

FELICIA

FERTILITY LIFE COUNSELLING AID

A Guiding Manual for Health Workers in Counselling Infertility Patients based on the Thinking Healthy Programme (THP).



*The room called childlessness has many different doors: not just the
ones marked "Didn't Want" or Couldn't Have-
(www.gatewaywomen.com)*

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SECTION 1

What is FELICIA?

The FELICIA programme is a counseling programme using a Cognitive Behavioral Therapy (CBT) method for management of the psychological effects of having infertility. This counseling package is to be offered as an intervention to help those with infertility problems deal with their life stressors and change their way of thinking and behavior. It helps also couples to make informed choices and the best decisions with a rational mind and not as a result of societal pressure and expectations. This FELICIA package seeks to help change unhelpful thinking styles and consequent undesirable behavior using the CBT approach. It thereby encourages clients to modify their perception by thinking in a healthier manner.

The FELICIA programme is based upon THINKING HEALTHY, a manual for psychosocial management of perinatal depression. The THINKING HEALTHY programme has been tested and found to be of benefit in Pakistan and currently recommended worldwide, as endorsed by the World Health Organization. The FELICIA package consists of 5 modules: 1 compulsory module and 4 optional modules. The optional modules are to be offered to patient as required by their individualised need at a point in time (Fig 1).

Fig 1: FELICIA counseling modules

The Compulsory Counselling Module.	
<u>O. The FELICIA package</u>	
<ol style="list-style-type: none">1. Introduction& Objectives the FELICIA package2. Discussing the your infertility journey and your expectations from:<ol style="list-style-type: none">a. Yourselfb. Your health professional3. Discussing the expected outcomes of the counseling sessions by<ol style="list-style-type: none">a. Yourselfb. Your health professional	
The 4Individualized Counselling Modules	
<u>I. Coping with Infertility & Childlessness</u> <ol style="list-style-type: none">1. Infertility, causes & prevalence2. Coping with childlessness & infertility3. Relationship with spouses4. Relationship with family5. Interacting with friends	<u>II. Receiving Treatment for Infertility</u> <ol style="list-style-type: none">1. Coping with physical demand of infertility treatment2. Relationship with spouse3. Addressing the financial cost of infertility treatment.4. Interactions with family & friends

<u>III. Unsuccessful Treatment(s)</u> 1. Understanding why treatments may fail. 2. Coping with unsuccessful treatment (loss). 3. Relating with spouse after failed/ unsuccessful treatments. 4. Interacting with family & friends in event of treatment failure	<u>IV. Alternatives to childlessness in Nigeria</u> 1. Understanding alternatives to childlessness – adoption, surrogacy, sperm donor 2. Making the right decision in context 3. Access to alternatives to childlessness 4. Communicating decision with spouse 5. Coping with family & friend's judgments & opinions.
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The Essential Characteristics of the FELICIA programme:

- Holistic
- Patient centred
- Community based
- Culturally sensitive
- Empowering through active participation
- Integrated with ongoing care (saving time & resources + sustainable).

Holistic Care:

Infertility is a condition that affects not only the reproductive potential of those who suffer it; it also has social, psychological, and economic implications on those affected. As such in the care of infertility, a holistic approach is essential for total care of patients. Fertility care requires a multidisciplinary approach that helps men and women who suffer infertility live more satisfying while undergoing treatments; and after failed treatments.

Patient Centred:

Counselling care is tailored to the individual needs of the patient at a point in time. It is not a one size fits all programme. This is essential because patients already have a lot to deal with on a daily basis outside of their infertility diagnosis. They do not have time to waste discussing issues that are irrelevant; this can discourage patients into receiving counselling that could be of great help while receiving medical care as well. Thus counselling is focused on patients' needs in relation to the stage of infertility diagnosis or treatment based upon the best suited counselling approach /models.

Community Based:

This counselling programme has been designed such that it can be adapted to be used within the community by all health care professionals at all levels. This is essential because majority of the stress and stigma related to infertility originate from friend and family within the community. The pressure usually comes from their unmet expectations from the patient who is experiencing delay in a desired pregnancy or live birth. Hence, a community based approach incorporates counselling patient on how to deal with the pressures experienced from the friends, family and members of the community.

Cultural sensitive:

The perception of the inability to conceive in Nigeria and in many similar African societies stem from the cultural expectations and values placed upon having a biological child. In many researches, it had been shown repeatedly that cultural expectations are a major source of stress and stigma for both infertile men and women. In counselling patients suffering infertility, a culturally sensitive approach is essential because on one hand it acknowledges the importance patients place upon the cultural meaning of having one's own child. On the other hand it introduces patients to a different way of thinking about their status; there finding a bridge in the gap that enables them to negotiate the situation and find ways of living more satisfying while trying to find solutions to the problem of childlessness.

Empowering:

The FELICIA programme aims to encourage the participant to engage in the discussions during counselling sessions by challenging current negative beliefs and perceptions. This will help develop new positive ways of thinking about a problem. The changes in thinking and perception are directed towards positive outcomes which are empowering. The empowerment comes from the participant actively taking ownership of their thoughts towards healthy living, hence a healthy reproductive life.

Aims and Objectives of FELICIA

1. To use a tailored CBT based counselling intervention i.e. FELICIA to improve the psychological health and wellbeing of men and women having infertility problems in Nigeria.
2. To use a tailored CBT based counselling intervention to reduce the prevalence psychological morbidities in patients amongst the men and women having infertility problems in Nigeria.

The Infertility Journey Expectations & Outcomes: Patient vs Health care worker

Discussing Expectations and Outcomes

When discussing expectations and outcomes with patients, there are a few points to consider when communicating with patients. They include:

- a) Establish an **open** communication with your patient on their ideas, expectations or doubts on counselling and the counsellor's position. This helps to define individualised objectives within the counselling session and to determine which module fits.
- b) Be **aware** that there might be possible hesitation from the patient. Patients might feel embarrassed discussing their personal feelings with a stranger. For many patients this might be their first counselling experience.

- c) **Reassure** patients that this is a counselling exercise aiming to provide thinking skills that remove negative thoughts that lead to negative attitude to health.
- d) **Patience** is a virtue. Most patients are unlikely to be completely open on a first visit. It takes **time** and **trust**. Show **empathy** to their journey and needs.
- e) One of the important aims of counselling in infertility is to **correct unfounded fears or ideas** patients might have regarding the cause or infertility treatments. Offer the facts to the patients without being condescending.
- f) Establish a **working relationship** through **active participation** of the patient. **Be clear** about your expectation as the counsellor regarding patient's commitment to engage in discussion during counselling sessions; as well as what patient expects to gain at the end of the sessions.
- g) Establish if patients will like to be seen as a couple or individually. Ensure that the **choice** made has been agreed and confirmed by both partners.

The FELICIA programme is based upon the Thinking Healthy Programme (THP), a CBT programme for safe motherhood, which identifies 3 steps to healthy thinking which include:

1. Learning to identify unhealthy ways of thinking.
2. Learning to replace unhealthy thinking with healthy thinking.
3. Practising and acting healthy thinking.

The main concept in CBT is that you feel the way you think, and works on the principle that you live more happily and productively if you are thinking in helpful ways. In this intervention, patients are encouraged to assume responsibility about the way they feel by taking control of their thoughts and actions into thinking healthy. It is encouraged to think flexibly by avoiding a “*must*”, “*should*” or “*have to*” approach to dealing with issues regarding infertility problems.

The CBT based counselling programme uses an **ABCD approach**, in which

- **A** stands for **Actual/Activating event** – Here the activating agent is childlessness and/or inability to have a desired child.
- **B** stands for **Beliefs** (meanings) about event. The beliefs influence the reaction to the activating event. These beliefs can come from the individual or from other people's expectations from which impact greatly on how big the problem becomes.
- **C** stands for **Consequences** of unhealthy thinking leading to unhealthy behavior.
- **D** stands for **Desired Goal/Outcome**. For example, the desired outcome of patients could be primarily to have a children but as a person in charge of the care of the patients we want them to have a good quality of life while trying to achieve this goal.

Activating Events (Situation)	Belief (Thoughts & Feelings) & Consequences (Behaviour and Actions)	Desired Outcomes
1 Being diagnosed with infertility	Counseling sessions will be tailored to the need of infertility patients according to the activating event.	Improved wellbeing of patients while undergoing treatment for infertility ; even after failed treatments
2 Receiving Treatment for Infertility		
3 Unsuccessful Treatment of infertility or after failed treatment including miscarriage.	Counseling on changing negative beliefs and consequences to positive by active participation and interactions between health personnel and patient	Empowered patients: By acknowledging their desired outcome of wanting a biological child and empowering them psychologically while trying to achieve this aim.
4 Thinking about alternatives to Childlessness		
		Patients educated and aware of their options regarding adopting or using surrogate parents

	Activating Event	Belief	Consequences	Desired Outcome
-VE	Inability to conceive	<ul style="list-style-type: none"> • Failure • Incomplete life/ person • Blame (self or spouse) • Guilt 	<ul style="list-style-type: none"> • Sadness (Depression) • Sense of loss * • Social Isolation • Stigma • Marital Discord/ DV • Desperate/Unhealthy/ Risky choices. 	<ul style="list-style-type: none"> • To become pregnant and have a healthy baby • To live a healthy life • To make the right choices concerning my health and situation
+VE	Trying to have a baby	<ul style="list-style-type: none"> • Non exclusive • Acceptance • Factual thinking/ objective 	<ul style="list-style-type: none"> • Improved emotional wellbeing • Improved capacity to make right & healthy decisions • Improved wellbeing leads to improved reproductive health 	

During the sessions, the 10 ingredients of CBT will be used to guide discussions and the structure of each counselling session called the “CHANGE VIEW”. These include:

Change: thoughts and behaviour

Homework: between sessions.
Act in collaboration: within sessions
Need for structure: within sessions
Goals and problems: Clarify them
Evidence based approach.

Visualise: a formulation diagram.
I can do it: Self-help philosophy
Experiments: Test out beliefs
Write it down: to remember progress.

1. Changing thoughts and behaviour:

This intervention helps patients (clients) change the way they think about themselves, the situation (regarding infertility problems) and other people, especially friends and family. By changing how you think, you can change what you do. The patients you will see have infertility problems which are the cause of their distress and worry. They are already doing something about that; by coming to receive treatment at the hospital. Like CBT, the FELICIA programme focusses on the “here and now” difficulties thereby improving the state of mind of patients. Explain CBT to patients in simple terms to patients. For example:

“CBT is a talking treatment that helps you learn more helpful ways of thinking and reacting in everyday situations”.

“C stands for Cognitive which means what you think. You learn to spot when you are thinking unhelpful thoughts and develop helpful more realistic thinking habits”

“B stands for Behavioural which means what you do. You can keep a record of what you do or your daily activities by keeping a diary and setting goals. This gives a sense of achievement”.

“T stands for Therapy which means what you learn. CBT based interventions work best when you practise your new skills as ‘homework’. You can also use what you have learnt in the future for other life situations.”

2. Acting in collaboration

You will meet with your patient once every week for 6 weeks. Each session should last between 30 minutes to 1 hour. The sessions are one-to one. In each session, together you will look at your patients’ thoughts, feelings and behaviour relating to their infertility problem. You will help you patient to work out if these thoughts are unhelpful and unrealistic; and how they have affected their actions towards the health and wellbeing. You will then help them to change such thoughts to helpful realistic ones.

In the first session you will explain to your patient what the counselling programme is all about and try to determine which of the 4 individualised modules best fit the patient's needs. This decision is to be taken in collaboration with your patient. Sometimes, a patient may need more than one module, that's ok. The modules are there as a guide to maintain structure to the counselling sessions.

3. Need for structure:

For each FELICIA counselling session there is the need to maintain structure of how each session is expected to happen. This ensures that all the professionals (doctors, nurses, community health workers) are delivering the intervention in the same way. This makes the outcomes more measurable to know how effective the intervention has been. Also each patient, irrespective of who they see are sure of receiving the same intervention.

Hence, this is how a typical FELICIA session should go:

a. Welcome:

Establish a rapport, ask the patient how they are and review event that may have occurred in the last week especially relating to their infertility problem.

b. Update from last session:

Is there anything the patient wants to say about the last session? Are they bothered about anything or disagree with any of the last discussions? If this is the first session, ask patient what their expectations are regarding the counselling session.

c. Set agenda:

Ideally, in CBT, you ask patients what they would like to discuss today, or what they would like to get out of the session. However, this counselling programme has been designed specifically for meeting the need of patients having infertility problems attending the hospital for treatments. Based on evidence from previous researchers on infertility, there are certain identified concerns that patient who suffer infertility are challenged with. These identified factors have been used to develop the modules and the different counselling sessions.

For example: A woman has recently been referred to the NH Abuja for IVF treatments. She has consented to be included in the FELICIA intervention. From your assessment, she fit into the module II- Receiving Treatment for infertility. Hence the agenda for each week will go thus:

Weekly session

1

Agenda

Introduce yourself to the patient and the FELICIA intervention including what it's all about, Discuss patients' infertility journey and expectation. Discuss your expectation regarding

- 2 *setting agenda, goals, target and homework with patients.*
- 3 *Discuss patients' coping with the physical demands of infertility treatment.*
- 4 *Discuss issues regarding relationship with spouse*
- 5 *Discuss issues addressing the financial cost of infertility treatment.*
- 6 *Discuss interactions with family & friends while dealing with infertility treatment physical and emotional demands and costs.*
- 7 *Ask patient how they have felt about the weekly sessions*

d. Review homework:

Ask about their homework, what did they get done. Was it useful?

e. Discuss issues:

Be empathic with your patients. Do not dismiss any of their concerns but address each one with tact and assure your patients. Do not advise your patients in how they ought to behave or think but guide them to challenge their own thoughts and feelings into changing to more helpful ones. Focus on something useful; something that went well, or highlighted a difficulty.

