

## **Early Adolescent Skills for Emotions**

### ***Training of Facilitator's Manual***

*To accompany the EASE intervention manual: 'Early Adolescent Skills for Emotions: Group psychological help for young adolescents impaired by distress in communities exposed to adversity'*

*To be accompanied by the EASE Training of Facilitator's Appendices*

## **EASE TRAINING MANUAL: INTRODUCTION TO THE TRAINING MANUAL**

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# **EASE TRAINING MANUAL: INTRODUCTION TO THE TRAINING MANUAL**

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## Training Notes

### How to use this manual

This manual is written as a guide for delivering eight-day training to lay-counsellors (called 'facilitators' in EASE), without any mental health experience. There is content provided for optional training days if trainers wish to hold 'full facilitation practice days'.

Trainers should use their judgment to modify the training in a way that suits their facilitators. For instance, you can modify the proposed schedule (the 'when'), and the suggested training methods for different activities, (the 'how'). However, it is important that the content (the 'what') remains the same, to strengthen reliability and fidelity to the research.

The manual includes varied training approaches, including presentations, active discussions, role plays, and group and individual activities. As the trainer you may choose which approaches you prefer. However it is recommended you regularly change the teaching approach to cater for all types of learners and to keep the training active and interesting. Secondly, we recommend that you use more active forms of teaching, such as role plays, as these best facilitate learning.

Throughout this manual, the terms trainees, participants and facilitators are used interchangeably to refer to the facilitators taking part in the training.

### Appendices

The appendices which accompany this training manual are provided in a separate document and **are essential** to use alongside this training manual.

### Schedule

Do the training according to the local hours. Trainers could do shorter days over a long period of time e.g. 16 half days versus 8 full days. It is important to not have too much of a gap between any days of training e.g. no more than 3-4 days ideally. If there is a gap, then it is important that time is made for a re-cap of previous days before continuing on with the training.

### Materials

Materials (in particular the EASE Facilitator's Manual) will be shared with participants at least one week before the classroom training so that participants can familiarise themselves with the intervention.

### Key Concepts

Each training topic has a key concept. These are the main ideas that will be taught (e.g. the rationale or aims for a strategy). The trainer must ensure all participants understand the key concepts for each training topic.

### Discussions

Discussions are important tools for learning. However, for all participants to benefit from discussions the trainer must try to include all participants and different opinions and ideas. Text in *italics* is what is said the group- either the question/s or a summary of the key concepts to be shared with the group.

### Preparing for the training

To help the training run smoothly it is important to be well prepared. The following is a checklist of things to consider in preparation.

### Venue

- Access to venue, including nearby bus or train stations, parking, washroom facilities, etc.

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- Suitable temperature and lighting in training room with opportunity to darken room if using projector or screen

### **Setting up the room**

- Consider how to set up the room to encourage participation and comfort.
- Make sure there is enough space to conduct multiple role plays at once (for example, small groups of facilitators), or additional rooms for people to use.
- Place a clock visible to all.

### **Materials**

- Printed copies of training handouts and manuals. The training manual appendices will need to be printed separately. Make sure to check how many you need based on number of participants- and whether these are for trainers only, or for participants.
- Decide whether to share the EASE Facilitator's Manual, Storybook, Workbook and Posters/Handouts to participants in advance of the training, or on the first day of training
- Pens or pencils.
- Whiteboard or flip chart paper with stand.
- Markers.
- Computer and projector if using power point slides and videos.
- Preparing what you need in advance for that day of training. For example you may wish to prepare certain materials in advance such as writing out the learning objectives.

### **Breaks and Lunches**

- Trainers should organise breaks and lunches to suit their training day. If doing a full day of training there should be one break in the morning and one in the afternoon (approximately 15 minutes each) and between 45-60 minutes for lunch.

### **Other**

- Preparation of snacks, water, tea and coffee or meals if these will be provided.
- Consider if you require an additional person to support you with time management, organization of meal times, or to write down key points from discussion groups on the board or flip chart.
- Group management skills, communication and rapport between trainer and co-trainer needs to be excellent so that everything runs smoothly and on time.

### **Key points for training**

- At least two trainers are recommended to lead the trainings.
- Do not spend more than 20 minutes talking or teaching at one time. After 20 minutes introduce a role play, activity or discussion.
- Time spent on each activity will largely depend on the group (for example, size, how talkative they are, how quickly they learn the material and concepts).
- Avoid using complicated psychological terms as many facilitators may not understand these.

### **Conducting role plays and experiential learning**

There are three types of role plays/facilitation practices you can conduct in the training. Try to use all types

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1. Demonstration role plays or demonstration facilitation practice (trainers act as facilitators to demonstrate how to deliver a strategy)
2. All participants role plays (to practice delivering strategies through example role plays)
3. Facilitation practices (trainees role-play as facilitators to demonstrate how to deliver a strategy)

**Demonstration role play/ demonstration facilitation practices.** Demonstration role plays are where the trainers act as facilitators to demonstrate how to deliver an EASE strategy. For each demonstration role play the trainees are instructed to act as a group of either adolescent or caregiver participants.

The co-trainer should join the trainees in giving feedback on the demonstration role play. Giving feedback to the demonstration role play serves several purposes:

- 1- Keeps the trainees actively engaged and reflecting on what they learned from the demonstration role-play, rather than just passively observing the trainer do a role play.
- 2- To model/demonstrate to trainees how to give feedback to each other during facilitation practices in order to maximise the opportunity for learning
- 3- Sometimes it can be helpful to demonstrate a role play twice, to demonstrate the differences between poor use of skills and common facilitator errors (for example, giving advice to the participant) and good use of skills. This can help trainees learn what to avoid when delivering a strategy.
- 4- Alternatively, during the feedback of the demonstration role plays if parts of the strategy were not demonstrated well enough, trainers may nominate themselves things that they could have improved.

**All participant role plays.** All participants practise a particular EASE strategy or related skill. Trainers roam and give feedback. Encourage trainees to imagine they are experiencing the situation and reactions described in the case examples, so they can respond to any questions and suggestions more realistically. Instruct those role playing as EASE participants not to provide answers too easily to their facilitators. They should try to pretend to forget what they know about EASE. On the other hand, they should also not be too difficult for their facilitator. This can be frustrating and interfere with the learning.

**Facilitation practices.** Throughout the training, participants will practice delivering sections of the EASE intervention throughout training. On Day 1, participants will be allocated to facilitation practices throughout the 8 days of training.

The aims of adopting this format is to:

- a) give facilitators the opportunity to experience delivering small sections of the EASE intervention to gradually develop their skills and confidence in delivering the full intervention
- b) give facilitators the opportunity to experience the intervention as a participant
- c) give facilitators the opportunity to learn from each other- normalizing that different facilitators may have different approaches/styles etc.
- d) improve their motivation for being a facilitator
- e) foster a greater understanding of their participants' challenges in completing the intervention and therefore greater empathy
- f) equip them to manage personal stressors which may prevent burn out.

This format can cause confusion as it may be quite different to anything that facilitators may have experienced before. So it is your job as the trainer to prepare facilitators for their facilitation practices and support them to get as much out of the experience as possible.

### **Important information!**

NOTE that the page numbers which are referenced throughout this manual and for the facilitation practices provide the page numbers for the English EASE Facilitator's Manual. It will be important for the page numbers to be adjusted to the local translated version. This is something that trainers can prepare in advance.

### **Your role as a trainer**

Your role as a trainer is to:

1. Improve the skills and knowledge of facilitators so they can competently deliver EASE.
2. Fill facilitators with confidence to competently deliver EASE.
3. Assess the before and after training competency of facilitator's

By the end of the classroom training, facilitators will not be 100% confident in delivering EASE. You might reflect on your feelings by the end the training you participated in. It is likely that you knew a lot more about EASE and how to deliver it, but you may have still been feeling nervous about delivering it with participants. That is why practice cases are so important. Facilitator's will also have an opportunity to practice their skills when they complete the in-field training. In regards to the second aim, be careful about how your delivery of the training can influence facilitator's confidence. For instance, be careful not to jump in and correct facilitator's immediately. Instead, give them the opportunity to correct their own mistakes or even ignore minor errors for the sake of preserving their confidence. Also remind yourself of the key steps to providing feedback to facilitator's- namely, always being affirming (positive, encouraging, identifying what the facilitator did well) first!

### **Support and supervision**

Part of your role as a trainer may also include supervising facilitator's when they begin delivering EASE. Facilitator's should receive weekly group supervision as well as on demand support (for example if they require urgent supervision regarding a participant's safety). Weekly supervision will comprise discussing the progress of their participants, challenges they are experiencing in the EASE sessions, self-care and continued focus on training to improve facilitator's competency and confidence in delivering EASE. As a trainer, you will also be supported with supervision when delivering the training to facilitator's/

## EASE TRAINING MANUAL: DAY ONE

### DAY ONE

<b>DAY 1 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand the overall training structure</li> <li>• Understand causes of and reactions to problems</li> <li>• Introduced to the EASE Materials</li> <li>• Understand the research process</li> <li>• Understand the training methods and know how to provide helpful feedback</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30	Activity 1: Introductions	Flipchart paper and pen for the Learning Objectives	
30	Activity 2: Introduction to training	Training Format Poster (Appendix 1)  Classroom Training Schedule (Appendix 2)  LEBANON ONLY: STRENGTHS Pre-training self-assessment (Appendix 3)  Flipchart paper and pen for the Parking Lot  Flipchart paper and pen for Group Rules	
30	Activity 3: Adolescent mental health problems: causes and contributors	LEBANON ONLY: MHPSS Glossary (Appendix 4)  Common Causes Handout (Appendix 5)	
30	Activity 4: Adolescent reactions to problems	Flipchart paper and pen (for trainer)  Symptoms Handout (Appendix 6)	
30	Activity 5: Case study exercise	Case Studies Handout (Appendix 7)  Paper and pens (for small groups)	
45	Activity 6: Overview of EASE structure and materials	EASE Facilitator Manual (and appendices)  EASE Storybook  EASE Workbook  EASE Youth and Caregiver Posters and Handouts	



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30	Activity 7: Research	Research Process (Appendix 8)	
40	Activity 8: Training methods and providing feedback	Steps for Helpful Feedback (Appendix 9) Steps for Facilitation Practice (Appendix 10) Facilitation Practice Allocation Form (Appendix 11)	APPENDIX D: ACTIVITIES AND GAMES
60	Activity 9: General pre-training assessment	General Competency Role Plays (Appendix 12) General Competency Rating Form (Appendix 13) (for trainers only)	
15	Activity 10: Ending	Daily Reflection and Feedback Forms (Appendix 14)	

## **Activity 1: Introductions (30 minutes)**

**Materials:**

- Flipchart paper and pen for the Learning Objectives

1. Welcome participants.
  - a. Acknowledge efforts made in attending the training – for example taking time away from other work responsibilities, family and other commitments.
  - b. Highlight that by attending this training, they are making an important commitment towards improving the emotional well-being of their community.
2. Trainers introduce themselves.
  - a. E.g. your background in mental health, your background with EASE or you may choose to share some personal information.
3. Conduct an introductory activity:
  - a. For example, ask participants to find someone they do not know at all, or only know a little about. The two partners should talk and find three things they have in common. After 5 minutes they will be asked to introduce their partner (name, background, and any other personal information they wish (e.g. country of origin, hobbies/interests etc.). Each person will also be asked to share one of the things they had in common.
4. Give information about meals, location of amenities and any other logistics etc.
5. Introduce the learning objectives for the day.
6. Display them on a flipchart (write them out beforehand). Read them aloud at the beginning and review at the end of each day.

## **Activity 2: Introduction to training (30 minutes)**

**Materials:**

- Training Format Poster (Appendix 1)
- Classroom Training Schedule (Appendix 2)
- LEBANON ONLY: STRENGTHS Pre-training self-assessment (Appendix 3)
- Flipchart paper and pen for the Parking Lot
- Flipchart paper and pen for Group Rules

### **Introduction to Overall Objectives of Training**

1. Explain the purpose of the training: to acquire the necessary skills and knowledge to be able to deliver the EASE intervention for the purpose of a research trial (which will be discussed in further detail today).

### **Review Training for EASE (10 minutes)**

1. Display the EASE Training Format poster (Appendix 1).
2. Explain that participants will learn about the strategies in EASE and then practice delivering these in the training.
3. Explain that the 3 components to training:
  1. Classroom training:
    - a) 8 days for facilitators- what they are participating in now
    - b) Covers core elements of EASE and the necessary skills to deliver the intervention.

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- c) Includes before and after assessment of general skills for working with distressed participants and group management (before doing the in-field practice)
      - d) Refer participants to EASE Classroom Training Schedule (Appendix 2)
  2. In-field training (also called the Practice Cycle):
    - a) The practice cycle will be an opportunity to deliver EASE with a community group of adolescents and their caregivers (with minimal distress), with regular supervision and support
    - b) It will help facilitators prepare for delivering the EASE intervention to adolescents and their caregivers in the research study.
    - c) Two facilitators- one will be the lead facilitator delivering EASE, the other will act as a co-facilitator supporting their colleague with logistics, small group discussions and help manage the group. The co-facilitator will also be expected to observe their colleague and give them helpful feedback at the end of each session.
    - d) Each facilitator will be expected to lead at least one group (and co-facilitate one group)
    - e) Supported by close supervision. Includes an assessment of confidence for EASE (before delivering EASE to research participants).
    - f) NOTE: Trainers should not use the term 'assessment of competence' with facilitators. It is better to say 'assessment of confidence'.
  3. Supervision:
    - a) Begins during in-field training and is ongoing through the trial.
    - b) Focuses on challenges that facilitators may face.
    - c) Encourages self-care to support facilitator's own emotional wellbeing.
4. Introduce the Parking Lot - explain that there will be one flipchart paper that the trainer will write down any questions which need addressing during the training but which might be too big to answer when the participant asks them. It is the trainer's and participants' responsibility to ensure that these are addressed before the last day of training.

### Group rules (10 minutes)

1. Discuss and agree on rules and expectations during the training.
2. Write these rules on a flipchart paper and keep it displayed throughout the training.
3. The following four items are important to include in the list and should be explained further.
  - **Confidentiality** of what is disclosed in the group. Explain what is meant by confidentiality and tell the participants that later during the training they will further practice how to explain confidentiality to EASE participants.
  - **Everyone is an expert.** Emphasize that everyone in the room brings with them their own expertise and this is important in the training. Let them know that you will be learning a lot from each other during the training, and that we will respect the experience and knowledge of what everyone brings, even if this experience and knowledge is different to our own.
  - **Commitment to being an active participant** (including in role-plays). This is the opportunity to explain what role plays are and that they are used a lot in the training because it is one of the best ways to learn how to become an EASE facilitator. It is also one of the best and safest ways trainees can experiment with new skills and ideas.
  - **Participants must ensure that they attend all of the training.** Explain that you understand that there might be special circumstances where this is not possible e.g.

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a family emergency. If you miss too much of the training, or an important part of training, then it may not be possible to continue as a facilitator. This is why it is important to try to let the trainers know in advance in these circumstances.

4. Allow time for questions.

### LEBANON ONLY STRENGTHS Pre-training Self-Assessment (10 minutes)

1. For the Lebanon training only, handout the STRENGTHS Pre-training self-assessment (Appendix 3) and ask participants to complete this.
2. Explain that this is an assessment of their confidence with EASE. And this will again be completed at the end of the training.
3. Ensure you collect the forms when they are complete for safe-keeping.

### Activity 3: Adolescent mental health problems: causes and contributors (30 minutes)

#### Materials:

- LEBANON ONLY: MHPSS Glossary (Appendix 4)
- Common Causes Handout (Appendix 5)

1. LEBANON ONLY: Introduce this section using the Mental Health and Psychosocial Support (MHPSS) Glossary (Appendix 4)
2. Divide the participants in groups of two or three. Give each group a copy of the Common Causes Handout ) (Appendix 5)
3. Ask the groups to discuss examples of contributors to and causes of adolescent mental health problems from each category listed on the poster.

**Optional prompt:** Many of you may know people who are experiencing strong emotional problems such as sadness, worry, tension, etc. Think about the people in your community, your social networks, and your families. Without naming anyone, can you describe some of the causes of these emotional problems you have seen people experiencing?

4. Invite the groups to share their responses (10 minutes). Invite different groups to respond to each of the categories

Examples of responses:

- **Environment:** exposure to war or violence (or any other traumatic event), living in poor conditions (refugee camp, poor neighbourhood), isolation (living away from family of origin culture/country/extended family etc.)
- **Biology:** puberty, family history, physical health problems, disabilities
- **Parental stress:** mental health problems in the parent, stress due to unemployment, coping skills, understanding of mental health
- **Family interactions:** violence in the family, harsh parenting practices, withdrawn or neglectful parenting, beliefs/customs
- **Family environment:** mental health problems in the parents, missing parents, bereavement, family education

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5. Explain that it is helpful for participants to be aware of the many causes of and contributors to adolescent mental health problems because facilitators will be discussing these with caregivers.
6. Ask participants: *We have identified a number of different contributors to and causes of adolescent mental health problems. Which of these contributors and causes do you think we can influence or change through programs like EASE?*  
Examples of answers:
  - Parent factors and family environment through caregiver sessions.
  - Although we cannot change many factors in the Environment, we can support children's capacity to help themselves through learning strategies.

### Activity 4: Adolescent reactions to problems (30 minutes)

#### Materials:

- Flipchart paper and pen (for trainer)
- Symptoms Handout (Appendix 6)

#### INTRODUCE the Key Concept

**Say:** *Problems in adolescents' lives can lead to many different reactions affecting thoughts, feelings, bodily and physical sensations and behaviours and interactions with others.*

#### Internal and External Reactions

1. On a flipchart, draw a line down the centre of a page
2. Ask:

*What kinds of reactions do adolescents in their community have to the different causes listed earlier? (For example, exposure to war, displacement, family problems, difficulties at school, loss of loved ones etc.)*

3. Write examples of external reactions on the left, and examples of internal reactions on the right. At this point do not reveal what the difference between the two columns are.
4. If reactions fit into both categories, write the problem in both lists/columns.
5. When participants have no more responses, say:

*I have divided your response into 2 categories. What do you think the difference is between these 2 categories?*

6. Explain the difference between internal and external reactions (5 minutes).

#### Internal reactions:

- Reactions to challenges or problems that are inside of us, for example thoughts, feelings, mood, or body and physical feelings.
- Sometimes difficult to see as these reactions happen inside the person's mind (e.g. thoughts) or body (e.g. physical sensations or feelings).
- A person with these internal reactions may 'seem more quiet' than others children.

#### External Reactions:

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- Reactions that are external and that others can see, for example through behaviour and interaction with others.
  - Some people with external reactions find it hard to control their behaviour
  - Examples of external reactions are aggressive behaviour, being hyperactive, bullying, using drugs or alcohol.
  - In many cultures, it is less acceptable for boys to show internal reactions of fear or grief. External reactions like aggression might be the way someone shows they are anxious about something
  - A child with external reactions may seem 'louder' than other children.
7. Explain that these reactions are normal responses to difficult problems.
  8. Explain the EASE program focuses on helping adolescents manage big and difficult internal reactions. As internal reactions also influence external behaviour, this may also lead to a change in external reactions.

### Interference with Functioning

1. Ask: *How might adolescents included in EASE differ from those who do not need EASE?*

Possible answers:

- Their internal reactions are very strong or more severe
  - Their reactions significantly interfere with their life, or every day functioning.
  - Their parents have decided their reactions are significantly interfering with their child's life or family in a negative way.
  - The adolescent feels very distressed, upset or unhappy for longer than would be expected i.e. it is normal to be distressed after a challenging experience; but it can be a problem if distress is experienced for so long, that it interferes with a person's life.
  - The adolescent no longer does things they would like to do, or used to do, or what most other adolescents their age are doing.
2. Tell participants that EASE is for adolescents who have such strong internal reactions that it is causing them a lot of distress and interfering with their everyday functioning.
  3. Invite participants to suggest examples of how an adolescent's functioning might be affected.

Examples might include:

- Academic/school problems (e.g. difficulties concentrating, completing their work etc.)
- Relationship problems (e.g. frequent arguments with friends, family etc.)
- Self-care problems (e.g. difficulties getting dressed, getting out of bed, problems with their appetite etc.)
- Social problems (e.g. no longer socialising with friends or doing things they enjoy).

### Depression and Anxiety

1. Tell participants the most common internal reactions adolescents experience are symptoms of depression and anxiety
2. Give a simple definition of depression and anxiety (5 minutes)
  - **Depression:**

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- Is when an individual feels very sad or has very low mood most days for long periods of time (weeks or months). Individuals can feel tired, without energy or they might have lost interest and pleasure in things they used to enjoy.
  - **Anxiety**
    - ⊖ Is when an individual feels very stressed, fearful or scared about something even if they do not need to feel this way. Individuals can avoid doing things or going places because they are anxious something bad might happen.
  - Explain that symptoms of depression and anxiety are common. Most children and adults experience these from time to time. These become a concern when they are more severe, more persistent, and interfere with an individual's functioning as we discussed above.
3. Invite participants to identify symptoms of depression and anxiety from the list of reactions they developed earlier.
    - During this task, it is likely that participants will notice that symptoms overlap with anxiety and depression
    - Explain that it is possible for a person to experience both symptoms of depression and symptoms of anxiety at the same time.
    - Some people may experience symptoms of depression more than symptoms of anxiety or vice versa.
    - As EASE is designed to be non-stigmatising, our job is not to label young adolescents specifically as having anxiety and/or depression. However it is helpful for facilitators to have this knowledge.
    - EASE is designed to support young adolescents with strong internal reactions
  4. Handout the Symptoms Handout (Appendix 6)
  5. Ask participants to go back to the list of internal reactions they created earlier and to fit them into each of the categories on the poster (thoughts, feelings, body sensations, and behaviour/ actions).
  6. Tell participants which strategies in EASE aim to address each category:

Strategy	Symptom
Understanding my Feelings	Feelings
Calming my Body	Physical/ Body sensations, particularly those caused by stress or arousal
Changing my Actions	Behaviours/ actions, particularly problems with inactivity
Managing my problems	Thoughts, particularly thinking about how to solve common problems

### Don't forget the caregivers!

1. Highlight that these causes and contributors, reactions and impairments that we have discussed are also the same for adults, e.g. caregivers with some difference- e.g. a caregiver may face problems with work rather than problems in school.
2. In addition, caregivers may also be affected by their child's big and difficult reactions. This can affect their confidence as a caregiver, or affect their own well-being. Remember- if a caregiver is affected by the own big and difficult reactions, then they may struggle to support their child's needs as well.

## Activity 5: Case study exercise (30 minutes)

### Materials:

- Case Studies Handout (Appendix 7)
- Paper and pens (for small groups)

1. Divide the group into small groups (2-3 people).
2. Give each group the day one case study (Appendix 7).
3. Each group will have 15 minutes to read the case study and identify potential causes of mental health problems (e.g. father was killed = family interactions, environment), identify category of expression of symptoms (e.g. headaches = body sensations) and whether the presentation is depressive or anxious type or both.
4. Participants should write their responses on a piece paper. After 15 minutes, one person from each group will present their group's poster (2 minutes each).
5. Provide response, validation and feedback to the groups' presentations.

## Activity 6: Overview of EASE structure and materials (45 minutes)

### Materials:

- EASE Facilitator Manual (and appendices)
- EASE Storybook
- EASE Workbook
- EASE Youth and Caregiver Posters and Handouts

### Introduction to EASE

1. Say:

*We have reviewed the different signs of distress in adolescents and their caregivers. We discussed what can contribute to these feelings and how they can interfere with people's lives. Now, let's review the EASE programme so we can begin to understand how EASE can help reduce some of these problems.*

2. Present the following key points about EASE:
  - a. EASE is a group intervention. With 7 group sessions for adolescents and 3 separate group sessions for their caregivers.
  - b. It is for 10-14 year olds experiencing high distress which affects their daily life.
  - c. The adolescents are carefully assessed by trained research assessors to determine whether EASE will be helpful for them.
  - d. EASE does not address: youth who are mainly experiencing symptoms of *externalising* disorders (e.g. severely oppositional or hyperactive etc.), are experiencing psychosis, have a neurodevelopmental difficulty or intellectually disabled, or who have immediate plans to end their life (high risk of suicide).
  - e. To be included in the program, both the youth and the caregiver will have given permission to participate in EASE.
  - f. Participation is voluntary. Adolescents and/or caregivers do not need to attend the sessions if they choose not to (regardless of how many sessions they have already attended). However, they are encouraged to attend as many as possible.



