourage competition and avoid antagonisms.  
 \* Be punctual.

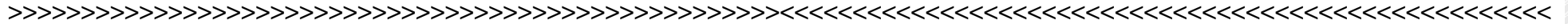
Other positive aspects of how a facilitator conducted the session.

- |                                      |                      |                              |
|--------------------------------------|----------------------|------------------------------|
| ✓ Provides direction                 | ✓ Is clear           | ✓ Is comprehensive           |
| ✓ Provides adequate time for sharing | ✓ Is objective       | ✓ Keeps you interested       |
| ✓ Offers suggestions                 | ✓ Makes you reflect  | ✓ Is patient                 |
| ✓ Is assertive                       | ✓ Can be seen by all | ✓ Pays attention             |
| ✓ Manages the group well             | ✓ Is experienced     | ✓ Makes you feel comfortable |

Creating the proper climate was demonstrated in that participants were able to express their feelings and problems. They listened to other participant’s problems and realized they are not alone. Participants commented that the facilitator who created the proper climate helped with “reflections, advice, and encouraged group harmony.” Input and consensus on ground rules also helped promote group cohesiveness and respect.

**Remember: The quality with which you conduct the workshop--quality in terms of applying the previous points – will be the most important factor in the participants’ changes**

A-3: Workshop Phase



**d. The Gender Component**

In this component participants study the role gender plays in depression. The workshop allows women to explore what it means to be a man and woman. Attendees will understand that gender roles continue throughout our lives in the many multiple relationships (work, family, partner, etc.) between men and women. Attention is given to examining discriminatory attitudes and subordination. Participants review how these attitudes affect women’s mental health negatively and contribute to depression.

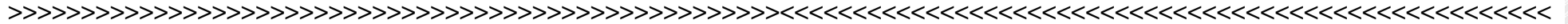
Through reflection, participants can reconstruct their gender role identity in a way that facilitates positive mental health.

The following activities are included in the workshop to achieve this goal:

- Reflect in a critical manner over the role a woman plays in society and the expectations and roles in her simultaneous roles in the family, at work, personal and social.
- Reflect on the negative emotions that women have because of their gender role in society.
- Propose a more equitable distribution of household chores.
- Analyze certain basic beliefs that are the behavioral standard for being a woman, for love and for suffering.
- Encourage women to give themselves time and space to be themselves.
- Promote a cooperative spirit among the women. Try to eliminate rivalry among them.
- Encourage women to organize themselves with the goal of providing mutual support for one another.

**Understanding and integrating these four components will facilitate developing the role as a facilitator in a clear manner and enable her to incorporate the group strategy during the workshop at all times.**

**A-4: Post-Facilitation Phase**



**“Notes for the Facilitator:”**

The Post-Facilitation phase of the workshop on depression involves conducting an interview with one’s former workshop participants. Highlights of this process and the evaluation tool (four pages) are provided on this page.

**Objectives**

The objectives of the workshop evaluation are the following:

- 1) To make content and presentation changes in the future to improve the effectiveness of the workshop.
- 2) To obtain information about the effectiveness of the workshop as pertains to the decreased amount of symptoms on the emotional disturbance scale.

**When to Conduct**

This interview is to take place twice as noted below. This period is intended to obtain a more objective evaluation of the benefits of the workshop.

- 15 days after the end of the workshop
- Three months after the workshop.

**Establishing the Evaluation Atmosphere**

The evaluation atmosphere, preferably a face-to-face interview, is critical to obtaining the desired information. Below are a few tips to follow.

- Conduct the interview face-to-face, if possible.
- Conduct it in an informal setting.
- Explain that the purpose of the evaluation is a genuine interest in obtaining information on her current condition and about the benefits of the workshop.
- Make the person being evaluated feel comfortable and open to the process.

**What to do with the “Exit Interview” Form and Recommendations**

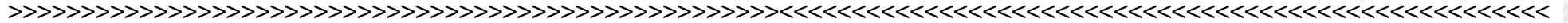
After completing the four-page “Exit Interview” form in the Appendix (A-8), proceed as noted below.

- If the total is more than 17 you need to recommend additional help.
- If you consider it adequate, then schedule a meeting at a later date to continue working on the needed changes.
- If you feel that additional help is necessary even if the total is less than 17, you might suggest additional help.
- Motivate the participant to continue with the suggested exercises because this is the only way to maintain the changes she has made.
- Congratulate her on her changes.

**Tool Credit for Exit Interview**

Berwick D.M., Murphy J.M., Goldam P.A., Ware J.E., Barsky J., Weinstein M.C. Performance of a Four-item Mental Health Screening Test. Medical Care, February 1991, Vol. 29, No 2., pp 169-176. (Concurrent validity obtained in the Mexican population by Dr. Asuncion Lara Cantu is to be published.)

**Other Resources and Appendices**



Other resources in this Appendix are essential to maximizing the success of the U.S. workshop series. Review the additional Appendix A items below as well as those in Appendix B, C, and D.

**Additional Appendix A Items:**

- A-5 Pamphlet/Poster
- A-6 Location Checklist
- A-7 Pre-Screening Interview
- A-8 Exit Interview
- A-9 Glossary

**Appendix B: Mental Health, Depression, and the Latina Audience**

- B-1 Mental Health
- B-2 Depression in General
- B-3 The Latina Audience

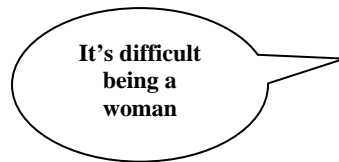
**Appendix C: Additional Activities**

- C-1 Stop Negative Thoughts
- C-2 Relaxation
- C-3 Visualization
- C-4 Energizers

**Appendix D: Facilitation Tips**

- D-1 Adult Learners
- D-2 Learning Styles
- D-3 Communication
- D-4 Getting Participation
- D-5 Handling Distractions
- D-6 Asking Questions
- D-7 Reading Aloud
- D-8 Lecturettes
- D-9 Ice Breakers
- D-10 Affirmations

A lot of women know that



...and much more when we feel depressed, have disagreements with our spouse, family or children and when we have problems or illness, economic, or health related problems.

During the last 2-3 months:

- ✓ Have you felt **sad** or without energy?
- ✓ Have you **lost interest** in the things that used to interest you?
- ✓ Have you had problems **sleeping**?
- ✓ Have you felt **irritated** anxious?
- ✓ Have you felt **tired**?
- ✓ Have you felt **guilty**, powerless or useless?
- ✓ Do you have problems **concentrating**?
- ✓ Have you thought a lot about **death**?

If you have experienced the majority of these symptoms, it is possible that you are **depressed**.



The following can also lead to **depression**

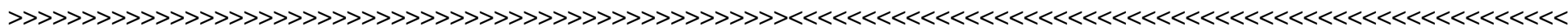
9. Having a parent addicted to alcohol or drugs
10. If our parents suffered from depression
11. Having lost our mother during our childhood
12. Having being **mistreated** (insults, threats, physical abuse) during your childhood
13. Having been **molested**, sexually abused, or violated, above all during your childhood or teen years
14. Living with a separate spouse who is an alcoholic or addicted to drugs
15. Being a victim of violence, be it verbal abuse, physical abuse or sexual abuse from your spouse
16. Have you thought a lot about **death**?

There are many ways to get out of a depression.



You will receive information about depression and its causes.  
You will get information to help you find solutions to your problems.

**Contact:**



When participants are presented with acceptable and standard surroundings and routines, their potential for learning increases. From this, they have a clearer understanding of goals, expectations, and intended outcomes. Use this page as a checklist when you make your visit to select a training site.

**\_\_\_ Physical Arrangement** \* Arrange 16 seats in a U-shape so you can see and easily move around to assist participants.

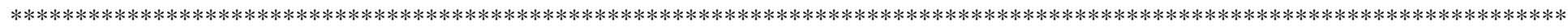
**\_\_\_ Temperature**  
\* Make sure it's not too warm or too cold.  
\* If it is, ask your host agency to adjust the thermostat.  
\* Arrive early if this continues to be a problem to make the necessary adjustment.  
\* If the problem persists, ask if there is another room available.