Ask your patient to summarise your discussions and relate it to their goals and agenda at the discussion

f. Agree new homework:

This should be a joint effort (collaborative). Use the SMART goals as a guide to setting tasks for homework i.e.

Specific – Set a target for a specific area for improvement.

Measurable – Quantify or suggest an indicator of progress.

Assignable – Specify who will do it.

Realistic – State goals that can realistically be achieved, given available resources.

Time-related – Specify when the homework is expected to be completed e.g. by the next session.

Explain to patient that the homework is an important part of the intervention.

g. Summary and feedback:

Ask the patient to summarise what you have discussed today and clarify any misconceptions. At the end of the summary, ask “What is the most important thing you learnt today?”

4. Home work:

It is a lot harder to actually doing something than talking about doing it. This is where the homework is very important. In fact, your patients are expected to do their homework in order for the intervention to work. *Homework* is tasks given to each patient at the end of the counselling session after your patient would have identified what he/she can change. In this homework, your patient is able to practise the changes in everyday by challenging previous unhelpful thoughts dealt with in the last session and replacing them with more helpful and realistic ones. At each meeting session, discuss the previous week's homework and ask if the task were helpful. For example:

5. Clarifying goals and problems:

Generally, CBT therapy approaches offers problem solving approaches that are goal focused and systematic. Discuss your patient's goals with them. If these goals seem unrealistic, you can discuss with the patient and work with them to achieve goals that are SMART. Define the problem (unhealthy feeling) and use the five areas in the formulation diagram to explore the problem.

Also it might be helpful to make a goal statement such as:

To feel _____ (emotion) about _____ (situation/ theme)
and to _____ (behaviour)

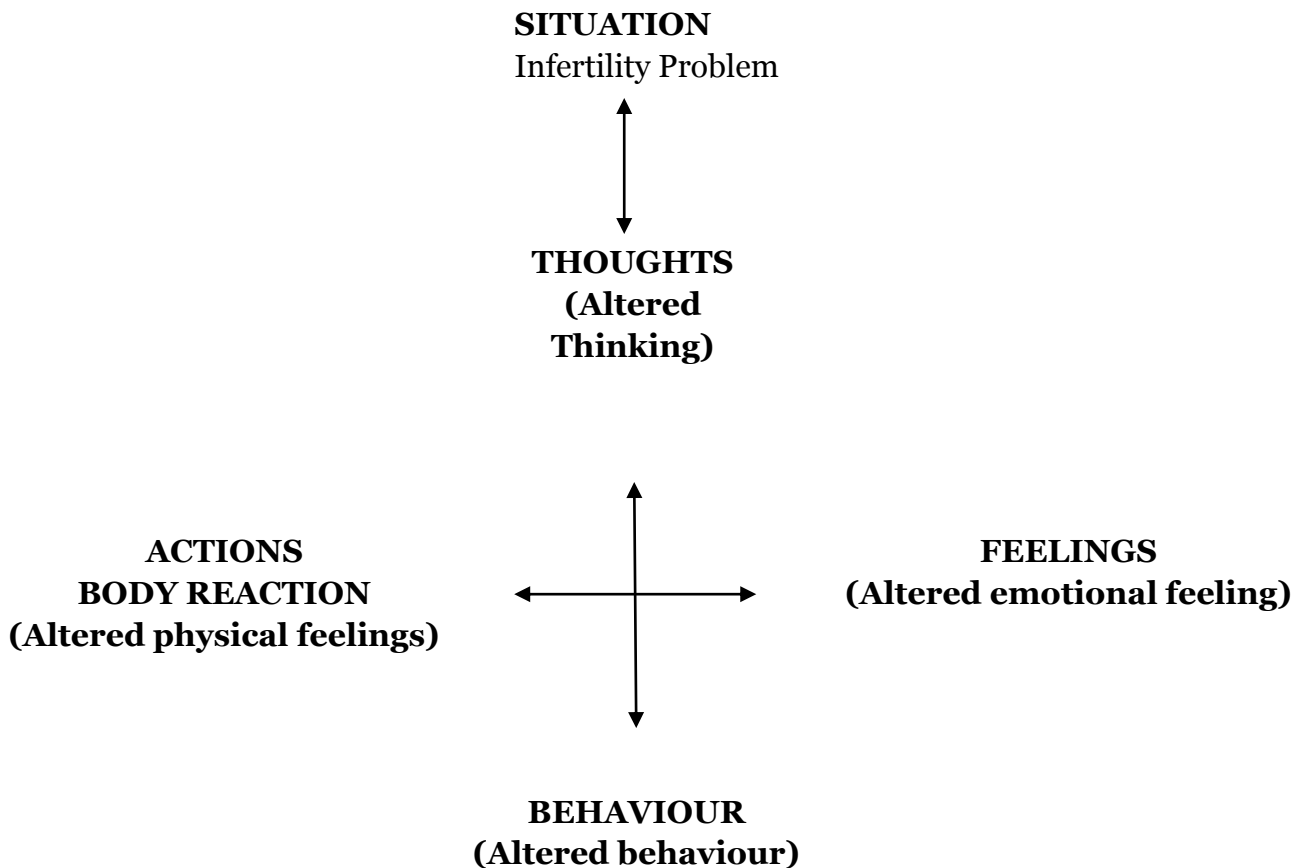
For example:

To feel stressed (**emotion**) about my infertility problem (**situation**) and to stop attending family gathering so nobody can ask me when I am having a baby (**behaviour**).

6. The Formulation Diagram

The formulation diagram is also known as the five areas assessment. It helps to structurally show how situations and thought about a situation can make us feel better or worse. How your patient feels about their infertility problem can affect how they feel physically and emotionally. The formulation diagram consists of 5 areas: A Situation (the infertility problem), Thought, Emotions, Physical feelings and Actions. The formulation diagram helps to visualise a vicious cycle that makes the patient feel worse and believe unhelpful thoughts about him/her, especially regarding your infertility problem. By recognising this pattern, your patient can break that cycle and form more helpful thoughts actions and behaviours. (See Appendix 4 **Pg. 124**)

The formulation diagram: Five areas



7. Using evidence based approaches in discussions:

There are evidence to prove that patients who have infertility problems usually are stressed which further negatively affects their fertility and reproductive life. Research also shows that CBT is of better benefit than drug treatment for infertility related depression. Women having difficulty getting pregnant are being advised more frequently by health professionals to consider stress-managing techniques because research showed two-fold increased risk of infertility in stressed women.

It is important to inform patients of the scientific evidence of the benefits of CBT and CBT based counselling interventions. This provides a peace of mind for patients knowing that there is scientific evidence backing the intervention they are about to use. Also they become more confident and trusting to engage in discussion which is central to the success of cognitive behaviour therapy.

8. Self-help approach:

This counselling session requires a *can-do* attitude. Explain to your patient that you need their collaboration and commitment in order for the intervention to be effective. CBT based intervention such as this one helps break a vicious cycle of unhealthy feelings, thoughts and behaviour by helping the patients to see clearly how their negative thoughts causes them to act negatively and unhealthily. The aim of this

counselling intervention is that your patient will have the skills to counsel themselves and negotiate their thoughts and actions, long after the intervention has been complete. In life people will always have problems; having a positive problem-solving approach is essential to a better quality of life.

9. Test out beliefs:

Use the zigzag (Head to Heart) form to test out beliefs (see Appendix **Pg. 123**). This is how you explain to your patients (Branch & Burn, 2012):

- i. Write down on the top left- hand box of the zigzag form a helpful belief you want to strengthen. Rate this conviction over 10 e.g. 5/10. This belief has to be realistic: **Healthy belief.**
- ii. In the next box down, write on the right- hand side, write your doubts, challenges and reservations about that healthy belief: **Attack 1**
- iii. In the next box on the left hand side, dispute your attack and redefine your healthy belief: **Defence 1**
- iv. Repeat steps ii and iii until you have exhausted all your attacks on your healthy belief: **Attack 2, Defence 2**
- v. Rate your level of conviction at the end. E.g. 8/10

For Example

Healthy Belief

“Right now I’m having an infertility problem. I’m doing everything I can do address that” 4/10

Attack 1

“I must have done something terrible to deserve this infertility problem”

Defence 1

“Lots of people have infertility problems; it doesn’t mean they deserved it. Bad things can happen to good people.”

Attack 2

“But when will this problem be over. I am so fed up with this problem, treatments, pills and all sorts!”

Defence 2

“I am doing all I can to solve this infertility problem. But it is important to stay healthy in my body and mind. Whatever the future brings, I will make the right choice for myself.” 7/10

Box 1.1: A Guide to challenging Negative thoughts

What is the evidence for and against the idea?

What makes me think the thought is true?

What makes me think the thought is not completely true?

Is there any other way to look at this?***Consider the outcome:***

What the worst thing that could happen?

Would I still live through it?

What's the best that could happen?

What's the most realistic outcome?

Consider the effect:

What will happen if I keep telling myself the same thought?

How useful is this thought? (Advantages and disadvantages)

What could happen if I changed this thought?

Problem Solving:

What can I practically do now about this situation?

Double Standard:

What would I say to a sister/brother/ friend if they were in the same situation?

What would I have said to myself 10 years ago?

What would I say is I was the doctor/nurse/therapist?

If what I would have said is different, what make me special than anyone else.

J.S.Beck, PhD (1996)

10. Remember to write it down:

Throughout the sessions, it is important to write down everything to:

- Remind yourself of what you have discussed; after all, you are human and likely to forget!
- Remind your patient of the discussion, goals and agenda of the counselling sessions.

FELICIA COUNSELLING SESSIONS 1 – 10 AND STRUCTURE

SESSION 1: Introducing the FELICIA intervention

1. Introduce the FELICIA intervention and objectives
2. Discuss patient's infertility journey and expectations.
What is your patient expecting? Is this realistic?
What do you expect from your patient? Are they willing to engage? Discuss homework and its importance.
3. Discuss your patients expected outcomes from the intervention. Discuss the purpose and objectives of the intervention.

SESSION 2: Coping with Infertility & Childlessness

1. Discuss infertility causes.
2. Discuss how common infertility is in our society. Focus on patient's causes (if known)
3. Discuss patient's ways of coping with infertility and childlessness

SESSION 3: Coping with Family Issues

1. Discuss relationship with spouse and family
2. Discuss interactions with friends.
3. Making the most of your support network.

SESSION 4: Receiving Treatment for Infertility

1. Discuss patient's ways of coping with the physical demand of infertility treatment
2. Discuss keeping healthy while dealing with infertility treatments (mind & body)

SESSION 5: Money Matters

1. Addressing patient's ways of coping with the monetary cost of infertility tests and treatments.
2. Discuss patient's ways of coping with work life and infertility treatments

SESSION 6: Understanding Why Treatments May Fail.

1. Discuss patients understanding of why treatment may fail
2. Discuss patient's coping strategy with unsuccessful treatment

SESSION 7: Relationship after Failed Treatments

1. Discuss relating with spouse after failed treatment.
2. Discuss interaction with friends and family in the event of failed treatments.

SESSION 8: Information on Alternatives to childlessness in Nigeria

1. Discuss patients understanding of alternatives to childlessness such as adoption, surrogacy and using sperm donors.

2. Discuss patient's choices and factors that affect making the right decision for them.
3. Discuss access to adoption, surrogacy and sperm donor services in Nigeria.

SESSION 9: Making the Choice to Adopt

1. Discuss patient's journey to the choice to adopt.
2. Discuss patient ways of telling spouse about her/his decision
3. Discuss patient's ways of coping with family and friends perceptions including judgement and opinions.

SESSION 10: Discussing Outcomes & Benefits

1. Discuss Counselling Outcomes and Benefits for Patient.
2. Making the most of your support network
3. Making a lasting positive change

SECTION 2

SESSION 1

Introduction to FELICIA Counselling

Learning objectives of this session:

- The purpose of this session is to introduce the FELICIA intervention as a intervention to help patients cope with the psychological challenges of having infertility.
- It establishes the ground rules of the intervention, including the expectations and required activities during the intervention.
- It assesses patient's infertility journey to determine which sessions are tailored to patient's needs.

Task 1:

Introducing FELICIA and its principles

Welcome the patient into the room. Establish if they are happy to be counselled alone or they would prefer to be with their partner.

Introduce what FELICIA means. It means **F**ertility **L**ife **C**ounseling **I**ntervention-**A**frica. Start by explaining that infertility is a common situation in Africa with about 1 in 5 people having this problem. Many people with infertility experience stress and other emotional and physical problems because of how they see themselves; or how they are treated by other people such as family and friends.

Explain that the FELICIA programme is a counselling programme using Cognitive Behavioural Therapy (CBT) methods. This counselling package is to be offered as an intervention to help those with infertility problems deal with their life stressors and change their way of thinking and behaviour. Explain that it seeks to help change unhelpful thinking styles and consequent undesirable behaviour by using 3 main steps:

1. Learning to identify unhealthy ways of thinking.
2. Learning to replace unhealthy thinking with healthy thinking.
3. Practising and acting healthy thinking.

Discuss with your patient that people who are in a better state of mind are more likely to make the best decisions regarding their health and future. Explain how this is especially important in women as scientific evidence have proven that women who are experiencing stress and other psychological problems find it harder to get pregnant than those who are in a better state of mind.

Next, you can discuss the structure of the counselling intervention. Explain that the counselling session will last 6 weeks. The sessions will take place weekly; each session lasting no more than 1 hour. After each session patients are given some tasks (homework) to do, these will be looked at the next session. Explain that the homework is very important, as well as their full engagement and collaboration.

Task 2:

Discuss patient's infertility journey and expectations

When discussing your patient's infertility journey, show empathy and compassion. Allow them to explain their situation in their own words so you can clearly identify the session that best meets their needs.

Start by asking why they have come to the hospital today. You can also ask your patient to make a list of five top things they worry about the most concerning their infertility journey. Explain to the patient that FELICIA does give monetary assistance or medicines. This is important so you do not mislead your patient about the purpose of this intervention. FELICIA is counselling intervention.

