

Early Adolescent Skills for Emotions¹

Facilitator's Manual

Group psychological help for young adolescents impaired by distress in communities exposed to adversity

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CHAPTER ONE: Background

Children and adolescents represent the majority of population in the world's 48 least developed countries. Mental health and psychosocial problems are common among young people worldwide. Children and adolescents living in settings exposed to chronic adversity (e.g. poverty, community violence, humanitarian emergencies) are even more vulnerable to experiencing such problems without access to evidence-based care.

The World Health Organization has developed this brief, transdiagnostic psychological intervention to help young people aged approximately 10 to 14 years who are impaired by prolonged distress (e.g. by depression, anxiety, grief, and stress). The intervention is called Early Adolescent Skills for Emotions (referred to as EASE throughout the manual). The four strategies were chosen (identifying feelings, stress management, behavioural activation and problem solving) as they are the most common strategies included in evidence-based treatments for young people with internalizing disorders and were deemed most simple. Cognitive and exposure-based strategies were not included due to the complex nature of delivering these strategies in a group setting and by non-specialist providers.

There are some specific severe mental, neurological and substance use conditions this intervention is not recommended for- see exclusion criteria in the assessment section.

The manual has been developed for application in a wide range of settings. The intervention aims to be consistent with established standards for child protection in humanitarian settings². Ideally, this intervention would be connected to existing programmes and services already working with young adolescents (e.g. school settings) or within young adolescent-friendly spaces (e.g. youth clubs) so referral pathways are already established.

The intervention is intended to be delivered to groups of young adolescents and their caregivers³ by non-specialist providers trained in this intervention and best coincides with those services described as 'focused non-specialised supports' (level 3) of the Inter-Agency Standing Committee Guides on Mental Health and Psychosocial Support in Emergency Settings⁴. Although Early Adolescent Skills for Emotions is developed specifically for young people affected by adversity, it can also be applied in adolescents where adversity is not considered the cause of the distress.

The 7 group sessions for adolescents will be accompanied by 3 group sessions for adolescents' caregivers. The manual will be tested in randomized controlled trials before dissemination. All testing will happen in contexts where appropriate child protection networks or services exist for referral of young adolescents as necessary to deal with any ecological issues that go beyond what this

² Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012).

³ Note: The term caregiver has been used throughout this manual and refers to both parents and caregivers. Please adapt to suit the specific situation. Similarly, the term child or young person has been used throughout, please adapt to suit the setting and culture, or consider asking the group what term they would prefer to use.

⁴ Inter-Agency Standing Committee (IASC) (2007); IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC;
http://www.unicef.org/protection/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

intervention can offer. For details on the conceptualization of this manual, please see the concept note “A scalable psychological intervention for young adolescents impaired by distress living in communities affected by adversity” (available upon request).

Before Running the Programme

Before you run this programme, the following must be completed or considered:

- Facilitators must have completed the Early Adolescent Skills for Emotions training (see box 1)
- A supervisor must be employed (see box 2).
- Child protection services to be available so children and families can be provided with appropriate referrals and assistance in the case of family violence or other protection concerns.

Box 1: Training

Training of helpers who are not mental health professionals should involve classroom training and in-field training. The classroom training should be at least 80 hours (10 full days). This should be conducted by a mental health professional who is competent and experienced in all of the strategiesexercises included in the Early Adolescent Skills for Emotions programme.

Classroom training includes:

- information about common mental health problems (i.e. depression, anxiety, stress);
- the rationale for each of the strategiesexercises;
- basic helping skills;
- role-play (trainer demonstrations and trainee participation) on delivering strategiesexercises and basic helping skills. Towards the end of the training, one full day includes role-playing; and
- helper self-care.

In-field training is required. Knowing the theory of EASE does not make someone skilled in delivering it. Supervised practice strengthens helpers’ knowledge of and skills in this programme and is essential to build the necessary confidence. Following classroom training, facilitators should lead two (practice) groups. The in-field practice groups should happen with clientsparticipants with less severe presentations (e.g. not with severe depression) and under close supervision (1–2 supervision sessions per week). After training in the programme, EASE should be implemented under routine supervision. The frequency of supervision (e.g. weekly or fortnightly) depends on the skill levels of the helpers, which may change over the course of time.

While mental health professionals already trained in cognitive-behavioural therapy (CBT) will likely already be trained in the approached described in this manual, mental health professionals without formal clinical training in these approaches may also seek to learn the Early Adolescent Skills for Emotions programme. Their training should be completed in a minimum of 40 hours (five full days), followed by delivering the programme to one group under close supervision. Routine supervision (weekly or fortnightly, depending on skill levels of the helpers) should occur after training.

Box 2: Supervision

Supervision is essential. Group supervision for 2–3 hours per week while delivering care is a good model. It is helpful to limit supervision to six facilitators together. Supervisors should have experience in working with young people and in offering mental health care. They should have completed the Early Adolescent Skills for Emotions Programme training and an additional training in supervision. All supervisors should have experience in delivering Early Adolescent Skills for Emotions themselves.

If settings are able to conduct one-on-one supervision with facilitators for the first month in addition to or in lieu of group supervision this is preferable. One-on-one supervision should be available to facilitators to discuss urgent **client/participant** issues or crises.

Peer supervision can ~~a~~ be a helpful addition to a group supervision model. This may become more regular as facilitators become more experienced (i.e. have lead more than five groups).

Supervision involves:

- discussion about **clients'/participants'** progress;
- discussion about difficulties experienced with **clients/participants** or when delivering **strategies/EASE exercises**;
- discussion about difficulties managing groups of young people;
- role-playing how to manage difficulties or to practise skills (to improve helpers' skills in Early Adolescent Skills for Emotions); and
- helper self-care.

How the Early Adolescent Skills for Emotions Youth Sessions are Structured

Helping Young Adolescents is a psychological programme that aims to improve the wellbeing of adolescents aged 10-14 years who are experiencing symptoms of internalizing disorders (e.g. symptoms of depression, anxiety, stress, grief etc.) at a level that is interfering with functioning. The programme is structured in the following way:

- 7 group sessions (youth only)
- Sessions happen once a week. We recommend no more than 6 days between sessions. There should be a break of at least 4 days between sessions to allow for participants to complete their home practice.

- Sessions last 1.5 hours:
 - Approximately 10 minutes to welcome and say goodbye to participants. Sessions can start and end with an activity.
 - Approximately 60-70 minutes of teaching content- this is completed through sharing information, reading the narrative, group and individual activities
 - Approximately 10 minutes to allow for transitioning between activities and brief breaks if required
- ~~●● You may choose to invite caregivers to the final 7th group session if this possible. Caregivers should be invited to attend from the 'Brighter Futures' component of the session; after home practise has been reviewed.~~
- You may choose to include time to share a meal together before or after each session if this is possible
- 2 assessment sessions (before and after the programme)
- The programme includes a closing activity in the final session. This is a continuation of the end of session activity suggested in this manual.
- A note on keeping to time: Time can be very difficult to monitor, and activities might take longer to set up and conduct with participants.
 - Prepare in advance how you are going to break participants into small groups or pairs.
 - Have all the materials ready ahead of time.
 - During activities, keep all participants nearby so they can hear verbal instructions.

Each session includes the following:

1) Group teaching & activity time

- Introduction of a strategy (in this manual the youth-friendly word 'exercise' will be used)
 - Including education about practical and emotional problems and each of the exercises;
 - Discussion on why each exercise is important;
 - Steps to complete each exercise
 - Activities (e.g. role-plays, rehearsals, partner and group exercises) and discussions to help apply each exercise to one's life; and
- Story book:
 - Includes a story of a young adolescent ~~(a male and female version is available)~~
 - Used to demonstrate how each exercise can be applied in one's life
 - The same story is used throughout the entire programme
 - Instructions for presenting the case example are included in this manual. The pictures/book to be used when presenting the case example are in a separate document.
- Practicing the exercise as a group and individually

2) *Group discussions*

- Sharing of personal stories about problems and feelings
- Sharing of experiences of using each exercise
- Discussion about common problems faced with the exercise and how to overcome these

3) *Individual-facilitator discussions*

- Facilitators should make time to talk with participants one-on-one when necessary.
 - E.g. if a participant needs more support, if they are very distressed about something, if they wish to disclose very personal or traumatic information.
 - It is important that you do this without embarrassing the participant (e.g. do it after the group has finished, speak to several participants individually)
 - If there is time to speak individually to all participants do so. This will help you find out how they are progressing with the programme.
 - Tell participants at the start of the programme they can speak to you alone if they need to

See the following page for a session-by-session overview.

Session-by-Session Overview (Youth sessions)

Session	Content	Time	Activities/Materials
Pre-Programme Assessment (Conduct with individual participants before starting programme)		Approximately 1 hour	Assessment protocol
1 Understanding My Feelings	Arrive and settle into the group	5 10 minutes	
	Welcome and Introductions	5 15 minutes	Name tags if available
	Group Guidelines	10 5 minutes	Large sheet of paper & markers
	Introduction to the story book	10 5 minutes	Story book

	Summarise Session 1	5 minutes	Posters for Session 1
	Psychoeducation: <ul style="list-style-type: none"> •• <u>Understanding my feelings</u> • <u>Identifying personal feelings</u> • Understanding common problems •• <u>Understanding personal strengths</u> 	5565 minutes	Story book Feelings Body Action Poster chart Feelings Chart Feelings Pot Poster pot poster Pencils or markers Participant workbooks
	Ending the session Home practice	10 minutes	Practice reminders (could be created by participants) Materials for end of session strengths activity Participant workbooks
2 Calming My Body	Arrive and settle into the group Welcome	15 minutes	
	<u>Summarise Session 1</u> Review home practice	15 minutes	Story book Posters from Session 1 Participant workbooks
	Arousal reduction: <ul style="list-style-type: none"> •• <u>Feelings and my body</u> •• <u>Calming My Body my body</u> 	40 minutes	Story book Body Map Poster map poster Pencils or markers Balloons (or alternative)
	Ending the session Home practice	15 minutes	Practice reminders Materials for end of session strengths activity Participant workbooks

	Review home practice	40 minutes	
3 Getting Active Changing my Actions Part 1	Arrive and settle into the group Welcome	15 5 minutes	
	Summarise Session 2	5 10 minutes	Posters from Sessions 1 and 2
	Review home practice	15 minutes	Story book Posters from Session 1 & 2 Participant workbooks
	Improving mood: <ul style="list-style-type: none"> •• <u>Feelings and Actions</u> •• <u>The Tired Cycle vicious cycle</u> •• <u>Getting Active Changing my actions</u> 	50 minutes	Story book The <u>Tired Cycle vicious cycle poster</u>
	Ending the session Home practice	15 minutes	Practice reminders Materials for <u>end of session strengths</u> activity Participant workbooks
4 Getting Active Changing my Actions Part 2	Arrive and settle into the group Welcome	2 10 minutes	
	Summarise Session 3 Review home practice	10 35 minutes	<u>Participants' workbooks</u> <u>Feelings chart</u> Story book Posters from Session 1-3 <u>Participant workbooks</u>
	Continue <u>Getting Active Changing my actions</u>	30 minutes	Story book

	Ending the session Home practice	10 15 minutes	Practice reminders Materials for end of session <u>strengths</u> activity Participant workbooks
5 <u>Stop, Think, Go</u> <u>Managing my Problems</u> Part 1	Arrive and settle into the group Welcome	5 minutes	
	Review home practice	20 minutes	Story book Posters from Session 1-4 Participant workbooks
	<u>Understanding common problems</u>	<u>15 minutes</u>	<u>Maze Poster</u>
	Problem Solving: Stop, Think, Go	55 60 minutes	Story book Stop, Think, Go Poster <u>poster</u> Props for dressing up (optional) Pencils or markers
	Ending the session Home practice	10 minutes	Practice reminders Materials for end of session <u>strengths</u> activity Participant workbooks
6 <u>Stop, Think, Go</u> <u>Managing my Problems</u> Part 2	Arrive and settle into the group Welcome	5 minutes	
	Review home practice	35 minutes	Story book Posters from Session 1-5 Participant workbooks
	Continue Stop, Think, Go <u>problem solving</u>	25 minutes	Story book Stop, Think, Go Poster <u>poster</u>

			Pencils or markers
	Preparing for the end of the programme	5 minutes	
	Ending the session Home practice	15 minutes	Practice reminders Materials for end-of session strengths activity Participant workbooks
7 Brighter Futures	Arrive and settle into the group Welcome	10 minutes	
	Review home practice	30 minutes	Story book Posters from Session 1-5 Participant workbooks
	Relapse prevention education: Brighter Futures	30 45 minutes	Story book Large blank poster and markers
	Ending the programme	20 minutes	Craft materials, markers, pencils, blank cards Materials for end-of session strengths activity Participant workbooks Certificates (optional)
Post-Programme Assessment (Conduct with individual participants after completing programme)		Approximately 1 hour	Assessment protocol

How the Early Adolescent Skills for Emotions Caregiver Sessions are Structured

The overall aim is to improve the caregiver-child relationship and enable the caregiver to better support their child while they are experiencing emotional distress.

There are 5 specific changes to caregiver behaviour that these sessions aim to achieve including:

- i) improved active listening skills
- ii) improved emotion identification in self and in their child
- ii) increased quality time spent with their child
- iii) more frequent interest shown in their child
- iv) more frequent praise given to their child
- v) for the caregiver to implement self-care strategies to improve their own capacities to ~~caregiver~~caregive

The caregiver sessions are structured in the following way:

- 3 group sessions (caregivers only)
- ~~Sessions happen once a week. We recommend no more than 6 days between sessions. There should be a break~~ See 'Timing of at least 4 days between sessions to allow for participants to complete their home practice. See table on timings of sessions*the Youth and Caregiver Sessions'* below for recommendations of when caregiver sessions should occur.
- Sessions last approximately 2 hours:
 - Approximately 20 minutes to welcome and say goodbye to participants. Sessions can start and end with an activity.
 - Approximately 90-100 minutes of teaching content- this is completed through sharing information, reading the narrative, and group and individual activities
- 2 assessment sessions (before and after the programme)

Each session includes the following:

1) Group teaching & activity time

- Introduction of a strategy (in this manual the youth-friendly word 'exercise' will be used)
- ~~Practicing~~Practising the exercise as a group

2) Group discussions

- Sharing of personal stories about problems and feelings
- Sharing of experiences of using each exercise
- Discussion about common problems faced with the exercise and how to overcome these

3) *Individual-facilitator discussions*

- Facilitators should make time to talk with participants one-on-one when necessary.
 - E.g. if a caregiver needs more support, if they are very distressed about something, if they wish to disclose very personal or traumatic information.
 - It is important that you do this without embarrassing the caregiver (e.g. do it after the group has finished, speak to several caregivers individually)
 - If there is time to speak individually to all caregivers do so. This will help you find out how they are progressing with the programme.
 - Tell caregivers at the start of the programme they can speak to you alone if they need to

See the following page for a session-by-session overview.

Session-by-Session Overview (Caregiver sessions)

Session	Content	Time	Activities/Materials
Pre-programme Assessment (Conduct with individual caregivers before starting programme)		Approximately 1 hour	Assessment measures to be confirmed
1 Understanding Sadness, Worry and Stress	Arrive <u>Welcome</u> and settle in to the group <u>introductions</u>	5-10 <u>15</u> minutes	Refreshments <u>Name tags if available</u>
	Welcome and introductions <u>Group guidelines</u> • Aims of programme • Caregivers as experts	15 <u>10</u> minutes	Blanks large piece of paper Marker pens <u>Name tags if available</u>
	Group guidelines <u>Caregiver strengths</u>	10 minutes	Large sheet of paper Markers <u>Story (in manual)</u> <u>Papers, pens/pencils</u>
	<u>Psychoeducation</u> • Caregiver strengths • Common causes of sadness and worry • Common signs of sadness, worry and worry <u>stress in children</u>	45 <u>15</u> minutes	<u>Pen/pencils</u> <u>Paper</u> <u>Pre-designed poster of four children with different facial expressions</u> <u>Possible causes poster</u> <u>Understanding difficult feelings poster</u> <u>(Optional: Pens/pencils; Body Map- optional handout; Four large pieces of paper, pens/pencils).</u>
	Review of <u>EASE youth exercises</u> review	10 minutes	<u>Child workbook</u>

			<u>Child EASE summary</u> <u>Adolescent strategies</u> handout
	<u>Identifying and responding</u> <u>Responding to feelings:</u> ●● <u>Active listening</u> ●● <u>Slow breathing</u>	<u>35</u> minutes	<u>Balloons (or alternative)</u>
	Quality time	<u>10</u> minutes	<u>Large sheet of paper</u>
	<u>Ending the session & home practise</u> <u>Home practise</u>	5 minutes	
2 Boosting Confidence	<u>Welcome</u> <u>Arrive and settle in</u>	<u>5-10</u> minutes	Refreshments <u>Group rules poster from session 1</u>
	<u>Review home practise</u> <u>Welcome</u>	<u>5</u> minutes	<u>Name tags if available</u>
	<u>Review of home practise and EASE youth exercises</u> <u>review</u>	<u>20</u> minutes	<u>Child EASE summary</u> <u>Adolescent strategies</u> handout
	<u>Psychoeducation</u> ● <u>Child strengths</u> <u>Boosting confidence</u>	10 minutes	<u>Pen/pencils</u> <u>Paper</u>
	<u>Boosting confidence</u> <u>Children's strengths</u>	<u>20</u> minutes	<u>Pen (Optional: Paper, pen/pencils Paper).</u>
	Praise	<u>50</u> minutes	<u>Pen</u> <u>Story (in manual)</u> <u>Paper</u> <u>Pens/pencils</u> <u>Paper</u>

	Ending the session & home practise <u>Alternatives to physical punishment</u>	10 minutes	
	Ending the session <u>Home practice</u> Slow breathing	5 15 minutes	<u>Balloons (or alternative)</u>
3 Caregiver Self-care & Brighter Futures	Welcome <u>Arrive and settle in</u>	5-10 minutes	Refreshments <u>Group rules poster from session 1</u>
	Review home practise <u>Welcome</u>	5 10 minutes	<u>Name tags if available</u>
	Review of home practise and EASE youth exercises <u>review</u>	20 10 minutes	<u>Child EASE summary</u> <u>Adolescent strategies</u> handout
	Caregiver challenges and self-care	45 minutes	Story (<u>in manual</u>)
	Review of caregiver sessions	20 minutes	<u>Pen/pencils</u> <u>Paper</u> <u>Caregiver strategies</u> <u>handout</u>
	Brighter futures	15 minutes	<u>Pen/pencils</u> <u>Paper</u> <u>Warning signs</u> <u>handout</u>
	Ending the group <u>Slow breathing</u>	15 minutes	<u>Balloons (or alternative)</u>
Post-Programme Assessment (Conduct with individual caregivers and their child have completed the programme)		Approximately 40 minutes	Assessment protocol

Timing of the Youth and Caregiver Sessions

The content of youth and caregiver sessions complement each other. Therefore, it is recommended that the caregiver sessions are spread out over the course of the youth programme.

The caregiver sessions will ideally take place at the same time as the first three sessions of the youth sessions to hopefully reduce demands on the caregivers and encourage attendance.

Sometimes this will not be possible. In this case, the caregiver sessions need to be offered in the following manner:

- the first caregiver session should be offered before the third youth session,
- the second caregiver session should be offered before the fifth youth session and
- the third caregiver session should be offered before the seventh, final youth session.

Example guide of a time line to conduct the caregiver and youth assessments and sessions.

Time line	Session
Week 1	Caregiver Assessment Session
	Youth Assessment Session
Week 2	Caregiver Session 1
	Youth Session 1
Week 3	Caregiver Session 2
	Youth Session 2
Week 4	Caregiver Session 3
	Youth Session 3
Week 5	Youth Session 4
Week 6	Youth Session 5
Week 7	Youth Session 6
Week 8	Youth Session 7
Week 9	Caregiver Post Assessment Youth Post Assessment

EASE Facilitators

To effectively run a group, it is advised one facilitator does not lead more than 8 participants (young adolescents). When more participants are included in a group, seek to include additional facilitators. We suggest a maximum of 12 participants (young adolescents) for each group.

1) Role of group facilitators:

- To lead the group through the EASE programme
- To support participants as they learn to practice the exercises

When there are 2 facilitators, one of the facilitators will be in charge of leading the session while the other facilitator monitors time and provides assistance to individual participants. It is advised that one facilitator leads the youth sessions, while the other facilitator leads the caregiver sessions. These roles can be swapped for different groups.

2) Qualities of group facilitators:

Effective facilitators of this programme likely share the following qualities:

- Have experience and joy working with caregivers and young adolescents
- Passionate about helping young people experiencing emotional difficulties
- Have a good understanding of the Early Adolescent Skills for Emotions -(i.e., from completing the- training)
- Great at communicating information in simple, interesting and creative ways
- Competent using basic helping skills
- Have lots of energy to manage groups of young people

How to Use This Manual

This manual is used to guide facilitators through each session. It **is** comprised of two sections, the first containing the youth sessions (Chapters 4-10) and the second containing the caregiver sessions (Chapters 11-13). You should be familiar with what will happen in every session before you lead that session. **Be sure to check what materials (e.g. story book, posters, workbooks and other materials) are required for each session.** You can also have this manual with you in the session to remind you what you should be doing **when facilitating a session,** or to read the suggested questions, prompts or scripts (included in *italics*).

Once facilitators have delivered several groups and largely memorised the content, they may use the Summary Session Sheets (Appendix **EF** for the youth sessions and Appendix **FH** for the caregiver sessions) during the sessions instead of reading from the manual.

Be familiar with the youth and caregiver case examples before leading a group. Check that the case examples are appropriate for the participants included in your group.

This manual helps facilitators,

- *Describe exercises and how to use each exercise* –by reading the story (case example) that describes how each exercise can be used in an individual’s life to help them manage their problems.
- *Encourage group discussion* – by suggesting questions and prompts
- *Facilitate active learning* – by describing how to lead group activities
- *Manage time* – by giving estimated time limits for each session

1. Flexibility

Facilitators should try to stay as closely to what is described in this manual. All the key points, suggested scripts and activities have been included in this manual because they give all the information you need to help participants understand the exercises.

There are times in the manual when you can be *flexible*. This is also important as you may need to adjust activities and discussions according to different cultures, the types of problems most of your participants are experiencing (e.g. in case all your participants have been exposed to violence or a natural disaster), and different gender and to different ages (e.g. mainly 10 -11 years old or mainly 13 - 14 years old).

2. Leading discussions

All discussions should involve the whole group. Avoid having one-on-one conversations with participants. Otherwise, you will lose the attention of other participants not involved in the conversation.

- For example, praise the participant for their contribution and then ask questions to the whole group:
 - “Have others had similar experiences?”
 - “What do others think about this idea?”
 - “Have others had a different experience?”

CHAPTER TWO: What You Need to Know About Working with Groups

Leading groups of youth in a psychological programme is very different from working with **individual clients/individuals**. There are a number of things you should think about before working with a group.

Practical Things to Consider

1) *Number of participants and facilitators:*

- Smaller groups are recommended when this is possible. For instance, groups of 8 are ideal, but groups of more than 12 participants can be challenging to facilitate. If more than one caregiver attends the sessions, this will increase the size of your group. In situations where 12 or more caregivers need to attend it may be useful to consider running two smaller groups, as larger groups may hinder learning.
- Having 2 facilitators is ideal. This allows for one facilitator to lead a session. The other can watch the time, monitor the group relationships and identify those who may not fully understand the information or support an individual if they have an adverse reaction.
- Both parents (mother and father) and primary caregivers (such as grandparents, aunts, uncles or other supportive persons) are invited to participate in the group sessions. This may influence group size and if this occurs, please refer to Appendix FG on how to manage a larger sized group. In situations where either caregiver is unable to attend, is not involved in the care of the young adolescent, or has passed away, then another important person involved in the care of the young adolescent is welcome to attend. This may be another family member, teacher, or another supportive person.
- In situations where caregivers are separated, divorced or have an acrimonious relationship both caregivers should be invited to attend and if it's not appropriate for both to attend the same group, consider inviting the primary caregiver and offering the information to the other caregiver at an alternative group (or in an alternative form, such as using written information or individual sessions).

2) *Gender:*

- When possible groups should be of the same gender

3) *Cultural and political issues:*

- You need to be aware and respectful of the cultural, religious and political backgrounds of your participants (adolescents and their caregivers).
- Consider how these issues might interfere with the group dynamics. For instance, you may need to discuss these differences openly with the group during the group rules discussion in session 1. You may also need to make sure participants from the same background are

not always sitting together. Finally, you might need to monitor group discussion to make sure participants are respecting others with different backgrounds or beliefs.

4) Confidentiality

- As facilitators, you must ensure that information about participants and their families remain confidential. This means you are not permitted to talk to others about your participants and their families.
- However, part of your job is to help keep your participants safe when you can. So, there are 3 times when you are allowed to break confidentiality:
 1. In supervision, you are allowed to talk about anything to do with your participants and their families. Try to only share what is necessary and to share the information in an anonymous way to the group or peer supervision sessions.
 2. You must immediately tell your supervisor if you believe one of your participants is thinking about ending their life (e.g. a participant has told you this) or harming someone else.
 3. You must immediately tell your supervisor if you believe one of your participants or their sibling is being abused in any way by another adolescent or adult
- In the last 2 examples, you must talk to your supervisor even if the participant asks you not to tell anyone. If this happens, tell them something like the following:

My job is to make sure you are safe. At the moment, I am concerned that you are not safe because you have told me (repeat what the participant told you). So, I need to talk with (give name of supervisor), who is really good at caring for kids who are having these kinds of problems. She/he will be able to advise us on how to keep you safe.

- Then tell the participant exactly what you are going to do: who you will call, what you will say to them, what will happen next after talking to your supervisor (i.e. which external agencies, such as child protection agency, will be contacted or a trusted caregiver)⁵.

5) Preparing the room

Take the time to think about what you will need to set the room up. Consider the following:

- Removing chairs and tables
- Making sure the room does not look like a classroom
- Having participants sit on cushions or the floor in a circle
- Temperature of the room

⁵ Before delivering this programme, it is critical that appropriate, local referral pathways have been established (e.g. to specialized health care professionals in case an adolescent requires more intensive psychological treatment; to child protection agencies in the event a child discloses current abuse or neglect).

- Temporarily removing things that might cause distraction (e.g. posters, toys etc.)
- Noise in close surroundings
- Creating a quiet space participants can use if they feel distressed (i.e. a place where they can calm down)

6) Programme materials

Materials include:

● Story book:

- You will read from the story book in every youth session. Each session will include instructions of what section of the story book you need to read and at what time. The word 'Picture' followed by a number will indicate which picture you should show the participants. For example, Picture 4, means you will show the participants the picture titled Picture 4. When you show each picture, the matching text should be facing you. For instance, if you are showing Picture 4, you should be able to read the text titled Text 4.
- Kian, the main character in the story, is meant to appear as either a boy or a girl. So, if you have a group of female participants, you may make Kian a girl. If you have a group of male participants, you can make Kian a boy. However, please note, to make writing this manual easy, Kian is referred to as a boy (i.e. the terms 'he', 'him', 'his' etc. are used).

● Posters

- Each session will use posters (read each session to find out when each poster will be used). The name of the poster will be written in the manual under 'Materials' and each poster will also have its name at the bottom. You may choose to create a poster with participants too (e.g. sadness poster for the externalizing feelings activity). If you choose to do this you will need large sheets of blank paper (or alternative).

●● Young adolescents' workbooks

- Ideally participants should take their workbooks home so they can fill out their home practice, and bring them to each session. However, some young adolescents might forget or lose their workbooks. It is important to discuss with participants at the end of each session whether they would like to take their workbook home or leave them with you. If any participant decides to leave their workbook with you, you should discuss with them ways they can remember to do their home practice and record what they did.
- All participants will be able to keep their workbook after the programme has finished.

●● Young adolescents' Strengths Activity

- This is completed by participants at the end of each session ~~includes flags participants. Participants will make. These flags required a square piece of paper each and a marker.~~ Each participants' Strengths papers should be given to the facilitator at the end of each session so they are not lost. Participants will be given their flags Strengths paper in Session 7 ~~and can't~~ take home ~~the final garland.~~

●● Programme posters

- ~~Each session will use posters (read each session to find out when each poster will be used).~~ Most sessions will also require you to have to create a poster with participants too. Therefore, you will need large sheets/pieces of blank paper (or alternative).

and markers. Facilitators should think where participants' materials (i.e. workbooks and Strengths Activity materials) can be safely stored (e.g. in boxes in a locked cupboard). Remember participants' belongings should be kept behind locked doors to maintain confidentiality.

7) *Responding to problems*

When a problem arises in the group (e.g. a participant is having difficulty with an exercise, there is disagreement within the group or participants are not acting according to the group rules), try to use this as an opportunity for the whole group to manage the problem. The facilitator can do this by, for example:

- Asking other participants if they have experienced similar difficulties,
- Asking other participants for ideas on how to solve the problem before giving any answer themselves etc.

This will promote social support within the group.

8) *Forming groups or pairs for activities*

Be sure to prepare how you will divide participants up into small groups or pairs before the session starts. This will save time. Note that groups do not have to be even.

Facilitators should move around and visit each group.

Some ideas include:

- Giving participants a number and all the participants with the same numbers form groups (e.g. if there are 3 groups, count 1, 2, 3 repeatedly while pointing to each participant. Make sure every participant has been given a number)
- If using the same method for pairs, count 1, 2 repeatedly while pointing at each participant. Each 1, 2 is a pair. If there is an odd number in the group, you can have one group of 3.
- Early on in the programme it might be preferable for participants to choose a partner to work with.

9) *Care of Babies and Children During the Caregiver Sessions*

- It's preferable for caregivers to attend the sessions without their children to enable them the opportunity to gain the most out of the programme. However, it may be necessary to arrange alternative care for children (e.g. setting up a safe supervised play area) to ensure caregiver attendance.
- Alternatively, caregivers with babies (2 years and under) may attend and it would be useful in these circumstances to set up the environment (with a mat and toys) to support this.

Guidelines to Accommodate Different Age Groups

You will have to be aware of variations in the cognitive and emotional development of young adolescents. The programme is meant to be flexible enough so it is suitable for youth of different developmental ages.

The following are ways you can adjust the programme to suit different ages and evolving capacities of adolescents:

1. *Language:*

- Be aware of the language you are using
- Try to speak in a way that matches your group's capacity to grasp the information
- For younger participants:
 - Use simple words
 - Avoid difficult examples (i.e. some of the examples and stories might need to be adapted to be more understandable for younger participants)
 - Where possible, use pictures or objects to help explain a concept (e.g. the posters provided in the programme, props or other images)

2. *Activities and discussions:*

- Read the activities for each session beforehand. This is helpful in order to:
 - Avoid reading from the manual and losing the attention of participants
 - Complete the activity in a timely and engaging manner
- Think about whether each activity will be suitable for your groups' age: and your caregiver's level of education. It might be too childish or too complex.
- Alternative activities are suggested throughout the manual.
- You can adjust the activities in a way that you believe better suits the group. However, you must check this with your supervisor first. It is important that the activity demonstrates the concept that it is trying to teach.
- Generally speaking, younger participants will enjoy being active more than having discussions.
- Generally speaking, older participants may prefer group discussions over games.

3. *Repetition:*

- Groups with less mature participants or those who do not understand the exercises easily will require more practice in session. In discussion with your supervisor, you may consider increasing the time of the group to allow for extra practice.
- Be sure to allow for additional practice time in your sessions
- Wherever possible look for opportunities to repeat the key messages

4. *Teaching time:*

- As a general rule, you should keep your teaching time (e.g. the time when you are talking to young adolescents and caregivers about a concept) to no more than 10 minutes at a time. The timings for the activities will help you follow this.
- After 10 minutes, you can ask the group a question to encourage group discussion or begin the related activity
- Always be aware of the attention of your participants. If they are starting to look around the room, fidget or talk to each other, this means you are losing their attention and you need to

do something to get them involved. This might be asking them a question (e.g. “*Can someone give me an example from their life or the story that relates to this?*”) or lead the group in a stretching activity (see Appendix C for ideas)

- Younger participants will usually have a shorter attention span than older participants. You may need to adjust your length of teaching time accordingly.

5. *Content of discussions:*

- Some topics of discussion will not be appropriate for younger participants
- These might include drug and alcohol use, sexual activity
- Distressing or graphic stories about traumatic events may also be inappropriate for some participants
- Read box 8 of How to Manage a Groups below for ideas on how to manage these discussions

How to Manage a Group

How to manage a group is an important topic covered in the programme training. The following are necessary skills you should feel confident in when working with groups of young people and caregivers. Using your basic helping skills is very important when managing a group- read Appendix B.

The following information will be applicable to both young adolescent and caregiver groups.

1) *Keeping to time without cutting short valuable group discussion*

- Reminding participants about time schedules throughout the programme can be helpful
- Sometimes you might decide that a group discussion is very important to continue with and so you decide to shorten another section of the group (see examples in point below.) If you decide to do this think about when you can make time to cover the topic you have skipped (e.g., ask the group to stay longer, ask the group to arrive on time the following day to start early, make the breaks shorter etc.). Always talk with your supervisor about these decisions to make sure you have not skipped important information.
 - For example, if the group is learning about an exercise and how to apply it to one's life. Or if the discussion is helping one participant manage their practical or emotional problem, which might also help the group as a whole.
 - *You have raised some important points which would be great to discuss more but we only have 20 minutes left- should we start on the next topic or would you like to shorten the break to half hour so we have more time for this?*

2) *Managing dominant participants*

- A dominant participant might be someone who talks a lot in the discussion, doesn't let other participants share their stories, talks over the top of others or rejects other participants' opinions. They might force the group to manage their personal problems too.
- Be sure to always use your basic helping skills when managing dominant participants
- When a participant is being dominant, you use skills to manage them in front of the group and also on their own.
- In front of the group, you can thank the person for their contribution and then invite others to share.
 - *"Thank you (name). What you are saying is very interesting but I'd also like to hear from others in the group. Has anyone else had a similar or different experience?"*
- You may also give them a role to help with an activity or something similar. This way they are involved and may be less dominant in discussions. Be careful not to show favouritism to any participants though.
- If a participant is causing problems in the group and not responding to your management you should speak to them privately at the end of a session. It is important not to criticise them in front

of their peers, as might happen at home or at school. Explain to them that it is important that everyone has a turn to talk or have their problems managed in the group. Be careful not to start with saying something negative to the person as they may not listen to your suggestion.

- *“You have been very engaged in the programme which is good. But it is very important that everyone in the group has an opportunity to speak. And I have noticed this is not happening at the moment. So I will ask you to watch that you are respecting everyone in the group, not talking over the top of others and giving everyone a chance to talk. This might mean waiting and letting someone else talk first when there is a discussion. Does this sound okay to you?”*

- There might be reasons why the person is being dominant in the group (e.g., they do not like other participants from different backgrounds, they believe they need the most help in the group, the group believes they should be dominant or speak for others because of their age). It would be helpful to understand what these reasons are and help the participant and the group to manage them.

- Ask these questions to the individual in private: *“Are there any problems you are having in the group that is causing you to talk over the top of other participants? I would like to be able to help you manage these if this is possible.”*

3) Encouraging discussion with a quiet group or participant

- It is important to respect that some participants will be quiet and often may not wish to be vocal (i.e. answer questions, give suggestions, discuss their situation). After trying any of the suggestions below, if a participant continues to be quiet, facilitators should respect this in order to prevent any stigmatization
- The story will be helpful for encouraging group discussion. You might ask the group to talk about the story if they are not confident sharing their personal problems.
- Sharing other examples you are familiar with (e.g., from the community, from previous groups you have led) can also help participants feel more comfortable joining discussions. Be sure not to include real people’s names or stories that might easily identify who they are
- If possible, break into smaller groups. With fewer people in the group, this participant might feel more confident talking
- After trying these other ideas, you may talk privately to the quiet participant to help them participate in the group
 - *“I have noticed you are very quiet in the group. Is there anything I can do to help you engage more in the discussions?”*

4) Managing distressed individuals

- Communicating concern and validating a participant’s distress is the best first response
- Giving the participant time to calm down is also important. Being quiet and not moving the discussion on or moving onto another topic is one way of allowing space for this to happen.

Oftentimes other participants will help the distressed person (e.g., by putting an arm around them, acknowledging their distress).

- If the participant is having difficulties calming down by themselves, you can ask them if they would find it helpful if the group practices any of the exercises together, such as Slow Breathing or Getting Active.
 - *“Would you find it helpful if we practiced our slow breathing as a group?”*
- If a participant’s distress is very strong and interfering with the group and you have a second facilitator, you can have the other facilitator take the participant out of the group and manage their distress together. This way you can continue with leading the group. If you are on your own, you might ask the group to take a 10 minute break and sit with the participant on their own. After 10 minutes the participant might decide to re-join the group or take some time away from the group to calm down on their own. If you do this, be sure to encourage them to come back to the group, or check on them after 5 minutes if they have not returned.
- If the majority or entire group is distressed, stop the discussion and help participants manage their distress (e.g. practicing any of the exercises in the programme)

5) *Managing group discussions that go off-topic or discuss unhelpful exercises (strategies) or those outside of EASE*

- You will need to be firm when re-directing group discussions. But also be sure to use your basic helping skills!
 - *“I can see this is an interesting discussion but we have moved away from the focus. Let’s come back and we can discuss this topic if we have time later.”*

6) *Managing arguments between participants or expressions of anger*

- The best way of managing these experiences is responding to early signs of anger or conflict between participants.
- You can do the following as a way of preventing arguments:
 - Acknowledge that the feeling (e.g. of anger, frustration) is okay to experience but tell participants that it is not always a good idea to show these feelings to others
 - Have your second facilitator sit between the participants
 - Acknowledge the differences of experience or opinion. Tell the group that everyone’s experiences and opinions are important.
 - Remind all participants of the group rules
 - Have the participants sit apart from each other
 - If necessary, stop the discussion that is causing the conflict and do an activity from Appendix [CD](#)
- Talk to the participants involved in the argument individually at the end of the group. Find out what caused the argument and see if this can be resolved. Otherwise ask them to respect each other and other participants in the group in the remaining sessions.

7) *What to do if a participant drops out, attends late or irregularly etc.*

- As best we can, we should try to prevent anyone from dropping out of the group (without forcing them to stay against their will)
- Be sure to speak with participants who are not engaging in the programme and possibly also their caregivers. They might be regularly showing up late or leaving early or missing sessions.
- Find out what the reason is for their disconnection and see if there is anything you can do to help them re-engage.
- If participants drop out, this is okay. The group will not be suitable for everyone and participants should not be forced to stay if they do not want to. If this happens, be sure to write down in your notes the reason for their dropping out. Try to get them to complete the post-programme assessment as soon as possible too and provide information about other available support services. This information will be very important to gather.
- We should not ask a participant to leave the group. If you believe a participant is disrupting the group a lot, talk with your supervisor about this.
- If possible and the participant dropping out would like to, you can organise for them to say goodbye to other members of the group so there is some form of closure.
- Clearly explain to other participants that the person has not dropped out of the group because of them to avoid feelings of rejection or any future discrimination towards this person.

8) *Participants disclosing too much information*

- Sometimes participants will share very personal information. This might make other participants feel uncomfortable (i.e. the content might cause others distress, be too graphic or not age-appropriate for younger participants, such as discussions about drug use or sexual activity). It will be your job as a facilitator to decide if the information being shared in the group is not appropriate. Be sure to discuss these issues with your supervisor before deciding what content is okay or not okay to discuss in your group.
- If you decide a participant is sharing too much information or it is too personal, you can do one or all of the following:
 - Ask the participant to watch how much they are sharing and try to reduce it by themselves
 - Agree that you will gently cut them off when they are sharing too much information (e.g., “Thank you (name) for sharing this. It sounds like it has been very difficult for you. I wonder whether others would like to share their experiences.”)
 - Ask the participant to stop themselves from sharing information on a particular topic (~~e.g. sexual activity or drug use~~) but instead they can share this with you privately at the end of the session
- Be sure to read Appendix C for guidelines on how to respond when a participant discloses any form of abuse or neglect or says they are experiencing suicidal thoughts.

9) *Participants forming cliques or excluding others*

- Young adolescents can often form small groups or cliques. While these groups can be good forms of support, facilitators need to be watchful in case these groups exclude other participants. This can be very detrimental to group cohesion.
- Sometimes these groups can bully or tease other participants too.
- Sometimes participants will have already been friends prior to the programme and so cliques may be established from the first session but can also form during the programme
- If you notice a clique has been established, you can respond by:
 - Move participants around so they are not seated next to the same person each session
 - Change the participants when forming small groups or pairs for different activities
 - The facilitators can sit in the middle of participants who have formed a clique
 - Be sure to include a rule about not teasing or excluding other participants in your group guidelines.

The following boxes are situations that might arise in the caregiver sessions.

10) *What to do when a caregiver expresses doubt or criticism about a strategy*

- Communicating your concern and validating their view is the best first response (see Appendix B on how to do this)
- *“The reactions you have described are very common in caregivers, all I can do is ask that you try the (insert name of strategy) and see if it works for you and your family. Think of it as an experiment if you can.”*

11) ~~11)~~ *What to do in groups discussions when a caregiver wants to keep talking about their child*

- Be sure to always use your basic helping skills
- Communicate your concern (see Appendix B on how to do this)
 - *“That sounds like it must be very challenging/upsetting/frightening (use appropriate description) for you and for your child.”*
- In front of the group, you can thank the person for their contribution and then invite others to share.
 - *“Thank you (name). What you are saying is very important but I’d also like to hear from others in the group. Has anyone else had a similar or different experience?”*
- It may also be appropriate to follow up with the person individually.
 - *“Would it be possible for us to meet at the end of today to see how else I might be able to help you?”*

CHAPTER THREE: Assessment

1. Pre-Programme Assessment

Summary of Pre-Programme Assessment:

- This assessment helps you decide if an individual is suitable for EASE
- Happens before you start the programme
- Happens with young people and their caregivers individually and face-to-face

Checklist of Materials:

- Post-treatment assessment protocol (Appendix A):
- Assessment flashcards for the caregiver to rate their child's symptoms⁶
- Contact information of supervisor and main referral services etc.

Young adolescents may be referred to this programme through different avenues, depending on the setting. For instance, health professionals, teachers or people in the community may be able to refer young adolescents to the programme.

Why an Assessment?

Doing an assessment before the Early Adolescent Skills for Emotions Programme is very important. It gives you an opportunity to,

- Meet participants and their caregiver(s) individually
- Hear a participant's story
- Decide if a participant is suitable to join this programme- remember this programme is designed to help young adolescents who are experiencing symptoms of internalizing disorders (e.g. symptoms of depression, anxiety and stress) to a degree that is interfering with their functioning (e.g. stopping them from doing activities they used to do, affecting their school or house work, stopping them from socializing etc.)
- Gather specific information about participants practical and emotional problems you may be helping them with during the group

⁶ Visual aids (or flashcards) that use pictorial rating scales are recommended when completing an assessment. These are developed in the cultural adaptation phase.

How to do an Assessment?

Good assessors will always use their basic helping skills. Make sure you read Appendix B (basic [counselinghelping](#) skills) before doing an assessment, as these skills are very important for conducting good assessments. Some important things for you to consider include,

- Use simple and clear language
- Make sure you speak appropriately for the participant's age, sex, culture and language differences
- Be friendly, respectful and non-judgmental at all times
- Respond sensitively to private and distressing information (for example, about sexual assault or self-harm)

Steps to follow to complete an assessment

Below are steps to follow with the young person and their caregiver. Please note that young people and caregivers should be assessed individually. It is best if these assessments can happen on the same day.

1) Introduce yourself

2) Tell them what the purpose of the assessment is and what will happen

- Tell them,
 - the assessment is to find out if Early Adolescent Skills for Emotions might be helpful for the types of problems they are having
 - you will be asking the young person questions about their feelings and day-to-day behavior (e.g. at school, with their friends)
 - you will be asking their caregiver questions about their feelings and daily functioning
 - the estimated time it will take to complete (this will depend on the assessment measures you choose to use)
- Tell the young person and their caregiver they should not feel forced to share personal information if this makes them feel uncomfortable
 - *"I will ask you some questions and I hope that you will feel free to answer. Please answer only what you feel most comfortable with. I recognise that it can be difficult to speak to a new person about your problems and experiences."*

3) Confidentiality

- Make sure the young person and their caregiver understand what information will be kept private and who this information will be shared with
 - All information is kept private unless the young person or caregiver gives you permission to share it with someone else (e.g. a caregiver)

- During the group, other participants will be told to keep information about others private within the group
- All information will be shared with your supervisor so they can make sure the participant is being looked after and receiving the best care
- During assessment or the programme, if the young person or the caregiver has a plan to end their life, harm someone else or tells you they are being hurt by someone else (e.g., physical or sexual abuse or neglect) you will have to let someone know⁷ even if the person does not give you permission to this.