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3. Explain that EASE is a new intervention
  - a. EASE has been developed for adolescents and their caregivers living in adversity (such as being a refugee) to help them manage high distress and practical problems
  - b. EASE includes evidence-based strategies that are helpful for adolescents and their caregivers.
  - c. The research study of EASE will show us how well EASE can work.
4. Next, present the structure of the EASE program to participants:

### Adolescent sessions

1. Aims to teach strategies that will help youth better manage high distress as well as practical problems. They will practice strategies in the session and at home.
2. There are 7 weekly sessions, 90 minutes duration.
3. There will be approximately 6-12 adolescents per group.
4. Summarise the content of the sessions:
  - **Session 1: Understanding my Feelings:** This strategy is about the adolescents learning to identify their own feelings. The better they are at identifying their feelings, the better they will be at choosing a strategy to manage each feeling.
  - **Session 2: Calming my Body:** This strategy is about the adolescents learning how to help calm their bodies using slow breathing to improve difficult feelings.
  - **Sessions 3 + 4: Changing my Actions:** This strategy is about the adolescents learning how activities can improve their feelings.
  - **Session 5 + 6: Managing my Problems:** This strategy is about the adolescents learning how to solve their practical problems, such as conflicts with their friends or difficulties completing their schoolwork
  - **Session 7: Brighter Futures:** This session is about the adolescents preparing for how to manage difficult feelings in the future if they experience these again.

### Caregiver sessions

1. Aims to teach caregivers strategies to help improve caregivers' ability to support their child.
2. There are 3 sessions, 120 minutes duration.
3. When the session happens can be organised to suit the context, but:
  - session 1 must happen before 3<sup>rd</sup> youth session
  - session 2 must happen before 5<sup>th</sup> youth session
  - session 3 must happen before 7<sup>th</sup> youth session
4. There will be approximately 6-12 caregivers per group. At least 1 primary caregiver for each adolescents (parent or other relative).
5. To help maintain confidentiality, facilitators will facilitate caregiver sessions for caregivers who are not related to any adolescent sessions they have delivered.
6. Summarise the content of the sessions:
  - **Sessions 1: Understanding Sadness, Worry and Stress:** Caregivers will learn about identifying feelings in their adolescents and learn to calm their bodies using slow breathing.
  - **Session 2: Boosting Confidence:** Caregivers will learn strategies to improve their interactions with their adolescent.
  - **Session 3: Caregiver Self-care and Brighter Futures:** Caregivers will learn about looking after themselves and how to support their adolescent to prepare for managing difficult feelings in the future.

## EASE TRAINING MANUAL: DAY ONE

### EASE Materials

1. Give an overview of the materials used in EASE.
  - a. EASE Facilitator's Manual (and Appendices)
  - b. The Storybook
  - c. The Workbook
  - d. Posters and handouts
2. Remind participants that they should bring to training any materials from EASE, and those given out during training.

### EASE Facilitator's Manual (and Appendices)

1. Each participant should receive/ have received a copy of the EASE Facilitator's Manual.
2. The EASE Facilitator's Manual provides details on the content of each session, and how the sessions should be delivered.
3. This EASE Facilitator's Manual has been adapted for Lebanon and Jordan specifically.
4. The first three chapters provide a useful background, for example, on strategies to manage groups. The main difference between the first three chapters and this research study is that facilitators will not be doing the pre- and post-programme assessment. Trained research assessors will do this.
5. The Appendices are an extremely useful resource. Draw participants attention to the helpful hints appendices which support facilitators in their delivery of EASE.

### Storybook:

1. Each participant should receive/ have received a copy of the EASE Storybook. Explain that facilitators will read sections of the story throughout the programme for the adolescents only (the EASE Facilitator's Manual identifies which pages are to be read). The story book is not provided to youth to keep.
2. Explain the rationale for using a story book:

*The storybook aims to engage participants' attention by changing the dynamics of teaching (i.e. from being taught by the facilitator) and making the programme more relatable to them (i.e. by sharing a story of a similar aged child who is experiencing similar problems). The story is a way of conveying the important messages about each strategy and how to apply them to one's life. It also seeks to normalise both the problems adolescents are experiencing and the challenges related to the programme (e.g. forgetting to do home practice, worrying about aspects of the group).*

3. Explain that the main character of the book (Kian) can be a boy or a girl depending on the EASE group. The trainer can show Picture 1 and read Text 1 to introduce the storybook.

### Workbook:

1. Each participant should receive/ have received a copy of the EASE Workbook. Explain that each adolescent will be given a workbook to complete their home practice in. This is something participants get to keep so they can be reminded of the EASE strategies in future.
2. Each site may need to prepare to have some back-up copies of the workbook if adolescents lose these. It is important to emphasise to adolescents to bring their workbooks with them to each session.

## EASE TRAINING MANUAL: DAY ONE

### Posters and Handouts:

1. Each participant should receive/ have received a copy of the posters and handouts. Tell participants that posters will be used in both adolescent and caregiver sessions. Instructions are included in the manual for when facilitators need to display which poster. Handouts are given for participants to keep. Posters are for displaying only (not for keeping).

## Activity 7: Research (30 minutes)

### Materials:

- Research Process (Appendix 8)

### Research

1. Tell participants that the EASE intervention will be delivered as part of a research study.
2. To help facilitators understand where their training fits in the timeline of the research show them (Appendix 8 part 1)
3. Explain the following key points
  - We are doing research to make sure that EASE works before we make it available to everyone e.g. does the EASE intervention help to improve young adolescent's mood?
  - In the research, we will be comparing two groups: those who get EASE and those who get enhanced usual care (sometimes called 'the control group'). This group will receive a brief education and awareness session on mental health and wellbeing
  - No person will choose which programme the adolescents will be assigned to. They will be assigned to the different groups randomly using a computer. That means they have equal chance of being in either group.
  - The results from the assessments conducted before and after EASE will be used to make conclusions as to whether EASE works or not.
  - The research team want to test:
    - How helpful is EASE for adolescents and their caregivers?
    - Is EASE better for adolescents and caregiver's compared to enhanced treatment as usual?
  - The research team hope to inform trainers and facilitators when they learn the findings from the research study.
  - The research team will contact trainers and facilitators after EASE has been delivered to ask your opinions about EASE. This is to help make EASE better in the future.
4. To help facilitators understand the steps of the research for the participants, show them Appendix 8 part 2.

### The Importance of Fidelity to the Intervention

1. Split the participants into two groups.
2. Tell them to imagine they will all have to sit an exam in the content of "The book of learning things".
  - a. Group A will be taught by a teacher who teaches exactly what the book says.
  - b. Group B will be taught by a teacher who only loosely follows the book, and the rest of the time improvises on similar subjects.
3. Ask: *Would you expect the two groups to do equally well on the exam?* (The answer should be "no"). Ask participants to give reasons for their answers.
4. Say:

## EASE TRAINING MANUAL: DAY ONE

*To make sure we can compare results between Groups A and B we must make sure they both receive the same information. Only then can we expect the two groups to perform equally well on the exam. It may have been useful and interesting for group B to also learn about other subjects than those in the book, but it was not helpful in the exam, because that was only about the book. It would not be fair to compare the two groups' exams results because their teaching was so different.*

*This is the same for our study. If we want to accurately find out which intervention (EASE or enhanced treatment as usual) is better, we need to make sure everyone actually gets EASE. This is called 'fidelity to the intervention'. Because of your experience, you may think there are other interventions or strategies that might be helpful for a participant to learn or you may wish to change the order of the content or sessions. But you will have to stop yourself from teaching them these skills or changing the sequence of the content because it will significantly interfere with the research study.*

5. Explain that if there are ever any extreme reasons to do something different from the EASE Facilitator's Manual, due to a highly unusual circumstance, then this must always be discussed with your supervisor and you should document what you did and why. We would expect this to occur very rarely during the research.
6. Explain that this information is relevant to the facilitation practices which will be discussed next.

### Documentation

1. Explain that it is important that everything is documented so that we can track and learn from what happens in this study.
2. This will include: detailed notes of each session, detailed notes of any adverse events that occur during the study, detailed supervision notes, observations and feedback throughout training and programme implementation. In the in-field training, we will also ask facilitators to document how long each segment of the sessions took to deliver (to inform any future adaptations to the sessions).
3. Explain that we will go through the documentation that is needed throughout the training.
4. Allow time for questions.

### Supervision and Organizational Procedures

1. Explain that EASE facilitator's will be supported by regular contact with supervisors during their practice cycles and when delivering EASE.
2. Explain that there are organizational procedures to support facilitators with any safety difficulties with participants or other staff members.
3. These will be discussed in more detail towards the end of training.

## Activity 8: Training methods and providing feedback (40 minutes)

### Materials:

- Steps for Helpful Feedback (Appendix 9)
- Steps for Facilitation Practice (Appendix 10)
- Facilitation Practice Allocation Form (Appendix 11)

### Link to EASE Facilitator's Manual:

- EASE Facilitator's Manual APPENDIX D: ACTIVITIES AND GAMES

## EASE TRAINING MANUAL: DAY ONE

### Facilitation practice

1. Explain that during the training there will be many opportunities for participants to practice the strategies in EASE. This will be through role plays (practising the skills) and facilitation practices (practising delivering the EASE strategies)
2. Explain that when a peer facilitates part of a session, the rest of participants will engage in role-play as if they are either adolescents or caregivers. It is also important to observe and learn from each other during these practices.
3. At the end of each facilitation practice, there is time for trainers and peers to reflect and give feedback on the person's facilitation practice.
4. Feedback is used as a basis for supportive learning and improvement. It is expected that peers give constructive and helpful feedback to one another, to help them improve their future facilitation skills.
5. Review Appendix 9 to participants. Review the steps for giving helpful feedback. Explain that participants should follow these steps when they give feedback to their peers. Trainers should ensure that the steps are followed.
6. Review the structure of how facilitation practices will occur (Give Appendix 10)
7. Inform participants that there is a structure for demonstration facilitation practices as well that should be followed (Appendix 10)
8. Then allocate participants (or the participants can allocate themselves) using the form in Appendix 11.
9. NOTE: that the page numbers provided are for the English EASE Facilitator's Manual. These will need to be adjusted for the translated manual by trainers.
10. Ensure equality in the number of practices between participants.
11. It is important that participants choose slots which do not overlap too much. The trainer may need to help with this. For example, the same participant should not sign up to do all the 'managing my problems' practices .
12. Explain that participants should aim to arrive from [the arrival time for your training]; however for participants who will engage in facilitation practices for the day- they have the option of arriving earlier or at the end of the day, [depending on your training schedule] to discuss their practice in advance with the trainer.

### Ice breakers and energisers

1. Explain the use of energizers and highlight that from the next training day they will be asked to lead an energizer.
2. Ask participants to refer to EASE Facilitator's Manual APPENDIX D: ACTIVITIES AND GAMES
3. Allocate participants to be responsible for doing an energizer on each day of training. (Use the form in Appendix 11)
4. NOTE: Energizers do not need to be delivered on specific days during EASE or during training- so trainers and facilitators can be flexible on when the energizers are implemented throughout training. They can also be flexible with the type of energizer and may prefer to use something which would be culturally appropriate for adolescents or caregivers in their community.

## Activity 9: General pre-training assessment (60 minutes)

### Materials:

- General Competency Role Plays (Appendix 12)
- General Competency Rating Form (Appendix 13) (for trainers only)

## EASE TRAINING MANUAL: DAY ONE

NOTE: Please call the competency assessments 'assessments of confidence' for the participants.

1. Explain the use of assessment of confidence role plays during EASE training
  - a. We will conduct an assessment of confidence at the beginning and end of the training to assess facilitator's skills in working with adolescents and managing groups.
  - b. Emphasise that this should be seen as a supportive learning experience- participants should try not to worry too much! The hope is that by the end of classroom-training, facilitator's will be ready to work with adolescents and manage groups.
  - c. NOTE: participants are likely to be anxious about engaging in the role plays using the EASE Facilitator's Manual. Reassure participants that these role plays are designed to assess their general skills with adolescents or groups, and not their delivery of EASE.
2. Follow instructions for conducting the General Competency Role Plays using Appendix 12 and Appendix 13

### Activity 10: Ending (15 minutes)

#### Materials:

- Daily Reflection and Feedback Forms (Appendix 14)

1. Review learning objectives and make sure all participants are confident they have been met.
2. Answer any questions or clarify information about the modules taught today.
3. Recap, reflection and evaluation activity:
  - a. Each participant is asked to respond to questions on the Daily Reflection and Feedback Forms (Appendix 14). Participants are asked to respond to: What was the most important thing you learned today? What did you find most helpful in the training today? Anything you think could be improved for the next training days? Is there anything you would like to learn that has not yet been covered?
  - b. Forms can be handed in anonymously at the end of each day.
  - c. Trainers should use this feedback to make any necessary adaptations to the following days of training e.g. if participants would like to learn more about a topic- this could be added to the parking lot or could be addressed in the recap on day. Or if participants would like the trainer to speak more loudly, then aim to increase your speaking volume during the training etc.
4. Tell participants what they will be doing on the next day of training.

## EASE TRAINING MANUAL: DAY TWO

### DAY TWO

<b>DAY 2 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand the role of an EASE facilitator</li> <li>• Understand and be able to use basic helping skills</li> <li>• Know how to communicate with young adolescents</li> <li>• Understand how to respond to suicide risk</li> <li>• Manage challenging group situations</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
15	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)	
30	Activity 2: Role of an EASE facilitator	Flipchart paper and pens (two groups)	
100	Activity 3: Basic helping skills	Flipchart paper and pen (for trainer)  Pre-prepared slips of paper for: 'Role play: The importance of basic helping skills (25 minutes)'  Basic helping skills (Appendix 16)	APPENDIX B: Basic Helping Skills
30	Activity 4: Communication with young adolescents	LEBANON ONLY: Adolescent Development (Appendix 17)	CHAPTER TWO: What You Need to Know About Working with Groups
45	Activity 5: Suicide	Suicide Risk Levels and Responses (Appendix 18)  Grief (Appendix 19)  Substance Use (Appendix 20)	
95	Activity 6: Group management skills	Challenging Group Situations (Appendix 21)  Flipchart paper and pen (for trainer)	CHAPTER TWO: What You Need to Know About Working with Groups
15	Activity 7: Ending	Daily Reflection and Feedback Forms (Appendix 14)	



## Activity 1: Recap (15 minutes)

**Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)

1. Welcome participants.
2. Invite participants to share with the larger group the key concepts, content or exercises from the previous day. Use Appendix 15 for ideas on how to review.
3. Ensure that the participant recap on the key activities from the day before and remind them about any topics that are not covered in the recap.
4. Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
5. The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
6. Provide an opportunity for questions (conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

## Activity 2: Role of an EASE facilitator (30 minutes)

**Materials:**

- Flipchart paper and pens (two groups)

1. Divide the facilitators into 2 groups
2. Give each group flipchart paper and pens.
3. Group 1 will list their ideas to the following question: “*What are important characteristics of a good EASE facilitator?*”
  - a. Tell this group to consider how they might behave, dress, what they say or do not say, their attitudes towards young people and their caregivers
4. Group 2 will list their ideas to the following question: “What are the roles of the facilitator?”
  - a. Tell this group to consider the goals and purposes an EASE facilitator has
5. Give the groups 5 minutes to write down their ideas to their questions
6. Hang the posters on the wall.
7. Ask one participant from each group to present their lists to the larger group (no more than five minutes per person)
8. Make sure the following are included (in particular the three points in bold):
  - **Characteristics**
    - **Be caring and non-judgemental**
    - Dress appropriately
    - Have good communication skills (speak clearly and use simple language)
    - Able to talk to young people and caregivers in a way that engages them and gets their respect
    - Be passionate about their work
    - Respect young people and their caregivers
  - **Roles**
    - **To teach participants EASE skills**
    - **To support and encourage participants to practise EASE skills**



## EASE TRAINING MANUAL: DAY TWO

- To support caregivers in their roles
  - Communicate the key concepts of EASE well to adolescents and their caregivers
9. Allow time for discussion of the points on each list (15 minutes). Allow members from one group to contribute their ideas to the other group's list.  
Highlight characteristics that might not be appropriate for facilitators to demonstrate and give reasons why:
- Examples of inappropriate characteristics are untrustworthiness and judging a participant's behaviour.
  - Examples of inappropriate roles include trying to fix problems for participants and attempting to provide therapy that the facilitator is not qualified to provide.

### Activity 3: Basic helping skills (100 minutes)

#### Materials:

- Flipchart paper and pen (for trainer)
- Pre-prepared slips of paper for: 'Role play: The importance of basic helping skills (25 minutes)'
- Basic helping skills (Appendix 16)

#### Link to EASE Facilitator's Manual:

- EASE Facilitator's Manual APPENDIX B: Basic Helping Skills

1. Explain that we discussed some of the characteristics of a good EASE facilitator. Some of the ones we listed fall under the category of Basic Helping Skills. Before we define what these skills are we are going to do some activities.

#### Role play to demonstrate poor helping skills (5 minutes)

1. Explain that the first group with the EASE participants (whether child or caregiver) is often the most important.
2. Trainer takes the role of an EASE facilitator and participants take the role of a group of adolescents or caregivers- and should be instructed to actively participate as though they were that group.
3. The trainer introduces himself or herself and begins to talk to the group about the purpose of the first session and a little bit of information about EASE.
4. The trainer should use very bad basic helping skills. Consider any of the following:
  - using a loud voice or very quiet voice
  - not introducing themselves
  - standing too close the participants
  - keeping too little eye contact with the group or too much eye contact with one participant in the group
  - being distracted by their phone, when the participant is talking
  - dismissing or minimizing the group's experience (for example "I know people who have a worse situation than you.")
  - telling the participant that they have to do EASE

#### Discussion of demonstration (20 minutes)

1. Invite participants to talk about their reactions to the role play; help them think about how they felt being the participants.

## EASE TRAINING MANUAL: DAY TWO

2. Try to emphasise the key basic helping skills that were not demonstrated and what effect the absence of these had on things such as trust, rapport, motivation to join the group etc.
3. Invite one participants to show the group how they would improve on this introduction with an EASE group.
4. Ask them to show this by role playing the same action as you did (by introducing themselves and discussing EASE).
5. Only allow them to role play for two minutes. As a group reflect on what the participant did that was good.

### Types of basic helping skills (40 minutes)

1. Print out the basic helping skills and cut them so you can give different ones to each group. See Appendix 16
2. Divide participants into seven groups – one for each basic helping skill. (If there are not enough participants to make up seven groups, one or more of the groups will role-play more than one helping skill.
3. Give each group one of the key basic helping skills (see table below)
4. Explain they have 10 minutes to prepare a two-minute role-play between a facilitator and a very small group of EASE participants (child or caregiver) that demonstrates the basic helping skill. They should try their best to demonstrate good use of the skill or poor use of the skill. If a group decides to demonstrate a poor use of the skill, they should also show good use of the skill afterwards.
5. At the end of the role play the participants will have one minute to explain why this skill is important and the whole group will have another two minutes to discuss this skill further and reflect briefly on the role play.

### Role play: The importance of basic helping skills (25 minutes)

1. Prepare slips of paper with one behaviour related to basic helping skills written on each. Have enough slips of paper for half the number of people in your group. This means some behaviours are written two or three times.

Examples of behaviours are:

- Posture: sitting in a stiff and upright position with arms folded
  - Posture: sitting in slouched position
  - Personal space/position: sit facing the person but too far from them
  - Personal space/position: sit facing the person but too close to them
  - Personal space/position: sit next to the person so that you are both facing the same direction
  - Tone of voice: speak in a quiet voice
  - Tone of voice: speak in a loud voice
  - Eye contact: stare at the person for long periods of time
  - Eye contact: give minimal eye contact to the person (look away from them)
2. Ask participants to form pairs – one is person A and one is Person B.
  3. Ask person A to pick a piece of paper with a behaviour written on it, and without telling person B what it is, they should act out this behaviour in their interaction with person B.
  4. Instruct person B to talk about a recent situation (ideally a problem they had).
  5. Person A listens and communicates with Person B as they naturally would but also acts out the behaviour on their piece of paper.
  6. Explain that person B should reflect on their personal reactions to person A's behaviour (for example, feelings, thoughts, behavioural reactions).
  7. After 1 minute, the pairs should swap roles.

## EASE TRAINING MANUAL: DAY TWO

8. Follow the same instructions for the new roles. They also have 1 minute.
9. Return to the large group and spend 15 minutes of discussion and reflection on
  - a. What behaviour did they notice in their partner?
  - b. What did it feel like for them to have their partner behave in this manner when they were trying to share something personal?

### Discussion (10 minutes)

1. Ask: *"Thinking about the previous activities, why are basic helping skills so important in EASE?"*
2. Write responses on a flipchart.
3. Responses to elicit are:

Basic helping skills help to

- build rapport with your participants
- make participants feel more comfortable in a potentially uncomfortable situation (i.e. talking with a stranger and in front of other strangers (e.g. their group) about personal things)
- build trust in the relationship
- make participants who might feel ashamed or who lack trust due to previous experiences feel more comfortable
- improve the chances of the participant engaging with the EASE strategies and being motivated to stay in the program.

## Activity 4: Communication with young adolescents (30 minutes)

### Materials:

- LEBANON ONLY: Adolescent Development (Appendix 17)

1. Explain that communicating with young adolescents is very similar to communicating with adults, as children this age have usually developed mature communication skills and understand and use similar verbal and non-verbal communication as adults.
2. However, even though we may use the same or similar communication methods there are differences between adolescents and adults that impact on their communication. Ask participants if they can think of what they are?

Examples are:

- Different interests
  - Different concentration abilities
  - Different roles and responsibilities
  - Adolescent's stage of development: puberty.
3. Explain that puberty impacts the adolescent physically, emotionally, cognitively and socially.
    - FOR LEBANON ONLY- review Appendix 17 on developmental stages of adolescents- to emphasise the needs of adolescents and their differences to adults.
    - Go through each of the types of changes and invite participants to give additional examples of changes they know of.

## EASE TRAINING MANUAL: DAY TWO

- Ask participants how the normal changes during puberty could affect communication? For example:
  - Emotional changes such as mood swings, emotional sensitivity, feeling unable to control emotions
  - Physical changes that make the adolescent more self-conscious. Can lead to feelings of confusion, embarrassment, social withdrawal
  - Social changes, for example, due to changing institutions or resettling. In some cultures it may be normal that adolescents start spending more time with peers and sharing less with their parents and caregivers.
  - Neurological changes are the changes going on in the brain that impact how the adolescent thinks. Many changes go on in the brain during adolescent years. However an adolescent's capacity for complex thinking such as making decisions will not be fully developed at this stage.
- 4. What communication styles might worsen interactions with an adolescent and what they would need to consider as an EASE facilitator?
  - Being dismissive or patronizing (for example saying things like 'it will all get better when you are older')
  - Not listening or paying attention
  - Shouting or speaking in an aggressive manner (e.g. if adolescents are being disruptive, it is likely that a facilitator will naturally be frustrated- but it is important to stay calm!)
  - Shaming, ridiculing or making fun of
  - Physically or verbally violent
  - Criticizing their person, instead of their behaviour
- 5. Highlight that many of the basic principles of good communication with adults apply to communication with adolescents. Ask participants for examples of what these might be. Examples are:
  - Calm and attentive manner
  - Active listening and showing genuine interest
  - Mutually respectful
  - Nonjudgmental and understanding
  - Keep confidentiality when promised
- 6. Ask participants what additional things should be considered when communicating with adolescents? Examples are:
  - Understand challenges of puberty and how this may impact communication
  - Being consistent and a good role model
  - Talking WITH and not AT an adolescent
  - Giving attention and validation to what they say
  - Having patience – it may take time for adolescents to build trust and share with the facilitator or group
  - Respect that they are also knowledgeable and an expert in their own right
- 7. Ask participants what additional things should be considered when communicating with younger (10-12 years old) versus older (13-14 year old) adolescents? Examples are:
  - Speak in a way which matches the adolescents' learning ability e.g. simplifying your language for younger adolescents
  - Using pictures to explain concepts

## EASE TRAINING MANUAL: DAY TWO

- Adjusting activities to suit the different interests of young versus older adolescents
- Repetition for younger participants

### Discussion: One to one conversations

1. There may be times during EASE where facilitators will need to have one to one conversations with an adolescent. See table below which provides initial ideas of how facilitators can address this:
  - a. Important points are:
    - i. Although the table below does not cover every possible situation, explain that the common strategy for many issues is to use Basic Helping Skills; consider how to communicate with adolescents; discuss in supervision or where applicable follow incident reporting procedures for your organization
    - ii. Facilitator's are not expected to be able to 'solve' every situation. They should not go beyond their training capacity when supporting an adolescent in a one to one conversation. Further support can always be obtained from supervision, or if urgent- contacting the supervisor directly.