See an example in Table 1:

Table 1: Moving from unhelpful thinking to helpful thinking.

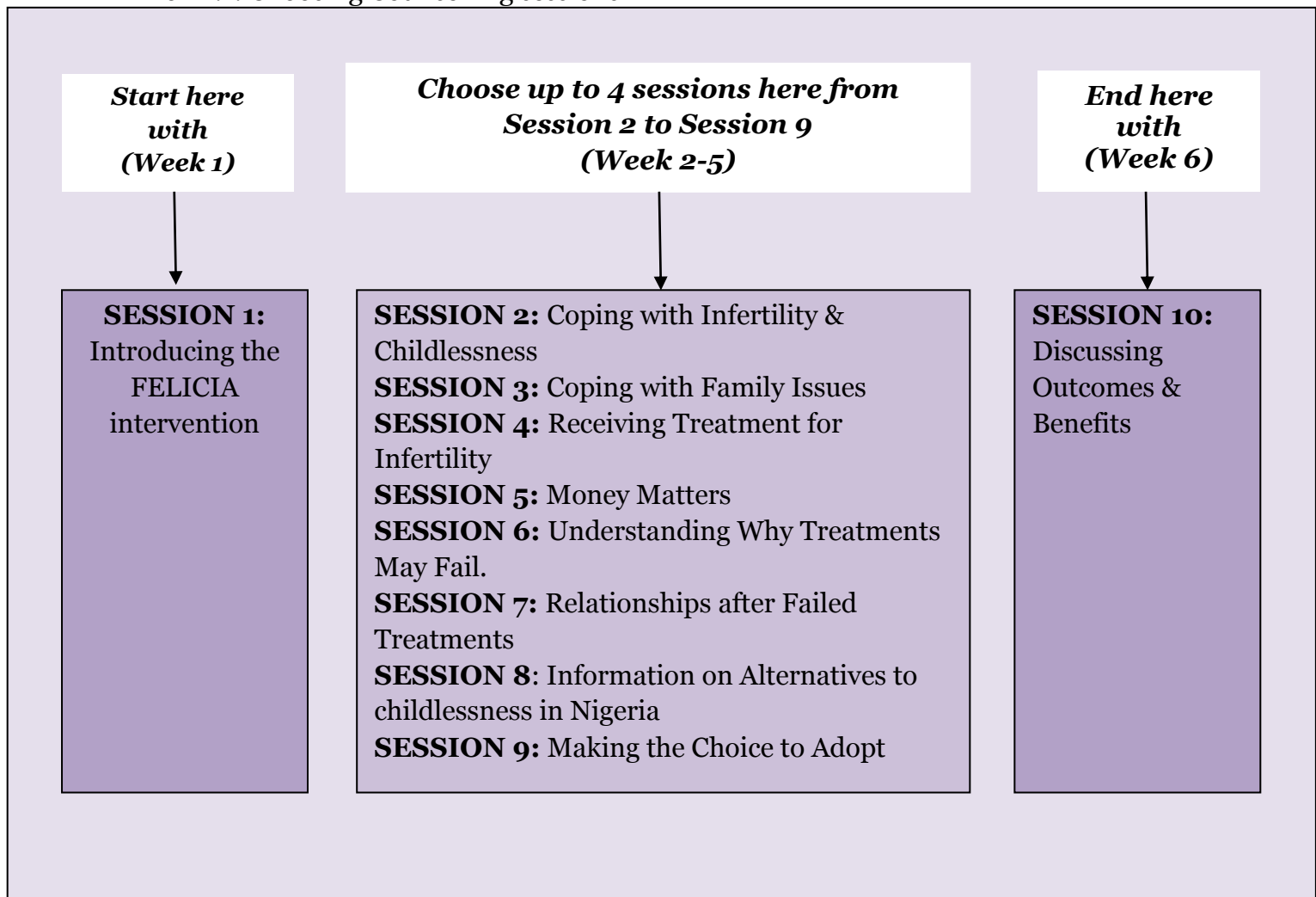
	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful	<i>I am childless</i>	<i>I am a failure because I am unable to get pregnant.</i> (Failure) <i>My life is incomplete.</i> (Hopelessness) <i>It's my husband/ wife's fault</i> (Blame) <i>I must be a terrible person for God to punish me this way</i> (Guilt)	<i>I have nothing to be happy about because if I don't have a child I have nothing</i> (sadness & sense of loss) <i>I will not attend social gatherings because everyone has kids to show off</i> (stigma & social isolation) <i>I dislike my husband/wife because he/she brought this upon me</i> (marital discord that can lead to domestic violence) <i>I will do ANYTHING to have a baby!</i> (Desperate unhealthy & risky choices)
Helpful	<i>I am trying to have a baby</i>	<i>This is a very common problem that many people like me face</i> (Not exclusive) <i>It's better to see this infertility problem as a challenge that I can overcome.</i> (Acceptance) <i>Infertility is a problem that can be solved in many ways</i> (Think facts and alternatives)	<i>I feel better about the situation and myself.</i> (Emotional wellbeing) <i>I feel I can make the right decision concerning my health & my situation.</i> (Improved capacity) <i>I am less stressed about the situation and feel healthier.</i> (Improved wellbeing/ health /reproductive health)

Task 3:

Identify suitable counselling sessions

After discussing your patient's infertility journey and expected outcomes, identify the training sessions tailored to patient's need. This needs to be done with the full collaboration of the patient. Explain to the patient that sessions will take place weekly for 6 weeks so there will be 6 sessions available to them for this pilot trial. Session 1 is compulsory for all participants. Also for the purpose of this pilot trial, all patients are expected to participate in session 10 which evaluates how beneficial the counselling intervention has been. This means that with your patient's collaboration, you can pick 4 sessions from session 2 – 9 tailored to patients individual needs (See Box 2)

Box 2.1: Choosing Counselling sessions



Task 4:

Introduce the 3 areas of thinking healthy

Start by stating the 3 steps of Thinking Healthy; these include:

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:

Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus on picture A, the symbol for this step.

Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. By conducting research on many thousands of ordinary people like us, scientists have defined the following types of unhealthy thinking styles; these are highlighted in Box 2.2. You can go through the examples in Box 2.2.

Make your patient familiar with the symbol below (Picture A) for learning to identify unhealthy thoughts. Tell the patient that we will talk a bit more about such thoughts and their effects later in the sessions.

Picture A



Step 2

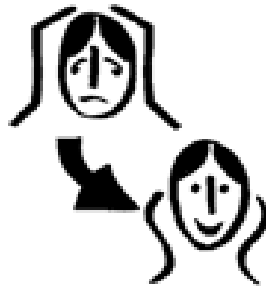
Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on picture B. Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. The FELICIA programme will help the patient to question the accuracy of such thoughts and suggest alternative thoughts that are more helpful.

With practice the patient can learn to challenge and replace unhealthy thinking with healthy thinking.

Familiarise your patient with the symbol (Picture B) for learning to replace unhelpful or unhealthy thinking with helpful or healthy thinking. This symbol will be used in many instances throughout the counselling sessions

Picture B



Step 3

Practice healthy thinking and acting

Ask the patient to look at picture C. Explain that the programme suggests activities and practice work to help patients going through infertility to practice thinking and acting in a healthy manner. Carrying out and being involved in the required activities is essential for the success of the programme.

Patients will receive counselling sessions and other materials tailored to their individual needs. This is to help them progress between sessions.

Help the participant become familiar with the symbol for learning to practice healthy thinking and behaviour (Picture C).

Picture C



Now show the patient picture D.

Summarise the 3 steps and ask if she understands what they mean. Explain that the same 3 steps will be used for each of the 3 areas throughout the programme.

Ask the patient if they have any questions.

Picture D



Then ask if they still wish to continue to take part in the counselling session. If they agree, move to the remaining tasks for this session. If they need more time to think about participating, end the session here and give them a leaflet that explains all the tasks involved in Session 1.

Arrange another time to conduct the rest of the sessions. At the next session you will have the opportunity to ask if they understand the tasks involved in the last session.

Box 2.2

Unhealthy thinking styles	Typical thoughts
Blaming oneself - If things go wrong, it is always your fault	<i>It's my fault that I am unable to have my desired baby.</i>
Not giving oneself credit - If things go well, it's luck or somebody else's doing	<i>The doctors say my tests are fine, but it doesn't matter because I am still not pregnant.</i>
Gloomy view of future - Believing or predicting that bad things are going to happen	<i>Not having a child means I will die alone and uncared for.</i>
Mind reading - Unhealthy view of how others see you	<i>I am the unfortunate fellow; everyone feels sorry for me!</i>
Thinking in extremes - If things can't be perfect there's no point trying	<i>A man must have a child of his own; otherwise who will take on the legacy when death comes.</i>
Not believing in one's capability	<i>I doubt that I stay with my wife/ husband even if he/she cannot have children?</i>
Giving up before trying	<i>Adoption is not for me; I don't think I can cope with what people will say.</i>

Task 5:

Explain ground rules of FELICIA

As already mentioned before, FELICIA is a CBT based intervention; like the THINKING HEALTHY Programme. CBT based intervention such as these help break a vicious cycle of unhealthy feelings, thoughts and behaviour. Explain to your patient that you need their collaboration and commitment in order for the intervention to be effective. Explain that it also requires a self-help attitude that can only be achieved by cooperating with the nurses.

These rules are very important!

Rule 1

Be Active in Participating:

Explain that the programme does not offer monetary support or give medicines; its purpose is to help patients help themselves by encouraging helpful thinking leading to positive healthy lifestyles. It can only succeed if the patients actively participate.



Rule 2

Be on Time

Explain to the patient that in order to participate actively, it is very important to make a commitment to the sessions and do their best to be available on the agreed time. Explain that to make it easier, the session can take place after their clinical attendance at the infertility clinic if they would prefer. If they would prefer another time, agree to this but emphasise it is important they commit to the agreed time.



Rule 3

Do the Work

Explain that practicing what is learnt in the sessions is an essential step. They should try, as best as he/she can, to complete the given tasks as these would eventually help improve their well-being in the long term. Explain that it is a lot easier to talk about doing something than actually doing it! This is why the homework is very important. With the homework, your patient is able to practise the changes in everyday life by challenging previous unhelpful thoughts dealt with in the previous sessions and replacing them with more helpful and realistic ones.



Rule 4

Tell your nurse if you have problems with the training

Explain to patient that if they feel unwell or have problems with the counselling sessions, they can tell the nurse. Patients are encouraged to bring up any concerns they might have regarding the counselling session and they will be addressed to the best capacity.



Rule 5

Discussing confidential information

Explain to the patient that all discussions will be kept private and confidential during the counselling session. There is however an exception to this rule. **If the patient discloses any illegal activity to you, you are obliged by law to report this to the necessary authorities.** Explain that they should consider this very carefully before disclosing any illegal activity to you.

Task 6:

Introducing Homework, the Health Calendar and the Mood Diary

Explain to your patient that homework reinforces the message that the programme will work best if the patient is an active participant. Show your patient the health calendar.

Explain that the pictures in the front will serve as reminders of what was discussed in the first session while the monitoring charts will help the patient monitor progress of the practice homework between sessions.

Explain it is important not to destroy or lose the Calendar, as at the end of the first 6 weeks, it will be a useful record of patient's progress.



Explain to your patient that in the following sections, each session will contain stories to describe similar situations in 2 sections: the unhelpful and helpful thinking styles.

The patient will be asked to identify which of the stories represent helpful thinking and unhelpful thinking. They will also be asked to relate it to their situation.

Explain that sometimes it is easier to see your problem through someone else's situation.



Task 7

Are There any Questions?





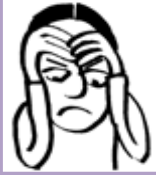
End this session by asking if your patient has any questions. Give them the leaflet that summarises Session 1 to read at home. You will be asking them about this next week.



Task 8

Give the Mood Chart.

Give your patient a copy of the mood chart and ask them to tick this every day for the rest of the week. Tell your patient to bring this along with them for the next session.

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

SESSION 2

Coping with Infertility & Childlessness

Learning Objectives of this session:

1. To discuss infertility causes.
2. To discuss how common infertility is in our society. The focus of discussion to be on patient's causes (if known)
3. To discuss patient's ways of coping with infertility and childlessness

Task 1

Welcome the patient

Welcome your patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.





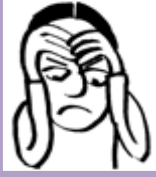


Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		X			
Sunday	X				
Monday			X		
Tuesday			X		
Wednesday			X		
Thursday				X	
Friday					X

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a bad week. Is everything ok? Do you mind sharing your experience?”

They might have something to discuss with you then. Remember that people usually have more than one problem. Try to keep your discussion to issues regarding their infertility problems.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage you patient to feel free to discuss. Do not talk over your patient or with authority in your tone of voice. Be empathic.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how they have been coping with getting the news that they are having infertility problems. Tell your patient that infertility is a very common problem; millions of men and women all over the world struggle with this problem. Explain to your patient that there are so many causes. You will give them a leaflet containing fact about infertility and the different causes at the end of the session.

Ask your patient if they know the cause of their infertility problem. What does your patient think about this?

Reassure them that they have come to hospital to receive treatment but you understand that it can be a stressful time for them at home as well as among friends and family.

Next tell your patient that you give 2 short stories to read. This is Ngozi's story.

After reading, he/she will tell you about the characters in the stories' actions. Explain that you will ask to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Ngozi's stories in Box 3.1 and 3.2. This should take about 10mins to read.

Box 3.1: Ngozi's story



Chuka and I have been married for five years. We have always wanted to have a family like most couples. But as young newly-weds, we felt we were not yet ready to deal with the huge financial responsibility that parent-hood involved. Chuka was 25 years old; I was 23 when we got married. Moreover, Chuka needed a better paid job and I was unemployed until 3 years ago. So, after spending the first 2 years of marriage trying not to get pregnant; we felt the time was finally right for us to start a family.