**\_\_\_ Noise**  
\* Make sure there are no loud noises or continuous traffic that interrupts training continuously.  
\* If so, ask your host agency if this will be the situation during the other schedule times.  
\* If so, work with your host agency to propose a solution.

**\_\_\_ Odors**  
\* If you end up near a cafeteria where there are food smells, participants might get distracted especially if they arrive hungry or have appetites that are easily sidetracked.  
\* If so, work with your host agency on another location.  
\* If there are unpleasant smells due to the building, work with your host agency to secure another room.  
\* Sometimes participants wear heavy doses of perfume that are bothersome for allergy- or smell-sensitive individuals.  
\* You may want to request that participants consider this need.

**\_\_\_ Visual Information**  
\* You will be using visuals and related equipment as part of your training.  
\* Make sure you plan in advance where you will place items like sign-in sheets, handouts, flipcharts, projectors, and posted information.  
\* Also make sure that support furniture for equipment is safe and stable.  
\* If you will be borrowing equipment from your host agency, practice operating it.  
\* Make sure you know how to locate the key person to help you with any problems that may occur.

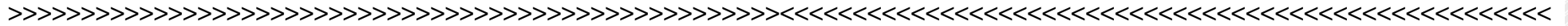
**\_\_\_ Movement** \* Make sure participants have adequate space to move around during breaks and for refreshments.



**Agency** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Site Visit Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

(Write additional notes on back of this page)



**Objectives**

- To identify eligible women and their characteristics.
- To identify women who would not be good candidates for the workshop.

**Requirements**

This workshop has been designed for women who must:

- Be between 20 to 45 years old.
- Have basic reading skills.
- Want to learn about depression and may have mild signs of depression.

It is not for women who:

- Are severely depressed and will be incapable of doing their daily assignments or to concentrate on the workshop activities.
- Show symptoms of psychosis, organ damage or other psychiatric diagnosis.
- Are addicted to alcohol or drugs.
- Have a severe or terminal illness.
- Have attempted suicide or show suicidal tendencies.

**When to Stop the Interview**

- The questions that refer to the characteristics above have been marked with this symbol ►
- If the interviewee does not meet the workshop requirements, stop the interview as soon as you realize this.
- You will see an arrow symbol (►) to remind you to pause, be diplomatic, and refer the person as recommended after the arrow.
- Explain that the workshop is not the solution to their current situation.

**Rapport**

- It is important that the person being interviewed trust you.
- Start the interview by introducing yourself and asking for their name.
- Ask simple questions, for example: How are you? How did you find out about this workshop? Do you live far from here? Did you have a long wait? What have you heard about the workshop? Make some comments so that the person feels welcomed and comfortable.
- If you find that the person does not know what the workshop is about, use the information in the pamphlet to provide information.
- Remember how important this first impression is for a person seeking information to help them with depression.

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

What is your name? \_\_\_\_\_

What is your address? \_\_\_\_\_

What is your telephone number or a place where I could reach you in the future? \_\_\_\_\_

\*\*\*\*\*

A. General Information

“Now I am going to ask you some questions about your life:”

1. Can you tell me how old you are? \_\_\_\_\_ (Must be between 20-45 years; If so, ► **Ineligible**)

2. What is your marital status?

- |                   |                             |                    |
|-------------------|-----------------------------|--------------------|
| a. Married _____  | Living<br>c. Together _____ | e. Single _____    |
| b. Divorced _____ | d. Widow _____              | f. Separated _____ |

3. Including yourself, how many people live in your house? \_\_\_\_\_

4. In the last six months have you worked for a salary? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your main duty, position or responsibility at work? \_\_\_\_\_

5. Who is the principal provider in your house; that is, who supplies the most money for the support of the house?

- |              |                 |                        |                |
|--------------|-----------------|------------------------|----------------|
| a. You _____ | b. Couple _____ | c. Father/Mother _____ | d. Other _____ |
|--------------|-----------------|------------------------|----------------|

What is the main duty, position or responsibility at work of the principal provider at your house? \_\_\_\_\_

6. Adding all the income of the persons that live in your house, the monthly income is:

- |             |                      |                               |
|-------------|----------------------|-------------------------------|
| a. \$ _____ | b. Do not know _____ | c. Does not want to say _____ |
|-------------|----------------------|-------------------------------|

7. What was the last grade you in school, even if you did not finish? \_\_\_\_\_ (If they have not finished primary school, ask the following:)

Do you know how to read and write? (If they finished primary school, answer yes) Yes \_\_\_\_\_ No \_\_\_\_\_

(If ineligible say: “I’m so sorry. We require that the participant be able to read the workshop materials.”). ► **Literacy classes**



### B. Physical Health and Addictions

“Now I am going to ask you about your health.”

☛ 8. Do you presently have a serious or advanced illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which one?

“It is necessary to reveal an illness in a terminal phase, for example, cancer, because the workshop is not designed to resolve problems resulting from serious physical ailments.”

☛ 9. When do you take alcoholic beverages?

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. Does not drink \_\_\_\_\_

☛ What is the most you drink on those occasions?

a. \_\_\_\_\_ b. Does not drink \_\_\_\_\_  
(Number of drinks)

☛ Do you believe you drink too much?

a. Yes \_\_\_\_\_ b. No \_\_\_\_\_ c. Does not drink \_\_\_\_\_

If yes, why? \_\_\_\_\_

☛ Do you use any illegal drugs? (tobacco does not count)

a. Yes \_\_\_\_\_ b. No \_\_\_\_\_

☛ Which illegal drugs and how much do you take/use?

	Which one?	How often?	How much?
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

☛ Has anyone suggested that you seek treatment because of your alcohol or drug use?

a. Yes \_\_\_\_\_ b. No \_\_\_\_\_

*(If you feel that the person has a problem with alcohol or drugs, she is not a good candidate.)*

➤ **In-depth Evaluation or Treatment Center**

### C. Mental Health

☛ 10. **Suicide Attempts** “Now I am going to read 2 statements, and I am going to ask you to tell me if in the last six months you have experienced these feelings:”

☛ You have been at the point of taking your life

a. Yes \_\_\_\_\_ b. No \_\_\_\_\_

☛ You have attempted to take your life

a. Yes \_\_\_\_\_ b. No \_\_\_\_\_

*(If the person answers yes to either of the above statements, she is not a good candidate.)*

➤ **In-depth Evaluation or Treatment Center;** Tell her she can participate in the future once she is cleared to attend the workshop.

☛ **11. Emotional disturbances** (See footnote 1)

“Can you please tell me how many times during the past month you have felt in the following manner?”

	All of the time	Most of the time	A good part of the time	Some of the time	A small amount of the time	No amount of time
Very nervous	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Peaceful and calm	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
Sad and unhappy	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Dejected, nothing can help	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Happy	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>

Sum of the scale \_\_\_\_\_  
 (Get the sum of the five actions)

This scale will identify the majority of persons with troubled behaviors or anxiety. Any person who has a total higher than 17 on the scale will likely exhibit one of these troubled behaviors. If the person being evaluated scores a total higher than 25 it is recommended that she receive additional treatment, whether it is at the same time as the workshop or at another time.

➤ **Evaluation and Treatment**

1 Berwick D.M., Murphy J.M., Goldam P.A., Ware J.E., Barsky J., Weinstein M.C. Performance of a five-item mental health screening test. Medical Care, February, 1991, Vol. 29., No 2.Pp. 169-176. (Concurrent validation in population in Mexico obtained by Dr. Lara and colleagues; publication pending)

## ☛ 12. Psychotic Disorders

### (Notes for the Facilitator:)

Psychotic disorders include the presence of one or more of the following symptoms:

- 1) Delirious ideas
- 2) Hallucinations
- 3) Incoherent, disorganized and scattered language
- 4) Seriously disorganized behavior and
- 5) Catatonic

The following questions will help you decide if the person being interviewed has one of these disorders. If you suspect this, refer her to get an evaluation with an expert.