Issue	How to address this:
Adolescent not following rules	<ul style="list-style-type: none"> <li>• Remind about the group rules</li> <li>• Use basic helping skills and ask if there is anything that is making it difficult to follow the rules or what can the facilitator reasonably do to help the adolescent follow the rules- problem solve with the adolescent</li> <li>• Seek support in supervision</li> </ul>
Adolescent hurting another group member	<ul style="list-style-type: none"> <li>• Remind about the group rules</li> <li>• Use basic helping skills and patience to explain that hurting other participants is not okay- remind the participant that you still want them to benefit from EASE- so problem solve with the adolescent how they can manage their behaviour in the room</li> <li>• Seek support in supervision</li> <li>• Follow incident reporting procedures if significant harm is caused to others</li> </ul>
Adolescent bullied when doing activity or reports problems with bullying in the community	<ul style="list-style-type: none"> <li>• Managing my Problems (in session 5 &amp; 6) can support adolescents to problem solve how to manage issues of being bullied</li> <li>• Use basic helping skills if an adolescent discloses these issues with you. If the issue of bullying is raised before sessions 5 &amp; 6, facilitator's could ask adolescents if there is a trusted person in their life who could support them.</li> <li>• If you are seriously concerned about the safety or wellbeing of the adolescent because of bullying, you should discuss</li> </ul>

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	with your supervisor about how to proceed
Very distressed adolescent	<ul style="list-style-type: none"> <li>• Use basic helping skills to support the adolescent whilst they express distress</li> <li>• There will be further discussion of supporting distressed participants in the training</li> <li>• If you are concerned then discuss with your supervisor; or if applicable use incident reporting form procedures</li> <li>• If the adolescent expresses a wish to end their life, follow the protocol for addressing suicide and take action immediately in high risk cases</li> </ul>
Disclosure of abuse	<ul style="list-style-type: none"> <li>• How to manage disclosures of abuse is covered later in the training.</li> <li>• Use basic helping skills when the adolescent discloses to you.</li> <li>• Obtain basic details if you can e.g. the frequency of the incident or who was involved in the incident. But do <u>not</u> pressure for more details as other trained staff members will follow up on this.</li> <li>• Report to supervisor and follow incident reporting form procedures.</li> </ul>

### Activity 5: Suicide (45 minutes)

#### Materials:

- Suicide Risk Levels and Responses (Appendix 18)
- Grief (Appendix 19)
- Substance Use (Appendix 20)

1. (You can choose to discuss this activity in detail later in the training, for example after Organizational Procedures on Day 7 and introduce it briefly here instead)
2. Explain that adolescents taking part in EASE will complete a screening questionnaire about suicide prior to taking part in the study. Those with an imminent risk of suicide will not take part, and will instead be referred to appropriate services.
3. Therefore, most people with high risk of suicide will have been excluded from this study before they begin EASE.
4. However, it is possible, during sessions with either adolescents or caregivers, that someone has suicidal thoughts or intentions.
  - a. Explain that many people who experience high distress may have thoughts of ending their life at some point.
  - b. Participants should not be made to feel guilty or ashamed of these thoughts.
  - c. Most people do not want to have these thoughts- they just come into their mind- and the thoughts cause them distress.

## EASE TRAINING MANUAL: DAY TWO

5. It is important to know how to determine the risk of suicide and know how to respond.
6. Provide participants with the Suicide Risk Levels and Responses (Appendix 18) and review in detail with participants.

### Detecting possible risk for suicide

1. If you notice significant changes in a participant's mood or behaviour that may indicate suicidality you may wish to speak to them privately before or after the session to determine any risk.
  - a. For example, compared to how the person has usually present, the person may now present as more withdrawn, less eye contact, more quiet, more tearful, says things which suggest they feel hopeless currently or hopeless about the future. Or they may have had signs of very low mood and suddenly seem very hopeful. This may be because they have decided to end their life soon and can be a sign of imminent risk.
  - b. A child or caregiver may disclose their own or someone else's suicidality.
  - c. Facilitators do not need to ask every adolescent or caregiver about suicide risk-only as needed.

### Introducing the topic of suicide

1. Explain that a key action is to raise the topic of suicide and make people feel comfortable and not stigmatised. Ask participants how they would raise the topic of suicide in a session with either adolescents or caregivers.
  - Examples of things you can say or questions you can ask:
    - *Sometimes when people feel very sad and hopeless about their life, they have thoughts about their own death or even ending their own life.*

### Determining the level of risk

1. To determine the level of risk, and how to respond, we need to determine:
  - a) Whether there are current suicidal thoughts? (Or in the past month)
  - b) Whether the person has a current plan for ending their life? (Or in the past month)
  - c) Have they ever attempted suicide before? (Or in the past month; or before then)

#### Whether there are current suicidal thoughts? (Or in the past month)

- Thoughts can range from vague thoughts about death to specific thoughts about how to end one's life. The more specific a person's thoughts are, the higher the risk of suicide.
- Examples of things you can say or questions you can ask:
  - *Have you ever had thoughts of taking your life? / Can you tell me some more about what these thoughts are?*
  - *Have you ever wished that God would end your life?*
  - *Do you feel like that now? / Have you had these thoughts this past month?*
  - *How often are you having these thoughts?*

#### Whether the person has a current plan for ending their life? (Or in the past month)

- It is not uncommon to have suicidal thoughts, or thoughts of ending one's life but with no plan to act on these. The more specific the plan, the higher the risk of suicide.
- It is also important to ask about how they might have prepared for their plan. Access to the means in which to carry out the plan increases the risk e.g. have they gained access to a weapon, poison, or medications.



## EASE TRAINING MANUAL: DAY TWO

- *Have you made a plan for taking your own life? / Have you made any preparations for your plan?*
- *Was that in the past month?*
- *Do you have a plan now?*
- *How much do you want to follow this plan?*

### **Have they ever attempted suicide before? (Or in the past month; or before then)**

- A person is at greater risk of ending their life if they have made attempts to do so in the past.
  - *Have you ever attempted to take your own life?*
  - *When was that?*

### **Discussion: Suicide**

1. Highlight that facilitators may feel worried about talking about suicide with adolescents or telling caregivers that they may talk about suicide with the adolescents. Likewise caregivers may be worried about facilitator's speaking with their children about suicide.
2. Explain that it is important to tell caregivers that facilitators are trained to discuss and manage situations where adolescents have suicidal thoughts or intentions. Some caregivers may feel uncomfortable about their children discussing suicide. Highlight that it is a myth that talking about suicide leads to higher risks of suicide, and instead it is the opposite, and that talking about suicide can help to prevent it.
3. Provide an opportunity for participants to ask questions or address any worries about managing risk of suicide.

### **Discussion**

1. Say there are other common issues in the area which adolescents may present with: grief and substance use
2. Remind participants that EASE is not designed to support these issues specifically
3. However if these issues come up then facilitators may need to know how to respond.
4. Review the appendices on grief (Appendix 19) and substance use (Appendix 20 for tips on how facilitators can spot these issues and how to respond
5. Ultimately if further support is required, beyond what EASE is able to provide, then facilitator's should discuss these issues in supervision. Where appropriate these may be escalated to an adverse event (discussed on last day of training)

## **Activity 6: Group management skills (95 minutes)**

### **Materials:**

- Challenging Group Situations (Appendix 21)
- Flipchart paper and pen (for trainer)

### **INTRODUCE the Key Concept (10 minutes)**

**Say:** *Along with basic helping skills, the success of the EASE programme will also rely on your skills to manage different group dynamics in adolescent and caregiver sessions.*

1. Explain that just like basic helping skills, managing a group well is a critical foundation of EASE.



## EASE TRAINING MANUAL: DAY TWO

2. Facilitators might be very good at teaching their participants the different strategies, but if they cannot manage their group and the different dynamics in it, participants might not learn anything.
3. Share that facilitators will encounter all sorts of people from various backgrounds and with different personalities in their groups. Sometimes different people in the same group will clash and if not managed well, this can disturb the group.
4. Ask: *What are some examples of participants' differences that might require good management by the facilitator?*
5. Responses to elicit:
  - Personality differences, for example shy and extroverted people
  - Cultural and political differences
  - Differences in traumatic experiences (participants who have experienced very traumatic events might judge or minimise other participant's problems or participant's may not feel like sharing their problems because they feel they are small compared to other's problems)
  - Marital status
  - Age (participants from different generations may not respect each other's points of view)
6. FOR LEBANON: optional to show War Child video on good versus poor group management skills for children.

### ALL PARTICIPANT ROLE PLAYS (85 minutes)

1. Explain that we will now engage in a series of role-plays to help practice group management skills.
2. Divide the participants into small groups. Use the same groups for each role-play to avoid losing time re-organising the groups.
3. Each group will role play how to manage all of the challenging situations listed below (A – E).
4. Before each challenging situation is given to the group – nominate who will be the facilitator from each group (this should change for each role-play).
5. Ask all the 'facilitators' to leave the room while you give instructions to the rest of the participants who will be role playing participants.
6. If you have a co-trainer she or he can go outside to give instructions to the participants that will be the facilitators.
7. The instructions are in Appendix 21- Challenging Group Situations.
8. Each group is given a specific challenge that may arise in a group situation. They should follow the instructions when the 'facilitator' comes back to the group, so that he or she has to handle this challenging situation.

The challenging situations are:

  1. Keeping to time without cutting short valuable group discussion (NOTE: inform participants that this may be a particular issue in caregiver sessions)
  2. Managing dominant participants
  3. Encouraging discussion with a quiet group
  4. Managing distressed individuals
  5. Managing arguments between participants or expressions of anger
9. The role plays should take maximum five minutes (do not need to use the full 5 minutes if the facilitator has completed their task)
10. After all the role plays have been conducted gather everyone in one group again

## EASE TRAINING MANUAL: DAY TWO

11. Go through each of the challenging situations and discuss how the 'facilitators' managed the difficult situation. Discuss (5 minutes per role-play scenario) what worked or did not work, and any other suggestions on how to handle the specific situation. See the discussion points below for each of the challenging situations in Appendix 21.

### Discussion (20 minutes)

1. As a large group, discuss the following scenarios (5 minutes each). Write down helpful statements or ideas the facilitators can use to manage each of the situations:
  - Managing group discussions that go off topic or examples of unhelpful strategies or those outside of EASE
  - Managing disclosures of abuse or serious adverse events
  - What to do if a participant drops out, attends late or irregularly etc.
  - Participants forming cliques or excluding others

#### Tips for trainers:

- Complete as many of role-plays as possible.
- Prioritise those role-plays that you believe are most important for the group to learn.
- You may change the role-play to better suit the group you are training or to better teach the skill.
- If you run out of time to conduct all the role-plays, you should make time to discuss it at the end
- Discussion topics are suggested in each of the role-plays, however you can change these to better suit the groups.

### Activity 7: Ending (15 minutes)

#### Materials:

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1
2. ALSO: Ask all participants to familiarise themselves with Ease Youth Sessions 1 & 2.

## EASE TRAINING MANUAL: DAY THREE

### DAY THREE

<b>DAY 3 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to implement key activities in EASE youth sessions 1 &amp; 2</li> <li>• Understand the importance of explaining confidentiality</li> <li>• Know the steps for teaching Slow Breathing</li> <li>• Understand the importance of home practice</li> <li>• Understand the importance of breathing</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
15	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)	
30	Activity 2: Introducing EASE Session 1		CHAPTER FOUR: Session One, Confidentiality box (page 45)  Appendix C: MANAGING DISCLOSURES OF ABUSE
10	Activity 3: Key concept- Understanding my Feelings		CHAPTER FOUR: Session One
75	Activity 4: Facilitation practice- Understanding my Feelings	EASE Feelings Chart Poster  EASE Storybook  EASE Sadness poster  Large pieces of blank paper and markers (preferably coloured)  Slips of paper with the different feelings from the Feelings Chart written on them  Steps for Facilitation Practice (Appendix 10)	CHAPTER FOUR: Session One

## EASE TRAINING MANUAL: DAY THREE

55	Activity 5: Facilitation practice- Identifying Personal Feelings	EASE Feelings pot poster  EASE Workbook  EASE Storybook  Coloured pencils (optional)  Steps for Facilitation Practice (Appendix 10)	CHAPTER FOUR: Session One  Appendix E: Helpful Hints for UNDERSTANDING MY FEELINGS
20	Activity 6: Importance of home practice		CHAPTER FOUR: Session One – CHAPTER TEN: Session 7  Appendix E- Helpful Hints for HOME PRACTICE
35	Activity 7: Key concept- Session 2-Calming my Body & Facilitation practice	Symptoms Handout (Appendix 6)  Steps for Facilitation Practice (Appendix 10)  EASE Feelings chart  EASE Body map poster	CHAPTER FIVE: Session Two
30	Activity 8: Calming my body - part 1		CHAPTER FIVE: Session Two
20	Activity 9: Importance of Breathing		CHAPTER FIVE: Session Two
55	Activity 10: Calming my body - part 2 and facilitation practice	Balloons (if available)  Steps for Facilitation Practice (Appendix 10)	CHAPTER FIVE: Session Two  EASE Facilitator's Manual, Appendix E: Helpful Hints for Calming my Body
25	Activity 11: Facilitation practice – Strengths activity	Completed Strengths paper (trainer to make a completed Strengths paper in advance)  Square paper and pens	CHAPTER FOUR: Session One – CHAPTER TEN: Session 7

## EASE TRAINING MANUAL: DAY THREE

		Steps for Facilitation Practice (Appendix 10)	
15	Activity 12: Ending	Daily Reflection and Feedback Forms (Appendix 14)	

## EASE TRAINING MANUAL: DAY THREE

### Preparing 'facilitators of the day' (before/after training day)

1. Encourage 'facilitators for the day' to review the instructions in the EASE Facilitator's Manual, relevant to their activity
2. Support 'facilitators for the day' by reminding them that this is a practice and chance to learn. Use basic helping skills to manage any worries or concerns that 'facilitators for the day' may have.
3. Ensure that the 'facilitators for the day' have all the necessary materials for their activity
4. Support 'facilitators for the day' with any questions they may have about their practice.

### Activity 1: Recap (15 minutes)

#### Materials:

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)

1. Follow the same instructions as described in full on Day 2

### Activity 2: Introducing EASE Session 1 (30 minutes)

#### Link to EASE Facilitator's Manual

- CHAPTER FOUR: Session One, Confidentiality box (page 45)
- Appendix C: MANAGING DISCLOSURES OF ABUSE

1. Briefly review Welcome and Introductions, Review of the Programme and Group Rules in EASE Youth Session 1 using the EASE Facilitator's Manual.

#### PRESENTATION: Confidentiality (5 minutes)

1. Explain that a crucial part of the introduction for EASE session 1 is to explain what confidentiality is to the adolescents. Confidentiality will also be explained to the caregivers- which will be discussed later in training.
2. Explain that it is important to explain confidentiality clearly and using simple language.
3. Explain that as part of the research process, EASE clients will have confidentiality explained to them several times, when completing assessments and when giving consent to participate in the study.
4. However, it is still important to remind clients of the importance of confidentiality. As confidentiality in the EASE group sessions has some differences compared to confidentiality with the research.
5. Review the topic of confidentiality as described in the EASE Facilitator's Manual, CHAPTER FOUR: Session One, Confidentiality box (page 45)

#### DEMONSTRATION ROLE PLAY: Confidentiality (5 minutes)

1. The trainer role-plays explaining confidentiality using the EASE Facilitator's Manual CHAPTER FOUR: Session One, Confidentiality box (page 45)
2. Training participants will be a group of adolescents attending EASE and should be invited to ask questions as a group of adolescents would.
3. If the following questions are not asked, then the co-trainer should ask the trainer who is doing the role play '*what if I do not want you to tell someone else*' or '*will your supervisor tell anyone else*'.

## EASE TRAINING MANUAL: DAY THREE

4. NOTE. If there are questions during the role play about breaking confidentiality to the supervisor, the trainer can also describe the supervisor as *'they are someone who has your best interest at heart and someone who works to protect children.'*

### ALL PARTICIPANTS ROLE PLAY: Confidentiality (10 minutes)

1. Ask participants to form pairs and take turns explaining confidentiality to each other, using the EASE Facilitator's Manual CHAPTER FOUR: Session One, Confidentiality box (page 45) as a guide.
2. Trainers should roam around the pairs to ensure that participants are explaining this appropriately e.g.
  - a. stating what confidentiality is
  - b. why confidentiality is important in the EASE group
  - c. when confidentiality can be broken
3. Allow time for questions.
4. If needed, for example if the role plays were not conducted well or were confusing for the other training participants, then the trainer should demonstrate the activity again.

### DISCUSSION: Special considerations for confidentiality (10 minutes)

1. Encourage discussion points such as:
  - a. Why might adolescents (or caregivers) find it difficult to trust an EASE facilitator?
  - b. For which adolescents (or caregivers) might confidentiality be extremely important?
2. There may be a number of suggestions. It is important to highlight:
  - a. How many individuals may take time to trust an EASE facilitator or trust their group.
  - b. Individuals may be from cultures which do not discuss private matters outside of the home. This might mean that some adolescents may be more quiet during discussions or activities in the first few EASE sessions. Using your basic helping skills and ensuring that confidentiality and the group rules are upheld will help to support participants to gain the facilitator's and the group's trust. Participants should never be forced to share with the group or facilitator if they do not want to.
  - c. Individuals who have experienced sexual abuse, or who have experienced adversity which has created a lot of fear, mistrust or shame may find it difficult to trust an EASE facilitator and for whom confidentiality will be particularly important.
3. Explain that in EASE, adolescents will be encouraged to have one-to-one conversations with the facilitator for these particular difficulties, rather than discussing these in the group.
4. The trainer should read out the text from the EASE Facilitator's Manual, CHAPTER FOUR: Session One, Confidentiality box (page 45), which begins *"We will be talking a lot about our personal experiences in this group..."*
5. Instruct facilitators that if participants disclose this information in the group, you must speak with that child or caregiver individually at some point on that same day. The conversation should be private and should cover the following information:
  - a. Is the situation disclosed currently happening (e.g. physical/sexual/verbal abuse or witnessing of this abuse)?
    - i. If 'yes': you must break confidentiality and speak with your supervisor and follow adverse event and child safeguarding procedures. Use basic helping skills to support the participant.

## EASE TRAINING MANUAL: DAY THREE

- ii. If 'no': Use all your basic helping skills to support the participant in that moment and encourage them to continue attending the group so they can learn exercises that might help them cope with life having been through such difficult circumstances.
- iii. Inform facilitators that where appropriate they should ask very basic details about the incident to assist with completing Incident Reporting Forms (which will be discussed on the last day). For example, the frequency of the incident or who was involved in the incident.
- iv. It is important NOT to obtain very detailed information nor to pressure participants for more information. This is because this is the role of the safeguarding focal points, who are trained to do this.
- v. Refer participants to EASE Facilitator's Manual Appendix C: MANAGING DISCLOSURES OF ABUSE

### Activity 3: Key concept- Understanding my Feelings (10 minutes)

#### INTRODUCE the Key Concept

**Say:** *Adolescents can feel overwhelmed by big and difficult feelings. Understanding my Feelings is a strategy which aims to improve awareness of feelings and accurate naming of feelings so that adolescents can target specific big and difficult feelings with the best coping strategies. We will now go through the activities you will complete in the Session 1 of the group.*

1. Explain that we have previously discussed some of the difficult feelings that adolescents experience e.g. sadness, worry, stress, anxiety, depression/low mood, anger, grief.
2. Ask participants: *Why might it be important for adolescents to learn how to accurately identify their feelings?*  
Suggested answer:
  - For youth to be able to identify feelings accurately so they can respond to difficult feelings earlier.
  - The sooner an adolescent can identify the feeling, the sooner they can use the best coping strategies, i.e. before the feelings get too big and may cause the person to feel overwhelmed.
  - You can use a culturally appropriate analogy that demonstrates : when we better understand what something is, we can easily and more quickly respond to it with the right tools (e.g. doing something blind versus unblinded).

### Activity 4: Facilitation practice- Understanding my Feelings (75 minutes)

#### Materials:

- EASE Feelings Chart Poster
- EASE Storybook
- EASE Sadness poster
- Large pieces of blank paper and markers (preferably coloured)
- Slips of paper with the different feelings from the Feelings Chart written on them
- Steps for Facilitation Practice (Appendix 10)



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### **DEMONSTRATION FACILITATION PRACTICE: Understanding my feelings-part 1 only (CHAPTER FOUR: Session One, page 46 EASE Facilitator's Manual) (10 minutes)**

1. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
2. This activity includes:
  - Display the EASE Feelings Chart Poster
  - Introduce the activity
  - Read story: Show Picture 2 and read Text 2
  - Ask the questions in Understanding my Feelings-part 1- from the EASE Facilitator's Manual
3. **Reflection (15 minutes):**
4. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10

### **FACILITATION PRACTICE 1: Understanding my feelings- Externalising feelings: group and pair activity only (CHAPTER FOUR: Session One, pages 47-48 EASE Facilitator's Manual) (35 minutes)**

1. Say: *'As part of Understanding my Feelings in EASE session 1, adolescents will do an activity called 'externalising feelings'. This activity helps to introduce adolescents to one creative way of identifying and describing feelings.'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Externalising feelings: group activity (15 minutes)
  - Externalising feelings: pair activity (20 minutes)
4. **Reflection (15 minutes):**
5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10

## **Activity 5: Facilitation practice- Identifying Personal Feelings (55 minutes)**

### **Materials:**

- EASE Feelings pot poster
- EASE Workbook
- EASE Storybook
- Coloured pencils (optional)
- Steps for Facilitation Practice (Appendix 10)

### **Link to EASE Facilitator's Manual:**

- Appendix E: Helpful Hints for UNDERSTANDING MY FEELINGS

### **DEMONSTRATION FACILITATION PRACTICE: Identifying personal feelings- feelings pot individual activity only (CHAPTER FOUR: Session One, pages 48-49 EASE Facilitator's Manual) (15 minutes)**

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1. Say: *'As part of Identifying Personal Feelings in EASE Session 1, adolescents will use a 'feelings pot'. This is in their workbooks. They will be introduced to the feelings pot in session 1 and will complete their feelings pot as part of home practice. Adolescents will use the feelings pot to identify different positive and difficult feelings they experience throughout the day.'*
2. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
3. This activity includes:
  - Display the EASE Feelings Pot Poster
  - Read story: Show Picture 3 (read Text 3) and Picture 4 (read Text 4)
  - Follow the activity in the EASE Facilitator's Manual, using the EASE Workbook
  - Remember that for Lebanon (or Jordan): emphasise 'drawing shapes and patterns' as coloured pencils will not be used for this activity in Lebanon and may not be available in Jordan.
- 4. Reflection (15 minutes):**
5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Ask participants to reflect on potential difficulties adolescents or facilitators might experience doing this activity (e.g. managing very difficult feelings disclosed by adolescents, how to help adolescents who have difficulty identifying feelings- see EASE Facilitator's Manual Appendix E Helpful Hints for UNDERSTANDING MY FEELINGS )
  - b. Ask participants to consider how older adolescents might view this activity and how they could adapt it to make it more 'mature' (see 'Alternative for older participants' box in EASE Facilitator's Manual, CHAPTER FOUR: Session One, page 49 for tips on this also)

### **FACILITATION PRACTICE 2: Identifying personal feelings – big and difficult feelings discussion only (CHAPTER FOUR: Session One, pages 49-50 EASE Facilitator's Manual) (10 minutes)**

1. Say: *'The big and difficult feelings discussion summarises how these feelings can cause problems in adolescents' lives.'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Read story: Show Picture 5 and read Text 5
  - Guiding discussion and asking questions from the manual
  - Summary script
- 4. Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - Ask participants to reflect on potential difficulties adolescents or facilitators might experience doing this activity (e.g. managing unpleasant feelings disclosed by adolescents, how to help adolescents who have difficulty identifying feelings)

### **FACILITATION PRACTICE 3: Showing our feelings (CHAPTER FIVE: Session Two, page 53 EASE Facilitator's Manual) (10 minutes)**

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1. Say: *'Showing our feelings' activity happens at the beginning of Session 2- it can build on adolescents' understanding of feelings as well as act as a good welcoming game to liven up the group.*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Read story: Show Picture 5 and read Text 5
  - Guiding discussion and asking questions from the manual
  - Summary script
4. **Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10

### Activity 6: Importance of home practice (20 minutes)

#### Link to EASE Facilitator's Manual

- EASE Facilitator's Manual, Appendix E- Helpful Hints for HOME PRACTICE

1. Explain that at the end of each EASE session, children will be given home practice tasks to complete before the next session.
2. Explain the rationale: For any strategy to be effective, people need to practice it regularly. This is important for trainers, facilitators and adolescents.
3. Ask participants: *What do you think the purpose of home practice tasks are, and why might home practice be important?*
4. Responses to elicit:
  - Just like learning any new skill, the more we practice something, the better we become. And the more natural it feels. And the easier it is to do in a difficult situation.
  - We can practice new skills in the sessions with children, but they have the most effect when children practice them in everyday situations.
  - Many of the skills we are teaching children are likely to be helpful in stressful situations. But, we should not expect children to be able to use these skills in stressful situations, without prior practice. Just as you do not learn how to drive a car for the first time on busy roads in the rain at night time!
  - With home practice, children are guiding their own use of the skills at home. This helps to increase their confidence in using the skill on their own. This helps children to feel more empowered to use the skill in their lives without relying on facilitators.
  - Home practice helps children to make these skills become part of their routine.
  - It is essential that children learn how to use the skills themselves, outside of sessions. Otherwise, once the sessions stop, so too will the use of the skills.
  - The same applies for home practice that the caregivers will do.
5. Explain that home practice in EASE is not the same as home practice in school e.g. children should not be *forced* to complete the home practice. However, as we have just discussed above, we know that there are benefits to completing home practice.
6. Explain that children should be *encouraged* to complete home practice and should be praised for any efforts they have made, no matter how small e.g. just thinking about doing the home practice, even if they have not completed it. Or choosing to do one activity instead of all activities set for homework each day. Or reminding participants that they can still attend the next session even if they have not had a chance to complete home practice.