Suggested script:

“Before we begin today, I want you to understand that everything that is discussed in the group sessions and in this individual session will be kept private. I will not be able to talk with any of your family or other people about you or what goes on in the group sessions without your permission. One of the group rules will be not to talk about what happens in the programme, including information about other group members, outside of the group.

However, there are some limits to this privacy that I want you to understand. If I am very concerned that you are at great risk of ending your life or of being harmed by someone else, I will talk with you about how we can come up with a plan to keep you safe. This will usually mean that I need to talk with my supervisor and try to get you the best kind of help. (You will need to adapt this according to the laws of your country.) This is because my job is to care about your welfare and safety.

I will also be regularly speaking with my supervisor about your progress in the group. This supervisor has received special training in helping young people with emotional problems and they will be making sure that I am giving you the best care throughout the programme.

Does this make sense to you or do you have any questions about your privacy?”

4) Give brief information about the EASE

- Tell participants that this programme,
 - can help young people with practical and emotional problems
 - is a group programme (there will be other young people with similar problems)
 - happens once a week for 7 weeks
 - caregivers are encouraged to attend 3 caregiver sessions with other caregivers
 - other information about when and where the group will take place
- Make sure the participant knows what EASE is *not*:
 - In this programme participants will not get materials or money or receive medication
- Be very honest about what the participant will and will not receive from this programme

⁷ An appropriate response to a young person’s plan to end their life or disclosure of abuse will depend on national laws and local resources, and you should take this into account during the adaptation phase. In all cases, the supervisor should be contacted immediately.

- Tell the caregiver that you will talk to them more about the programme when you complete the assessment with them individually.

5) *Get verbal consent from the young person and their caregiver to complete the assessment*

- Give the young person and their caregiver an opportunity to ask questions about the assessment and/or the programme
- You must obtain verbal consent from both the young person and their caregiver before conducting the assessment
- Giving consent for the assessment does not mean they have to join the programme (you will get their agreement to join the programme only if they are suitable for it)
- It is okay for the young person and caregiver to have time to consider their consent (e.g. you can arrange to come back at another time if they wish to think about participating or discuss it with another caregiver)

After you have consent from the young person and their caregiver:

6) *Begin the assessment with the young person first (if they willing to go first)*

- Ask all the questions as they are written in the questionnaire (see Appendix A for protocol)
- Complete this assessment with the young person on their own in a space that maintains their privacy (e.g. closed room)

7) *Begin the assessment with the caregiver after you have finished with the young person*

8) *Tell the participant whether they are included in or excluded from EASE*

- See below for specific steps on how to decide if someone is included or excluded and what to say to them
- For included participants you will need to get verbal consent from the young person and their caregiver to join the programme

The following scripts can help you manage people in need of additional attention during the assessment.

1) *When a participant is shy or reluctant to share information*

It is important to respect the younger person and their caregiver at all times. If they appear to be nervous or uncomfortable about sharing information, do not pressure them to tell you personal information.

It can also be helpful letting the young person and caregiver know at the beginning that they do not have to answer your questions. It is important for them to feel in charge of the session and not forced to provide information if they feel uncomfortable in doing so.

“If you don’t feel comfortable answering any question I ask you, you don’t have to answer. Just share with me what you are comfortable with.”

2) When you need to stop a participant from talking

There will be times when you need to redirect a young person or caregiver who might be talking a lot about a topic that is not relevant to the assessment or if you need to get some specific information you don’t have. It is important that you display warmth when prompting a participant to move on.

The following dialogue is a suggestion for how you might sensitively change topics.

“It sounds like you are faced with a lot of difficulties at the moment. One thing I am most interested in hearing about at the moment though, is (ask next question)...”

Sometimes you may need to be a little more direct with a participant, especially if you are running out of time. It is important to still communicate concern and warmth when doing this. For example,

“I am very interested in hearing about this, but I do not want to run out of time. I still have a number of questions I need to ask you. Would it be ok if we went through those now and with the time we have left we can talk about these other concerns you have?”

Who to Include in EASE

Early Adolescent Skills for Emotions aims to help young people if they meet both of the following inclusion criteria:

- 1) Assessment suggests the young person has emotional difficulties (e.g., depression or anxiety).
- 2) Assessment suggests these problems are causing significant interference in their life

What to say to Someone Suitable for EASE

When you decide a participant is suitable for the EASE, invite them to join the group. You should speak to the young person and the caregiver together

Make sure you,

- remind them about the programme,
- tell them when the group will happen and where

- honestly answer any questions they have about the programme
- get their verbal consent to join the programme (consent must be obtained by both the young person and their caregiver)

Who *not* to Include in EASE

There are some people for which this programme will not be suitable:

- 1) A young person who does not have significant problems
- 2) A young person who tells you they plan to end their life in the near future
- 3) A young person who displays behaviours that would be disruptive in the group (e.g. violent or aggressive behaviours, would not be able to follow instructions)
- 4) A young person impaired by a severe mental, neurological or substance use disorders (e.g. psychosis, mutism, intellectual disability, autism, alcohol or drug dependence)

You need to assess every participant to see if they need to be excluded from the programme and take action or refer to a specialist as needed. The following sections give you advice on how to detect a person who needs to be excluded.

What to say to Someone Excluded from EASE

Be honest with the young person and their caregiver by giving the reason this programme is not suitable for the young person.

For example:

- Not experiencing disabling emotional problems: The assessment suggests that they are coping well enough and not experiencing problems which would likely be helped by this programme.
 - Encourage these young people to continue using their helpful supports and coping exercises

“Thank you for answering my questions. It seems that you are coping well with things at the moment, and so this programme is not really something you need. I am very grateful for giving me your time and for being so honest with your answers.”

- Plan to end their life: You are concerned about their safety and believe they need specialised care to help them keep safe.

- Once they no longer want to act on their plan to end their life they may be re-assessed for EASE

“Thank you for answering my questions honestly. It sounds like you are having a very difficult time and I am concerned about your safety at the moment, because you said (repeat what young adolescent said regarding suicidality, e.g. you had a plan to end your life; you wanted to end your life in the near future). I would like to organise some specialized help for you which means referring you to (name the profession or organization, e.g. a psychiatrist, the health centre). But first I need to tell your caregivers (or name alternative caregiver) what you have told me. Do you have any concerns about me doing this?”

“I will also have to talk with my supervisor so we can arrange the best care for you. My supervisor’s name is.... And he/she has worked with many people who have had similar thoughts.”

- Even if the young adolescent does not want you to tell anyone about their intent to end their life you are obliged to. You should explain the reasons for telling their caregivers and your supervisor again.

- **Impairment by severe mental, neurological or substance use disorder:** You believe EASE would not be a helpful programme for the problems they are experiencing.

“Thank you for answering my questions honestly. It sounds like you are experiencing some difficult problems and that you would benefit from some help. However, this programme would not help with the problems you have mentioned (name the problems, e.g. problems with alcohol). I would like to help link you in with a service that specializes in these kinds of problems. To do this I would need to talk with your caregivers (or name alternative caregiver). Would you like to be present when I do this?”

- Give the caregivers the same information you have given the young adolescent. State the specific reason why the programme is not suitable for them.

For these two types of excluded participants, be sure to connect them with appropriate specialists or services.

Information to share with the caregiver (only for young people suitable for EASE)

1) Briefly explain the youth programme content

Materials: Children’s workbook, ~~inactivity~~Vicious cycle poster, ~~problem-solving flow chart~~Stop, Think, Go poster and ~~hand-out depicting all child exercises (see Appendix XX)~~parent handout: Adolescent strategies handout.

- The children will learn 4 specific exercises that are commonly used with children and adults to help manage overwhelming sadness and worry.
- The 4 exercises are taught to the children using a variety of activities and games.
- Give the caregiver ~~a summary hand out depicting all 4 exercises using an illustrated guide~~ the: Adolescent strategies handout.
- Describe briefly the 4 exercises:

Strategy 1 Understanding my Feelings:

This strategy is all about the children learning to identify their own feelings. This will help them decide what the best exercise will be to manage each feeling.

The children will be asked to think about their day and identify all the feelings they experienced during the day.

Show children's workbook of page with pot.

They will be asked to ~~colour~~ draw with different colours or if not available, different symbols in the pot ~~with~~ to show the different ~~colours, with each colour representing emotions they had on~~ a different ~~emotion~~ particular day.

Strategy 2 Calming my Body:

This strategy is all about the children learning how to help calm their bodies when they are feeling stressed, worried or angry. It is called slow breathing. The children will be taught how to breathe slowly from their stomachs and will be asked to practise this every day.

Show children's workbook of page with balloon for 7 days.

Strategy 3 ~~Getting Active~~ Changing my Actions:

Show the ~~Getting Active~~ Vicious cycle poster.

This strategy is all about the children learning how activities can improve their feelings of sadness and worry. The children will be asked to select 1 enjoyable activity that gives them joy or meaning. They will plan how they can start doing that activity again or do it more often (if they are already doing enjoyable meaningful activities). Activities might include seeing their friends, helping someone, listening to music, doing craft, ~~or~~ playing sport, or doing some form of work, such as household chores or school work. Once they have selected their activity, they will be asked to break this activity down into very small steps and then make a plan to practise the steps until gradually they are back to doing the activity regularly again.

Explain that children might ask their caregivers' permission or for help to carry out their activity. Remind caregivers that they are the adult and if they have reason to refuse to allow their child to do an activity then facilitators will support this and an alternate activity will need to be selected. E.g. if the child asks for permission to meet their friend at night when it is not safe, or if the child asks for permission to go to a social event at night when they have a school test the next day.

Strategy 4 Stop, Think, Go: Managing my Problems:

Show the Stop, Think, Go ~~flow chart~~ poster.

This strategy is all about the children learning how to solve their practical problems, such as conflicts with their friends or difficulties completing their schoolwork. The children will be encouraged to consider possible ideas that might solve the problem which is causing them the most concern. They will then choose the solution that is most helpful for influencing the problem and then plan a strategy to carry out this solution.

2) *Briefly explain the caregiver programme content*

- These sessions aim to help caregivers help their child to feel better and will cover learning skills on listening, recognising and responding to feelings, how to boost their child's confidence and how to make sure caregivers look after themselves.

3) *Explain the benefits of attending the programme***Key points to cover**

- Each of the sessions will cover something new and important that caregivers can do to help their child- so it's critical for caregivers to come to all sessions.
- Explain that [insert local community voice such as a well-regarded doctor that endorses programme] strongly asks you to attend these sessions because with every session the caregivers come to, the more likely it is that they will be able to help their child.
- It is the same for the children- the more they come to the sessions, the better able they will be to cope.
- Other advantages include: the child being happier, better liked, better adjusted and being able to learn better. Over time this leads to them living happier lives as adults.

4) *Explain that often children and adults experiencing emotional distress (and carers of those experiencing distress) can experience stigma from others.*

- Ask the caregiver how they felt coming to the session today? (wait for response then communicate concern as appropriate)
- Ask caregivers how their child might have felt coming in today⁸? (wait for response then communicate concern as appropriate)
 - Explain that it's very common for caregivers to feel embarrassed or worried about what others may think when they are a caregiver of a child experiencing difficulties with their emotions. Explain that it's also very common for the child to feel this way too. Tell

⁸ Change to the appropriate time for when the child is attending their own independent assessment session.

caregivers that this often because of stigma. This means that others view the child as inferior or less worthy on the basis of their mental health status.

- Ask the caregiver whether they think their child would prefer to be their usual happier self?
 - Communicate concern about how awful it must be for their child to be feeling this way. Explain to the caregiver that their child most likely wishes they didn't have these problems but unfortunately can't make themselves happier, that they are not being sad or worried on purpose. (If applicable, add: that their child is not being naughty or lazy on purpose either). Explain that the child has tried their best to improve but they need some extra help with learning some more skills about what they can do to help better manage their emotions. It is very likely that the child is very worried and upset about how they are, even if they don't seem this way. Their child may even have worries that they are going crazy, but you (the facilitator) know they are not going mad. Scientists have discovered that it is the emotional distress experienced by the child that is causing the changes in their behaviour, mood and thinking.
- Ask the caregiver whether they experienced any difficulties with getting this help for their child?
 - Explain that stigma can often get in the way of people getting help. Some people may seek spiritual guidance or go to traditional healers. Some people may not seek any help at all. Some people may seek help and it is hard to find. Praise caregivers and their child for showing bravery, courage and motivation by coming to this assessment, especially when there is a possibility of being stigmatised.

5) *End the assessment with the caregiver and explain the next steps.*

- Thank the caregiver for their time and explain that their son/daughter will be assessed for their suitability for the programme.
- If they are accepted into the programme, the caregiver will be contacted and invited to attend the caregiver sessions.
- Alternatively, if the programme is not suitable, then alternative options will be discussed with the young person and the caregiver will also be advised of these also.

2. Post-Programme Assessment

Summary of Post-Programme Assessment:

- This assessment helps you review any gains the participant has made after completing Early Adolescent Skills for Emotions
- This assessment will tell you how much the caregiver feels the child has improved
- Happens after the programme has finished (usually within 2 weeks)
- Happens with young people and their caregivers individually and face-to-face

Checklist of Materials:

- Post-treatment assessment protocol (Appendix A):
- Assessment flashcards for the caregiver to rate their child's symptoms⁹
- Contact information of supervisor and main referral services etc.

The post-programme assessment includes the same measures you have used in the pre-programme assessment. The results can then be compared with the pre-programme assessment results to see if the young person and caregiver have experienced any changes in their emotional difficulties.

Tell the young person and caregiver that it is important that they give you honest answers, even if they believe you might be upset with their answers. This is because sometimes people will give positive answers because they believe they should have gotten better. Or they might think you will be upset with them if they do not give positive answers.

When completing a post-programme assessment, be sure to re-read the information about how to complete an assessment (earlier in this chapter).

What to do if a Young Person is Still Having Problems?

Sometimes you might assess a young person who continues to report having emotional problems that are interfering with their life. If this is the case, you may consider offering the young person and/or their caregiver one or two individual counselling sessions if feasible. This option is best for young

⁹ Visual aids (or flashcards) that use pictorial rating scales are recommended when completing an assessment. These are developed in the cultural adaptation phase.

adolescents and caregivers who were motivated during the group and have put in effort to practise exercises between sessions. These sessions might,

- focus on strengthening their skills by discussing how they can continue to apply the EASE and caregiver exercises in their lives
- be very practical and focus on practising the learned exercises in the sessions

Alternatively, you may need to refer them on to a specialist (e.g., ideally a pediatrician or a mental health professional if available). Some caregivers may be experiencing their own mental health problems and in this case, you and your supervisor may decide to refer them to a health professional trained in mental health care. A list of referrals should be available to you before you assess caregivers.

Otherwise, if you are aware of any non-specialist services they can access that might provide appropriate support you can suggest these to the young person and their caregiver.

Sometimes young people might have shown improvements but continue to experience mild emotional problems. This is quite common. You might encourage these participants to keep practising their EASE exercises and call them in 2 to 3 months' time. At this point you can re-assess them to see if they require more specialised care.

How to do an Assessment?

Refer to the steps for the pre-programme assessment.

Complete the post-programme assessment as per the protocol in Appendix A

Tips to keep in mind:

- Tell the young person and caregiver what the purpose of the assessment is
 - To find out how the young person and caregiver are feeling now they have completed EASE
- Tell them what will happen in the assessment and approximately how long it will take
- Remind them about confidentiality
- Use all your basic helping skills (see Appendix B)

Early Adolescent Skills for Emotions Youth Sessions

Group psychological help for caregivers of young adolescents impaired by distress in communities exposed to adversity

CHAPTER FOUR: Session One: Understanding My Feelings

Session Aims	<ul style="list-style-type: none"> ●● Promote group cohesion and support ●● Educate participants on the intervention and why it will help them ●● Build skills to identify and label emotions accurately ●● Identify strengths
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Topic	Aims	Activities	Materials	Time
Introductions Introductory Game Review EASE programme	<ul style="list-style-type: none"> ●● Get to know each other ●● Help participants relax ● Give overview of the aims of programme 	Game	Name tags Dependent on game chosen	15 minutes
Review EASE programme	<ul style="list-style-type: none"> ● <u>Give overview of the aims of programme</u> 	<u>Information sharing</u>		<u>5 minutes</u>
Group Rules ("Rabbit Hole")	<ul style="list-style-type: none"> ●● Set rules and expectations for how to behave in the group ●● Promote cohesion within the group 	Discussion	Poster Markers	105 minutes
Story	<ul style="list-style-type: none"> ●● Familiarise participants with the story 	Reading/ discussion	Story book	105 minutes
Understanding my Feelings	<ul style="list-style-type: none"> ●● Participants learn 1) How experiences affect feelings, body sensations and actions 	Feelings pot	Feelings Chart Feelings Pot Poster	40 minutes
Identifying personal feelings	<ul style="list-style-type: none"> ●● Participants learn 1) How to label feelings appropriately 		Feelings Pot Poster Participant worksheets: Feelings pot	15 <u>25</u> minutes

Understanding common problems	<ul style="list-style-type: none"> ● Participants learn 1) Common problems youth experience ● The effect these problems have on individuals 	Discussion Reading the story	Story book	10 minutes
Understanding personal strengths	<ul style="list-style-type: none"> ● Participants learn ● how to identify their own current strengths 	Discussion Reading the story	Story book	10 minutes
Ending session	<ul style="list-style-type: none"> ●● Summarise what was covered ●● Introduce and set home practice ●● Promote cohesion in group 	Discussion Strengths Activity	Participant workbooks 1 piece of paper per participant; markers	10 minutes

Welcome and Introductions

1015 minutes

1. Welcome group

2. Facilitators introduce themselves

- For example, name, favourite hobby
- Include that your job is to hear difficult stories from children and adolescents and help them cope better

3. Ask each participant to introduce themselves

- Suggest they say their name and something about themselves
- Participants should only share information they feel comfortable sharing

4. Alternatively, play the Introductory activity described below

4. HaveIntroductory activity

- Ask participants to form 2two lines. Tell and stand in front of each other in pairs.
- Give them they have 1one minute to introduce themselves to each other- the person they are facing.
 - You can suggest some guiding questions for them to ask each other, such as who do you live with? what kind of music do you like? what do you like doing with friends?
- After 1one minute ring a bell or yell out “change” and ask the one line willto move down onea place. They will have 1 minute to introduce themselves to their so they face a new partner- person, in the other line, which stands still. The first person in the moving line goes to the back of the line, to meet the last person in the standing line.
- Continue to do this until everyone has introduced himself or herself to everyone in the line.
- Return to large group: invite each participant to share 1 thing they learned about another participant (that they did not know previously). The facilitator can first ask for a volunteer and continue going around the circle in a clockwise direction. Each participant should say the name of the person and the new thing they learned about them
- Return to the large group before moving onto the next discussion (Review of the Programme)
- If the above gameactivity is not appropriate, see Appendix GD or choose an activity yourself.

Review of the Programme

5 minutes

1. Remind participants what the programme involves

- Meeting together in this place for the next 7 weeks at this time
- Learning some skills to help better deal with emotional and practical problems
- HelpHelping each other to practice these skills in the real world

- ~~Participants~~ Explain that participants' caregivers will also be meeting together to learn some skills to better help the participants ~~to~~ as well

2. Allow brief time for participants to ask questions about the programme

Group **Guidelines: "The Rabbit Hole"**

10 Rules

5 minutes

1. ~~Tell participants~~ Explain that for this group to work well we need to create a safe environment.

2. Invite participants to identify rules that are important for them to create a safe environment.

- Write or draw the rules on a poster and display this visibly in every session
- ~~If they can be referred to throughout the programme~~
- ~~If participants~~ are reluctant to share, ~~facilitators should~~ give examples and ~~then~~ invite ~~them to think of~~ more ideas
- The Ensure the following rules should be included:
 - Listen to one another
 - Respect each other's stories and ideas
 - Keep everything talked about in this group private
- ~~Facilitators need to explain their limits to privacy:~~
 - ~~Tell participants that everyone must keep the discussions private (i.e. not talk about other participants outside of the group). This includes the facilitator who cannot talk to anyone else, including the participants' caregivers about what they discuss.~~
 - ~~However, the following are times when a facilitator will have to speak to their supervisor even if the participant does not want them to. Tell participants the name of the supervisor and that they are someone very experienced in helping young people:~~
 - ~~1. If a participant is at risk of hurting themselves or wants to end their life~~
 - ~~2. If a participant is being hurt by someone else, like a family or community member~~
- ~~Use the term "the rabbit hole" to describe the breaking of these rules~~

When any of us, including the facilitators, break any of these rules we have fallen into a rabbit hole. If we get stuck in the rabbit hole or ignore broken rules it will really mess up our group. How could it mess up our group if we were to break any of these rules and fall into the rabbit hole?

- ~~Tell participants that when a rule is broken by a participant or facilitator it is everyone's responsibility to tell us that we have fallen into the rabbit hole.~~
- ~~Give participants the option of privately telling a facilitator if a rule has been broken~~

Confidentiality

Stress the importance of confidentiality and ask that everyone agrees to keep what is said at these meetings private and not talk about other participants outside of the group. Explain this also refers to the facilitator who cannot talk to anyone else, including the participants' caregivers about what they discuss.

However, the following are times when a facilitator has to speak to their supervisor even if the participant does not want them to: If a participant is

1. at risk of hurting themselves or wants to end their life (see note below)
2. being hurt by someone else, like a family or community member

Tell participants the name of the supervisor and that they are someone very experienced in helping young people.

Note: You should explain to participants that sometimes people have thoughts that their life is not worth living or wishing they would fall sleep and not wake up (or use culturally appropriate phrase to describe suicidal thinking). However, these thoughts are not uncommon and participants do not need to feel ashamed if they are experiencing these kinds of thoughts, but rather they can feel safe talking to you about this at any time during the programme. However, they should be aware that if you become very worried about them, then you would have to speak to your supervisor even if the participant does not want you to.

- Explain to participants that some topics of discussion might not be appropriate for the whole group.

We will be talking a lot about our personal experiences in this group. We want everyone to feel comfortable talking about all any experiences they might have had, but some things might make you or others feel uncomfortable. Because of this, there are a few topics that you should first talk with facilitators about individually. Examples are sex, ~~severe~~ or experiences of physical or sexual abuse ~~or~~ stories. Are there any other topics that you prefer not to talk about ~~war, drug use in the big group?~~

- Repeat that you are used to hearing very scary stories and all sorts of problems so participants do not need to feel worried or ashamed about sharing their experiences with you.

Story**105 minutes****1. Read Story****1. Participants can Read story: Show Picture 1 and read Text 1**

- Ask participants to create the following parts of the story:
- What are his favourite things to do, by asking questions in his spare time? story book (see Text 1)

- ~~What are some things he is really good at?~~
- ~~How old is he?~~
- ~~Who else is in this picture? What are their names?~~
- ~~If at school, what are his favourite subjects? Does he like his teacher?~~
- ~~Where does he live?~~

Understanding my feelings

4045 minutes

Aims

- Learn about different feelings that arise from problems
- Learn how to accurately identify feelings

Materials: Feelings chart poster

● Introduce the activity

We experience different feelings everyday. They might be pleasant feelings, like happiness or excitement, or they might be less pleasant feelings, like sadness or anger. Our feelings are often linked to what is happening to or around us. We are going to read a bit more about Kian to help us understand this better.

1. Read story: **Show Picture 2 and read Text 2 (10 minutes)**

- Hang the feelings chart and direct participants' attention to it
- Ask participants to identify how the different activities/situations might make Kian feel (E.g. happy, relaxed when with family or singing, sad or angry being left out)
 - Participants can look at the feelings chart for ideas of different feelings
 - It is okay for participants to choose different feelings for the same event (e.g. happy, excited and proud when he sings with his family)
 - If participants do not suggest different feelings for the one activity, the facilitator should suggest this (e.g. *do you think Kian could also feel proud when he sings with his family? He might feel proud if they are singing very well.*)
- Prompt participants with questions if they are having difficulty identifying feelings
 - E.g. *Kian felt like his friends were leaving him out. How might this have made him feel?*
- Summarise that different experiences and problems can make us feel different feelings
- Ask participants if there is an example of Kian experiencing very different or opposite (or conflicting) feelings during the same activity? (~~Looking for participants to answer~~ (hanging out with friends):
 - *Sometimes we can feel very different or conflicting feelings at the same time. For Kian, this ~~washappened~~ when he was hanging out with his friends. Although he ~~loved seeing~~ enjoyed being with them ~~and felt very happy when he was around them,~~ he also felt ~~sad and angry~~ embarrassed because ~~he thought his friends were leaving him~~ they might find out*

sometimes about the problems he was having at home. This might happen for you now and then too. I know it can happen to me.

2. Externalising Feelings: ~~Group feelings: group~~ activity (15 minutes)

2.

Aims

- To externalise feelings- learn to separate feelings from who they are
- Reduce self-blame for feelings they experience
- Improve knowledge about different feelings

Materials: Feelings chart; ~~props and costumes for dressing up;~~ Sadness poster, large pieces of Sadness blank paper and markers (preferably coloured), slips of paper with the different feelings from the Feelings Chart written on them

- Introduce the idea of externalising feelings.
We are going to ~~find out~~ explore what different feelings might look and act like if they were real creatures.
- ~~Hang~~ Refer again to the **Feelings Chart**
- ~~Facilitator shows~~ Show the Sadness poster of sadness that has already been externalized. (you can use the one provided or draw your own version if needed)¹⁰. Invite participants to:
 - Identify different characteristics they notice (e.g. colour, height, shape, facial expression, hair etc.)
 - Comment on changes they would make if they were externalizing sadness (e.g. would asked to describe 'sadness' as a character. Would it be the same colour, shape etc.?).
- Ask participants to create a character for the feeling 'scared'happy'. As participants respond to questions or give ideas, ~~the facilitator has to draw the feeling~~ draws the character on a poster.
 - What ~~would~~ should it look like? Does is it look like a person or a shape or a creature?
 - How large or small would should it be?
 - ~~What colour would it be?~~
 - At the end, give the feeling character a name. (What should we call ~~sadness?~~ it?)

3. Externalising Feelings: ~~Small group feelings: pair~~ activity (15/20 minutes)

- Organise the group into pairs.
- Give each pair a feeling (from the Feelings ~~Chart~~ in secret ~~chart~~) written on a slip of paper, so the other participants do not know what 'feeling' they have been given.
- ~~They have~~ Give them 5 minutes to create a character for the feeling (give them 5 minutes).

¹⁰ If you choose not to use the Sadness Poster you can either find a different picture that is more appropriate or draw your own version of this poster.

- Options for each pair: they can draw the feelings character on a poster; use the costumes or create a feelings statue using their bodies and props facial expressions.
- Ask them to dress up one of the participants like the character
- Pairs also decide on a name for their feeling character
- Feelings parade all the - give each pair a turn to show their feelings characters can walk around character either by showing the poster or the room together in their costumes or holding statue they have created with their posters up bodies and facial expressions.
- Participants have to The other participants should guess which feeling is being shown by a particular each pair.

Facilitator ~~identifies specific~~ note:

- After each presentation, comment on features of each feelings character they that you think is very creative.

- When After the activity, sit the group down and explain everyone has presented, continue by explaining that everyone experiences these feelings:

We all have feelings living inside of us. Some feelings are really nice to have, like feeling excited or proud or relaxed.

But sometimes we can experience uncomfortable feelings too, like sadness and fear. Sometimes we might feel sad, angry or embarrassed about ourselves or about other people. But these feelings can be helpful for us at different times if they are not too big. For instance, feeling scared can sometimes stop keep us safe, for instance, by stopping us from doing walking through a dangerous thing like running out onto a busy road area at night. Sometimes, feeling sad can tell us how important someone or something is to us, like when we miss someone close to us who has died. Feeling angry might show that we think something is not fair, like when someone bullies us our friend is being bullied.

But when these feelings grow too big and difficult they can start to overwhelm us. This is a sign that we need to train manage them so they do not take over mess things up for us. Understanding our feelings and how to catch notice them is the first step to making these managing the big and difficult feelings smaller. Let's now talk about how we can start to notice our feelings.

Identifying personal feelings

1525 minutes

Aims

- Learn to identify feelings participants are experiencing
- Learn how to identify feelings that are causing interference in their lives. This will help them decide when a feeling is growing too big and they need to use their coping exercises

1. Feelings Pot: Individual Activity: pot: individual activity (15 minutes)

Materials: Feelings ~~Pot Poster, Participant~~ pot poster, participant workbooks, coloured pencils (optional)

- Introduce the activity:

Now we are going to learn how to identify different feelings we have each day. Then we are going to use this feelings pot (show feelings pot poster) to show all the different feelings you might experience in one day. Let's look at an example from Kian first.

- **Read story: Show Picture 3 (read Text 3) and Picture 4 (read Text 4)**

- Give participants time to ask questions about the story or feelings pot.
- Emphasise that like Kian, we can all experience many different feelings in the one day. Sometimes ~~the~~ one event can cause us to have different and even opposing feelings ~~(e.g. Kian felt both sad and amused when he fell over).~~
- Invite each participant to open their workbook to the Feelings Pot page ~~(5 minutes)~~
- Ask them to think about their day today and identify all the feelings they experienced during the day, including right now.
- Participants first develop a key next to the pot that shows which feeling is represented by which colour (e.g. blue for sad, pink for anxious, yellow for happy), or shapes and patterns if participants do not have coloured pencils (e.g.   for sad,  for happy)

LEBANON CULTURAL ADAPTATION

- For Lebanon, please emphasise 'drawing shapes and patterns'. Coloured pencils will not be used for this activity in Lebanon.
- Then ask them to ~~colour~~ infill the pot with the different colours or shapes. The more ~~-one colour~~ or shape is used means they felt this emotion more often
- Invite participants to share their feelings pot with the rest of the group if they would like to. Ask them to talk about what experience made them feel each feeling (i.e. what was happening in their day when they felt this way).
 - ~~Initially~~ Start by asking them first to share pleasant feelings and then invite them to discuss ~~pleasant~~ more difficult feelings
- Give summary:
-

We all experience different feelings even in one day. And each day these feelings can be different sizes. One day we might feel lots of sadness, but on another day we might not feel sad at all. So our feelings are always changing. That's why it is helpful to ~~catch~~ notice them, especially when they are really big.

Alternative for older participants:

- Colouring in might be too immature for some participants
- As an alternative they can write the feeling in the pot and draw borders around the word to show how much they felt that emotion

2. **Big Feelings: Discussion** ~~(5 and difficult feelings: discussion (10 minutes)~~

- Read story: Show Picture 5 and read Text 5
- Explain that feelings can get so big **or difficult that** they **can behave in ways that** mess up things in ~~our life~~ their lives.

Everyone in this room will experience big and difficult feelings¹¹. It is important to know that even though these feelings can be uncomfortable, they will not hurt you. But sometimes when we try to cope with big and difficult feelings we end up doing things that can cause us more problems. For instance, if I feel very angry I might say something mean to my sibling which hurts their feelings. Or if I feel scared of something I might avoid it and end up missing out on something really enjoyable. And sometimes it can be hard to concentrate on what we are doing, just like Kian found when his feelings of worry got too big.

- Ask ~~Example~~ them what kinds of feelings cause them to act in ways that messes things up for them. If they don't mention them, include the difficult feelings of sadness, anger, fear or grief.
- Ask the participants **how** difficult feelings can mess things up? Give examples of interference: makes it hard to concentrate, play with friends, do chores or schoolwork; makes us fight with others; makes us run away from situations.

- Show Kian's feelings pot (Picture 4) and ask participants to identify which feelings ~~have~~ been/were very big and messed up his day.

- E.g. Worry made it hard for Kian to concentrate on his schoolwork.

- Ask participants if one of their feelings from their feelings pot messed up their day today?

- Explain that when feelings mess up things for us, we need to ~~tame~~ manage them.

- Give a summary

● *Over the next few weeks we are going to ~~make focus~~ on these big and difficult feelings and learn better ways to cope with ~~them~~ smaller. These kinds of feelings can happen because of problems you and other young people experience, such as problems at home like Kian had with his parents fighting. Or you might have problems with your friends or experience bullying. Maybe some of you are dealing with really big problems, like the death of someone close to you, or living in a really dangerous area. There are lots of different problems everyone in this group is experiencing. Some of you may be experiencing the same kinds of problems. There will be times when we can talk about these problems together but today I want you to know that everyone will experience problems that cause them to have big and difficult feelings.*

¹¹ Alternatively, you may choose to use terms young adolescents in your group are using to describe "big and difficult feelings" (e.g. strong, messy, interfering, uncomfortable etc.).

Understanding common problems**10 minutes****Aims**

- Share ideas of common problems youth experience

1. Explain that problems can cause us to have feelings that mess up things for us**2. Read story****3. Discuss different types of problems youth experience**

- Summarise Kian's problems: having problems at home and with his friends
 - Invite participants to share problems they or their friends have experienced
- Identify similar problems participants in the group are facing

Understanding personal strengths**10 minutes****Aims**

- To show that even when bad things happen, people can show strength in lots of different ways

1. Explain that even when we have problems we can show our personal strengths

- E.g. people can feel sad or worried but continue to go to school, see their friends etc.

2. Read story

- Ask participants: *What things do you do that help you cope with yucky or uncomfortable feelings?*
- Encourage participants to share ideas of helpful coping strategies (e.g. activities they do) or strengths they might have (e.g. personality characteristics)
- Examples:
 - Talking to others (e.g. friends or caregivers)
 - **Saying** something to themselves to encourage coping and strength (e.g. "I'll get through this")
 - Confronting situations that cause them worry (when the situation is reasonably safe- e.g. asking a group of children to join in a game)
 - Doing fun activities when they feel sad (e.g. playing with friends)
 - Activities to help them calm down
 - Doing something you are good at (helpful for younger participants)
 - Doing rewarding activities (e.g. finishing a task such as schoolwork)

Using humour

- ~~Facilitator~~ to look out for examples of coping strategies that participants believe are helpful but are actually unhelpful (e.g. drinking alcohol, suppressing thoughts about problems, aggressive behaviour to deal with anger, running away, lying to others).
 - See example script below and adapt according to the unhelpful exercise you have identified.

~~¹² Sometimes the exercises we use to help us deal with our problems and feelings work in the short term. But this doesn't mean they are always helpful. For instance, some kids get really aggressive with their friends or siblings. It might help them feel in control and to get their way. This can feel really good. But fighting with others can cause lots more problems, like losing your friendships, hurting others or even yourself. And it may not make you feel better in the end.~~

- ~~Tell participants this programme will help them use their strengths as well as learn new coping skills to help them manage their problems~~

Ending the session	10 minutes
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1. Summarise session 1

- ~~Brief summary of~~ Briefly summarise what was covered in the session (~~either facilitator says this or Kian, through book~~).

~~We Today we have learned a lot today about how problems can affect different kinds of feelings and practised how to identify them with our feelings. We learned how to catch our feelings. It is going to be important pot. We want you to get really good at catching and rating noticing different feelings for our next session. So, make sure you practice over, especially the next few days! big and difficult ones that can mess things up in your life, because we are going to learn some ways to manage them.~~

2. Home practice

- ~~Catch~~ Explain that the participants should try to notice as many feelings as they can each day and ~~put~~ draw them in the pot (i.e. colour or draw in feelings pot each day; workbook has a feelings pot for each day)
- ~~Discuss how~~ participants they can remember to do this ~~tell~~. Examples of ways are to - ask caregivers to remind them, remind each other, open ~~book~~ their workbooks before ~~you~~ they go to sleep and do it every night)
- ~~Decide with each participant whether they are going to take their workbook home (they must remember to bring it to the next session) or record their home practice another way~~

3. Activity to end the session

- ~~At~~ End each session in the ~~end of each sessions~~ same way.
- Ask participants to sit in a circle. ~~Each participant is asked and~~ to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today).
- Give them ~~1~~ one minute to think of ~~one~~ this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a

~~¹² Adapt the example so that it is relevant and suitable for each group of participants.~~

strength word to describe each participant in case a participant cannot think of one.

~~Participants are invited~~

- ~~Invite participants~~ to tell the group their chosen strength.

- **Note:** Participants should not be forced to share if they do not want to. These words will be used in the following activity.

- ~~Give Participants are given~~ participants a square piece of paper (you may have to cut an A4 piece of paper into a square) and a marker. ~~Participants are asked~~ Ask them to fold ~~one piece of the~~ paper in half, then in half again, then in half again. Open the piece of the paper so that the creases remain and there are now 8 squares (or 8 sections on the paper). ~~Each session a participant will be asked to decorate a square (or section) of the paper with a new strength word (or picture or symbol representing that word). Now participants are encouraged to write the strength word (or use pictures or symbols to represent that word) on one section (square) of the paper sections on the paper.~~
- ~~The~~ Explain that at the end of every session, they will be asked to write or decorate one section of the paper with a new strength word (or picture or symbol representing that word). This will be called their Strengths paper
- ~~Now ask them to write or draw their strength word for this session on one section. Ask them to write their name on the back of the paper.~~
- ~~Collect the papers should be collected by the facilitators who will and~~ store them ~~awaysafely~~ for the next session.
 - ~~Have participants write their name or something to identify the paper as theirs~~
- ~~The same activity will be repeated at the end of each session.~~

CHAPTER FIVE: Session Two: Calming My Body

Session Aims	<ul style="list-style-type: none"> •• <u>Consolidate learning from session 1</u> •• <u>Continue to promote group cohesion and support</u> •• <u>Learn how problems and feelings can affect the body</u> •• <u>Learn a coping exercise to help calm the body</u>
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Topic	Aims	Activities	Materials	Time
Welcome Feelings Activity	<ul style="list-style-type: none"> •• <u>Consolidate identification of feelings from session 1</u> 	<p><u>Feelings Charades</u> <u>Showing our feelings game</u></p>	Container with individual feelings written on pieces of paper	15 minutes
<u>Summarise Session 1</u>	<ul style="list-style-type: none"> •• <u>Give summary of session 1 to promote learning</u> 	<u>Discussion/quiz</u>	<u>Session 1 Posters</u>	<u>5 minutes</u>
<u>Review Summarise Session 1 and review home practice</u>	<ul style="list-style-type: none"> •• <u>Give summary of session 1 to promote learning</u> Participants share home practice •• <u>Facilitators manage any problems participants had completing their home practice</u> •• <u>Review any aspects of session 1 that participants did not understand</u> 	<p>Discussion Reading</p>	<p><u>Session 1 Posters</u> Participants' workbooks <u>Feelings Chart</u> Story book</p>	15 minutes
Feelings and my body	<ul style="list-style-type: none"> •• <u>Learn how the body is affected by problems and strong feelings</u> 	<p>Teaching Reading Body map activity</p>	<p>Story book Body Map Poster</p>	20 minutes
Calming my body	<ul style="list-style-type: none"> •• <u>Learn an exercise to calm the body when it is 'stressed'</u> 	<p>Balloon exercise Slow breathing</p>	Balloons (or paper bags)	20 minutes
Ending session	<ul style="list-style-type: none"> •• <u>Summarise session 2</u> •• <u>Set home practice</u> 	<p>Discussion Strengths Activity</p>	<p>Story <u>Storybook</u> Participants' workbooks</p>	15 minutes

			Participants' strengths paper; markers	
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Welcome

15 minutes

1. Welcome group

2. Showing our feelings

"Show me how you look when you feel..."

2. ~~Opening activity:~~ **Feelings Charades**

Aims

- Learn how to accurately identify and label feelings
- ~~Learn how we can~~ express feelings differently through our with face and bodies so others can recognise them.

Materials: Container (e.g. bucket, hat, glass) with individual feelings written on pieces of paper (e.g. sad, angry, scared, embarrassed, excited, worried, bored, relaxed, proud or pleased with yourself etc.)

- ~~Introduce~~ Learn to identify and understand others' feelings

Materials: A ball or something else you can throw (e.g. sock, paper ball)

- Ask the activity:
- The first step to helping us tame or train big feelings is participants to get to know them. We want to get good at catching these feelings stand in ourselves and in each other. So, let's play a game circle and explain you will start with an activity that helps us catch is about showing different feelings.
- Instructions:
- Explain to the group that each facilitator will close their eyes and select a piece of paper from the bucket. Then Give one participant the ball. Ask him or her to throw the ball to someone else and say "show me how you look or behave when you feel...sad/happy/excited etc".
 - The person who receives the facilitator will act ball acts out the particular feeling without using any words.
 - Encourage participants to think about what with his or her whole body. Then they do with their eyes, mouth, forehead, throw the ball to someone else and posture when acting do the same: "show me how you look or behave when you feel... (say a feeling)." It is okay to call out-

- ~~Give the example for sadness: one might pull the corners of their mouth downward, have their eyes looking down, wrinkle their forehead, dip their head forward as though looking down, hunch over their shoulders and allow their arms to hang heavily by their sides.~~
- ~~Participants are encouraged to guess the same feeling the facilitator is demonstrating that~~
- ~~Participants will raise their hand (or alternative, such as making a sound, standing up etc.) and the second facilitator will point to the participant who raises their hand first. This participant can give their answer.~~
 - ~~When a participant guesses correctly everyone claps and/or cheers the participant~~
- ~~If the participant has not guessed correctly, the facilitator will choose another participant to guess. Allow at least 5 incorrect guesses by different participants has mentioned as this helps to illustrate that different people experience and express the same feelings in different ways.~~
 - ~~After someone guesses correctly, or after 5 incorrect guesses, the facilitator acting out the feeling tells the group what the feeling is and explains what they were demonstrating with their face, body and actions to express this feeling~~
 - ~~Repeat above with the second facilitator acting out a feeling chosen from the bucket~~
- ~~After the facilitators have acted out a feeling, invite a participant to do the same. One of the facilitators should be available to support them or act out the feeling with them. When everyone has had a turn expressing a few different feelings, end the activity with expressions of positive feelings. You can take the ball or object back and ask everyone to show you how they look when they are happy, or excited, or relaxed.~~

Alternative Instructions

This version of the activity may be more suitable for older participants.

The ball thrower will say, "show us a feeling to guess" (instead of "show me how you look when you feel..."). The person who receives the ball will mime (act without saying anything) a feeling and the other participants have to guess what feeling they are showing. This encourages identification of other people's feelings.



- ~~Participants should not feel pressured to act out a feeling~~
- ~~Continue the game for 10 minutes or until no one else volunteers to act out a feeling.~~

Review Session 1

5 minutes

~~**Materials:** Hang any posters from session 1 that will be referred to (e.g. group rules, Feelings-Body-Action Poster, Feelings Chart, and the feelings pot completed in group activity)~~

~~1. Quiz knowledge of session 1~~

~~The following topics should be covered:~~

- ~~● **Problems:** Last week we talked a lot about the different types of problems we can experience. Can anyone tell me what types of problems we talked about?~~
- ~~● **Feelings:** And these problems affect the way we feel. What kinds of feelings did we learn could increase after experiencing problems?

 - ~~○ Can invite participant to demonstrate the feeling—facial expression and posture.~~~~

~~Remember, we learned these feelings are very understandable but sometimes they can grow too big and make us feel uncomfortable or they might mess up things in our lives.~~

- ~~● **How problems affect us:** Remember feelings were one thing problems can change in us. There were 2 other things problems can affect. Can anyone remember what they were?