We have been trying for a baby for almost 3 years now. The doctor says we are both fine. *But where is the baby now?!* Everyone is starting to ask when we are having the baby. At first it was easy to say we were not ready; after all, it was the truth. Now it feels like a stab to my chest. My last mother in law's visit, she said she wanted to discuss a private issue with her son. Of course I know what they will be talking about my inability to give her a grandchild!

I blame myself, I should not have waited. I should not have been on contraceptive pills for 2 years. *Who does that after marriage?!* When God was ready to bless me, I was busy chasing jobs. If only I had listened to my mother!

Box 3.2: Ngozi's story



Chuka and I have been married for five years. We have always wanted to have a family like most couples. But as young newly-weds, we felt we were not yet ready to deal with the huge financial responsibility that parent-hood involved. Chuka and I were 25 and 23 year old when we got married. Chuka needed a better paid job and I was unemployed until 3 years ago. So, after spending the first 2 years of marriage trying not to get pregnant; we felt the time was finally right for us to start a family.

We have been trying for a baby for almost 3 years now. The doctor says we are both fine. At least that a relief! Everyone is starting to ask when we are having the baby. At first it was easy to say we were not ready; after all, it was the truth. Now I just say '*we are trying*'. I ask my close friends to pray along with me sometimes. It makes me feel less alone. My last mother in law's visit, she said she wanted to discuss a private issue with her son. It easy for me to assume they are talking about me, but it might not be. Even if they are; she is only worried. Just as my mother is!

I cannot blame anyone. It is what it is. This is challenge for us, a problem to solve. We can only keep trying and wait.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 3.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Ngozi's. See box 3.3 below.

Box 3.3: Ngozi's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Ngozi is unable to get pregnant	<i>Of course I know what they are talking about (<u>Mind Reading</u>)</i> <i>It's my fault (<u>Blaming oneself</u>)</i> <i>When God was ready to bless me I was busy chasing jobs (<u>Guilt</u>)</i>	<i>It feels like a stab to my chest (<u>Deep Sadness, Thinking in extremes</u>)</i> <i>But where is the baby now?! (<u>Stress, Frustration</u>)</i> <i>I blame myself, I should not have waited. I should not have been on contraceptive pills for 2 years. Who does that?! (<u>Not giving oneself enough credit</u>)</i>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 3.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. The FELICIA programme will help the patient to question the accuracy of such thoughts and suggest alternative thoughts that are more helpful. With practice the patient can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 3.4: Ngozi's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Ngozi is trying to get pregnant	<p><i>I cannot blame anyone. It is what it is. (Acceptance)</i></p> <p><i>Now I just say 'we are trying' (Hopeful)</i></p> <p><i>It easy for me to assume they are talking about me, but it might not be. (Thinking of Facts)</i></p>	<p><i>I ask my close friends to pray along with me sometimes. (Sharing the burden with good friends/family)</i></p> <p><i>The doctor says we are both fine. At least that a relief! (Focusing on positive, Giving one's self credit for trying)</i></p> <p><i><u>This helped Ngozi to avoid stress</u></i></p>

Ask your patient if they notice a change in Ngozi's thinking styles. Explain to them that the situation has not changed; but Ngozi chooses to see the situation in a different helpful way which helps her to avoid stress. Explain that the Ngozi in Box 3.2 is more likely to make the right decision regarding her health and treatment options.

Ask your patient how they might see their situation from a different angle. What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what other people think of us. But we can choose what we believe to be true or false. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (**Refer to page 8**)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise

avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?” Clarify any misconceptions.

End the session by saying “Positive thinking will let you do everything better than negative thinking will. I hope to see you next week.”



SESSION 3

Coping with Family Issues

Learning Objectives of this session:

1. To discuss how infertility has affected relationship with spouse and family
2. To discuss patient's interactions with friends while dealing with infertility.
3. To discuss how to make the most of your support network.

Task 1

Welcome the patient

Welcome your patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.





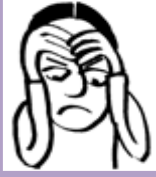


Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		X			
Sunday	X				
Monday			X		
Tuesday		X			
Wednesday				X	
Thursday		X			
Friday		X			

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a good week. Would you like to share with me your experience?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems. Be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage you patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how they have been coping within relationships with friends and family.

Explain to your patient that researchers have studied the many problems of infertility in African societies. They find that infertility is a very common cause of anxiety and depression. Infertility is also a major cause relationship breakdown and violence against men and women in relationships; most especially against women. Explain that in addition, people with infertility suffer a lot of abuse from family (especially in-laws) and friends sometimes. This can be very difficult.



Explain that stress makes it harder to become pregnant and leads to anxiety and depression. Also, explain that women who have had depression at any time of their life including while trying to be pregnant are more likely to experience perinatal depression. This is depression that happens during pregnancy and after child birth. This is not a good thing as it affects both mother and baby.



Explain that because of these interrelated problems, there are more benefits to treat both the medical and psychological aspects of having infertility.

Ask what does your patient thinks about this?

Reassure your patient(s) that they have come to hospital to receive treatment but you understand that it can be a stressful time for them at home as well as among friends and family.

Next tell your patient that you will give 2 short stories to read. This is Amina's story

After reading, he/she will tell you about the characters in the stories' actions. Explain that you will ask him/her to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Amina's stories in Box 4.1 and 4.2. This should take about 10mins to read.

Box 4.1: Amina's story



My name is Amina. I have infertility. I think the hardest part of having this problem is coping with family members' expectations.

I think it is the psychological that is the most important. Money is meant to be spent. What is the use of the money anyway when there is no child to spend it on? It is the problem you face with the in-laws when she comes in to tell you, in a house that you managed to build with your husband, that since you are a man like my son, why don't you allow him to bring in another woman that can give him a child? We spend money but no one is interested in that because they think the woman is always the problem. Or is it the social problem when you sit in a society and there is no one to run to you to say mummy? So I think the psychological problem is the most important. I always have money in my pocket to spend.

The only thing I need now is a child to make my life complete; so I can make my in laws happy and save my marriage. I do not want Idris (my husband) to marry another wife. I cannot even ask him because I fear I might offend him. Then, he *WILL* marry another wife!

Box 4.2: Amina's story



My name is Amina. I have infertility. I think the hardest part of having this problem is coping with family members' expectations.

I think it is the psychological that is the most important. Idris (my husband) and I have spent a lot of money going from one specialist to another to find a solution to this problem. But that is not the real issue; money is meant to be spent. It is the problem you face with the in-laws when she comes in to tell you, in a house that you managed to build with your husband, that since you are a man like my son, why don't you allow him to bring in another woman that can give him a child?

Well, I respectfully told her we are doing all we can. I am not Allah! I long for someone to run to me and call me Mummy too but I just have to keep doing all I can till it happens. I had to take a stand because I refuse to allow anyone put me down. I have enough to deal with. We spend money but no one is interested in that because they think the woman is always the problem.

As for Idris, I confronted him, asking if he was planning to marry another woman. He said 'No' and I believe him. We are in this together.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 4.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Amina's. See box 4.3 below.

Box 4.3: Amina's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Amina having trouble with her husband and in-laws	<u>Amina feels intimidated by her mother in law (Bullied)</u> <i>The only thing I need now is a child to make my life complete.... (Thinking in Extremes)</i> <i>I cannot even ask him because I fear I might offend him. (Fear and Intimidation)</i>	<i>What is the use of the money anyway when there is no child to spend it on? (Gloomy View of the future)</i> <i>...I fear I might offend him. Then, he WILL marry another wife! (Relationship Problems)</i> <u>Amina is unable to stand up for herself making her unhappy at home.</u>

Ask your patient if he/she has been in that kind of situation in the past. What did he/she do? Write it down your patient's unhelpful thoughts and actions on your recording sheet.

Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

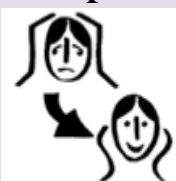
Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 4.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. This counselling programme will help the patient to question how true those thoughts are. Explain that we all think in different ways about one same situation. It is all a matter of choice.

Box 4.4: Amina's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Amina having trouble with her in-laws	<u>Amina feels confident that she is doing all she can to solve the problem.</u> <i>I long for someone to run to me and call me Mummy too but I just have to keep doing all I can till it happens.</i> (Acceptance)	<u>Amina faced the issue of Idris taking another wife. Idris reassures Amina. They keep a united front</u> <i>I had to take a stand because I refuse to allow anyone put me down.</i> (Amina says <u>No to Bullying</u>)

Ask your patient if they notice a change in Amina's thinking styles. Explain to them that the situation has not changed; but Amina chooses to see the situation in a different helpful way which helps her to avoid stress. Explain that the Amina in Box 4.2 is more likely to make the right decision regarding her health, her life and treatment options.

Bring the patient's attention to how Amina chooses not to allow herself be bullied. She makes the most of the helpful people around her by keeping Idris her husband on her side. Also notice how Amina learns to stand up for herself against those who put her down.

Ask your patient how they might see their situation from a different angle. What are the steps they might take being faced with something similar?

Make a note of these on your session recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what other people think of us. But we can choose what we believe to be true or false. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Making the most of support networks and people around us.

Explain that sometimes, it is the partner who is responsible for causing stress in the home. Tell your patient that this is very common too. It is very difficult for anyone to live in an unhappy and unfriendly home.

Then, ask your patient if they have experienced difficulty in their relationship with their spouse.

Make a note of such difficulties



How did your patient deal with this? After going through Amina's story, is there anything they will do differently? Did they try to speak to their spouse about the way his/her behaviour makes them feel?



Explain to your patient that sometimes it helps to involve a respectable member of the family who is supportive. It could be unhelpful to try to deal with the problems all alone.



Also, give your patient the leaflet on Domestic Violence (use provided leaflets). Explain that in the leaflet they will find information of all types of abuse and what they can do. Tell your patient you will ask about this in the next session.

Task 7

Agree to homework

This should be a joint effort. Use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related.

(Refer to page 8)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*; you will have written down in your session recording sheets. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

***Note-** If your patient admits to having relationship problem with the spouse as a result of infertility, remind them of your discussion in **Task 6** above. Also inform your patient that there are specialist (domestic violence) support groups around that you can refer her/him to for help; if they feel they might need such help.



Explain to your patient to read the leaflet on Domestic Violence; you will specifically ask about this in the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 8

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”

Clarify any misconceptions.

End the session by saying “Remember to stay strong; nobody has the right to put you down. Your time is precious, spend it with the people who support you and empower you. I hope to see you next week.”



SESSION 4

Receiving Treatment for Infertility

Learning Objectives of this session:

1. To discuss patient's ways of coping with the physical demand of infertility treatment.
2. To discuss keeping healthy in the body and mind while dealing with infertility treatments.

Task 1

Welcome the patient

Welcome your patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.





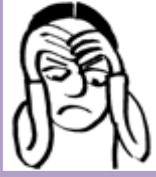


Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		X			
Sunday	X				
Monday			X		
Tuesday		X			
Wednesday		X			
Thursday	X				
Friday	X				

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a really good week. Would you like to share your experience with me?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage you patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how they have been coping with the physical demands of receiving treatments for infertility.

Explain that you are aware that they have come to the hospital to receive treatment for infertility. But, as they may already know, the treatment being offered depends on what is causing the infertility. Some people may need to take some medicines while others may require surgery.

Explain that many patients suffer physically and emotionally as a result of the side effects of their required treatment. For example, drugs and hormones used to treat infertility may cause anxiety, sleep disturbances, mood swings and many other psychological problems.



But for many other people, just the waiting for treatments to work can be very frustrating. It is normal to find such treatments physically and emotionally draining



Explain that it is important to stay healthy while receiving treatments for infertility. Researchers have found doing physical and mind exercises (like meditation and yoga) can be very helpful. It is also important to take time to do the things that you

enjoy. Explain that it is also important for the patient to take care of themselves and their appearance. This is because usually when we look good; we feel good.



Ask your patient to make a list of things that they enjoy doing.

How many times in the last 6 months have they done these things on the list?

Ask what does your patient thinks about this?

Reassure them that they have come to hospital to receive treatment but you understand that it can be a stressful time.

Next tell your patient that you will give 2 short stories to read. This is John and Rita's story; a couple undergoing treatment for infertility.

After reading, he/she will tell you about the characters in the stories' actions. Explain that you will ask him/her to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read John and Rita's stories in Box 5.1 and 5.2. This should take about 10mins to read.

Box 5.1: John & Rita's story



Rita and I have been trying for a child of our own for 18 months. At first, we thought it would happen naturally and we did not want to stress about it. But after some time we decided to seek medical help.

Rita and I had gone through a series of test to find the cause of our infertility. The doctor advised that we both take some vitamins to help prepare us for pregnancy. But in addition to Rita's vitamins, she needed to take some other drugs. We are told they contain hormones. Poor Rita, the drugs make her feel awful. She is moody all the time. I feel for her really; after all, I had to do was give a sample. She has endured so many blood tests, ultrasounds and some very painful procedures! All this happens in private too; we have to carry on like nothing is happening. Enduring month after month of constant disappointments is enough to make any one moody.

Well, what can we do? We just need to keep trying. I try to say nothing when she is upset. To be honest, I really don't know what to say and fear I might just say the wrong thing. I hope the medication works. I believe that is the only thing that can make her happy again.

Box 5.2: John & Rita's story



Rita and I have been trying for a child of our own for 18 months. At first, we thought it would happen naturally and we did not want to stress about it. But after some time we decided to seek medical help.

Rita and I had gone through a series of test to find the cause of our infertility. The doctor advised that we both take some vitamins to help prepare us for pregnancy. But in addition to Rita's vitamins, she needed to take some other drugs. We are told they contain hormones. Unfortunately, the drugs make Rita feel awful. She is moody all the time. I feel for her really. I had to give a sample at the clinic and I know how awkward that felt for me. So I understand how hard it must be for her after having endured all the different tests, some very painful. I think the way we carry on like nothing has happened makes it harder to cope with the disappointment.