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7. Ask participants: *There are certain things we can do in the session when setting home practice, that make it more likely that children will be encouraged to complete it. What are some things you can do to increase the chance and encourage children to complete homework?*
8. Responses to elicit:
  - Give very clear instructions for the homework tasks
  - Check for understanding of the tasks
  - Where possible, ask children to specify when they will do the task and how they will remember when to do Emphasising that practice can be very brief
9. Explain that at the start of each session, homework will be reviewed.
10. Ask participants: *Why is reviewing home practice important?*
11. Responses to elicit:
  - It shows that homework is important
  - It provides positive reinforcement for efforts made
  - It provides an opportunity to problem solve any difficulties that children have.
  - For children to have the opportunity to help each other identify ways to overcome the challenges they experienced with home practice
  - To set new goals for the coming week e.g. to use ideas for overcoming challenges with homework
12. Ask participants: *What kind of challenges do you expect adolescents to have in doing homework?*
13. Responses to elicit:
  - Forgot to do their home practice
  - Too busy
  - Caregivers didn't let them
  - Didn't understand how to do it
14. Guide participants to think about solutions to the potential problems they have identified using the table from EASE Facilitator's Manual Appendix E- Helpful Hints for HOME PRACTICE.
15. Allow time for questions.

## Activity 7: Key concept- Session 2-Calming my Body & Facilitation practice (35 minutes)

### Material:

- Symptoms Handout (Appendix 6)
- Steps for Facilitation Practice (Appendix 10)
- EASE Feelings chart
- EASE Body map poster

### INTRODUCE the Key Concept

**Say:** *Big and difficult feelings or difficult problems can cause an individual to feel unpleasant physical sensations in their body. Calming my Body in session 2 helps adolescents appropriately regulate physical sensations of distress (i.e. strong, unpleasant*

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*body sensations related to feeling very sad, anxious or stressed etc.) through a slow breathing exercise.*

1. Say: *We have previously identified some physical or body sensations that accompany big and difficult feeling. Can anyone remember some of these?*
2. Responses to elicit:
  - racing heart, palpitations, difficulty breathing, pain in the body, tingling sensations such as in the hands, hot or cold sensations etc.
  - Remind participants of the Symptoms Handout: Body
3. Say : *'Calming my Body is a strategy that focuses on these body sensations'.*

### **FACILITATION PRACTICE 4: Feelings and my body (CHAPTER FIVE: Session Two, pages 54-55 EASE Facilitator's Manual) (20 minutes)**

1. Say: *'As part of Feelings and my Body in EASE group session 2, adolescents will learn that big and difficult feelings can cause unpleasant physical sensations in the body.'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Display EASE Body Map poster
  - Read story: Show Pictures 9-11 and read Text 9-11
  - Guide participants to complete Body Map exercise
  - Use the Feelings Chart
4. **Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a. Ask participants: *What do you think adolescents will learn from this exercise?*
  - b. Responses to elicit:
    - i. The activity will show adolescents that these sensations are common and not always a sign that something is seriously physically wrong.
    - ii. It will show that other adolescents experience sensations that are similar to and different from them.
    - iii. It will show that the same person can experience different sensation on different days. [Remind facilitators that there are no right or wrong ways for the Body Map to be completed because feelings can be different between different people and different for the same person, on different days.]
    - iv. It will help with increasing their ability to identify body sensations

## **Activity 8: Calming my body – part 1 (30 minutes)**

### **GROUP ACTIVITY: Helpful and unhelpful coping strategies (20 minutes)**

- 1- Ask the group to stand up. Tell the group them you are going to describe some common strategies individuals use to cope with problems.
- 2- Explain that if participants think this is a helpful coping strategy, they should place their hands on their heads. If participants think this is an unhelpful coping strategy, they should place their hands on their hips.
- 3- Randomly say examples of helpful and unhelpful strategies (see examples below and adapt these for your local setting)

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- 4- As the group answer, ask participants why they think some coping strategies are helpful or unhelpful.
- 5- Be sure to explain that some strategies can be both helpful and unhelpful depending on how they are used. For example, if a person is stressed and tired and they use sleep to cope, this is a helpful coping strategy. But if they sleep too much and miss school or miss their job, this would be unhelpful.
- 6- Explain that unhelpful coping strategies can feel good to start with, but in the long-term they can cause more harm. For example, it may feel good to miss one day of school if it causes a child anxiety, but in the long term missing too much school may lead to poorer social support, and difficulties with school work.
- 7- Acknowledge that everyone copes in different way. Different coping strategies might be helpful or unhelpful depending on how they are used. EASE aims to provide new helpful strategies for young adolescents and their caregivers.
  - Examples of *helpful* coping strategies: talking to someone you trust, praying, asking for help, doing something physically active, relaxation exercises, and using humour.
  - Examples of *unhelpful* coping strategies: drinking alcohol or using recreational drugs, suppressing thoughts about problems, running away, lying to others, avoiding people, sleeping too much, over-eating.

### DISCUSSION: Helpful and unhelpful coping strategies (10 minutes)

1. Say: 'As part of *Calming my Body* in EASE group session 2, adolescents will first learn about helpful and unhelpful coping strategies.'
2. Review the 'Discussion on participant's helpful coping strategies' only, in EASE Facilitator's Manual CHAPTER FIVE: Session Two, pages 55-56 .
3. Ask participants to reflect on potential difficulties adolescents or facilitators might experience doing this activity
4. Invite questions about helpful and unhelpful coping strategies from the participants.

## Activity 9: Importance of Breathing (20 minutes)

### PRESENTATION: Importance of Breathing

1. Tell participants that we have just learned how difficult problems or feelings can cause physical sensations in the body; and we have just discussed ideas of helpful and unhelpful coping strategies. Explain that we will now talk about the importance of breathing.
2. It is normal to feel distressed when we are in situations of threat, war and adverse conditions, or when life demands tremendous efforts to cope with abrupt and sometimes violent change outside our control.
3. When we feel distressed our brain tells our body there is danger. Our breathing increases and becomes shallow, our heart beats harder and faster. This can cause the unpleasant physical sensations throughout our body.
4. One way to calm the body is to focus on slow breathing. This helps to reduce the unpleasant sensations that are created in our body when we are distressed.
5. The more we repeat slow breathing, the more relaxed and calm we feel.
6. We will now practice the slow breathing activity which is part of the EASE youth and caregiver sessions. Both youth and caregivers will be encouraged to practice slow breathing as part of home practice. Adolescents will document this in their workbooks.



## Activity 10: Calming my body -part 2 and facilitation practice (55 minutes)

### Materials:

- Balloons (if available)
- Steps for Facilitation Practice (Appendix 10)

### Link to EASE Facilitator's Manual

- Appendix E: Helpful Hints for Calming my Body

### DEMONSTRATION FACILITATION PRACTICE: Slow breathing group activity (page 56-58 EASE Facilitator's Manual) (20 minutes)

1. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
2. Trainers should walk around and make sure participants understand each step before moving onto the next one. Participants should be given plenty of time to practice each step (breathing from stomach, noticing sensations related to breathing in and out from the stomach, breathing slowly to the rhythm you set).
3. NOTE: For Lebanon (or Jordan): remember to use the alternative instructions if balloons are not available.
4. This activity includes:
  - Participants learn about breathing from their stomachs
  - Participants learn about breathing slowly
  - Putting it altogether
  - Two alternatives to slow breathing

### ALL PARTICIPANTS ROLE PLAY: Slow breathing group activity (page 56-58 EASE facilitator's manual) (20 minutes)

1. Ask participants to form pairs and take turns explaining slow breathing to each other using the Slow breathing: group activity- EASE Facilitator's Manual, CHAPTER FIVE: Session Two, pages 56-58 as a guide.
2. Trainers should roam around the pairs to ensure that participants are explaining this appropriately.
3. The trainer should use the Helpful Hints for Calming my Body (EASE Facilitators Manual Appendix E) to support participants with any difficulties during the breathing exercise (i.e., if they felt dizzy they were probably not breathing all the air out or breathing from their stomachs)
4. Allow time for questions.
5. If needed, for example if the role plays were not conducted well or were confusing for the other participants, then the trainer should demonstrate the activity again.
6. **Reflection (15 minutes):**
7. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Emphasise that there are many different ways that slow breathing can be taught and that participants may have learned their own way to do this before this training e.g. participants may have noticed that closing their eyes is helpful-however this is not emphasised in the EASE Facilitator's Manual as for safety reasons it is important to not impose closing eyes on the adolescents.
  - b. Explain that for EASE it is important to use the manual as a guide to demonstrate slow-breathing

## EASE TRAINING MANUAL: DAY THREE

- c. The important things are to breath from the stomach and to breathe slowly. This might look different for different participants which is why we say 'you do not have to do it perfectly'
- d. Remind participants of the demonstration role play and emphasise that it is important that instructions are given in a similar step by step manner, making sure that the EASE participants understand each step before moving to the next one.
- e. Recap on the two alternatives to slow breathing.

### Activity 11: Facilitation practice – Strengths activity (25 minutes)

#### Materials:

- Completed Strengths paper (trainer to make a completed Strengths paper in advance)
- Square paper and pens
- Steps for Facilitation Practice (Appendix 10)

1. Say: *'Adolescents will be lead through a Strength's activity at the end of each session. This activity helps participants identify their personal strengths and is a positive activity to end each session.'*
2. The positive ending to the child sessions can be further emphasised by praising them for the efforts in engaging in the strengths activity as well as praising them for their efforts in the session as well. Facilitators should be aware that this is not necessarily emphasised in the EASE Facilitator's Manual but is a simple addition to the end of each session.
3. Describe to participants what participants will do for the Strength's activity. Show them a completed Strengths paper. Remind participants to ensure that the adolescents' names are on the Strengths paper as facilitator's will keep these and give back at the end of each session.

### FACILITATION PRACTICE 5: Activity to end the session (CHAPTER FOUR: Session One, pages 50-51 EASE Facilitator's Manual) (10 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - a. Asking participants to sit in a circle
  - b. Thinking about personal strengths
  - c. Following the instructions for the paper
  - d. Collecting the papers
3. **Reflection and facilitation feedback (15 minutes):**
4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a. Ask participants to reflect on potential difficulties adolescents or facilitators might experience doing this activity (e.g. adolescents struggling to think of 'strengths' for themselves)
  - b. Tips for eliciting strengths words from adolescents if they struggle to think of their own:
  - c. Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind etc.).
  - d. Facilitators could also think of a strength word to describe each participant in case a participant cannot think of one e.g. you were a good listener in today's session.
  - e. Facilitator's could ask how a friend might describe that adolescent.



## **Activity 12: Ending (15 minutes)**

**Materials:**

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1.
2. ALSO: Ask all participants to familiarise themselves with Ease Youth Sessions 3 & 4.
3. ALSO: Home practice for facilitators: complete 5 minutes of slow breathing .

## EASE TRAINING MANUAL: DAY FOUR

### DAY FOUR

<b>DAY 4 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to implement key activities in EASE youth sessions 3 &amp; 4</li> <li>• Know how to respond to home practice difficulties for Calming my Body</li> <li>• Understand the key concepts for the Changing my Actions strategy</li> <li>• Know the steps to teaching participants Changing my Actions</li> <li>• Be able to identify participants who are displaying anxious avoidance or anger and amend the Changing my actions strategy accordingly</li> <li>• Know how to respond to home practice difficulties for Changing my Actions</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
30	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)  Steps for Facilitation Practice (Appendix 10)	
30	Activity 2: Responding to Home Practice Difficulties for Calming my body	Paper, pens (for participants)  EASE Workbook	CHAPTER FIVE: Session Two – CHAPTER 10: Session 7  EASE Facilitator's Manual Appendix E: Helpful Hints for Calming my Body
80	Activity 3: Key Concept – Session 3- Changing my actions	Symptoms Handout (Appendix 6)  Case Studies (Appendix 7)  Steps for Facilitation Practice (Appendix 10)	CHAPTER SIX: Session Three
60	Activity 4: Key concept- Session 4- Changing my actions and facilitation practice	Flipchart paper and pens (for pairs)  Case Studies (Appendix 7)	CHAPTER SEVEN: Session Four

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		Steps for Facilitation Practice (Appendix 10)	
45	Activity 5: Facilitation Practice- Session 4-Part 2 continued	Steps for Facilitation Practice (Appendix 10)	CHAPTER SEVEN: Session Four
30	Activity 6: Responding to Home Practice Difficulties for Changing my Actions	Paper, pens (3 groups) EASE Workbook	CHAPTER FIVE: Session Two – CHAPTER 10: Session 7  Appendix E: Helpful Hints for Changing my Actions: Problem and Solution Table
60	Activity 7: Anxious Avoidance and Changing my actions	Flipchart paper and pen (for trainer)  Case Studies Handout (Appendix 7)	Appendix E: Helpful Hints for Changing my Actions
30	Activity 8: Anger and Changing my actions	Flipchart paper and pen (for trainer)  Case Studies Handout (Appendix 7)	
15	Activity 9: Ending	Daily Reflection and Feedback Forms (Appendix 14)	

## EASE TRAINING MANUAL: DAY FOUR

### Preparing 'facilitators of the day' (before/after training day)

1. Follow the same instructions as described in full on Day 3

### Activity 1: Recap (30 minutes)

**Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)
- Steps for Facilitation Practice (Appendix 10)

1. Follow the same instructions as described in full on Day 2

### DEMONSTRATION FACILITATION PRACTICE: Review Session 2 (CHAPTER SIX: Session Three, page 61 EASE Facilitator's Manual).(10 minutes)

1. Say: 'At the beginning of session 3, there is a review activity for adolescents to help them recap on their learning from sessions 1 and 2'.
2. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
3. The activity includes:
  - Review session 2
  - Group activity..
4. **Reflection (15 minutes):**
5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10

### Activity 2: Responding to Home Practice Difficulties for Calming my body (30 minutes)

**Materials:**

- Paper, pens (for participants)
- EASE Workbook

**Link to EASE Facilitator's Manual:**

- Appendix E: Helpful Hints for Calming my Body

1. Tell participants that the young adolescents will be encouraged to practice slow breathing once a day as part of their home practice.
2. Home practice for slow breathing will first be reviewed starting from session 3. Facilitator's will need to support participants with any difficulties they experience.
3. Briefly review 'Review home practice' (CHAPTER SIX: Session Three, page 62)
4. Explain and show that the EASE Workbook has a page with a balloon for each day, and young adolescents will be encouraged to colour or fill in the balloon to mark each time they have practiced slow breathing.
5. Give a rationale for the importance of practising slow breathing regularly:
  - a. For any strategy to be effective, people need to practice it regularly. This is especially important for facilitators too.
  - b. When practising slow breathing on their own, young adolescents will no doubt experience difficulties. These difficulties are great learning opportunities that will be managed together in sessions during home practice reviews and help

## EASE TRAINING MANUAL: DAY FOUR

- participants improve their ability to use slow breathing to manage big and difficult feelings and body sensations.
6. Divide participants into 3 small groups or pairs and give each group one of the common difficulties from the Helpful Hints table without giving them the solutions.
    - a. Ask them to brainstorm as many reasonable ways they could respond to the problem the participant had with their slow breathing practice.
    - b. Groups will have 5 minutes to think of their responses and write them down.
    - c. After 5 minutes, participants will return to the larger group and 1 participant from each small group will read their problem and the solutions they suggested to manage it.
    - d. You will give feedback to each group's list of solutions by referring to the solutions listed in the Helpful Hints table.
      - i. If a solution suggested by the group is not included in the Helpful Hints table, but you decide it is a reasonable way of responding to this problem (i.e. it is in accordance with the aims of EASE and meets principles for adherence to the manual), you can suggest participants also use this option.
      - ii. If a solution suggested by the group is not included in the Helpful Hints table, but you decide it is not a reasonable way of responding to this problem (i.e. it is not in accordance to the aims of EASE, or introduces strategies or techniques that are outside of EASE, or may be unhelpful), you must state why this would not be a good option for this program.
    - e. Make sure that you cover the solutions which are addressed in Ease Facilitator's Manual Appendix E: Helpful Hints for Calming my Body
    - f. Invite questions on responding to home practice difficulties with slow breathing.
  7. Briefly review the 'Review of Home Practice' in EASE Facilitator's Manual, Session 3, page 62.

### Activity 3: Key Concept – Session 3- Changing my actions (80 minutes)

#### Materials:

- Symptoms Handout (Appendix 6)
- Case Studies (Appendix 7)
- Steps for Facilitation Practice (Appendix 10)

#### INTRODUCE the first Key Concept of Changing my Actions

**Say:** *Big and difficult feelings can affect people's activity. They might reduce their activity or do fewer things that give them a sense of meaning. Changing my Actions aims to improve adolescents' mood by gradually increasing their activity and giving it more meaning (e.g. through social, enjoyable and rewarding activities).*

1. Ask participants: *Can you think of some of the ways big and difficult feelings can change an adolescents' behaviour or their actions?*
2. Example answers:
  - Reduce their activity.
  - More slow or lethargic when doing things.
  - Isolate themselves.
  - Engage in risky behaviours such as drinking alcohol, or harmful behaviours, like becoming aggressive.
  - Link back to Symptoms Handout (Appendix 6): Actions

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3. Say: *We expect most adolescents participating in EASE will have reduced or changed their activity to a degree that is impacting on their wellbeing. For instance, they may not be socialising as much as they used to, not doing the things that give them pleasure, or they may not be doing the things they need to do, such as school work or chores in the home, or engaging in other meaningful activities. Adolescents might also be engaging in activities that are causing them more problems, or not giving them a sense of meaning, such as being aggressive in social situations with others. In EASE, we teach adolescents a strategy to help them gradually improve their activity in meaningful ways. This is a quick and simple way to have an impact on their mood.*
- **Optional:** The trainer may discuss why this programme does not address other behavioural problems such as problematic drinking. E.g. the developers of EASE decided to focus on behavioural symptoms associated with depression or low mood because it was expected that most adolescents in this age group and across different cultural groups will experience these symptoms. Problem drinking and similar risky behaviour problems often require several intervention techniques over a longer period of time. These problems are also less common in some cultural settings and with this age group.

### Case studies (20 minutes)

1. Divide the participants into two groups and give them one day four case study each (Appendix 7). The case studies have questions. Give the groups 5 minutes to read and prepare answers to the questions:
2. After five minutes ask for their responses.
3. *What meaningful activities have Karima and Ali reduced or stopped doing?*  
Answers:
  - a. Karima: missing school, stopped seeing her friends, not finishing her house chores
  - b. Ali: not making friends at new school, avoid neighbourhood areas where children play, isolates himself at lunchtime
4. *How have big and difficult feelings caused this change in meaningful activities for Karima and Ali?*  
Answers:
  - lack of energy to identify causes of reduced activity: lack of energy, reduced pleasure or interest in school, finding the chores too difficult or overwhelming, feeling too tired.
5. Say that: *This can make us get caught in a vicious cycle, where withdrawing from meaningful activities such as pleasurable activities such as socialising or tasks such as school or house chores can make us feel worse.*

### DEMONSTRATION FACILITATION PRACTICE : Feelings and actions (CHAPTER SIX: Session Three, pages 62-63 EASE Facilitator's Manual) (15 minutes)

1. Say: *'As part of Feelings and actions in EASE Session 3, adolescents will first be introduced to the vicious cycle.'*
2. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
3. This activity includes:

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- Introduce Feelings and Actions
- Read story: Show Picture 13 (read Text 13)
- Explain the vicious cycle
- Discuss participants examples

### 4. Reflection (15 minutes):

5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Explain that we will address potential problems for the adolescents/facilitators later in today's session.
  - b. NOTE: When initially describing the poster, describe each feeling and the consequent actions separately. That is, first explain when Kian feels sad, he stops doing enjoyable activities, like socialising, which makes him sadder and then he stops doing even more activities. Then explain the cycle for anxiety and anger separately. Tell facilitators they should explain the cycle in this way to their adolescent participants initially. This is so they understand the cycle. However, tell participants that Kian might also feel all of these feelings at once.

### DEMONSTRATION FACILITATION PRACTICE : Changing my actions (but not the individual activity) (CHAPTER SIX: Session Three, pages 63-64 EASE Facilitator's Manual) (15 minutes)

1. Say: *'Changing my Actions provides a simple strategy to help adolescents to start a new meaningful activity or do more of an old meaningful activity, in order to disrupt the vicious cycle.'*
2. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
3. This activity includes:
  - Introduce Changing my actions
  - Read story: Show Picture 14 (read Text 14)
  - Teach steps to Changing my actions
  - **DO NOT DO the individual activity yet- but explain to participants you will do this next**

### 4. Reflection (15 minutes):

5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Explain that we will address potential problems for the adolescents/facilitators later in today's session.
  - b. Explain in Session 3 participants change actions in a pleasurable event (this is easier and more enjoyable to do) and in session 4 participants change actions in a task (e.g. schoolwork, household chore, activity to support the community). Both of these activities should also be meaningful to participants.