 - ~~○ **Body:** So feelings can affect what happens in our body. Today, we are going to talk more about what happens in our body when we feel different feelings and how to calm our bodies when these sensations are very unpleasant.~~
 - ~~○ **Actions:** That's right. Our feelings can change our actions—what we do. We will learn more about this and what we can do next week.~~~~

Review and home practice

1520 minutes

Aims

- To strengthen participants' ability to accurately identify and label feelings
- To help participants understand that all people experience unpleasant feelings

~~**Materials:** Hang the posters from session 1 that will be referred to (i.e. group rules, Feelings chart, and the Feelings pot completed in group activity)~~

~~1. Give summary of session 1~~

~~Last time we met we talked about how each day we experience many different feelings. These feelings might be pleasant or they might be unpleasant. Sometimes problems, like being bullied or having problems at home, can cause us to feel big and difficult feelings that might mess up things in our lives. Let's look at some of the feelings that you noticed over the last week.~~

~~1.2. Participants discuss their home practice~~

- ~~● Read story: Show Picture 6 (read Text 6), Picture 7 (read Text 7), and Picture 8 (read Text 8)~~
- ~~● You can ask the following questions to review the story and help participants to share their home practice~~

~~1. Initially Kian found it hard to remember to do his home practice. Did anyone have similar difficulties? Would you be able to share with us?~~

~~2. Kian drew some pleasant and difficult feelings in his pot. Would anyone like to share what feelings they drew in one of their feelings pots from the last week?~~

- ~~•• Invite participants to share **one** example (i.e. one day) of their feelings pot~~
- ~~• Facilitator asks participants Ask them to identify the biggest feeling for that day's feelings pot~~
- ~~•• Ask them to identify what was happening that day that caused them to have those feelings.~~

~~• Ask participants if any of the feelings were so big they messed up something in their day~~

~~• Ask them if they did anything to try to cope with the feelings (or in response to having those feelings)?~~

~~• If participants are hesitant to respond: Let's look at what Kian did first and see if you had similar experiences.~~

- ~~• Facilitators help participants manage any problems with home practice (See Helpful Hints in Appendix D)~~

~~2. **Read story**~~

- ~~• Ask the following questions after story to review material~~

~~1. Did anyone have similar experiences to Kian? Would you be able to share with us?~~

~~2.3. Worry was the Kian's strongest emotion/feeling. What might someone look like if they were feeling worried?~~

~~• Invite participants to demonstrate the facial expression and **body** posture for the feeling worry.~~

~~• Facilitator should identify the specific features that are demonstrated (e.g. turned down mouth, pursed or tightened lips, creases in forehead, etc.)~~

~~3. What sensations did Kian notice in his body when he felt worried? Can you think of a time when you felt worried; what were some of the sensations you noticed in your body?~~

~~4. What did he stop doing when he felt worried? Can you remember what you did or stopped doing when you have felt worried? (He avoided his friends) Did you act in a experience something similar way to Kian?, where a difficult feeling, like worry, messed things up for you?~~

- ~~• Facilitators help participants manage any problems with home practice (See Helpful Hints in Appendix E)~~

Feelings and my Body

20 minutes

Aims

●● Learn how problems and feelings can cause physical sensations in the body

Materials: Feelings, chart; Body Action Poster; Feelings Chart; Body Mapmap poster and markers

1. Body Map: Group Activitygroup activity

- Introduce aim of activity: to learn how feelings can cause our bodies to change

So far, we have learned how problems can affect our feelings. Today we are going to learn more about how problems and feelings can affect our bodies.

- Using Body Mapmap poster (large outline of a body)

- Instructions:

- Option to review Read story (show Pictures 9-11 and draw body sensations identified from story¹³: Ask read Texts 9-11) and show the participants what the body map. Explain that this is an outline of Kian's body, and you want their help to draw the different sensations Kian noticed with different feelings.
- Ask the participants how you should draw the sensations Kian experiencednoticed when s/he felt: worry (ie. stomach twisting and turning, warm face, about to cry). Repeat for the two other feelings Kian mentioned, happy and angry.
 - Worried
 - Happy
 - Scared
- Using Now draw attention to the Feelings Chart,chart, and ask participants someone to choose a feeling
- . Ask participantseveryone to think of a time when they felt this feeling
 - Ask participantsthem to describe what sensations they might have hadremember having in their body when they felt this way.
 - Ask a volunteer to draw the sensations on the body map poster, or ask for input from the participants if you draw them.
 - If participants are reluctant, facilitator gives example first
 - Following each example of a body sensation, have the participant draw the sensation on the body (or help the facilitator draw it if they do not want to draw in frontrefer back to Kian's examples of the group).
 - Get about 3 different body sensations from different participants before moving on to a newtwisting stomach, warm face and wanting to cry when feeling worry.
 - Repeat for 3-5three to five feelings (on the Feelings chart make sure there are pleasant and unpleasant feelings included)
 - Use the same coloured marker to show the different sensations for the same feeling (e.g. orange for fear; blue for sadness; yellow for excited; red for angry)

2. Read story

¹³ This option would be appropriate with younger participants or participants who are having difficulty understand concepts in the programme

- End the activity by highlighting that most of our feelings affect our body in one way or another, and it is important to be aware of this when trying to manage big and difficult feelings.

Calming My Body

20 minutes

Aims

- Learn an exercise to calm the body when it is stressed

1. Read story

2.1. Discuss participants' helpful coping strategies

- If feeling stressed, sad, scared or angry can affect our bodies and make us feel uncomfortable. So, we need to learn ways to relax our bodies. Imagine if you were feeling really scared about something bad happening in the future, what. You started to notice your heart was beating very fast and tingling sensations in your arms and legs. What would you do to calm those feelings and your body sensations down and manage your fear?

- Ask the same question with other emotions, such as sadness, anger, grief etc.

Facilitators identify LEBANON CULTURAL ADAPTATION

- Make sure you ask about anger.

- Identify helpful coping strategies and encourage participants to continue practicing these strategies
- Explain the difference between helpful and unhelpful coping strategies.

⊖ Helpful coping strategies are those that reduce difficult feelings and do not cause harm to one's self or others, that aim to reduce the strong feelings

⊖ anyone else. An example is saying something positive to yourself (or give an example identified by a participant). Helpful coping strategies do not have to always work in order for them to be helpful.

⊖ Examples: talking to someone, asking for help, doing something physically active, relaxation exercises, saying something positive to oneself, and asking yourself "who else can help?"

- Be aware of unhelpful strategies and respond appropriately (see notes on personal strengths in Session 1)

⊖ Unhelpful coping strategies are those ones that cause additional problems or might cause harm to one's self or others or someone else. At first, such

~~Unhelpful~~ strategies can ~~at first seem to be very effective~~, but ~~can be~~ they are harmful in the longer term. For example, some kids get aggressive with their friends or siblings. It might help them feel in control and to get their way. This can feel really good. But fighting with others can cause lots more problems, like losing your friendships, hurting others or even yourself. And it may not make you feel better in the end.

- Tell participants this programme will help them use their strengths as well as learn new coping skills to help them manage their problems
 -
 - ~~Examples: running away or withdrawing from the situation or others, being physically or verbally aggressive, lying, stealing~~

Facilitator's note:

- Other examples of **helpful coping strategies** are talking to someone you trust, asking for help, doing something physically active, relaxation exercises, and using humour.
- Other examples of **unhelpful coping strategies** are drinking alcohol, suppressing thoughts about problems, running away, lying to others, or avoiding making new friends because you feel nervous or scared but this makes you more lonely.
- In this discussion, participants might refer to unhelpful coping strategies that suggest they are having strong thoughts of suicide, harming themselves, or being abused or neglected. Refer to Appendix C for guidelines on how to respond when a participant discloses these type of problems

3.2. Slow breathing: Group Activity

Note: If you do not have balloons, ~~you can~~ use ~~paper bags or an alternative~~

~~Focusing on~~ the ~~breath~~ instruction below.

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- For Lebanon, there may not be balloons available, so please use the Alternative Instructions in the box below.

- Introduce slow breathing exercise

One helpful method of calming the body is to focus on one's breathing. It is one of the quickest ways ~~to calm of~~ ~~calming down our bodies~~ the body when we feel big and difficult feelings, such as fear or anger. But it can be a little tricky to do at first, so we need to practice.

- ~~Group activity:~~

a) Participants learn about breathing from their stomachs

- ~~Give each participant a balloon~~
- ~~Read story~~

- ~~●~~ ~~Whilst reading, facilitators~~ **Facilitators** and participants use the balloon to show what happens in the stomach when you breathe in and out.

Facilitator and participants ~~also~~ blow up ~~the~~ **their** balloon ~~slowly~~: *Imagine your balloon is inside your stomach. When we breathe in, the balloon fills with air. This makes our stomachs expand or get bigger.*

Facilitator and participants also let out air from their balloon slowly: *When we breathe out, all the air escapes the balloon and our stomachs, so they both shrink again.*

- ● Participants practice breathing from their stomachs for 35 minutes or until all participants can master it
 - Participants place one hand on their stomach and one hand on their chest
 - Everyone breathes in and notices which hand rises with the in-breath
 - Everyone breathes out and notices the hand falls back down
 - Encourage participants to try to make their hand on their stomachs move up and down while the other hand on the chest does not move at all.

- ~~b)~~ ~~Read story~~ **Participants learn** about breathing slowly

*When we breathe in too quickly it causes a lot of pressure and makes us feel uncomfortable. Look what happens if we let the air out too quickly (~~Image of balloon being let go quickly~~. Facilitator and participants ~~do the same, letting~~ **let** go ~~the~~ **their** balloon, so ~~that~~ it flies away). Breathing quickly ~~often makes us feel dizzy and/or hyperventilating can make us feel tired, uncomfortable sensations, such as dizziness.~~*

- ~~Option for participants to try blowing up the balloon very quickly (or breathing rapidly if balloons are not available).~~
 - ~~Tell participants this will cause them to feel some uncomfortable feelings but they are very safe~~
 - ~~Ask participants to identify what uncomfortable feelings they notice when they breathe quickly or hyperventilate (e.g. tiredness, chest pressure or pain, ~~dizziness~~, heart beating fast etc.)~~
- ~~Everyone practices slowly blowing up their balloon and letting the air out slowly (if balloons are available)~~
- ~~Read story of breathing from stomach~~

- ● Participants practice slow breathing for 5 minutes to make sure everyone can breath at the set pace
 - ~~Participants place hands on stomach to help them focus on breathing from stomach~~
 - ~~Facilitator gives 2-3 examples of sensations they notice in their stomach when they breathe in and out (e.g. pressure, firmness, expansion, stretching, fullness when you breathe in; sagging, relaxation, emptiness, looseness or softness when you breathe out). Then ask participants whether they notice those sensations as well. Finally, facilitator asks participants to identify different sensations.~~
 - ~~Facilitator links these feelings to what the balloons (and their stomachs) are doing as they breathe in and out (i.e. when we breathe in our stomachs will up with air, like the~~

~~balloon, so it feels full. When we breathe out we are letting all this air out of our stomachs, like letting air out of the balloon. So our stomachs flatten and feel empty and soft)~~

- Facilitator counts or claps to keep rhythm of 3 *seconds* for each breath in and 3 seconds for each breath out

Once

c) Putting it altogether

- Participants practice breathing from their stomach and breathing slowly (to the count of 3 seconds breathing in and 3 seconds breathing out) for 5 minutes
- Optional: once all participants can breathe from their stomach and slowly, the facilitator can encourage them to say, “calm” as they breathe out. They can say this aloud or in their head. Note: iff saying the “calm” makes the exercise too difficult for a participant they do not have to say it

Alternative Instructions

Use the following instructions if you do not have a balloon.

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- For Lebanon, if there are not balloons available, please use these Alternative Instructions.
- Ask participants to place one hand on their chest and the other hand on their stomach and to take a deep breath and notice which hand rises.
- Explain that we mostly breathe with our chest, but when we breathe to calm our bodies we should try to breathe into our stomach.
- Ask them to imagine they have a balloon in their stomach and when they breathe in, the balloon fills with air and their stomach gets big. When they breathe out, all the air escapes the balloon and their stomachs, so they both shrink again.
- Ask them to practise this a few times, by keeping their hand on their stomach, and feeling it go out when they breathe in, and go back in when they breathe out.
- Now focus on breathing slowly.
- Explain that when we breathe in too quickly it causes a lot of pressure in our bodies and this can make us uncomfortable and dizzy.
- Ask participants what other physical changes happen in our bodies when we breathe too fast. Examples are faster heartbeat, feeling of nausea, pain or pressure in the chest.
- Stress that it is important to breathe slowly when calming our bodies.
- Ask them to practise breathing with their stomachs again, and this time also focus on breathing slowly. Tell them to breathe in for a slow count of 3 and to breathe out for a slow count of 3.
- They should practise this for a few minutes. Facilitator can help to count the 3 for breathing in and 3 for breathing out.

Note~~NOTE~~: Participants may not be able to breathe in this way perfectly. Do not worry about them getting it exactly right. Following the instructions perfectly can cause some people to feel more stressed and tense. The most important aim is for them to feel relaxed and calm even if they are not doing it perfectly.

Two Alternatives to Slow Breathing

Some participants might find slow breathing very difficult and produce uncomfortable sensations. For example, participants with pre-existing breathing difficulties, like asthma, may find this hard. In this case you can give them one of the following body calming exercises: The Big HA or Shake it Out

1. The Big HA

~~Standing~~Stand in a circle or spread out in space. ~~Participants then stand~~Stand with feet hip width apart. On the in-breath stretch out both arms in front of you and then up above your head. On the out-breath make the sound "HA", -and bring arms down, bend your knees and let yourself hang like a doll with your head between your arms and hands resting softly on the floor (if they reach the ground). Repeat the whole sequence 3 times with the in- and out-breath.

2. Shake it Out

~~Standing~~Stand in a circle or spread out in space. ~~Participants will shake~~Shake each limb in sequence for 1-2 seconds. Begin by shaking the right foot, the left foot, the right leg, the left leg, hips, pelvis, chest, shoulders, the right arm, wrist and hands, the left arm, wrist and hand, shake the head. Jiggle the whole body. Slowly bring all the movement to a close or stop and notice different sensations in the body.

Ending the session

15 minutes

1. Summarise session 2

- ~~Brief summary of~~Summarise what was covered in the session (~~either facilitator says this or Kian from the book~~)

*We learned a lot today*Today we have talked about how our problems and feelings can cause changes in our bodies. This week we are all going to notice the different sensations that happen in our bodies when we feel different feelings, particularly fear and anger. If you decide your body needs to calm down, because those sensations are very strongbig and uncomfortable, practice your slow breathing.

2. Home practice

- Choose one day when feelings were very strong and put them in feelings pot (workbook has feelings pot)
- Choose the feeling that was strongest and draw the sensations they noticed (workbook has a body map)

- Practice slow breathing once a day (~~participants keep balloon as a visual reminder~~). Workbook has a page with a balloon for each day and they colour in the balloon after they have practiced the slow breathing
- Discuss how participants can remember to do this- tell caregivers, remind each other, open book before going to sleep and do it every night)

3. Activity to end the session

- ~~At the end of~~End each session in the same way.
 - Ask participants to sit in a circle. ~~Each participant is asked and~~ to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today). ~~This word should be different from the one identified in Session 1.~~
 - Give them ~~1~~one minute to think of ~~one~~this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one.
Participants are invited
 - Invite participants to tell the group their chosen strength.
- **Note:** Participants should not be forced to share if they do not want to. These words will be used in the following activity.
- ~~Participants are given the piece of paper~~
- Give participants their Strengths papers they began working on at the end of the last session. ~~They are also given, and~~ a marker each. Ask ~~participants~~them to open the ~~piece of the~~ paper so they can see the 8 ~~squares (or 8 sections~~ ~~one~~of the paper)-. ~~One square should have a section will be complete.~~
 - Ask them to write or draw their strength word ~~written on it. They can now decorate a second square including the new strength word (or picture or symbol representing that word)- for this session on another section.~~
 - Facilitators~~When they have finished~~ collect the papers ~~again and store them safely for the next session.~~

CHAPTER SIX: Session Three: Getting Active Changing my Actions Part 1

Session Aims	<ul style="list-style-type: none"> •• <u>Consolidate learning from session 1 and 2</u> •• <u>Continue to promote group cohesion and support</u> •• <u>Learn how problems and feelings can affect our actions</u> •• <u>Learn how actions can help improve feelings</u>
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Topic	Aims	Activities	Materials	Time
Welcome				5 minutes
Summarise Session 2	<ul style="list-style-type: none"> •• <u>Give summary of session 2 to promote learning</u> 	Discussion/quiz	Session 1 and 2 Posters	5 10 minutes
Review home practice	<ul style="list-style-type: none"> •• <u>Participants share home practice</u> •• <u>Facilitators manage any problems participants had completing their home practice</u> •• <u>Review any aspects of session 1 and 2 that participants did not understand</u> 	Discussion Reading	Participants' workbooks Feelings chart Story book	15 minutes
Feelings and actions	<ul style="list-style-type: none"> •• <u>Learn how problems and feelings can affect one's actions</u> 	Teaching Reading	Story book The Tired vicious cycle Poster	15 minutes
<u>Getting Active</u> <u>Changing my Actions</u>	<ul style="list-style-type: none"> •• <u>Learn how to gradually engage in activities to help improve mood</u> 	Individual activity to select and plan activities		35 minutes
Ending session	<ul style="list-style-type: none"> •• <u>Summarise session 3</u> •• <u>Set home practice</u> 	Discussion Strengths Activity	Story book Participants' workbooks Participants' strengths paper; markers	15 minutes

Welcome**5 minutes****1. Welcome group****2. Opening activity**

- Play an activity or game, or sing a song to promote social cohesion (see Appendix [GD](#) for ideas)

Review Session 2**510 minutes**

Materials: Hang ~~any~~ posters from session 1 and 2 that will be referred to (e.g. group rules, Feelings Chart, ~~feelings chart~~, Feelings pot and ~~body~~Body map completed in previous group activities)

2. Quiz knowledge of session 2

The following topics should be covered:

- ~~Our bodies: Can you finish this sentence? Last week we learned that problems and feelings can cause changes in our...? (Answer: bodies)~~

1. Body Review Session 2

So far we have learned how situations can affect our feelings and bodies. For example, when someone close to us has to move away we might feel sad and this might make our bodies ache or feel heavy. We're going to play a game now to understand this some more.

2. Group Activity

Instructions:

- Ask participants to sit in a circle.
- Explain that you will read out one scenario at a time (see examples below or write your own)
- You will then ask for volunteers to mime or act out a feeling without using words. The others have to guess what feeling they are showing. Participants should raise their hand to volunteer to mime and when guessing the feeling.
- When they identify the feeling ask participants what body sensations: Well done! So an example link with this feeling (e.g. 'heavy' in the body when feeling sad). It is feeling scared can make my heart beat very fast. Can anyone okay for participants to give me several different body sensations for the one feeling.
- Choose another example of volunteer to mime out a different feeling and body sensation? (Participants can give to the same feeling and a scenario, or move on to different body sensation) scenarios.
- ~~Problems affect actions: So problems affect our feelings and our bodies. There is one other thing that problems can affect. Can anyone remember what it is? (Answer: Behaviours or actions or what we do)~~

- ~~Excellent! So today we are going to learn about how problems change the way you act. And then learn an exercise that will help you act differently and feel better as a result!~~

Possible scenarios to read¹⁴:

- Your younger sibling has broken your favourite toy (or other belonging)
- You did very well on your school test
- Your father yelled at you for doing something wrong
- You're going on a trip with your family next week
- Your older brother has been hurt in an accident
- You're going to spend the day with your best friend

Review home practice

15 minutes

Aims

- To strengthen participants' ability to accurately identify and label feelings
- To strengthen participants' ability to identify body sensations associated with different feelings
- To respond to any problems with Calming My Body exercise

1. Participants discuss their home practice

- ~~Invite participants to share **one** example of their feelings pot and body map~~
- ~~Facilitator asks participants to identify what was happening that day that caused them to have those feelings. Ask them if they did anything to try to cope with the feelings or in response to having those feelings?~~
 - ~~If participants are hesitant to respond: *Let's look at what Kian did first and see if you had similar experiences.*~~
- ~~Facilitators help participants manage problems they encountered when doing home practice (See Helpful Hints in Appendix D)~~
- ~~Facilitator reviews slow breathing practice. Start with the story~~

2. Read story: Picture 12 and read Text 12

- Ask You can ask the following questions ~~after story~~ to review ~~participants' the story and help participants to share their home~~ practice:

1. *Did anyone else find it hard to ~~practice~~practise calming their body using slow breathing (or alternative activity)?*
 - *What made it difficult to practice?*
2. *Who was able to practice their slow breathing?*

¹⁴ Please revise scenarios so they are culture and context appropriate.

- When did you do it? What happened? How did you feel afterwards?

~~3. Kian practiced noticed that he was feeling more relaxed after calming his body when he felt nervous. Did anyone practice calming else notice their body when they noticed a strong feeling?~~

~~3. What was the feeling you had when you practiced slow breathing? What happened to the feeling after you calmed your body down calm down or feel relaxed after their practice?~~

- Manage any problems participants had with slow breathing (see Appendix D for helpful hints)
 - Encourage participants to share ideas to solve the difficulty as a group discussion
- If there is time, ask participants to share one example of their feelings pot from the last week

Feelings and Actions

15 minutes

Aims

- Learn how problems and feelings can change one's actions or behaviours

Materials: 'The Tired Cycle' Poster

1. Read story

~~2. Explain 'The Tired Cycle' Vicious cycle~~

Note for facilitators: Inactivity means a reduction in participation in any activity the young person used to do (e.g. playing with friends, drawing, singing, chores, schoolwork). It does not only refer to physical activity. Make sure participants also understand this definition.

- Show 'The Tired Cycle' poster

1. We Introduce Feelings and Actions

So far, we have learned so far that sometimes problems can sometimes cause us to feel really strong big and unpleasant difficult feelings.

Sometimes Today we are going to learn how these feelings can stop us doing things we enjoy, such as meeting up with friends change our actions or things we have to do, like chores or school work.

This might be because we just don't feel like doing those things, we don't have any energy, or we are just behaviours too stressed. Let's hear about Kian first.

But the problem is, not doing those activities usually doesn't make us feel any better. In fact, it can keep us feeling sad or stressed or angry. And if they are things we have to do, like chores around the house, we can get into trouble for not doing them. Which feels pretty bad as well. We call this the tired cycle.

3. Discuss participant examples of inactivity**2. Read Story: Show Picture 13 and read Text 13**

For Kian, his feeling was sadness and this made him stop doing things he found enjoyable and meaningful.

- Explain the vicious cycle
 - Ask participants if they ~~notice that~~ know what a vicious cycle is.
- Show the vicious cycle poster and explain what it is:
 - *A vicious cycle is when we cope with feelings make them less active in a way that makes those feelings stronger and worsen our situation. In the cycle, you can see the person experiences a big and difficult feeling (point to image at the top of the cycle). This might be sadness, anxiety or anger. To cope with the feeling they stop doing things that are meaningful to them (point to image on the right side of the cycle). In Kian's situation he stopped seeing his friends when he felt very sad because he just didn't feel like it. People stop doing these things for lots of different reasons. For example, they may no longer feel they enjoy doing the activity, or lack energy or they may feel scared that something bad might happen. But the problem with this way of coping is that it only makes that feeling bigger (point to image at the bottom of the cycle). Then to cope with the feeling, the person withdraws even more from meaningful activities (point to image on the left side of the cycle) and this cycle continues.*

3. Invite Discuss participant examples of when problems or feelings affected their actions or behaviours

- Ask participants to give examples of times ~~this has happened~~ (i.e. they did not want to do when difficult feelings affected them doing the things they usually enjoy enjoyed or did not have the energy what they needed to do things they need to do).
 - Note: the feeling does not have to be sadness
- Remember activities are not only physical activities, but can also be social or emotional actions or behaviours (e.g. helping someone, seeing their friends, apologising to someone they have hurt, drawing, listening to music etc.).

Getting Active — Changing my Actions**35 minutes****Aims**

- Learn how activities can improve feelings

1. Introduce aim of Changing my Actions

To break the vicious cycle and better respond to difficult feelings is to do more enjoyable and meaningful activities. This is called Making Meaning. Let's hear how Kian used Making Meaning to improve his feelings of sadness.

1.2. Read story: Show Picture 14 and read Text 14

Kian decided to gradually start bird spotting with his friends again. We are going to look at how we can improve your feelings by changing your behaviours.

2.3. Teach steps to Getting Active Changing my Actions (10 minutes)

- Facilitator explains Review Helpful Hints for Changing my Actions (Appendix E)
- Explain the steps to Getting Active Changing my Actions by referring back to Kian's example
- Imagine the fun activity that you want to do again is at the end of a long journey. To get to your destination you need to follow a map that has the directions of which roads to turn down. Each time you make a turn, you are getting closer to your destination. Make sure you plan your journey and go back over your route so that you can be sure to arrive!

- 1) Choose a fun an enjoyable or meaningful activity to do again when you feel sad, scared or angry (Kian chose bird spotting). This activity can be something participants used to enjoy doing or something new they think they might enjoy or that might be meaningful.
- 2) Examples of Making Meaning activities: listening to music, helping someone, apologising to someone they have hurt, seeing their friends, playing with a sibling, playing a sport, doing something in the community, making a new friend, trying a new activity they have felt too scared to do previously, practising calming my body exercise or equivalent
- 2)3) Break down the activity into easy steps (Kian's steps were imagining going for a walk and bird spotting with his friends, getting his clothes ready, walking with his sister to the field, watching his friends start the game). Tell participants they do not need to do all the steps on the same day. The steps can be things they do on different days.
- 3)4) Plan when to do these steps (Kian decided which days he could do each step)
- 4)1) Repeat! (Kian kept repeating these steps over and over until he was regularly bird spotting with his friends again).

Notes for Facilitators on Getting Active:**1) ~~Choosing an activity~~**

~~–Activities do not only have to be physical activity (e.g. playing a sport or a game)~~

~~–Activities can include a) things participants used to enjoy doing but have stopped doing, b) activities they are already doing but would like to do more often or c) activities they have not done before but think they would enjoy~~

~~–Activities should always be safe, realistic and achievable~~

~~–Activities should not cause the participant or others more problems or harm~~

~~–Check that the participant will be allowed to do the activity (“Is this something you will be able to get permission to do?”)~~

~~— Oftentimes disasters, wars or community violence, or poverty damages the environment or particular places become unsafe etc. Check that the activity chosen is realistically possible for the participant to engage in (i.e. do they need resources they don't have, do they need to travel when they cannot)~~

~~2)1) — Breaking an activity down~~

~~— This step is very important. We want all participants to successfully complete their activity or part of it~~

~~— Each step should be manageable and very easy for the participant to complete~~

~~— Consider what they need to prepare before doing the activity~~

~~— Consider whether they need to ask permission or ask for help to complete the activity first~~

~~— Ask the participant to imagine they are completing the activity and tell you step by step what they have to do to prepare to do the activity and then complete it. Ask them to describe every step slowly~~

~~— See example in Appendix D of how to do this~~

~~3)1) — Plan to do steps~~

~~— Help participants to decide exactly when they can do each step in order to complete the activity~~

~~— Participants do not have to complete the whole activity in the first week (i.e. they may only complete a few of the steps)~~

~~4)1) — Repetition~~

~~— Encourage participants to repeat the steps or the activity as many times as possible during the week~~

~~— Practice makes permanent!~~

3.4. Individual Activityactivity (20 minutes)

- Participants choose **1one** activity they can start doing **again** or do more **offrequently** (if they are already doing **enjoyable** activities)
- Where appropriate, facilitators emphasise doing things with others or having a friend help them start doing that activity again (e.g. partnering with someone from the group, asking caregivers to help)
 - Steps to follow:
 - 1) **Choose** the activity (define exactly what the participant will do)
 - 2) **Break** this activity down into very small and easy steps. Do these things gradually to ensure success.
 - 3) **Plan** when the participant can practice the first step. They might want to repeat this step a few times before moving to the next step.
 - 4) **Repeat** the steps or the actual activity until it becomes something they regularly do again

~~**Note for facilitators on responding to participants that may be avoiding an activity due to feeling scared, worried or fearful:**~~

~~You might notice some participants feel scared or worried about doing an activity. Or some participants might talk about avoiding doing activities because of fear.~~

~~This might be because they have had a negative experience with this activity, or a place or person in the past. Sometimes without really meaning to some people will try to avoid doing things because they are worried they will make a mistake or embarrass themselves. And sometimes people have a fear of something even though nothing bad has happened in that situation. Common examples include being afraid of the dark, being on their own, making friends, doing a new activity or sport, sitting an exam or talking in front of a group of peers.~~

~~When we feel scared it is often because we believe something bad will happen (e.g. we will get hurt, embarrass ourselves) and our bodies will respond to help protect us.~~

~~People often avoid the thing they are scared of to cope with these feelings. In some circumstances this is very helpful. For instance, you probably wouldn't drive on the wrong side of the road, walk alone in the dark in an unsafe area or go into a tall building just after an earthquake. These are all examples of *helpful avoidance* that most people would do.~~

~~But, sometimes people will avoid situations, places or people that are mostly safe. This would be *unhelpful avoidance*. Of course, not everything is 100% safe but facilitators need to decide whether the participant's avoidance is helpful or unhelpful. It will be unhelpful avoidance if for example, most people the participant's age and gender, engage in that activity without something terrible happening to them. To help make this decision, you can ask participants if any of their friends or siblings would engage in that activity or not. Or if you are fairly certain the thing the participant fears happening will not happen.~~

~~Only if a participant wants to start doing an activity again but they feel fearful, will you help them gradually face it again. A participant should never feel pressured into doing an activity they do not want to do.~~

~~The steps to help a participant face a feared activity are the same as previously described for **Getting Active**.~~

- ~~1. Choose the specific activity they would like to be able to do again (e.g. walk to school by myself, ask the teacher a question in class, go to the markets with my mother)~~
- ~~2.1. Make sure the activity is relatively safe for the participant to engage in this activity again (i.e. the chances of them being harmed is very low – think about their age and gender and what has happened in the past when they have done this activity)~~
- ~~3.1. Help them to *gradually* do the activity: break the activity down into very small and easy steps for them to complete. The first step to re-engaging in the activity should be something they only feel a little bit nervous about. Things you can vary to make the step less or more scary or difficult:

 - ~~– Having someone do the activity with them initially (e.g. sibling, friend, or caregiver)~~
 - ~~– The time of day they can do the activity (e.g. daylight when there are a lot of people around)~~
 - ~~– How long they have to stay in the situation (e.g. shorter time to begin with)~~
 - ~~– Their level of participation in the activity (e.g. just watching others do the activity first)~~~~
- ~~4.1. Have them repeat that same step a few times until they are no longer scared of it before moving on to the next step.~~

~~See example in Appendix D of how to do this~~

Ending the session

15 minutes

1. Summarise session 3

- Brief summary of Summarise what was covered in the session (either facilitator says this or Kian from the book)

Today we talked about how problems and difficult feelings can stop us from doing things we used to do. Being less active can actually make change our unpleasant feelings stronger! behaviours and end up making us feel worse. So we learned how we could plan to do fun/meaningful things again to improve our feelings. I hope you enjoy your home practice this week!

2. Home practice

- Instruct participants to watch notice their feelings and body sensations over the next week. Whenever they notice a really strong big and difficult feeling or body sensation, they will practice can practise slow breathing (or the alternative arousal reduction activity). Workbook has a page with room for them to identify the feeling and body sensations and a balloon to colour in to show they practiced slow breathing
 - This exercise now helps participants to learn how to use slow breathing to calm their bodies down when they need to
- Complete the their planned steps for Getting Active Changing my Actions
- Discuss If needed, discuss how participants can remember to do this their practice (e.g. tell caregivers, remind each other, open book before sleeping and do it every night)

3. Activity to end the session

- At the end of End each session in the same way.
- Ask participants to sit in a circle. Each participant is asked and to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today). This word should be different from the one identified in Session 1.
- Give them 1 one minute to think of one this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one. Participants are invited
- Invite participants to tell the group their chosen strength.
- **Note:** Participants should not be forced to share if they do not want to. These words will be used in the following activity. Participants are given the piece of paper
- Give participants their Strengths papers they began working on at the end of the last session. They are also given, and a marker each. Ask participants them to open the piece of the paper so they can see the 8 squares (or 8 sections one of the paper). One square should have a. Two sections will be complete.

- Ask them to write or draw their strength word ~~written on it. They can now decorate a second square including the new strength word (or picture or symbol representing that word). for this session on another section.~~
- Facilitators ~~When they have finished~~ collect the papers ~~again and store them safely for the next session.~~

CHAPTER SEVEN: Session Four: ~~Getting Active~~ Changing my Actions Part 2

Session Aims	<ul style="list-style-type: none"> •• <u>Consolidate learning from session 1, 2 and 3</u> •• <u>Continue to promote group cohesion and support</u> •• <u>Continue to learn how to apply exercises learned so far</u>
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Topic	Aims	Activities	Materials	Time
Welcome				2 <u>10</u> minutes
Summarise Session 3	•• Give summary of session 3 to promote learning	Discussion/quiz	Posters from previous sessions	10 minutes
Review home practice	<ul style="list-style-type: none"> •• Participants share home practice •• Facilitators manage any problems participants had completing their home practice •• Review any components from sessions 1 to 3 that participants did not understand 	Discussion Reading	Participants' workbooks Feelings chart Story book	40 <u>35</u> minutes
Continue <u>Getting Active</u> <u>Changing my Actions</u>	<ul style="list-style-type: none"> •• Participants learn how to keep applying Calming My Body and <u>Getting Active</u> <u>Changing my Actions</u> in their lives 		Inactivity Cycle <u>Vicious cycle</u> Poster Participants' workbooks	30 minutes
Ending session	<ul style="list-style-type: none"> •• Summarise session 4 •• Set home practice 	Discussion Strengths Activity	Story book Participants' workbooks Participants' strengths paper; markers	10 <u>15</u> minutes

Welcome

210 minutes**1. Welcome group**

- **Opening activity** Explain that the starting activity will happen as part of reviewing Calming my Body practice

Review Session 3**10** minutes**2.**

- **Engage the group in an activity or game that promotes group cohesion and helps energise the group** (See Appendix D for ideas)

Materials: Hang any posters from sessions 1-3 that will be referred to (e.g. group rules, Feelings Chart, feelings pot and body map completed in previous group activities, Inactivity Cycle Poster)

1. Quiz knowledge of session 3

The following topics should be covered:

- **Problems affect our feelings and bodies:** *We have been learning how different situations can affect our feelings and our bodies. Can anyone give me an example of a feeling and body sensation that might be caused by the following situations?*
 - **Read** out the following problems. Participants are encouraged to clap and cheer for each other when a correct response is given.
 - a) Having a fight with your friend
 - b) Receiving a present
 - c) Hearing about the death of your grandmother
 - d) Playing with your friends
 - e) Being in a very big storm
- *If we noticed these sensations in our bodies, what could we do to calm it down?*
 - It is okay for participants to give answers other than slow breathing if they are helpful ways of reducing stress
 - Once a participant identifies slow breathing, ask: *Could you all teach me how to calm my body with slow breathing?* Have participants teach you all the steps of slow breathing to test their memory of how to do it.
 - After teaching you, spend 3-5 minutes practicing slow breathing as a group
- **Problems affect actions:** *In our last session we learned that problems can affect one other thing. Can anyone remember what it was?* (Looking for answers: behaviours, actions, what we do, activities etc.)
- *Excellent! Let's spend some time talking about how you got more active this week.*

Review home practice

35 minutes

Aims

- 1)● To strengthen participants understanding of the exercises
- 2)● To help participants manage any difficulties with practicing exercises

1. Participants discuss **Calming My Body** home practice (10 minutes)

- Invite participants to share a time they practiced slow breathing in response to a **strong/difficult** feeling or body sensation
 - Ask ~~participant~~**them** to describe how they felt after practicing slow breathing. See if there was any reduction in the feeling or body sensations they were experiencing beforehand.
- ~~Facilitators help~~**Help** participants manage **any** problems they ~~encountered~~**had** when doing home practice (See Helpful Hints in Appendix **DE**)
 - ~~○ Be sure to rehearse the steps of calming my body (i.e. slow breathing or alternative) with participants~~
 - ~~○ You can do this as a group and then have participants practice the exercise in pairs~~
- ~~If participants are willing they can role-play the situation for you and what they were experiencing (as opposed to just talking)~~
 - ~~○ Alternatively, the participant could instruct the facilitator how to act to show the group how the participant was feeling (e.g. looking scared, breathing fast from their chest etc.)~~
 - Be sure to rehearse the steps of calming my body (i.e. slow breathing or alternative) with participants
 - You can do this as a group and then have participants practice the exercise in pairs
- If participants are willing they can role-play the situation or problem for you and what they were experiencing (as opposed to just talking)
 - Alternatively, the participant could instruct the facilitator how to act to show the group how the participant was feeling (e.g. looking scared, breathing fast from their chest etc.)
 - Encourage the participant to tell you the slow breathing (or alternative) steps they followed to calm their body down (this is opposed to the participant saying “I did slow breathing”).

2. Participants discuss **Getting Active/Changing my Actions** home practice (20 minutes)

- Read story: Show Picture 15 and read Text 15
- PromptAsk any of the following questions ~~and~~to promote discussion ~~points~~about the story and participants' home practice:
 1. How was Kian feeling about looking for birds with his friends? {
 - Look for answers: excited, sad, or nervous. Ask participants what made Kian feel each of these feelings}
 - It was hard for Kian to meet with his friends. What did he do to help? (Answer: ask his sister)

○ *It was great that Kian asked his sister to come along. Asking for help or getting support can help us do things we find difficult to do. Did anyone ask for help when they did Changing my Actions this week?*

○ ~~Has there been a time when you asked for help to do something? Did it help you?~~

○ 3. *What sensations did Kian notice inside his body after he played with his friends?*

●● Ask any of the following questions ~~after story~~ to review participants' practice further:

1. *Did others remember to complete their activities or any of their planned steps this week?*

○ *When did you do it?*

○ *Did anyone ask someone to do the activity with them or ask for help?*

○ *What happened?*

○ *How did you feel afterwards?*

○ *Did you notice any sensations in your body?*

●● Manage any difficulties participants had with completing their activities or steps (see Appendix DE for help hints)

●● Encourage the whole group to help manage participant's problem. This will avoid one-on-one conversations between the facilitator and participant.

~~Getting Active~~ Changing my Actions
minutes

30

1. Introduce the second aim of Changing my Actions

Last session we heard how Kian used Changing my Actions to start spending time with his friends again, doing something that he found enjoyable. But sometimes difficult feelings also stop us from doing things we need to do, like household chores, school work or other tasks. Today we are going to use the exercise Changing my Actions to help us start doing these kinds of tasks again. First, let's hear how Kian did it.

2. Read Story: Show Picture 16 and read Text 16

1.3. Group Activity (15 minutes)

● ~~Read story:~~

●● As a large group, help participants apply the steps to ~~Getting Active~~ Making meaning to help Kian start ~~cleaning (10 minutes)~~ sweeping the floor

- 1) Choose the activity: Sweeping the floor
- 2) Break this activity down into very small and easy steps: Help participants think about how to break this activity down into small steps. Ask participants to imagine ~~washingsweeping~~ the ~~dishes~~floor. Ask participants, "What is the very first thing you need to do?"; "What is the next thing you have to do?"
 - Ideas might include: choosing a small area that is easily accessible to sweep, get the broom, move any objects if needed, sweep for 5 minutes, dispose of the dirt, move the objects back, choose another small area to sweep
 - Refer to notes for facilitators box in Session 3
- 3) Refer to Appendix E for an example of how to break activities down into small steps.
- 3)4) Plan when he can practice the first step: Plan a day and time Kian can practice each step
- 4)5) Repeat! Ask participants if they remember what the last step is.

- ~~Participants will need the most help with step 3. Help them think of as many possible steps- e.g. start by choosing a small area to sweep; move any objects that might be in the way; begin sweeping this small area; collect the dirt and discard it; choose a second small area to sweep etc.)~~

○ ~~Refer to notes for facilitators box in Session 3~~

○ ~~Refer to Appendix D for an example of how to break activities down into small steps.~~

2.4. Individual Activity~~Pair activity~~ (15 minutes)

- ~~Participants will~~Tell the participants to choose whether to continue to engage in the same activity they chose in the previous week or select a new activity
- ~~Have participants form~~Organise the group into pairs (or 2 larger groups if working in pairs is too difficult. Each facilitator will lead a group through the activity.)
 - ~~Each participant decides if they~~Try to arrange pairs so that both partners are going to work~~either working~~ on the same activity from last week or ~~choose are starting with~~ a new activity
 - Each participant will work through the Getting Active~~Changing my Actions~~ steps with the help of their partner.
 - For the same activity: participants will decide on the next steps to continue completing the activity
 - For a new activity: participants complete the 4four Changing my Actions steps

○ The activity may be something enjoyable or a task or chore that they have had difficulty completing

- Facilitators walk around to make sure participants are following instructions and to provide help if needed
- Each person then shares with the group the activity they have chosen to do.
 - The group and facilitator can make sure the activity chosen is specific and easy to complete

Ending the session

1015 minutes

1. Summarise session 4

- ~~Brief~~ Give a brief summary of what was covered in the session ~~(either facilitator says this or Kian from the book)~~

~~Today we continued to practice getting active again. Hopefully Changing my Actions. So, this week you will have another week of catching keep noticing your feelings, calming your body and getting active changing your actions!~~

2. Home practice

- Participants practice slow breathing (or the alternative arousal reduction activity) when they notice a ~~really strong~~ big and difficult feeling or body sensation. Workbook has a page with room for them to identify the feeling and body sensations and a balloon to colour in to show they practiced slow breathing
 - This exercise now helps participants to learn how to use slow breathing to calm their bodies down when they need to
- Complete the planned steps for Getting Active
- ~~Discuss~~ If needed, discuss how participants can remember to do this- ~~(e.g. tell caregivers, remind each other, open book before sleeping and do it every night)~~

3. Activity to end the session

- ~~At the end of~~ End each session in the same way.
- Ask participants to sit in a circle. ~~Each participant is asked and~~ to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today). ~~This word should be different from the one identified in Session 1.~~
- Give them ~~1~~ one minute to think of this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one. ~~one~~
- Invite participants to ~~Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.).~~ Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one. ~~Participants are invited to~~ tell the group their chosen strength.

- **Note:** Participants should not be forced to share if they do not want to. These words will be used in the following activity.

~~Participants are given the piece of paper~~

- Give participants their Strengths papers they began working on at the end of the last session. ~~They are also given, and~~ a marker each. Ask ~~participants~~ them to open the ~~piece of the~~ paper so they can see the 8 ~~squares (sections of the paper. Three sections will be complete.~~
- Ask them to write or ~~8 sections on the paper.~~ One square should have a draw their strength word written on it. They can now decorate a second square including the new strength word (or picture or symbol representing that word). ~~for this session on another section.~~
- When they have finished collect the papers and store them safely for the next session.

- Facilitators collect the papers again.

~~● Facilitators collect the papers again.~~

CHAPTER EIGHT: Session Five: ~~Stop, Think, Go~~ Managing my Problems Part 1

Session Aims	<ul style="list-style-type: none"> •• <u>Consolidate</u> learning from session 1 to 4 •• <u>Continue</u> to promote group cohesion and support •• <u>Learn</u> an exercise to help solve problems
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Topic	Aims	Activities	Materials	
Welcome				5 minutes
Review home practice	<ul style="list-style-type: none"> •• <u>Participants</u> share home practice •• <u>Facilitators</u> manage any problems participants had completing their home practice •• <u>Review</u> any components from sessions 1 to 4 that participants did not understand 	Discussion Reading	Participants' workbooks Posters from previous sessions Story book	20 minutes
<u>Understanding common problems</u>	<ul style="list-style-type: none"> • <u>Share ideas of common problems young adolescents experience</u> 	<u>Discussion</u>	<u>Maze Poster</u>	<u>15 minutes</u>
Stop, Think, Go <u>Managing my Problems</u>	<ul style="list-style-type: none"> •• <u>Learn</u> an exercise to solve problems 	Teaching Reading	Stop, Think, Go Lights Poster Props for dressing up (optional)	55 60 minutes
Ending session	<ul style="list-style-type: none"> •• <u>Summarise</u> session 5 •• <u>Set</u> home practice 	Discussion Strengths Activity	Story book Participants' workbooks Participants' strengths paper; markers	10 minutes

Welcome**5 minutes**

1. Welcome group
2. Opening activity

- Play an activity or game, or sing a song to promote social cohesion (see Appendix [CD](#) for ideas)

Review home practice**3020 minutes****Aims**

- 3) • To strengthen participants understanding of the exercises
- 4) • To help participants manage any difficulties with practicing exercises

1. Participants discuss ~~their home practice~~**1. Calming ~~My~~ Body ~~(5practice (10 minutes):~~**

- Invite participants to share a time they practiced ~~slow breathing calming their body~~ in response to a ~~strong~~difficult feeling or body sensation
 - Ask ~~participant~~them to describe how they felt after practicing ~~slow breathing calming their body~~. See if there was any reduction in the feeling or body sensations they were experiencing beforehand.
- Facilitators help participants manage problems they encountered when doing home practice (See Helpful Hints in Appendix [DE](#))
 - ~~Be sure to rehearse the steps of calming my body (i.e. slow breathing or alternative) with participants~~
 - ~~You can do this as a group and then have participants practice the exercise in pairs~~
- ~~If participants are willing they can role-play the situation for you and what they were experiencing (as opposed to just talking)~~
 - ~~Alternatively, the participant could instruct the facilitator how to act to show the group how the participant was feeling (e.g. looking scared, breathing fast from their chest etc.)~~
 - ~~Be sure to rehearse the steps of calming my body (i.e. slow breathing or alternative) with participants~~
 - ~~You can do this as a group and then have participants practice the exercise in pairs~~
- ~~If participants are willing they can role-play the situation for you and what they were experiencing (as opposed to just talking)~~
 - ~~Alternatively, the participant could instruct the facilitator how to act to show the group how the participant was feeling (e.g. looking scared, breathing fast from their chest etc.)~~
 - Encourage the participant to tell you the ~~slow breathing (or alternative)~~ steps they followed to calm their body down (this is opposed to the participant saying “I did slow breathing”).