“Now I am going to ask you to tell me if during the last month you have:”

- 1) Felt that people want to harm you; that they are always looking at you and speaking bad about you.      Yes \_\_\_\_\_      No \_\_\_\_\_
- 2) Heard voices and noises, for example, people speaking, that others cannot hear.      Yes \_\_\_\_\_      No \_\_\_\_\_
- 3) Seen things, while wide-awake, that other people cannot see.      Yes \_\_\_\_\_      No \_\_\_\_\_

### ➤ Expert evaluation

## ☛ 13. Ability to Organize Thoughts

### (Notes to the Facilitator)

This disturbance includes the presence of multiple cognitive deficits that are shown by:

- 1) Deterioration of memory (deterioration of the capacity to learn new information or to remember information previously learned).
- 2) One (or more) of the following cognitive changes:
  - a) Aphasia      (loss of ability to understand or express speech)
  - b) Apraxia      (loss of ability to perform motor functions even though the ability to perform is intact)
  - c) Agnosia      (failure to recognize or identify objects even though the senses are intact).
  - d) Changes in the ability to execute planning, organizing, sequencing and abstracts.

*The following indicators will give you an indication if the person in front of you suffers from these disturbances. If you suspect this, refer this person to further evaluation and a specialist.*

- 1) Observe if the language being used is not understandable because of lack of coherence and logical connection between sentences, words and phrases, and changes from one subject to another.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Ask if she finds it difficult to identify objects though she has nothing physically impeding that ability.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Observe and ask: Do you find it difficult to finish activities that require movement though you don't have a physical impediment to prevent it?  
Yes \_\_\_\_\_ No \_\_\_\_\_

➤ **In-depth evaluation and treatment**

☛ **14. Bipolar Disturbance**

**(Notes for the Facilitator:)**

This disturbance is characterized by:

- A) A period recognized by an abnormal, and persistent elevated, and irritable state of animation, that will last for a least a week.
- B) During this altered, animated period you will find three or more of the following symptoms that are found at a significant level.

- 1) Grandiose or exaggerated self-esteem
- 2) Diminished necessity to sleep (feels rested after only here hours of sleep)
- 3) Speaks more than usual or verbose
- 4) Flight of ideas
- 5) Distracted
- 6) Rising level in the intended activity or psychomotor agitation
- 7) Excessive involvement in pleasant activities that have a high potential to result in grave consequences such as monetary investments.

The following questions will help to give you an idea if the person being interviewed shows this disturbance. If you suspect this, refer the person to further evaluation with a specialist.

*“I am going to read 2 statements and I am going to ask you if within the last month you have experienced this situation:”*

- 1) Have there been moments when you have felt more energetic than usual and had a lot of desire to accomplish many activities, you felt a very high self-esteem and went without sleep. Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Have there been moments when you felt so good that people think that you are not acting normally. Yes \_\_\_\_\_ No \_\_\_\_\_

➤ **In-depth evaluation and treatment**

☛ **15. Disabled**

**(Notes for the Facilitator:)**

With the information that you have up to now, consider whether this person is capable of participating in the workshop/orientation, or that their symptoms of depression will not enable her to pay attention and finish her daily activities. If her depression is severe, refer her for treatment and afterwards reevaluate the possibility of participating at another time. Yes \_\_\_\_\_ No \_\_\_\_\_

➤ **Treatment**

☛ **16. Dysthymia**

**(Notes for the Facilitator:)**

Criteria for diagnosing this disorder: (If it is evident, it requires professional help).

- 1) Must have been continuously and or constantly in a state of depression for at least two years. The normal periods of energy rarely last more than a few weeks and periods of hyper activity do not exist.
- 2) At least three of the symptoms of depression can be found in periods of depression.

For a diagnosis of Dysthymia, you must have the 2 aforementioned criteria: Yes \_\_\_\_\_ No \_\_\_\_\_

The following statements will help you diagnose if the person being interviewed has this disorder.

*"I am going to read some statements and I want you to tell me if you have had these symptoms continuously for more than 2 years without your normal state of energy lasting but a few weeks:*

Diminished vitality or activity _____	Feelings of hopelessness and desperation _____
Loss of interest in sexual Or other pleasant activities _____	Feeling incapable of dealing with daily activities _____
Insomnia _____	Speaks less than usual _____
Difficulty in concentrating _____	Social isolation _____
Cries easily _____	Pessimism about the future _____
Loss of self-confidence And feeling of inferiority _____	

**D. Other**

**17. Family History**

Have your father or mother ever suffered from a change of energy, nerves or depression?

Yes \_\_\_\_\_ No \_\_\_\_\_

Who?

Father \_\_\_\_\_ Mother \_\_\_\_\_

Did any of your parents drink to such an excess that it caused problems within the family?

Yes \_\_\_\_\_ No \_\_\_\_\_

Who?

Father \_\_\_\_\_ Mother \_\_\_\_\_

**18. Reasons for Participating in the Workshop**

What are your reasons for participating in this workshop/orientation?

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**19. Actual Problems**

At this time in you life, what do you think is/are your main problem(s)?

- |                           |       |   |       |
|---------------------------|-------|---|-------|
| With your partner         | _____ | Family problems<br>(No husband or children) | _____ |
| With your children        | _____ | Family members health                       | _____ |
| Emotional problems (hers) | _____ | Work related                                | _____ |
| Financial                 | _____ | None  | _____ |
| Health Problems (hers)    | _____ | Others ( <i>List</i> )                      | _____ |

**20. Seeking Help**

“Have you ever sought help or talked to someone when you had problems or feel alone and sad?” Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If she answered no, continue on to Community Support)

Where and with whom?

Friends _____	Family _____	Doctors _____	Psychiatrists _____
Psychologists _____	Priest _____	Others _____	Did not seek help _____

(If she has consulted a psychologist or psychiatrist ask :)  
 “At this time, are you being treated by a psychologist or a psychiatrist?”  
 Psychologist \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Not seeing anyone \_\_\_\_\_

If yes, what are the problems or what is the reason you are receiving treatment?  
 \_\_\_\_\_  
 \_\_\_\_\_

Is not receiving treatment \_\_\_\_\_

**21. Community Support**

Do you have a person that you can confide in, including your most intimate secrets? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there someone that you can count on in case of a financial crisis?  
 (Can they lend you a good sum of money?) Yes \_\_\_\_\_ No \_\_\_\_\_

Is there someone you can count on to help give you important information, for example, about an illness, or a problem, or something that you cannot resolve? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have a partner, do you feel close to your partner and have enough confidence to talk to him and know he will listen to you?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does not have a partner \_\_\_\_\_

### 22. Childhood History

(For the following question you must insist that they expand their response, asking them at the end of the answer if they wish to add anything else.)

*“Now we will look at your childhood.”*

“Can you tell me about your childhood in terms of whether you were happy, or if there were many difficult or traumatic situations?”

*(Ask them to give you examples or to tell you about certain situations.)*

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Did your mother leave or die before you were 11 years old?

(Specify) \_\_\_\_\_

(death, left the family, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

At what age? \_\_\_\_\_

Did your father leave or die before you were 11 years old?

(Specify) \_\_\_\_\_

(death, left the family, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

At what age? \_\_\_\_\_

Before you were 17 years old, did you:

	More Frequently	Less Frequently	Never
Receive physical punishment	_____	_____	_____
Receive threats or insults	_____	_____	_____

*If one of the previous answers is “more frequently”, ask:*

Who from:

Father \_\_\_\_\_      Mother \_\_\_\_\_      Siblings \_\_\_\_\_  
 Uncles/Grandparent s \_\_\_\_\_      Both parents \_\_\_\_\_      Others \_\_\_\_\_  
 From what age? \_\_\_\_\_



*“Now I am going to ask you about something that happens to a lot of women, but which they speak little about because they believe that they are the only ones this happened to.”*

Before you were 17 years old, did a person molest you or make sexual advances to you against your will. Yes \_\_\_\_\_ No \_\_\_\_\_

(If the answer is no, go to Life’s Accomplishments)

If the answer to the previous question was yes:

Could you be more specific in regards to what happened, at what age, with whom and whom did you turn to, or tell about it?