## Activity 4: Key concept- Session 4- Changing my actions and facilitation practice (60 minutes)

### Materials:

- Flipchart paper and pens (for pairs)
- Case Studies (Appendix 7)
- Steps for Facilitation Practice (Appendix 10)

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### **INTRODUCE the second Key Concept of Changing my Actions (30 minutes)**

**Say: *The most important part of Changing my Actions is gradual engagement in the activity.***

1. Divide participants into pairs.
2. Read Ahmed's case study (Appendix 7):
3. Each pair will help Ahmed begin playing his guitar again. Ask the pairs to write down their steps on a flipchart paper.
4. Pairs have 10 minutes to:
  - a. First: think of how to describe the vicious cycle to Ahmed.
  - b. Second: think of as many steps needed to complete this activity: the steps should
    - i. be very simple and manageable for an adolescent to complete;
    - ii. help the adolescent reach their goal of engaging in the chosen activity, even if this happens over several weeks.
5. After 10 minutes is up ask pairs to join in groups of four, so two pairs in each group. Tell them one person from each pair should show how the pair had planned to describe the vicious cycle to Ahmed. After both pairs have demonstrated their descriptions of the vicious cycle ask the groups to discuss any differences they noticed in the descriptions.
6. Summarise the vicious cycle for Ahmed:
  - a. Ahmed felt sad (because of the difficulties he had faced when losing his father)
  - b. This big and difficult feeling of sadness was making him feel tired in his body and without energy. So to cope, he reduced playing his guitar
  - c. This made him feel more sad (thinking that he cannot do it or it is too difficult)
  - d. So he has stopped playing his guitar altogether.
7. Now ask the groups to return to the large group and ask each pair to hang up their paper with the steps they wrote down. Hang all the papers at the front of the room
8. Ask for one person from each pair to read the steps they wrote down.
9. When all steps have been read aloud, ask the big group to choose which list of steps is the most helpful for Ahmed. Ask participants to justify their choice.
10. Remind participants that the order for the Changing my actions steps is:
  - a. Choose the activity: *Here we pretended that Ahmed had chosen his activity of playing guitar again*
  - b. Break the activity into small and easy steps
  - c. Plan when to do these steps: *We would ask Ahmed to think about exactly when, what day, what time he would do his first step.*
  - d. Repeat the steps: *We might even tell Ahmed to repeat each step a few times before going to the next step- so that it helps the activity to become more regular in his life.*

### **DEMONSTRATION FACILITATION PRACTICE : Changing my actions (individual activity ONLY) (CHAPTER SIX: Session Three, page 64 EASE Facilitator's Manual) (15 minutes)**

1. Say: *'We will now demonstrate the last activity of changing my actions in session 3- which is an individual activity. After explaining the vicious cycle and explaining the steps to changing my actions, facilitators will then support participants in an individual activity, to think about their own changing my actions steps to help participants engage in their chosen meaningful activity'*



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2. Follow the instructions for Demonstration Facilitation Practices in Appendix 10
3. This activity includes:
  - the individual activity
  - ask participants to use real personal examples of an activity they would like to engage in
  - the activity should be something that they can do over the next week
  - the activity can be something they used to do or something they have never done before
  - the activity can be enjoyable or task-oriented
  - Demonstrate how to lead the group through each Changing my Actions step for their individual activities (e.g. adolescents who have similar activities could work as a group; literate individuals could use the workbook to write their ideas down; facilitator walks around the group to help individuals with their steps)
4. **Reflection (15 minutes):**
5. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Be sure to discuss how facilitators can complete the individual activity in a group setting (see ideas in last point of above role-play)

### Activity 5: Facilitation Practice- Session 4-Part 2 continued (45 minutes)

#### Materials:

- Steps for Facilitation Practice (Appendix 10)

#### FACILITATION PRACTICE 1: Changing my actions (CHAPTER SEVEN: Session Four, pages 68 + 69 EASE Facilitator's Manual) (30 minutes)

1. Say: *'In session 3, adolescents learned about changing my actions for a pleasurable activity. Now in session 4, adolescents will learn about changing my actions for meaningful tasks, jobs or chores'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Introduce the second aim of Changing my Actions
  - Read Story: Show Picture 16 and read Text 16
  - Group Activity (15 minutes)
  - Pair activity (15 minutes)
4. **Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10

### Activity 6: Responding to Home Practice Difficulties for Changing my Actions (30 minutes)

#### Materials:

- Paper, pens (3 groups)

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- EASE Workbook

### Link to EASE Facilitator's Manual:

- Appendix E: Helpful Hints for Changing my Actions: Problem and Solution Table

1. Tell participants that the young adolescents will be encouraged to practice Changing my Actions as part of their home practice. And this will be reviewed from the beginning of session 4.
2. Explain and show that the EASE Workbook reminds the adolescents to do their Changing my Actions home practice on weeks 3-6.
3. Give a rationale for the importance of practising Changing my Actions:
  - a. Changing my Actions has 4 steps to it. Some of these steps will need to be repeated. By reminding participants to practice changing my actions, they can progress through their steps with the support of facilitators.
  - b. When practising changing my actions on their own, young adolescents will no doubt experience difficulties. These difficulties are great learning opportunities.
4. Divide participants into 3 small groups or pairs and give each group 2-3 of the problems from the Helpful Hints for Changing my Actions problems and solutions table.
  - a. Ask them to brainstorm as many reasonable ways they could respond to the problems.
  - b. Groups will have 10 minutes to think of their responses and write them down.
  - c. After 10 minutes, participants will return to the larger group and 1 participant from each small group will read their problem and the solutions they suggested to manage it.
  - d. You will give feedback to each group's list of solutions. Make sure that you cover the solutions which are addressed in Ease Facilitator's Manual Appendix E: Helpful Hints for Changing my Actions- problems and solutions table
  - e. Allow time for questions
5. Briefly review the 'Reviewing home practice' – only section on discussing Changing my actions home practice (CHAPTER SEVEN: Session Four, pages 67 + 68, Session 4 EASE Facilitator's Manual)

## Activity 7: Anxious Avoidance and Changing my actions (60 minutes)

### Materials:

- Flipchart paper and pen (for trainer)
- Case Studies Handout (Appendix 7)

### Link to EASE Facilitator's Manual:

- Appendix E: Helpful Hints for Changing my actions

1. Explain that you will now talk about different situations that can affect adolescents engagement in doing an activity. One of them can lead to what is called anxious avoidance.
2. Explain that this is also addressed in the Helpful Hints for Changing my actions in the EASE Facilitator's Manual-Appendix E
3. Read Fatima's case study (Appendix 7)

### Discussion (20 minutes):

*We have heard about Ahmed (from the vicious cycle activity) and now Fatima. Both youth have reduced their activity in something- for Ahmed it was playing the guitar and for Fatima it was*

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*helping her mother at the markets. But their reduction in these activities are very different. What do you think are the main differences?*

1. Ask the following questions to help them differentiate the two examples:
  - *What feelings accompany each child's reduction in activity?* (Ahmed: lack of energy, playing the guitar feels too difficult versus Fatima: fear or anxiety)
  - *What emotional problem do you think has caused each child's reduction in activity?* (Ahmed: depression versus Fatima: anxiety)
  - *What are the differences in how each child might feel about doing their activity again?* (Ahmed: is still interested in the activity; Fatima is fearful of doing the activity)
2. *Say: Some adolescents will have stopped doing things because they are scared or worried about something bad happening if they do engage in that activity. This is called anxious avoidance.*
3. Give participants the opportunity to ask questions to ensure they understand the difference between reduced activity due to depressed mood and anxious avoidance.

### Helpful versus unhelpful avoidance (25 minutes)

1. *Say: There are some situations when a participant avoids doing something, and they should not be encouraged to do that activity anymore. This will be because the activity is dangerous or has a high chance of causing harm and avoiding it is actually helpful. Let's consider the case of Huda.*
2. Read the Huda's case study (Appendix 7)
3. Ask participants what they think **helpful avoidance** is. Include the examples below:
  - Other people of a similar age, gender and/or ethnicity are also avoiding the same activity or place
  - There is a risk that the activity or place is unsafe
  - The adolescent's parents do not give them permission to engage in the activity
4. Address any questions.
5. To help understand **unhelpful** avoidance ask participants if they think the case of Fatima, who was avoiding going to the market with her mother, is a case of helpful or unhelpful avoidance. (Answer: it is unhelpful avoidance).

Rationale for why it is unhelpful:

  - a. Other people of a similar age, gender and/or ethnicity are not avoiding the same activity or place.
  - b. Although it is not possible to ever guarantee that something is 100% safe, the risk is very low.
  - c. The adolescent's parents have given permission to engage in the activity.
6. Now explain that you will read out some different examples of situations and the participants should decide which ones they think are helpful or unhelpful avoidance. If they think it is an example of helpful avoidance they should move to the left side of the room and if they think it is an example of unhelpful avoidance they should move to the right side of the room.

Situations:

  - A young girl started to think her friends did not like her anymore so she stopped spending time with them. One day her friends asked her to play with them but she said 'no' because she was still worried they might not include her. (Unhelpful avoidance)

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- A boy who used to walk alone to visit his uncle was chased by a group of older boys one day. Since then he has stopped walking to his uncle's house without an adult. Other kids his age have also stopped walking around this area. (Helpful avoidance)
- A girl used to play down by the river with her friends. She used to really enjoy it but has not been there in a month because her mother said she could no longer go. (Helpful avoidance)
- A boy who used to sleep without a lamp on at night began to feel too scared to sleep in the dark. He started avoiding sleeping in the dark after he had a bad dream. (Unhelpful avoidance)

### Amending Changing my actions to address anxious avoidance (15 minutes)

1. Explain that you will now discuss how to amend Changing my actions for anxious avoidance which is 'unhelpful avoidance'. Only if a participant wants to start doing an activity again and you also believe it is safe for them to do, but they feel fearful, will you help them gradually face it again.
2. Stress that a participant should never feel pressured into doing an activity they do not want to do. Instead they should be supported to think of another activity.
3. Facilitators should be encouraged to discuss all circumstances of anxious avoidance in EASE participants, with their supervisors. If they are unsure if an activity is safe for the participant to do, they should tell the participant they need to check this before the participant starts doing it again. Ask the participant to choose a different activity for this session. Before your next session, you should discuss the activity with your supervisor who will help you decide whether it is safe or not.
  - The steps to help a participant face a feared activity are the same as previously described for Changing my Actions.
  - **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)
  - **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; their parents will not object to the activity)
  - **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)
  - Have them **repeat that same step a few times** until they are no longer scared of it before moving on to the next step.

## EASE TRAINING MANUAL: DAY FOUR

4. Ask participants to share ideas with the larger group of how they might support Fatima (case study above) with her anxious avoidance.
5. Write each answer down on a flip chart paper. Place each answer in order of smallest step to biggest step, until enough answers have been provided to create a plan which leads to Fatima going to the market with her mother.
6. Explain why this list of suggested steps is the most helpful in terms of the Changing my action strategy for anxious avoidance
7. Repeat the main message: whenever facilitators are unsure if an activity is safe or appropriate for an adolescent, they should not proceed until speaking with their supervisor first!

### Activity 8: Anger and Changing my actions (30 minutes)

#### Materials:

Flipchart paper and pen (for trainer)

Case Studies Handout (Appendix 7)

1. Explain that we will continue talking about different situations that can affect adolescents' engagement in activities. Now we will consider anger.  
*Some adolescents stop doing things because they feel angry. Feeling angry can lead some adolescents to being aggressive, which can damage friendships or other social connections. Anger can also make adolescents not want to engage in an activity anymore that they previously found pleasurable or meaningful. Alternatively, some adolescents who feel angry start doing unhelpful activities which they think helps them cope e.g. drinking alcohol.*
2. Read Hassan's case study (Appendix 7)
3. Ask participants to describe how they think Hassan might be in a vicious cycle. Make sure that the whole cycle is described. Fill out the cycle on a flip chart as participants provide answers.
  - Hassan is feeling angry (because of the loss of his family)
  - This means that he has lost interest in playing football with his friends
  - This has made Hassan feel more angry
  - Hassan no longer plays with his friends [and has started engaging in unhelpful activities]
4. Emphasise that with EASE, we will not work to reduce unhelpful activities such as smoking, however Changing my actions in EASE can help to increase participation in meaningful activities.
5. This can still be helpful for young adolescents who have increased unhelpful activities such as aggressive behaviour, smoking, alcohol or drugs; as it is hoped that by increasing the meaningful activity this may have an effect on improving the youth's mood, and therefore reducing the need to engage in an unhelpful activity.

## EASE TRAINING MANUAL: DAY FOUR

6. Ask participants how they think they could encourage Hassan to use Changing My Actions to manage his aggression?
7. Remind participants of the steps if needed:
  - Choose the activity
  - Break down the activity into easy steps
  - Plan when they can do each step
  - Repeat!
8. Summarise that the steps for changing my actions are the same, whether the main mood is sadness, anxious avoidance, or anger. This activity is always about increasing participation in meaningful activities (pleasurable or task oriented) in a gradual way.

### Activity 9: Ending (15 minutes)

**Materials:**

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1.
2. ALSO: Ask all participants to familiarise themselves with Ease Youth Sessions 5 & 6.
3. ALSO: Home practice for facilitators: complete Changing my Actions action plan over the next several days; continue to practice slow breathing daily for 5 minutes

## EASE TRAINING MANUAL: DAY FIVE

### DAY FIVE

<b>DAY 5 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to implement key activities in EASE youth sessions 5 &amp; 6</li> <li>• Understand the key concepts for the Managing my Problems strategy</li> <li>• Know the steps to teaching participants Managing my Problems</li> <li>• Be able to help participants think of solutions without giving direct advice</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
15	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)	
45	Activity 2: Session 5- Review Home Practice facilitation practice	EASE Storybook  Steps for Facilitation Practice (Appendix 10)	CHAPTER EIGHT: Session Five  Appendix E: Helpful hints for Changing my Actions
10	Activity 3: Key concept Session 5- Managing my problems		CHAPTER EIGHT: Session Five
30	Activity 4: Facilitation practice- Understanding common problems	EASE Maze Poster- print as large as possible e.g. A3  Flipchart paper and pen(for trainer)  Steps for Facilitation Practice (Appendix 10)	CHAPTER EIGHT: Session Five  Appendix C: MANAGING DISCLOSURES OF ABUSE
60	Activity 5: Introducing Stop, Think, Go	EASE Stop, Think, Go Poster  Flipchart paper and pens (three for the trainer)	CHAPTER EIGHT: Session Five
80	Activity 6: Facilitation practice - Managing my problems- session 5	EASE Stop, Think, Go Poster  EASE Storybook  Steps for Facilitation Practice (Appendix 10)	CHAPTER NINE: Session Six

## EASE TRAINING MANUAL: DAY FIVE

60	Activity 7: Facilitation practice- Managing my problems continued- Session 6	EASE Storybook  Steps for Facilitation Practice (Appendix 10)	CHAPTER NINE: Session Six
25	Activity 8: Facilitation practice- Preparing participants for the end of the programme		CHAPTER NINE: Session Six
15	Activity 9: Ending	Daily Reflection and Feedback Forms (Appendix 14)	



## EASE TRAINING MANUAL: DAY FIVE

### Preparing 'facilitators of the day' (before/after training day)

1. Follow the same instructions as described in full on Day 3

### Activity 1: Recap (15 minutes)

**Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)

1. Follow the same instructions as described in full on Day 2

### Activity 2: Session 5- Review Home Practice facilitation practice (45 minutes)

**Materials:**

- EASE Storybook
- Steps for Facilitation Practice (Appendix 10)

**Link to EASE Facilitator's Manual:**

- Appendix E: Helpful hints for Changing my Actions

1. Say: *Session 5 starts with a home practice review of Calming my Body and Changing my Actions.*

#### **FACILITATION PRACTICE 1: Reviewing home practice – only section on Participants discuss Calming my Body practice (CHAPTER EIGHT: Session Five, page 72 EASE Facilitator's Manual) (15 minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Invite participants to share a time they practiced slow breathing
  - Help participants manage any problems with home practice
  - Role-play if needed

#### **FACILITATION PRACTICE 2: Reviewing home practice – only section on Participants discuss Changing my Action practice (CHAPTER EIGHT: Session Five, page 72, EASE Facilitator's Manual) (15 minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Read story: Show Picture 17 and read Text 17
  - Ask participants questions
  - Help participants manage problems with home practice
3. **Reflection and facilitation feedback (15 minutes):**
4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10 for both facilitation practices
  - Remind participants about EASE Facilitator's Manual Appendix E: Helpful hints for Changing my Actions

## Activity 3: Key concept Session 5- Managing my problems (10 minutes)

### INTRODUCE the Key Concept

**Say:** *Big and difficult feelings can affect adolescents' capacity to manage everyday problems. 'Managing my Problems' aims to improve adolescents' ability to identify problems that they can influence; to improve flexibility in their thinking and creativity to help them manage these problems; so that they can learn to find ways to support themselves when facing a problem.*

1. *Say: We have talked about how big and difficult feelings can impact on an adolescent's thinking. One common problem for adolescents is that they no longer feel equipped to deal with everyday problems, such as arguments with friends, difficulties with school, or problems in the home. This may be because big and difficult feelings can influence a person to think that they no longer have control over the problem or they cannot think of appropriate ways to manage the problem. This can leave them feeling helpless, stressed and/or overwhelmed. Not surprisingly, this can also worsen their big and difficult feelings.*
2. *Say: 'As part of Managing my Problems in EASE Session 5, adolescents will first be introduced to the aims of this strategy using a maze activity.'*

## Activity 4: Facilitation practice- Understanding common problems (30 minutes)

### Materials:

- EASE Maze Poster- print as large as possible e.g. A3
- Flipchart paper and pen(for trainer)
- Steps for Facilitation Practice (Appendix 10)

### Link to EASE Facilitator's Manual:

Appendix C: MANAGING DISCLOSURES OF ABUSE

### FACILITATION PRACTICE 3: Introducing the aim of Understanding common problems (CHAPTER EIGHT: Session Five, pages 73 + 74 EASE Facilitator's Manual) (15 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Introduce the aim of Managing my Problems
  - Maze Activity
  - Read story: Show Picture 18 and read Text 18
  - Group discussion (NOTE: The trainer should make sure to write down on a flipchart paper what the responses are to this group discussion. This will form the list of practical problems that will be used in the next exercise).
3. Reflection and facilitation feedback (15 minutes):

## EASE TRAINING MANUAL: DAY FIVE

4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a) Ask participants to reflect on potential difficulties adolescents or facilitators might experience doing this activity (e.g. what if the adolescents do not reach the end of the maze: this is okay as the purpose is to demonstrate that an adolescent may not completely solve their problems during EASE, but they can make progress in different ways and have a plan for managing the problem in the future; what if adolescents report problems with abuse: refer to EASE Facilitator Manual Appendix C for guidelines and discuss with supervisor and follow adverse events and child safeguarding protocols; also it may be more helpful to read the story first before showing the picture otherwise it can be confusing).

### Activity 5: Introducing Stop, Think, Go (60 minutes)

#### Materials:

- EASE Stop, Think, Go Poster
- Flipchart paper and pens (three for the trainer)

1. Refer to the EASE Stop, Think, Go Poster. Explain that the strategy taught in Managing my problems uses a technique of encouraging the adolescents to:
  - a. i) **stop** and consider which problems they have and which problem to choose first to manage,
  - b. ii) to **think** about the different ideas to solve the problem
  - c. iii) to **go** and try the best idea.
2. Tell the participants they will first practice doing these three steps in small groups, before a participant practices facilitating the Managing my problems activity.
3. Tell the facilitators who will do the facilitation practice afterwards that it is ok that the information is being repeated from here and their practice.
4. For STOP- explain that we can sometimes experience many different problems at once. Refer to the list of different problems participants identified in the previous task and ask facilitator's to think of any further problems that might be common to their community. The first step is to choose one problem to solve.
5. Use three pieces of flipchart paper and label each one too big, not solvable and too vague.
6. Ask participants to review the list of common problems displayed (during the Understanding common problems activity) and go through each problem and ask them to identify any problems that might be:
  - a) too big to manage in the short time of the EASE intervention (e.g. problems with poverty, mental health of parents etc.),
  - b) not solvable (e.g. problems in the community that are outside of the adolescent's control), and
  - c) too vague (e.g. 'school problems' or 'problems with friends').
    - The trainer should write down the responses and correct any which need correcting
7. If there are not enough examples, you should add additional ones to the sheets in order to facilitate the next activity.

## EASE TRAINING MANUAL: DAY FIVE

8. Explain that in order to choose one problem to solve it is important for the problem to be small (i.e. not too big), solvable (i.e. not unsolvable) and specific (i.e. not too vague). Use the box from the EASE Facilitator's Manual in CHAPTER EIGHT: Session Five, 'Note for participants' to provide further explanation of how to define the problem as 'small', 'solvable' or 'specific' (page 76).

### Stop! (20 minutes)

1. Explain that sometimes people cannot automatically state their problems in a small, solvable and specific way. So it is the facilitator's job to help them to do this.
2. Divide participants into three groups. Give each group one of three previous pieces of paper: too big, not solvable, too vague. Each group will focus on one problem listed on one of the posters.
3. Each group will have 10 minutes to complete the Stop step with their problem. They should discuss how they would help an adolescent to make their problem either small, solvable or specific and discuss which aspects of the problem meet these criteria.
4. After 10 minutes, return to the larger group to discuss each group's ideas.

### Think! (10 minutes)

1. After choosing a problem to focus on, explain that for the Think! Step, participants should try to think of as many ideas as possible that might help to solve the problem.
2. They should think about what they can do on their own, who they could talk to or places they could go to get help.
3. It does not matter if it is a silly idea or an idea that seems like it will not work.
4. The best ideas will be chosen in the next stage.
5. In their groups of three, ask participants to complete the 'Think' step for their chosen problem and write their ideas on a poster for 10 minutes. They should try to think of as many potential solutions to this problem as possible. Remind them there are no right or wrong answers.
6. IMPORTANT NOTE: It is important to not give direct advice on solutions. Adolescents should be encourage to think of their own ideas. Facilitator's can support adolescents to think of their own ideas. Younger adolescents may need additional support, or longer to learn the activity. Regardless, it is important to be patient and not give direct advice.

### Go! (20 minutes)

1. Ask each group to present their different ideas from the Think! Step to the larger group.
2. Ask everyone to give feedback on all the solutions. This can also include opinions on whether they think they are interesting, funny, effective etc.
3. Tell participants that adolescents will be told how to then pick the best solution:
  - a. It's most likely to help solve part or all of the problem
  - b. It is safe to do
  - c. It is easy to do
  - d. It can be done without annoying or upsetting anyone else
  - e. It can be done without any money
  - f. It can be done straight away
4. Ask everyone to agree on what they think are the best solutions. Ask participants to think about which idea they would want to try first, and which idea they might want to try second, and so on.

## EASE TRAINING MANUAL: DAY FIVE

5. Ask them to return to their small groups and decide on a specific plan ('Go' step) to carry out this solution. This will include:
  - a. thinking about when the plan would happen, - what would be the very first thing that needs to happen
  - b. where it would be carried out,
  - c. what resources are needed etc.
  - d. what might they need to say if the idea is talking to someone
6. Ask the groups to feedback their plans to the larger group and provide feedback on the plans that have been suggested.

### Activity 6: Facilitation practice - Managing my problems- session 5 (80 minutes)

**Materials:**

EASE Stop, Think, Go Poster

EASE Storybook

Steps for Facilitation Practice (Appendix 10)

1. Say: 'After learning about 'Understanding Common Problem', adolescents are introduced to the Managing my Problems strategy.'

#### **FACILITATION PRACTICE 4: Managing my problems (CHAPTER EIGHT: Session Five, pages 74 - 76 EASE Facilitator's Manual) (20 minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Read Story: Show Picture 19 and read Text 19
  - Managing my Problems: Group activity
  - RED = STOP: What is the problem?
  - ORANGE = THINK: What can I do about it? Who can I talk to? Where can I go for help?
  - GREEN = GO: Choose one idea and try it out!

#### **FACILITATION PRACTICE 5: Applying Managing my Problems – group activity – solving each other's problems only (CHAPTER EIGHT: Session Five, pages 76-77 EASE Facilitator's Manual) (20 minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. The trainer should prepare a list of new problems (from the common problem discussion) for the facilitator to use during this exercise- or the facilitator should be instructed to choose problems which have not been discussed from the too big, too vague, unsolvable lists.
3. This activity includes:
  - Group activity: Solving each other's problems (20 minutes)
  - Solving your own problem: Pairs activity: (20 minutes)

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### Facilitation practice 6: Applying Managing my Problems – pairs activity solving your own problem- only (CHAPTER EIGHT: Session Five, pages 76-77 EASE Facilitator’s Manual) (20 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Solving your own problem: Pairs activity: (20 minutes)

#### 4. Reflection and facilitation feedback (15 minutes):

5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a) Make sure to reflect on how to support adolescents with each of their steps in a group or during the pairs activity and how this might require further support from the facilitators and adolescents may struggle, any problems in the group versus pairs activities.