Getting Active (10**2. Participants discuss Changing my Actions practice (20 minutes):**

Let's hear how Kian went with this week sweeping the floors.

- Read story: Show Picture 17 and read Text 17
- Invite participants to share what activities or steps they completed in the last week
- This might include both activities chosen in Session 3 and Session 4
- Ask participants how they felt after they had completed the activity or **planned** step
- Ask participants to identify any body sensations they noticed after they completed the activity or step
- Encourage participants to talk about the difficulties they experienced in completing the activity or step. Encourage other participants to help them manage these difficulties (See Helpful Hints in Appendix **DE**)

Understanding common problems**15 minutes****Aims**

- Share ideas of common problems young adolescents experience

1. Introduce the aim of Managing my Problems

Difficult feelings affect our bodies, our behaviours and our thinking abilities. We have learned how to better manage our bodies and our behaviours when we experience difficult feelings. Now we are going to look at our thoughts.

Big and difficult feelings, like sadness, grief, fear or anger can make it hard to manage everyday problems, like resolving a fight with your sibling. Such feelings can make it especially hard to deal with big problems as well, like how to respond to someone who is bullying you. This is because big and difficult feelings can affect our abilities to think clearly and imaginatively. And we need these abilities to manage these kinds of problems. I'm going to teach you an exercise called Managing my Problems that will help you better manage practical problems you are having. But first we are going to practice our problem solving skills by completing a maze game together.

2. Maze Activity**Materials:** Maze Poster, Marker**Instructions:**

- Hang the Maze Poster in front of the group
- Tell the group that solving problems uses the same thinking skills as finding your way through a maze, so this is what we are going to do.
- Ask for a volunteer to try to find a way through the maze.

- The first volunteer will begin at the 'start' and using the marker try to find their way to the end.
- Each volunteer will have 10 seconds to get as far as they can through the maze. Then a new volunteer will start where the previous person finished. They will also have 10 seconds to get as far as they can through the maze.
- All volunteers must only make their way through openings and not touch the lines.
- When the volunteer meets a roadblock (dead-end), they will have to "turn around" and find another way through the maze. They can continue this way until their 10 seconds is up.
- The game has finished when a participant reaches the 'end' (without passing through any lines)
- Give a summary: *Solving a problem is a bit like finding our way through a maze. We often have to try lots of different routes to get there. We might try one route but find that it goes to a dead end so we have to go back and try another way. When solving a problem we might have to try out lots of potential solutions before finding one that helps manage the problem. Let's learn a little more about some of the problems Kian was having and see if we can help him solve them.*

3. Read story: Show Picture 18 and read Text 18

4. Group discussion

- Invite participants to share problems they or their friends have experienced

Young people living in (name the city or context relevant to your participants, such as a refugee camp) experience lots of different challenges. What are some of the practical problems young people are facing in your area?

- You might refer back to Kian's problems and ask participants if they have experienced similar problems
- Give examples if needed: having arguments with parents, problems with their schoolwork or attending school, social or friendship problems, financial problems or problems with employment
- Identify similar problems participants in the group are facing and write these on a large blank piece of paper
- Give a summary of the discussion:

We all experience practical problems. Sometimes these problems are shared among our peers (give example of common problems) but sometimes they are unique to our experience (give example of individual problems). Now we are going to learn how to apply the Managing my Problems steps to solve one of these problems

Facilitator Note: In this discussion, participants might raise problems that suggest they are being abused or neglected. Refer to Appendix C for guidelines on how to respond when a participant discloses this type of problem

Managing my Problems

20 minutes

Aims

• Learn an exercise to help solve problems

Materials: Stop, Think, Go _____ 55
minutes Poster

Aims

• Learn an exercise to help solve problems

Materials: Stop, Think, Go Lights Poster, props for dressing up (optional)

1. Read Story: Show Picture 19 and read Text 19

Managing my Problems

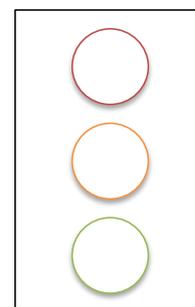
1. Read story

2. Stop, Think, Go: Group Activity (25 minutes) activity

- ~~Help participants to get into character to prepare them to problem solve.~~

We Now we are going to work together use our thinking skills to help Kian solve his problem. But to do this exercise really well we all need to pretend to be wise men (or women) trying to solve a mystery. What characteristics might we need to be wise men (or women) solving a mystery?

- Invite/Remind participants of Kian's problems (parents arguing, possibility of having to share ideas
 - Examples: look/move house and school for clues to help them solve/father's new job, sleep problem, problem of dealing with the mystery; they have to be curious; they have to be very perceptive; ask for help when they need it and help each other; they keep trying and don't give up easily/bully at school)
 - Option for younger participants: you can use props (e.g. hats, magnifying glass etc.) to help them get into character
 - Show/Refer to the Stop, Think, Go poster
 - Explain each of the 3 steps below
 - Relate each step back to the story (e.g. ~~For~~for step 1, *What was Kian's problem did Kian choose to solve first?*)
 - Write down participant's responses for each step on a large piece of paper



1) RED = STOP: What is the problem?

~~1) RED = STOP: What is the problem?~~

- Facilitator Explain that we can give examples of sometimes experience many different types of problems (e.g. at once
- Refer to the list of different problems falling asleep, finishing school or house work, a fight with a friend)
- Invite participants to share personal examples Kian had and the list of problems they could solve or problems that are common among their peers
- ● Facilitators should make sure participants identified problems follow the 3 S's: they were experiencing
 - Solvable: participants should be able to influence the problem to some degree. Unsolvable problems might include changing other people's behaviours, conflict between caregivers, mental health problems in others, financial problems in families, caregiver's unemployment, problems in the community such as poverty or violence.
 - Specific: to make problems specific, participants can describe what would be different in them or their life if this problem were solved. Ask participants to describe the problem in more detail or give examples of the problem.
- Small: specific problems can help to make problems small. It is very difficult to solve a large problem, such as a relationship with a sibling. Alternatively, resolving a recent argument with a sibling is more achievable. The first step is to choose one problem to solve

Note for facilitators

When participants are choosing their own problems for step 1, it is important that you help them to think of the following. The problem should be

- Small: it is best to choose a simple problem to solve in the first instance. For Kian this was his sleeping problem. Also, sometimes big problems need to be broken down into smaller problems that can be solved more easily. For example, dealing with a recent argument with a sibling is an easier problem to solve than the whole relationship.
- Solvable: participants should be able to influence the problem to some degree. Unsolvable problems might include changing other people's behaviours, conflict between caregivers, mental health problems in others, financial problems in families, caregiver's unemployment, problems in the community such as poverty or violence.
- Specific: it is important to know what exactly a participant wants to change. To make problems specific, participants can describe what would be different in them or their life if this problem were solved. Ask participants to describe the problem in more detail or give examples of the problem.

2) **ORANGE** = THINK: What can I do about it? Who can I talk to? Where can I go for help?

The orange light reminds us to think of as many ideas as possible that might help solve the problem. Think about what you can do on your own, who you can talk to and places you can go to get help. Don't worry if you think the idea is silly or won't work. We decide on the best ones at the green light. Our job now is just to think of as many ideas as we possibly can.

- ☉ Ask participants to think of as many ideas to solve or manage Kian's problem
- ☉ Help participants think of ideas, no matter how successful they might be ~~(i.e. problems can be silly ideas or. At this point, there are no bad ideas)~~
 - ☉ . To help participants think creatively and make the session fun, encourage participants to think of as many silly ideas, funny ideas, ideas that involve other people, ideas that involve music, ideas that only Kian could do on his own (or make up your own categories of ideas)
- ☉ ~~Ideas~~ **Emphasise that ideas** might solve the whole problem or only part of the problem
- ☉ ~~To encourage ideas~~ **facilitators** You can ask the following questions:
 - ☉ Are there any activities ~~you~~ **Kian** can do to solve the problem?
 - ☉ Are there any people ~~you~~ **Kian** can talk to or get help from to solve the problem?
 - ☉ Are there any places ~~you~~ **Kian** can go or get help from to solve the problem?
- ☉ If further encouragement is required, ~~facilitator~~ **you** can give 1 or 2 of the following ideas as examples: **Kian can** practise ~~his~~ slow breathing ~~to help him~~ to stop thinking so much; turn the light out after his sister has fallen asleep; talk to his mum about his ~~problem~~ **problems**

3) GREEN = GO: Choose one idea and try it out!

The green light reminds us to choose the best ideas and try them out. The best ideas are those we think might help solve the problem the best. They are ideas that we can actually do. Sometimes we might need to try out one idea first and then we can come back to our list of ideas and try out another one.

- ☉ Ask participants to choose what they think would be the best solution for Kian to try out first.
- ☉ Tell participants to think of the following rules for judging which idea is best:
 - ☉ It's most likely to help solve part or all of the problem
 - ☉ It is safe to do
 - ☉ It is easy to do
 - ☉ It can be done without annoying or upsetting anyone else
 - ☉ It can be done without any money
 - ☉ -It can be done straight away
- ☉ Participants might have different opinions. Make sure everyone gets a turn to give his or her opinion of why they think their idea is the best.
- ☉ Decide as a group which idea Kian could try first. He might try a few ideas over the week.
- ☉ Ask participants to think about how Kian would try out the idea.
- ☉ Encourage them to think about the following:
 - ☉ ~~Different~~ **What different** resources he might need to try it out
 - ☉ What he might have to say if the idea is talking to someone
- ☉ The steps he might need to take in order to try out the idea. ~~To help participants think about this, ask~~ **Ask** them to describe in as much detail as possible how Kian would carry out this task. E.g. *What is the very first thing Kian would do?*

Applying Managing my Problems

40 minutes

Aim

- Learn how to apply the Stop, Think, Go steps to specific problems

1. Group Activity: activity: Solving ~~Problem solving~~ each other's problems (1520 minutes)

- ~~Ask participants to identify problems they or other youth their age have~~
 - ~~These are written down on a poster.~~
- ~~Facilitator asks other participants if they are having similar~~ chooses 4 problems from the list of problems or different ones identified in common

~~Give summary: we all experience problems. Sometimes these problems are shared among our peers (give example of common problems) but sometimes they are unique to our experience (give example of individual problems).~~ discussion and writes

- ~~For each problem, ask participants what feelings and body sensations they think they would experience if they had this problem one on a separate piece of large, blank paper~~
- ~~The group decides on 1 problem for the whole group to solve~~
 - ~~The problem~~ It is best to choose problems that is are most common relevant for all in the group should be selected
 - Complete ~~Divide~~ the 3 steps of Stop, Think, Go for group into 4 small groups (or pairs)
 - Tell participants that each small group will visit each poster for 2 minutes. In that time, they will read the selected problem problem and think of 2 possible solutions to solve the problem. One of these solutions must be a serious idea. Participants write their ideas on the poster (facilitator may need to offer assistance). They should try to think of new solutions that have not been written by others yet.
 - ~~Show participants the Stop, Think, Go poster~~
 - ~~Ask participants what the red light (step 1) is (to test their memory). Complete the first step~~
 - ~~Ask participants what the orange light (step 2) is. Complete the second step~~
 - ~~Ask participants what the green light (step 3) is. Complete the last step~~
- Individual Activity: After each group has written their solutions for each of the 4 problems, they will revisit each poster again. This time they have 1 minute to vote for the solution they think is the best to solve the problem. They can indicate their favourite solution by drawing a star next to it.
- Once every small group has chosen their solution for each problem, return to the large group
- The facilitator will read each problem and the solutions that have stars next to them. The group must try to decide which is the best solution to try first (e.g. it is the easiest solution to try, it requires fewest resources or other support to complete, it will likely be the most effective)
- Give a summary of the activity: As you can see there are many different possible solutions to a problem. There are not really any right or wrong ideas. Often we have to choose the solution that we think will help the most but that is also the easiest to complete. Then we need to try it

out and see if it helps solve our problem. Let's try this now with a problem you would each like to solve for yourselves.

2. Solving your own problem-(15: Pairs activity: (20 minutes)

Aim: participants

- Participants complete Stop, Think, Go Managing my Problems for a personal problem with the help of a buddy'buddy'

Participants

- Ask participants to form pairs (ideally with someone they know well and trust)
- Pairs Explain they will now complete the 3 steps of Stop, Think, Go together twice, so that they both participants have the opportunity to share and work on their own problem. The facilitator will check
- Check that each step has been completed before the group continues on to the next step
- Step 1: Each Ask each participant will to choose a personal problem they are currently experiencing
 - Facilitators check on each individual to make sure Remind them it must be a solvable problem and ideally a small problem. (Check on each participants that they have selected an appropriate problem (i.e. a solvable, specific, small problem))
- Step 2: Pairs They should work together to think of as many ideas as possible to solve each other's problems.
 - Set the goal of coming up with at least 105 different ideas (or as many as they can think of)
 - Remind participants the ideas do not have to solve the whole problem or necessarily be successful
- Step 3: Pairs Ask them to talk about which would be the best ideas for solving the problem. Participant decides the The person whose problem is being solved should then decide which idea they would like to try first.
- Options for developing a plan to try out their ideas:
 - 1) Return to the larger group to share chosen idea to solve problem (if participants are comfortable with each other and the group is no bigger than 10 participants)
 - Participants only share problem and chosen idea- E.g. "My problem is my brother keeps taking my belongings. I will talk to him and ask him to ask me if he wants to borrow something first."
 - 2) Ask participant them to think about discuss in their pairs what they need to do to, try out their idea (e.g. if the group is large)
 - For example, whether they need to talk to anyone, what they will say to that person, whether they need any material things to try the idea out, whether they need to

travel anywhere to try out the idea). ~~Other participants can help them develop this plan, or whether they need their parents' permission before trying out the solution.~~

- Each participant decides should develop an action plan to try out the chosen idea and decide when (day, time) they will try out this idea in the next week

~~2) Stay in pairs to develop an action plan to try out the chosen idea (if participants may be reluctant to share their problems with the larger group)~~

- ~~— Pairs follow the same steps as above (option 1) of returning to larger group~~

Ending the session

10 minutes

1. Summarise session 5

- Brief Give a brief summary of what was covered in the session ~~(either facilitator says this or Kian from the book)~~

Today we learned how big and difficult feelings can affect our thinking, particularly our ability to manage problems. Managing my Problems is a new exercise to help that helps us solve better manage problems. This is the last exercise taught in this programme. So now we are going to do lots of practice so you can become problem solving wizards better manage practical problems!

2. Home practice

- Complete their planned steps for “BA” Changing my Actions
- Complete their action plan to solve their problem-planned steps for Managing my Problems
- Discuss if needed discuss how participants can remember (e.g. to do this- tell caregivers, remind each other, open book before going to sleep and do it every night)

3. Activity to end the session

- At the end of End each session in the same way.
- Ask participants to sit in a circle. ~~Each participant is asked and~~ to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today). ~~This word should be different from the one identified in Session 1.~~
- Give them 1one minute to think of this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one. ~~Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one.~~ Participants are invited
- Invite participants to tell the group their chosen strength.

- **Note:** Participants should not be forced to share if they do not want to. These words will used in the following activity.

~~Participants are given the piece of paper~~

- Give participants their Strengths papers they began working on at the end of the last session. They are also given, and a marker each. Ask participants them to open the piece of the paper so

they can see the 8 ~~squares (or 8 sections on~~of the paper). ~~One square should have a. Four sections will be complete.~~

- ~~Ask them to write or draw their~~ strength word ~~written on it. They can now decorate a second square including the new strength word (or picture or symbol representing that word). for this session on another section.~~
- ~~Facilitators~~When they have finished collect the papers ~~again and store them safely for the next session.~~

CHAPTER NINE: Session Six: ~~Stop, Think, Go~~ Managing my Problems Part 2

Session Aims	<ul style="list-style-type: none"> • Consolidate learning from session 1 to 5 • Continue to promote group cohesion and support • Practice Stop, Think, Go <u>Managing my Problems</u> with second problem (or continue with first problem)
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Topic	Aims	Activities	Materials	Time
Welcome				5 minutes
Summarise Session 5	<ul style="list-style-type: none"> • Give summary of session 5 to promote learning 	Discussion/quiz		5 minutes
Review home practice	<ul style="list-style-type: none"> • Participants share home practice (Stop, Think, Go will be reviewed in next topic) <u>for Calming my Body and Changing my Actions</u> • Facilitators manage any problems participants had completing their home practice • Review any components from sessions 1 to 5 that participants did not understand 	Discussion Reading	Participants' workbooks Posters from previous sessions Story book	35 <u>20</u> minutes
Stop, Think, Go <u>Managing my Problems</u>	<ul style="list-style-type: none"> • Review Stop, Think, Go <u>Managing my Problems</u> for first problem • Either help participants to continue solving first problem or begin with second problem 	Teaching Reading	Stop, Think, Go Lights Poster	25 <u>30</u> minutes
Preparing for the end of the programme	<ul style="list-style-type: none"> • Remind participants that the next session is the final one 	Discussion		5 minutes
Ending session	<ul style="list-style-type: none"> • Summarise session 6 • Set home practice 	Discussion Strengths Activity	Story book Participants' workbooks	15 minutes

			Participants' strengths paper; markers	
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Welcome**5 minutes****1. Welcome group****2. Opening activity**

- Play an activity or game, or sing a song to promote social cohesion (see Appendix [CD](#) for ideas)
- Alternative option for practicing Calming My Body as a group

Review Session 5**5 minutes**

Materials: Hang any posters from sessions 1-5 that will be referred to (e.g. group rules, Feelings-Body-Action Poster, Feelings Chart, feelings pot, body map completed in previous group activities, Inactivity Cycle Poster; Stop, Think & Go lights)

1. Quiz knowledge of session 5

The following topics should be covered:

- Problems affect our feelings and bodies: *When strong feelings cause us to experience uncomfortable sensations in our bodies, what exercise can we use?* (Answer: Calm my body)
- Problems affect our actions: *Sometimes problems can change our actions. When we feel very sad or depressed, how can it change our actions?* (Answer: reduce our actions, make us do less, become inactive etc.)
- Getting Active: *What can we do to improve our actions?* (Answer: Getting Active or a description of this exercise)
- Stop, Think, Go: *Sometimes we have to deal with practical problems, like having a fight with a friend or losing a treasured item. What exercise can we use to deal effectively with problems?* (Answer: Stop, Think, Go)
- Invite participants to describe each of the steps of this exercise

Review home practice**3520 minutes****Aims**

- To strengthen participants understanding of the exercises

●● To help participants manage any difficulties with practicing exercises

1. Participants share any problems with Understanding my Feelings or Calm Calming my Body (5 minutes)

- ~~Problem~~—solve any difficulties participants have had with completing their feelings pot or practicing Calm my Body
- calming their bodies. If participants have been able to continue this practice without difficulty move to the next step

2. Participants discuss their Getting Active Changing my Actions home practice (10/15 minutes)

- ~~Invite~~ participants to share what activities or steps they completed in the last week
- Ask participants how they felt after they had completed the activity or step
- Encourage participants to talk about the difficulties they experienced in completing the activity or step. Encourage other participants to help them manage these difficulties (i.e. give ideas for how to overcome the problems and/or to acknowledge if they suffered from the same problem).
- If there are some participants who were unwilling to share, facilitators should later discreetly ask them if they encountered any problems and help them solve these if necessary. For example, a facilitator might talk to a participant at the end of the group or when participants are completing the strengths activity at the end of the session.

Managing my Problems Review

30 minutes

Aims

3. ~~Participants discuss their Stop, Think, Go~~ home practice (20 minutes)

- ~~Invite participants to share:~~

1)● ~~To strengthen participants' skill in~~ problem solving

- To help participants solve their problems

~~2)○ The idea they planned to try out~~

~~3)○ What happened when they tried that idea out~~

~~4)○ What has happened with their problem (i.e. has it been solved partially or completely or not at all?)~~

Facilitators should try to encourage each

1. Review Kian's Managing my Problems practice (5 minutes)

- Ask participant to ~~share their experiences~~ (e.g. sit in a circle)
- Read story: Show Picture 20 and read Text 20
- Give participants an opportunity to think of some suggestions for what Kian could try next to solve his problems

2. Participants role-play their Managing my Problems home practice

- Explain you will take some time to hear how it went for the participants when they tried problem solving in the last week.
 - Highlight that not everyone will have been able to solve their problem. And others may not have been able to try to solve their problem this week and that this is okay. No one should judge each other's experiences because we are all here to help each other.
 - If participants do not wish to share their experience with the entire group this is also okay. Facilitators can talk with the participant privately later in the session or at the end to make sure they are able to continue with applying Managing my Problems.
- Ask participants to take turns sharing their experience)
 - ~~○ To help participants feel comfortable, be sure to tell them that not everyone will have been able to solve their problem. And others may not have been able to try to solve their problem this week and that this is okay. No one should judge each other's experiences because we are all here to help each other.~~
 - ~~○ If participants do not wish to share their experience with the entire group this is also okay. Facilitators can talk with the participant privately later in the session or at the end to make sure they are able to continue with applying Stop, Think, Go.~~
- Responding experiences of trying to different solve problems using Managing my Problems.
 - Choose a few of the participant's experiences. Also to use in the role-play method (see Appendix D for helpful hints role-play method box below)

5) For ideas that were not completed:

- When participants share their experiences ask them to focus on
 - The idea they planned to try out
 - What happened when they tried that idea out
 - What has happened with their problem (i.e. has it been solved partially or completely or not at all?)
- Use the following to guide your responses to the participant's experiences:

1a. If the problem was solved in a positive and constructive way:

- Praise the participant for succeeding in solving their problem.
- Encourage them to think of a new problem to tackle in the next week.

1b. If the problem was solved in a problematic way that may lead to more challenges later (e.g. hitting their sibling to get them to do what they want etc.):

- Praise the participant for trying their idea.
- Help the participant understand why, even though the problem was solved, this idea may lead to more problems.
- Invite the participant and others to come up with suggestions for other ways this problem can be solved in a more positive and constructive manner. If appropriate use the role-play method for this.
- Help the participant plan when they will try this idea in the next week.

2. If the participant was partially able to solve the problem:

- Praise the participant for trying out their idea
- Teach the group that in this case, you would go back to the orange light (step 2) and think of all the ideas that might now solve the problem
- Invite the whole group to help the participant think of all the possible ideas to solve the problem. **If appropriate use the role-play method for this.**
- Participant then chooses the one they think will work best and that they can do without difficulty.
- Help the participant plan when they will do this in the next week.

3. If the participant was not able to solve the problem at all:

- Praise the participant for trying out the idea
- Discuss what actually happened to identify the reasons the idea did not work (i.e. the problem was not well defined, the idea was too unsafe or hard to carry out, idea needed too many resources etc.)
- Tell the group that it is okay when our first idea doesn't work. This can be a good thing because it tells us more about the actual problem and what types of ideas might work to solve the problem.
- Teach the group that in this case, you would go back to the red light (step 1) if you decide that you need to define the problem better or the orange light (step 2) to think of all the ideas to solve the problem again.
- Invite the whole group to help the participant think of all the possible ideas to solve the problem. **If appropriate use the role-play method for this.**
- Participant then chooses the one they think will work best and that they can do without difficulty.
- Help the participant plan when they will do this in the next week.

4. If the participant did not try their ideas for solving the problems:

- Help the participant to identify why they didn't try the idea out.
- Help the participant to think of ways they could make sure they can do it this week.

6) For ideas that did not work (i.e. did not solve the problem at all):

- Praise the participant for trying out the idea

Discuss what actually happened to identify the reasons the idea did not work (i.e.

Role-play method

As the participants share their experiences, choose some that you think will be appropriate (i.e. avoid role-playing problems that involve forms of severe conflict, violence or other potentially distressing material) for the role-play method and follow these instructions:

- Invite the participant sharing their experience to be the 'Director' of the role-play.
- Invite other participants to volunteer to play the roles of the people involved in the problem situation (for example: the participant and his siblings, if the problem is that he fights with his brothers)
- Ask the Director to instruct the actors so they act out what he or she did to try to solve the problem.

- Note: Tell participants the rules of the role-play are they should not touch each other in case it makes the other person feel uncomfortable and they should keep their language appropriate (i.e. no swearing)
- Allow the play to continue until it reaches the point where the participant got to with solving the problem (partially solved or unsolved).
- At this point highlight that the participant needs to go back to either Step 1 (red light: Stop), or Step 2 (orange light: Think).
- Ask all participants to suggest new ideas for solving the problem.
- Ask the Director to choose a few examples of ideas, and to instruct the actors to role-play different endings to the story.

Managing my Problems Activities

30 minutes

Aims

- the problem was To strengthen participants' skill in problem solving

1. Group activity

- Split the group into two evenly numbered groups
- Give each group a large piece of paper (flipchart or poster paper) and some markers.
- Explain that you will now give both groups the same problem that they have to work together to think of solutions to.
- Ask for a volunteer in each group to draw an outline of a big tree on their paper. Explain they should draw the trunk of the tree and branches, but not the leaves. The solutions they think of to the problem will be the leaves, so as they think of ideas they should write these in the leaves on the tree.
- Choose one of the following problems for both groups to work on, or think of another appropriate problem that Kian could have that is relevant to this group of children:
 - Kian keeps forgetting to wash his clothes and he is in trouble with his mum.
 - Kian does not have any lunch for school and he is hungry.
 - Kian's sister is being teased by another girl.
 - Kian has had an argument with his friend and they are no longer talking to each other.

A. Thinking of ideas

- Give the groups about 5 minutes to brainstorm on ideas for solutions to the problem and to write these in the leaves on the trees.
- After 5 minutes, ask the groups to take turns in sharing their ideas one by one. They should not well defined, repeat an idea the other group has already mentioned.
- As they share each idea, ask them also to share what is good and less good about each idea was too unsafe. Ask the other group to comment on the ideas of the sharing group as well.

- Help participants think about whether the idea is easy or hard to carry out, whether it will help solve the problem etc.

B. Choosing the best idea

- When all the ideas from each group have been presented, ask the groups to discuss all the ideas and to agree as a group on which idea they think is best. They can choose an idea from the other group if it was better than all of their group's ideas.
- Ask them to draw a flower on the tree (poster) and write this idea in the flower to show which is the chosen idea.

○ ~~Steps needed too many resources etc.)~~

- ~~Tell the group that it is okay when our first idea doesn't work. This can be a good thing because it tells us more about the actual problem and what types of ideas might work to solve the problem.~~

○ ~~Teach the group that in this case, you would go back to the red light (step 1) if you decide that you need to define the problem better or the orange light (step 2) to think of all the ideas to solve the problem again.~~

○ ~~Invite the whole group to help the participant think of all the possible ideas to solve the problem~~

○ ~~Participant then chooses the one they think will work best and that they can do without difficulty~~

○ ~~Help the participant plan when they will do this in the next week~~

7) ~~For ideas that partially solved the problem:~~

○ ~~C. Praise the participant for trying to carry out the idea~~

○ ~~Teach the group that in this case, you would go back to the orange light (step 2) and think of all the ideas that might now solve the problem~~

- ~~Invite the whole group to help the participant think of all the possible ideas to solve the problem~~ Now give each group 5 minutes to help the participant think of all the possible ideas to solve the problem steps Kian needs to complete in order to carry out this idea.

○ ~~Participant then chooses the one they think will work best and that they can do without difficulty~~

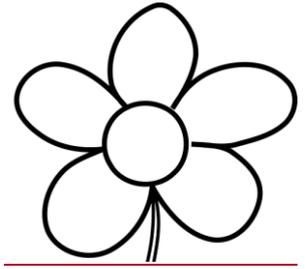
○ ~~Help the participant plan when they will do this in the next week~~

8) ~~For ideas that completely solved the problem:~~

○ ~~Praise the participant for trying out the idea~~

- Teach the group that in this case the Give each group a new large piece of paper (or use the other side of the tree poster).

- Ask them to draw a medium sized circle in the middle of the page and write the chosen idea in the middle of this circle. As each step is identified ask them to draw a petal coming out from the circle and write the step inside the petal. (Hint: write the step first and then draw the petal around the step)



- Advise them to think about the following:
 - How Kian can break that idea down into smaller steps and spread these steps out over different days?
 - Does Kian needs to talk to someone and what he will say?
 - Does Kian need to plan to travel anywhere to carry out the idea?
 - Does Kian needs to prepare any material things in order to carry out his plan?
- After 5 minutes, ask the groups to present their plan.

- Managing my Problems with a new problem is solved. They can start Stop, Think, Go with a new problem.
- Tell participants that this is what the group will do in the next section of this session

Stop, Think, Go with a new problem

25 minutes

Aims

- To strengthen help participants skill in problem solving

- ~~To help participants solve their problems~~

~~1. Optional activities (10 minutes for each)~~

~~Aim: to strengthen participants' abilities in problem solving~~

- ~~Facilitators need to be aware of difficulties participants might have in any of the Stop, Think, Go steps

 - ~~From their home practice or in the previous session~~~~
- ~~The following are 2 activities that can be included in this session to improve their skills~~
- ~~Read and decide which activities will be completed before starting session 6~~
- ~~These should be completed before repeating Stop, Think, Go with a new problem~~

Group Activity: Thinking of Ideas

- Aim is to practice Step 3: thinking of as many ideas as possible
 - It is common for adults and youth to find it difficult to think of lots of ideas to solve a problem. This is one reason why problems persist for them
 - This activity aims to help them think creatively
- Instructions:
 - Spilt the group into 2 evenly numbered groups
 - Both groups are given one of the following problems (facilitator chooses one):
 - Kian keeps forgetting to wash his clothes and he is in trouble with his mum
 - Kian does not have any lunch for school and he is hungry
 - Kian's sister is being teased by another girl
 - Kian has had an argument with his friend and they are no longer talking to each other
 - Each group has 5 minutes to think of as many ideas that might help solve the problem
 - Each group is given a large piece of blank paper and a marker. The facilitator (or willing participant) draws a large tree in the middle of the poster (taking up the whole length of the poster). Only draw the trunk and branches at this stage. As each idea or solution is given, the facilitator (or willing participant) draws a leaf on a branch and writes the idea in the leaf. Note: it is best if the leaves are drawn quickly and do not need to look pretty.
 - After 5 minutes, groups must stop thinking of ideas
 - Groups will take it in turns to share one of their ideas
 - Facilitator can flip a coin to decide who goes first (or use a similar strategy)
 - The same ideas cannot be repeated
 - Groups continue to give their ideas until 1 group has run out of ideas
 - The group who had at least 1 more idea than the other wins

Group Activity: Choosing an Idea

- Aim is to learn how to choose the “best” ideas and prepare an action plan to carry it out
 - Sometimes ideas are not successful because they are too difficult for people to carry out
- Instructions:
 - **If you have completed** the previous “Thinking of Ideas” activity: Use the same problem from the previous activity,
 - **If you have not completed** the previous “Thinking of Ideas” activity: Choose one of the problems from the list in the previous activity
 - The whole group has 2 minutes to think of as many ideas to solve this problem
 - Each group is given a large piece of blank paper and a marker. The facilitator (or willing participant) draws a large tree in the middle of the poster (taking up the whole length of the poster). Only draw the trunk and branches at this stage. As each idea or solution is given, the facilitator (or willing participant) draws a leaf on a branch and writes

- the idea in the leaf. Note: it is best if the leaves are drawn quickly and do not need to look pretty.
- Then the group discusses what is good and less good about each idea
 - Help participants think about whether the idea is easy or hard to carry out, whether it will help solve the problem etc.
 - The group chooses one idea they believe is best. They can draw a flower on the tree (poster) and write this idea in the flower to show which is the chosen idea.
 - Then, split the group into 2 even groups:
 - Each group has 5 minutes to think of all the steps Kian needs to complete in order to carry out this idea
 - Tell participants the group with the most steps and the most detail wins
 - Each group is given a new large piece of paper (or the back of the tree poster is used). The facilitator will draw a medium sized circle in the middle of the page and write the chosen idea in the middle of this circle. As each step is given the facilitator will draw a petal coming out from the circle and write the step inside the petal. (Hint: write the step first and then draw the petal around the step)
 - Advise them to think about the following:
 - Whether Kian needs to talk to someone and what he will say
 - How Kian can break that idea down into smaller steps and spread these steps out over different days
 - Whether Kian needs to plan to travel anywhere to carry out the idea
 - Whether Kian needs to prepare any material things in order to carry out his plan
 - After 5 minutes, facilitator (or a volunteer from each group) reads out their plan
 - Facilitator chooses which group has the most detailed plan
 - Facilitator should explain why that group wins
 - All participants and facilitators can clap and cheer for the winning group

2. Individual Activity: Stop, Think, Go (15 minutes)

- Aim: All participants plan to solve a second problem (regardless of whether the first problem was solved or not).

1. Read Story: Show Pictures 21 and 22 and read Texts 21 and 22 (Kian's new problem)

Note: The following steps are the same as described in Session 5 for Stop, Think, Go Managing my Problems

Participants

- Ask participants to form pairs (This can be a different pair from Session 5 or the same pair: This will depend, depending on the trust between the participants).

- ~~Pairs will~~Instruct the pairs to complete the 3 steps of Stop, Think, Go together for a second problem. The facilitator will check each step has been completed before the group continues on to the next step
- **Step 1: ~~Each participant will~~Ask them to choose a personal problem they are currently experiencing (that is different from the problem chosen in the last session)**
 - ~~Facilitators check~~Check on each individual to make sure they have selected an appropriate problem (i.e. a solvable, specific and small problem)
- **Step 2: ~~Pairs~~Ask the pairs to work together to think of as many ideas as possible to solve each other's problems.**
 - Remind participants the ideas do not have to solve the whole problem
 - ~~Remind participants that the aim of this step is to think of many ideas regardless of whether they are good~~ or ~~be necessarily successful~~bad
- **Step 3: ~~Pairs~~Tell them to talk about which would be the best ideas for solving the problem. ~~Participant decides of the idea they would like to try first.~~**
 - ~~Option of everyone returning to the larger group to share their problem and selected idea~~
 - ~~Facilitator asks each participant to decide when (day, time) they will try this idea out over the next week~~
 - ~~Facilitator asks each participant~~Ask them to think about what resources they will need in order to try out the idea (e.g. whether they need to talk to anyone, what they will say to that person, whether they need any material things to try the idea out, whether they need to travel anywhere to try out the idea). ~~Facilitator asks~~
 - ~~Ask the participants to think carefully about~~ whether ~~they have~~ the ~~participant has these~~ resources ~~they need~~ to carry out the idea. If not, then ~~the participant might~~they may need to think of another way of carrying out the idea or choose a new idea they can carry out. This step is important to ensure they can complete their plan successfully.
 - ~~Ask each participant to decide when (day, time) they will try this idea out over the next week.~~
 - ~~Now ask all the participants to gather in a circle in the big group and to share what idea they have decided to try.~~

○

Preparing for the end of the programme	5 minutes
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Aims

- To remind participants there is only one more session
- To prepare participants for the end
- To allow participants to share reactions to the programme finishing

1. Discussion about the end of the programme

- Remind participants the following session is the final one
- Spend some time talking about common feelings associated with finishing the programme
 - E.g. sadness, worry, excitement, relief, sense of achievement.
 - Facilitator should tell participants all feelings are understandable
- Invite participants to identify the different feelings they have about finishing
 - If possible, invite them to identify any body sensations associated with these feelings
- Give confidence to participants
 - Tell them that they know all the skills really well and can practice them on their own
 - Tell them the next week will focus on helping them be able to practice these skills on their own
- Ask participants to think of ideas to help them manage these feelings
 - E.g. continuing to see or support each other after the group has finished

Ending the session

15 minutes

1. Summarise session 6

- ~~Brief summary of Summairse~~ what was covered in the session (either facilitator says this or Kian from the book)

Today we practiced solving problems again. Hopefully you will be able to keep solving your problems this week.

2. Home practice

- Practice Calming My Body when needed
- Continue doing their chosen ~~Getting Active~~Changing my Actions activities
- ~~Complete~~Try out their ~~action plan~~new idea to solve their problem
- Discuss how participants can remember to do this- (e.g. tell caregivers, remind each other, open book before sleeping -and do it every night)

3. Activity to end the session

- ~~At the end of~~End each session in the same way.
- Ask participants to sit in a circle. ~~Each participant is asked and~~ to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today). ~~This word should be different from the one identified in Session 1.~~
- Give them ~~1~~one minute to think of ~~one~~this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one.
Participants are invited
- Invite participants to tell the group their chosen strength.

- **Note:** Participants should not be forced to share if they do not want to. These words will used in the following activity.

~~Participants are given the piece of paper~~

- Give participants their Strengths papers they began working on at the end of the last session. ~~They are also given, and~~ a marker each. Ask ~~participants~~them to open the ~~piece of the~~ paper so they can see the 8 ~~squares (or 8 sections on~~of the paper)~~-. One square should have a section will be completed.~~
- Ask them to write or draw their strength word ~~written on it. They can now decorate a second square including the new strength word (or picture or symbol representing that word).~~ for this session on another section.
- ~~Facilitators~~When they have finished collect the papers ~~again~~and store them safely for the next session.

CHAPTER TEN: Session Seven: Brighter Futures

Session Aims	<ul style="list-style-type: none"> •• Consolidate learning from session 1 to 6 •• Continue to promote group cohesion and support •• Educate them on relapse prevention •• Feel confident in coping better outside of the programme •• End the programme
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Topic	Aims	Activities	Materials	Time
Welcome				10 minutes
Review home practice	<ul style="list-style-type: none"> •• Participants share home practice •• Facilitators manage any problems participants had completing their home practice •• Review any components from sessions 1 to 6 that participants did not understand 	Discussion Reading	Participants' workbooks Posters from previous sessions Story book	30 minutes
Brighter Futures	<ul style="list-style-type: none"> •• Prepare participants for what to expect in the future •• Strengthen their confidence to manage emotions and problems independently 	Teaching Reading	Story book	30 ⁴⁵ minutes
Ending the programme	<ul style="list-style-type: none"> •• Summarise session 7 •• Closing activity or graduating ceremony 	Discussion Game Strengths Activity	Story book Participants' workbooks Participants' strengths paper; markers Certificates or other (optional)	20 minutes

Welcome**10 minutes****1. Welcome group**

- Remind participants that today is the last session

2. Opening activity

- Play an activity or game, or sing a song to promote social cohesion (see Appendix [CD](#) for ideas)

Review home practice**30 minutes****Aims**

- To strengthen participants understanding of the exercises
- To help participants manage any difficulties with practicing exercises

1. Participants discuss ~~their home~~ Calming my Body practice

- Invite participants to share ~~their experiences practicing each of the exercises over the last week;~~ times when they practised their slow breathing. Ask them to tell you
 - What was happening at the time they practised slow breathing (e.g. before bed, in response to a big and difficult feeling etc.)
 - How they felt before practising slow breathing
 - How they felt after practising slow breathing

1) Participants ~~Calming My Body~~

2) ~~Getting Active~~

3) ~~Stop, Think, Go~~

2. discuss Changing my Actions practice

- Invite participants to share what ~~ideas they tried out for either problem one activities or two steps they completed in the last week~~
- Ask participants ~~to tell how they felt after they had completed the group what exactly happened when they tried out the idea activity or step~~
- Encourage participants to talk about the difficulties they experienced in completing the activity or step. Encourage other participants to help them manage these difficulties (i.e. give ideas for how to overcome the problems and/or to acknowledge if they suffered from the same problem).

- If there are some participants who were unwilling to share, facilitators should later discreetly ask them if they encountered any problems and help them solve these if necessary. For example, a facilitator might talk to a participant at the end of the group or when participants are completing the strengths activity at the end of the session.

3. Participants discuss Managing my Problems practice

- Explain you will take some time to hear how it went for the participants when they tried problem solving in the last week.
 - Highlight that not everyone will have been able to solve their problem. And others may not have been able to try to solve their problem this week and that this is okay. No one should judge each other's experiences because we are all here to help each other.
 - If participants do not wish to share their experience with the entire group this is also okay. Facilitators can talk with the participant privately later in the session or at the end to make sure they are able to continue with applying Managing my Problems.
- ~~Ask participants to share whether the problem has been solved or not~~
- For take turns sharing their experiences of trying to solve problems using Managing my Problems.
 - Choose a few of the participant's experiences to use in the role-play method (see role-play method box below)
- When participants share their experiences ask them to focus on
 - The idea they planned to try out
 - What happened when they tried that idea out
 - What has happened with their problem (i.e. has it been solved partially or completely or not at all?)

that have not been

Use the following to guide your responses to the participant's experiences (Note: these instructions are the same as those from Session 6)

1a. If the problem was solved, ask in a positive and constructive way:

- Praise the participant for succeeding in solving their problem.
- Encourage them to think of a new problem to tackle in the next week.

1b. If the problem was solved in a problematic way that may lead to more challenges later (e.g. hitting their sibling to get them to do what they would do want etc.):

- Praise the participant for trying their idea.
- Help the participant understand why, even though the problem was solved, this idea may lead to more problems.
- Invite the participant and others to come up with suggestions for other ways this problem can be solved in a more positive and constructive manner. If appropriate use the role-play method for this.
- Help the participant plan when they will try this idea in the next (answer: return to step week.

2. ~~and think of more ideas.~~ If the participant was partially able to solve the problem:

- Praise the participant for trying out their idea
- Teach the group that in this case, you would go back to the orange light (step 2) and think of all the ideas that might now solve the problem~~what is left~~
- Invite the whole group to help the participant think of all the possible ideas to solve the problem. **If appropriate use the role-play method for this.**
- Participant then chooses the one they think will work best and that they can do without difficulty.
- Help the participant plan when they will do this in the next week.

3. If the participant was not able to solve the problem at all:

- Praise the participant for trying out the idea
- Discuss what actually happened to identify the reasons the idea did not work (i.e. the problem was not well defined, the idea was too unsafe or hard to carry out, idea needed too many resources etc.)
- Tell the group that it is okay when our first idea doesn't work. This can be a good thing because it tells us more about the actual problem and what types of ideas might work to solve the problem.
- Teach the group that in this case, you would go back to the red light (step 1) if you decide that you need to define the problem better or the orange light (step 2) to think of all the ideas to solve the problem again.~~the problem~~
- Invite the whole group to help the participant think of all the possible ideas to solve the problem. **If appropriate use the role-play method for this.**
- Participant then chooses the one they think will work best and that they can do without difficulty.
- Help the participant plan when they will do this in the next week.

4. If the participant did not try their ideas for solving the problems:

- Help the participant to identify why they didn't try the idea out.
- Help the participant to think of ways they could make sure they can do it this week.

Role-play method

As the participants share their experiences, choose some that you think will be appropriate (i.e. avoid role-playing problems that involve forms of severe conflict, violence or other potentially distressing material) for the role-play method and follow these instructions:

- Invite the participant sharing their experience to be the 'Director' of the role-play.
- Invite other participants to volunteer to play the roles of the people involved in the problem situation (for example: the participant and his siblings, if the problem is that he fights with his brothers)
- Ask the Director to instruct the actors so they act out what he or she did to try to solve the problem.
- Note: Tell participants the rules of the role-play are they should not touch each other in case it makes the other person feel uncomfortable and they should keep their language appropriate (i.e. no swearing)

- Allow the play to continue until it reaches the point where the participant got to with solving the problem (partially solved or unsolved).
- At this point highlight that the participant needs to go back to either Step 1 (red light: Stop), or Step 2 (orange light: Think).
- Ask all participants to suggest new ideas for solving the problem.
- Ask the Director to choose a few examples of ideas, and to instruct the actors to role-play different endings to the story.