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How traumatic was this event for you (how much did it affect you)?

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**23. Life’s Accomplishments**

To continue I am going to read a list of problems that people encounter once in a while. I am going to ask you to tell me if you have had this problem during the last six months, and if the answer is yes how much it bothered you, disgusted you or resulted in anxiety and/or sadness.

**(Remember to ask “during the last 6 months” for each question, and if it has happened, how much it bothered them, disgusted them, or resulted in anxiety and/or sadness).**

	Yes	0 No	1 Not at all	2 Very little	3 Average	4 A lot
During the last 6 months has your husband, partner, or a close relative, died? Who? _____	—	—	—	—	—	—
During the last 6 months has a close relative been ill?	—	—	—	—	—	—
During the last 6 months have you had changes in the frequency in which you see you family or friends (see less of the people you love and more of the people you don't love)?	—	—	—	—	—	—
During the last 6 months has there been retirement, unemployment, or loss of work?	—	—	—	—	—	—
During the last 6 months have you had legal problems?	—	—	—	—	—	—
During the last 6 months has there been a separation of a family member, for example: marriage, etc.?	—	—	—	—	—	—
During the last 6 months have you noticed behavioral changes in a relative, for example: has grown angrier, or pays less attention, etc.?	—	—	—	—	—	—

	Yes	0 No	1 Not at all	2 Very little	3 Average	4 A lot
During the last 6 months have you had problems with your children's education?	___	___	___	___	___	___
During the last 6 months have you had problems with other relatives (not husband or children)?	___	___	___	___	___	___
During the last 6 months have you had serious financial problems?	___	___	___	___	___	___
During the last 6 months has there been retirement, unemployment, or loss of work?	___	___	___	___	___	___
During the last 6 months have you had alcohol or drug related problems with one of your children?	___	___	___	___	___	___
During the last 6 months have you received threats insults, and physical abuse from your partner?	___	___	___	___	___	___
During the last 6 months have you noticed behavioral changes in a relative, for example: has grown angrier, or pays less attention, etc.?	___	___	___	___	___	___

Has there been a situation or a problem that occurred before the previous 6 months that greatly affected you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

**24. Conclusions**

(Note to the Facilitator: In this section you can make note of some of the conclusions of the interview.)

**a) Accepted to the workshop**

Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, go to question c)

**b) Has been accepted and referred at the same time for treatment**

Has not been referred \_\_\_\_\_

Yes, has been referred to the following place: \_\_\_\_\_

Yes, has been referred to the following specialist? \_\_\_\_\_

**c) Reason for exclusion**

- 1) Younger than 20 or older than 45 years \_\_\_\_\_
- 2) Does not read \_\_\_\_\_
- 3) Attempted suicide or has severe incapacitating depression \_\_\_\_\_
- 4) Cognitive deficits, psychosis, or another diagnosis \_\_\_\_\_
- 5) Terminal illness \_\_\_\_\_
- 6) Addiction to drugs \_\_\_\_\_
- 7) Bipolar disturbance \_\_\_\_\_

**d) Procedure for recruitment**

1) Medical, psychological, social, or psychiatric referral \_\_\_\_\_

2) Self-referral through a promotional medium: Pamphlet \_\_\_\_\_ Poster \_\_\_\_\_

3) Recommended by a friend/relative \_\_\_\_\_

**e) Observations** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Exit Interview

Interviewer: \_\_\_\_\_ Interview Date: \_\_\_\_\_

**In asking the following questions, encourage them to give more details by asking them at the end of the answer if they have any additional comments.**

**A. The Workshop**

*“I’m going to start by asking you some general questions about the workshop.”*

1. Did your participation in the workshop have an influence on you outlook on life or on your problems?

No influence \_\_\_\_\_  
*(Go to question 2)*

Some influence \_\_\_\_\_  
*(Go to question 3)*

A lot of influence \_\_\_\_\_  
*(Go to question 3)*

Negative influence \_\_\_\_\_  
*(Go to question 3)*

2. Can you tell me why not?

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3. Can you tell me why and explain how it influenced you?

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4. What was the most useful thing about the workshop?

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**A. The Workshop** *(cont'd.)*

5. What was the least useful thing about the workshop?

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6. Do you have any suggestions for improving the workshop?

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6. In regards to the person that conducted the workshop, what successes and shortcomings did you observe?

Successes \_\_\_\_\_

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Shortcomings \_\_\_\_\_

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**B. The Book**

*“Now I am going to ask you about the book.”*

1. Did you read the book?

Yes\_\_\_ Which part?\_\_\_\_\_

No\_\_\_ Can you tell me why not?\_\_\_\_\_

2. During the week, how much time do you spend reading? \_\_\_\_\_

**B. The Book** (cont'd.)

3. Do you set aside some time for yourself on a weekly basis?

Yes \_\_\_      How much? \_\_\_\_\_

No \_\_\_      Why not? (Go to question 4)

4. What did you do during that time? \_\_\_\_\_  
\_\_\_\_\_

5. Did you use your tablet or journal to write?

Yes \_\_\_      How much time? \_\_\_\_\_

No \_\_\_      Why not? \_\_\_\_\_

6. Did you talk to someone about your problems?

Yes \_\_\_      With whom? \_\_\_\_\_      How many times? \_\_\_\_\_

No \_\_\_      Why not? \_\_\_\_\_

**C. Physical Health**

*“Now I am going to ask about your health.”*

1. Physical Wellbeing

How do you consider your physical wellbeing has been during the past 15 days?

- a. Excellent \_\_\_\_
- b. Real good \_\_\_\_
- c. Good \_\_\_\_
- d. Regular \_\_\_\_
- e. Bad \_\_\_\_
- f. Real bad \_\_\_\_

2. Seeking Care

In the last 15 days have you started a psychological or psychiatric consultation?

- a. Psychological \_\_\_\_
- b. Psychiatric \_\_\_\_
- c. Other \_\_\_\_
- d. Is not receiving treatment \_\_\_\_

If yes, for what difficulties/problems are you receiving treatment? \_\_\_\_\_

\_\_\_\_\_

3. Present Problems

At this moment in your life, what do you think are your main problems?

With your spouse \_\_\_\_\_

With your children \_\_\_\_\_

Emotional problems (hers) \_\_\_\_\_

Financial \_\_\_\_\_

Health problems (hers) \_\_\_\_\_

Problems with relatives \_\_\_\_\_

*(Not husband or children)*

A relatives poor health \_\_\_\_\_

Employment \_\_\_\_\_

None \_\_\_\_\_

Other \_\_\_\_\_



4. Emotional Disturbance

In the last 15 days, can you please tell me how much time you felt in the following way?

	All of the time	Most of the time	A good amount of the time	Some of the time	A small amount of the time	None of the time
Have been very nervous	<u>        </u> 6	<u>        </u> 5	<u>        </u> 4	<u>        </u> 3	<u>        </u> 2	<u>        </u> 1
You have felt calm and at peace	<u>        </u> 1	<u>        </u> 2	<u>        </u> 3	<u>        </u> 4	<u>        </u> 5	<u>        </u> 6
You have felt sad and lonely	<u>        </u> 6	<u>        </u> 5	<u>        </u> 4	<u>        </u> 3	<u>        </u> 2	<u>        </u> 1
You felt so low that nothing can help you	<u>        </u> 6	<u>        </u> 5	<u>        </u> 4	<u>        </u> 3	<u>        </u> 2	<u>        </u> 1
You have felt happy	<u>        </u> 1	<u>        </u> 2	<u>        </u> 3	<u>        </u> 4	<u>        </u> 5	<u>        </u> 6

Add up the scale                           
*(Get the sum of the five statements)*

Return to the first page of this “Post-Facilitation Phase.” See the “What to do with the Emotional Disturbance Scale and Recommendations” section for information on how to proceed with the scale, what to recommend, and source credit for the “Emotional Disturbance Scale” above.