### Activity 7: Facilitation practice- Managing my problems continued- Session 6 (60 minutes)

#### Materials:

- EASE Storybook
- Steps for Facilitation Practice (Appendix 10)

1. Say: In session 6 *the adolescents will be led through activities to strengthen their skills in problem solving. Managing my Problems Activities will be in session 6. It will first be introduced by the trainer as a DEMONSTRATION; then three different facilitators will lead each step of the activities.*

#### DEMONSTRATION FACILITATION PRACTICE : Managing my Problems Activities: Group activity only (CHAPTER NINE: Session Six, pages 84-85, Session 6 EASE Facilitator’s Manual) (3 minutes)

1. The trainer should demonstrate Managing my Problems Activities: Group activity only.
2. The other participants will take the role of a group of adolescents (though they may choose to respond to questions as themselves e.g. to think about their own experiences or feelings in response to the facilitator’s questions).

#### FACILITATION PRACTICE 7: Managing my Problems Activities: A ) Thinking of Ideas only (CHAPTER NINE: Session Six, pages 84-85 EASE Facilitator’s Manual) (9minutes)

1. Invite the participant doing the Managing my Problems Activities: A ) Thinking of Ideas only facilitation practice to lead facilitation.
2. Follow the instructions for Facilitation Practices in Appendix 10

#### FACILITATION PRACTICE 8: Managing my Problems Activities: B) Choosing the best idea only (CHAPTER NINE: Session Six, pages 84-85 EASE Facilitator’s Manual) (9 minutes)

## **EASE TRAINING MANUAL: DAY FIVE**

1. Invite the participant doing the Managing my Problems Activities: B ) Choosing the best idea only facilitation practice to lead facilitation.
2. Follow the instructions for Facilitation Practices in Appendix 10

### **FACILITATION PRACTICE 9: Managing my Problems Activities: C) Steps needed to carry out the idea only (CHAPTER NINE: Session Six, pages 84-85 EASE Facilitator's Manual) (9 minutes)**

1. Invite the participant doing the Managing my Problems Activities: C ) Steps needed to carry out the idea only facilitation practice to lead facilitation.
2. Follow the instructions for Facilitation Practices in Appendix 10
- 3. Reflection and facilitation feedback (15 minutes):**
4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10

### **DISCUSSION of Managing my Problems Review, and Managing my Problems with a new problem (15 minutes)**

1. Explain that as part of session 6 there is also a Managing my Problems Review and Managing my Problems with a new problem.
2. Review these in the manual Managing my Problems Review (CHAPTER NINE: Session Six, pages 81-84 EASE Facilitator's Manual) and Managing my Problems with a new problem(CHAPTER NINE: Session Six, pages 86-87 EASE Facilitator's Manual).
3. Explain that the Managing my Problems Review in session 6 is the same as in the beginning of session 7 (pages 89-91) as this is where home practice will be reviewed.
  - a. Read Story: Show Picture 20 and read Text 20
4. Explain that Managing my Problems Review will be conducted on day 6 after the participants have had the opportunity to conduct the home practice.
5. Briefly review Managing my Problems with a new problem
  - a. Read Story: Show Pictures 21 and 22 and read Texts 21 and 22
6. Invite questions about these or about Managing my Problems

## **Activity 8: Facilitation practice- Preparing participants for the end of the programme (25 minutes)**

1. Explain that this activity is the last activity in Session 6 for the adolescents. Invite the participant who is going to facilitate this activity to take over facilitation.

### **FACILITATION PRACTICE 10: Preparing for the end of the programme (CHAPTER NINE: Session Six, pages 86 -87 EASE Facilitator's Manual) (5minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - a) Discussion about the end of the programme
- 3. Reflection and facilitation feedback (20 minutes):**



## EASE TRAINING MANUAL: DAY FIVE

4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a) Ask participants to identify some of the different reactions participants might have about the programme coming to an end. Invite participants to consider:
    - How might the participant exhibit this reaction in the group and how could that impact on the group dynamics (e.g. if a participant is feeling angry about the programme finishing, s/he might begin to be disruptive in the group or refuse to follow the facilitator's instructions)
    - What might be the reason for an adolescent having a particular reaction (e.g. the participant might be feeling angry because they do not want the group to finish. It might mean they have to return to working in the afternoons or they are disguising feelings of sadness about no longer seeing the facilitator or other group participants)
    - How could the facilitator manage these reactions (e.g. use their basic helping skills to help the participant understand that these reactions are normal, support the participant in managing their reaction by using any of the EASE strategies)

### Activity 9: Ending (15 minutes)

**Materials:**

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1.
2. ALSO: Ask all participants to familiarise themselves with Ease Youth Session 7 and Caregiver Session 1.
3. ALSO: Home practice for facilitators: complete Changing my Actions and Managing my Problems action plans



## EASE TRAINING MANUAL: DAY SIX

### DAY SIX

<b>DAY 6 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to implement key activities in EASE youth sessions 7 &amp; Caregiver's session 1</li> <li>• Be able to use the role play method in Managing my Problems (home practice) review</li> <li>• Understand the key concept for Brighter Futures</li> <li>• Be able to discuss self-care with caregivers</li> <li>• Understand the overview of the caregiver sessions</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
15	Activity 1: Recap	<p>Flipchart paper and pen for the Learning Objectives</p> <p>Group Rules Poster (from Day 1)</p> <p>Activities to Review Prior Day (Appendix 15)</p>	
65	Activity 2: Managing my Problems Home Practice	<p>Paper, pens (for facilitators)</p> <p>EASE Workbook</p> <p>Pre-prepared case example of a successfully solved problem for demonstration role-play of the Managing my Problems review role-play method</p>	<p>CHAPTER NINE: Session Six- CHAPTER TEN: Session Seven</p> <p>Appendix E: Helpful Hints for Managing my Problems</p>
20	Activity 3: Key concept – Session 7 'Brighter futures'		CHAPTER TEN: Session Seven
40	Activity 4: Facilitation practice- Brighter futures	Steps for Facilitation Practice (Appendix 10)	CHAPTER TEN: Session Seven
45	Activity 5: Reflection on all adolescent sessions		
25	Activity 6: Introducing the caregiver sessions		
10	Activity 7: Review EASE caregiver session structure		
10	Activity 8: Working with caregivers		
10	Activity 9: How to encourage caregivers to attend their sessions		
20	Activity 10: Basics of parenting	Flipchart paper and pens (for trainer)	

## EASE TRAINING MANUAL: DAY SIX

10	Activity 11: Introduction exercises in caregiver session 1		CHAPTER ELEVEN: Session One
65	Activity 12: Facilitation practice- caregiver strengths and common signs of sadness, worry and stress	<p>Paper, pens or pencils. EASE Possible causes poster</p> <p>EASE Understanding difficult feelings poster.</p> <p>EASE Adolescent Strategies Handout</p> <p>(Optional: Pens or pencils and Body Map- optional handout; Four large pieces of paper, pens/pencils).</p> <p>Steps for Facilitation Practice (Appendix 10)</p> <p>Answering caregiver questions on adolescent strategies (Appendix 22)</p>	<p>CHAPTER ELEVEN: Session One</p> <p>Appendix G: Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN CAREGIVERS TRY TO ASSIST THEIR CHILD WITH THE EASE YOUTH EXERCISES</p>
15	Activity 13: Ending	Daily Reflection and Feedback Forms (Appendix 14)	

## **Preparing 'facilitators of the day' (before/after training day)**

1. Follow the same instructions as described in full on Day 3

## **Activity 1: Recap (15 minutes)**

### **Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)

1. Follow the same instructions as described in full on Day 2

## **Activity 2: Managing my Problems Home Practice (65 minutes)**

### **Materials:**

- Paper, pens (for facilitators)
- EASE Workbook
- Pre-prepared case example of a successfully solved problem for demonstration role-play of the Managing my Problems review role-play method

### **Link to EASE Facilitator's Manual:**

- Appendix E: Helpful Hints for Managing my Problems

## **DEMONSTRATION ROLE PLAY: Review home practice – 'Participants discuss Managing my Problems practice' only (CHAPTER TEN: Session Seven, pages 89-91 EASE Facilitator's Manual- NOTE this is the same as 'Managing my Problems Review' in Session 6 on pages 81-84) (25 minutes)**

1. Say that review of Managing my Problems home practice happens in sessions 6 and 7.
2. Tell participants that the adolescents will be encouraged to practice Managing my Problems as part of their home practice.
3. Explain and show that the EASE Workbook has pages which reminds the adolescents to do their Managing my Problems home practice on weeks 5-6
4. Give a rationale for the importance of practising Managing my Problems:
  - a. Managing my problems relies on trying solutions to help solve the problems. Many different solutions may need to be tried. By reminding participants to practice managing my problems, they can progress through their solutions with the support of facilitators.
  - b. When practising managing my problems on their own, adolescents will no doubt experience difficulties. These difficulties are great learning opportunities.
5. Provide a summary of Review Home Practice- discuss Managing my Problems practice only (session 7, pages 89-91 EASE Facilitator's Manual) and explain that this is the same as 'Managing my Problems Review' (in session 6 on pages 81-84)
6. Explain the Role Play Method box in session 6 (page 83) and session 7 (on page 91) of the EASE Facilitator's Manual.
7. Explain that EASE has suggested ways of helping adolescents with Managing my Problems for 5 scenarios (i.e. 1a, 1b, 2, 3 and 4).

## EASE TRAINING MANUAL: DAY SIX

8. The trainers should demonstrate the role-play method using scenario 1a, using a pre-prepared case example.
9. One trainer will act as the EASE facilitator and the other trainer will act as a participant who has successfully solved their problem. The other participants should act as a group of adolescents and observe the trainers.

### **ALL PARTICIPANTS ROLE PLAY: Using the 'role play method' for Managing my Problems (40 minutes)**

1. Divide participants into 4 groups
2. Give participants one of each of the remaining scenarios (i.e. 1b, 2, 3, or 4)
3. Participants have 10 minutes to write a case example they can role-play that demonstrates how to use the role-play method for their chosen scenario. Only one adolescent's problem should be addressed in each role-play
4. Groups will have 5 minutes to present their role-plays to the rest of the group
5. Provide feedback and support after each role-play (10 minutes)
  - a. Remind participants that there are helpful hints in Ease Facilitator's Manual Appendix E: Helpful Hints for Managing my Problems.
  - b. Invite questions on responding to reviewing home practice for Managing my Problems.

### **Activity 3: Key concept – Session 7 'Brighter futures' (20 minutes)**

#### **INTRODUCE the Key Concept**

***Say: Adolescents will experience practical problems and unpleasant feelings and body sensations in the future. If adolescent practice the EASE strategies after the programme has finished, it can support them to manage these problems so they do not become too big and difficult again and interfere with their daily functioning and wellbeing in the future.***

1. Ask participants if they have ever been physically injured before and what their recovery was like (elicit ideas about recovery being up and down, unpredictable, having set-backs, episodes of fast progress etc.).
2. Ask them to identify any set-backs in their physical recovery: what caused the set-backs? (individual factors, environmental factors, unknown factors).
3. Invite participants to share how they responded to the set-backs in their physical recovery and whether they were effective or not.
4. Link key discussion points to expectations of an adolescent managing their emotional well-being following EASE- there will be set-backs, and they are not failing by having them but they do need to respond in helpful ways to minimise the impact on their emotional well-being.
5. Explain that 'Brighter Futures' introduces this key concept to adolescents in session 7.

## Activity 4: Facilitation practice- Brighter futures (40 minutes)

**Materials:**

- Steps for Facilitation Practice (Appendix 10)

### **FACILITATION PRACTICE 1: Brighter futures but not the craft activity (CHAPTER TEN: Session Seven, pages 92-93 EASE Facilitator's Manual) (25 minutes) (suitable for division between two facilitators)**

1. Follow the instructions for Facilitation Practices in Appendix 10
2. NOTE: in the manual it says Picture/Text 23 and Picture/Text 24. It should be Picture /Text 22 and Picture/Text 23.
3. Tell participants that a craft activity follow this group activity for responding to future problems. This is so the adolescents can make something creative to help remind them about EASE. But we will not do this in the facilitation practice.
4. This activity includes:
  - Read Story: Show Picture 23 and read Text 23
  - Read Story: Show Picture 24 and read Text 24
  - Group Activity: Responding to future problems (20 minutes)
5. **Reflection and facilitation feedback (15 minutes):**
6. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10

## Activity 5: Reflection on all adolescent sessions (45 minutes)

1. Explain that we have come to the end of the practices for the young adolescent sessions.
2. Invite the group to discuss:
  - Anything related to the activities they will be required to deliver in session 1-7 for the young adolescents
  - What do they feel has gone well in the training so far?
  - What do they feel has not gone as well? What worries or concerns do they have?
  - Is there any feedback that the participants received which they would like to reflect on further?
  - Are there any activities which participants would like further clarification on?

## Activity 6: Introducing the caregiver sessions (25 minutes)

1. Explain that EASE aims to support parents to improve their interactions with their child through several simple techniques- responding to emotional distress in their child, quality time, showing an interest in their child and giving praise.
2. EASE is not a parenting programme.
3. EASE caregiver sessions inform caregivers about the content of the youth sessions and how caregivers can play a role in supporting their child (e.g. teaching them slow breathing technique).
4. EASE also aims to support the caregiver's emotional wellbeing by teaching them basic ways to look after themselves (self-care)

## EASE TRAINING MANUAL: DAY SIX

5. Ask: *What happens to child-caregiver interactions when families are exposed to adversity?*
  - They can become negative (e.g. more arguments, increased criticism, increased hostility, more use of physical punishment/discipline, reduced sense of safety).
6. Ask: *What potentially long-term effects can these have on an adolescent?*
  - Adolescents can repeat these styles of interactions with their family members
  - It may affect the adolescent's ability to fulfil their potential
  - It may impact negatively on academic performance, ability to get work, and their ability to form healthy relationships.
7. Give an overview of the aims of the caregiver sessions and how these are achieved:
  - Encourages caregivers to support their adolescents completing the EASE programme
  - Caregivers are informed of the main adolescent strategies and encouraged to ask questions about these.
  - Note that facilitators **will not** share personal information from the adolescent sessions with caregivers (remember this breaks confidentiality).
  - Caregivers will be invited to share any observations they have noticed in their child trying to practise or use these exercises
  - Caregivers are encouraged to support their adolescent to complete the EASE strategies/home practice. For example, reminding the adolescent about their home practice, helping them complete their practice, talking about the youth strategies with the adolescent, sharing what the caregiver themselves are learning in their sessions, encouraging the adolescent to teach them one of the EASE strategies (e.g. slow breathing) and practice these together, providing practical support for the adolescent to complete their home practice (e.g. a private space)
  - EASE also aims to support the caregiver's emotional wellbeing by teaching them basic ways to look after themselves (self-care)
8. Support caregivers to improve their relationships and interactions with their adolescents
  - Discussing the four caregiver techniques:
    - 1) identifying and responding to feelings
    - 2) spending quality time together
    - 3) showing an interest in them
    - 4) giving praise.
9. Explain why these techniques were chosen and how they will be encouraged:

*These techniques were chosen because they are easy to practice and yet can significantly improve adolescent-caregiver relationships. Some caregivers may be doing all or some of these things very well and others might not be doing them at all. Facilitators will use discussions and activities to deliver these sessions in a way that supports caregiver's use of these skills rather than teaching them. After covering each topic with caregivers, you will discuss any obstacles they might have to using these skills with their children. This might include being busy, forgetfulness, their own mood at the time. The facilitator's role will be to help caregivers brainstorm ideas to overcome these difficulties.*

## Activity 7: Review EASE caregiver session structure (10 minutes)

1. Ask participants what they recall about the EASE caregiver sessions from the first day of training.
2. Remind participants of any information that has not been recalled e.g. number of sessions, when the session happen, content.
3. Explain that the 3 caregiver session will follow the same structure :
  - 1) Review the caregivers' home practice
  - 2) Review the adolescent strategies and their home practice. Provide support to the caregivers about how they can support their children as they practice the strategies
  - 3) Learn strategies to improve the caregiver-adolescent relationship
  - 4) Set home practice for the caregivers
  - 5) Give a summary of what will be taught the next session. This is to entice caregivers to come to the next session
  - 6) Practice slow breathing together

## Activity 8: Working with caregivers (10 minutes)

1. Including your basic helping skills, there are several key skills that are important when working with caregivers.
2. Being a caregiver is an important job, and also sometimes a stressful one- as some of you may already know!
3. Discussing parenting skills can be a sensitive topic and so the following points are essential.

### **Be non-judgmental**

4. During this programme, facilitators will be discussing the use of physical punishment, as well as other positive parenting skills.
5. It is essential that these are discussed without judgement.
6. Caregivers will be doing the best they can, with what they know, in the circumstances they are in.
7. And it's important that facilitators acknowledge this, and offer them the chance to discuss and consider some alternative approaches that they can try if they can.

### **Acknowledge their expertise**

8. Ask participants: *How might you acknowledge the expertise of caregivers?*

Suggestions might include:

- Enquire and ask about their experiences rather than 'lecture'
- State that facilitators are here as guides, but caregivers are the expert on their children
- When a caregiver asks a question about parenting, facilitators can welcome responses from other caregivers about what has worked well for them in the past.

### **Encourage independent problem solving, and joint problem solving amongst the group**

9. Rather than providing answers to parents, or being too directive, it can be most helpful to encourage them to problem solve themselves. Just as we teach children in EASE, it's important for caregivers to: think of possible solutions, select the best option, test it out, and review how it went.

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10. In addition, the group can act as a support, and a source of ideas and experience
11. The more caregivers are self-reliant in solving parenting problems, the greater the success will be after the programme.
12. FOR LEBANON/JORDAN: facilitators should be aware that the optional activities included in the caregiver sessions can be considered for use in the session. These were included in order to increase the inter-activity of the sessions. These optional activities can be included if there is time, and if it would serve to enhance the caregivers understanding of a topic- e.g. if there is a suggestions that they have not understood.

### Additional considerations

13. Unlike the adolescent sessions which will be divided by sex (boys and girls) and by age (younger 10-12; older 12-14), the caregiver sessions may include a mix of men and women and a mix of generations.
14. It is important to take this into consideration- for example where possible- forming pairs based on sex (male pairs, female pairs) ; being aware of group dynamics where different parent generations are present (remind participants about group management skills)
15. For those facilitators who are not caregivers, it is okay to acknowledge this to your group. For instance, you can tell them that you have expertise in the techniques that are presented in this programme and that they have been found to be effective with many other families. However, you have not had the opportunity to put these into practise in your own life because you do have children under your care. Therefore it would be good for caregivers to bring their expertise to the group by discussing how they have successfully applied the techniques with their own adolescents as well as some of the difficulties they might have encountered.
16. You may have your own beliefs about parenting but like with your basic helping skills it is important to not let your personal beliefs influence your work with caregivers, or affect how you deliver EASE

## Activity 9: How to encourage caregivers to attend their sessions (10 minutes)

1. Ask participants what they think might make it hard for caregivers to attend their sessions.
2. Brainstorm how to help caregivers attend their sessions.
3. At the conclusion, remind participants that participating in EASE is voluntary- if a caregiver decides to stop attending the sessions, this is okay.

## Activity 10: Basics of parenting (20 minutes)

### Materials:

- Flipchart paper and pens (for trainer)

1. Ask participants why they think it is important for parents to have good relationships with their children.
2. Write their responses on a flip chart.  
Make sure the following are included:

### 3. A good relationship can ...

- make children feel loved and secure
- motivate positive/appropriate/adaptative behaviours in children



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- encourage open communication about problems and how to manage them
  - give parents more insight into their children's lives
  - support parent's wellbeing
4. Ask participants what kinds of interactions between parents and children can lead to good relationships between the parent and the child. Responses to elicit include:
    - Spending time together
    - Showing an interest in what the child is interested in
    - Saying positive things to the child- e.g. praising them for their efforts
    - Listening to your child with your full attention
    - Being involved in children's activities
  5. Now ask what consequences they know of when parents have poor relationships with their children. List these on a flipchart. Make sure the following are included:
  6. **A poor relationship might lead to..**
    - Children feeling unwanted and unloved
    - Children experiencing strong emotional and behavioural problems
    - Bad communication and interactions among parents and children which might lead to clashes and additional problems
    - Increased distance between children and parents and parents might not understand and support children struggles and problems
    - Worsened mental health for parents
  7. Ask participants what kinds of interactions between parents and children can lead to poor relationships between the parent and the child. Responses to elicit include:
    - If children are punished very harshly, either emotionally or physically
    - If the parents or caregivers are distracted and non-attentive
    - If a child does a task which pleases their caregiver (e.g. their chores) but is not praised
    - If a child is feeling sad/worried and is ignored/mockered/not taken seriously etc
  8. Tell participants that building and keeping positive relationships with their children can be challenging, especially as children go through different developmental stages, and when families are experiencing other stressors, such as those related to resettling and living in adversity
  9. Explain that EASE caregiver sessions aim to promote supportive relationships between caregivers and their children.

### **Basic Behaviour Principles**

10. Highlight that an important factor that influences children's behaviours is how their caregivers respond to their child's behaviour. Sometimes parents and caregiver's reactions reinforce and encourage the child to continue behaving in a particular manner, and other times they discourage the child from engaging in the behaviour.
11. Similarly, sometimes caregivers interactions can improve their child's feelings, and sometimes interactions can worsen how a child is feeling. Often caregivers may not realise how their responses or interactions affect their child.

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12. Tell participants that children's behaviours can also be influenced by a number of factors that do not relate to their caregiver or their relationship. Ask what these factors might include?

Ensure the following are included:

- How they feel- Physically, mentally, emotionally
- The people around them
- The environment around them
- Things you may not see
- Events at school
- Events at home

13. Give a summary: *Although caregivers are not in complete control of their child's behaviours, they can play a role in improving their child's behaviour by interacting with their child in particular ways. The EASE caregiver sessions will encourage caregivers to talk about particular techniques that aim to improve parent-child interactions and relationships.*

14. Allow time for questions.

### Activity 11: Introduction exercises in caregiver session 1 (10 minutes)

1. Review the introduction activities of Session 1 for the caregivers (including welcome and introductions, review of the programme, group guidelines and confidentiality).
2. Highlight that facilitators should start the sessions by emphasizing that the caregivers are regarded as experts of their children.
3. Remind facilitators that the timings for the session 1 activities are a guideline. It is important to complete an activity rather than rush it to fit the time.

### Activity 12: Facilitation practice- caregiver strengths and common signs of sadness, worry and stress (65 minutes)

#### Materials:

- Paper, pens or pencils.
- EASE Possible causes poster
- EASE Understanding difficult feelings poster.
- EASE Adolescent Strategies Handout
- (Optional: Pens or pencils and Body Map- optional handout; Four large pieces of paper, pens/pencils).
- Steps for Facilitation Practice (Appendix 10)
- Answering caregiver questions on adolescent strategies (Appendix 22)

#### Link to EASE Facilitator's Manual:

- Appendix G: Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN CAREGIVERS TRY TO ASSIST THEIR CHILD WITH THE EASE YOUTH EXERCISES

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### Facilitation practice 2: Caregiver strengths (CHAPTER ELEVEN: Session One, pages 101 - 103 EASE Facilitator's Manual) (10 minutes)

1. Say: *EASE seeks to support and enhance the existing strengths in adolescents and caregivers. In session 1, caregivers will learn about personal strengths and begin to identify their own personal strengths.*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Explaining the meaning of personal strengths
  - Reading story in manual
  - Brainstorm caregiver strengths
4. Ensure to summarise the following practice for the participants:
  - a) Common causes of childhood sadness, worry and stress fall into 4 categories: the child's environment (e.g. exposure to violence, loss of a loved one), the child's biology (e.g. gender, puberty), how the child and caregiver interact (e.g. positive and negative interactions) and caregiver factors (e.g. caregiver's emotional distress)
  - b) Feelings or mood changes: children can feel and express sadness, anger, stress and worry.
  - c) Physical changes: strong or uncomfortable physical sensations can occur when a child is emotionally distressed
  - d) Behaviour changes: When children feel emotionally distressed they can act in different ways (e.g. changes in their sleep, appetite, concentration, level of activity etc.)
  - e) Thinking changes: When children feel emotionally distressed they can experience changes in the way they think (e.g. thinking they are hopeless or worthless; thinking no one loves them; thinking they cannot cope)
  - f) Growing up changes: At this age (10-14 years) children will also likely be experiencing changes in their mood (feelings) that are due to growing up (i.e. changes in body shape, hormones, brain development, sense of independence etc.)
  - g) Point out that the content is very similar to what was covered in the first training day.