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Brighter Futures

3045 minutes

Aims

- To educate participants on what to expect in the future
- To improve participants' confidence in responding to future problems and emotions

Materials: Large blank piece of paper (or blank poster) ~~and~~, markers, any materials to make reminder cards of the EASE exercises

1. Read Story: Show Picture 23 and read Text 23

- Invite participants to think of ideas of how Kian can manage his feelings

Read

1. Read story

2. Story: Show Picture 24 and read Text 24

2.3. Group Activity: Responding to future problems (20 minutes)

- Ask the group what Kian did when he started experiencing problems and strong emotions after he finished the group
 - Look for answers that identify exercises from the programme
- Ask participants what they should do if they encounter problems in future
 - Emphasise responses that suggest applying skills or exercises to deal with the problem
- Explain to participants that when they encounter problems or experience big and strongdifficult feelings, it is a good reminder to apply the exercises they have learned in the programme
- Remind participants of all of the exercises and what types of difficulties they manage:
 - Feelings pot: catches strongto notice big and difficult feelings
 - Calming My Body: calms the body or reduces physical sensations by using slow breathing (or alternative). It is very helpful for feelings such as fear, worry and anger
 - ~~Getting Active: helps us do things we used to enjoy, helps manage sadness~~

- Stop, Think, Go Changing my Actions: when we plan to do meaningful activities it improves our mood
- Managing my Problems: helps us solve problems
- Read out list (below) of different problems and ask participants to suggest which exercises would be most helpful to manage the problem.
 - Option to include other problems that were mentioned by participants in previous discussion
 - List of problems:
 - Having a fight with a friend: Stop, Think, Go Managing my Problems
 - Feels heart racing at nighttime: Calming my Body (Slow breathing)
 - Having problems doing homework: Stop, Think, Go Managing my Problems
 - Stopped playing with friends: Getting Active Changing my Actions
 - Feels sad: Understanding my Feelings ~~pot~~ (Feelings pot) and/or Changing my Actions
 - Stopped listening to music: Getting Active Changing my Actions
 - Feels like she doesn't have any energy to see friends anymore: Getting Active Changing my Actions
 - Getting headaches: Calming my Body (Slow breathing)
 - Feels angry: Understanding my Feelings (Feelings pot) and/or Calming my Body

Note: Participants may also suggest helpful coping exercises that are outside of this programme. It is good to encourage participants to practise these also. However, you must decide whether or not the suggested exercises are indeed helpful.

- Examples of helpful coping strategies are talking to someone you trust, asking for help, doing something physically active, relaxation exercises, and using humour.
 - Examples of unhelpful coping strategies are drinking alcohol, suppressing thoughts about problems, running away, lying to others, or avoiding making new friends because you feel nervous or scared but this makes you more lonely.
- Ask participants to identify at least 1one person they can ask for help from if they are unable to manage a strong feeling or problem big and difficult feelings or practical problems in the future
 - Explain to participants that sometimes our feelings and problems can get so big or difficult it might be hard to practice the exercises from this programme.
 - Having a trusted friend or family member to talk to or ask help from can be helpful
 - ~~Discuss whether~~ Suggest that caregivers who have participated in the programme might be good people to talk to

4. Craft Activity: Making Reminders of the EASE exercises (20 minutes)

- Give each participant materials to make or draw something that will help remind them of each of the EASE exercises (i.e. Understanding my Feelings or the Feelings pot, Calming my body, Changing my Actions and Managing my Problems)
- Ideas might include making small reminder cards they can easily carry with them, designing a poster they can hang in their home, drawing the 4 exercises in their workbook etc.

Ending the Programme

20 minutes

1. Facilitator tells group **Closing Summary**

- Tell the many different feelings everyone has about participants that they have now finished the group finishing programme
- Share your thoughts on the participants: for example, how well they worked through the programme, how they supported each other, how challenging it was for some participants, how much they have changed or improved etc.
- 1. ● Tell them (e.g. sad, worried, excited, proud etc.). Tell participants that all of these feelings are understandable.

2. Tell them that they are now experts in the four exercises and can keep helping themselves and others when they experience problems or difficult feelings3. Sharing activity:

- Tell participants to sit in a circle participants (if they are not already)
- 2. ● Ask them to share **1 one positive thing** about the group or the other programme (e.g. it helped me manage my anger better) or the other participants in the group (e.g. I found the people in this group supportive) and **1 one goal** they have for the future (i.e. something they would like to be able to continue working on, something they would like to be able to achieve for themselves or others etc.). Start this activity with the story – protagonist shares their 2 things first, then the facilitator and so on.

4. Activity to end the programme

- End each session in the same way.
- Ask participants to sit in a circle and to think of a word that describes a strength they have (e.g. something they are good at, something positive about their personality, something positive they demonstrated in the session today).
- Give them one minute to think of this word. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.). Facilitators should also think of a strength word to describe each participant in case a participant cannot think of one.
- Invite participants to tell the group their chosen strength.

Note: Participants should not be forced to share if they do not want to. These words will be used in the following activity.

- Give participants their Strengths papers they began working on at the end of the last session, and a marker each. Ask them to open the paper so they can see the 8 sections of the paper. There should be 2 blank squares remaining.
- 3. ● Ask them to write or draw a message or their name in each other's workbook – page at the end of the workbook that allows their strength word for this session on one of those blank sections

Now there should be one blank square

4. ~~Craft~~ activity (optional)

- ~~Participants create a reminder card for the exercises. Supply them with different materials to help them create the card showing each of 4 exercises. Show examples from the protagonist or participants from other groups to give them some ideas~~

~~5. Group activity~~

- ~~Participants are given back their piece of paper — with two final sections left to decorate on their paper. This time all the participants will decorate a section of the on their Strengths paper with. Tell participants to write or draw the word “supportive” ~~on one section. Facilitators explain to in this square. Tell~~ participants this word describes each participant because everyone has completed this programme together and helped each other complete it. It is also a word to encourage everyone to continue to be supportive of each other and remind each other of the exercises that they have learned. ~~On the remaining section of the paper, participants can include another new strength word (or use pictures or symbols to represent that word).~~~~
- Saying Caregivers (a caregiver, a facilitator or another participant in the group) are invited to add another strength word (or picture or symbol representing that word) about the participant.

5. goodbye

- Give participants time to say goodbye to each other and the facilitators
- Suggest to them to write their names or an encouraging message in each other’s workbook if they feel comfortable doing so
- 6. Option to provide participants with a graduation certificate if resources are available to do so

Early Adolescent Skills for Emotions Caregiver Sessions

Group psychological help for caregivers of young adolescents impaired by distress in communities exposed to adversity

CHAPTER ELEVEN: Session One: Understanding Sadness, Worry and Stress

Session Aims	<ul style="list-style-type: none"> To improve caregivers' knowledge about childhood sadness, worry and stress. To empower caregivers' feelings of strength and resilience. To improve caregivers' skills in active listening. To improve caregivers' knowledge and skill in slow breathing. For caregivers to overcome barriers to spending quality time with their child.
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Topic	Aims	Activities	Materials	Time
Why are we here? <u>Welcome and introductions</u> <u>Review of the programme</u>	<ul style="list-style-type: none"> Introduce facilitator and caregivers Provide an overview of the sessions 	Introductions	Refreshments <u>Name tags if available</u>	15 minutes
What is needed for this group to work: Group guidelines	<ul style="list-style-type: none"> Set rules and expectations for the group including confidentiality limits 	Discussion	Large <u>Blank large</u> piece of paper Markers <u>Marker pens</u>	10 minutes
Caregiver strengths	<ul style="list-style-type: none"> To emphasise caregivers' own resilience and resources 	Read story (<u>in manual</u>) Brainstorming	Story, paper (<u>in manual</u>) <u>Paper</u> , pens / or pencils	10 minutes
Information on worry, <u>Common signs of sadness, worry</u> and stress in children	<ul style="list-style-type: none"> Cover causes and common signs of childhood worry, sadness and stress 	Teaching Discussion (<u>Optional: Brainstorming</u>)	Re-usable <u>Possible causes</u> poster	25 <u>15</u> minutes

			<u>Understanding difficult feelings poster</u> <u>(Optional: Pens or pencils; Body Map- optional handout; Four large pieces of stressed child paper, pens/pencils).</u>	
<u>Review of EASE youth exercises review</u>	<ul style="list-style-type: none"> To review EASE youth exercises 	Teaching Discussion	<u>Handout summary Adolescent strategies handout</u>	10 minutes
<u>Identifying and responding to feelings</u>	<ul style="list-style-type: none"> To improve caregivers' skills to accurately identify feelings. To improve caregivers' skills in soothing a child. 	Teaching Discussion <u>Slow breathing</u>	Balloons <u>(or alternative)</u>	<u>3540</u> minutes
Quality time	<ul style="list-style-type: none"> Caregivers can help their child by spending quality time together 	<u>Brainstorming</u> <u>Problem solving</u> Discussion	<u>Large piece of paper</u> <u>Markers</u>	<u>1020</u> minutes
Ending <u>the</u> session	<ul style="list-style-type: none"> Summarise session 1 Set home practice 	Discussion		5 minutes

Welcome and ~~Introductions~~introductions
minutes

10

1. Welcome group.

- Provide name tags if this is appropriate or available.
- You may choose to do this over a cup of tea¹⁵.

2. Facilitators introduce themselves.

- For example, your name, and why you as the facilitator, like to work with families.

3. Invite caregivers to introduce themselves.

- Ask caregivers to say their name and what they like to do with their child.
- Caregivers should only share what they feel comfortable sharing.

Optional introduction activities:

• Both caregivers and facilitators can decide whether one further introduction activity is needed. For example, further group cohesion could be enhanced by an additional introduction activity or caregivers could be asked whether they would like to start the group with the ceremonial/cultural activity, for example.

- Have individuals introduce themselves in pairs first. Give pairs 1 minute to talk about themselves (e.g. name, family, where they come from etc.). Then in the larger group, each person introduces their partner to the group by saying their name and one thing they learned about their partner.
- “If I could be...” game: Before activity, facilitators ~~decided~~decide on the category (e.g. animals, colours, celebrities, cartoon characters) and invite caregivers to say their name and then say “if I could be an (e.g. animal), I’d be a...” You can also encourage caregivers to share their reasons for choosing that animal/colour etc.
- Appropriate ceremonial/cultural activity (e.g., a song or prayer) that you have prepared in advance.

4. Emphasise that caregivers are the experts of their children.

- Explain that direct work with the child will help (the child), but the caregivers’ participation in this group is equally, if not more, important. Although as their children have grown, it may feel like their child is more independent and less interested in their caregiver – caregivers still have a lot of impact on their child’s development.
- It is critical that the facilitator and caregivers work as a team so that together they can try to help the children cope better.
- Explain that facilitators have training in ~~the best~~good techniques for helping children but that parents know their child best.

¹⁵ Note: Or offer an alternative drink, such as a glass of water (if feasible).

Example script:

As caregivers, you are all experts on children. Therefore, the goal of this group is to gather all this expertise so you ~~could~~can help one another to overcome your child's difficulties. You have the solution within you as a group. As facilitators, we will support you in this process of helping one another.

6. Provide information about how the sessions will run:

- What day and time sessions will occur.

Review of the programme**5 minutes****1. Acknowledge that the caregivers' children have been experiencing some emotional problems and this programme aims to help.**ORIGINAL TEXT [DO NOT USE FOR LEBANON]

- These emotional problems may be sadness, worry or stress.
- This programme, alongside the child's group sessions, ~~aim~~aims to help children cope better and help caregivers help their child to feel better.
- It has been created using the latest scientific evidence.

LEBANON CULTURAL ADAPTATION

- These emotional problems may be sadness, worry or stress.
- These emotional problems may also include anger, as sometimes adolescents show their sadness, worry or stress as anger.
- This programme, alongside the child's group sessions, ~~aims~~ to help children cope better and help caregivers help their child to feel better.
- It has been created using the latest ~~scientific evidence.~~ expert knowledge

2**2. Explain the structure of the caregivers programme.**

- The three sessions for caregivers will include some information about what the children are learning in their sessions. This information was also discussed in the assessment session prior to starting the group.

ORIGINAL TEXT [DO NOT USE FOR LEBANON]:

- It will also focus on new information to help caregivers to support their child who is experiencing sadness, worry or stress.

LEBANON CULTURAL ADAPTATION

- It will also focus on new information to help caregivers to support their child who is experiencing sadness, worry, anger or stress.

- And it will focus on strategies for caregivers to better look after themselves.

3. Describe today's specific aims for the session

ORIGINAL TEXT [DO NOT USE FOR LEBANON]:

- To learn about overwhelming ~~worry~~, sadness, ~~worry~~ and stress in children.

LEBANON CULTURAL ADAPTATION

- To learn about overwhelming sadness, worry, anger and stress in children.
-
- To learn why catching/noticing feelings is important.
- To learn how to better respond to children when they are experiencing big or overwhelming feelings.

Group guidelines

10 minutes

Materials: Blank large piece of paper, marker pens.

1. Tell caregivers that for this group to work well we need to create a safe environment.

2. Explain confidentiality and limits to privacy.

- All personal information about caregivers must stay in the group.
- Ask that everyone agrees to keep what is said at these meeting private and not talk about other participants outside of the group.
- Explain that this also refers to the facilitator who cannot talk to anyone else, including the participants' children about that they discuss.
- Emphasize this is the most important group rule that everyone needs to keep.
- The whole group is responsible for keeping confidentiality, including group facilitator(s) and caregivers (e.g. caregivers should not talk to family or friends about caregivers in the group).
- The intervention team including your supervisor will know information about caregivers and what happens in the group. Explain the supervisor is a trained professional and their role is to make sure caregivers are receiving the best form of EASE. Tell the group the supervisor's name.
- Explain that the children's and caregiver's groups have the same rules: what is discussed in each group remains private. However, there are times when a facilitator must speak to the caregiver, even if the young adolescent does not want them to¹⁶:

¹⁶ Note: in this situation, please tell the young person that you need to talk to their parent to help keep them safe.

1. If a young adolescent is at risk of hurting themselves or someone else, e.g. using drugs or unsafe sexual activity;
2. If a young adolescent wants to end their life;
3. If a young adolescent is being badly hurt by someone else¹⁷.

ORIGINAL TEXT [DO NOT USE FOR LEBANON]:

- The same three rules apply when a facilitator must speak to their supervisor even if the caregiver does not want them to:

LEBANON CULTURAL ADAPTATION

- The same three rules apply when a facilitator must speak to their supervisor (or other professional) even if the caregiver does not want them to:

-

1. If a caregiver is at risk of hurting themselves or someone else;
2. If a caregiver wants to end their life;
3. If a caregiver is being badly hurt by someone else, like a family member.

- If a caregiver has any concerns about information being shared with the supervisor or information about their child that is withheld from them, they can speak with the facilitator about this at any time.

3. Write or draw the rules on a poster (blank large piece of paper) so they can be referred to throughout the programme.

- Show poster each session so you can refer to them at any time (this may be relevant when you believe a rule is being broken).
- Drawings can be symbolic or literal representations. Drawings should be meaningful to the participants.

4. Explain that the following rules also need to be included:

- Listen without judgment to one another.
- Do not interrupt when another person is speaking.
- Respect each other's stories and ideas.
- Respect each other's decision to not share experiences with the group.

5. Then invite caregivers to suggest rules.

"What are other important rules to help you feel comfortable participating in the group?"

6. Discuss what caregivers should do if they see each other outside of the group.

- Encourage caregivers to decide on what they all feel comfortable with.

Caregiver strengths

10 minutes

Materials: Paper, pens or pencils.

¹⁷ Note: please provide psychoeducation on child safeguarding aligned with the laws of the country.

1. Explain that before we start to look at different ways of how caregivers can help their children cope, let's start with taking some time to notice what caregivers are already doing to help their child: what personal strengths the caregivers have.
2. Explain the meaning of personal strengths.

Key points to cover:

- You can choose to start with a joke: It is not about how big a caregiver's muscles are.
- It is the unique personal qualities that all caregivers have. E.g. ~~As a caregiver, they~~ the way caregivers display patience when their child takes a long time to eat their breakfast and get themselves ready in the morning; the way caregivers hug their child, or the way caregivers help their child when they are sick.
- It is the activities that caregivers do, to care for their child. E.g. As a caregiver, they make sure their child goes to school each day.
- It is the unique talents that all caregivers have. E.g. As a caregiver, they can multi-task. The caregiver can manage to help one of their children with their home work while preparing the evening meal, and planning how they will sew their other child's torn trousers.
- ~~It is the special and individual way that each and every caregiver caregivers. E.g. The way you hug your child, or the way you help your child when they are sick, or the special way you celebrate their birthday.~~

3. Explain that even when we have problems we can show our personal strengths.

- E.g. caregivers can feel stressed or worried about their child but continue to help their child go to school, complete the domestic tasks, go to work, see their friends etc.

4. Read story.

- The facilitator starts by sharing a story about two caregivers who were worried about their child who was experiencing difficulties with worry and sadness.¹⁸
- Please note that Kian, one of the main characters in the story, is meant to appear as either a boy or a girl. So, if you have a group of caregivers, with predominantly daughters, you may make Kian a girl. If you have a group of caregivers, with predominantly sons, you can make Kian a boy. However, please note, to make writing this manual easy, Kian is referred to as a boy (i.e. the terms 'he', 'him', 'his' etc. are used)

ORIGINAL TEXT FOR STORY [DO NOT USE FOR LEBANON]:

¹⁸ Note: Please adapt character names and worries to the setting.

I would like to share a story of a mother and father that I do not know personally, but their story is very similar to many families that I have seen. They were having such a hard time. Fatima and Aban were caregivers to two children, one daughter, Sara, and one son. It was their son that they, Kian. They were mostvery worried about Kian. He was having trouble keeping-up at school. He had stopped going bird-spotting-withseeing his friends-which was something he had always loved, and he was not doing his chores when asked. Perhaps hardest of all-, he seemed very angry or sad most of the time. When he wasseemed sad, he just seemed to stare outside and did not have anything to say to anyone. -He spent a lot of time alone. At other times, he seemed angry and irritable, often starting arguments with his sister or father. Kian's mood was having a big impact on the whole family-it. It seemed that everyone was becoming-more tense with each other, with arguments happening often.

His caregivers

Fatima and Aban were feeling very guiltyoverwhelmed and had-wondered if they had done something wrong. His fatherAban was very worried about hisKian's future-and while he. He was trying to be a good role model for his son, to-teachteaching him respect and kindness towards others, but he wasn'twas not sure it was enough. His motherFatima was upset that she hadn'thad not been able to spend much time lately-with Kian. She was so busy with-trying to make sure the children went off-to school each day, they had completed all of their homework, had all their meals, had clean clothes to wear... and her list went on. It was exhausting. She was starting to wonder if she was a bad mother. Despite her embarrassment, she decided she was going to ask her doctor for help. She was really worried about her son.

LEBANON CULTURAL ADAPTATION

I would like to share a story of a mother and father that I do not know personally, but their story is very similar to many families that I have seen. They were having such a hard time. Fatima and Aban were caregivers to two children, one daughter, Sara, and one son, Kian. They were very worried about Kian. He was having trouble at school. He had stopped seeing his friends, and he was not doing his chores when asked. Perhaps hardest of all, he seemed very angry or sad most of the time. When he seemed sad, he did not have anything to say to anyone. He spent a lot of time alone. At other times, he seemed angry and irritable, often starting arguments with his sister or father. Kian's mood was having a big impact on the whole family. It seemed that everyone was becoming tense with each other, with arguments happening often.

Fatima and Aban were feeling overwhelmed and wondered if they had done something wrong. Aban was very worried about Kian's future. He was trying to be a good role model for his son, teaching him respect and kindness towards others, but he was not sure it was enough. Fatima was upset that she had not been able to spend much time with Kian. She was so busy trying to make sure the children went to school each day, had all their meals, had clean clothes to wear... and her list went on. It was exhausting. She was starting to wonder if she was a bad mother, but despite. Despite her embarrassment decided she was going to ask her doctorolder neighbor Amena for help. -She was really was-worried about her son.- and she knew that Amena had similar problems with her daughter when her daughter was younger.

- Ask caregivers to identify any strengths that the caregivers in the story have.

- If needed, prompt caregivers with questions such as “What qualities does *his* father show *about* as a caregiver? What activities does the mother do to help her children? What examples can you think of that demonstrate the caregivers care for their child?”
- Ask caregivers to think of other caregivers they know and what caregiver strengths they admire in other caregivers.

5. 5Brainstorm. Ask caregivers to write **or draw** a list of their own caregiver strengths in coping with their child’s emotional difficulties.

- Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

6. Explain that you want caregivers to remember that they all have their own unique strengths and these strengths will continue to help them and their child.

Common Sadness signs of sadness, worry and stress in children

5

15 minutes

Aim

- To improve caregivers’ knowledge of the common causes of childhood worry, sadness and stress
- To give caregivers’ hope that their child will improve over time

1. Materials: Possible causes poster; Understanding difficult feelings poster. (Optional: Pens or pencils and Body Map- optional handout; Four large pieces of paper, pens/pencils).

● **Common “growing up” changes**

We know that young adolescence is a challenging time. Our children are experiencing a lot of normal changes in their bodies and minds, which can continue until they are 25 years old. They are entering puberty which means their bodies are changing. Girls are beginning to develop breasts. Boys’ voices are dropping. But there can also be changes to their views of the world and relationships. They might want to be more independent or want to spend more time with their peers. All of these changes can also bring about changes in their mood. This is very normal. But for some children, like your children who are completing this programme, they will experience overwhelming difficulties with their emotions that go beyond these common “growing up” changes

1. Explain that you are now going to describe the common causes of emotional distress in children.

Materials: Possible causes poster.



ORIGINAL TEXT [DO NOT USE FOR LEBANON]

Key points to cover:

- Scientists have been investigating the causes of childhood worry, sadness and stress for many years.
- Based on these studies we now know childhood ~~worry~~, sadness, ~~worry~~ and stress can develop, even when caregivers have been doing everything possible to protect, love and care for their child.
- ~~Childhood worry, sadness and stress are due to a combination of 4 main factors:~~
- Childhood worry, sadness and stress are due to a combination of 4 main factors:
 - 1) The child's environment (e.g. exposure to stressful events like violence, conflict, loss of a loved one, or poverty);
 - 2) The child's biology (e.g. their gender, blood type);
 - 3) How the caregiver and child interact;
 - 4) Caregiver factors (e.g. whether the caregiver is very stressed, worried or sad, or is exposed to poverty or conflict).
- Some of these factors can't be changed, then ask caregivers if there is any that can be? Explain the child's biology, or environment (exposure to violence, conflict or poverty) cannot be changed, but this programme aims to help the factor we can change: how the caregiver and child interact.
- Emphasize that scientists have shown that good interactions between a caregiver and child are one of the MOST protective factors in promoting childhood resilience, the ability to successfully adapt to difficult life circumstances.

LEBANON CULTURAL ADAPTATION

Key points to cover:

- Experts have been investigating the causes of childhood worry, sadness and stress for many years.
- Based on this we now know childhood sadness, worry and stress can develop, even when caregivers have been doing everything possible to protect, love and care for their child. Sometimes adolescents show their sadness, worry or stress as aggression or acting out too.
- Childhood worry, sadness and stress are due to a combination of 4 main factors:
 - 1) The child's environment (e.g. exposure to stressful events like violence, conflict, loss of a loved one, or poverty);

2) The child's biology (e.g. their gender, blood type);

3) How the caregiver and child interact;

4) Caregiver factors (e.g. whether the caregiver is very stressed, worried or sad, or is exposed to poverty or conflict).

- Some of these factors can't be changed, then ask caregivers if there is any that can be? Explain the child's biology, or environment (exposure to violence, conflict or poverty) cannot be changed, but this programme aims to help the factor we can change: how the caregiver and child interact.
- Emphasize that experience shows that good interactions between a caregiver and child are one of the MOST protective factors in promoting childhood resilience, the ability to successfully adapt to difficult life circumstances.

Example script:

It is very common for children (and adults) worldwide to experience difficulties with their mood and feelings, especially if they have to endure/deal with poverty/~~live in poor villages/countries~~, or if they have lost someone they loved or cared about, or have been exposed to violence and conflict. These difficulties can be heightened during this critical developmental age when children are learning more about the world around them.

2. Explain that with help most children will get better and go on to have bright futures.

- Although some of them might need some help again from time to time.

~~Common signs of childhood worry, sadness and stress~~

~~20 minutes~~

Aim

- ~~To improve caregivers' knowledge of~~ **3. Describe the common signs of childhood worry, sadness and stress**

~~**Materials:** Pre-designed poster of four children with different facial expressions. Handouts of a pre-designed drawing of a child's body and face without facial expressions.~~

~~**1. Describe common signs of overwhelming** **worry, sadness, worry and stress in children.**~~

- These include changes in the way a child feels or their mood, what's happening in their body, how they behave and how they think.

ORIGINAL TEXT [DO NOT USE FOR LEBANON]

- Explain that each of these changes are signs that the child is experiencing overwhelming ~~worry,~~ sadness, worry or stress.

LEBANON CULTURAL ADAPTATION

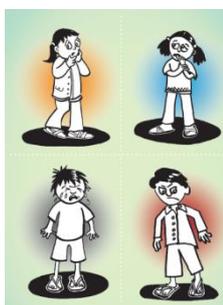
- Explain that each of these changes are signs that the child is experiencing overwhelming sadness, worry, anger or stress.

Feeling and Mood changes

Materials: Understanding difficult feelings poster.

2.1. Explain the feeling and mood changes.

'When your child is feeling overwhelmed with sadness, worry or stress you might notice changes in their mood or how they seem to be feeling.'



• a. Facilitator displays ~~pre-designed posters of 4 children with different facial expressions~~ 'Understanding difficult feelings' poster (sad, worried, stressed, angry)

• ~~Give caregivers a handout of a pre-designed drawing of a child's body and face without facial expressions.~~

• b. Facilitator points to a sad face and explains that the child may seem more sad than usual or unusually quiet, then point to the worried face and explain that the child may seem more worried or scared than usual, points to the stressed face and explain that the child may seem more stressed than usual, point to the angry face and explains the child may seem more angry or irritable than ~~irritable~~ usual.

• c. Explain to caregivers that often anger is displayed by a child, but anxiety or stress is the underlying emotion. This might be because anger is more socially acceptable than the other emotions or more effective in getting what they need (e.g. to avoid doing something that provokes anxiety).

d. ~~Invite~~ Facilitators should emphasize the significant change in mood and behavior. The child is acting different than usual.

2. Optional activity

- Materials: (Optional: Pens/pencils; Body Map- optional handout).
- Use this optional activity if the group is running on time, or if caregivers would prefer to ~~draw an emotion on~~ have additional interaction with the facilitator, or each other.

- Facilitators ask caregivers to share other signs they have noticed in their handout depicting a mood change in child. Facilitators could ask: *What other signs have you noticed? Is there anything else you have noticed?*
- Caregivers can write or draw (brainstorm) on their own child handout.
 - Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

Physical (body) changes

3.1. Explain the physical changes.

‘These are the physical changes happening in a person’s body when they are experiencing a strong emotion.’ and may include a fast heart rate, fast breathing, headaches, stomach pains and often these sensations can occur when there is nothing physically wrong with the child, as this is a normal body response to strong emotions¹⁹.

- ~~Invite caregivers to share their ideas about what changes may occur to the body when it’s experiencing a strong emotion.~~
- ~~Facilitator draws these physical changes over the posters- e.g. draws a beating heart on the worried child’s chest, or red cheeks on the angry child’s face.~~
 - ~~a. Emphasize that these body see ‘Notes for facilitator’ box below for ideas about what to draw to represent physical changes occur to everyone in response to a situation invoking a strong emotion in the person, but some people might experience these body changes even if there is no obvious reason (like a false alarm) and some people need to be “retrained” so that they interpret these cues accurately.~~
- ~~Invite caregivers to add to their drawing.~~

Notes for facilitator:

Physical changes

Be sure to include:

You might highlight:

- a fast heart rate (can draw a heart),
- fast breathing (~~draws~~draw lines coming out of mouth),
- increased sweating (colours in, ~~or draws a circle over the~~ armpits),
- headaches (~~draws~~draw lines across forehead),
- stomach pains or feeling sick in the stomach (colours in, ~~or draws a circle over~~ the stomach area),
- and,
- often feeling tired or sleepy: ~~(draw lines over eyes).~~

- ~~often these sensations can occur even when there is nothing physically wrong with the child.²⁰~~

¹⁹Note: It is important that a doctor helps to make sure these symptoms are not related to a physical illness and should be investigated if there are any concerns.

²⁰Note: It is important that a doctor helps to make sure these symptoms are not related to a physical illness and should be investigated if there are any concerns.

2. Optional activity

- Materials: (Optional: Pens/pencils; Body Map- optional handout).
- Use this optional activity if the group is running on time, or if caregivers would prefer to have additional interaction with the facilitator, or each other.
- Facilitators ask caregivers to share other signs they have noticed in their child. Facilitators could ask: *What other signs have you noticed? Is there anything else you have noticed?*
- Caregivers can write or draw (brainstorm) on their own handout.
- Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

Behaviour changes

4.1. Explain the behaviour changes.

*‘These are the changes in how **the** person acts - or does things – when they are overwhelmed with sadness, worry or stress. Just imagine watching your child and looking for any differences or changes in what they do – these are behaviour changes.’ Common behaviour changes you might have observed may be sleeping more or finding it difficult to sleep, eating less or more than usual, having trouble concentrating, doing less of their usual activities or not wanting to go school, or not seeing their friends, getting angry or irritable over small things, behaving like a younger child.*

List common behaviour changes (that can often be observed by others)

- sleeping more or finding it difficult to sleep,
- eating less or more than usual,
- having trouble concentrating,
- doing less of their usual activities or not wanting to go school, or see friends
- getting angry or irritable over small things
- arguing with others more often, or getting into trouble more often
- behaving like a younger child

2. Invite caregivers to Optional activity

- Materials: (Optional: Pens/pencils; Body Map- optional handout).
- Use this optional activity if the group is running on time, or if caregivers would prefer to have additional interaction with the facilitator, or each other.
- Facilitators ask caregivers to share other signs they have noticed in their child. Facilitators could ask: *What other signs have you noticed? Is there anything else you have noticed?*
- Caregivers can write down any behaviour changes they think or draw (brainstorm) on their own child might have on their handout.

Thinking changes

- Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

Thinking changes

5.1. Explain the thinking changes.

‘When your child is feeling overwhelmed with sadness, worry or stress they might experience changes in how they think about themselves, others and the world around them—~~and it can be difficult to detect.~~’
Difficult thoughts that can be common may include thinking “I am worthless,” “everybody thinks I’m stupid,” “my life is hopeless”.

List the common thinking changes

- “I am worthless”
- “my life is hopeless”
- “everybody thinks I’m stupid,”
- “everything is going to go wrong”
- “mum and dad might get hurt”
- “I should worry about everything”
- “I cannot cope”
- “Nobody loves me”

- a) Mention that caregivers may not be aware of the thoughts their child is having. But they might notice clues to these thoughts such as what their child says to them or how they act. Give examples: ~~a child having worried thoughts might constantly want reassurance—“Am I doing this right?”, or they might be more clingy than other children their age; a child with thoughts they are not good enough might say things like “I can’t do this,” or “no one really cares”~~
- b) Give examples: ~~a child having worrying thoughts might constantly want reassurance – “Am I doing this right?”; a child with thoughts that they are not good enough might say things like “I can’t do this,” or “no one really cares”~~

ORIGINAL TEXT [DO NOT USE FOR LEBANON]

Notes for facilitator:

Thinking changes

- You might highlight:
- “Everything is going to go wrong”
- “Mum and dad might get hurt”
- “I should worry about everything”
- “I cannot cope”
- “Nobody loves me”
- “I am stupid”

- “I am useless”

LEBANON CULTURAL ADAPTATION

Notes for facilitator:

Thinking changes

Invite • *You might highlight:*

- “Everything is going to go wrong”
- “Mum and dad might get hurt”
- “I should worry about everything”
- “I cannot cope”
- “Nobody loves me”
- “I am a donkey”
- “I am useless”

2. Optional activity

- Materials: (Optional: Pens/pencils; Body Map- optional handout).
- Use this optional activity if the group is running on time, or if caregivers ~~to write down any thoughts they think~~would prefer to have additional interaction with the facilitator, or each other.
- Facilitators ask caregivers to share other signs they have noticed in their ~~own child might be have~~child. Facilitators could ask: *What other signs have you noticed? Is there anything else you have noticed?*
- Caregivers can share write or draw (brainstorm) on their own handout.
- Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

3. Explain about the importance of when children have thoughts to end their life.

*‘Sometimes when a child is feeling **veryextremely** sad and hopeless it is possible that they might have thoughts such as “My life is not worth living” or “I do not want to be here anymore.”. These kinds of thoughts can be very scary for both caregivers and adolescents. It’s important that you know what is happening for your child, so that you can help them in the best way possible.*

LEBANON CULTURAL ADAPTATION

It’s important to note that these kinds of thoughts will not be asked about in general in the adolescent sessions. But, if they do arise with any child, the facilitator is trained to respond to the child, and ask further questions to ensure their safety. If concerns for their safety arise, caregivers will be informed.

Guidance: Talking with young people about suicide

If a caregiver thinks their child might feel very sad or hopeless, then it is important to ask their child if they have been having any of these thoughts.

Caregivers should ask “*Have you ever felt you just cannot go on any more? Does it feel like life is not worth living? Does that mean you might be thinking about ending your life?*” or “*Are you thinking about killing yourself?*”

Many people worry that asking about suicide will increase the chance of suicide or give the child ideas. This is understandable, but it is a myth.

If a caregiver is worried at any time that their child might be at risk of suicide, then please contact the facilitator straight away, or a health worker or health service²¹.

If a caregiver is worried that their child is about to take his or her life, contact an emergency service¹⁸ and remove ~~the means of suicide anything that could be dangerous~~. **The child should not be left alone.**

Common “growing up changes**4. Explain Optional activity 1 (5 minutes)**

6.—If facilitators used the ~~addition~~ optional activities at the end of “growing up each of the four changes.”

‘In addition e.g. asking participants to the mood, body, behaviour and thinking changes that are write down or draw any signs the child is experiencing overwhelming sadness, worry or stress, it is common for children to experience changes that they have noticed in their mood and feelings as child on their body changes in shape and height and develops from a child to a young person.’

- ~~Acknowledge that this handout; then facilitators can sometimes make it hard to know if the mood changes are part of this change or if there is something else more important happening.~~
- ~~Explain that often because the young adolescent’s body changes and looks more like that of an adult, there can be the tendency to think of them as an adult. Yet their brains are still developing and will continue to do so until they are 25 years old.~~
- ~~Describe that during this period of development, the young adolescent’s sole or main focus of attention usually moves away from their invite caregivers and family and towards their friends and peers, and the young adolescent increasingly questions their to share what signs they have noticed with the big group, if this would further benefit caregivers’ authority understanding of the topic.~~

²¹ Note: Please adapt as to resources available in the setting.

- These growing up Facilitators could ask: *Take a look at the notes you made on your handouts. I would like invite you to share what feelings, physical, behavior or thinking changes often create challenges for the relationship between the you might have noticed in your child and,*
- If a caregiver shares what they have noticed, the facilitator could ask: 'Has anyone else noticed a similar sign in their caregiver. E.g. child? Or has anyone noticed any different signs?'

5. Optional activity 2 (15 minutes)

- Materials: (Optional: Four large pieces of paper, pens/pencils).
- This can be used if facilitators did not use the caregiver optional activities at the end of each of the four changes and if caregivers would benefit from further enhancement of their understanding of difficult feelings.
- After reading each of the changes, the facilitator breaks the group into 4 sub-groups (or fewer sub-groups depending on the overall group number, or four pairs for example).
- Each group or pair goes to a different corner around the room where there is a large piece of blank paper- one for each of the types of changes: feelings, physical, behavior and child might have more frequent arguments, the caregiver and thinking. The facilitator chooses which corner is for which change.
- Groups or pairs have 5 minutes to think of as many changes as they can in that category. They could share ones they have noticed in their own child, or other children.
- Groups or pairs come back for a 5 minute group discussion about the changes.
- If caregivers find it difficult to think about their child's body changes, the facilitator can ask them to think about their own body changes first. This can help caregivers think about how their child might feel more distant from each other, or the caregiver and child might feel misunderstood by the other.

List the common "growing up" changes

- Increase in height
- Changes to body shape (female's breasts develop)
- Change in voice (males)
- Brain development continues
- Developing sense of self "Who am I?" "Where do I belong in the world"
- Increasing sense of independence
- Friends are very important

6. 7. Provide a summary and opportunity for questions.

Example script:

Your child might seem overwhelmed by sadness, or by their worries, or perhaps they seem more irritable than usual. They might be experiencing physical signs such as having headaches ~~or breathing faster than usual~~. Or perhaps they are finding it hard to concentrate and it takes them so much more effort to do any of their usual activities. You may notice that there are more arguments between you and your child. They are not alone, and you are not alone. Many others are also having these same difficulties. These

sessions aim to help you to become more skilled in helping your child cope, just as the sessions your child is going to aim to help them learn how they can become better equipped to cope too.

Does anyone have any questions about anything we have covered so far?

EASE youth exercises review

10 minutes

Aims

- To improve caregivers' knowledge of the exercises being taught to their child in the EASE youth group
- To improve caregivers' ability to support their child's use of these exercises

Materials: ~~Children's workbook and hand-out depicting all~~ Adolescent strategies handout

Remind caregivers' that their child ~~exercises (see Appendix XX)~~

~~1. Remind caregivers' that their child has been invited to attend 7 group sessions to help them learn how to cope better with the emotional problems that they have been experiencing.~~



1. has been invited to attend 7 group sessions to help them learn how to cope better with the emotional problems that they have been experiencing.

- Over these 7 sessions they will learn 4 specific exercises including ~~how to: identify their feelings, how to calm their body by breathing slowly, to do more activity to improve their mood, and problem solving.:~~
 - How to identify their feelings
 - How to calm their body with slow breathing
 - How doing more activity can improve feelings of sadness and worry
 - How to solve practical problems ~~2.~~

2. Give caregivers a summary hand-out handout depicted as an illustrated guide of all 4 exercises that —their children are being taught in the EASE youth group (see Appendix XX): Adolescent strategies handout.

- Choose which exercise to review in more detail.

- Briefly review the exercises (~~as described in the pre-program caregiver assessment~~)using the notes for facilitator box below).
- For any exercises that you do not review in detail, explain to caregivers that they will learn more about the activities their child is learning throughout the upcoming sessions.
- There is home ~~practise~~practice after each session. Explain that it's important for caregivers to support their child to do their home ~~practise~~practice but to ensure the child will not be punished or feel like they will get into trouble for not doing so.
- Explain ~~that the responsibility of checking home practise is on the facilitators~~ to caregivers that the Adolescent strategies handout will be used in each of their sessions. They can choose to keep it, and bring it with them for the next sessions; or choose to hand it in to the facilitator. Collect handouts from any caregivers who hand-it back in.

Notes for facilitator:

Choose which exercise(s) to review in more detail. This will depend on how the EASE youth sessions have been organized. For example, if you know that the youth have had their sessions 1 and 2 on 'how to identify their feelings' and 'using slow breathing'- then you as the facilitator can choose to go into more detail about these two exercises. E.g.

Group Discussion

'I will now share with you some more detail on what your children have been recently doing in their EASE youth sessions.'

How to identify their feelings (EASE Youth Session 1)

In the EASE youth sessions, your children will learn about different feelings and how to identify these feelings. As part of their activities, your children will be encouraged to notice their feelings and to colour, draw or write these down in a workbook, using what we call 'the feelings pot'. The more your children learn to identify feelings, the better they will be at learning how to manage the big and difficult feelings.

How to calm their body with slow breathing (EASE Youth Session 2)

In the EASE youth sessions, your children will learn how to calm their body using slow breathing. Just like you have learned [or will learn] in session 1, your children will learn that difficult emotions can affect how their body physically feels. As part of their activities, your children will learn how to do slow breathing. The more they practice slow breathing the better they will be at calming down their bodies. As caregivers, you will also learn how to do slow breathing in session 1.

How engaging in meaningful activity can improve feelings (EASE Youth Sessions 3 and 4)

In the EASE youth sessions, your children will learn about how doing more meaningful activity can improve difficult emotions. They will call this activity: Changing my Actions. Just like you have learned in session 1, your children will learn that difficult emotions can affect their actions (their behavior). They will learn that difficult emotions such as feeling sad, might leave our bodies feeling tired and low in energy. This might mean that they have stopped doing activities that they used to enjoy, or that were meaningful to them before, such as playing with their friends. The problem with stopping these activities is that it makes the difficult emotion get bigger, not better. As part of their

activities, your children will learn how to plan to do activities that are enjoyable and meaningful to them. The more they practice planning and doing enjoyable activities, the better they will be at breaking this vicious cycle.

How to solve practical problems (EASE Youth Sessions 5 and 6)

In the EASE youth sessions, your children have been learning how to solve problems in their everyday lives. They will call this activity: Managing my Problems. Just like in session 1, your children will learn that difficult emotions can affect their thinking. They will learn that difficult emotions can affect our ability to think clearly and imaginatively, and this can make it harder to manage problems. As part of their activities, your children are learning an activity called Managing my Problems. This activity can help your children to identify the problems they are facing. Then, they choose a small, solvable and specific problem to manage first. Then, they will try to think of as many ideas as possible to help solve the problem. And finally, they will choose the best ideas and try them out. Hopefully they are trying this out with problems in their lives.

3. Invite caregivers to share with the group any observations they have noticed in their child trying to practise or use these exercises.

4. Invite caregivers to ask any questions about the EASE youth exercises. 5 minutes

3. Invite caregivers to ask any questions. 5 minutes

- Ask caregivers to share ideas about ways they could support their child's home practice and enquire if they have any concerns about how they can support their child to use these exercises.
 - If needed add: asking the child questions about the group and what they are learning; asking the child if there is anything they can do to help with their home ~~practise~~practice; setting up the home environment so that the child has some private space to do their home ~~practise~~practice.
- ~~Problem solve these concerns and questions as a group. Refer to Appendix G for Helpful Hints on 'Common problems experienced~~ Invite caregivers to ask any questions.

Identifying feelings

5 minutes

- when caregivers try to assist their child with the EASE youth exercises'.

Aims

- To improve caregivers' skills to accurately identify feelings in themselves and in their children.

1. Group Discussion

5 minutes

- Remind caregivers that one of the first exercises the children will be learning is about understanding their feelings. Explain the importance of caregivers understanding and identifying their own feelings so that they can then help their children to learn this as well.

- ~~Ask caregivers to think back to when they first arrived at the group today and to try and identify what feeling (s) they had. Invite one or two caregivers to share.~~
- ~~Alternatively provide some suggestions and seek agreement, “Was anyone feeling a bit nervous?” (wait for a response) “Was anyone feeling a bit annoyed, maybe because they were too tired or too busy?” (wait for a response) “Was anyone feeling embarrassed or maybe skeptical about how helpful this was going to be?”~~
- ~~Emphasize how helpful it is for caregivers to identify their own feelings so they can then help their own child to learn to understand their own feelings too.~~

Responding to feelings

3040 minutes

Aims

- To improve caregivers' ability to accurately identify feelings in their child
- To improve caregivers' skills in soothing a child when they are very upset
- To encourage peer support between caregivers

Materials: Balloons (or alternative)

1. Group Activity

20 minutes

- Explain that when children are experiencing strong feelings it can be hard for them to accurately understand their feelings and keep themselves calm.
- Acknowledge that when children are younger it can sometimes be easier to comfort them, but that they still need their caregivers help just as much now.
- Remind caregivers that one of the first exercises the children will be learning is about understanding their feelings.
- Emphasize how helpful it is for caregivers to identify their own feelings, so they can then help their own child to learn to understand their own feelings too.

Example script:

Try to remember back to when your child was a baby, they were first learning to walk and had a little fall, and started crying. You probably scooped them up with a cuddle and a soothing word and your baby started to settle, ... slowly their tears would stop and they would feel calm and happy again. Your ~~little~~ baby needed you to help soothe them and they need you just as much now. It might be a little more difficult, but your child needs you to help them learn how to manage changing from a child to an adolescent, just like they needed your help in changing from a baby to a toddler.