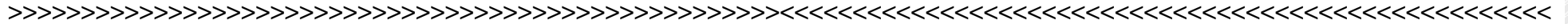






# **APPENDIX B: Mental Health, Depression and the Latina Audience**

**B-1: Mental Health in the U.S. and the Hispanic/Latino Community**



**Definition**

What is mental health? According to the National Mental Health Information Center of the federal government, mental health is “how a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions.”

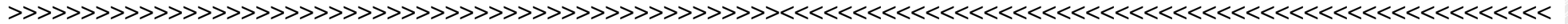
**Mental Health in the U.S.**

In a 1999 report, the U. S. Surgeon General delivered the first “Surgeon’s General’s Report on Mental Health.” The report emphasizes that mental health problems can occur at any age, and that there is a strong connection between our mental health and general wellness, including our physical health. It also states that among developed nations, including the U.S., major depression is a leading cause of disability. The report also cites:

**The Hispanic/Latino Community**

- |                                 |   |
|---------------------------------|---|
| • Population                    | Growing rapidly   |
| • Self-Identified Latinos       | 35.3 million  |
| • 2050 Population Projections   | Hispanics will be 1/4 of U.S. population  |
| • Mexican Americans             | Are 2/3 of all Hispanics  |
| • Remaining Latino Subgroups    | Puerto Ricans, Cubans, South Americans, Central Americans, Dominicans and those of Spanish origin     |
| • Major Residency               | 60% live in California, Arizona, New Mexico, Colorado and Texas                                       |
| • Double Growth from 1990-2000  | Occurred in Arkansas, North Carolina, Georgia, Nebraska, and Tennessee                                |
| • High School Graduation        | 56% of Hispanics versus 83% of the total U.S. population  |
| • Graduation in Other Subgroups | Latino subgroups 25 years and over varies:<br>70% Cuban Am., 64% Puerto Ricans, 50% Mexican Americans |
| • Poverty Rates                 | 14% Cuban Americans; 31% Puerto Ricans, 27% Mexican Am.   |

B-1: Mental Health in the U.S. and the Hispanic/Latino Community

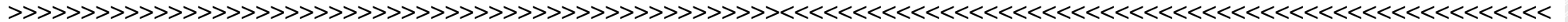


Mental Health Care for Hispanics

- **Rate of Mental Disorders** Is generally the same as non-Hispanic white Americans
- **Adult Mexican Immigrants** Have lower rates than Mexican Americans born in the U.S.
- **Adult Puerto Ricans (PR)** Those living on the island of Puerto Rico (PR) have a lower rate of depression than PR's living in the U. S.
- **Latino Youth** Have more anxiety-related and delinquency problem behaviors, depression, and drug use than non-Hispanic white youth
- **Older Hispanics** One study found over 26% were depressed but this was related to physical health. Only 5.5 % without physical health problems stated they were depressed.
- **Cultural-related Syndromes** These include:
  1. Fear (“*Susto*”)
  2. Nerves (“*Nervios*”)
  3. Evil eye (“*Mal de ojo*”)
  4. Nervous-related symptoms (“*Ataque de nervios*”):
    - \* Uncontrollable screaming
    - \* Crying
    - \* Trembling
    - \* Verbal or physical aggression
    - \* Dissociative experiences
    - \* Seizure-like or fainting episodes
    - \* Suicidal gestures
- **Suicide** In 1997, Hispanics had a suicide rate of about 6% compared to 13% non-Hispanic white; a national high school survey revealed Hispanic youth reported more suicidal thoughts and attempts than Hispanic whites and blacks



B-1: Mental Health in the U.S. and the Hispanic/Latino Community



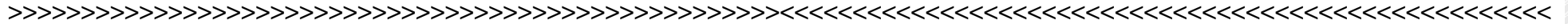
**High-Need Latino Populations**

Not many Hispanics are found among the homeless or in children's foster care programs. However, there are high numbers in other population groups. They are listed below.

- **Incarcerated/Imprisoned**                      9% Latinos; 3% non-Hispanic white Americans.  
 Latino men 4 time as likely as white men to be imprisoned at some point during their lifetimes.
  
- **Vietnam War Veterans**                      Hispanics who served in Vietnam were at higher risk for war-related post-traumatic stress disorder than were black and non-Hispanic white veterans.
  
- **Refugees**    Post-traumatic stress disorder for Central Americans has been found to range from 33-60%. Many faced civil-war trauma in their homelands previously.
  
- **Substance Abusers**                              Latino rates for alcohol are similar to non-Hispanic whites. Latina women have unusually lower rates of alcohol and other drug use compared to relatively high rates among Latino men. Substance abuse rates are twice as high among U.S.-born Mexican American men when compared to Mexican-born immigrant men. Substance abuse rates are 7 times higher for U.S.-born Mexican American women than for Mexican-born women.

*(In this Training Manual, we define Hispanic/Latina women who are long-term residents, immigrants and trans-border residents of the U.S. side of the U.S.-Mexico border as other high-need groups among Hispanics/Latinos.)*

B-1: Mental Health in the U.S. and the Hispanic/Latino Community

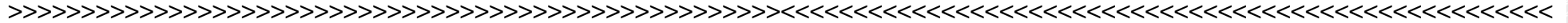


Mental Health (MH) Services and Hispanics

- **Language** In 1990, about 40% Latinos either did not speak English at all or did not speak it well.
- **Availability** Only about 1% of licensed psychologists who are members of the American Psychological Association identify themselves as Hispanics. There are only 29 Latino MH professionals for every 100,000 compared to 173 non-Hispanic white providers per 100,000.
- **Access** Nationwide, 37% of Latinos are uninsured compared to 16% for all Americans. The high number for Hispanics is due to not having health insurance benefits from employers. Only 43% Latinos have health insurance coverage from their employers while 73% of non-Hispanic whites have employer coverage. Medicaid and other public coverage reaches 18% of Latinos.
- **Use** Fewer than 1 in 11 Latinos with a mental disorder contact MH specialists. Fewer than 1 in 5 see general health care providers. Fewer than 1 in 20 Hispanic immigrants with mental disorders use MH specialists' services, and of this same group, fewer than 1 in 10 use general health care providers.  
Precise information on the use of complementary therapies does not exist. One study found that only 4% of Mexican Americans sampled said they consulted a "curandero", "herbalista", or other folk medicine practitioner within the past year. Other studies show use to be from 7-44%. Folk remedies are used more often than seeing a folk healer. The folk remedies are generally used to complement western medicine/mainstream care in the U.S.
- **Appropriateness and Outcomes** Few studies in these two areas exist on Latinos. One study found low-income, Spanish-speaking families were more likely to experience worse symptoms of schizophrenia in highly structured family therapy than less structured case management. Several studies have revealed that bilingual patients are evaluated differently when interviewed in English rather than Spanish. A small study found Hispanics with bipolar disorder are more likely to be misdiagnosed with schizophrenia than non-Hispanic whites. One national study found only 24% of Latinos with depression and anxiety received appropriate care compared to 34% of whites. Another study found that Hispanics who visited a general medical doctor were less than half as likely as whites to receive either a diagnosis of depression or antidepressant medicine.