I agree we need to seek some treatment but it is not fair for Rita to carry the burden alone. I will go with her for the next consultation and discuss this with the doctor. Meanwhile, I think we should go to that restaurant I took her when we were courting. She loved it there. That should make her happy.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 5.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of John and Rita's story. See box 5.3 below.

Box 5.3: John & Rita's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	John is unhappy about Rita's side effects from infertility treatment	<u>John feels sorry for Rita but is afraid to discuss it.</u> <i>To be honest, I really don't know what to say and fear I might just say the wrong thing"</i> <i>I believe that is the only thing that can make her happy again (Thinking in Extremes)</i>	<i>I try to say nothing when she is upset.</i> <u>John is avoiding the situation by saying nothing. This will make Rita feel more alone (Isolation).</u>

Ask your patient if he/she has been in that kind of situation in the past. What did he/she do? Write down your patient's unhelpful thoughts and actions on your recording sheet.

Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 5.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. This counselling programme will help the patient to question how true those thoughts are. Explain that we all think in different ways about one same situation. It is all a matter of choice.

Box 5.4: John and Rita's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	John is unhappy about Rita's side effects from infertility treatment	<u>John shares the emotional burden with Rita</u> <i>I agree we need to seek some treatment but it is not fair for Rita to carry the burden alone</i> <u>This helps John understand how Rita might be feeling.</u>	John is dedicated to helping Rita get better by getting the help they need. <i>I will go with her for the next consultation and discuss this with the doctor.</i> <u>John finds other ways to make Rita happy while they seek help.</u> <i>...I think we should go to that restaurant ... She loved it there. That should make her happy.</i>

Ask your patient if they notice a change in John's thinking styles. Explain to them that the situation has not changed; he chooses to see the situation in a different helpful way which helps him make helpful decisions to solve the problem. Explain that John in Box 5.2 is more likely to make the right decision that help Rita cope better with the symptoms she is feeling.

Ask your patient how they might see their situation from a different angle. What are the steps they might take being faced with something similar?

Make a note of these on your session recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what other people think of us. But we can choose what we believe to be true or false. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (*Refer to page 8*)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”

Clarify any misconceptions.

End the session by saying, “Remember that your doctors and nurses are here to help you. Ask for help if you feel you need it. I hope to see you next session”



SESSION 5

Money Matters

Learning Objectives of this session:

1. To address patient's ways of coping with the financial cost of infertility tests and treatments.
2. To discuss patient's ways of coping with work life and infertility treatments

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.





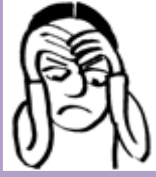


Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		X			
Sunday	X				
Monday			X		
Tuesday		X			
Wednesday		X			
Thursday	X				
Friday	X				

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a really good week. Would you like to share your experience with me?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage you patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how they have been coping with the money burden of treating infertility.

Be empathic when addressing this issue. Many of your patients have sacrificed a lot of things to get the money to pay for their treatment. Explain that you understand how expensive it is; especially when you don't have much. Unfortunately infertility is not a problem of the rich alone; it can affect anyone, irrespective of one's bank balance.

Explain that the FELICIA intervention does not give money for treatment. It is a counselling intervention that help couples deal with the psychological burden of infertility by guiding a change in thinking and behaviour.

Explain that it is important to be practical when spending money for infertility treatments. There are many people who put so much pressure on themselves trying to find money for treatment by working overtime in order to raise money or by going into serious debt. This adds to their stress level, which is very unhelpful for the reproductive journey.



Explain that many researchers have identified that the cost of treatment especially for IVF is a major source of anxiety and worry for patients. Calls have been made for low cost assisted fertility treatments to be considered. But until this goal is achieved, we need to remain practical about spending our money.

Explain that there are other ways to have a child. Ask if they might consider adoption for example.



What does your patient think about this?

Explain that some of families have gone on to have biological children after adopting a child. This may be because they are more relaxed and pregnancy naturally happened! This does not happen for everyone.

Emphasize that the only reason why anyone should choose adoption is to provide a safe, happy home for another child. This in turn, makes us happy and fulfilled.

Next tell your patient that you give 2 short stories to read. This is Lola's story.

After reading, he/she will tell you about the characters in the stories' actions. Explain that you will ask to identify the unhelpful and helpful thoughts and actions in the story.



Task 4

Read the stories

Ask your patient to read Lola's stories in Box 6.1 and 6.2. This should take about 10mins to read.

Box 6.1: Lola's story



Seven years ago, I embarked on my IVF treatment journey with my ex-husband to be able to conceive. We had to pay a lot of money to private hospitals to get the treatment; we had no choice. After several consultations, investigations, surgical operations and 2 failed IVF treatments, it started to have its effects on our relationship. We argued about money all the time. We had no savings left. We were anxious about everything from household bills to fulfilling our family obligations. Eventually, we had so many problems in our relationship we ended up going our separate ways 2 years ago. I cried for many nights; for the baby I never had, for the money gone down the drain, but most especially for the husband and friend I had now lost. I still cry about it.

I have since met another man. He seems really kind. He used to be married like me but he is lucky. He has a daughter. I had been thinking about adopting a child before I met this new man, but which man will put up with that? I badly want a child but I want a husband too. He says we should try IVF again, that the technology is so advanced now. We cannot afford it right now.... But I guess we will have to find the anyway we can. What else can I do?

Box 6.2: Lola's story



Seven years ago, I embarked on my IVF treatment journey with my ex-husband to be able to conceive. We had to pay a lot of money to private hospitals to get the treatment; we had no choice. After several consultations, investigations, surgical operations and 2 failed IVF treatments, it started to have its effects on our relationship. We argued about money all the time. We had no savings left. We were anxious about everything from household bills to fulfilling our family obligations. Eventually, we had so many problems in our relationship we ended up going our separate ways 2 years ago. I cried for many nights; for the baby I never had, for the money gone down the drain, but most especially for the husband and friend I had now lost. I still cry about it.

I have since met another man. He seems really kind. He used to be married like me and he has a daughter. I told him my story. I had been thinking about adopting a child before I met this man, still do. I will have to be honest about my intentions. He once suggested going down the IVF path again; to be honest, I cannot afford it. I wish for a child but I want a husband too. We need to have that discussion. Let's see what happens after that.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 6.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Ngozi's. See box 6.3 below.

Box 6.3: Lola's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Lola cannot afford expensive IVF Treatments	<i>We cannot afford it right now.... But I guess we will have to find the anyway we can. (Thinking in extremes)</i> <i>I had been thinking about adopting a child before I met this new man, but which man will put up with that? (Mind reading)</i>	<u>Money problems contributed to a marital breakdown in Lola's previous marriage</u> <u>Lola about to make the same mistake with money again.</u>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 6.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. The FELICIA programme will help the patient to question the accuracy of such thoughts and suggest alternative thoughts that are more helpful. With practice the patient can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 6.4: Lola's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Lola cannot afford expensive IVF Treatments	<i>...to be honest, I cannot afford it. (Thinking in Facts)</i> <i>Lola is more flexible with her thinking styles. This helps her to avoid stressing over the situation</i>	<i>Lola is willing to be honest in discussing the money situation)</i> <i>We need to have that discussion. Let's see what happens after that.</i> <i>Lola is open minded about her decisions</i> <i>Let's see what happens after that.</i>

Ask your patient if they notice a change in Lola's thinking styles. Explain to them that the situation has not changed; she chooses to see the situation in a different helpful way which helps her to avoid stress. Explain that Lola in Box 6.2 is more likely to make the right decision regarding her health and future.

Ask the patient to focus also, on how Lola has allowed herself consider other options to achieving motherhood. She is thinking flexibly about the situation.

Ask your patient how they might see their situation from a different angle.
What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what other people think of us. But we can choose what we believe to be true or false. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Remember to use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (*Refer to page 8*)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?” Clarify any misconceptions.

End the session by saying “Positive thinking will let you do everything better than negative thinking will. I hope to see you next week.”



SESSION 6

Understanding Why Treatments May Fail

Learning Objectives of this session:

1. To discuss with patients their understandings of why treatments may fail
2. To discuss how patients cope and remain healthy even after unsuccessful treatments.

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.








Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday			X		
Sunday				X	
Monday			X		
Tuesday			X		
Wednesday			X		
Thursday		X			
Friday			X		

Try to deduce how the week had been and ask about this. You can start by saying something like:

"It looks like you haven't had a good week. Would you like to share your experience with me?"

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage your patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how much understanding they have regarding why treatments may have failed. Also you will be discussing how they have been coping after finding out about failed treatments as well as the importance to being aware of their health.

Explain that treatments fail for various different reasons; whatever the reason it can be very devastating to the patient and their families. This is also a major source of stress and anxiety for a lot of patients. Ask your patient if they have been told the cause of treatment failure. What does your patient think about this? Explain that sometimes the cause cannot be identified; this can be very tough to deal with.

Explain also that sometimes we feel an overwhelming need to continue with treatment even when our bodies are giving warning signs. These signs include exhaustion and generally feeling drained and unhealthy. It is important to seek advice from our health care professionals whenever the patient experiences this. Explain that being healthy before conception helps our bodies become ready to carry a healthy pregnancy in the long term.

Reassure your patients that they are in the hospital and there are health professionals here to help with any questions or concerns that they might have.

Next tell your patient that you give 2 short stories to read. This is Alero's story.

After reading, the patient will tell you about the characters in the stories' actions. Explain that you will ask to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Alero's stories in Box 7.1 and 7.2. This should take about 10mins to read.

Box 7.1: Alero's story



My name is Alero. For the past one year I have been in and out of the hospital seeking treatment for infertility. I have been through doctor's appointments, diagnostic tests, pills, blood tests, needles, injections, hormones, vaginal ultrasounds and sperm tests. I have endured painful procedures, operations, bloating, flu-like symptoms, headaches, weight gain and exhaustion.

Every month, I go through the same vicious cycle, the same physical and emotional rollercoaster. After enduring all of the side effects that go along with the hormones I was injecting. I get my hopes up until I receive the same result from the nurses at the clinic with my pregnancy test. Negative! No, I am not pregnant; the treatment failed yet again. There is no reason why.... It just isn't happening.

I feel so disappointed. I feel like I have been at this forever! Would I like to try again next month? Yes, of course. I must! What other option is there? I just have to keep trying. I feel physically and emotionally drained; it's all because of the disappointments. Although my body feels tired, my mind is strong. I am strong! Besides, all that does not matter, I will feel a lot better as soon as I get pregnant.

Box 7.2: Alero's story



My name is Alero. For the past one year I have been in and out of the hospital seeking treatment for infertility. I have been through doctor's appointments, diagnostic tests, pills, blood tests, needles, injections, hormones, vaginal ultrasounds and sperm tests. I have endured painful procedures, operations, bloating, flu-like symptoms, headaches, weight gain and exhaustion.

Every month, I go through the same vicious cycle, the same physical and emotional rollercoaster. After enduring all of the side effects that go along with the hormones I was injecting. I get my hopes up until I receive the same result from the nurses at the clinic with my pregnancy test. Negative! No, I am not pregnant; the treatment failed yet again. There is no reason why.... It just isn't happening.

I feel so disappointed. I was really hoping it would be different this time. Would I like to try again next month? Yes, I would like to but I feel physically and emotionally drained. A lot of it comes from the disappointments but I do feel unhealthy. It feels like my body needs a break. I will discuss this with the doctor the next time I am attending the clinic. It is very important to be healthy to have a healthy pregnancy.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 7.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Ngozi's. See box 7.3 below.

Box 7.3: Alero's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Alero feels drained after failed treatments	<p><i>Would I like to try again next month? Yes, of course. I must! What other option is there? (Thinking in extremes)</i></p> <p><u>Alero believes that she will feel healthy only when she gets pregnant.</u> <i>Besides, all that does not matter, I will feel a lot better as soon as I get pregnant.</i></p>	<p><u>Alero ignores the warning signs her body is giving.</u> <i>I just have to keep trying. I feel physically and emotionally drained; it's all because of the disappointments</i></p> <p><u>Alero's action is unhealthy and unhelpful for her reproductive journey.</u></p>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Can they relate to Alero's story? Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 7.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. Explain that Alero want to get pregnant but she is also concerned for her health. Here Alero is more likely to choose alternative thoughts that are more helpful. With practice she can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 7.4: Alero's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Alero feels drained after failed treatments	<u>Alero is more flexible with her thinking styles.</u> <i>Yes, I would like to but I feel physically and emotionally drained.</i> <u>Alero is aware and concerned for her health</u> <i>It is very important to be healthy to have a healthy pregnancy.</i>	<u>Alero does not ignore the warning signs her body is giving</u> <i>I do feel unhealthy.</i> <u>Alero plans to seek information on her health</u> <i>I will discuss this with the doctor the next time I am attending the clinic...</i>

Ask your patient if they noticed the change in Alero's thinking styles. Explain to them that the situation has not changed; she chooses to see the situation in a different helpful way which helps her to avoid stress. Explain that Alero in Box 7.2 is more likely to make the right decision regarding her health and future.

Ask the patient to focus also, on how Alero in 7.2 thinks flexibly about her infertility treatment journey. She is thinking about her health in the long term. Unlike Alero in 7.1, who becomes desperate to continue trying and ignores her health.

Ask your patient how they might see their particular situation in a different view. What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what happens to us or how life turns out for us. But we have the power to see things differently in alternative helpful ways. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Remember to use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (*Refer to page 8*)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”
Clarify any misconceptions.

End the session by saying “You only have one life and your health is an important part of having a happy fulfilled life. Take care of it. I hope to see you next week.”



SESSION 7

Relationship after Failed Treatments

Learning Objectives of this session

1. To discuss how patients cope with relating with their spouse after failed treatment.
2. To discuss how patients interact with friends and family in the event of failed treatments.

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.








Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday					X
Sunday					X
Monday				X	
Tuesday				X	
Wednesday			X		
Thursday			X		
Friday			X		

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a really bad week. Would you like to share your experience with me?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage your patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how they have coped with relating with their spouses upon having a failed treatment. Also you will be discussing how they have been able to interact with their family and friends after a failed treatment.

Explain that treatments fail for various different reasons; whatever the reason it can be very devastating to the patient and their families. Explain that though learning of an unsuccessful treatment is a major source of stress and anxiety for a lot of patients; it can be just as difficult to tell your spouse of the news that you still are unable to conceive. Ask your patient how they have done this in the past?

Explain also that sometimes a person can feel like they do not want to be seen by other people especially in social gathering. They do not to be asked questions by friends and family about their treatment and how they are getting on. Dealing with family and friends can be very hard in these circumstances. This may cause a person to isolate themselves which is very unhelpful.



Explain that not everyone is the same. There are some people who genuinely want to be friendly with them without looking down upon them. Explain that most people in the world are good people. It is helpful to remain brave and continue positive interactions with family and friends.



Ask your patient how they have dealt with this sort of situation in the past.

Reassure your patients that they are here to receive help. You will deal any questions or concerns to the best of your ability.

Next tell your patient that you give 2 short stories to read. This is Nosa and Alero's story

After reading, the patient will discuss about them in the story. Explain that you will ask to identify Alero's unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Nosa's stories in Box 8.1 and 8.2. This should take about 10mins to read.

Box 8.1: Nosa's story



For the past one year, Alero and I have been seeking treatment for infertility. She has been through doctor's appointments, diagnostic tests, pills, blood tests, needles, injections, hormones, and ultrasounds. She has endured painful procedures, operations, bloating, flu-like symptoms, headaches, weight gain and exhaustion. Even I have been through sperm tests on several occasions.

Every month, we get our hopes up until we find out what we dread the most. There is no baby; not this month! I feel for Alero but I also feel so disappointed every time. I feel the hurt and loss of the son and daughter I have imagined in my mind for so long. I get frustrated sometimes and I guess she can see that too. We are both very unhappy. But the only thing that can turn this around for us is if our miracle happens.

Alero doesn't go out like she used too. She avoids family gatherings especially. I guess it is easier for her to cope that way. I don't think she copes well when people ask questions. I mean, what do we say? That we have failed to conceive again? I feel a deep sadness when my friends discuss their kids. It is just a cruel reminder of how incomplete our life is.

Box 8.2: Nosa's story



For the past one year, Alero and I have been seeking treatment for infertility. She has been through doctor's appointments, diagnostic tests, pills, blood tests, needles, injections, hormones, and ultrasounds. She has endured painful procedures, operations, feeling sick, weight gain and exhaustion. Even I have been through sperm tests on several occasions.

Every month, we get our hopes up, wishing that this time we will receive the news we have been expecting for so long. Unfortunately, it hasn't happened yet. There is no baby; not this month! I feel for Alero but I also feel so disappointed every time. I feel the hurt and loss of the son and daughter I have imagined in my mind for so long. I get frustrated sometimes and I guess she can see that too. We are both very unhappy about it. But it doesn't mean we cannot choose to be happy about the things going well for us.

Alero doesn't go out like she used too. She avoids family gatherings especially. I have organised a day out to Takwa bay with 2 of her closest friends. Just the girls; no husbands, no kids. After that we can discuss with the doctor about what choices we can take that will help Alero and I.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 8.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Nosa's. See box 8.3 below.

Box 8.3: Nosa's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Nosa and Alero upset about failed treatments	<p><i>But the only thing that can turn this around for us is if our miracle happens</i> <u>(Thinking in extremes)</u></p> <p><i>I mean, what do we say? That we have failed to conceive again?</i> <u>(Sense of Failure)</u></p> <p><i>...cruel reminder of how incomplete our life is.</i> <u>(Gloomy view of the future)</u></p>	<p><i>Alero doesn't go out like she used too. She avoids family gatherings especially</i> <u>Alero is isolating herself from friends and family.</u></p> <p><i>I don't think she copes well when people ask questions. I mean, what do we say?</i> <u>(Helpless, Giving up)</u></p> <p><i>I get frustrated sometimes and I guess she can see that too. We are both very unhappy</i> <u>(Relationship Problems)</u></p>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Can they relate to Nosa's story?

Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 8.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. Explain that Nosa and Alero feel upset about the failed treatments but Nosa is also willing to give credit for the things going well for them. With practice they can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 8.4: Nosa's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Nosa and Alero upset about failed treatments	<u>Nosa is more flexible with his thinking styles.</u> <i>But it doesn't mean we cannot choose to be happy about the things going well for us.</i> <u>Nosa is concerned for Alero's health and wellbeing</u>	<i>...a day out to Takwa bay with 2 of her closest friends. Just the girls; no husbands, no kids.</i> <u>(Making the most of supportive networks)</u> <u>Nosa plans to seek information about their options</u> <i>After that we can discuss with the doctor about what choices we can take that will help Alero and I.</i>

Ask your patient if they noticed the change in Nosa's thinking styles. Explain to them that the situation has not changed; he chooses to see the situation in a different helpful way which helps both of them avoid stress. Explain that Nosa & Alero in Box 8.2 are more likely to make the right decision regarding her health and future. Ask the patient to focus also, on how Nosa in 8.2 thinks flexibly about their infertility treatment journey. They are willing to consider other options for their future.

Ask your patient how they might see their particular situation in a different view. What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what happens to us or how life turns out for us. But we have the power to see things differently in alternative helpful ways. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Making the most of support networks and people around us.

Explain that sometimes, it is the partner who is responsible for causing stress in the home. Tell your patient that this is very common too. It is very difficult for anyone to live in an unhappy and unfriendly home.

Then, ask your patient if they have experienced difficulty in their relationship with their spouse.

Make a note of such difficulties



How did your patient deal with this? After going through both of Nosa's stories, is there anything they will do differently? Did they try to speak to their spouse about the way his/her behaviour makes them feel?



Explain to your patient that sometimes it helps to involve a respectable member of the family who is supportive. It could be unhelpful to try to deal with the problems all alone.



Also, give your patient the leaflet on Domestic Violence.

Explain that in the leaflet they will find information of all types of abuse and what they can do.

Tell your patient you will ask about this in the next session.

Explain that in Nosa's story (8.2), he was kind to organise a day out for Alero and her friends to help her take her mind off things.

Explain that sometimes we have to rely on ourselves to make that helpful move.

Tell the patients to take time out for themselves and do something they enjoy. This helps to focus on other aspects of one's life that are exciting and makes one feel good about life.

Ask your patient to give examples of such things that makes them feel good.

Make a note of this on your recording sheet.

Then say that if they can, they should try and do one these activities they have listed for you. You will ask about how they got on in the next session.

Task 7

Agree to homework

This should be a joint effort. Remember to use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (*Refer to page 8*)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

***Note-** If your patient admits to having relationship problem with the spouse as a result of unsuccessful infertility treatments, remind them of your discussion in **Task 6** above. Also inform your patient that there are specialist (domestic violence) support groups around that you can refer her/him to for help; if they feel they might need such help.



Explain to your patient to read the leaflet on Domestic Violence; you will specifically ask about this also in the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.

Task 8

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”
Clarify any misconceptions.

End the session by saying “Sometimes when we lose a battle we can find a new ways to win the war. I hope to see you next week.”



SECTION 8

Information on Alternatives to childlessness in Nigeria

Learning Objectives of this session.

1. To discuss patients understanding of alternatives to childlessness such as adoption, surrogacy and using sperm donors.
2. To discuss patient's choices and factors that affect making the right decision for them.
3. To discuss access to adoption, surrogacy and sperm donor services in Nigeria.

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.








Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		X			
Sunday	X				
Monday	X				
Tuesday		X			
Wednesday		X			
Thursday		X			
Friday		X			

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a fantastic week. Would you like to share your experience with me?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage your patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you will be discussing how much understanding they have regarding alternative ways of having a child. In this session it will be helpful if both partners in the relationship agree to attend together. If this cannot be achieved, patients may be seen alone.

Together, you will be discussing access to adoption services in Nigeria, as well as sperm donor facilities and surrogacy services in Nigeria. Explain also that together you will be discussing the choices and the factors that lead to choosing the right alternative for themselves.

Ask your patients if they have made enquiries in the past regarding these alternatives. Have they decided which pathway to take? Make a note of this so you can focus supporting your patients with their decision.

Be care careful not to overload your patients with too much information in this session. You don't want them going home, feeling more confused than before coming to meet with you.

Reassure your patient. Explain to that there are not alone in this. Explain that there are kind and patient doctors and nurses here to gently guide them towards the best decision. Explain that in this session, we will discuss with a healthy open mind about the choices.

A. Discussing Adoption Services in Nigeria:

Start by explaining that unfortunately in Nigeria, adoption laws are not very clear. It also varies depending on which state they wish to adopt from because the laws are decided by each respective state. They will need to seek information about what steps they will need to take from the local social welfare services. A good place to find information is also from orphanages. They work with people from the social welfare services all the time. They will be able to point them in the right direction.

Explain that by the provisions of the Adoption Act in Nigeria, these are the criteria the government expects for anyone wishing to adopt in Nigeria

- 1. A married couple where each of them is at least twenty-five years in age, and there is an order authorizing them jointly to adopt a child*
- 2. A married person, if he has obtained the consent of his spouse*
- 3. A single person, if he or she has attained the age of thirty-five years, provided that the child to be adopted is of the same sex as the person adopting.*

Explain that in all cases, the person or people adopting will be investigated and found suitable to adopt the child. The investigators are appropriate officers designated to this task by the state government.



Discuss your patient's understanding of this. Are there any points they wish to clarify.

B. Using Sperm & Egg Donor Facilities and Surrogate mothers in Nigeria

Explain that in Nigeria, there are many available sperm and egg donors in various cities including the Federal Capital Territory, which includes Abuja. There is also a lot of information on line about prospective sperm and egg donors as well as surrogate mothers. However, it is important to be careful of these sources.

Explain that it might be more helpful to use established fertility centres that have their own sperm and egg donor services. A good example is Nordica, which has its own sperm and egg donor programmes.

Explain that before going ahead with this decision, there are many things to consider about what each process means and entails. The doctors and nurses at the infertility clinic are there to explain these in detail.

✓ **Considerations for choosing sperm or egg donors.**

Explain that using sperm or egg donors means you will have no genetic link to your baby as a man or a woman respectively.

Explain that it is important and helpful to work with a reputable fertility donor agencies or a fertility clinic. You will be asked to choose whether you want your donor to be unknown, semi-known or known.

Explain that an unknown donor is one you will never meet; a semi-known donor is one who shares some of their personal information with you. Explain also that a known donor can be a friend, relative or even a stranger you have chosen and met through an agency (known donor).



Reassure your patient that although this is a difficult choice to make; their focus ought to be on the joy of raising a child regardless of physical characteristics. This child will add to the joy in their lives and family.

✓ **Considerations for choosing a surrogate.**

Explain that surrogacy is another woman carries a baby in her womb to be delivered for the parents. The baby may be as a result of fertilised embryo from the patients' egg and sperm; they sperm and egg may also be from donors.

Explain that there are agencies that offer online surrogate matching, but it is important to determine if the agencies are genuine. Advise patient to look for a real address and phone number and ask if they can contact references.



Explain to your patient to be patient and careful. They should ensure that they have done thoroughly checks on the surrogate candidates before choosing the right person to assist them in bringing their desired child to the world.

Next tell your patient that you give 2 short stories to read. This is Ola's story.

After reading, the patient will tell you about the characters in the stories' actions. Explain that you will ask to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Ola's stories in Box 9.1 and 9.2. This should take about 10mins to read.

Box 9.1: Ola's story



Several years ago, my husband and I embarked on consultations and investigations, then minor operations and IVF to be able to conceive. We had the treatments done in a private hospital which cost a lot of money. After consultations and test we were told that IVF was not going to help us at all. Our doctor then advised us about using the different ways; using donors or even adopting.

That was a major blow! To be told that I may never be able to have a child of my own; my flesh and blood. This is the worst thing ever. Isn't it a wasted life as a human being having no real heir? Why am I even here on earth?!

Some friends encouraged us to adopt a child. We didn't even know where to get information or how to go about it. Besides I was afraid that one day, the real parents will come and take their baby back from me. What will I be left with then? I fear my husband's family will not even approve.

It's been 5 years since then and we are still living together with no children. Some days are good; some are bad. Most times I wish we had adopted child because having a child to call my own is very important to my happiness in life.

Box 9.2: Ola's story



Several years ago, my husband and I embarked on consultations and investigations, then minor operations and IVF to be able to conceive. We had the treatments done in a private hospital which cost a lot of money. After consultations and test we were told that IVF was not going to help us at all. Our doctor then advised us about using the different ways; using donors or even adopting.

That was a major blow! In a way, we were appreciated that as our doctor was honest with us. We would have spent all our savings on failed IVF treatments. On the other hand I felt very sad that I may never be able to have a child of my own. But sometimes there are no answers.

Some friends encouraged us to adopt a child. We went and got information on how to go about it. I worried about what might happen in the future. I also worried about my husband's family. But my husband reassured me; he said we will deal with whatever happens in the future. He said we should be happy in the present.

Five years ago we adopted a beautiful baby boy who made our lives complete. Creating our family through adoption is better than we imagined.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 9.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Ola's. See box 9.3 below.

Box 9.3: Ola's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Ola is worried about the prospect of adoption	<p><i>This is the worst thing ever. ...Why am I even here on earth?! (Thinking in extremes)</i></p> <p><i>That was a major blow... Isn't it a wasted life as a human being having no real heir? (Sense of Failure)</i></p> <p><i>Besides I was afraid that one day, the real parents will come and take their baby back from me. What will I be left with then? (Gloomy view of the future)</i></p>	<p><i>Most times I wish we had adopted child because having a child to call my own is very important to my happiness in life. Ola is regretting making a choice about <u>whether to adopt or not</u></i></p> <p><i>We didn't even know where to get information or how to go about it (Not giving oneself credit,)</i></p> <p><i>Ola and her husband were afraid about the future so they were unable to seek information or decide what was best for their family.</i></p>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Can they relate to Ola's story?

Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 9.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. Explain that Ola and her husband feel worried about felt worried about the adoption prospects but they were also finding out about it and gaining useful information. With practice they can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 9.4: Ola's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Ola is worried about the prospect of adoption	<p><i>That was a major blow! In a way, we were appreciated that as our doctor was honest with us. We would have spent all our savings on failed IVF treatments.</i></p> <p><u>(Acceptance)</u></p> <p><i>On the other hand I felt very sad that I may never be able to have a child of my own. But sometimes there are no answers.</i></p> <p><u>(Flexible thinking styles)</u></p>	<p><i>I worried about what might happen in the future. I also worried about my husband's family. But my husband reassured me.....</i></p> <p><u>(Making the most of supportive networks)</u></p> <p><i>Some friends encouraged us to adopt a child. We went and got information on how to go about it.</i></p> <p><u>Ola and her husband seek information about their options</u></p> <p><i>Five years ago we adopted a beautiful baby boy who made our lives complete. Creating our family through adoption is better than we imagined.</i></p> <p><u>Ola and husband are living a happy and healthy life.</u></p>

Ask your patient if they noticed the change in Ola's thinking styles. Explain to them that the situation has not changed; they chose to see the situation in a different helpful way which helps both of them avoid stress.

Explain that Ola and her husband in Box 9.2 ended up making the right decision regarding her health and future.

Ask the patient to focus also, on how Ola in 9.2 thinks flexibly about whether or not adoption was right for them. They are willing to consider other options for their future.

Ask your patient how they might see their particular situation in a different view. What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what happens to us or how life turns out for us. But we have the power to see things differently in alternative helpful ways. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Remember to use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (**Refer to page 8**)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

Explain to your patient you will give leaflets on Alternatives to childlessness to read. This will have information on adoption, surrogacy, as well as using sperm and egg donors. You will specifically ask about this also in the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework
Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”
Clarify any misconceptions.

End the session by saying “Remember that families do not have to match, you do not have to look like someone else to love them. I hope to see you next week.”



SESSION 9

Making the Choice to Adopt

Learning Objectives of this session.

1. To discuss patient's journey up to reaching the choice to adopt.
2. To discuss patient ways of communicating the decision with their spouse.
3. To discuss patient's ways of coping with family and friends opinions and judgements on the decision to adopt.

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.





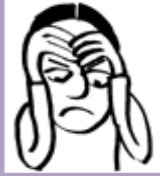


Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		x			
Sunday	x				
Monday	x				
Tuesday		x			
Wednesday		x			
Thursday		x			
Friday		x			

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a fantastic week. Would you like to share your experience with me?”

They might have something to discuss with you then. Keep your discussions to issues regarding their infertility problems but be tactful and empathic; do not disregard the patient's concerns.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage your patient to feel free to discuss. Remember not talk over your patient or with authority in your tone of voice.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session you how they have come to the decision that they want to adopt a child. Explain also that together you will also discuss communicating the decision with their partner, family and friends.

Explain that sometimes it may be hard to cope with harsh or thoughtless opinions from friends and family. Explain that sometimes people don't really mean any harm, they just expressing themselves based upon the level of knowledge they have.

Explain that the focus should be on themselves and their partners (if they have one) as well as the wellbeing of their new family which they are trying to bring together.

Next, ask your patients how much enquires they have made regarding how and when they choose to adopt their child.

Explain that adoptive parents may be faced with a lot of highs and lows on their way to making their dream a reality. It is possible to wait for months or years before being matched with birth parents or with a child (depending on the type of adoption).

Explain that they will undergo a lot of questioning and checks from the authorities about their intent to adopt. It can also be expensive trying to adopt. Reassure that the challenges are unique to every situation, but the joy and satisfaction when you finally have your child make the journey worth it.



Reassure your patient. Explain to that there are not alone in this. Explain that there are kind and patient health and welfare professionals here to gently guide them towards the making the best decision for them.

Explain that in this session, we will discuss with a healthy open mind about the choices.

Considering Patient's Reason to Adopt

Explain to your patient that the reasons to adopt is very important is deciding whether adoption is right thing for them or not; adoption is not for everyone.

Explain that patients who are adopting because they cannot conceive need to think carefully about how they will see that child. It is important not to treat the adopted child as 'second best'.



Ask your patient what they feel about this? Encourage them to be honest with you. Reassure your patient that this is a no-judgement zone. But it important that they understand the importance of the journey they wish to begin.



Next, explain also that adopting a child does not heal a troubled relationship. The couple will need to deal with the problems in their relationship before bringing a child into this. Explain that it is not fair on the child.

Explain that they need to be thoughtful of the effects on a child who deserves to have parents who are in a healthy relationship. Explain that a happy and healthy environment is important for healthy growth and development of the child.



Ask you patient what they feel about this. Is there anything they wish to say? Make a note of this so you can focus supporting your patients with their decision.

Be care careful not to overload your patients with too much information in this session. You don't want them going home, feeling more confused than before coming to meet with you.

Discussing Adoption with Family and Friends

Discussing your intention to adopt can be a very difficult task, especially if nobody in your family or circle of friends has adopted a child.

Explain that there is a lot of misunderstanding about the adoption process; this is complicated even more by the unclear adoption laws in Nigeria.

Explain also, that in addition there is a lot of misconception about adopted children in general. Explain that this is also very common in our society.



Explain that it is expected that people will ask questions and try to tell the adopting parent of their opinion concerning adoption. Reassure your patient that the family and friends are likely showing concern but they ought to remember that it is the patient's decision.

Explain to the patient that they are making the best decision for their situation after careful and thoughtful consideration. Reassure the patient that they will be the one raising the child and enjoying the joys and satisfaction that being a parent brings.

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Explain to your patient that they need to be clear and firm. They can use this opportunity to educate family and friends about adoption. Encourage them to be

confident about their decision. If their family and friends want to continue to be a part of their life and share their joy, they'll have to come to terms with their decision

Remind your patient to be sensitive to their child's feelings. They should also be mindful of their and their child's right to privacy. If they do not feel right discussing their adoption journey with anyone, then they really do not have to.



Discuss your patient's understanding of this. Are there any points they wish to clarify. Make a note of this so you can support your patient with their needs.

Next tell your patient that you give 2 short stories to read. This is Peter's story.

After reading, the patient will tell you about the characters in the stories' actions. Explain that you will ask to identify the unhelpful and helpful thoughts and action in the story.



Task 4

Read the stories

Ask your patient to read Peter's stories in Box 10.1 and 10.2. This should take about 10mins to read.

Box 10.1: Peter's story



I met Lola 3 years ago. She had told me that, 7 years ago, she embarked on my IVF treatment journey with her ex-husband so she could conceive. They had spent a lot going to private hospitals to get the treatment; all to no avail. She said how it started to affect her marriage, how they lost all their money. Eventually, the marriage ended with no children. I too have been married before, and I have a daughter. I feel very lucky about that. My daughter lives with her mother since we got divorced.

I know Lola still wants a child of her own. I don't know how she wants to go about it... She told me before that he is very unlikely be able to conceive according to the doctors. I know she thought about adopting a child before but I am not sure how adopting will affect us. I love her and want to be with her us but I fear this may drive us apart.

I am not sure that I want to discuss it with her because it might hurt her feelings. To be honest I really do not know how it works in Nigeria. Besides, what will our friends say? I want Lola to be my wife, but I know she desires to adopt too. What if it all falls apart?

Box 10.2: Peter's story



I met Lola 3 years ago. She had told me that, 7 years ago, she embarked on my IVF treatment journey with her ex-husband so she could conceive. They had spent a lot going to private hospitals to get the treatment; all to no avail. She said how it started to affect her marriage, how they lost all their money. Eventually, the marriage ended with no children. I too have been married before, and I have a daughter. I feel very lucky about that. My daughter lives with her mother since we got divorced.

I know Lola still wants a child of her own. She told me before that he is very unlikely be able to conceive according to the doctors. I know she thought about adopting a child before but I am not sure how adopting will affect us. I love her and want to be with her us. I will need to find out what we need to do before the worries and stress drive us apart.

I know this is important to her. I have a daughter and I know how much joy she brings to me. I would love to have a child with Lola, one day. If adoption is our best option, then it certainly is worth knowing more about. I believe our friends and family want the best for us and will support whatever decision we make.

Task 5

Discuss issues.

In this task, use the 3 steps of Thinking Healthy as a guide

1. Learning to identify unhealthy thoughts
2. Learning to replace unhealthy thinking with positive or healthy thinking
3. Practice healthy thinking and acting

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:


Step 1

Learning to identify unhealthy thoughts

Ask the patient to focus the story in Box 10.1. Ask what your patient thinks about this story.

Ask your patient to try to identify in the story the unhelpful thoughts and actions of Peter's. See box 10.3 below.

Box 10.3: Peter's unhelpful thinking and actions.

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Unhelpful 	Peter and Lola thinking about adopting a child	<p><i>I love her and want to be with her us but I fear this may drive us apart.</i> <u>(Thinking in extremes)</u></p> <p><i>I am not sure that I want to discuss it with her because it might hurt her feelings</i> <u>(Fear of dealing with the situation)</u></p> <p><i>What if it all falls apart? ?</i> <u>(Gloomy view of the future)</u></p>	<p><i>I am not sure that I want to discuss it with her because it might hurt her feelings. To be honest I really do not know how it works in Nigeria. <u>(Not giving oneself credit)</u></i></p> <p><u>Peter becomes confused and he is unable to seek information or decide what was best for their relationship.</u></p>

Ask your patient if he/she has had such thought in the past or behaved in the same way? Can they relate to Peter's story?

Explain that in order to promote healthy thinking, it is important to be aware of the common types of unhealthy thinking styles. Discuss with your patient how the unhelpful thinking can lead to actions that make them feel worse about the situation. This also makes people to take unhealthy choices that can be further harmful to their health

Write down your patient's unhelpful thoughts and actions on your recording sheet.


Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Ask the patient to focus on the story in Box 10.2.

Explain that identifying the above unhealthy thinking styles enables us to examine how we feel and what actions we take when we think in this way. Explain that Ola and her husband feel worried about felt worried about the adoption prospects but they were also finding out about it and gaining useful information. With practice they can learn to challenge and replace unhealthy thinking with healthy thinking.

Box 10.4: Peter's helpful thinking and actions

	Situation (Activating Event)	Thoughts and Feelings (Beliefs)	Action (Consequences)
Helpful 	Peter and Lola thinking about adopting a child	<p><i>I know this is important to her. I have a daughter and I know how much joy she brings to me...</i> <u>(Acceptance)</u></p> <p><i>I would love to have a child with Lola, one day. If adoption is our best option, then it certainly is worth knowing more about.</i> <u>(Flexible thinking styles)</u></p>	<p><i>I believe our friends and family want the best for us and will support whatever decision we make</i> <u>(Making the most of supportive networks)</u></p> <p><i>I will need to find out what we need to do before the worries and stress drive us apart.</i> <u>Lola and Peter seek information about their options</u></p>

Ask your patient if they noticed the change in Peter's thinking styles. Explain to them that the situation has not changed; they chose to see the situation in a different helpful way which helps both of them avoid stress.

Explain that Peter and Lola in Box 10.2 ended up making the right decision regarding her family and future.

Ask the patient to focus also, on how Peter in 10.2 thinks flexibly about considering adopting with Lola. They are willing to consider other options for their future.

Ask your patient how they might see their particular situation in a different view. What are the steps they are willing to take?

Make a note of these steps in your recording sheet.

Step 3

Practice healthy thinking and acting

Explain to your patient that recognising the unhelpful thinking styles and changing them to helpful ones requires practise. They will be faced with situations and people regularly that challenge those helpful thoughts.

Explain that usually we have no control about what happens to us or how life turns out for us. But we have the power to see things differently in alternative helpful ways. Explain that practising good thinking styles need focus; just like juggling tennis balls. It is important to keep the eye on the ball!



Refer to the Head to Heart (Zig-zag) table on **page 11** to explain how to healthy and helpful thoughts and feelings can be challenged until it is believed. Also you can use the guide to challenging thoughts in **Box 1.1 on page 12**



Task 6

Agree to homework

This should be a joint effort. Remember to use the **SMART** goals i.e. **S**pecific, **M**easurable, **A**ssignable, **R**ealistic, and **T**ime-related. (*Refer to page 8*)

Next, bring your patients focus to the unhelpful thoughts that they have identified as one of their own in *Step 1*. Tell your patient that for the next week they will practise avoiding those unhelpful thoughts; replacing them with the helpful ones they identify with in *Step 2*.

Ask your patient that they will make a note of how they have been able to do it; giving specific examples. You will discuss this at the next session.

Explain to your patient you will give leaflets to read. This will have information on adoption. You will specifically ask about this also in the next session.

After this, give your patient the weekly mood diary to fill out and bring back at the next weekly session with the homework

Emphasize to patient that the homework is an important part of the intervention.



Task 7

Summary and feedback

Ask the patient to summarise what you have discussed today.

At the end of the summary, ask “What is the most important thing you learnt today?”
Clarify any misconceptions.

End the session by saying “Remember that parenthood does not necessarily require a matching DNA, it requires love. I hope to see you next week.”



SESSION 10

Discussing Outcomes & Benefits

Learning objectives of this session

1. To discuss the outcomes and the benefits of the infertility counselling for patients after completed FELICIA programme (typically at the end of 6weeks).
2. To discuss ways that patients can make the most of support networks around.
3. To discuss the ways patients can make lasting positive change in thinking about their situation and their health.

Task 1

Welcome the patient

Welcome you patient into the room. Ask them how they are and how their week has been. Ensure that the door is closed and no one is standing around that can hear your discussion with your patient (s).