- Ask caregivers to form pairs (or small groups of 3 or 4).
- Invite caregivers to share one recent example of when their child was either:
 - o very upset/ crying,
 - o yelling or very angry,

- o very quiet and barely speaking, or
- o very scared.
- o Invite the pairs (or small groups) to identify:
 - o what feelings they (the caregivers) experienced in that moment; and
 - o come up with ideas on how to comfort and soothe the child in this situation.
- Tell them they have 5 minutes to do this.
- Invite the pairs (or small groups) to share their ideas and write or draw (if most caregivers are illiterate) these ideas on a large poster with the larger group.

Active Listening: During the group discussion, be sure to cover **and role model** the following points

Encourage the use of "When we are trying to soothe an adolescent, what can we do to show we care and are listening?"

- If parents do not mention them, you can list these active listening skills²² including:
 - i) keeping eye contact,
 - ii) nodding of your head,
 - iii) keeping your posture open (for example, sit with your arms uncrossed, turned towards the child),
 - iv) consider showing similar feelings on your face- to that as the child. This might mean expressing sadness on your face when they express sadness (because they have teary eyes),
 - v) use brief verbal indications, such as "uh-huh", "ok", "I see" and "mmm".
- use brief verbal indications, such as "uh-huh", "ok", "I see" and "mmm". Try to help the child understand how they might be feeling at the time.
- Communicate
- communicate concern about how hard it must be for them to be feeling that way, e.g. *"I can see you are feeling really upset right now, it must not be very nice to be feeling that way."*

- Communicate concern Explain to caregivers that during these difficult situations, caregivers can become upset, angry or worried about their child, and this can make it more difficult to help soothe their child when they are feeling that way.

2. Explain that sometimes others may think it is helpful for the child to be physically punished or kept away from others²³.

²² It is important to remember that there can be wide cultural variations of all the above, please adapt to suit the setting.

²³ ~~Please adapt these terms to the culture and setting.~~

- Describe how hitting, yelling, threatening, beating or locking up a child are not helpful for any child, especially those with emotional distress. (See Appendix F for ideas on how to manage this discussion).
- Provide an explanation of how this programme provides caregivers with alternative exercises to using physical discipline and these strategies are much more helpful for their child now and in the future.
- Caregivers might be more likely to yell, hit, or threaten their child in these times. What we know from parents is that often parents do not want to act in this way. And we do know that it can also actually make adolescents' behavior and their difficulties worse.
- So, one important thing caregivers can do is to learn to stay calm in these situations. This will help caregivers calmly choose how best to respond to children, rather than acting on strong emotions.

LEBANON CULTURAL ADAPTATION

- Invite caregivers to discuss: When you are feeling stressed in a parenting situation, what do you do to calm yourself?
- Explain what can happen if unhelpful coping strategies are used when feeling stressed during parenting:

Example script:

Unhelpful When you're worried about your child, it can be very hard to know what to do to help them. It is easy at this moment for caregivers to become upset too. But yelling, threatening, hitting, beating, or locking up a child are not helpful for your child—or any child. While the child may quieten, and appear to calm down, this experience will create more emotional problems for them in the future. It can also lead to them having problems learning at school, or even later in their life, negatively impacting on their work and relationships. It's really important that we learn other ways to help soothe a child when they are upset—to better help them in that moment and for the rest of their lives.

coping strategies are ones that cause additional problems or might cause harm to you or someone else. At first, such strategies can seem effective, but they are harmful in the longer term. For example, shouting may release some pressure at the time, but in the long term it can make you exhausted, and damage relationships with your family.

Facilitator's note:

- It is important to keep any discussion of unhelpful strategies as brief as possible and let caregivers know that there will be further opportunity to discuss alternative strategies in the next session. You can let caregivers know that you will be about to share one helpful strategy with them: (slow breathing).
- Other examples of **helpful coping strategies** are relaxation exercises, taking a moment to pause and think before acting, and using humour.

- Other examples of **unhelpful coping strategies** are giving harsh or severe punishments to children, drinking alcohol or smoking.

- One of the strategies your child is learning is also helpful for calming yourself as a caregiver in these stressful times- slow breathing

3-2. Teach slow breathing minutes

1020

- Remind caregivers that their child is learning an exercise to help themselves to feel calm. This can also be a helpful exercise for caregivers to use too.
- Explain to caregivers after their child is feeling a little calmer and less stressed, it can be helpful to consider asking their child, “*Is there is anything they have been learning from the EASE youth group that could help?*” The caregiver could suggest slow breathing.
- Describe to caregivers that the group will now spend some time learning this exercise.
- Teach slow breathing either with balloons (first of the following boxes), or the alternative box without balloons.

Calming my body: Slow breathing exercise—: with balloons

1. Give out one balloon to each caregiver.
2. Explain that slow breathing is a common exercise used with children and adults to help manage stress.
3. Facilitator blows up the balloon slowly and then let out air from their balloon slowly. Then ask caregivers to do the same.
Say: When we breathe out, all the air escapes the balloon and our stomachs, so they both shrink again. When we breathe in too quickly it causes a lot of pressure and makes us feel uncomfortable. Look what happens if we let the air out too quickly.
4. Facilitator lets go the balloon so it flies away. Then ask caregivers to do the same.
Say: Breathing quickly often makes us feel dizzy and make us feel tired. So, to calm our bodies we want to try to breathe slowly from our stomach, like this. Imagine that there is a balloon in your stomach, slowly filling and emptying.
5. Invite caregivers to practise slow breathing ~~and~~. First, ask caregivers to notice any tension they might feel in their body. Then, ask them to practise slow breathing while the facilitator counts or claps to keep rhythm of 3 seconds for each breath in and out. Do this for 1 minute.
6. Stop counting/ clapping aloud and ask caregivers to continue slow breathing for 2 more minutes while counting in their heads or follow the clock/other rhythm.
7. RemindAsk caregivers ~~that the children will be asked to practise the slow breathing every day-notice how they feel after? Do they notice any change in tension?~~
8. Remind caregivers that the children will be asked to practise the slow breathing every day.

9. Invite caregivers to try practicing the slow breathing daily to see what effect it has – especially if they are feeling stressed or worried. **They might like to also practice with their child. It does not need to take much time, a few minutes is all it takes.**

Alternative Instructions

Use the following instructions if you do not have a balloon.

- Ask participants to place one hand on their chest and the other hand on their stomach and to take a deep breath and notice which hand rises.
- Explain that we mostly breathe with our chest, but when we breathe to calm our bodies we should try to breathe into our stomach.
- Ask them to imagine they have a balloon in their stomach and when they breathe in, the balloon fills with air and their stomach gets big. When they breathe out, all the air escapes the balloon and their stomachs, so they both shrink again.
- Ask them to practise this a few times, by keeping their hand on their stomach, and feeling it go out when they breathe in, and go back in when they breathe out.
- Now focus on breathing slowly.
- Explain that when we breathe in too quickly it causes a lot of pressure in our bodies and this can make us uncomfortable and dizzy.
- Ask participants what other physical changes happen in our bodies when we breathe too fast. Examples are faster heartbeat, feeling of nausea, pain or pressure in the chest.
- Stress that it is important to breathe slowly when calming our bodies.
- Ask them to practise breathing with their stomachs again, and this time also focus on breathing slowly. Tell them to breathe in for a slow count of 3 and to breathe out for a slow count of 3.
- They should practise this for a few minutes. Facilitator can help to count the 3 for breathing in and 3 for breathing out.

NOTE: Participants may not be able to breathe in this way perfectly. Do not worry about them getting it exactly right. Following the instructions perfectly can cause some people to feel more stressed and tense. The most important aim is for them to feel relaxed and calm even if they are not doing it perfectly.

Quality time

1020 minutes

Aims

- To improve caregivers' understanding of the importance of spending quality time together with their child
- To overcome barriers to spending quality time together

1. ~~1.~~ Ask caregivers to describe to the group what quality time means to them.

Key points to include about quality time:

- It is time spent between (just) the child and their caregiver (s); the time between the caregiver and their children; or time together as a family when attention is given to the child, or each child, individually.
- Quality time means the child has their caregiver's total attention or if other family members are present, it means that the child has brief moments of their caregiver's attention.
- For some families, spending time together may involve doing an activity.
- ~~It is at a mutually convenient time (e.g. not at the same time as the child's friend's party)~~
- It does not need to be a long time; short ~~but~~and frequent amounts are ~~most~~beneficial.

LEBANON CULTURAL ADAPTATION

- It does not have to be a big activity. It can be brief moments together (e.g. stroking your child's hair or talking to them about their day).

- It does need to be fun.
- ~~Means the child has their caregiver's total attention~~
- It does not need to cost any money.
- It is likely to change as the child grows. It's important that caregivers try to adapt quality time to the age of the child. For example, a caregiver and 10-year-old may like to play cateha game together, whilewhereas a caregiver and a 14-year-old may like to go watch a sports matchcommunity event²⁴.

2. Ask caregivers to try to share with the group (if they feel comfortable) one benefit of spending time together with their child.

Key points to include:

- It can increase the bond between caregiver and child
- It can improve relationship between caregiver and child, which can help the child feel comfortable to come to the caregiver if they are facing a problem
- It can be enjoyable for the child and for the caregiver
- It can help caregivers to notice changes in their child, both normal changes related to them becoming an adolescent, but also related to any problems they may be having.

²⁴ Note: please adapt activities to suit setting and context.

- The facilitator could ask caregivers to share whether there are any activities that their child enjoys, which they could do with their child as part of quality time.
- Optional: If the EASE Youth sessions 3 or 4 have already taken place, the facilitator could also ask whether caregivers have been involved in any of their child's 'Changing my Actions' activities from the EASE sessions.

3. Brainstorm any barriers for caregivers in spending quality time with their child.

~~Draw or write these barriers on a large sheet of paper.~~

- Ask caregivers if they have any questions or worries about how to spend quality time with their child.
 - E.g. not having enough time.
 - E.g., how to manage quality time with other siblings.
 - E.g., what to do if their child wants to do an activity that the caregiver is uncomfortable with.
 - E.g., if their child is feeling overwhelmed with sadness or worries and does not want to do any activities at all.

~~Example script:~~

Example script:

Sometimes, ~~when our children are feeling overwhelmed with sadness or worries, caregivers can feel that they might not want to do any of their usual activities— if this is the case, do not force it, just try to spend some do not have time together in any kind of way. Ask them if there's something they'd like to do with you, but if there is not, then spend time just sitting with them, to do this with their children. It is important to remember that quality time can be small, brief moments. It can be stroking your child's hair, a cuddle, a chat before bed time, or listening to them talk using your active listening skills, or maybe just try to do something simple together, like going your child's favourite song with them. We usually find that the benefits are worth the time- both for a walk- children and for caregivers.~~

4. As a group problem solve the barriers for caregivers in spending quality time with their child

- ~~Draw or write these solutions next to~~ Invite caregivers to problem solve the barriers ~~on a large sheet of paper~~ that were identified in the previous discussion.

Ending the session	5 minutes
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1. Summarise session 1

- Invite one or two caregivers to volunteer and share what was the most important thing they learned today.
- Provide a summary of what was covered in the session (only if still needed).

Example script:

~~Example script:~~

We learned a lot today about how important caregivers are in helping their child to learn to cope with ~~their child's~~ emotional difficulties. You, the caregiver, can make the greatest difference in your child's life. I'm so glad that you were here today. We have spent some of today ~~going over~~ talking about the strengths that each of you bring. How lucky your child is to have you. We have covered the common causes and signs of worry, sadness and stress in children. Together we also learnt about how our children are being taught to identify their feelings: and to calm them. This is important for us adults to know how to do too, so that we can support our children when they need it most. Which leads me to the final parts of today: we covered skills in active listening, the importance of communicating concern when your child is upset and then ~~reminded ourselves~~ talked about the importance of quality time. This is especially important to your child right now; they really need it from you while they are experiencing emotional difficulties.

2. Home practisepractice

- See if you can try some of the strategies that we have talked about today at your home. Why might this be important?
- ~~Ask caregivers to aim for a 10minute daily quality activity that the child has chosen, and to practice their active-listening skills during this activity. Ask caregivers to decide now when they can make time for this during their week (e.g. first thing on the weekend; one evening after a meal).~~
- ~~Ask caregivers to decide now about how they will remember to do this (e.g. write a reminder, or select an alert in your mobile phone, tell your child to remind them, always have quality time immediately after another regular event such as prayers, a meal etc.)~~
- Ask caregivers to try to practice slow breathing daily, particularly during times of stress.
- Ask caregivers to identify another of their own caregiver strengths and to add this to their list.
- Ask caregivers to decide now when they can make time for this during their week (e.g. first thing on the weekend; one evening after a meal).
- Ask caregivers to decide now about how they will remember to do this (e.g. write a reminder, or select an alert in your mobile phone, tell your child to remind them, always have quality time immediately after another regular event such as prayers, a meal etc.)
- Tell caregivers that you will be inviting them to share these experiences in the next session.
- Ask caregivers if they have any questions or worries about how they will do the home practisepractice. Discuss any potential solutions with the group (i.e. invite other caregivers to suggest ways of solving any problems). Refer to Appendix G: 'Helpful hints on caregiver home practice'.

3. Next session

- Remind caregivers that with every session the caregivers come to, the more likely it is that they will be able to help their child.
- Explain that the next session will be covering more important information such as finding out more ways that caregivers can boost their child's confidence.
- Thank caregivers for their participation today and tell them that you look forward to seeing them next week.

CHAPTER TWELVE: Session Two: Boosting Confidence

Session Aims	<ul style="list-style-type: none"> • For caregivers to identify their child's strengths. • To improve caregivers' understanding of the importance of boosting their child more often. • For caregivers to boost their child's confidence more frequently. • To improve caregivers' understanding of the importance of giving and receiving praise. • To improve caregivers' skills in giving and receiving praise
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Topic	Aims	Activities	Materials	Time
Welcome	<ul style="list-style-type: none"> • Group cohesion 	Cup of tea <u>Welcome</u>	Refreshments <u>Group rules poster from session 1</u>	5 minutes
Home practise <u>Review home practice</u>	<ul style="list-style-type: none"> • Caregivers share home practice and manage any problems. 	Discussion Problem solving		10 minutes
Review of EASE youth exercises and practise <u>review</u>	<ul style="list-style-type: none"> • Share observations about their child's home practise <u>practice</u>. 	Discussion Problem solving	Handout summary <u>Adolescent strategies handout</u>	10 minutes
<u>Boosting confidence</u> Child strengths	<ul style="list-style-type: none"> • <u>Caregivers can help their child by showing interest in them more often.</u> To emphasise the child's own resilience 	<u>Discussion</u> Brainstorming	Paper Pens/pencils	10 minutes

<u>Children's strengths</u> Boosting confidence	<ul style="list-style-type: none"> To <u>emphasise the child's own resilience</u> Caregivers can help their child by showing interest in them more often. 	Demonstration <u>Brainstorming</u>	<u>(Optional: Paper, pen/pencils).</u>	<u>20</u> minutes
Praise	<ul style="list-style-type: none"> To strengthen caregivers' understanding and skill in using praise. 	Read story <u>(in manual)</u> Discussion Role play <u>(Optional group activity)</u>	<u>Story (in manual)</u> Paper Pens / <u>or</u> pencils Story	50 <u>55</u> minutes
<u>Home practise</u> <u>Alternatives to physical punishment</u>	<ul style="list-style-type: none"> <u>Ask caregivers to set aside time to express interest and give praise. To strengthen caregivers' understanding of alternatives to physical punishment</u> 	<u>Read Story (in manual)</u> Discussion		10 minutes
Ending the session	<ul style="list-style-type: none"> To review slow breathing to calm the body <u>For caregivers to feel calm when the session ends</u> <u>Set home practice</u> 	Slow breathing		5 <u>15</u> minutes

Welcome

5 minutes

1. Welcome group

- You may choose to do this over a cup of tea²⁵
- Hang the poster from session 1 (i.e. group rules).

~~1.~~**2. Facilitator congratulates caregivers on making it back to the second session**

- Invite caregivers to share how they overcame any potential barriers to attending/ or problem solve any anticipated problems for the next session.
- Remind caregivers that you as the facilitator need their help, so that it's possible to work as a team, to together help their children cope better.

3. Explain aim of today's sessions

- There are two aims:
 - i)1) For caregivers to strengthen their skills in boosting their child's confidence through showing more interest.
 - ii)2) For caregivers to strengthen their skills in delivering praise.

Review home **practiseppractice**
minutes

10

Aims

- To strengthen caregivers' skills in demonstrating active listening and communicating concern to their child.
- To strengthen caregivers' knowledge and motivation in spending quality time with their child.
- To strengthen caregivers' knowledge and confidence in slow breathing.
- For caregivers to utilise their own strengths.
- For caregivers to feel empowered to support each other with this activity.

1. ~~1.~~ Review home practice:

Since our last meeting, did anyone try to practise:

²⁵ Note: Or offer an alternative drink, such as a glass of water (if feasible).

- the 10 minute strategies at home?

- o the daily quality time activity with their child and practise the practice of their active listening skills during this activity;

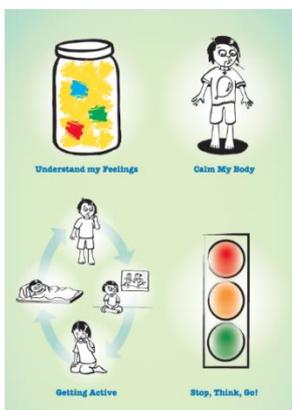
- o using slow breathing;

- o and identifying another one of their own caregiver strengths.

- Before asking for experiences, educate caregivers about home practise practice:
 - o There are 3 possible experiences people will have with any home practise practice:
 - 1) Successfully completed their plan.
 - 2) Tried to do it but it was unsuccessful.
 - 3) Unable to do it.
 - o All experiences are okay and important to share (especially normalize experiences 2 and 3 above).
 - o Everyone can learn from other caregivers' experiences, especially experiences that were unsuccessful.
- Then invite one caregiver to share one their experience of the two home practise practice activities (repeat so that all home practise practice activities are discussed at least once).
 - ~~o This discussion can be done as a large group, in small groups or pairs~~
 - o This discussion can be done as a large group, in small groups or pairs.
- Ask caregivers if there was anything difficult about the home practice. If any caregiver reports difficulties or did not complete the home practise practice at all, try to problem solve as a group about what could help. (See Appendix FG if needed)- 'helpful hints on caregiver home practice'.

Review EASE youth exercises review

10 minutes



Aims

- To improve caregivers' knowledge of the exercises taught to their child in the EASE youth group
- To improve caregivers' ability to support their child's use of these exercises

Materials: Adolescent strategies handout.

1. Remind caregivers' that their child has been invited to attend 7 group sessions to help them learn how to cope better with the emotional problems that they have been experiencing.

Hand-out depicting all child

- Over these 7 sessions they will learn 4 specific exercises (see Appendix XX) including:

1. Refer to the handout on the 4 exercises that the children have been taught including:

- How to identify their feelings
- How to calm their body with slow breathing
- How doing more activity can improve feelings of sadness and worry
- How to solve practical problems.

2. Refer to the summary hand out depicted as an illustrated guide of all 4 exercises that their children are being taught in the EASE youth group: Adolescent strategies handout.

- Provide the Adolescent strategies handout for caregivers who gave this back in at the first session. Provide spare handouts for caregivers who have not brought it with them for today's session.
- Choose a new exercise to review in more detail. This will depend on how the EASE youth sessions have been organized. For example, if you know that the youth have experienced 'how to identify their feelings' and 'using slow breathing'- then you as the facilitator can choose to go into more about these two exercises. E.g. 'I will now share with you some more detail on what your children have been recently doing in their EASE youth sessions.'
- You may choose not to review exercises which you have shared with the caregivers in the previous session.
- Briefly review the exercises (using the notes for facilitator box below and as described in the pre-program caregiver assessment).
- For any exercises that you do not review in detail, explain to caregivers that they will learn more about the activities their child is learning throughout the upcoming sessions.
- There is home practice after each session. Explain that it's important for caregivers to support their child to do their home practice but to ensure the child will not be punished or feel like they will get into trouble for not doing so.

- Explain to caregivers that the Adolescent strategies handout will be used in each of their sessions. They can choose to keep it, and bring it with them for the next sessions; or choose to hand it in to the facilitator. Collect handouts from any caregivers who hand-it back in.

Notes for facilitator:

Choose which exercise(s) to review in more detail. This will depend on how the EASE youth sessions have been organized. For example, if you know that the youth have had their sessions 3 and 4 on 'how engaging in meaningful activity can improve feelings' - then you as the facilitator can choose to go into more detail about this exercise. E.g. 'I will now share with you some more detail on what your children have been recently doing in their EASE youth sessions. But I will not discuss the exercises that we have already talked about in the previous session, unless you ask me to.'

How to identify their feelings (EASE Youth Session 1)

In the EASE youth sessions, your children will learn about different feelings and how to identify these feelings. As part of their activities, your children will be encouraged to notice their feelings and to colour, draw or write these down in a workbook, using what we call 'the feelings pot'. The more your children learn to identify feelings, the better they will be at learning how to manage the big and difficult feelings.

How to calm their body with slow breathing (EASE Youth Session 2-)

In the EASE youth sessions, your children will learn how to calm their body using slow breathing. Just like you have learned in session 1, your children will learn that difficult emotions can affect how their body physically feels. As part of their activities, your children will learn how to do slow breathing. The more they practice slow breathing the better they will be at calming down their bodies. As caregivers, you will also learn how to do slow breathing in session 1.

How engaging in meaningful activity can improve feelings (EASE Youth Sessions 3 and 4)

In the EASE youth sessions, your children will learn about how doing more meaningful activity can improve difficult emotions. Just like you have learned in session 1, your children will learn that difficult emotions can affect their actions (their behavior). They will learn that difficult emotions such as feeling sad, might leave our bodies feeling tired and low in energy. This might mean that they have stopped doing activities that they used to enjoy, or that were meaningful to them before, such as playing with their friends. The problem with stopping these activities is that it makes the difficult emotion get bigger, not better. As part of their activities, your children will learn how to plan to do activities that are enjoyable and meaningful to them. The more they practice planning and doing enjoyable activities, the better they will be at breaking this vicious cycle.

How to solve practical problems (EASE Youth Sessions 5 and 6)

In the EASE youth sessions, your children have been learning how to solve problems in their everyday lives. Just like in session 1, your children will learn that difficult emotions can affect their thinking. They will learn that difficult emotions can affect our ability to think clearly and imaginatively, and this can make it harder to manage problems. As part of their activities, your children are learning an activity called Stop, Think, Go. This activity can help your children to identify the problems they are facing. Then, they choose a small, solvable and specific problem to manage first. Then, they will try to think of as many ideas as possible to help solve the problem. And finally, they will choose the best ideas and try them out. Hopefully they are trying this out with problems in their lives.

3. Invite caregivers to share with the group any observations they have noticed in their child trying to practise or use these exercises.

4. ~~3.~~ Invite caregivers to ask any questions about the childEASE youth exercises. 5 minutes

Enquire if they have

- Invite caregivers to ask any questions. Ask caregivers to share ideas about ways they could support their child's home practice and enquire if they have any concerns about how they can support their child to use these exercises.
 - If needed add: asking the child questions about the group and what they are learning; asking the child if there is anything they can do to help with their home practice; setting up the home environment so that the child has some private space to do their home practice.
- Problem solve these concerns and questions as a group. Additionally, referRefer to Appendix FG for ideasHelpful Hints on commonCommon problems and how to solve these.

**experiencedChildren's strengths
minutes**

10

1. ~~Review that just as it is important for caregivers to notice what they are already doing to help their child, what personal strengths they have, it is important for caregivers to notice their children's own unique and individual strengths even when they have emotional problems.~~

~~E.g. the child feels sad or worried but continues to go to school or see their friends; after a loss in the family the child tries to support and comfort their caregiver, brother or sister; when a child feels sad they listen to music or play an instrument to feel better etcaregivers try to assist their.~~

2. ~~Facilitator gives examples of helpful coping strategy employed by a child (e.g. activities they do) or strengths they might have (e.g. personality characteristic) even when experiencing an emotional problem.~~

- ~~E.g. A child displays humour even when they are feeling sad, a child keeps going to school even when they are feeling very worried, a child keeps going to the EASE youth group even when they are feeling very stressedwith the EASE youth exercises'.~~

3. ~~Ask caregivers to write a list (or draw pictures/symbols) of their child's strengths in coping with emotional problems. Ask them to think about what makes them feel proud of their child.~~

4. ~~Invite caregivers to share this list of their child's personal strengths with their child (as part of home practise).~~

Boosting confidence**2010 minutes****Aims**

- To strengthen caregivers' understanding of the importance of boosting their child's confidence
- To improve caregivers' knowledge on ways to boost their child's confidence
- For caregivers to overcome barriers to boost their child's confidence more often

1. **Demonstration Introduce concept of how to boost boosting a child's confidence** ————— ————— **10 minutes**

Example script:

- ~~Ask for a caregiver to volunteer and play the role of a child. Ask the caregiver to pretend to play as a child would. There is a difference between 'just physically being' with a typical toy/game²⁶our children, and being present with the facilitator for two demonstrations (each lasting a maximum of two minutes).~~

Demonstration 1 (2 minutes)

- ~~Ask the caregiver to play with the game.~~
- ~~Facilitator sits with the caregiver to play.~~
- ~~Facilitator shows they are obviously not interested them, in the game. a way that boosts E.g. looks at their phone, says 'very good' in a dull tone, does not look at the caregiver, asks them about confidence. When caregivers spend time with their chores.~~
- ~~Facilitator abruptly ends the game by answering children, such as during quality time, they can boost their phone and does not look at the caregiver.~~
- ~~Ask the caregiver how they felt throughout the game.~~
- ~~Facilitator makes sure the caregiver is okay and knows the facilitator was only pretending and ask if they could do one more demonstration.~~

- Ask the caregiver and the rest of group what they thought of this interaction (and if needed, whether the facilitator was *child's confidence by showing interest*). *in what the child is doing.*
- Ask the group, what specific things the facilitator did that showed they were uninterested.

Demonstration 2 (2 minutes)

- ~~Ask the caregiver to play with the game again.~~
- ~~Facilitator sits with the caregiver to play.~~
- ~~Facilitator shows they are interested in the game. E.g. looks at the caregiver, positions their body to face the caregiver, uses a warm and interested tone of voice, gives the caregiver their full attention.~~
- ~~Facilitator ends the game by saying 'I've really enjoyed this, I need to go and prepare dinner now, but do you think we could play some more tomorrow?'~~

²⁶ Note: please adapt toy/game to suit setting and context.

~~• Ask the caregiver how they felt and thank them for their participation.~~

~~• Facilitator then asks the group what was different in this demonstration.~~

~~◊ Be sure to cover: eye contact, body position and tone of voice.~~

- Ask caregivers to think for a moment now when they have been talking to someone about something important and the other person did not show any interest. How did that make them feel? ~~(Wait for response). Even as adults we enjoy attention. It makes us feel important, special and happy.~~

- Facilitators can add:

Even as adults we enjoy attention. When others show interest in us, it makes us feel important, special and happy. We all like feeling this way- both adults and children. These happy feelings can also encourage us to do more of that same behaviour. By showing interest and trying to boost your child's confidence, you can help improve your child's mood, help them be more compliant, and help them be more interested in spending time with you.

- Emphasise to caregivers that this is something that can be incorporated in quality time with the child.

2. Group discussion:

—————10 minutes

- Acknowledge that caregivers are probably doing a lot of different things that boost their child's confidence, such as encouraging them with words and giving them independence to try new things.
- Explain that this strategy of showing interest in their child is really easy and that it is an effective way to boost a child's confidence.
- Brainstorm what can make it difficult for a caregiver to show interest in their child more often (e.g. a lack of time, lack of motivation or energy, forgetting to do it, not knowing how to show interest) and then brainstorm ways to problem solve the barriers to allow caregivers to show interest in their child more often and boost their child's confidence. (See Appendix FG for ideas).

Facilitator's note:

• If caregiver's are unsure about how to show interest, include the following points in the discussion; note that these are also part of active listening skills:

- looking at the child during the activity,
- positions their body to face the child,
- uses a warm and interested tone of voice,
- gives the child their full attention;
- telling the child that you are enjoying spending time with them;
- on ending the activity, indicating to the child that you look forward to spending time with them again.

Children's strengths**5 minutes****Aims**

- ~~Provide a summary.~~
- To emphasise the child's own resilience
- For caregivers to reflect on their child's strengths even in times of difficulty.

Materials: (Optional: Paper, pen/pencils).

1. Introduce children's strengths

Example script:

Thinking about our children's strengths is another way to remind us how important and special our children are. All children can demonstrate strengths, even when experiencing emotional difficulties. Letting our children know that we have noticed their strengths can help with improving their mood and boosting their confidence.

Facilitator gives examples of ~~We all love to share important and interesting things with others. And when we do this, we really like it when others show an interest in us and boost our confidence. Children especially love it from their caregivers. But do not forget us adults! When others show interest in us, it makes us feel important, special and happy. We all like feeling this way. These happy feelings can also encourage us to do more of that same behaviour. By showing interest and trying to boost our children's confidence, we can help improve your child's mood, help them be more compliant, and help them be more interested in spending time with you.~~

- strengths or helpful coping strategies employed by a child:
 - Activities they do e.g. a child might keep going to school even when they are feeling very worried, or a child might keep going to the EASE group even when they are feeling very stressed; when a child feels sad they listen to music or play a game to feel better.
 - Personality or unique characteristics e.g. a child displays humour even when they are feeling sad; after a loss in the family the child tries to support and comfort their caregiver.

2. Brainstorm strengths (2 minutes)

- a. Ask caregivers to share (brainstorm) what their child's strengths are to the large group or in pairs. Ask them to think about what makes them feel proud of their child.
- b. Invite caregivers to share this list of their child's personal strengths with their child (as part of home practice; they can choose to write these down or draw these, if this would help (Optional: Paper, pen/pencils)).

c. Caregivers may wish to know that their children have also been generating their own list of strengths at the end of their youth sessions.

Praise

10 minutes

Aims

- To improve caregivers' understanding of the importance of giving and receiving praise.
- To improve caregivers' knowledge on ways to give praise.

Materials: Paper, pens or pencils.

1. Define praise: Group Activity-

1.

- Begin by explaining that one of the strongest ways for caregivers to help their child is by giving them genuine, authentic praise. Invite the group to explain what praise is (wait for a response). If needed, explain the meaning of praise.

Example script:

Praise is when we tell someone else that we like what they have done. When you eat someone else's cooking and it tastes delicious, what might you say to them? (wait for a response) Or, if you notice your friend has a new hair style that looks great, what might you say to them? (wait for a response) (Wait for a response). For example, you might praise your child for their efforts in how they are playing with their brother or sister, you might praise them for helping out with the household chores, or you might praise them for their efforts for going to the EASE youth group sessions. Remember that all children can demonstrate strengths and it is important to let our children know that we are proud of their strengths and the efforts that they put in.

Explain

2. Optional Group Activity: Importance of praise.

- Depending on time-availability in the session, facilitators can invite the group to discuss why praise is important.
- If time is limited, facilitators can use the key points below to explain the importance of praise.

Key points to include:

- It helps children to know what they are doing well.
- It boosts confidence and self-esteem.
- It builds the relationship between caregiver and child.
- It motivates the child to keep doing the same behaviour- if a child receives praise for a good behaviour, they are more likely to do it again. The more positive behaviours the child is doing, the less opportunities there are for more challenging behaviour to arise.

3. Key aspects of praise.

Materials: Paper, pens/pencils.

There are 2 things that are important when giving praise.

- One, explain the importance of describing the behaviour clearly when giving praise.

Example script:

When caregivers praise their children, it is important to describe clearly the behaviour you like. When we say 'good boy/girl' or 'well done' it can be unclear to your child about what they are or are not doing that you are happy about. Instead it's more helpful to say "I really liked the way you were trying so hard to: play nicely with your brother/ help with the dinner/ keep going to the EASE youth group sessions."

- ~~Explain~~ Two, explain the importance of praising their child's efforts, not just accomplishments.

Example script:

Often, it's really easy to overlook someone's efforts and just praise their accomplishments. This is where I want us to try to look out for your child's efforts and praise these, because this sends the message to your child that irrespective of the outcome, their efforts are worthwhile. This helps them to form a positive, safe and secure view of themselves and the world around them. When we praise our children, we want to be praising them for their efforts, not just for their accomplishments. For example, think about your child finishing their homework for school, it's helpful to praise their efforts "You worked so hard on this project" versus saying "You are so smart." It sends a different message; that it is the child's behaviour that we want to praise, not their personal abilities.

- Invite caregivers to start making a list of praise statements that they could use with their child and to add to this list throughout the following activities (or alternatively draw pictures or symbols to represent these statements).
 - If caregivers struggle to think of further ideas, caregivers could be directed to use the examples that they thought of during the child strengths exercise.
 - Caregivers could also be asked what behaviours they would like to see more of in their children, and if they saw this behavior, how would they like to praise it.
- Drawings can be symbolic or literal representations. Drawings should be personally meaningful to the participant.

Caregiver experience of praise

105 minutes

1. Sharing a recent experience of praise: Partner Activity

- Facilitator starts activity by sharing an example of when the facilitator received praise and what it meant for them. In the example, praise can come from anyone (e.g. their caregiver, family member, friend, work colleague, etc.)

Alternatively, the following example can be read out if preferred:

This is an example of a recent experience of praise. The other day, I met a friend for some tea. My friend had been having a difficult time ~~lately~~ and as we sat ~~talking and listening to~~with each other, she said "You are such a great listener. Thank you for being such a kind friend, I really appreciate it." I ~~shrugged~~~~ignored~~ it-off at the time, of course I was happy to try and help my friend, but afterwards I remember feeling proud. I'm glad that she told me that she felt that way. Your experience of praise may be different to mine, maybe a colleague noticed how hard you had been trying at work to learn something new, or appreciated something you did, or maybe you ~~baked~~~~cooked~~ something that others enjoyed- but I hope you can think of something to share.

- Invite caregiver to turn to the person next to them and share a recent experience of when they received praise. Prompt questions to consider might be: *Who gave the praise? Can you remember the exact words that were said to you?* Ask caregivers how they felt after they received praise, and whether it made them want to do that activity more or less often?
- Invite caregivers to add to their list of praise statements to use with their child.
- ~~Provide a summary.~~
 - If caregivers struggle to think of further ideas, caregivers could be directed to use the examples that they thought of during the child strengths exercise.
 - Caregivers could also be asked what behaviours they would like to see more of in their children, and if they saw this behavior, how would they like to praise it.

~~Example script:~~

~~We all have experienced how good it feels when someone else takes an interest in us and notices our efforts. These kinds of experiences can have a lasting impact on us, helping us all to remember our strengths and feel good about ourselves. It is so very meaningful to children for these messages to come from their caregivers. When we praise our children, we want to be praising them for their efforts, not just looking for accomplishments. For example, think about your child finishing their homework for school, it's helpful to praise their efforts "You worked so hard on this project" versus saying "You are so smart." It sends a different message, that it is the child's behaviour that we want to praise, not their personal abilities. This is important because often we as adults tend to point out and notice the things the children are doing wrong and we can easily not notice the small things that our children are doing right every day- that are worthy of our attention. While giving praise to your child might not seem like it will make much of a difference to someone, for a young person experiencing sadness, worry or stress, it can really help them to feel safer and secure in the way they view themselves and the world around them.~~

The power of praise

30 minutes

Aims

- To improve caregivers' skills in giving and receiving praise

1. Read story.

- a. Please note that Kian, one of the main characters in the story, is meant to appear as either a boy or a girl. So, if you have a group of caregivers, with predominantly daughters, you may make Kian a girl. If you have a group of caregivers, with predominantly sons, you can make Kian a boy. However, please note, to make writing this manual easy, Kian is referred to as a boy (i.e. the terms 'he', 'him', 'his' etc. are used).

Fatima had just arrived home late with Kian, and his ~~brother and~~ sister. Fatima was feeling tired after a very busy day and was considering what to make for dinner when Aban arrived home. Together they started to prepare the dinner, when they noticed they could not hear the children. Normally, you could always hear arguments breaking out between the children and it was difficult to get a few moments of peace to prepare the meal, but tonight seemed oddly quiet. Fatima turned to Aban, "Have you heard them?" "No, I have not" he replied, "I'll go and check on them. ~~I imagine I'll find them getting up some kind of mischief together!~~" Aban ~~quietly wanders off~~ went to find them and to his surprise he ~~finds~~ the found his two ~~of them~~ children playing a game very quietly and happily together. He ~~cannot~~ could not believe it!

2. Group Discussion.

10 minutes

- Turn to the group and ask them what would you do in this situation? Ask: *Would you say or do anything? If yes, what would you say or do?* (If there is no response) Ask *would you feel a sense of relief and then tiptoe away so as not to disturb them? Or would you make a big deal about it and praise them?*
- Explain that it's very common for caregivers to not want to interrupt children when they are playing quietly, but that this is a great time to 'interrupt' what they are doing to praise them.
- Emphasise that it's important for praise to be given ~~immediately or~~ as soon as possible because it helps send the message to the child for them to do this behaviour again. Praise is most effective when given close in time to the behaviour.
- Describe what this 'interruption' looks like:
 - The caregivers provide praise that should be phrased positively, e.g. "how nice that you are playing together so quietly." If the praise is said negatively, e.g. "I am so glad you are not fighting again" it will not encourage the positive behaviour because it still brings attention to the negative behaviour. The caregivers may then choose to spend a couple of minutes joining in the play with the children, before leaving the children to continue.
- Sometimes parents might feel uncomfortable in giving or receiving praise. Some parents might worry that their child may become 'more disruptive' or 'silly' if they receive praise. Or, like in this example, that children will be disrupted.

- Reassure caregivers that the more children ~~get used to experience~~ receiving frequent praise and attention when they behave well, the ~~better more comfortable~~ they also become at letting go of the attention. So, if caregivers do this regularly, they will not have to worry about children being 'disrupted' by the praise ~~will feel with~~ it. ~~Rather than causing misbehavior, it is likely to improve behavior over time and~~ will encourage ~~more of~~ the behaviour more often. Emphasise that when giving praise it must sound genuine and authentic.
- Note: Genuine and authentic praise is where you mean to give the praise; and where the praise is said using the appropriate vocal-tone and body language. The praise is not exaggerated and the praise is delivered sincerely, without being distracted or flat in tone at the time.
- Invite caregivers to add another praise statement to their list.
 - If caregivers struggle to think of further ideas, caregivers could be directed to use the examples that they thought of during the child strengths exercise.
 - Caregivers could also be asked what behaviours they would like to see more of in their children, and if they saw this behavior, how would they like to praise it.

3. Role Play: Group Activity

10 minutes

- Ask every second caregiver to stand up. Ask those caregivers sitting down to please form a pair with the person sitting closest to them. Ask those caregivers that are standing to also form a pair with the person standing closest to them.

Role play 1 (2 minutes)

- Invite every pair to share with each other a behaviour that their child did over the last week that they could have praised them for.
- Select one of these examples.
- Then ask caregivers to select their role (caregiver or child).
- Ask caregivers to role-play the above- mentioned selected behaviour, except this time the caregiver gives the child praise.
- Caregivers should be reminded to be specific about the behaviour they are praising and to praise the effort not just the accomplishment.
- Ask caregivers to swap roles and repeat the same role-play.

Role 2 (2 minutes)

- Use the other caregiver's child's behaviour this time.
- Then ask caregivers to select their role (caregiver or child).
- Ask caregivers to role-play the above- mentioned selected behaviour- except this time the caregiver gives the child praise.
- Caregivers should be reminded to be specific about the behaviour they are praising and to praise the effort not just the accomplishment.
- Ask caregivers to swap role and repeat the same role-play.

4. Group Discussion

10 minutes

- Invite the group to share the experience of giving and receiving praise. Invite the group to share any difficulties, or feelings or discomfort they experienced when giving praise and as a group try to problem solve ways to overcome any challenges raised.
- Ask caregivers whether they think that the child in the role play would be more or less likely to do that behaviour again? Remember to emphasise that we know that praise is more likely to encourage children to repeat the behaviour.
- For caregivers who may not be used to receiving praise, it may also feel difficult to give praise. Explain that sometimes children may find it strange if they notice their caregiver doing something differently, like giving them praise more often. ~~It's~~It is important to persevere, but make sure caregivers are being genuine when doing so. It can also be helpful for caregivers to describe openly that they are trying something new, e.g. *"I know things have been really stressful these past few months but I also want us to remember as a family that we love each other, we appreciate one another and I want to try and point out what's going well."*
- Emphasise to caregivers that by using these strategies of trying to boost their child's confidence ~~by showing interest~~ and using praise more often, it will help their child ~~more~~ now and in the future. ~~Remind caregivers that these are helpful~~

Alternatives to physical punishment**10 minutes****Aims**

To strengthen caregivers' understanding of alternatives to physical punishment ~~or harsh communication,~~

1. Discuss these strategies as alternatives to physical punishment.

- Explain: we know that quality time, boosting confidence, and praise for good behaviour can improve children's emotions and improve their behaviour.
- But, we know that problematic behaviours can still occur and these can be difficult for parents to manage.
- When stressful moments occur, parents can sometimes find that they are more likely to use strategies such as hitting, yelling, shouting or threatening- their child.
- Throughout this section, Refer to Appendix G ('Helpful hints when explaining that physical discipline is not helpful').
- Introduce the story.

2. Read story.

- a. Please note that Kian, one of the main characters in the story, is meant to appear as either a boy or a girl. So, if you have a group of caregivers, with predominantly daughters, you may make Kian a girl. If you have a group of caregivers, with predominantly sons, you can make Kian a boy. However, please note, to make writing this manual easy, Kian is referred to as a boy (i.e. the terms 'he', 'him', 'his' etc. are used).

Kian was experiencing emotional difficulties. He seemed to be very sad one moment and then very angry and irritable moments later. Fatima and Aban were busy and felt that they did not have time to manage Kian's moods. Kian had stopped helping with the chores, which meant that the family had more work to do. Aban would have thoughts such as "he's doing this on purpose to get attention", which would make Aban feel frustrated and angry. Fatima felt so worried about Kian and would have thoughts such as "how is my son going to cope when he's at work"? Fatima and Aban would feel a very urgent need for Kian to do his chores and wanted to shake Kian out of his moods. They tried everything they could think of to help, talking to him did not seem to do any good. So Fatima would shout at Kian and tell him that he was bringing shame to the family, while Aban sometimes resorted to threats of violence.

3. Turn to the group and ask them: What effect do you think shouting, threatening or even violence will have on Kian? (Wait for response).

- If not mentioned by the caregivers mention the following suggestions:
 - Shouting, threatening or hitting Kian can create more problems for his behavior and emotions in the future.
 - Kian's sadness could get worse. This would affect his behavior and actions e.g. he would do less chores at home; or he would stay outside of the home all day; or he would

- withdraw from his parents and stop speaking with them. This would frustrate Fatima and Aban more which could mean that Kian gets shouted at or threatened again.
- Kian's worry could get worse. This could make him more nervous or scared of his parents or other people. This could affect his confidence as he grows up and goes to school or work.
- Kian could learn that shouting or hitting other people is okay. He might start shouting back at his parents. Or he might start hitting other children, like his sister.

4. Then ask the group: Can you share any suggestions of what else Fatima and Aban could try with Kian? (Wait for response).

Example script:

We know that many parents use strategies like Aban and Fatima. Maybe you notice that things are similar to this in your family. Thinking about this story and thinking about your own experiences with your child, can you think of what other strategies could Fatima and Aban try?

- If not mentioned by the caregivers mention the following suggestions:
 - Fatima and Aban could respond calmly to the behaviour and explain what they would like Kian to stop doing and instead what they would like him to do. E.g. "I can see that you are feeling very frustrated right now, but please stop shouting at me. I want you to try and talk to me using a calm voice. If that feels too difficult right now, then please go and practice your slow breathing. Come back to me when you are feeling calm and then we can talk more."
 - Fatima and Aban could devise 'home' rules with Kian. E.g. A home rule to not call family members bad names. (Note: if doing this, it is important that both child and caregiver understand the rules).
 - They could try to ignore silly or harmless behaviours. E.g. this could be Kian talking too loudly or speaking without the use of the manners.
 - Use of logical consequences, e.g. Kian has to help clean up/ fix something that he damaged.
 - Loss of privileges or rewards. E.g. Kian may lose the privilege of using the family phone for one evening.
- Remind caregivers that quality time, boosting confidence, and praise for good behaviour can improve children's emotions and improve their behaviour. Remind caregivers that slow breathing can also help with managing both their own and their child's emotions during times of stress.
- Explain that caregivers may need to give these different strategies some time and practice before they notice any changes in their child e.g. *Just like when we learned how to do something new, like cooking a new dish or learning to drive a car, we had to keep practising to get better.*
- Reassure caregivers that we understand if they have used these strategies (of physical punishment) in the past, but that EASE helps to suggest other ways of managing their child's behavior in the future.