*(Source: Mental Health: A Report of the Surgeon General and Supplement to Mental Health: A Report of the Surgeon General. U.S. Department of Health and Human Services. 1999.)*

## B-2: Depression in General



- **Depression**

Depression is believed to be a brain disorder that affects moods, thinking, sleeping, appetite, and behavior. It involves extreme and persistent emotional experiences of sadness, loss or passing mood states than can interfere with a person's ability to function. The symptoms, duration of depression and response to treatment varies greatly among persons with depression. There is strong evidence that depression increases the risk of a heart attack. Indeed, depression is a great burden to those who suffer with depression, their families and society.
- **Symptoms**

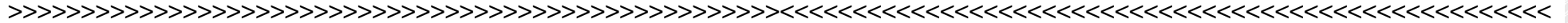
Persistent sad mood; loss of interest or joy in activities that were once enjoyable; major changes in appetite or body weight; too little or too much sleeping; less physical movement; loss of energy; easily agitated; feeling worthless or guilty; difficulty thinking or concentrating; continuous thoughts of death or suicide.
- **Types**
  1. Major depressive disorder/Unipolar major depression – The leading cause of disability in the U.S. and worldwide; Is found when a person has 5 or more symptoms during the same two-week period. This type of depression recurs in distinct episodes during one's lifetime.
  2. Bipolar disorder – Is diagnosed when a person has periods of major depression and persistently happy moods or irritability and the presence of at least 3 of the following: overly-inflated self-esteem; decreased need for sleep; increased talkativeness; racing thoughts; distractions; increased goal-directed activity or physical agitation; and excessive involvement in self-pleasing activities.
  3. Dysthymic disorder – This is a chronic form of depression lasting for at least 2 years in adults or 1 year in children or teenagers with the presence of 2 other depressive symptoms.

*(Source: "Depression Research at the National Institute of Mental Health," National Institute of Mental Health, National Institutes of Health, 1999.)*
- **Causes**

Depression is thought to result from various factors: biology, psychology, stressful or traumatic events, medications and substances. If it runs in your family, you have a greater chance of becoming depressed. Pessimists are more likely to become depressed. Difficult times and situations may trigger depression. Many prescription drugs can cause symptoms of depression. Substance abuse is often seen in depressed persons and can worsen one's situation.

*(Source: WebMD Guide, "Causes of Depression," WebMD Medical Reference, April 2005.)*

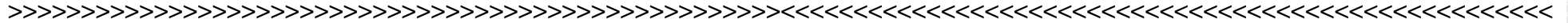
B-2: Depression in General



- **Depression at all Ages** This can occur in children, teenagers, adults and the elderly. Up to 2.5% and up to 8.3% adolescents suffer from depression. There is evidence that if depression starts early in life, it will often persist, recur, and continue into adulthood. It is difficult to diagnose in children and teenagers and treatment is still a challenge. Signs of depression could be caused by other factors. It is important to get help for children and youth because there is an increased risk of suicidal behavior. Major stress life events and depression at an early age may contribute to depression in adulthood. Depression is not a normal part of getting older. If it occurs in older individuals, it may well be that it is a recurrent disorder. Suicide is more common in the elderly than in other age groups.
  
- **Treatments**
  1. Medications - The most common treatment is medications/antidepressants.
  2. “Talk” Therapy – There are 3 different types; they either help with negative thinking and behavior, or people relationships, or discussing deeper issues.
  3. Electroconvulsive Therapy - Individuals with severe depression are sometimes recommended to have this procedure. It involves putting the patient under general anesthesia by applying electrical stimulation to the brain. It is one of the most effective yet most stigmatized treatment. Studies show that 80-90% of persons with severe depression improve dramatically with this treatment.
  4. Stress Reduction – Psychosocial and environmental stressors are known to increase the risk for depression. Social isolation or early-life deprivation may contribute to changes in brain function or increase the chances of depression in later life. Stressful life events in adults can lead or cause recurrent episodes of depression.
  5. Hormonal Adjustments – Some research has suggested that persistent over-activation of the hormonal system may lay the foundation for depression.
  6. Treating Depression and Anxiety Disorders – Research has shown that depression often presents itself with anxiety disorders. Anxiety disorders include: panic attacks, obsessive-compulsive disorder, post-traumatic stress disorder, social phobia or generalized anxiety disorder. It is important to diagnose and treat both.
  7. Alternative Treatments – Share with your doctor what herbals, supplements or other alternative therapies you have tried/are trying.

*(Source: “Depression Research at the National Institute of Mental Health,” National Institute of Mental Health, National Institutes of Health (NIMH), 1999.)*

## B-2: Depression in General



- **Seeking help**

It is critical that persons with symptoms lasting more than two weeks get help or that family members who notice symptoms of depression in their family help that person. “Many people who have depression know something is wrong but don’t know what to do about it.” Here are 4 steps to take to understand and get help for depression:

1. Look for signs of depression.
2. Understand that depression is a real illness.
3. See your doctor. Get a checkup and talk about how you are feeling.
4. Get treatment for your depression. You can feel better.

- **Support**

If you want to help someone who may have depression and may need help, you can try some of the following:

1. Tell the person that you are concerned about him or her.
2. Share information about depression with the person.
3. Talk to the person about seeing a doctor.
4. If the doctor offers the name and phone number of a psychiatrist or someone for “talk” therapy, call the number and help the person make an appointment.
5. Take the person to the appointment. ‘Be there’ for the person after he or she starts treatment.
6. If the person does not have a doctor, check your local phone book.
7. Look for health clinics or community health centers.”

*(Source for “Seeking Help” section: “Depression,” adapted by Melissa Spearing, Public Information and Communications Branch, National Institute of Mental Health, National Institutes of Health (NIH) publication No. 00-3561. 2005)*

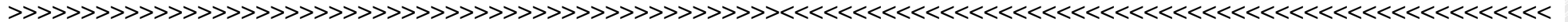
Here are some other ideas:

1. Don’t ask them to “snap out of it.”
2. Listen.
3. Encourage them to become more active.
4. Don’t push too hard.
5. Encourage them to stay with the treatment plan.
6. Create a stable environment.
7. Tell them they will eventually feel better.

*(Source: WebMD Guide, “Offering Support,” WebMD Medical Reference, April 2005.)*



B-3: The Latina Audience



**“Recent Latino Stats and Health Risk Factors”**

This section relies on information contained in Rebeca Ramos’ December 2004 report called “Guide for the Adaptation of the *‘Es Difícil Ser Mujer’* Materials for Immigrant Latinas in the U.S.” which was commissioned by the Kellogg Fellows Leadership Alliance (KFLA). Her research and focus group (although just one) contributed to the adaptation of the facilitator manual/guide and insight for the intended audience.

Ms. Ramos researched related statistics, literature and conducted focus groups with women in Ciudad Juarez, Chihuahua and its sister U.S. city, El Paso, Texas. These were recent and long-term Latinas and “transborder” (persons who travel back and forth across the U.S.-Mexico border). Summarized here are highlights from the report.

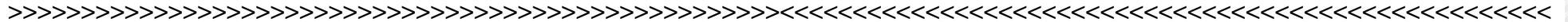
**More Recent Latino Population Stats:**

- In the last 10 yr., there was an increase of 57.9% Latinos.
- There were 39 million Hispanics by 2004.
- In 2000, Latinos were 13% of the entire U.S. population.
- Half of all Hispanics reside in California and Texas.

**Health Risk Factors:**

- Health risk factors among Hispanics vary greatly. The factors in the literature are:
  - Ethnic identities;
  - Self-worth;
  - Coping behaviors (substance abuse);
  - Access to health services;
  - Appropriate health education;
  - Behavior change as result of moving to the U.S.;
  - Changing norms about immigrant communities;
  - The nature of their relationships with social networks in the U.S. and in Mexico; and
  - Their degree of experience with racism, discrimination, and poverty in the U.S.
- However, there is incomplete evidence about whether or not health risks increase or decrease as immigrants take on the values and norms of the U.S.’s mainstream society.

B-3: The Latina Audience



**General Research on Three Sub-Groups**

Ms. Ramos' literature search found the following data on the three, Latina sub-groups.