### Facilitation practice 3: Common signs of sadness, worry and stress in children (CHAPTER ELEVEN: Session One, pages 104 - 111 EASE Facilitator's Manual) (15 minutes)

1. Say: *'In Caregivers session 1, caregivers will be introduced to the signs of distress in their children.'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Explaining common causes
  - Explaining changes in feelings or mood, physical, behaviour, thinking, growing up
4. **Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10 for both facilitation practices
  - a. Emphasise that it is important to encourage group discussion otherwise the activity will be less engaging; using open ended question to encourage discussion from caregivers

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- b. If there is any confusion with the 'Guidance: Talking with young people about suicide' box- remind participants that the content of this box does not encourage caregivers to go and discuss suicide with their children; but instead provides suggestions for what to do IF they are concerned about a change in mood in their children and risk of suicide.
- c. Remind participants that caregivers may be worried about facilitator's speaking with their children about suicide. Remind them of the discussion earlier in training- it is important to tell caregivers that facilitators are trained to discuss and manage situations where adolescents have suicidal thoughts or intentions.
- d. Provide an opportunity to ask questions

### Facilitation practice 4: EASE youth exercises review (CHAPTER ELEVEN: Session One, pages 111-113 – EASE Facilitator's Manual) (10 minutes)

1. Say: *'Caregivers will be informed about the EASE youth strategies in each of their sessions. The number of strategies you share with the caregivers depends on which strategies their children have completed at that time.'*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Give Adolescent Strategies Handout
  - Choose which exercises to review using Notes for facilitator box
4. **Reflection and facilitation feedback (15 minutes)**
6. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
7. Tell participants that caregivers are likely to have questions and be interested in what their children are learning.
8. Give and review Answering caregiver questions on adolescent strategies (Appendix 22)
9. Review EASE Facilitator's Manual Appendix G Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN CAREGIVERS TRY TO ASSIST THEIR CHILD WITH THE EASE YOUTH EXERCISES
10. Remind participants about confidentiality; and that separate facilitators for adolescent and caregivers should help with this.

### Activity 13: Ending (15 minutes)

#### Materials:

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1.
2. ALSO: Ask all participants to familiarise themselves with Ease Caregiver Sessions 2 & 3.

## EASE TRAINING MANUAL: DAY SEVEN

### DAY SEVEN

<b>DAY 7 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to implement key activities in EASE Caregiver's session 1, 2 &amp; 3</li> <li>• Understand the key concepts for and be able to teach slow breathing,</li> <li>• Understand how to demonstrate active listen and discuss barriers to quality time</li> <li>• Understand how caregivers can show a genuine interest in their adolescent to boost their confidence</li> <li>• Understand how to give praise and teach this to caregivers</li> <li>• Know how to support caregivers to improve their self-care</li> <li>• Be able to discuss brighter futures, alternative to physical punishment and self-care with caregivers</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
15	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)	
70	Activity 2: Key concept-Session 1- Responding to feelings and facilitation practice (70 minutes)		CHAPTER ELEVEN: Session One
45	Activity 3: Key concept-Session 1 Quality time and facilitation practice (45 minutes)		CHAPTER ELEVEN: Session One
35	Activity 4: Key Concept-Session 2 Boosting confidence and facilitation practice(35 minutes)	(Optional: Paper, pen/pencils).  Steps for Facilitation Practice (Appendix 10)	CHAPTER TWELVE: Session Two  Appendix G: Helpful Hints on COMMON PROBLEMS EXPERIENCEDWHEN TRYING TO BOOST A CHILD'S CONFIDENCE
75	Activity 5: Key Concept-Caregiver Session 2 Praise and facilitation practice(75 minutes)	Steps for Facilitation Practice (Appendix 10)	CHAPTER TWELVE: Session Two
55	Activity 6: Importance of alternatives to harsh punishment (55 minutes)	Flipchart paper and pens (for trainer)  Review Positive Discipline Strategies (Appendix 23)  Local Referral Options for Parenting (Appendix 24)	CHAPTER TWELVE: Session Two  Appendix G: Helpful Hints when EXPLAINING THAT PHYSICAL DISCIPLINE IS NOT HELPFUL

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		Steps for Facilitation Practice (Appendix 10)	
30	Activity 7: Key Concept-Session 3 -Caregiver self-care (30 minutes)	Flip chart paper and pens (two groups)	CHAPTER THIRTEEN: Session Three
35	Activity 8: Facilitation practice - Brighter futures (35 minutes)	EASE Warning signs handout  Steps for Facilitation Practice (Appendix 10)	CHAPTER THIRTEEN: Session Three
15	Activity 9: Ending (15 minutes)	Daily Reflection and Feedback Forms (Appendix 14)	

## **Preparing 'facilitators of the day' (before/after training day)**

1. Follow the same instructions as described in full on Day 3

## **Activity 1: Recap (15 minutes)**

### **Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)
- Steps for Facilitation Practice (Appendix 10)

1. Follow the same instructions as described in full on Day 2

## **Activity 2: Key concept-Session 1- Responding to feelings and facilitation practice (70 minutes)**

### **INTRODUCE the Key Concept**

**Say:** *Actively listening to (e.g. giving eye contact, showing similar facial expressions to the adolescent) and responding with concern is the best way of initially responding to a distressed adolescent. Slow breathing is a helpful technique parents can remind adolescents to use when they feel distressed.*

1. Inform participants that we are continuing with the topics from first caregivers session.
2. Inform participants that they will teach caregivers how to actively listen and communicate concern to their child when they feel distressed.
3. Afterwards, they will teach caregivers the slow breathing technique (from Calm my Body) as a way of responding to their child's distress

### **ALL PARTICIPANTS ROLE PLAY (15 minutes)**

1. Participants form pairs
2. One person will play the role of someone feeling distressed. They can talk about a recent argument they had with a friend (they can either make up a story or share a real story if they feel comfortable). The person will describe to their partner how it made them feel.
3. The other person is instructed to listen to them as though they were a friend
4. After 2 minutes stop the role-play. Then invite the person acting distressed to comment on what their partner did to show they were genuinely listening
  - E.g. gave eye contact, sat with an open posture, leant forward, nodded their head etc.
5. Then invite anyone to identify what their partner said that communicated genuine concern to them
  - Alternatively, ask what are the things they don't like hearing friends say to them when they are distressed- that is, statements that do not communicate concern (e.g. "I understand how you feel", "You'll be okay")
  - Give good examples of communicating concern: "I can see you are feeling really upset right now. It must not be very nice to feel that way." "That sounds like a really tough situation."
6. Review skills of active listening using the Active Listening box in the EASE Facilitator's Manual CHAPTER ELEVEN: Session One, page 114.
7. Tell participants that they will need to cover and role model these points to caregivers.

### **Facilitation practice 1: Responding to feelings- Group Activity only (CHAPTER ELEVEN: Session One, pages 113 – 116 in EASE Facilitator’s Manual (20 minutes)**

1. Explain that this practice introduced active listening to caregivers
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Group activity
  - Active listening

### **Facilitation practice 2: Responding to feelings – Teach slow breathing only (CHAPTER ELEVEN: Session One, pages 116 – 117 in EASE Facilitator’s Manual (20 minutes)**

1. Explain that facilitator’s will teach caregivers slow breathing in the same way they taught the adolescent participants.
2. Remind participants about the alternative instructions if a balloon is not available.
3. Follow the instructions for Facilitation Practices in Appendix 10
4. This activity includes:
  - a. Teach slow breathing
5. **Reflection and facilitation feedback (15 minutes):**
6. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10 for both practices

## **Activity 3: Key concept-Session 1 Quality time and facilitation practice (45 minutes)**

### **INTRODUCE the Key Concept**

**Say: *Spending quality time together is important for healthy caregiver-adolescent relationships. Quality time means caregivers give their full attention to their child.***

1. Give participants one minute to remember a time when they were a child and they had quality time with their parent (or another adult). For example, playing their favourite game, sharing stories, drawing together, reading together, having a cuddle, going for a walk etc.
2. If they cannot recall a time when they were a child, ask them to think about quality time they shared with a friend or relative as an adult.
3. Invite participants to share their experiences by asking them the following:
  - What made this time so special? (Help participants consider: they had their parent’s full attention, they were doing their favourite activity, they had fun)
  - How did quality time make them feel? (E.g. special, happy, important, relaxed etc.)
  - Do they remember if the time or activity cost their parent a lot of money? (Oftentimes quality time with a child does not need to cost anything)
  - How often did they have quality time with their parent? Would they have liked to have it more often? What were the barriers to quality time for their caregivers?
  - How might quality time benefit children with big and difficult feelings??



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### Facilitation practice 3: Quality time (CHAPTER ELEVEN: Session One, pages 117 - 119 in EASE Facilitator's Manual (20 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Describe what quality time means to them.
  - Share one benefit of spending time together with their child.
  - Brainstorm any barriers.
  - Problem solve the barriers.
3. **Reflection and facilitation feedback (15 minutes):**
4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a) Explain that if barriers make it impossible for a caregiver to give a child their full attention, then they should be encouraged to give as much attention as they can in a brief moment

### Activity 4: Key Concept- Session 2 Boosting confidence and facilitation practice(35 minutes)

#### Materials:

- (Optional: Paper, pen/pencils).
- Steps for Facilitation Practice (Appendix 10)

#### Link to EASE Facilitator's Manual:

- Appendix G: Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN TRYING TO BOOST A CHILD'S CONFIDENCE

#### INTRODUCE the Key Concept

**Say:** *Children and adolescents love their parents showing a genuine interest in what they are doing. This can really boost their confidence and make them feel important.*

1. Say: *'In session 2, caregivers will be introduced to boosting confidence and thinking about their child's strengths'*
2. Explain that child strengths are not just in the coping strategies they use but also personal strengths. Just as facilitator's must elicit these from adolescents during their youth activity- so too will similar skills be used to support caregivers in thinking about their child's strengths.

### Facilitation practice 4: Caregiver Session 2 Boosting confidence and Children's Strengths (CHAPTER TWELVE: Session Two, pages 127 - 129 EASE Facilitator's Manual) (20 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Introduce concept of boosting a child's confidence
  - Group discussion (10 minutes):
  - Introduce children's strengths (5 minutes)
  - Brainstorm strengths (2 minutes)

### 3. Reflection and facilitation feedback (15 minutes):

4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - a) Boosting Confidence:
    - If participants are unsure about how to explain showing interest, then review the Facilitator's note box in CHAPTER TWELVE, Session 2, page 128 in the EASE Facilitator's Manual and Appendix G: Helpful Hints on COMMON PROBLEMS EXPERIENCED WHEN TRYING TO BOOST A CHILD'S CONFIDENCE

## Activity 5: Key Concept- Caregiver Session 2 Praise and facilitation practice(75 minutes)

### Materials:

- Steps for Facilitation Practice (Appendix 10)

### INTRODUCE the Key Concept

**Say:** *Praise is describing one's behaviour or efforts in a positive way. Praise encourages the chosen behaviour.*

1. Say that praise is introduced in caregivers session 2. Define praise: *Praise is showing admiration or approval of one's efforts or behaviour. It has the effect of encouraging good behaviour in adolescents. That means, the more a caregiver praises a child for a specific behaviour, the more likely it is they will continue doing it. The child does not have to succeed in what they are trying to do in order to receive praise. Caregivers can praise a child's efforts to do something, as well as their accomplishments.*
2. Explain there are key ingredients to giving praise:
  - Clearly describe the behaviour
  - Showing approval (e.g. "I love it when...", "It's great to see you...")
3. Give example of praise: An adolescent has just helped their younger sister to put on her sandals before the family goes out. An example of ineffective praise would be to say "Good, thanks." A better example of praise would be to say, "I really love it when you help your younger sister, even when you weren't asked to. You're very helpful."
4. Ask participants to identify the differences between the two examples of praise
5. Ask participants why they think the 2nd example is better? What effect would the 2nd example have on the adolescent, compared with the 1st example?
  - E.g. it might improve the caregiver-adolescent relationship because it sounds more genuine or because it shows the caregiver paid attention to what the adolescent was doing,
  - The adolescent knows what they did that the caregiver liked
  - It might encourage more helpful behaviour from the adolescent and the adolescent might feel more proud of themselves

### DEMONSTRATION ROLE PLAY: Giving praise (15 minutes)

1. The trainers will act out the scenarios listed below
2. Invite participants to raise their hand when they want to give an example of praise for each behaviour demonstrated by the trainers.

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3. Explain to participants that they should observe the behaviour for a minute and think about one aspect of the behaviour they can praise the trainer for.
4. Tell the participants that for each scenario there might be several things that can be praised so you will invite 2-3 participants to give their example of praise. Remind participants that they can praise the person's efforts to do something and not just their accomplishments
5. Scenarios:
  - One trainer is drawing a picture
  - One trainer is helping the other tie their shoe lace but the trainer is not doing it successfully
  - The trainers are playing a game quietly together
  - Review the activity with the participants to check understanding
6. Give feedback to the participants' praise statements

### Facilitation practice 5: Praise and Caregiver experience of praise (CHAPTER TWELVE: Session Two, pages 129 - 131 EASE Facilitator's Manual) (15 minutes)

1. Say: *In the session with caregivers, facilitators will first explain what praise is and discuss caregivers' experience of using praise. The caregivers will be invited to share stories of when they have been praised for something. This will help caregivers appreciate how powerful praise can be to one's self-esteem.*
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Define praise: Group Activity
  - Optional Group Activity: Importance of praise.
  - Key aspects of praise.
  - Sharing a recent experience of praise: Partner Activity

### Facilitation practice 6: The power of praise (CHAPTER TWELVE: Session Two, pages 131 - 134 EASE Facilitator's Manual) (30 minutes)

1. Say that caregivers will rehearse how to give praise effectively.
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Read story.
  - Group Discussion.
  - Role Play: Group Activity
  - Group Discussion
4. **Reflection and facilitation feedback (15 minutes):**
5. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10 for both practices

## Activity 6: Importance of alternatives to harsh punishment (55 minutes)

**Materials:**

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- Flipchart paper and pens (for trainer)
- Review Positive Discipline Strategies (Appendix 23)
- Local Referral Options for Parenting (Appendix 24)
- Steps for Facilitation Practice (Appendix 10)

### **Link to EASE Facilitator's Manual:**

Appendix G: Helpful Hints when EXPLAINING THAT PHYSICAL DISCIPLINE IS NOT HELPFUL

1. In the 2<sup>nd</sup> caregiver session, facilitators will discuss alternatives to physical/ harsh punishment with caregivers.
2. Ask: *Why might caregivers use physical punishment?*  
Elicit:
  - This is how their caregivers parented
  - They feel they need to do “something” to address their child’s misbehavior
  - They are stressed and respond out of anger
  - They do not know other strategies
  - They believe that it will lead to better behaviour in their children
  - They believe that it will not lead to negative consequences.
  - Harsh discipline can appear to ‘work’. Especially in the short-term, it can cause certain behaviours in the child to stop.
3. Ask what the consequences are of using continued physical and harsh discipline?  
Include the following:
  - *Physical risks:* bruising, lacerations, fractures, brain damage, and disability
  - *Psychological and behavioural risks:* behaviours the caregiver wants to reduce may worsen, greater emotional difficulties, feelings of shame and guilt (in both the child and caregiver), poor self-esteem, become fearful of the caregiver, difficulties with eating and sleeping, difficulties with relationships with the caregiver as well as others, poor school performance, engaging in risky behaviours (e.g. drinking alcohol, using drugs, joining gangs) and the child becoming violent or aggressive.
4. Explain that it is common for caregivers to have different opinions about the use of physical discipline. Ask them how they think one should talk to caregivers and parents about this issue?
5. Ensure the following are included:
  - Not judging parents for using harsh punishment
  - Not forcing our view onto them
  - Inviting them to think about a different perspective, and consider the possibility of alternative strategies instead
  - If caregivers report that their parents used physical discipline, and it worked, and they had no negative consequences- don’t argue with their opinion.
  - Acknowledge this, and gently inquire whether they would be willing to learn and try out some alternatives, to see if these work well for their family, so that they can then choose which strategies they’d like to use
  - Note that some participants who are also caregivers may also have different opinions about the use of physical discipline. Trainers should model how to be non-judgmental when a trainee shares their opinions and follow the points above. Trainers might need to emphasise the importance of facilitators putting aside their own opinions and values and adhering to the message EASE presents about

## EASE TRAINING MANUAL: DAY SEVEN

discipline. If there are concerns this might be an issue for a participant, speak with them privately about this.

6. Ask participants to brainstorm alternate methods to discipline that do not involve physical or harsh punishment:
7. Examples of answers are:
  - Do something to feel calm- When caregivers feel themselves becoming angry during a parenting situation (which happens to many caregivers at times), it is important that they have a strategy in place for noticing their anger and then managing it in a way that helps them respond in a calm manner.
  - Ignore behaviour designed to get attention (e.g. 'silly', harmless, non-dangerous behaviour).
  - Calmly correct misbehaviour: tell them what you want them to stop doing and what you want them to do instead e.g. ' please stop hitting your brother, give him a hug instead' in a neutral tone of voice (i.e. without emotion such as anger or disappointment).
  - Label the behaviour/action rather than the child e.g. " I do not like it when you shout" versus "You are such a loud and rude child"
  - Enforce appropriate non-violent/non-physical consequences such as taking away privileges- The most effective consequences are those that are connected to the behaviour, and allow for learning opportunities to practice the correct behaviour. They can be a natural consequence, or a loss of privileges. For example, if a child breaks a toy, rather than hitting or yelling at the child, a caregiver might ask the child to help fix the toy. If a child is misbehaving whilst playing a game with friends, they may need to sit out for 5 minutes while they calm down.
  - Model the behaviour that they want to see in their child themselves. For example, if caregivers want their child to speak nicely to other family members, they should demonstrate this when talking to other children and their partner.
8. Go through the following examples and ask what they think are appropriate consequences for the following behaviors:
  - Your child is playing with a group of friends at your house. She is becoming increasingly aggressive with his friends, and not listening to instructions to remain clam.
    - **Example consequence:** your child sits out of the game for 5 minutes. After this time, she can return to the game, with instructions to remain calm.
  - Your child has not been doing his household chores after school
    - **Example consequence:** he is not able to play outside or use his phone until the chores are completed
  - Your teenager is out with friends and is not home at the agreed upon time.
    - **Example consequence:** The following evening, your teenager is not allowed out with friends. The next night, they are allowed out, with a reminder to be home on time.
9. Review Positive Discipline Strategies (Appendix 23)

### Encouraging parents to seek additional support

## EASE TRAINING MANUAL: DAY SEVEN

1. Emphasise that EASE facilitators should encourage caregivers to seek parenting support (in their local area) if they are experiencing difficulties in their child's behaviour and want to avoid using harsh punishment.
2. Ask what kinds of support are available to parents and caregivers in the area where they work? (Local Referral Options for Parenting Appendix 24)
3. Allow time for questions.

### DEMONSTRATION FACILITATION PRACTICE Alternatives to physical punishment (CHAPTER TWELVE: Session Two, pages 135 - 137 EASE Facilitator's Manual) (10 minutes)

1. Follow the instructions for Facilitation Practices in Appendix 10
2. This activity includes:
  - Discuss these strategies as alternatives to physical punishment.
  - Read story.
  - Ask the questions.
3. **Reflection (15 minutes):**
4. Follow the instructions for reflection in Demonstration Facilitation Practices in Appendix 10
  - a. Review EASE Facilitator's Manual Appendix G: Helpful Hints when EXPLAINING THAT PHYSICAL DISCIPLINE IS NOT HELPFUL

### Activity 7: Key Concept- Session 3 -Caregiver self-care (30 minutes)

#### Materials:

- Flip chart paper and pens (two groups)

#### INTRODUCE the Key Concept

**Say:** *To support an adolescent's wellbeing, caregivers need to look after their own emotional and physical health and wellbeing.*

1. Tell participants that the state of a caregivers' mental health and wellbeing has a strong impact on their capacity to look after and support their adolescent, and can affect their adolescent's wellbeing as well. Caregiver's Session 3 of EASE acknowledges this and lays the foundations for supporting caregivers to look after themselves.
2. Ask: *What are some signs that a caregiver is stressed or not coping and therefore may not be able to support their adolescent?*
  - a) Ask participants to think about what their own signs of stress are when thinking of answers.
  - b) Answers might include:
    - changes in their sleep and eating patterns (either an increase or decrease),
    - stopped exercising or engaging in usual activities without reason,
    - reduced socialising,
    - increased feelings of stress,
    - anxiety,
    - anger or sadness,
    - body sensations that are not caused by medical or physical problems (e.g. headaches),
    - increased irritability and having arguments with others (e.g. children)

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3. Divide participants into 2 groups (group 1 and group 2). Read the case story from EASE Facilitator's Manual CHAPTER THIRTEEN: Session Three (Page 146)).
4. Highlight that looking after one's emotional and physical health is an important part of caregiver self-care. Explain that they will now brainstorm on ideas to support Fatima and Aban's health.
5. Tell group 1 to brainstorm ideas to support Fatima and Aban's physical health
6. Tell group 2 to brainstorm ideas to support Fatima and Aban's emotional health.
7. Tell each group to write their responses on flipchart paper.
8. Give them 5 minutes to think of their ideas.
9. Then return to the larger group. One person from each group will present their ideas

Ideas might include:

- **Physical health:** increase exercise, improve diet, eat regularly, improve sleep, reduce use of alcohol or other drugs, attend to physical illnesses or injuries (see a doctor or take medication)
  - **Emotional health:** socialise with friends, seek emotional and/or practical support from others, practice EASE strategies such as slow breathing, see a counsellor, engage in pleasurable and rewarding activities, say coping statements to one's self, use humour to cope
10. Review step-by-step 'Caregiver Challenges and Self-Care' in the EASE Facilitator's Manual (CHAPTER THIRTEEN: Session Three, page 146):
    - Explain the need for caregivers to practice self-care.
    - 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
    - Read story
    - Group Discussion
    - Discussion in pairs
    - Group Discussion
    - Ask for a personal helpful coping example that covers each of these categories
  11. Provide an opportunity for participants to ask questions, including any concerns they may have in delivering this topic.
    - a) Remind participants that if caregiver require additional support with parenting that they can be referred to a local organisation (Appendix 24). Speak with your supervisor before suggesting this.

## Activity 8: Facilitation practice - Brighter futures (35 minutes)

### Materials:

- EASE Warning signs handout
- Steps for Facilitation Practice (Appendix 10)

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1. Ask participants to recall what the key ideas they learned for Brighter Futures were in the adolescent session.

Answers should reflect the following key concepts:

- Adolescents will experience practical problems, and unpleasant feelings and body sensations in the future.
- If adolescents practice the EASE strategies after the programme has finished it can support them to manage these problems so they do not become too strong and interfere with their daily functioning and wellbeing in the future.