- Invite caregivers to ask any questions.

Ending the session

15 minutes

1. Summarise session 2.

- Invite caregivers to volunteer and share what was the most important thing they learned today.
- Provide a summary of what was covered in the session: (if still needed).

Example script:

We learned a lot today about how important caregivers are in helping their child to learn to cope. You, the caregiver, can make the greatest difference in your child's life and we spent some time going over the strengths that ~~each of your child~~ have/has. What a strong group of young people you have in your lives. We then went on to discuss what praise means to us. When you give your child praise for their efforts; ~~when you notice the small things that they are doing~~, you are sending them such an important message. You are telling them that that you have noticed AND that you are glad about what they are doing. This means so much to your children, especially at this difficult time. It helps them to feel better about themselves and it also sends the message to them to do that behaviour more often. ~~These strategies~~ These strategies are good for caregivers too, as they help build the bond between you and your child and will likely reduce the number of difficult behaviours. They will help your child so much more than yelling at them or using any kind of physical punishment. By boosting your child's confidence and praising their efforts you are helping them to feel more secure and safe in the world. This will help them feel happier now, but also will help them to become happier adults too.

2. Home practiseppractice.

Set aside time

- See if you can try some of the strategies that we have talked about today, at your home. Why might this be important?
- Ask caregivers to aim to try to boost their child's confidence daily by showing interest more often.
 - Ask them to try to boost their child's confidence in the child's practiseppractice of the slow breathing activity. Alternatively, if the child isn't practicingpractising slow breathing or their child would prefer to do this activity in private, then select another time of day (e.g. mealtimes). The caregiver can then plan to try and be attentive during this time to show interest and try to boost their child's confidence, while continuing to practise their active-listening skills.
 - Caregivers can choose to share the list of strengths generated in today's session with their child.
- Set aside time to offer praise three times per day.

- Ask caregivers to identify a time of the day they can plan to try and be attentive, so that they might have the opportunity to give praise more often to their child (e.g. consider what behaviour the caregiver might like to praise the child for, such as speaking nicely ~~or helping with chores~~, helping with chores, or trying their best to engage with the EASE exercises whether or not the child is successful in completing them; and make a note of what time of day this may hopefully have an opportunity to occur).
 - Ask caregivers to think of 3 different activities they could likely praise their child for.
- Ask caregivers to decide now when they can make time for this during their week (e.g. first thing on the weekend; one evening after a meal).
 - Ask caregivers to decide now about how they will remember to do this (e.g. write a reminder, or select an alert in your mobile phone, tell your child to remind them, always have quality time immediately after another regular event such as prayers, a meal etc.)
 - ~~Ask caregivers to decide now about how they will remember to do this (e.g. write a reminder or select an alert in your mobile phone).~~ Remind caregivers that you will be inviting them to share these experiences in the next session. ~~Invite~~Ask caregivers if they have any questions or worries about how they will do the home ~~practise and brain storm~~practice. Discuss any potential solutions as required with the group (i.e. invite other caregivers to suggest ways of solving any problems). Refer to Appendix G: 'Helpful hints on caregiver home practice'.

3. Next session

- ~~Discuss the plan for the next session and remind~~Remind caregivers that with every session the caregivers come to, the more likely it is that they will be able to help their child.
- Explain that the next session will be covering more important information such as caregiver self-care and the final review of the EASE youth exercises.

~~Example script:~~

~~Next week we are going to share some ways to help make sure that you can keep doing the best job you can when caring for your child - by making sure you are also looking after you. Often caregivers put their needs at the bottom of the pile, but this does not help things over the long run. I know you might be thinking that there just is not any time left in the day for you but we will discuss how essential it is that all caregivers find a way to look after themselves. There will also be another review of all the exercises that your child has been taught, all that we have been learning too, along with a discussion on where to from here! I'm looking forward to seeing you next week and remember that with every session you come to, the more likely it is that you will be able to help your child.~~

4. Slow breathing to end the session 10 minutes

- Remind caregivers why this exercise is helpful: it helps the body relax which can help caregivers (and their children) feel less stressed
- Lead the group in slow breathing

Steps to follow:

1. Caregivers relax their bodies (move arms and legs, rock head side to side, roll shoulders back)
2. Instruct caregivers to breath from their stomach (balloon in their belly)
3. Once everyone is comfortable with step 2, begin counting 3 seconds for the in-breath and 3 seconds for the out-breath. Continue for a minute.
4. Stop counting and encourage caregivers to count themselves or keep the rhythm of slow breathing going (if you have a clock you could encourage caregivers to follow the ticking of the seconds to keep the rhythm slow)
5. Continue for several minutes

- Thank caregivers for their participation today and that you look forward to seeing them next week.

CHAPTER THIRTEEN: Session Three: Caregiver Self-care and Brighter Futures

Session Aims	<ul style="list-style-type: none"> For caregivers to practise self-care so that they are better able to help their children cope. To review the caregiver and youth EASE sessions. To prepare for the future.
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Topic	Aims	Activities	Materials	Time
Welcome and settle in	<ul style="list-style-type: none"> Group cohesion 	Cup of tea Welcome	Refreshments <u>Group rules poster from session 1</u>	5 minutes
Home practise Review home practice	<ul style="list-style-type: none"> Caregivers share home practise practice and manage any problems. 	Discussion Problem solving		10 minutes
EASE youth exercises review	<ul style="list-style-type: none"> Caregivers share observations about their child's home practise practice. 	Discussion Problem solving	Handout summary of EASE youth exercises Adolescent strategies handout	10 minutes
Caregiver challenges for and self-care	<ul style="list-style-type: none"> To encourage peer support To improve caregivers' knowledge on the importance of caregiver self-care 	Read story -(in manual) Discussion	Story (in manual)	45 minutes
Caregiver Review caregiver sessions review	<ul style="list-style-type: none"> To consolidate learning from 3 sessions. 	Review of the 3 sessions	Handout summary Caregiver strategies handout	20 minutes
Brighter futures	<ul style="list-style-type: none"> To educate caregivers on what to expect in the future 	Teaching Discussion	Handout of warning signals Warning signs handout	15 minutes

	<ul style="list-style-type: none"> To improve caregivers' confidence in managing problems in the future 			
Ending the group	<ul style="list-style-type: none"> To share lessons learnt and opportunity to ask questions. Invite group to continue 	Discussion Slow breathing		15 minutes

Welcome

5 minutes

1. Welcome group

- You may choose to do this over a cup of tea²⁷
- Hang the poster from session 1 (i.e. group rules).

2. Facilitator congratulates caregivers on making it back to the third, final session**3. Explain aim of today's sessions**

- There are three main aims:
 - i) For caregivers to practise self-care so that they are better able to help their children cope.
 - ii) For caregivers to feel confident in the strategies covered in these sessions.
 - iii) For caregivers to feel better equipped to help their child to stay well now and in the future.

Review home **practiseppractice**
minutes

10

Aims

- To strengthen caregivers' knowledge of the importance of showing interest and giving praise more often to their child.
- For caregivers to feel empowered to support each other with this activity.

1. ~~Sharing of home practise:~~ *Group activity***1. Review home practise: caregivers practice:**

- Since our last meeting, did anyone try to practise the strategies at home?
- Review home practice. Caregivers were asked try to ~~show interest:~~
 - Boost confidence in their child daily ~~and to praise (including sharing the list of strengths);~~
 - Praise their child for 3 activities per day.
- Remind caregivers about:

²⁷ Note: Or offer an alternative drink, such as a glass of water (if feasible).

- The 3 possible experiences people will have with any home practice:
 - 1) Successfully completed their plan
 - 2) Tried to do it but it was unsuccessful
 - 3) Unable to do it
 - All experiences are okay and important to share (especially normalize experiences 2 and 3 above)
 - Everyone can learn from other caregivers' experiences, especially experiences that were unsuccessful
- Then invite one caregiver to share their experience of the home practice activities (repeat so that all home practice activities are discussed at least once).
 - This discussion can be done as a large group, in small groups or pairs
 - Ask caregivers if there was anything difficult about the home ~~practise or if practice~~. If any caregiver reports difficulties or did not completingcomplete the home ~~practisepractice~~ at all, ~~invite other caregiverstry~~ to ~~help~~ problem solve ~~the difficulties as a group as a group about~~ what could help. (See Appendix G if needed- 'helpful hints on caregiver home practice')

Review EASE youth exercises review
minutes

10

Aims



- To improve caregivers' knowledge of the exercises taught to their child in the EASE group
- To improve caregivers' ability to support their child's use of these exercises

Materials: ~~Hand out depicting all child~~ Adolescent strategies handout.

Remind caregivers' that their child has been invited to attend 7 group sessions to help them learn how to cope better with the emotional problems that they have been experiencing.

ORIGINAL TEXT [DO NOT USE FOR LEBANON]

Over these 7 sessions they will learn 4 specific exercises (see Appendix XX) including:

- o How to identify their feelings
- o How to calm their body with slow breathing
- o How doing more activity can improve feelings of sadness and worry
- o How to solve practical problems

LEBANON CULTURAL ADAPTATION

Over these 7 sessions they will learn 4 specific exercises including:

- o How to identify their feelings
- o How to calm their body with slow breathing
- o How doing more activity can improve feelings of sadness, worry or anger.
- o How to solve practical problems.

3. Refer to the handout on the summary hand out depicted as an illustrated guide of all 4 exercises that ~~the~~their children are being taught in the EASE youth group: Adolescent strategies handout.

- Provide the Adolescent strategies handout for caregivers who gave this back in at the previous session. Provide spare handouts for caregivers who have not brought this with them for today's session. Do not collect these back from caregivers as caregivers can keep their handouts after this session.
- 2. • Choose a new exercise to review in more detail. This will depend on how the EASE youth sessions have been ~~taught including~~ organized. For example, if you know that the youth have experienced 'how to identify their feelings' and 'using slow breathing' - then you as the facilitator can choose to go into more about these two exercises. E.g. 'I will now share with you some more detail on what your children have been recently doing in their EASE youth sessions.'
 - ~~• How to identify their feelings~~
 - ~~• How to calm their body with slow breathing~~
 - ~~• How doing more activity can improve feelings of sadness and worry~~
- ~~How to solve practical problems~~ You may choose not to review exercises which you have shared with the caregivers in the previous session.
- Briefly review the exercises (using the notes for facilitator box below and as described in the pre-program caregiver assessment).
- For any exercises that you do not review in detail, explain to caregivers that they will learn more about the activities their child is learning throughout the upcoming sessions.
- Explain that after these sessions, it is important for caregivers to continue to support their child to do their home practice, or continue using the strategies from EASE and to ensure the child will not be punished or feel like they will get into trouble for not doing so.

Notes for facilitator:

Choose which exercise(s) to review in more detail. This will depend on how the EASE youth sessions have been organized. For example, if you know that the youth have had their sessions 5 or 6 on 'how to solve practical problems'- then you as the facilitator can choose to go into more detail about this exercise. E.g. 'I will now share with you some more detail on what your children have been recently doing in their EASE youth sessions. But I will not discuss the exercises that we have already talked about in the previous session, unless you ask me to.'

How to identify their feelings (EASE Youth Session 1)

In the EASE youth sessions, your children will learn about different feelings and how to identify these feelings. As part of their activities, your children will be encouraged to notice their feelings and to colour, draw or write these down in a workbook, using what we call 'the feelings pot'. The more your children learn to identify feelings, the better they will be at learning how to manage the big and difficult feelings.

How to calm their body with slow breathing (EASE Youth Session 2)

In the EASE youth sessions, your children will learn how to calm their body using slow breathing. Just like you have learned in session 1, your children will learn that difficult emotions can affect how their body physically feels. As part of their activities, your children will learn how to do slow breathing. The more they practice slow breathing the better they will be at calming down their bodies. As caregivers, you will also learn how to do slow breathing in session 1.

How engaging in meaningful activity can improve feelings (EASE Youth Sessions 3 and 4)

In the EASE youth sessions, your children will learn about how doing more meaningful activity can improve difficult emotions. Just like you have learned in session 1, your children will learn that difficult emotions can affect their actions (their behavior). They will learn that difficult emotions such as feeling sad, might leave our bodies feeling tired and low in energy. This might mean that they have stopped doing activities that they used to enjoy, or that were meaningful to them before, such as playing with their friends. The problem with stopping these activities is that it makes the difficult emotion get bigger, not better. As part of their activities, your children will learn how to plan to do activities that are enjoyable and meaningful to them. The more they practice planning and doing enjoyable activities, the better they will be at breaking this vicious cycle.

How to solve practical problems (EASE Youth Sessions 5 and 6)

In the EASE youth sessions, your children have been learning how to solve problems in their everyday lives. Just like in session 1, your children will learn that difficult emotions can affect their thinking. They will learn that difficult emotions can affect our ability to think clearly and imaginatively, and this can make it harder to manage problems. As part of their activities, your children are learning an activity called Stop, Think, Go. This activity can help your children to identify the problems they are facing. Then, they choose a small, solvable and specific problem to manage first. Then, they will try to think of as many ideas as possible to help solve the problem. And finally, they will choose the best ideas and try them out. Hopefully they are trying this out with problems in their lives.

◆
3.5. Invite caregivers to share with the group any observations they have noticed in their child trying to practise or use these exercises.

4.6. Invite caregivers to ask any questions about the EASE youth exercises. 5 minutes

Enquire if they have

- Invite caregivers to ask any questions. Ask caregivers to share ideas about ways they could support their child's home practice and enquire if they have any concerns about how they can support their child to use these exercises~~and problem.~~
 - If needed add: asking the child questions about the group and what they are learning; asking the child if there is anything they can do to help with their home practice; setting up the home environment so that the child has some private space to do their home practice.
- Problem solve these concerns and questions as a group. Additionally, refer~~Refer~~ to Appendix FG for ideas~~Helpful Hints~~ on common~~'Common~~ problems and how experienced when caregivers try to solve these~~assist their child with the EASE youth exercises'.~~

Caregiver challenges and self-care

45 minutes

Aims

- To improve caregivers' knowledge on the importance of caregiver self-care
- To overcome barriers to caregivers applying self-care
- To encourage peer support

1. Explain the need for caregivers to practise self-care.

- All caregivers experience difficulties when ~~caregiver. It's~~ scaregiving. It is even more challenging when trying to care for a child that is experiencing difficulties with their feelings.
- Adversity faced by the whole family can make this even harder for everyone.
- Just like their children, caregivers need to make sure they are getting enough sleep, eating ~~a balanced diet~~ adequate food when it is available and managing their stress.
- Some caregivers manage stress by spending time with friends and family, or by taking a little time to themselves, e.g., sitting quietly to drink a cup of tea.

2. Emphasise that by the caregiver taking caring of themselves, they are helping to take *better* care of the child because they will then be able to better support their child.

- Acknowledge that sometimes caregivers can feel that it's not important or feel guilty about taking time for themselves.

3. Read story.

a) Please note that Kian, one of the main characters in the story, is meant to appear as either a boy or a girl. So, if you have a group of caregivers, with predominantly daughters, you may make Kian a girl. If you have a group of caregivers, with predominantly sons, you can make Kian a boy. However, please note, to make writing this manual easy, Kian is referred to as a boy (i.e. the terms 'he', 'him', 'his' etc. are used).

3.

Remember Fatima and Aban? Kian seemed still to be struggling and Fatima was starting to wonder who she could turn to for help. Fatima found herself lying awake at night worrying about Kian, and there were so many other worries she had too. It seemed everyone in the family was tense with each other. Fatima could not remember when they last sat and laughed together. She remembered that often some silly story or joke would be shared at meal times, but Fatima realised that meal times now seem hurried and strained. She herself was often skipping meals or eating very little, even when there was food available. She had passed one of her friends on the street ~~the other day~~ and realised it had been sometime since she had met with them for tea. "I just ~~did~~ not have the time" she thought. Meanwhile, Aban noticed his temper was becoming increasingly short. He felt like he did not have a peaceful moment to himself.

4. Group Discussion**10 minutes**

- Turn to the group and ask:

Ask: Imagine these caregivers were your good friends or close family, what would you suggest to them to help look after themselves and manage their stress better²⁸?

- Use prompt questions if needed:
 - What is making it hard for the caregivers to take care of themselves, for their children?
 - What do you think about the caregivers' sleep?
 - What do you think about the caregivers' diet?
 - Do the caregivers have time to relax?
 - Is sleep, diet and time for relaxation important?
- Ask: ~~can~~Can caregivers better respond to their children when they are well rested and calm themselves?

5. Discussion in pairs**10 minutes**

- Acknowledge to the whole group the difficulties experienced in trying to make sure caregivers look after themselves, but also the strengths that ~~that~~ every caregiver has that can be supported when a caregiver is feeling healthy, rested and calm.
- Invite caregivers into pairs, by asking every second caregiver to stand up. Ask those caregivers sitting down to please form a pair with the person sitting closest to them. Ask those caregivers that are standing to also form a pair with the person standing closest to them.
- Ask caregivers to share with their partner one example from each of the following:
 - 1) A personal caregiver challenge, and
 - ~~1) A sign that they know they are stressed,~~
 - 2) and A personal caregiver challenge, and
 - 3) Something they have done that has been helpful when they have felt stressed.

6. Group Discussion**10 minutes**

- Explain to the whole group that if caregivers are feeling comfortable it will now be helpful to share some of these personal experiences so that the group can learn from each other.
- If caregivers do not share any strategies which are from the list below, you can use the list to ask caregivers 'Does anyone have an example of a strategy that they use for Sleep/Diet/Social Activity' etc.

Ask for a personal helpful coping example that covers each of these categories:

²⁸ Note: please adapt language to the setting.

- Sleep/rest, e.g. trying to have a good night's sleep.
- Diet, e.g. trying to eat healthy meals- when food is available.
- Social activity, e.g. talking and listening to friends or family.
- Enjoyable/ rewarding activity, e.g. sitting to slowly drink a cup of tea.
- Calming/ soothing activity, e.g. slow breathing.
- Saying something to themselves to encourage coping and strength, e.g. "I'll get through this"—.
- Use of humour, e.g. trying to see a funny or bright side.

During the discussion, be sure to also cover the following points:

- Caregivers can act as role models to their children so by caregivers looking after themselves, it encourages their children to also learn how to do this.
- Ask caregivers to try to build this into their daily routine.
- Invite caregivers to give themselves permission (doctor's orders!) to take care of themselves.
- Encourage caregivers to seek for support from a more specialised service²⁹ for themselves if they feel too overwhelmed.

- Facilitator to look out for examples of coping strategies that caregivers believe are helpful but are unhelpful, for example, drinking alcohol, lying (or not being completely honest) or becoming angry or aggressive to others, or avoiding difficult situations by staying longer at work or out of the house.
- See example script below and adapt according to the unhelpful strategy identified (or use additionally when there has not been an unhelpful strategy discussed).

Example script:

Sometimes the strategies we use to help us deal with our problems and feelings work in the short term. But this does not mean that they are always helpful. For instance, some of us may get really aggressive with our partners: when we are stressed. It might help us feel like we have more control and maybe it feels good because you are getting things your way. But fighting with others can cause lots more problems, like losing your relationships, hurting others or even yourself. What might be worse is that our children pick up on learn how their caregivers deal with stress and how they interact with others /their partner. If a caregiver is really aggressive with their partner and the child witnesses that interaction,

²⁹ ~~Note: Please adapt to the suit the setting.~~

~~they. They~~ might think it is acceptable to act that way when they are upset. ~~So, not only might you not end up feeling any better in the end but~~So, without meaning to, you might also end up teaching your child that it is okay to talk to others aggressively.

- Summary to close.

Example script:

All caregivers experience difficulties and when your child is having emotional difficulties, these challenges can become even greater. Yet despite these challenges, every caregiver also brings great strength. To preserve these strengths, it is especially important that caregivers take the time to look after themselves so that they can be the best caregiver they can be for their child. Whether it is making sure you have enough sleep, you are eating well or taking time to manage your own stress, ~~these all seemingly small actions are essential steps needed to make sure that you are able to be the best caregiver that you can be.~~

Review caregiver sessions

20 minutes

Aims

- To strengthen caregivers' ~~skills in trying to help soothe their child when they are very upset, including the skills of understanding their emotions, active listening, communicating concern and slow breathing of the EASE caregiver skills.~~
- ~~To enhance caregivers' knowledge and importance of having quality time and showing interest and praise to their child more frequently.~~
- To enhance caregivers' confidence in how to better help their child cope.



Materials: Caregiver strategies handout.

1. Being the helper: Group activity.

- Explain the overall aim of these sessions has been to help caregivers to be better able to help their children cope.

Example script:

Now we are going to do a brief review of the sessions and we are all going to have a turn at being the 'helper/facilitator' and it's going to be your job to explain to ~~another caregiver~~ the other caregivers about these topics.

2. Session 1 Review:

- Invite caregivers to share what they learned or can remember from the first session.
- Ask caregivers to take turns one at a time to share what was learned in the Session 1 to the group, and encourage caregivers to respond with why this was important. Go around the group until all the aspects of Session 1 have been covered.
- If needed, explain remind caregivers about the main aim aims of the first session ~~focused on:~~ understanding our own unique caregiver strengths and learning about the causes and signs of worry, sadness and stress in children. A brief review of the child exercises was covered, including how to support home ~~practise.~~ Caregiver practice. Caregivers were also taught skills

in understanding their own feelings, active listening, using slow breathing to calm their body and the importance of spending quality time with their child.

- ~~Ask caregivers to turn to the person next to them and explain what this was and why this was important in one minute. Then swap, so that everyone has had a chance to explain this to another caregiver.~~
- The facilitator then shares a one minute summary of the first session.

Example script:

In Session 1 we spent some time going over the strengths that each of you bring. We also covered the common causes and signs of worry, sadness and stress in children. Together we also ~~learnt~~learned about how our children are being taught to identify their feelings, ~~which~~. This is important for us adults to know how to do too, so that we can support our children when they need it most. We spent a little time reviewing what your child was learning in the EASE youth sessions and how to best support their home ~~practise~~practice. We also covered skills in active listening, the importance of communicating concern when your child is upset, and how the exercise of slow breathing might be useful. This leads me to the final part of Session 1, where we learnt how helpful it can be when you spend quality time together with your child.

3. Session 2 Review:

- Invite caregivers to share what happened in the second session.
- ~~Ask caregivers to take turns one at a time to share what was learned in the Session 2 to the group, and encourage caregivers to respond with why this was important. Go round the group until all the aspects of Session 2 have been covered.~~
- If needed, ~~explain that the second session included~~remind caregivers about the main aims of **Session 2**: identifying their child's own unique strengths, a brief review of the child exercises was covered, including how to support home ~~practise~~practice, and strategies to boost their child's confidence by showing them interest and giving their child praise more often ~~and using alternatives to physical punishment~~.
- ~~Again, ask caregivers to turn to the person next to them and explain what this was and why this was important in one minute. Then swap, so that everyone has had a chance to explain this to another caregiver.~~
- The facilitator then shares a one minute summary of the second session.

Example script:

In Session 2 we spent some time going over the strengths that each of your children bring. ~~What a brave group of young people you have in your lives.~~ We spent a little time reviewing how your child is ~~going~~doing in the EASE youth sessions. We also ~~learnt~~learned how helpful it can be when you give your child your full attention and show interest in them – especially at this time, when they really need it most.

We then went on to discuss what praise means to us and how we can use it more often with your child and how we can use alternatives to physical punishment.

4. Summary for today's session:

- Ask caregivers to take turns one at a time to share what was learned in Session 3 to the group, and encourage caregivers to respond with why this was important. Go around the group until all the aspects of Session 3 have been covered.
- The facilitator then shares a one minute summary of the second session.

4.

Example script:



Today we have reviewed the four strategies that your children have been taught and talked about how caregivers can support their child to use these strategies. We have also talked about the importance of caregivers looking after themselves, so they are best able to look after others and we have spent some time discussing the different ways for caregivers to do this.

~~• Again, ask caregivers to turn to the person next to them and explain what this means and why this was important in one minute. Then swap, so that everyone has had a chance to explain this to another caregiver.~~

• Invite caregivers to now consider how they are going to remember this programme, so that they can use it again in the future.

- Provide ~~a handout to the caregivers depicting the~~ Caregiver strategies learned ~~handout~~ and invite caregivers to consider where a helpful, secure storage place in their home may be.

Brighter futures

15 minutes

Aims

- To educate caregivers on what to expect in the future
- To improve caregivers' confidence in managing ~~problems~~ difficulties with their child in the future

Materials: Warning signs handout.

1. How caregivers can best help their child have a brighter future: Teaching

- Explain that we are now going to consider:
 - 1) ~~i)~~ How to keep helping their child.
 - 2) ~~ii)~~ What to do if caregivers are still worried about their child.
 - 3) ~~iii)~~ What to do if they notice any worrying changes in their child.
- Provide a summary of the progress (hopefully) achieved by the child and caregiver.

Example script:

Hopefully by now there have been some positive changes happening for your child and perhaps for you too. All caregivers want to ensure their child has a bright future and caregivers have a very important part to play in making this happen. For any positive changes to continue, it is important that you and your child both keep ~~practicing~~~~practising~~ doing things a bit differently – for the caregivers to keep up the active listening, showing interest, giving praise, and looking after themselves, while the child keeps working on using the exercises ~~they've~~~~they have~~ been learning about. Hopefully over time, it will not feel like you're doing anything differently, it will become your new normal.

2. Raise the possibility that even if caregivers and their children try their absolute best, it is likely that problems will come up again in the future.

- Explain that problems can often occur when there are times of change or stress. E.g. this could include their child having to move, having to change classes, or having problems with their friends at school.

3. Explain that sometimes the caregiver may notice some changes in their child and these may be a warning ~~signal~~~~sign~~ that the child is ~~becoming distressed~~~~having difficulties~~ again and ~~needs~~~~might benefit from~~ help.

Cover the warning ~~signal~~~~signs~~ including:

- *BIG changes in how children feel, what they do, how they sleep and how they eat.*

Specific examples could be:

- ~~changes~~~~Changes~~ in their mood that have lasted for at least two weeks, such as feeling very sad most of the time, for most of the day, or feeling very worried most of the time for most of the day.
- ~~not~~~~Not~~ wanting to do their usual activities that they normally enjoyed or no longer wanting to do these on their own (if they previously did these on their own).
- ~~appearing~~~~Appearing~~ more tired or having difficulty with their sleep.

- ~~changes~~**Changes** in their appetite: they might not want to eat, or want to eat more than usual.
- ~~their~~**Their** child might appear more irritable or grumpy than usual.
- ~~complaining~~**Complaining** of strong physical sensations that do not have a medical or physical cause (e.g. nausea, cramping in the stomach, headaches, body aches).

4. Ask caregivers to come up with a way to remember this ~~or alternatively~~and** provide ~~at the~~**Warning signs** ~~handout (see Appendix XX).~~**

5. Explain that it's important to know how and when to get help again.

- As children undergo usual biological changes as part of going through puberty and becoming an adolescent it can sometimes be difficult to detect the difference between warning ~~signals~~**signs** and normal adolescent behaviour.
- ~~Treat all changes in mood as a signal for help and time~~ **Caregivers can encourage their child to use the ~~exercises~~**strategies** that ~~the child has been taught~~ **and for the caregiver to they learned in their EASE youth group sessions; caregivers can** remember and use the strategies ~~taught~~**learned** in ~~this programme. these sessions and these can be especially helpful when your child experiences big changes in mood or activities that have lasted for at least two weeks.~~**
- Remind caregivers that there will be an opportunity to discuss any remaining concerns about their child at the caregiver post assessment session.
- In the future to contact their local health worker³⁰ if they have concerns again.

Ending the group

15 minutes

1. Invite caregivers to share what was the most important thing that they have learnt over the three sessions.

- Ask caregivers how they can put this into ~~practise~~**practice** at home to change the family environment ~~/or the way they~~ **caregiver care for their child.**

2. Ask caregivers if they have any questions.

- Invite others in the group to help problem-solve if able.
- Ask whether the group has met their expectations.

3. Invite caregivers to form a group that continues to support each other.

4. Slow breathing to end the group.

- Remind caregivers why this exercise is helpful: It helps the body relax which can help caregivers feel less stressed.
- Lead the group in slow breathing.

³⁰ Note: please adapt to suit the setting.

Steps to follow:

1. Caregivers relax their bodies (move arms and legs, rock head side to side, roll shoulders back)
2. Instruct caregivers to breath from their stomach (balloon in their belly)
3. Once everyone is comfortable with step 2, begin counting 3 seconds for the in-breath and 3 seconds for the out-breath. Continue for a minute.
4. Stop counting and encourage caregivers to count themselves or keep the rhythm of slow breathing going (if you have a clock you could encourage caregivers to follow the ticking of the seconds to keep the rhythm slow)
5. Continue for several minutes

- Congratulate and thank caregivers for their participation.

APPENDIX A: ASSESSMENT PROTOCOL

The following questionnaires may be considered for assessment of youth internalising problems and caregiver's emotional distress and general functioning. It is recommended that you read each question to the participant and their caregiver (i.e. interview format), making sure they understand each question and the accompanying rating scales.

The assessment for youth and their caregiver can be complete in one visit. However, to ensure confidentiality, the caregiver should not be present during the young person's assessment and vice versa. The same assessment measures are used in the post-programme assessment.

1) INTRODUCTIONS & VERBAL CONSENT

- Give your name and the name of your organization or your profession.
- Explain the purpose of the assessment
 - *Your child has been referred to me because they are experiencing some emotional difficulties that our programme might help with. The purpose of this visit is to ask you and your child some questions to find out if the programme we are conducting might be suitable for you both.*
- Tell them what will happen in the assessment
 - *The questions I have for you both will take about 1 hour. First I will speak to..... (name of young adolescent) and then I will speak to... (name of caregiver). The questions will be about how you are both feeling and your daily activity.*
- Explain confidentiality
 - *Our conversations today will happen separately so you can both feel safe to be open with me. What you say will also be kept private. I cannot tell anyone else what you tell me, unless you tell me something that I believe means your life or someone else's is at risk. If this is the case I will tell you. Then I will need to talk to my supervisor. Their name is... and they are very experienced in these kinds of problems. It is very important for us to keep you both safe.*
- Get verbal consent to continue with the assessment
 - *Do you have any questions about today's assessment, the programme or anything else.*
- Provide more information about Early Adolescent Skills for Emotions
 - *The program addresses problems such as sadness, worry and stress by teaching young adolescents exercises to cope better. There are 7 group sessions. We also highly encourage at least one caregiver to be involved in the programme by attending 3 group sessions. These sessions will provide support, boost caregivers' confidence in managing distress in their child and help to improve your relationship with each other.*

Assessment Type (circle one): Pre-programme assessment / Post-programme assessment

Name of person doing assessment: _____ **Today's date:** _____

Name of adolescent: _____

Name of caregiver being assessed: _____

Relationship to young adolescent (e.g. caregiver, grandparent, cousin etc.):

QUESTIONS FOR THE YOUNG ADOLESCENT

1. DEMOGRAPHIC INFORMATION

Thank you for participating in the interview. Let me ask you the questions now. Please note that there are no right or wrong answers to these questions. Just be honest about how things are right now. I will start with some background questions.

1.	Record gender as observed	Female	1
		Male	2
2.	How old are you?	_____ years	
3.	Are you currently attending school?	Yes	1
		No	2
4.	How many years of school have you completed?	_____ years	

2. STRENGTHS AND DIFFICULTIES QUESTIONNAIRE³¹

³¹ Strengths and Difficulties Questionnaire does not have a validated youth questionnaire for 10 year olds. As such, there are no questions for a 10 year old child and only the parent questionnaire can be completed with their caregiver.

Say to the participant: For each item, please tell me if it is *Not True*, *Somewhat True* or *Certainly True*. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last **6 months**.

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
1. I try to be nice to other people. I care about their feelings			
2. I am restless, I cannot stay still for long			
3. I get a lot of headaches, stomach-aches or sickness			
4. I usually share with others, for example CD's, games, food			
5. I get very angry and often lose my temper			
6. I would rather be alone than with people of my age			
7. I usually do as I am told			
8. I worry a lot			
9. I am helpful if someone is hurt, upset or feeling ill			
10. I am constantly fidgeting or squirming			
11. I have one good friend or more			
12. I fight a lot. I can make other people do what I want			
13. I am often unhappy, depressed or tearful			
14. Other people my age generally like me			
15. I am easily distracted, I find it difficult to concentrate			
16. I am nervous in new situations. I easily lose confidence			
17. I am kind to younger children			
18. I am often accused of lying or cheating			

19. Other children or young people pick on me or bully me			
20. I often volunteer to help others (caregivers, teachers, children)			
21. I think before I do things			
22. I take things that are not mine from home, school or elsewhere			
23. I get along better with adults than with people my own age			
24. I have many fears, I am easily scared			
25. I finish the work I'm doing. My attention is good			

QUESTIONS FOR THE CAREGIVER

1. DEMOGRAPHIC INFORMATION

Thank you for participating in the interview. Let me ask you the questions now. Please note that there are no right or wrong answers to these questions. Just be honest about how things are right now. I will start with some background questions.

5.1.	Record gender as observed	Female	1
		Male	2
6.2.	How old are you?	_____ years	
7.3.	What is your relationship to the young adolescent? (E.g. birth caregiver, adoptive caregiver, grandparent, aunt/uncle, friend etc.) (Write answer exactly in space provided)		
8.4.	How many years in all did you spend <u>studying in school, college or university?</u>	_____ years	
9.5.		Never married	1

	What is your <u>current marital status</u> ? (Select the single best option)	Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
10.6	Which describes your <u>main work status</u> best? (Select the single best option)	Paid work (see 7)	1
		Self-employed, such as own your business or farming (see 7)	2
		Non-paid work, such as volunteer or charity	3
		Student	4
		Keeping house/homemaker	5
		Retired	6
		Unemployed (health reasons)	7
		Unemployed (other reasons)	8
		Other (specify) _____	9
11.7	If they are in paid work or self-employed ask: What is your job? (What do you do for work?) (Write answer exactly in space provided)		

2. KESSLER 6 (K6)

INTERVIEWER TRAINING NOTES:

All bolded words in questions should be emphasized by voice inflection. 3. All parenthetical phrases in questions are optional.

"IF NEC" means "if necessary." The interviewer should prompt R with the response categories, using the truncated wording when specified, until R has learned them well enough to respond without prompting.

"IF VOL" means "if volunteered." If the respondent volunteers one of the specified responses, that response should be recorded without additional probing.

QUESTIONS

Q1a. The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel nervous — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

Q1b. During the past 30 days, about how often did you feel hopeless — all of the time, most of the time, some of the time, a little of the time, or none of the time?

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

Q1c. During the past 30 days, about how often did you feel restless or fidgety? (IF NEC: all, most, some, a little, or none of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

Q1d. How often did you feel so depressed that nothing could cheer you up? (IF NEC: all, most, some, a little, or none of the time?)

1. ALL
2. MOST
3. SOME
4. A LITTLE
5. NONE
8. (IF VOL) DON'T KNOW
9. (IF VOL) REFUSED

Q1e. During the past 30 days, about how often did you feel that everything was an effort? (IF NEC: all, most, some, a little, or none of the time?)

- 1. ALL
- 2. MOST
- 3. SOME
- 4. A LITTLE
- 5. NONE
- 8. (IF VOL) DON'T KNOW
- 9. (IF VOL) REFUSED

Q1f. During the past 30 days, about how often did you feel worthless? (IF NEC: all, most, some, a little, or none of the time?)

- 1. ALL
- 2. MOST
- 3. SOME
- 4. A LITTLE
- 5. NONE
- 8. (IF VOL) DON'T KNOW
- 9. (IF VOL) REFUSED

Q2. The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur more often in the past 30 days than is usual for you, about the same as usual, or less often than usual?

- 1. MORE OFTEN THAN USUAL GO TO Q2b
- 2. ABOUT THE SAME AS USUAL GO TO Q3
- 3. LESS OFTEN THAN USUAL
- 4. (IF VOL) NEVER HAVE THESE FEELINGS GO TO Q3
- 8. (IF VOL) DON'T KNOW GO TO Q3
- 9. (IF VOL) REFUSED GO TO Q3

Q2a. A lot less than usual, somewhat less, or only a little less than usual?

- 1. A LOT GO TO Q3
- 2. SOMEWHAT GO TO Q3
- 3. A LITTLE GO TO Q3
- 8. (IF VOL) DON'T KNOW GO TO Q3
- 9. (IF VOL) REFUSED GO TO Q3

Q2b. A lot more than usual, somewhat more, or only a little more than usual?

- 1. A LOT
- 2. SOMEWHAT

- 3. A LITTLE
- 8. (IF VOL) DON'T KNOW
- 9. (IF VOL) REFUSED

Q3. INTERVIEWER CHECKPOINT

- 1. PARTICIPANT ANSWERED "A LITTLE," "SOME," "MOST," OR "ALL" TO AT LEAST ONE QUESTION IN THE Q1 SERIES
- 2. ALL OTHERS END SECTION

Q4. The next questions are about how these feelings may have affected you in the past 30 days. How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings?

- _____ NUMBER OF DAYS
- 98. (IF VOL) DON'T KNOW
 - 99. (IF VOL) REFUSED

Q5. INTERVIEWER CHECKPOINT

- 1. PARTICIPANT ANSWERED "30" IN RESPONSE TO Q4 GO TO Q7
- 2. ALL OTHERS

Q6. [Not counting (that day/those days)], how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?

- _____ NUMBER OF DAYS
- 98. (IF VOL) DON'T KNOW
 - 99. (IF VOL) REFUSED

Q7. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

- _____ NUMBER OF TIMES
- 98. (IF VOL) DON'T KNOW
 - 99. (IF VOL) REFUSED

Q8. During the past 30 days, how often have physical health problems been the main cause of these feelings – all of the time, most of the time, some of the time, a little of the time, or none of the time?

- 1. ALL
- 2. MOST
- 3. SOME
- 4. A LITTLE
- 5. NONE
- 8. (IF VOL) DON'T KNOW
- 9. (IF VOL) REFUSED

APPENDIX B: BASIC HELPING SKILLS

To promote a healthy relationship with participants, there are a number of qualities and psychological skills that you should practise regularly. These qualities are necessary to support the effectiveness of the Early Adolescent Skills for Emotions Intervention. When reading these skills in the table below, try to think back to a time when a close friend or family member was talking to you about a problem they were having. It is likely that you used a lot of these skills while you were listening to them. These skills can be very natural and show participants that you are listening and willing to support them.

<p>Confidentiality</p>	<p>This is not a skill but is a very important part of building trust with participants. Participants need to know that when they speak openly about personal things, that information is going to remain confidential or private. This is especially true for young people who may worry that their caregivers or friends will find out about their problems. In a group setting, confidentiality is everyone's responsibility. That means what is said in the group needs to remain in the group. Participants should not talk about each other outside of the group.</p> <p>Limits to confidentiality:</p> <ul style="list-style-type: none"> •• <u> </u> If a participant has plans to end their life •• <u> </u> If a participant is being harmed by someone else •• <u> </u> Supervision requires the facilitator to talk about participants and their progress
<p>Communicating Concern</p>	<p>Try to understand, as best you can, each participant's situation, including the emotions they are experiencing. At the other extreme, it is also important that you don't get too involved in a participant's feelings and take them on as your own. This can cause you to feel stressed and over-burdened by your work. (Remember, if you feel like this is happening to you; speak with your supervisor about it.)</p> <p>Statements that may show you are concerned include,</p> <ul style="list-style-type: none"> •• <u> </u> "That sounds like it was very challenging/upsetting/frightening (and so on) for you." •• <u> </u> "I can see in your face how painful this was for you." •• <u> </u> "You have experienced many difficulties." •• <u> </u> "You went through a lot." •• <u> </u> "I can hear how sad/frightening this was for you."

<p>Non-Verbal Skills</p>	<p>Non-verbal skills communicate to the participant that you are listening to them and can also be a way of communicating concern. These include keeping culturally appropriate eye contact, culturally appropriate nodding of your head, and, in most cultures, keeping your posture open (for example, avoiding crossing your arms and sitting with a stiff position or turning away from them). Sometimes showing similar emotions of your participants also shows that you are hearing what they are saying and sympathise with how they are feeling. This might mean expressing sadness on your face when they express sadness (because they have teary eyes). You can also use brief verbal indications that you are listening, such as “uh-huh”, “ok”, “I see” and “mmm”. It is important to remember that there can be wide cultural variations of all the above.</p>
<p>Praising Openness</p>	<p>To help a participant feel comfortable talking about personal, difficult or embarrassing topics, try to thank or even genuinely praise the participant for being so open. Throughout the programme, you may also praise the participant’s efforts to engage in the Early Adolescent Skills for Emotions exercises and to get better.</p> <p>Some examples of praising openness:</p> <ul style="list-style-type: none"> •• “Thank you for telling that to the group/me.” •• “You were very courageous in sharing those feelings with the group/me.” •• “Although it may have been hard to talk about that with me, I think it will be very helpful for your recovery.” •• “I can see that you are really trying to practise ‘Calming my Body’ regularly.”
<p>Validating</p>	<p>Many participants will feel embarrassed talking about their problems with strangers or in a group setting. They might think no one else feels the same way as them. They may also think that talking about emotions or personal problems is a sign that they are becoming ill, going crazy or that they are weak. Some young people might worry others will tease or laugh at them because of their difficulties. Some participants might even blame themselves for how they feel. It is important that throughout the programme you help the participant to dispel these myths. You can do this by normalising the participant’s problems. This means helping them understand that many other young people experience the same reactions, and difficulties. This is ‘validating’ their problems, which means that you are letting them know that their reactions are understandable. This often happens naturally in a group setting because other group members might share similar feelings and problems.</p>

	<p>Validating is a very good way of communicating concern too. When validating someone it is important that you do not belittle (“put down”) or diminish the person’s reactions by telling her everyone feels the same way as he or she does. Choosing your words and tone of voice is very important in order to avoid doing this.</p> <p>Some examples of validating include,</p> <ul style="list-style-type: none"> •• “The reactions you have described are very common.” •• “You have been through a very difficult experience and it’s not surprising that you would be feeling stressed.” •• “What you have just described is a common reaction young people have in these situations.” •• “Have other people in the group experienced similar reactions/problems?” •• “Many young people I have worked with have also described feeling this way.” •• “I am not surprised that you are so scared.”
<p>Putting Aside your Personal Values</p>	<p>Demonstrating the above-mentioned basic helping skills will mean that at all times you will need to respect participants’ personal values and beliefs. This can be challenging, especially when you do not agree with your their values or beliefs. However, you should not to judge your participants, no matter what they might say to you. This means not allowing your personal beliefs or values to influence how you respond to them. Or not trying to change their values or beliefs to suit your own. This is particularly important with young people as they are very impressionable. The experience of having someone just listen without judgment might be something a participant has not experienced before and this can help them to trust you.</p>
<p>Giving Advice</p>	<p>You should generally not give advice to participants. Giving advice is different from giving participants important or helpful information (e.g. about services in the community). Giving advice means telling a participant what to do or not to do (e.g. don’t talk to your caregivers about this problem).</p> <p>All group facilitators will feel tempted to give advice at some time though. This is a very normal temptation. For example, a participant who is very hopeless and showing signs of depression might find the Stop, Think, Go <u>Managing my Problems</u> exercise challenging, especially thinking of ideas to help with their problems. It would be very tempting to advise the participant what ideas would be good to</p>

try. But you should avoid giving direct advice. If a participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future, when they have completed the programme.

One exercise that can be helpful to use in situations where you are very tempted to give advice, is asking the participant what they would suggest or say to a friend in a similar situation. For instance, a participant who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support, you might ask them, *“What would you say to a friend who was thinking the same? Would you want them to be alone with their problems or to ask you for help? And would you feel burdened by that?”* This type of questioning may help the participant to think about their concerns and behaviours from a different viewpoint, without you directly telling them to do something different. Inviting other participants in the group to suggest ideas is also a helpful way of avoiding giving direct advice.