**1. Long-term Residents**

- 80% of Hispanics in the U.S. are native born.
- Over 10% of the entire U.S. population is foreign born.
- 52% of the foreign born are Latinos.
- Of the foreign-born Hispanics, the majority were born in Mexico.
- Among the foreign born, 39.9% live in the Western part of the U.S.
- Foreign-born Latinos who have been here 3yr. or more plan to become an integral part of the U.S. social fabric.
- Both native born, long-term residents and foreign-born Latinos share minority status as a population.
- The percentage of foreign-born Hispanics who become U.S. citizens increases each decade of residence in the country.
- Yet “with the length of stay in the U.S., Latinos begin to incorporate a sense of discrimination and stigma as a minority.”

**2. Recent Immigrants**

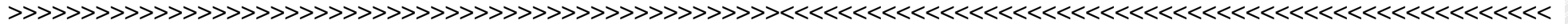
- The most recognized image of a seasonal migrant worker is a harvest picker.
- Others under the recent immigrant description are: sex industry workers, domestic workers, cooks, and factory workers.
- Migration occurs more frequently with a demand for labor.
- Border cities act as transition points/staging areas: places where migrants meet to plan and learn the conditions of the terrain before migrating deeper into the new country.
- The border cities benefit because migrants stop there to get accustomed to the new country, and returning migrants stop to buy needed goods and services as they go back to their city of origin.

**3. Transborder Individuals**

- These are individuals who travel to another country on a daily basis based on the high demand for and better-paying jobs in the receiving country.
- This movement may not be sanctioned by the receiving country.
- Such movement is typically illegal or known as undocumented migration.
- Women participate in this temporary transborder movement for social, economic and sometimes medical reasons.



B-3: The Latina Audience



**“Focus Group Questions”**

The following questions were asked in five major areas and included the sub-topics that appear directly below.

**1. Preliminary Information**

- Family background
- Migration patterns
- What they have heard about depression

**2. Existing Knowledge about the Causes of Depression**

- Why women get depressed
- Knowledge about the biological context of depression
- Psychological dimensions of depression
- Contributing or co-existing problems
- Social context of depression

**3. Alternatives to Depression Discussed**

- How they identify depression
- How women deal with mistakes, strengths, and qualities
- How women deal with anger, sadness, fear, other
- How women change surroundings
- Which surroundings they change and how
- How women address their problems

**4. Identifying Health Care Providers**

- Exposure to the health care system
- Where they get health information they can trust
- Where they would like to get information on depression
- Who their favorite provider was and why

**5. How Women Use Alternatives Proposed in the Manual/Book**

- Reflection and journal
- Seeking and using information
- Redistributing responsibilities and delegating
- Seeking individual or group support





## B-3: The Latina Audience

“Summary of Responses by Recent Immigrants”

**Family Background:**

- Included here were women who had *traveled the longest distance* to get to the U.S.
- Some had been rural agricultural workers and *became urban workers*.

**Migration Patterns:**

- There is one single goal--*to seek employment opportunities* for themselves and their children.
- While their recollections of their journey to the U.S. are of hardship and even tragedy, they remained strong in their belief about *the American dream*. Feelings of exploitation are primarily linked to their lives in Mexico.
- The *immediate needs of survival* were about survival from the migration and immigrant travel and surviving structural violence.
- Stories were shared about how migration can make *the formation of a couple* stronger or weaker.
- They do not experience the feelings of stigma, prejudice or oppression that long-term residents sense; however, they do seem to have a *greater sense of fear* than long-term residents.

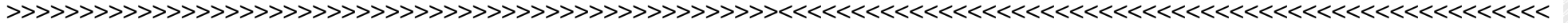
**Depression:**

- What they had heard: Most women, except for the older women, were knowledgeable about the root causes of depression. However, the issue of *depression was not a high priority for them*. They described depression in terms of: crying, desperation, “no exit”, no answers, worthlessness and self-blaming.
- The biological context: Most of the discussion here *focused on structural violence, poverty, oppression, mistreatment, stigma, etc.* They cited that in extreme cases depression could lead to suicide.
- The psychological dimensions: Many shared their *childhood was brief* because they had to share in family responsibilities. Substance abuse was not a contributing or co-existing problem while immediate needs of survival were contributing or co-existing issues.
- The social context: The issue of gender role or changing gender roles occurred within stories of vulnerability during migration or how migration solidified or posed problems in forming a stable couple.

**Needs:**

These are repetitions of the above: 1) Survival - Of the migration and immigration, structural violence and immediate needs in the U. S.; 2) Recollections of hardship and tragedy in their travels to the U.S. but steadfast in reaching the U.S. to achieve the American dream; 3) and Migration could make a stable couple stronger or weaken the relationship.

B-3: The Latina Audience



“Summary of Responses by Recent Immigrants” (Continued)

**Increasing Depression Knowledge and Core Competencies for Stakeholders:**

Alternatives to depression discussed were:

- ✓ Positive thinking
- ✓ Focus on others
- ✓ Prayer and reading
- ✓ School and distractions, including classes on stress

The only strategies they had tried included:

- ✓ Going to work in the fields,
- ✓ Putting on make-up after waking,
- ✓ Going for a walk, and
- ✓ Staying informed.

**Exposure to Formal Systems:**

Only one site was mentioned. The person was a counselor, but that person was too busy.

**How Women Used Alternatives Proposed in Book:**

- ☛ Self-reflection and Journals      They used reflection but none mentioned diaries or journals.
- ☛ Social Support      It is difficult for them to seek support in a new country, especially without female relatives or friends; most help came from strangers.
- ☛ Seeking and Using Information      Although they had limited exposure to the U.S. formal safety net, some were aware of formal support mechanisms. They cited the role of counselors in meetings and forums as options.



B-3: The Latina Audience

“Summary of Responses by Transborder Individuals” (Continued)

**Needs:** In addition to stressors that continue without proper support and a lowered self-esteem from prolonged stress, transborder women expressed that another stressor was the need to leave their children with others to care for them. Women described gender roles “as a balance between a responsible partner that is supportive and responsible and a partner that limits the woman’s opportunities to grow. A limiting partner, however, was also preferred than being alone.” Items mentioned under the “depression” and “migration patterns” above complete the remaining list of needs.

**Increasing Depression Knowledge and Core Competencies:**

Managing depression was noted as critical to child abuse prevention. A lengthy list was cited.

- Prayer
- Exercise (walking)
- Finding distractions (working in order to stay active)
- Raising self-esteem (key to dealing with abusive situations)
- Children (example of alternative to dealing with depression)

**Exposure to Formal Systems:**

- Women on the Mexico side of the border cited greater access to useful services and felt more supported. They felt Mexico did not have a social safety network like the social welfare system in the U.S.
- As a whole, the women believed that the formal support system for them was more available, more accessible, less costly, etc. in Mexico than in the U.S. They also felt Mexico offered a broader and more holistic range of services (education, sex education, family centers, services for the elderly, medical services, etc.)
- Women from the U.S. described services as more specialized, but this was viewed as a barrier to getting the needed support.
- Overall, medical services on both sides of the border were noted as providing very limited support, if any.
- Community-based services were described as open, accessible, useful, etc.
- Recommendations included: 1) Increased awareness about existing services, 2) Help address transportation issues, 3) Use mobile clinics with rotating schedule, 4) Provide health services at convenient places, 5) Provide a mobile health site on or near the international bridge, and 6) Organize groups run by women for discussion and support, etc.

B-2: Depression in General

“Summary of Responses by Transborder Individuals” (Continued)

**How Women Used Alternatives Proposed in Book:**

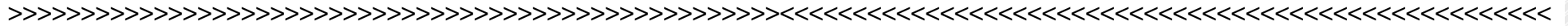
- ☛ Reflections and Journals                      Identifying the causes was noted as important; only one mentioned reflection and writing as a useful exercise.
- ☛ Seeking and Using Information                      Many forms of media were cited as useful information sources.
- ☛ Redistributing                      Men who provide for the whole family and helped with household chores are considered ideal partners. Women said they needed to be more proactive about the male sharing home responsibilities, and could do so by asking directly or through indirect strategies to get their help at home.
- ☛ Seeking Support                      Family support was most often mentioned as their informal support network, and said they did not seek formal support. What formal support existed was found in places where women could talk to one another. Responses to support sought from relatives in the U.S was mixed with stories about many disappointments.