If your patient decides to be seen with his/her spouse as a couple; reassure them that this is fine. Encourage your patient to discuss with you if they would rather be seen alone in future.

Ask for the mood chart from last session and put it on one side of the table. If they didn't remember to bring this along, reassure the patient; but tell them that it is important to bring this along in the future.








Task 2

Update from last session

After your patient is settled in the room, assess the mood chart.

Example of a patient's mood chart

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday		x			
Sunday	x				
Monday		x			
Tuesday	x				
Wednesday	x				
Thursday	x				
Friday	x				

Try to deduce how the week had been and ask about this. You can start by saying something like:

“It looks like you had a really good week. That is great! Do you mind sharing your experience?”

They might have something to discuss with you then. Remember that people usually have different issues to deal with. Try to keep your discussion to issues regarding their infertility problems.

Next ask what the patient has to say about the last session? Are they bothered about anything or disagree with any of the last discussions? Encourage your patient to feel free to discuss. Do not talk over your patient or with authority in your tone of voice. Be empathic.



Task 3

Address the objectives of this session

Start by explaining to your patient that in this session, together you will be reviewing how beneficial they have found the FELICIA counselling programme in dealing with day to day issues of having an infertility problem. You will also be discussing together how much empowered they feel in making decisions concerning their health and treatment options.

Explain also that in this session together you will explore ways of making the most of supportive people around us as well as sticking to the lasting positive changes that they have learned from the counselling sessions using the 3 steps of thinking healthy: Identify, Replace and Practise.

Discussing patient's benefits and outcomes

Start by asking your patient what they thought of the counselling sessions generally. Make a note of your patient's response

Refer to page 3 and 4 of this programme (under **Discussion Expectations and outcomes**) to guide your discussion and approach to the patients regarding their expectations and outcomes

Explain that expected outcome of the FELICIA programme is so they can have a healthier outlook regarding their infertility treatments and options. Explain also, that

researchers have found that the less stressed a person with infertility is, the more likely they are to be able to conceive.

Tell your patient about how having a healthy mind helps to make clear decisions about the way forward. People are less likely to fall into the wrong hands when thinking with a clear mind.

Ask your patient if they agree with this.

Ask also, what particular benefits were the counselling sessions to them. Encourage your patient to give you specific instances with real life examples.

Make a note of this in your recording sheet.

Discuss making positive lasting changes

Explain to your patient that every day, we have to deal with people around us. Some people will be supportive and encouraging; some people are judgemental and opinionated. Usually people are mixtures of both depending on how they feel on the day!

Explain that we really cannot guarantee that we can change people; but we have the power to change ourselves.

Ask your patient to give examples of how they feel they have been treated by people around them. Were they supportive or not? How did they deal with this? Make a note of your patient's responses.

Next ask your patient how they would do things differently this time.

Explain to your patient that it is important to take responsibility of choosing to think in helpful healthy ways. Explain that sometimes you cannot rely on anyone but yourself to do this.

Explain that this is what FELICIA is all about. It gives patients self-help tools to help them cope with the stresses and struggles of everyday life when dealing with infertility. Explain that having total health involves the mind and body.

Explain that together you have learned in the past 6 weeks the different ways of thinking helpful, healthy ways using the 3 steps: **Identify, Replace and Practise**. Explain that it is important to practise thinking in helpful, healthy way in order to make lasting changes.



Tell the patients to take time out for themselves and do something they enjoy. This helps to focus on other aspects of one's life that are exciting and makes one feel good about life.



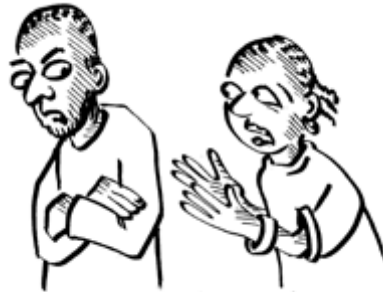
Making the most of support networks and people around us.

Explain that as discussed in previous sessions, it is the people closest to us that contribute to the stresses we feel. This can be very difficult to cope with.

Then, ask your patient based on all what they have learnt in the past few weeks how they will deal with this problem differently. **Refer to page 41 & 42.**

Do they feel empowered to stand up to abuse from family and friends? Make a note of your patient's response(s).

Remind your patient of the different ways of thinking healthy (**Refer to page 39 and 78**). You can also use other examples in the FELICIA manual as required.



Remind your patient how involving a supportive respectable member of the family can help.



Also, there are Domestic Violence support groups locally that they can refer to if they wish to do so. **Refer to page 41 and 42.**

Task 4:

Revising the 3 steps of thinking healthy

You should have 3 pictures (Picture A, B, and C). Each picture symbolises different situations and actions. Follow the steps below:

Step 1

Learning to identify unhealthy thoughts

Show your patient the picture A.



Ask them to tell you what this symbolises.

Ask your patient to give you specific examples in their day to day life of how they have been able to identify unhealthy thoughts and action since starting the counselling sessions

Make a note of this and clarify any misconceptions

Step 2

Learning to replace unhealthy thinking with positive or healthy thinking

Show your patient picture B.



Ask them to tell you what this symbolises.

Ask your patient to give you specific examples in their day to day life of how they have been able to replace unhealthy thoughts and actions with positive, helpful and healthy thinking, since starting the counselling sessions

Make a note of this and clarify any misconceptions.

Step 3

Practicing healthy thinking and acting

Show your patient picture C.



Ask them to tell you what this symbolises.

Ask your patient to give you specific examples in their day to day life of how they have been practising healthy thinking and actions since starting the counselling sessions

Make a note of this and clarify any misconceptions.

Next refer to the responses that your patients have given you. You should have this written down in your session notes. Repeat the examples that they have given to you to them. This enables your patient to hear or '*playback*' what they have said to you.

Next, explain that more importantly, it will be beneficial to them if they can practise the positive thought and actions in order to have a healthy clear mind. Explain that having a clear mind helps to make the right decisions and choices regarding their fertility journey moving forward.

Suggest also that the tools and methods learned in the past few weeks during the FELICIA sessions can also be applied to other aspects of their lives and health in the future.

Task 5

Are There any Questions?

End this session by asking if your patient has any questions. Give them the leaflet that summarises the FELICIA programme to read at home.

Encourage your patient to come back to ask you any questions in the future if they feel the need to do so. Explain that as their health professional (nurse) you are here to help with their health needs.

Thank your patient for their time spent with you for the last 6 weeks. Explain to them that it was a pleasure having them.

End the session by saying “Positive thinking will let you do everything better than negative thinking will. We hope everything works out well for you and it was a pleasure working with you.



SECTION 3

Dealing with Difficult Situations

In this section, we will be learning about how to deal with some difficult situations that may develop in the process of delivering the FELICIA counselling sessions. Counselling a person is a highly subjective experience. People respond to new ideas in various ways and no two experiences can exactly be the same. However, some experiences are more difficult and challenging than others.

We have here a few situations that you as the counsellor (nurse) may come across while delivering the FELICIA programme.

Severe Depression and Anxiety

During the recruitment process, one might come across patients with signs or symptoms of severe depression and anxiety. You might also be able to identify this from the psychometric tools we will be using to measure the anxiety and depression levels, i.e. using the BDI score, HADS questionnaire or the GHQ12 questionnaire. Some patients may also disclose suicidal intentions with you.

Take this very seriously!

Any patient identified as having severe anxiety and depression, or having suicidal intentions must be referred to the psychiatric department at the National Hospital, Abuja. There are specialist and psychiatrists there to help with severe cases. Explain the importance of your finding to your patients. Explain also the importance of the links between mental health and reproductive health.

To make a formal referral, call _____ {insert Name & Tel number} _____

Explain to your patient that stress makes it harder to become pregnant and leads to anxiety and depression. Also, explain that women who have had depression at any time of their life including while trying to be pregnant are more likely to experience perinatal depression. This is depression that happens during pregnancy and after child birth. This is not a good thing as it affects both mother and baby. This will help your patient understand why this referral is very important for their health, welfare and safety.

Disclosure of Illegal Issues

If someone discloses an illegal issue/act to you, be very cautious in how you react to the knowledge. Remember you are not the Police! Understandably this can be a very tricky situation, think carefully about the response you will give your patient. If they are disclosing an illegal act by someone else, encourage them to report this to the appropriate authorities, such as the police. If not, you are obliged to report this to the authorities yourself. Remember you might be protecting other people from danger by taking action.

On the other hand remain non-judgemental. You can ask them the reason they have got involved in this situation in the first place.

If this is an intention to become involved in an illegal activity, encourage them disengage from such acts? If they persist, you will have to alert the necessary authorities of the information. **Refer to the rules of FELICIA on page 22.** What do they think will happen if they got caught doing this criminal act and is it really worth it?

Dealing with “Multi-agency” treatments

Sometimes, patients might be receiving treatment from infertility from the hospital as well as through religious establishment and traditional healers. All the different treatments come with their own ideas which may be conflict to others. This is a very common situation especially in our society.

Explain clearly to the patient what FELICIA intervention is all about. It helps the patient to think in helpful ways to enable them make the right decision about their health and treatments. One of the important aims of counselling in infertility is to correct unfounded fears or ideas patients might have regarding the cause or infertility treatments. It offers the facts to the patients without being looking down upon patients previous ideologies.

If they still wish to continue by being engaged during the counselling session and keeping to the rules of the intervention, they are welcomed to participate.

Remember the focus of FELICIA is to **identify** unhealthy thinking, **replace** unhealthy thinking with helpful ones and to **practise** the learned healthy and helpful thoughts and actions.

Difficult Patients

Sometimes, you may come across patients who are 'difficult' in accepting new ideas. Remember that this is a self-help counselling intervention. The patients have to be willing to make the changes and engage in the activities for the intervention to work. Do not see them as difficult people; rather see them as difficult to deal with for the intervention.

Give them a leaflet explaining the FELICIA intervention and what it is all about. Explain to them that they can take it home and have a read through. If they feel that this is something they wish to participate in they are welcome to come back to attend while the pilot trial for FELICIA intervention is still ongoing.

You can end by thanking them for their time and that you hope to see them soon.

Determining the hierarchy of needs

After discussing your patient's infertility journey and expected outcomes, you will together with your patient identify the training sessions tailored to patient's need; with the full collaboration of the patient.

Some patients might find it difficult choosing the most important session that meets their needs in Session 2-9.

Explain to the patient that sessions will take place weekly for up to 6 weeks ideally. Explain that Session 1 and 10 are compulsory for everyone.

Show the patient **Box 2.1** that can be found on **page 17**.

Ask them to read, and pick (by themselves), the four middle sessions that they feel are most important to meet their needs at this time. Whatever, they chose, you can go with it.

Remember that the important focus of FELICIA is to learn how to **identify, replace and practise** thinking healthy. Hence this self-help skill can be applied to any situation in the future.

Refer to box 2.1 in Choosing Counselling sessions (pg17)

SESSION 1:
Introducing the
FELICIA
intervention

SESSION 2: Coping with Infertility &
Childlessness
SESSION 3: Coping with Family Issues
SESSION 4: Receiving Treatment for
Infertility
SESSION 5: Money Matters
SESSION 6: Understanding Why Treatments
May Fail.
SESSION 7: Relationships after Failed
Treatments
SESSION 8: Information on Alternatives to
childlessness in Nigeria
SESSION 9: Making the Choice to Adopt

SESSION 10:
Discussing
Outcomes &
Benefits

Extra Sessions?

Sometimes, there might be the need to have extra counselling sessions for patients according to their need. Consider carefully before deciding to invite for extra session.

Can they patient benefit more from having the extra session?

Remember that the need for extra session must be initiated by the patient themselves. If they feel they need this, they are more likely to engage and be more collaborative in the sessions.

Limit extra session to 2 at the maximum.

Reporting other difficulties?

This intervention is a pilot trial. It will be undergoing monitoring and evaluation throughout the process hence information will be needed to further develop the intervention to its most beneficial form.





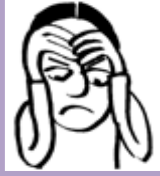
Make a report of other difficulties you may have experience during your delivery of the FELICIA intervention as follows:

- State the situation by describing as concisely as possible
- Report how you dealt with the situation. What actions did you take?
- Did your actions offer a solution to the difficulty?

- Did you feel your action was sufficient in dealing with the problem?
- What would you do differently next time?

SECTION 4: APPENDIX

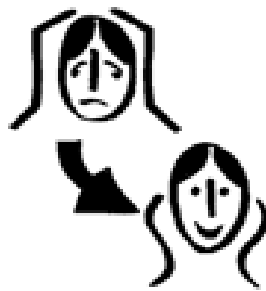
Appendix 1: MOOD CHART:

MOOD CHART	Very Good 	Good 	Neither good nor bad 	Bad 	Very Bad 
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Appendix 2: PICTURE CHARTS:



Step 1: Identifying unhealthy thoughts



Step 2: Replacing Unhealthy thought with helpful (healthy thoughts).



Step 3: Practicing healthy thinking and acting

Appendix 3: TESTING OUT BELIEFS: THE HEAD TO HEART (ZIG-ZAG FORM)
(Branch & Burn, 2012)

Write in you healthy belief

Challenge the identified belief – Attack 1

Defend Attack 1 – Defence 1

Challenge Defence 1 – Attack 2

Defend Attack 2 – Defence 2

Name your feeling at the end the exercise

Appendix 4: THE 'FIVE AREAS' FORMULATION DIAGRAM FORM

SITUATION:

THOUGHTS/ALTRERED THOUGHTS:

ACTIONS /ALTERED
BODY REACTION

FEELINGS/ALTERED
EMOTIONAL FEELING

BEHAVIOUR/ALTRERED BEHAVIOUR:

Appendix 5: GOAL STATEMENT FORM

My goal today/ this week is to feel (*write in your emotion goal*)

About (*write in the situation*)

And to (*write in your goal behaviour*):