APPENDIX C: ACTIVITIES MANAGING DISCLOSURES OF ABUSE

If during the programme (e.g. during the discussion on common problems in Session 5), a participant discloses a problem that suggests they are being abused (e.g. physically hurt by someone, sexually abused etc.) or neglected (e.g. they are left unsupervised for long periods of time and this might be posing a danger risk for them), you should:

- respond to them using your basic helping skills- especially communicating concern (also read chapter two of this manual on how to manage the group when someone discloses personal information)
- say to the participant and the group: Sometimes people experience very difficult problems that can cause them a lot of harm. It is never okay for someone to physically/sexually/emotionally (say the appropriate term) hurt you. And we do not expect you to be able to solve these kinds of problems. Instead, we will make sure you can get some help to manage these problems.
- tell the participant that you will speak to them individually at the end of the group
- if the participant is distressed (e.g. crying, sounds very upset or angry) help them manage their feelings (e.g. allow them to leave the room with a co-facilitator, do slow breathing as a group, another participant might show their support by putting an arm around them etc.)

For the rest of the session, be sure to monitor the participant's distress and respond accordingly (e.g. help them manage their distress as above, talk with them individually etc.).

At the end of the group it is essential that you talk with the participant:

- Ask them to share more information about the problem if they are willing to (if they are unwilling to talk further about this you must respect this)
- Tell them that you need to speak with your supervisor (tell them the name of this person) to better help them manage this problem
- You will discuss with your supervisor how best to proceed (e.g. referral options for the participant, whether you will need to discuss what has happened with the participant's caregivers etc.)

APPENDIX D: ACTIVITIES AND GAMES

The following are “ice breaker” activities facilitators can include in any of the sessions. It is suggested to only choose one activity at a time and to include it either at the beginning or the end of a session, or in the middle of a session when you notice participants appear tired, bored or are not concentrating on the session. Towards the end of the programme, participants may have favourite activities. You can ask participants to choose a favourite activity to play.

As facilitators you may also have games and activities that are more culturally appropriate or you think will be fun. Whether you use these or your own activities is up to you and depends on the mood of the group you are leading. Some groups may not like “ice breaker” activities and so you decide not to include any in your sessions.

1. 2 Truths and a Lie

Materials: None required

Instructions: Each person has to think of 2 things about themselves that are true and one thing that they have made up. They tell the group the three things in any order. The rest of the group must guess which of the things about them is a lie.

Example: a 12-year-old participant tells the group:

- I am 11 years' old
- I have one older brother
- I love looking for birds

The first statement is the lie.

2. What this says about me

Materials: You will need a bag/box full of random objects

Instructions: Participants each put their hand in the bag and select one object without looking. Each person has 1 minute to describe how this object says something about them. They share a memory that includes this object; they can describe how the object shares qualities that they also have etc.

3. Mirroring

Materials: None required

Instructions: Participants form pairs. Each pair stands facing one another. One person is identified as the leader first and the other as the mirror (these roles are later swapped). The person who is the mirror will try to copy every movement the leader makes. But the trick is to copy them at the same time they are moving. The leader will begin moving slowly but after 15 seconds the facilitator will tell the leaders to speed up their movements. The leader and mirror cannot touch each other. One round will last 1 minute and then the pairs swap roles and repeat.

4. Human Knot

Materials: None required

Instructions: Participants stand in a large circle. Everyone stretches his or her hands toward the centre of the circle first. With eyes closed people will move into the circle and find another hand to hold. Both left and right hands should be holding one other hand.

The group has to work together to untangle the human knot so they form one large circle again. They can step over or under each other, but they cannot let go of any hands. You can put a time limit on this if needed (e.g. 5minutes). Facilitators should also provide help if needed and make sure no one is getting hurt.

5. Fruit Salad

Materials: Chairs (one chair per person)

Instructions: Have everyone sit in a chair, arranged in a circle facing inwards. Select one person to be in the middle and remove his or her chair from the circle.

The person in the middle needs to say something that applies to at least 2 people in the circle. For example, "Anyone who has a pet", "Anyone who is wearing jeans", "Anyone who has a brother or sister", "Anyone wearing the color purple". If the person's statement applies to someone sitting in the circle, that person has to move from his or her seat and sit in a different chair. If the person says "Fruit Salad", then everyone needs to move to a different chair. Participants cannot move to the seat next to them (on their immediate left or right).

The person in the middle tries to sit down. There'll be one person left without a chair- this person will be the next person in the middle of the circle. The standing person starts a new round by saying a different statement.

The same game can be played with the person in the middle saying something they have never done before instead. For example, "I have never been in an airplane", "I have never eaten fish", "I have never seen snow" etc.

Brief Activities and Stretches

The following are activities you can use when you notice participants' attention and concentration reducing. They might be fidgeting, looking around the room, or appear tired and uninterested. You can use these activities if participants have been sitting for a long time and need to move around or to break up the session.

1. Washing the Elephant

“Imagine there is a baby elephant (or other animal) in front you. It has been playing in the mud and needs a bath. Together, we are going to wash each of our baby elephants.

First we will start with the body. Let’s wash the side and the tummy. (The facilitator mimes the actions of washing an elephant in front of them. For instance, you might move your hands and arms in small and large circles in front of you.) Now let’s wash down his front legs and then his back legs.”

Continue giving instructions on areas to wash the elephant

2. Fruit Picking

“Imagine that we are going to pick some fruit today. We are each standing underneath a huge tree with lovely, ripe apples (or other fruit) hanging from it. But the branches are quite high. So let’s stretch up with our right arm to try and pick the fruit.”

Facilitator stretches right arm above head, picking left heel off ground. Hold this position for 10 seconds.

“Great. Now let’s pick the fruit on our left side. Stretching our left hand all the way up above our heads to get to the fruit.”

Facilitator stretches left arm above head, picking right heel off ground. Hold this position for 10 seconds.

“Oh no! We have dropped some fruit. So let’s bend down with both arms and pick up the fruit.”

Facilitator tilts body forward from the hips, allowing the arms to dangle down the body. Hold this position for 10 seconds.

You can repeat the same instructions once more or modify them.

3. Yoga Stretches

Stand with feet together or hip width apart (in a circle or spread out in space). Interlock your fingers, palms facing down and stretch both arms downwards. Bring arms up above the head, stretching them towards the sky (keep fingers interlocked, palms facing upwards), like we are very tall trees.

Now we are going to be trees swaying in the wind. Let your upper body stretch over to the right side and bring it back to the middle. Let your upper body stretch over to the left side and bring it back to the middle

Softly twist your upper body to the right side (so you are facing the right side) and bring it back to the middle. Softly twist your upper body to the left side (so you are facing the left side) and bring it back to the middle.

Now let’s dive down to the ground like birds. Let your arms fall in front of you and reach them down to the floor. Reach down as low as you can go without it hurting. And slowly, very slowly, bringing your body back up. Rolling your back up and your arms until you are back standing again.

Keeping both heels on the ground, fingers interlocked and arms stretched out above the head, straight back pretend to sit on chair (buttocks will stick out backwards) and come back to middle. Repeat the whole sequence 2 times.

4. Heart Opener

Participants stand in a circle or with plenty of distance between the next person (more than an arm's length). Stand with your legs spread wide apart.

Slowly stretch arms outwards to the side. Have palms facing out like you are telling someone to stop, and so the wrists are bent.

Slightly arch back to open the chest. Hold for 5 seconds and release. Slowly bring the arms back to hug your chest (give yourself big hug).

Repeat 3 times



APPENDIX DE: HELPFUL HINTS (YOUTH SESSIONS)

The following are common problems participants can have with their home practice. Suggested ways of responding to and managing these problems is provided. However, always discuss participant difficulties with your supervisor.

Helpful Hints for HOME PRACTICE

Many participants might not have done their home practice. Read the following reasons for this problem and how you can respond.

Problem	Solution
Forgot to do their home practice	<p>It is important participants don't feel like they are in trouble for not doing their home practice.</p> <p>You may need to remind participants of the importance of home practice. If they want to see changes in how they feel and their problems, they have to practice the exercises. Practice makes permanent!</p> <p>You could use an analogy of learning to ride a bike or learning a new language. You can only get good at it by practicing it as much as possible</p> <p>Invite the group to think of ideas to help participants to remember to do their home practice. Ideas might include: writing notes around their room, asking someone to remind them (friend from the group, caregiver), plan to do it at a particular time on a particular day, coincide the activity with a meal</p>
Too busy	<p>Look at notes for managing problem above.</p> <p>Have the group help participants think about how to make time to do the activity. Ideas include: replace home practice with another activity they are doing that is less important, plan to do it at a particular time on a particular day when they know they have time, do it with a friend from the group</p>
Caregivers didn't let them	<p>Try to find out why the caregivers didn't let them do.</p> <ul style="list-style-type: none"> •• <u>Was it the whole activity or part of it?</u> •• <u>Did they not want them to do the activity at that time or in the place the participant chose to do it?</u>

	<p>•• <u> </u> Would the caregiver let them do it in a different way (e.g. if they were present, at a different time etc.)? Help the participant plan to do the activity again but in a way that respects the caregivers' concerns.</p> <p>You may choose to talk with the caregivers if it seems like they have misunderstood the activity.</p>
<p>Didn't understand how to do it</p>	<p>Be sure you do not criticize or embarrass the participant for having this problem.</p> <p>Review the exercise in a way that involves the whole group. For example, ask the group to explain the exercise, have other participants explain their home practice and how it related to the exercise, ask questions about the exercise to the whole group.</p> <p>Speak to the participant in the break or at the end of the session to make sure they understand the exercise better. This will minimize any embarrassment in front of their peers.</p>

Helpful Hints for **CATCHING UNDERSTANDING MY FEELINGS**

Problem	Solution
<p><u>Could</u> <u>Did</u> not <u>catch</u> <u>notice any feelings or could not identify</u> any feelings</p>	<p>Check whether there is a problem in understanding the exercise:</p> <ul style="list-style-type: none"> •• <u>Check</u> that the participant understands how to complete the feelings pot. •• <u>Check</u> that the participant can identify different feelings (e.g. sad, happy, angry, scared etc.). <p>Complete the feelings pot activity as a group. Ask participants to identify feelings they have experienced that day:</p> <ul style="list-style-type: none"> •• <u>How</u> did you feel when you first woke up? •• <u>How</u> did you feel at 10am (or when doing something, such as school?) •• <u>How</u> did you feel when you were eating lunch (or equivalent)? •• <u>How</u> did you feel walking to the group today? •• <u>How</u> do you feel right now? <p>Have participants colour in their feelings pot to show all the feelings they had today.</p>

Helpful Hints for CALMING MY BODY

Problem	Solution
The participant is too concerned about doing it right (e.g. keeping to the three seconds in and out, and breathing from their stomach).	Encourage the participant not to be worried about following the instructions exactly. Help the participant to understand that the main aim is simply to slow their breathing down in the way that best suits them, even if it means they are not keeping to the three counts or even if they are not breathing from their stomach. Once they have mastered how to slow their breathing down, they can try to use the counting or breathe from their stomach.
The participant cannot slow their breathing down when they are at the peak of their anxiety or stress.	Say to the participant that this would be very hard for anyone to do straight away. Spend some time helping the participant to identify early warning signs that they are beginning to feel anxious or stressed so they can start slow breathing earlier. If this is too difficult, help them schedule specific times throughout the day to practice slow breathing so they learn how to use it before they get too anxious.
Focusing on breathing makes the participant speed up their breathing and feels more anxious. They might also experience feelings of light-headedness, dizziness or feel they are losing control.	Remind them that these sensations are safe and they are not losing control. Encourage them to focus just on blowing all the air out (just the breathing out) and letting the in-breath come naturally (or by itself). Then they can return to focusing on the whole process of breathing (in and out). Help them focus on a ticking clock and breathe to the count of the clock rather than focus only on the breathing (or a musical beat in a song).

Helpful Hints for **CHANGING MY ACTIONS**

Guidelines for completing Changing my Actions:

1) Choosing an activity

- Activities do not only have to be physical activity (e.g. playing a sport or a game); they can include many forms of meaningful activity such as social activities (e.g. spending more time with someone); individual activities (e.g. drawing); or learning a new skill (e.g. learning how to do a new chore).
- Activities can include a) things participants used to enjoy doing but have stopped doing, b) activities they are already doing but would like to do more often or c) activities they have not done before but think they would enjoy
- Activities should always be safe, realistic and achievable
- Activities should not cause the participant or others more problems or harm
- Check that the participant will be allowed to do the activity (“Is this something you will be able to get permission to do?”)
- Oftentimes disasters, wars or community violence, or poverty damages the environment or particular places become unsafe etc. Check that the activity chosen is realistically possible for the participant to engage in (i.e. do they need resources they don’t have, do they need to travel when they cannot)
- Ideally, the first activity that they pick should be the easiest, or the most realistic, for them to successfully complete.

2) Breaking an activity down

- This step is very important. We want all participants to successfully complete their activity or part of it
 - Each step should be manageable and very easy for the participant to complete, so it is acceptable if they first step seems very small e.g. only doing an activity for 5 minutes, or completing a very small step of the activity.
 - Consider what they need to prepare before doing the activity
 - Consider whether they need to ask permission or ask for help to complete the activity first
 - Ask the participant to imagine they are completing the activity and tell you step by step what they have to do to prepare to do the activity and then complete it. Ask them to describe every step slowly
 - Breaking an activity down could mean breaking it down into different steps (e.g. first I complete this action; then the next step is the second action; and the final step helps the participant complete the activity in full).
- Or breaking an activity down could mean breaking it down by time (e.g. first they spend 10 minutes doing the activity; or they do the activity once per week; then moving to 20 minutes on the activity; or they go to do the activity twice per week).

3) Plan to do steps

- Help participants to decide exactly when they can do each step in order to complete the activity
- Help participants to think about how they will remember to do the steps.

- Participants do not have to complete the whole activity in the first week (i.e. they may only complete a few of the steps)

4) Repetition

- Encourage participants to repeat the steps or the activity as many times as possible during the week

- It is okay if they have to repeat the same step. Use discussion and home practice reviews to support participants who struggle to move onto their next planned step. Usually, it may be that the 'jump' from one step to the next step is too big- so one idea is to add another smaller step in.

- Practice makes permanent!

Example of Changing my Actions

Activity: To start singing again

<u>Steps:</u>	<u>When I will do the step:</u>
<u>1. Decide on some easy songs I can start singing again. Choose songs I already have or can easily get</u>	<u>In the group today</u>
<u>2. Talk about these songs with friends in the group and the facilitator. Talk about what I like about these songs and anything else I know about them</u>	<u>In the group today</u>
<u>3. Ask my father if I can play one of the songs at home</u>	<u>When we sit down to dinner tonight</u>
<u>4. Listen to one of the songs I have chosen</u>	<u>After washing up the dishes tonight</u> <u>Repeat this the following night if allowed (Thursday night)</u>
<u>5. Sing all or part of the song quietly to myself</u>	<u>While I am washing the dishes after dinner on Friday night</u> <u>While I am walking to the markets on Sunday</u> <u>5 minutes before going to bed on Monday</u>
<u>6. Sing the song while listening to it</u>	<u>After dinner on Tuesday night</u>

<u>Problem</u>	<u>Solution</u>
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GETTING ACTIVE

Problem	Solution
The participant didn't feel like doing the activity when it came time to	<p>First let participants know that this is a very common problem for people to have when they first start an activity</p> <p>Then do the following,</p> <ul style="list-style-type: none"> ● Show them the "inactivity cycle" ● Remind them that they will probably never feel like doing the activity while they feel sad or without energy, but this is what keeps the inactivity cycle going ● Remind them that they have to start doing some activity in order for their mood to improve. Once they do this they will start to feel like doing these things again but this takes time ● Review the activity that was chosen <ul style="list-style-type: none"> ○ Ask the participant what was difficult about starting this activity. Listen for clues that tell you it is too big an activity or that it wasn't broken down into small enough steps ● You can either break this activity down into smaller steps to help them get started ● Or you can choose an easier activity they can do ● NOTE: The pleasant activity can be something that is completed during the group (e.g. talk to someone in the break time)
<u>The participant didn't feel like doing the activity when it came time to</u>	<p><u>First let participants know that this is a very common problem for people to have when they first start an activity</u></p> <p><u>Then do the following.</u></p> <ul style="list-style-type: none"> ● <u>Show them the vicious cycle poster</u> ● <u>Remind them that they will probably never feel like doing the activity while they feel sad or without energy, but this is what keeps the inactivity cycle going</u>

	<ul style="list-style-type: none"> ● <u>Remind them that they have to start doing some activity in order for their mood to improve. Once they do this they will start to feel like doing these things again but this takes time</u> ● <u>Review the activity that was chosen</u> <ul style="list-style-type: none"> ○ <u>Ask the participant what was difficult about starting this activity. Listen for clues that tell you it is too big an activity or that it wasn't broken down into small enough steps</u> ● <u>You can either break this activity down into smaller steps to help them get started</u> ● <u>Or you can choose an easier activity they can do</u> ● <u>NOTE: The meaningful activity can be something that is completed during the group (e.g. talk to someone in the break time)</u>
<p>The participant forgot to do their activity or were unable to for other reasons (e.g., they became busy, other problems came up)</p>	<p>Invite the group to suggest ideas for remembering to do the activity (see also helpful hints for forgetting to do home practice)</p> <ul style="list-style-type: none"> ●● <u>What did participants who completed their Action Plans do to remind themselves?</u> ●● <u>What has worked in the past if they have had to remember to do something?</u> ●● <u>What might they suggest to a friend who needs to remember to do something?</u> <p>If other things distracted the participant from doing their activity, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> ●● <u>This is normal and happens to many participants</u> ●● <u>But distractions will often come up</u> ●● <u>Remind them that in order to feel better they will have to do their best to practice as much as possible between sessions</u> ●● <u>Discuss ways they might be able to prioritise practicing their activities in their daily lives'</u>
<p>The participant was unable to talk to someone because they did not know what to say or felt nervous</p>	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p> <p>Then have the participant rehearse this with you or another participant. You may have them do this several times until they feel confident.</p>
<p>Participants complain that their mood has not improved</p>	<p>This is very normal. Participants should not expect their mood to change dramatically in one week.</p>

	<p>Tell participants that feelings can be stubborn and often take some time to change. But they will eventually if they keep doing the activity over and over again</p> <p>It is important that you encourage participants to not give up because this will certainly cause their mood to stay the same or worsen</p>
The activity was too difficult for them to complete (i.e. it required too much help they didn't have, required money or other resources available to them)	Help the participant either break this activity down into an easier step to start with or a similar activity that does not require so much effort or resources (e.g. instead of playing soccer with a large group of kids they could kick a ball around with 1 or a few friends, watch soccer on a TV or watch other kids or adults play, practice soccer skills by themselves, help them to make a ball out of rubbish or old materials if they don't have one- this could also form an activity itself).
Participant did not have enough time to complete the activity.	<p>This might be because the activity takes up too much time. If so, help them to break the activity down into smaller steps that do not take so much time. This might mean they only complete part of the activity but this is better than not doing it at all.</p> <p>Or the participant may not have made time for the activity. If this is the case, help them to plan a specific day and time to do the activity and develop reminders so they do not forget.</p>
Participant did not have permission to do the activity (e.g. from their caregivers).	<p>See suggestions for example in home practice problems.</p> <p>Help the participant to think of a different activity they think their caregivers would let them do. You might be able to organise a time to talk with the participant's caregivers and discuss their concerns and help them think of activities their participant could participate in.</p>

Example of Getting Active

Activity: To start singing again

Note for facilitators on responding to participants that may be avoiding an activity due to feeling scared, worried or fearful:

You might notice some participants feel scared or worried about doing an activity. Or some participants might talk about avoiding doing activities because of fear.

This might be because they have had a negative experience with this activity, or a place or person in the past. Sometimes without really meaning to some people will try to avoid doing things because they are worried they will make a mistake or embarrass themselves. And sometimes people have a fear of something even though nothing bad has happened in that situation. Common examples include being afraid of the dark, being on their own, making friends, doing a new activity or sport, sitting an exam or talking in front of a group of peers.

When we feel scared it is often because we believe something bad will happen (e.g. we will get hurt, embarrass ourselves) and our bodies will respond to help protect us.

People often avoid the thing they are scared of to cope with these feelings. In some circumstances this is very helpful. For instance, you probably wouldn't drive on the wrong side of the road, walk alone in the dark in an unsafe area or go into a tall building just after an earthquake. These are all examples of *helpful avoidance* that most people would do.

But, sometimes people will avoid situations, places or people that are mostly safe. This would be *unhelpful avoidance*. Of course, not everything is 100% safe but facilitators need to decide whether the participant's avoidance is helpful or unhelpful. It will be unhelpful avoidance if for example, most people the participant's age and gender, engage in that activity without something terrible happening to them. To help make this decision, you can ask participants if any of their friends or siblings would engage in that activity or not. Or if you are fairly certain the thing the participant fears happening will not happen.

Only if a participant wants to start doing an activity again but they feel fearful, will you help them gradually face it again. A participant should never feel pressured into doing an activity they do not want to do.

The steps to help a participant face a feared activity are the same as previously described for **Changing my Actions**.

1. Choose the specific activity they would like to be able to do again (e.g. walk to school by myself, ask the teacher a question in class, go to the markets with my mother)
2. Make sure the activity is relatively safe for the participant to engage in this activity again (i.e. the chances of them being harmed is very low- think about their age and gender and what has happened in the past when they have done this activity)
3. Help them to *gradually* do the activity: break the activity down into very small and easy steps for them to complete. The first step to re-engaging in the activity should be something they only feel a little bit nervous about. Things you can vary to make the step less or more scary or difficult:
 - Having someone do the activity with them initially (e.g. sibling, friend, or caregiver)
 - The time of day they can do the activity (e.g. daylight when there are a lot of people around)
 - How long they have to stay in the situation (e.g. shorter time to begin with)
 - Their level of participation in the activity (e.g. just watching others do the activity first)

4. Have them repeat that same step a few times until they are no longer scared of it before moving on to the next step.

Example of Changing my Actions when participant is scared of doing activity

Activity: Asking kids I don't know well in my street whether I could play with them. I am scared they will say no and I will feel embarrassed.

<u>Steps:</u>	<u>When I will do the step:</u>
1. Decide on some easy songs I can start singing again. Choose songs I already have or can easily get	In the group today
2.1. Talk about these songs with friends in the group and the facilitator. Talk about what I like about these songs and anything else I know about them	In the group today
3.1. Ask my father if I can play one of the songs at home	When we sit down to dinner tonight
4.1. Listen to one of the songs I have chosen	After washing up the dishes tonight Repeat this the following night if allowed (Thursday night)
5.1. Sing all or part of the song quietly to myself	While I am washing the dishes after dinner on Friday night While I am walking to the markets on Sunday 5 minutes before going to bed on Monday
6.1. Sing the song while listening to it	After dinner on Tuesday night

Example of Getting Active when participant is scared of doing activity

Activity: Asking kids I don't know well in my street whether I could play with them. I am scared they will say no and I will feel embarrassed.

<u>Steps:</u>	<u>When I will do the step:</u>
1. Plan what I can say to them with the group and facilitator	In the group today

DO NOT DISSEMINATE WITHOUT WRITTEN PERMISSION

DO NOT PUT ON INTERNET

2. Practice asking this question with friends in the group and facilitator	In the group today
3. Tell my mother about this activity and my plan. Tell her what I plan to say to them	When I get home from the group this afternoon
4. Go out to the street and watch them play. Smile and say hi to them if they look at me	The next 2 afternoons (Thursday and Friday at 4pm)
5. Go out to the street and approach them before they start playing. Say hi and ask my question	Saturday afternoon

Helpful Hints for ~~STOP, THINK, GO~~MANAGING MY PROBLEMS

<u>Problem</u>	<u>Solution</u>
The participant forgot to carry out their plan or they were unable to for other reasons (e.g., they became busy, they had work, other problems came up)	See suggestions from Home Practice and Getting Active <u>Changing my Actions</u> tables
The participant was unable to talk to someone because they did not know what to say or felt nervous	See suggestions from Getting Active <u>Changing my Actions</u> table
The participant's problem did not change or worsened after they carried out their idea	<p>In this situation, first let them know that sometimes this can happen but it might not be because they did anything wrong or because Stop, Think, Go<u>Managing my Problems</u> does not work</p> <p>Then do the following,</p> <ul style="list-style-type: none"> ●● <u>Get</u> as much information about what the participant did and what happened <ul style="list-style-type: none"> ○ You might be able to identify what went wrong from listening to details ○ You might find out that the problem they are wanting to solve is not solvable and they need to choose another problem (e.g., if the solution to the problem relies on another person changing their behaviour) ●● <u>Invite</u> the participant to first guess what they think went wrong ●● <u>Then</u> invite other participants to suggest what might have gone wrong or what did not go as planned ●● <u>Decide</u> whether the problem is still solvable or unsolvable ●● <u>If</u> still solvable, go back to step 1 and make sure the problem has been defined as specifically as possible

	<ul style="list-style-type: none"> •• Go to step 2 and ask the group to think of as many possible solutions to the problem •• Ask the participant and the group to choose the best solution (step 3) •• Ask the group to develop a new plan to help the participant carry out the idea (be sure to break this plan down into very easy, concrete steps) •• Help the participant decide when they will carry it out
The chosen problem was too big	<p>Big problems are hard to manage!</p> <p>It is important to help participants choose a problem that is manageable. Sometimes this means breaking down the problem into smaller parts and just choosing one of these parts to work on.</p>

APPENDIX **EF**: YOUTH SESSION SUMMARY SHEETS

The following are summaries of the key steps for each session. All of these steps should be followed in this order. When facilitators have completed several groups and have memorised the content of each of the major steps, they may use these summary sheets in the sessions, rather than read from the full manual.

SESSION 1: UNDERSTANDING MY FEELINGS

6. UNDERSTANDING COMMON PROBLEMS	YES	NO
7. UNDERSTANDING PERSONAL STRENGTHS	YES	NO
STEPS	DID YOU COMPLETE THIS STEP? (Circle yes or no)	
1. INTRODUCTIONS	YES	NO
2. GROUP GUIDELINES	YES	NO
3. STORY	YES	NO
4. UNDERSTANDING MY FEELINGS 1. Externalising feelings activities	YES	NO
5. IDENTIFYING PERSONAL FEELINGS 1. Feelings pot	YES	NO
8.6. ENDING THE SESSION	YES	NO
•• Summarise session 1	YES	NO
•• Set home practice	YES	NO
•• Strengths activity	YES	NO

SESSION 2: CALMING MY BODY

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME: Feelings Charades	YES	NO
2. REVIEW SESSION 1	YES	NO
3. REVIEW HOME PRACTICE	YES	NO
4. FEELINGS AND MY BODY •• <u> </u> Body Map activity	YES	NO
5. CALMING MY BODY •• <u> </u> Helpful coping exercises	YES	NO
•• <u> </u> Slow breathing exercise	YES	NO
6. ENDING THE SESSION •• <u> </u> Summarise session 2	YES	NO
•• <u> </u> Set home practice	YES	NO
•• <u> </u> Strengths activity	YES	NO

SESSION 3: ~~GETTING ACTIVE~~ CHANGING MY ACTIONS PART 1

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. REVIEW SESSION 2	YES	NO
3. REVIEW HOME PRACTICE	YES	NO
4. FEELINGS AND ACTIONS •• <u>The Tired Vicious</u> Cycle	YES	NO
5. GETTING ACTIVE		
5. <u>CHANGING MY ACTIONS</u>	YES	NO
•• <u>Teach</u> 4 steps (choose, break down, plan and repeat)	YES	NO
•• <u>Improve</u> <u>Plan a</u> personal activity		
6. ENDING THE SESSION	YES	NO
•• <u>Summarise</u> session 3	YES	NO
•• <u>Set</u> home practice	YES	NO
•• <u>Strengths</u> activity	YES	NO

SESSION 4: ~~GETTING ACTIVE~~ CHANGING MY ACTIONS PART 2

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. REVIEW SESSION 3	YES	NO
3. REVIEW HOME PRACTICE		
•• <u>Calming my body</u>	YES	NO
•• <u>Getting Active</u> <u>Changing my Actions</u>		
4. CONTINUE GETTING ACTIVE <u>CHANGING MY ACTIONS</u>	YES	NO
•• <u>Improve</u> <u>Plan a</u> personal activity		
5. ENDING THE SESSION	YES	NO
•• <u>Summarise session 4</u>	YES	NO
•• <u>Set home practice</u>	YES	NO
•• <u>Strengths activity</u>	YES	NO

SESSION 5: ~~STOP, THINK, GO~~ MANAGING MY PROBLEMS PART 1

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. REVIEW SESSION 4	YES	NO
3. REVIEW HOME PRACTICE	YES	NO
•• <u>Calming my body</u>	YES	NO
•• <u>Getting Active</u> <u>Changing my Actions</u>	YES	NO
4. STOP, THINK, GO		
4. <u>MANAGING MY PROBLEMS</u>	YES	NO
•• <u>Stop, Think, Go</u> lights <u>steps</u> (3 steps)		
5. STOP, THINK, GO		
•• Solving each other's problems	YES	NO
5. <u>MANAGING MY PROBLEMS</u>	YES	NO
•• <u>Solving a personal problem</u>		
6. ENDING THE SESSION	YES	NO
•• <u>Summarise session 5</u>	YES	NO
•• <u>Set home practice</u>	YES	NO
•• <u>Strengths activity</u>	YES	NO

SESSION 6: ~~STOP, THINK, GO~~ MANAGING MY PROBLEMS PART 2

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
7.1. WELCOME	YES	NO
8.2. REVIEW SESSION 5	YES	NO
9.3. REVIEW HOME PRACTICE		
• Getting Active	YES	NO
• Stop, Think, Go <u>Changing my Actions</u>	YES	NO
• <u>Managing my Problems</u>		
10.4. <u>CONTINUE STOP, THINK, GO</u> <u>MANAGING MY PROBLEMS</u>		
• <u>Activities: Thinking of ideas, Choosing an idea, and Steps needed to carry out the idea</u>	YES	NO
• Solving a new problem	YES	NO
• Optional activities (Thinking of ideas and Choosing an idea)		
11.5. PREPARING FOR THE END OF THE PROGRAMME	YES	NO
12.6. ENDING THE SESSION	YES	NO
• <u>Summarise session 6</u>	YES	NO
• <u>Set home practice</u>	YES	NO
• <u>Strengths activity</u>	YES	NO

SESSION 7: BRIGHTER FUTURES

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. REVIEW HOME PRACTICE	YES	NO
3. BRIGHTER FUTURES: •• Responding to future problems	YES	NO
4. ENDING THE PROGRAMME •• Finish Strengths Activity	YES	NO

APPENDICES FOR CAREGIVER SESSIONS

APPENDIX FG: HELPFUL HINTS (Caregiver Sessions)

Helpful Hints for RUNNING A LARGE GROUP

In situations where both caregivers of a child attend a group, this may possibly mean running a group with up to 24 caregivers. In such cases, it may be necessary to consider the following:

Group size/ additional facilitator(s)	It may be helpful to consider breaking the group into two smaller groups across the sessions or alternatively forming another group if additional facilitators are available.
Group discussions	It may be helpful to consider breaking the larger group into two smaller groups, so that one facilitator can run one group discussion each.
Gender	You need to be aware of and respectful of any gender differences that may impact on group participation and dynamics. For example, you may decide that it would be helpful to have fathers and mothers in the same smaller group.
Caregivers versus caregivers	You need to be aware of and respectful of any caregiver background differences that may impact on group dynamics. For example, you may decide that it would be helpful to have caregivers, such as a grandparent, seated next to a caregiver.
Timing	In situations where the large group continues to run, it may be necessary to consider either extending the duration of sessions or consider covering the content of a one session across two sessions to ensure that all caregivers are able to actively participate in the sessions.

Helpful Hints when EXPLAINING THAT PHYSICAL DISCIPLINE IS NOT HELPFUL

Always discuss any concerns you may have about this topic with your supervisor.

When discussing the discontinuation of physical discipline, such as hitting, threatening, beating or locking up a child and the use of harsh discipline, such as yelling or screaming at a child, consider the following:

<p>What to do if a caregiver disagrees with you and thinks physical or harsh discipline is acceptable</p>	<p>There may be situations where a caregiver disagrees about stopping the use of physical or harsh discipline. Different countries and cultures have different rules about acceptable caregiver practisespractices. In some countries, it may still be socially acceptable and legal for corporal punishment to continue in the home. Corporal punishment refers to hitting, punching, kicking or beating a child.</p> <p>In the group consider asking the caregivers to reflect about the methods of discipline they experienced as children and how this made them feel. It is better for caregivers to have this reflection privately and not share their personal childhood history.</p> <p>Explain the consequences of continued physical and harsh discipline (see below). Next, in the group, ask caregivers to share and brainstorm alternative methods used to discipline (that do not involve the use of physical or harsh discipline.) Discuss the outcomes of using these alternative methods (see below if needed). <i>If you remain concerned about any caregivers, talk to them individually and discuss further with your supervisor.</i></p>
<p>Consequences of continued physical and harsh discipline³²</p>	<p>Physical: i.e. bruising, lacerations, brain damage, fractures, disability</p> <p>Psychological and behavioural: i.e. can lead to the child using alcohol and drugs, thinking impairments, greater emotional difficulties, feelings of shame and guilt, poor self-esteem, difficulties with eating and sleeping, difficulties with relationships and school performance, and the child becoming violent.</p>
<p>What to suggest if a caregiver asks about other ways to discipline their child</p>	<ul style="list-style-type: none"> • Devise 'home' rules with the child and make sure the child and caregiver understand the rules. • Ignore silly or harmless behaviours by the child. E.g. this could be the child talking too loudly or speaking without the use of the manners. • Respond calmly to the behaviour and explain what you would like the child to stop doing and instead what you would like the child to do. E.g. "Please stop yelling at me, I want you to try and talk to me using a calm voice."

³² (WHO, 2006) World Report on violence and health, Chapter 3, Child abuse and neglect by parents and other caregivers

	<ul style="list-style-type: none">• Use of logical consequences, e.g. the child has to help clean up/ fix something that they damaged.• Loss of privileges or rewards.
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Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN CAREGIVERS TRY TO ASSIST THEIR CHILD WITH THE EASE YOUTH EXERCISES

The following are common problems caregivers may experience when trying to support boost their child's [practiseppractice](#) and use of the EASE youth exercises. Here are some suggested ways of responding.

Problem	Solution
The child doesn't want to talk to their caregiver about the exercises	<p>Invite the group to share ideas about how to manage this problem. If needed suggest caregivers' try to use the active listening skills and gently ask their child if they would be willing to share why they don't want to talk about the exercises. Respect the child's choice and privacy in their learning of the exercises if this remains their wish. Ask the caregiver to communicate support for the child and describe their willingness to be there and help, if the child would like this.</p> <p>Ask the caregiver to show support in other ways such as: continue to ask the child to spend quality time together; continue to show interest in the child in other areas of their life; continue to praise their efforts; communicate concern that it must be very difficult for the child to share how they are feeling about the exercises; and to continue to communicate their love for their child- whatever the outcome.</p>
The child doesn't understand how to do the exercise	<p>Ask the caregiver to communicate support for the child and describe their willingness to be there and help, if the child would like this. Ask the caregiver to use the active listening skills when asking the child to explain further which part of the exercise they don't understand. Ask the caregiver to suggest to the child that they speak to their group facilitator about this.</p> <p>Tell the caregiver to continue to praise their efforts in trying to learn a new skill, and to communicate concern that it must be very difficult for the child to share their challenges with this exercise; and to continue to communicate their love for their child- whatever the outcome.</p>
The child feels like they don't have time to do the exercise.	<p>Have the group help caregivers think about how the child could possibly make time to do the activity. Ideas include: replace home practiseppractice with another activity they are doing that is less important, plan to do it at a particular time on a particular day when they know they have time.</p>
The child appears to lack motivation or energy	<p>Tell the caregiver to respect the child's choice and privacy in the application and learning of the exercises. For example, it is important that the caregiver doesn't communicate any negative judgment about the child's completion (or not) of the home practiseppractice exercises.</p>

	<p>Ask the caregiver to communicate support for the child and describe their willingness to be there and help, if the child would like this. Ask the caregiver to show support in other ways such as: continue to ask the child to spend quality time together; continue to show interest in the child in other areas of their life; continue to praise their efforts; and to continue to communicate their love for their child- whatever the outcome.</p>
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Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN TRYING TO BOOST A CHILD'S CONFIDENCE

The following are common barriers caregivers may experience when trying to boost their child's confidence and show interest to the child more often. Suggested ways of responding to and managing these barriers is provided. However, always discuss caregiver difficulties with your supervisor.

Problem	Solution
Too busy	Have the group help caregivers think about how to make time to do the activity. Ideas include: replace home practise <i>practice</i> with another activity they are doing that is less important, or plan to do it at a particular time on a particular day when they know they have time.
Forgetting to do it	<p>You may need to remind caregivers of the importance of showing interest in their child more often. If they want to see changes in how their child feels, they have to practise the strategies.</p> <p>You could use an analogy of learning to ride a bike. You can only get good at it by practising it as much as possible.</p> <p>Invite the group to think of ideas to help caregivers to remember to show their child interest more often. Ideas might include: writing themselves notes or reminders in their mobile phones, asking someone to remind them, plan to do it at a particular time on a particular day, coincide the activity with a meal</p>
Lack of motivation or energy	<p>You may need to remind caregivers of the importance of showing their child interest more often. If they want to see changes in how their child feels, they have to practise the strategies.</p> <p>Remind caregivers that it will likely become easier and more enjoyable to do once they start using this strategy.</p>

Helpful Hints on CAREGIVER HOME **PRACTISEPRACTICE**



The following are common problems caregivers can have with their home **practiseppractice**. Suggested ways of responding to and managing these problems is provided. However, always discuss caregiver difficulties with your supervisor.

Problem	Solution
Forgot to do their home practise	<p>It is important caregivers don't feel like they are in trouble for not doing their home practiseppractice.</p> <p>You may need to remind caregivers of the importance of home practiseppractice. If they want to see changes in their child and themselves, they have to practise the strategies.</p> <p>You could use an analogy of learning to ride a bike. You can only get good at it by practicing it as much as possible.</p> <p>Invite the group to think of ideas to help caregivers to remember to do their home practiseppractice. Ideas might include: writing notes around their room, asking someone to remind them, plan to do it at a particular time on a particular day, or coincide the activity with a meal.</p>
Too busy	<p>Have the group help caregivers think about how to make time to do the activity. Ideas include: replace home practiseppractice with another activity they are doing that is less important, or plan to do it at a particular time on a particular day when they know they have time.</p>
Didn't understand how to do it	<p>Be sure you do not criticize or embarrass the caregiver for having this problem.</p> <p>Review the strategy in a way that involves the whole group. For example, ask the group to explain the strategy, have other caregivers explain their home practiseppractice and how it related to the strategy, ask questions about the strategy to the whole group.</p> <p>Speak to the caregiver at the end of the session to make sure they understand the strategy better. This will minimize any embarrassment in front of their peers.</p>

APPENDIX **GH**: CAREGIVER SESSION SUMMARIES

The following are summaries of the key steps for each session. All of these steps should be followed in this order. When facilitators have completed several groups, and have memorised the content of each of the major steps, they may use these summary sheets in the sessions, rather than read from the full manual.

SESSION 1: UNDERSTANDING SADNESS, WORRY AND STRESS

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. <u>WELCOME AND</u> INTRODUCTIONS	YES	NO
<u>2. REVIEW OF THE PROGRAMME</u>	<u>YES</u>	<u>NO</u>
<u>2.3.</u> GROUP GUIDELINES	YES	NO
<u>3.4.</u> CAREGIVER STRENGTHS	YES	NO
<u>4.5. CAUSES AND COMMON</u> SIGNS OF SADNESS, WORRY AND STRESS IN CHILDREN	YES	NO
<u>5.6.</u> EASE YOUTH EXERCISES REVIEW		
<ul style="list-style-type: none"> • <u>Understanding my</u> <i>How to identify their feelings</i> • <u>Calming my</u> <i>How to calm their body: with slow breathing</i> • Getting active • <u>Stop, think, go (problem solving)</u> <i>How engaging in meaningful activity can improve feelings</i> • <u>How to solve practical problems.</u> • 	<p>YES</p> <p><u>YES</u></p> <p>YES</p> <p>YES</p>	<p>NO</p> <p><u>NO</u></p> <p>NO</p> <p>NO</p>
6. IDENTIFYING PERSONAL FEELINGS	YES	NO
7. RESPONDING TO FEELINGS		
<ul style="list-style-type: none"> • <u>Group activity</u> • Active listening • Communicating concern • Calming my body: slow breathing 	<p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p>

8. QUALITY TIME

- Brainstorm and problem solve barriers

YES

NO

~~8.~~**9. ENDING THE SESSION**

- Summarise

YESNO

- Home practice

YESNO~~9.~~~~SESSION 1: UNDERSTANDING SADNESS, WORRY AND STRESS~~

SESSION 2: BOOSTING CONFIDENCE

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. <u>2.</u> REVIEW HOME PRACTICE <ul style="list-style-type: none"> Review Session 1 <u>Quality time & active listening</u> <u>Slow breathing</u> <u>Identifying caregiver strengths</u> 	YES <u>YES</u> <u>YES</u>	NO <u>NO</u> <u>NO</u>
3. <u>3.</u> EASE YOUTH EXERCISES REVIEW <ul style="list-style-type: none"> Understanding my <u>How to identify their feelings</u> Calming my <u>How to calm their body: with slow breathing</u> Getting active <u>Stop, think, go (problem solving)</u> <u>How engaging in meaningful activity can improve feelings</u> <u>How to solve practical problems.</u> • 	YES YES YES YES	NO NO NO NO
4. CHILDREN'S STRENGTHS	YES	NO
5.4. <u>5.4.</u> BOOSTING CONFIDENCE <ul style="list-style-type: none"> <u>Role-play x 2 (showing interest)</u> <u>Brainstorm and problem solve barriers</u> • 	YES	NO
<u>5.</u> CHILDREN'S STRENGTHS <ul style="list-style-type: none"> <u>Brainstorm strengths</u> 	<u>YES</u>	<u>NO</u>

6. PRAISE

<u>6.</u> <u>Praise statements</u>	YES	NO
• <u>Caregiver experience</u>	YES	NO
• <u>Story</u>	YES	NO
• <u>Role-play x 2 (giving praise)</u>	<u>YES</u>	<u>NO</u>
• <u>_____</u>		

6. ALTERNATIVES TO PHYSICAL PUNISHMENT

• <u>Story</u>	<u>YES</u>	<u>NO</u>
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7. ENDING THE SESSION

• <u>Summarise</u>	<u>YES</u>	<u>NO</u>
• <u>Home practice</u>	<u>YES</u>	<u>NO</u>
• <u>Slow breathing</u>	YES	NO

7.

SESSION 3: CAREGIVER SELF-CARE AND BRIGHTER FUTURES

STEPS	DID YOU COMPLETE THIS STEP?	
	(Circle yes or no)	
1. WELCOME	YES	NO
2. <u>2.</u> REVIEW HOME PRACTICE		
• Review Session 2 <u>Boosting confidence</u>	<u>YES</u>	<u>NO</u>
• <u>Praise</u>	YES	NO
3. <u>3.</u> EASE YOUTH EXERCISES REVIEW		
• Understanding my <u>How to identify their feelings</u>	YES	NO
• Calming my <u>How to calm their body with slow breathing</u>	YES	NO
• Getting active	YES	NO
• Stop, think, go (problem solving) <u>How engaging in meaningful activity can improve feelings</u>	YES	NO
• <u>How to solve practical problems.</u>		
•		
4. <u>4.</u> CAREGIVER CHALLENGES AND SELF-CARE		
• <i>Story and group discussion</i>	YES	NO
• <i>Pair discussion</i>	YES	NO
• <i>Group discussion</i>	YES	NO
<u>5.</u> REVIEW CAREGIVER SESSIONS		
• <u>Story and group discussion</u>	<u>YES</u>	<u>NO</u>
• <u>Pair discussion</u>	<u>YES</u>	<u>NO</u>
• <u>Group discussion</u>	YES	NO
5.		
<u>6.</u> BRIGHTER FUTURES		
6. • <u>Warning signs</u>	YES	NO

7. ENDING THE GROUP

~~7.~~ ● *Slow breathing*

YES

NO