# **APPENDIX C: Additional Activities**







**Time** 60 minutes

**Materials** None

**Objective** To have the participants learn, through visualization, how to bring about a state of positive energy.

**Script** Let’s do the first four steps of the relaxation technique. Let me guide you. *(Trainer-Refer to that page)*

1. Imagine a situation or a place that will give you peace and wellbeing. Imagine that you are in the woods, or on the beach or with a person that makes you feel good.
2. Pay close attention to the colors (*of the sky, the trees, the sun, the sea...*), the feelings (*of tranquility, the breeze, the wind, the sunlight on the skin...*), the scenery (*harmony, beauty...*), the movement..., the aromas, etc. In your mind, describe as best possible the scene, identify what you are doing, and how you feel. Stay where you are for a while and enjoy the scene.
3. When you have a clear image, give it a name, and identify it with one word.
4. When you have a name, become aware of your physical, mental state and breathing, etc. Store in your memory the name together with your actual feeling.
5. Now open your eyes. Remember the name you gave the scene and the feelings you had.
6. Now close your eyes again and breathe slowly and deeply several times. Once you have controlled your breathing, remember the name and the scene you created. Enjoy the image and sentiments you are feeling for a couple of minutes. Now open your eyes again.
7. Try this exercise as many times as you can whenever you can. To accomplish this, all you have to do is close your eyes, control your breathing, remember the key word, and bring back that feeling of wellbeing.

*(Adapted from Dr. Lara’s Spanish Didactic Guide for “Is It Difficult Being A Woman? A Guide on Depression”)*



# **APPENDIX D: Facilitation Tips**















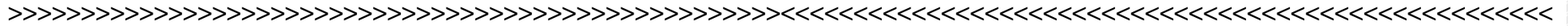


<u>Distracting Situations</u>	<u>Behaviors</u>	<u>How to Handle</u>
* Rambling Discussions	Doesn't know when to stop talking	Politely ask how the comments relate to the topic at hand; ask for another comment.
* Off-the-Point Comments	Is headed in another direction	State the comment is interesting and recommends s/he discuss with others at breaks or lunch; the return to topic.
* Topics to be Covered Later	Is not aware or can't wait to discuss his/her topic	Indicate this will be covered in full and indicate where on the agenda.
* Latecomer	Arrives late for reasons beyond his/her control or from poor planning	Continue/don't recap; point out where you are on the agenda; have him/her look with another if you are reviewing a handout; provide handout at break time.
* Arguments or Clashes	Loud, fast-paced, emotionally charged voices and remarks are made and sometimes with possible signs of physical confrontation	Briefly restate each person's viewpoint; if appropriate, say the difference cannot be resolved at this point and that you must proceed. If things are tense, call for a break for the entire group.
* Side Conversations	Is talking while the trainer or another participant has the "floor"	Pause but don't look directly at those talking. If they continue, ask them if they have a question or issue to share with all.
* Crisis	A participant's language and/or nonverbal signs indicate a marked difference from a previous behavior seeming to represent a state of anguish (crying; obvious nervous gestures; inappropriate language, etc.)	Plan ahead with a co-trainer how you will handle different crisis; this may include a signal only the two of you know. If alone, ask a participant to go to the main office for help or call for a break.

(Most of the material for the distracting situations, except for the crises, is from the American Stroke Association, a Division of the American Heart Association, “Get With The Guidelines: Tips for Facilitating Effective Discussion.”)







5. *Probe Implications and Consequences*: The point here is to see if what participants are saying/thinking make sense and are desirable consequences?

- Then what would happen?
- What are the consequences of that assumption?
- How could ... be used to ...?
- What are the implications of ...
- How does ... affect ...?
- How does ... fit with what we learned before?
- Why is ... important?
- What is the best ...? Why?

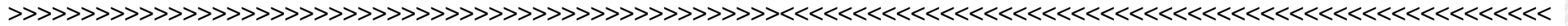
6. *Questions about the Question*: The strategy here is to turn the question in on itself.

- What was the point of asking that question?
- Why do you think I asked this question?
- What does that mean?





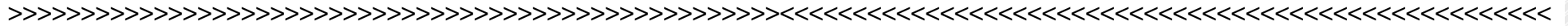




Icebreaker activities are designed to reduce tension and anxiety so that participants can feel more comfortable and participate in the learning process. Below are some examples you may have tried or can try.

<b><u>Title</u></b>	<b><u>Instructions</u></b>
<b>Introducing Myself</b>	Participants introduce themselves telling why they are there. An extended version could include: How they learned about this training, why they are interested in the topic, occupation, hometown, favorite TV program, or movie, or book, etc.
<b>Introducing Another</b>	Have students form a team of two persons. Give them 5 minutes to introduce themselves to each other with or without specific instructions. Specific instructions could include some of what appears in the activity right above or something special like: “The one thing I am very proud of is.” After you call time, the participants take turns introducing one another to the group.
<b>Character Descriptions</b>	Give each participant a stick-on badge. Have them write down 1 or 2 adjectives to describe themselves. Then have them find someone in the group with a similar or opposite adjective. Have them talk for 5 minutes.
<b>I’ve Done Something You Haven’t Done</b>	Have each person introduce him/herself. Then have the participants state something they have done that they think no one else has done. If someone else has done it, the student must state something else until s/he finds something that no one else has done.
<b>Find Someone</b>	Hand out blank index cards to participants. Have each one write 1-3 brief statements such as their favorite color, hobby, and place in their community. Collect them and then pass them out so everyone gets someone else’s card. Have that person find the person with their card and introduce each other.
<b>Famous Person</b>	Hand out small pieces of blank paper with enough space for participants to write the name of their favorite person in history, or fairy tale, or comic book, or the entertainment business. After the participants have written down a name, have them pin the piece of paper on someone else’s back. Have participants go around the room asking “yes” or “no” questions. Call time and see if anyone guessed right.
<b>My Name</b>	Have participants introduce themselves and share what they know about why they were given their first, middle or a nickname.
<b>How Do You Feel?</b>	Ask participants to write down a few words or phrases expressing what they’re feeling the first hour of the training day. Get a flipchart sheet or newsprint paper and draw a line down middle. In one column list what participants said about themselves. Then ask what they think you as a trainer are feeling and list that. Compare.

(Source: Honolulu, Hawaii Faculty Development Committee Guidebook, Teaching Tips section, “Break The Ice.” <http://honolulu.hawaii.edu/intranet/committees/FacDev/guidebk/teachtip/breakice.htm>)



Affirmations are statements that we can use to remind us of something that is important about us or that we should do in order to improve ourselves. They are prepared in advance by the facilitator on small colored cards and are passed out at the end of each session. Its purpose is to remind the participants about the suggested topic for that week. It is recommended to the participants that they place them in a prominent site where it can serve as a reminder. Participants may choose to share these with the family to help her and others make changes. Some of the places suggested by the participants were: on the bedroom mirror, in your wallet, on the refrigerator and in your journal. Below is a listing of all of the ones in the textbook per permission from Dr. María Asunción Lara, author of the book, “Is It Difficult Being a Woman? A Guide on Depression.”

- **I matter. That is why I make time for myself.**
- **I try to understand my childhood, teen and current experiences with love. In this way, I understand myself better and learn to accept and love.**
- **I would like to be a woman who** \_\_\_\_\_  
\_\_\_\_\_
- **I recognize and value my qualities. I am compassionate and seek to view my defects positively.**
- **I look at the positive side of my problems.**
- **I can only solve part of my problems.**
- **I cannot control everything that happens.**
- **Am I exaggerating something that isn’t that important?**
- **“To love myself means:**
  - **Knowing how to receive,**
  - **Demanding I be treated with respect,**
  - **Treating myself as I treat others,**
  - **Forgiving my mistakes,**
  - **Looking for the good in me,**
  - **Having patience, tolerance and love.**

**If I can’t love myself, I cannot love others.”**