2. Ask: *What would Brighter Futures be teaching caregivers?*

Answers should reflect the following key concepts:

- Educate caregivers on what to expect in the future with their adolescent's emotional health and wellbeing
- Learn important warning signs that their adolescent is not coping with emotional or practical problems
- To improve caregiver's confidence in managing problems that may arise in the future (e.g. problems their adolescent encounters or problems the caregiver has)

### **Facilitation practice 7: Brighter future (CHAPTER THIRTEEN: Session Three pages 151 – 152 in EASE Facilitator's Manual) (15 minutes)**

1. Follow the instructions for Facilitation Practices in Appendix 10

2. This activity includes:

- How caregivers can best help their child
- Problems may come again in future
- Warning signs
- How to seek help again

### **3. Reflection and facilitation feedback (15 minutes):**

4. Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10

## **Activity 9: Ending (15 minutes)**

### **Materials:**

- Daily Reflection and Feedback Forms (Appendix 14)

1. Follow the same instructions as described in full on Day 1.
2. ALSO: Home practice for facilitators: try a quality time activity with a family member and practice active listening skills; continue slow breathing; identify a strength.



## EASE TRAINING MANUAL: DAY EIGHT

### DAY EIGHT

<b>DAY 8 LEARNING OBJECTIVES</b>			
<ul style="list-style-type: none"> <li>• Understand how to respond to caregivers who have had difficulty applying the caregiver strategies</li> <li>• Manage challenging group situations with caregivers</li> <li>• Understand the role of supervision in EASE</li> <li>• Understand relevant organizational procedures</li> </ul>			
<b>Time (minutes)</b>	<b>Module</b>	<b>Materials</b>	<b>Link to EASE Facilitator's Manual</b>
30 (before/after training day)	Preparing 'facilitators of the day'		
15	Activity 1: Recap	Flipchart paper and pen for the Learning Objectives  Group Rules Poster (from Day 1)  Activities to Review Prior Day (Appendix 15)	
45	Activity 2: Helping caregivers overcome obstacles to practicing caregiver skills (45 minutes)	Flipchart paper and pen (for trainer)	Appendix G: Helpful Hints on CAREGIVER HOME PRACTICE
25	Activity 3: Facilitation practice- Review caregiver home practice (25 minutes)	EASE Adolescent strategies handout.  Steps for Facilitation Practice (Appendix 10)	EASE Appendix G: Helpful hints on caregiver home practice
15	Activity 4: Reflection on caregiver sessions (15 minutes)	EASE Caregiver strategies handout	
30	Activity 5: Group facilitation skills for caregiver sessions (30 minutes)	Flipchart paper and pens (two groups)  Group Skills for Caregivers (Appendix 25)	Appendix G: Helpful Hints for RUNNING A LARGE GROUP
60	Activity 6: General post-training assessment (60 minutes)	General Competency Role Plays (Appendix 12)  General Competency Rating Form (Appendix 13) (for trainers only)	
65	Activity 7: Supervision (65 minutes)	Flipchart paper and pens (for two groups)  Supervision Review Form (Appendix 26)	

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45	Activity 8: Organizational Procedures (45 minutes)	Incident Reporting Form (Appendix 27)  Response Overview Form (Appendix 28)  Adverse Events and Child Safeguarding Overview (Appendix 29)	
10	Activity 9: Next steps (10 minutes)	EASE Specific Fidelity and Competency Forms (Appendix 30)	
30	Activity 10: War Child Security Policy & Briefing (30 minutes)		
105	Activity 11: War Child, Child Safeguarding Part 1 (105 minutes)		
60	Activity 12: War Child Referral Options (60 minutes)		
15	Activity 13: Ending (15 minutes)	Daily Reflection and Feedback Forms (Appendix 14)  LEBANON ONLY: STRENGTHS Self-assessment and evaluation (Appendix 3)  EASE Training Evaluation Form (Appendix 31)	

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### Preparing 'facilitators of the day' (before/after training day)

2. Follow the same instructions as described in full on Day 3

### Activity 1: Recap (15 minutes)

**Materials:**

- Flipchart paper and pen for the Learning Objectives
- Group Rules Poster (from Day 1)
- Activities to Review Prior Day (Appendix 15)

1. Follow the same instructions as described in full on Day 2

### Activity 2: Helping caregivers overcome obstacles to practicing caregiver skills (45 minutes)

**Materials:**

- Flipchart paper and pen (for trainer)

**Link to EASE Facilitator's Manual:**

- Appendix G: Helpful Hints on CAREGIVER HOME PRACTICE

#### INTRODUCE the Key Concept

**Say:** *Caregivers will engage in home practice as well. Giving direct advice does not change behaviour. Facilitators must ask questions that help caregivers think of solutions to overcome their own obstacles.*

1. Explain that sessions 2 and 3 start with reviewing home practice.
2. Explain that many caregivers will find it difficult to regularly practice the four skills they learn in the Caregiver sessions (responding to feelings; quality time; boosting confidence; and praise)
3. After teaching each skill, facilitators should ask caregivers to consider some difficulties associated with regularly practicing these skills.
4. Review EASE Facilitator's Manual Appendix G: Helpful Hints on CAREGIVER HOME PRACTICE
5. Then facilitators should lead discussions that helps caregivers brainstorm some potential solutions to these obstacles.
6. *Say: The most common mistake facilitators will make is giving caregivers direct advice on how to overcome an obstacle. Caregivers are more likely to change their behaviour if they believe they have come up with an ideal solution. So it is very important that facilitators are good at using questions and statements that help caregivers think of their own solutions.*

#### Discussion: Identifying Obstacles (10 minutes)

1. Write the four caregiver skills on a flipchart and display: Responding to feelings; Quality time; Boosting confidence (showing genuine interest) and Praise
2. Ask: what are some obstacles or difficulties caregivers might have to practicing the skills regularly with their children? Write their responses on a new flipchart  
For example:

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- time (caregivers are too busy)
- forgetfulness
- they might feel too tired
- the caregiver's mental health problems (e.g. depression)
- they might feel uncomfortable because they have never practiced these skills before
- they might think their adolescent will not like them practicing these skills
- they might think their adolescent does not deserve them to act in these ways

### DEMONSTRATION ROLE PLAY (10 minutes)

1. Now demonstrate how to lead a discussion that helps caregivers overcome identified challenges to practicing the caregiver skills.
2. Ask participants to act as caregivers in a group. Refer to the list of obstacles they have just created. Explain that the trainer should use questions and reflective statements to help participants (caregivers) come up with their own solutions to these problems.
3. Remind participants that the most important thing is that the facilitator does not give direct advice.
4. Lead the discussion and help participants brainstorm potential solutions to two of the listed problems.

### Discussion: (5 minutes)

1. After two obstacles have been brainstormed, ask participants to identify some helpful questions or statements that you used that helped the participants identify their own solutions
2. Write their responses on a flipchart so participants can refer to it when they practice leading a similar discussion.

Make sure the following are included:

- What have you tried in the past when you have had similar problems (e.g. remembering to do something important, doing something you needed to do when you felt depressed)?
- What would you suggest to a friend who might have a similar problem?
- Are there ideas that have worked for other people (in the group or friends of the caregiver's)?

### ALL PARTICIPANTS ROLE PLAY: (20 minutes)

1. Continue the same role-play, but invite a volunteer to act as the facilitator
2. The volunteer will lead the group discussion to brainstorm solutions for one obstacle, then a new volunteer will facilitate the discussion for another obstacle (keep swapping until all of the participants have had a turn at leading the group).
3. After the role-play, discuss as a group:
  - Feedback to participants about what they did well and what they can improve on (trainer gives feedback first and then invites participants to give each other feedback)
  - Ideas to help caregivers brainstorm
  - Any challenges to not giving direct advice
  - Any questions related to this topic

## Activity 3: Facilitation practice- Review caregiver home practice (25 minutes)

**Materials:**

- EASE Adolescent strategies handout.
- Steps for Facilitation Practice (Appendix 10)

**Link to EASE Facilitator's Manual:**

- Appendix G: Helpful hints on caregiver home practice

### Facilitation practice 8: Review home practice (CHAPTER THIRTEEN: Session Three, pages 141-142 EASE Facilitator's Manual- (10 minutes)

1. Explain that there will now be a practice of the home practice review from session 3, which is similar to the review for session 2.
2. Follow the instructions for Facilitation Practices in Appendix 10
3. This activity includes:
  - Educate about home practice
  - Ask the question
  - Share experiences
  - Problem solve
4. **Reflection and facilitation feedback (15 minutes):**
  - Follow the instructions for reflection and facilitation feedback in Facilitation Practices in Appendix 10
  - Remind participants about EASE Appendix G: Helpful hints on caregiver home practice

## Activity 4: Reflection on caregiver sessions (15 minutes)

**Materials:**

EASE Caregiver strategies handout

1. Explain that before Brighter Futures there is a review of the caregiver sessions, where caregivers are asked to lead their recap of sessions 1 and 2. Ask participants to engage in a recap of the three caregiver sessions first using EASE Facilitator's Manual CHAPTER THIRTEEN: Session Three 'Review caregiver sessions' as a guide.
2. Explain that you have now reached the end of the training on the caregiver sessions.
3. Show participants the EASE caregiver strategies handout. Explain that this will be used in the 'Review caregiver sessions' activity (CHAPTER THIRTEEN: Session Three page 149-151 of EASE Facilitator's Manual).

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4. Explain that the review of caregiver sessions comes before the 'Brighter Futures' activity in the EASE Facilitator's Manual. However for the purpose of the training the order has been changed.
5. Ask participants to reflect on the three caregiver sessions and address any questions. Use the handout as reminder of the strategies to aid the reflection.

### Activity 5: Group facilitation skills for caregiver sessions (30 minutes)

**Materials:**

Flipchart paper and pens (two groups)  
Group Skills for Caregivers (Appendix 25)

**Link to EASE Facilitator's Manual:**

Appendix G: Helpful Hints for RUNNING A LARGE GROUP

1. Explain that participants will now discuss group facilitation skills that are particularly relevant for the caregiver sessions.
2. Go through each of the scenarios in (Appendix 25)
3. Divide participants into two groups. Ask each group to spend 10 minutes thinking about how they would handle these scenarios and write their responses on flipchart paper.
4. After 10 minutes, ask participants to present their ideas to the larger group (15 minutes).
5. When giving feedback, make sure the information below each scenario in the boxes is included.
6. Help to correct any ideas that you believe are unhelpful to managing the situations.
7. If there is time and if needed, invite participants to role-play how they would manage each situation. Co-create the role plays with the participants. (Allocate up to 15 minutes if doing the role plays).
8. Review Appendix G Helpful Hints for RUNNING A LARGE GROUP for any issues that have not been covered yet.
  - a. If this is applicable for your project, ensure to discuss the item on 'caregivers versus caregivers'. For example you may have caregivers from different nationalities or other backgrounds in the same room. How best the group can be managed could be addressed during group rules e.g. respecting one another; or addressed with logistics e.g. how the seating is arranged. Ask participants to share ideas on their previous experience of managing tensions between caregivers or other adults.

### Activity 6: General post-training assessment (60 minutes)

**Materials:**

- General Competency Role Plays (Appendix 12)
- General Competency Rating Form (Appendix 13) (for trainers only)

1. NOTE: Please call the competency assessments 'assessments of confidence' for the participants.
2. Explain the use of assessment of confidence role plays during EASE training

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- a. Emphasise that this should be seen as a supportive learning experience- participants should try not to worry too much! The hope is that by the end of classroom-training, facilitator's will be ready to work with adolescents and manage groups.
  - b. NOTE: participants are likely to be anxious about engaging in the role plays using the EASE Facilitator's Manual. Reassure participants that these role plays are designed to assess their general skills with adolescents or groups, and not their delivery of EASE.
3. Follow instructions for conducting the General Competency Role Plays using Appendix 12 and 13

### Activity 7: Supervision (65 minutes)

#### Materials:

- Flipchart paper and pens (for two groups)
- Supervision Review Form (Appendix 26)

#### Supervision expectations and preparation (15 minutes)

1. Give facilitators details about supervision:
  - Supervision is an important continuation of training in EASE and is vital for further skill development.
  - For research, it also allows us to monitor progress in the study and address any issues as they arise.
2. **Aims of supervision:**
  - Monitor and ensure participant welfare and rights
  - Support facilitators who are providing treatment
  - Support facilitators in managing challenging participant presentations and problems
  - Support further development and skill building of facilitators
  - Improve facilitators' confidence in their abilities to deliver EASE
  - Monitor and prevent or respond to facilitator burnout
  - Ensure quality delivery of and adherence to EASE
3. **What does EASE supervision involve?**
  - EASE Facilitators will have weekly face-to-face group supervision which starts during the in-field training/practice cycle. This may be more frequent during the practice cycle.
  - Supervisors are available outside of supervision to provide individual support to facilitator's when needed (e.g. to manage safeguarding or adverse events- which we will discuss in more detail in today's session)
  - Ask why having regular supervision is important. Key points to cover:
    - Essential for providing effective psychological treatment to people.
    - Helps ensure quality delivery of EASE
    - Can prevent facilitator burnout, and helps facilitators feel well supported and confident in managing challenging situations in the delivery of EASE.
4. **Supervision documentation**

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- Distribute supervision forms to participants (Supervision Review Form (Appendix 26))
- Review these forms with the participants, describing what each item means and how it should be completed
- Explain that facilitators **MUST** complete the supervision forms before supervision each week.

### Supervision responsibilities (15 minutes)

1. Divide participants into two groups
2. Give each group one of the following topics:
  - a. What are the responsibilities of a good supervisor?
  - b. What are the responsibilities of a good supervisee (i.e. facilitator receiving supervision)
3. Each group will have 10 minutes to brainstorm their ideas and write them on flipchart paper
4. After 10 minutes, groups will swap their flipcharts. Groups will now have 5 minutes to review the other group's ideas and select 3 of the most important points they listed.
5. Then return to the larger group. One person from each group will present the top 3 ideas they selected from the other group's list of ideas.
6. The trainer will discuss these ideas and how they relate to EASE supervision responsibilities
7. The trainer will identify any responsibilities that are not relevant or appropriate for EASE supervision and explain why.
8. The trainer should use the lists below to guide the discussion and add any items that have not been covered by the participants' lists.
  - Supervisee (e.g. the facilitator):
    - Prepare for supervision by reflecting on sessions and any successes or challenges to discuss, formulating questions for discussion
    - Complete session checklists and supervision forms in advance of supervision (Appendix 26)
    - Actively participate in supervision, including listening and contributing to discussions about experience of peers
    - Set goals for the upcoming week, and take an active role in personal learning and professional development
    - To be supported in decision making on the following- which will be discussed next:
      - Risk management/ safeguarding
      - Child protection
      - Adverse and serious adverse events
      - Referrals
  - Supervisor:
    - Prepare for supervision by reviewing documentation from previous supervision sessions
    - Encourage supervisees to engage in self-reflection and independent problem-solving
    - Use guided questioning to encourage independent problem solving, and provide solutions only when facilitator requires guidance



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- Use role plays to encourage skill development or refresher training
- Document supervision discussions thoroughly using supervision form
- Support supervisee in decision making on:
  - Risk management/ safeguarding
  - Child protection
  - Adverse and serious adverse events
  - Referrals
- All:
  - Be on time
  - Be constructive
  - Be non-judgemental and supportive!

### Activity 8: Organizational Procedures (45 minutes)

#### Materials:

- Incident Reporting Form (Appendix 27)
- Response Overview Form (Appendix 28)
- Adverse Events and Child Safeguarding Overview (Appendix 29)

#### Adverse Events, Serious Adverse Events and Child Safeguarding

1. Explain that whenever we work with vulnerable people, there are procedures in place to help keep participants safe when there are challenging situations.
2. Inform participants that these challenging situations are called: Adverse Events which also includes Serious Adverse Events.
3. Define this:
  - An adverse event is an unanticipated, undesirable experience or event that happens during data collection or during EASE or enhance treatment as usual sessions, including when travelling to these.
  - The adverse event can happen to the adolescents or caregivers, or the facilitators or trainers and supervisors, or the research team including the research assessors.
4. Explain that monitoring adverse events is critical to the safety of the individuals participating in the study and it is critical to the ethical integrity of the research so that:
  - a. the research team can learn if something about the research study is affecting participants or staff in a serious negative way.
  - b. So that participants/staff can be responded to and supported as swiftly as possible
5. Therefore, the project teams have designed reporting and response procedures which must be followed.
6. Explain the following definitions:
7. **Serious Adverse Events** that will be monitored for any study participant (adolescent or caregiver) and research staff (including facilitators) include:
  - Deaths
  - Suicide attempts
  - Victimization (including physical, sexual and emotional abuse or neglect or exploitation)
  - Serious violence (where the study participant or staff is the perpetrator or victim)
  - Emergency psychiatric or medical hospitalisation

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- Serious lack of food.
8. **Adverse Events** that will be monitored for any study participant (adolescent or caregiver) and research staff (including facilitators) include:
    - Injuries or accidents on the way to/from the research activities
    - Marked increases in suicidal thoughts from first involvement in the research, or mentioning of concrete and detailed plan to commit suicide (but where suicide has not been attempted)
    - Marked increases in emotional distress of participant from first involvement in the research
    - Marked increases in conflicts (threats or verbal abuse) within family or community since first involvement in the research
    - Other violence towards staff or participants.
  9. Another challenging situation that will be monitored is Child Safeguarding.
  10. A **child safeguarding concern** is an incident where the safety of a child is compromised by an adult WCH staff member or member of the study team- for example taking photographs of adolescents without their consent, not protecting their confidentiality, and abuse.
  11. Sometimes an incident can be a combination of an Adverse Event (including Serious Adverse Event) and a child safeguarding concern. For example:
    - a. Taking pictures of a child is a child safeguarding concern
    - b. A caregiver attacking a research assessor is a (Serious) Adverse Event
    - c. A research staff member abusing a child is both.

### What is our responsibility?

1. Ask participants: *How will facilitators know when a serious adverse event, adverse event or a child safeguarding concern has happened?*
2. Responses to elicit:
  - a. A caregiver or adolescent, or another staff member might tell the facilitator about an incident. This could be about themselves or about another caregiver or adolescent.
  - b. Facilitators will witness or experience the incident themselves.
3. Explain to facilitators that when they either witness/experience an incident, or hear about an incident they must:
  - a. Complete the Incident Reporting Form (Appendix 27) immediately or as soon as possible i.e. as soon as your session has ended (at least within 24 hours) and send it to the WCH child safeguarding focal point [provide contact details].
  - b. Trainers should review this form with the participants.
  - c. Remind participants to provide basic details of the incident, but not to pressure the child, caregiver or staff member if they do not want to disclose more detail- the child safeguarding focal points are trained to follow up on this.
4. Explain that when an incident occurs all staff including facilitators will need to respond to the situation
  - a. The Response Overview Form (Appendix 28) provides all staff including facilitators guidance on how to manage the immediate response and referral for each type of adverse event.
  - b. Trainers should review this form with the participants.

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5. Explain that participants of the study will have had confidentiality explained to them during the informed consent procedures and at the beginning of the EASE group. Participants have been informed that research staff including facilitators will only break confidentiality in order to keep a participant safe.
  - a. Therefore facilitator's may need to notify participants that they are completing an Incident Report Form.
  - b. For adolescents, their caregivers may also need to be notified of incidents. Your supervisor and the child safeguarding focal point can support facilitator's with this. The exception to this is where there is a concern that the perpetrator of harm is the caregiver. In this circumstance the facilitator should not contact the caregivers and wait for further advice from the supervisor or child safeguarding focal point.
6. Explain that supervisors must be notified of all incidents.
  - a. The supervisor is there to support facilitators- not just for how to manage these incidents but also to support facilitator's self-care.
  - b. For urgent incidents (immediate suicide risk, or you cannot guarantee the safety of a participant), or if facilitators are unsure how to proceed they should contact their supervisor immediately
  - c. For incidents which are not urgent- these should be discussed in supervision.
7. Tell participants that there may be times facilitators may be concerned by something different they have noticed about an adolescent or caregiver (or staff member), which may suggest that there has been an incident, for example:
  - a) Physical signs (e.g. bruises, cuts, demonstration of physical pain such as: wincing, limping, difficulty sitting or standing)
  - b) Emotional or behavioural signs (e.g. sudden changes in mood or behaviour)
  - c) Something that the participant has said which leads you to be concerned (e.g. being told indirectly about an incident, or an incident being hinted)
8. In these circumstances, facilitators can:
  - a. Discuss their concerns with their supervisor to create a plan of how to monitor or proceed

### What happens next?

1. When facilitator's have submitted their Incident Reporting Form (Appendix 27), the following will happen:
  - a. The child safeguarding focal point will receive the form and facilitate any further actions necessary, for example referral for medical procedures, or to specialist medical care.
  - b. The child safeguarding focal point will send the form to the head researcher of the study (called Study Principle Investigator: Dr Mark Jordans)
  - c. The Study PI is responsible for ensuring that all adverse events and serious adverse events are responded to appropriately.
  - d. The Study PI will refer the Incident Reporting Form (Appendix 27) to a group of people called the data safety monitoring board (DSMB).
  - e. Their job is to determine whether the response to the incident was appropriate and whether they think the project has caused the incident. In very serious

## EASE TRAINING MANUAL: DAY EIGHT

circumstances, the DSMB can stop the study if they believe it is causing serious harm to participants.

2. Finally, the clinical supervisors are responsible for ensuring that suitable follow up care has been achieved for any participants involved in an incident.
  - a. This might include asking facilitators to regularly monitor or check-in, on a one to one basis, with any participants who have been involved in an incident.
3. Explain that as part of the research study, there are standardised operating procedures to support all staff members on how to manage various issues when these arise during the research.
  - a. Refer participants to the Adverse Events and Child Safeguarding Overview (Appendix 29) document which provides further details to the training content just provided.
  - b. Explain that other procedures that are relevant to EASE facilitators will be provided by the Research Team, for example, what to do when a participant does not attend their EASE group.
4. Emphasise the key points to participants:
  - a. Facilitator's main responsibility with adverse event, serious adverse event or child safeguarding concerns is to report them.
  - b. Facilitators can contact their supervisors if they are doubt, need support, or if they are unsure about how to manage an incident or report.
  - c. There is a large team around them who are there to support each other in managing these incidents (including supervisors, child safeguarding focal points, Study PI, DSMB). Facilitators will be guided in how to respond to incidents.
5. Allow time for questions.

### Activity 9: Next steps (10 minutes)

#### Materials:

EASE Specific Fidelity and Competency Forms (Appendix 30)

#### Ongoing training: In-field training/ practice cycles

1. Remind participants that the next stage of training is to engage in the in-field practice cycles.
2. Show the EASE Specific Fidelity and Competency Forms (Appendix 31)
3. Explain that facilitator's will use this to check they have delivered each item in their session- it is called the 'COMPONENTS FIDELITY CHECKLIST' i.e. the second column.
4. Explain that this form will also be used to observe their practice sessions to check facilitator's are ready for delivering EASE in the research study.
5. Allow time for questions.

### Activity 10: War Child Security Policy & Briefing (30 minutes)

- For LEBANON ONLY – delivered by War Child.

## **Activity 11: War Child, Child Safeguarding Part 1 (105 minutes)**

- For LEBANON ONLY – delivered by War Child.

## **Activity 12: War Child Referral Options (60 minutes)**

- For LEBANON ONLY – delivered by War Child.

## **Activity 13: Ending (15 minutes)**

### **Materials:**

- Daily Reflection and Feedback Forms (Appendix 14)
- LEBANON ONLY: STRENGTHS Self-assessment and evaluation (Appendix 3)
- EASE Training Evaluation Form (Appendix 31)

1. Follow the same instructions as described in full on Day 1.
2. LEBANON ONLY: Complete the self-assessment (Appendix 3)
3. ALL PARTICIPANTS: Complete EASE Training Evaluation Form (Appendix 32)
4. )
5. Review the aims of the training and reflect on goals you believe the group has achieved (areas where they have improved etc.).
6. Highlight those areas that remain a challenge and encourage participants to monitor their progress with these and to continue to talk with peers and in supervision about these issues. Encourage participants to focus particularly on these areas when they begin practising their practice cases.
7. Close the day and congratulate the participants.

## OPTIONAL TRAINING DAYS FOR FULL FACILITATION PRACTICES

# OPTIONAL TRAINING DAYS FOR FULL FACILITATION PRACTICES

<b>Minimum- Maximum time needed (minutes)</b>	<b>Activities</b>	<b>Methodology</b>
20	Prepare mock adolescents and caregivers (if applicable)	Presentation
60- 90	Trainee A role plays Session 1	Role plays
60- 90	Trainee B role play Session 2	Role plays
10	Trainees A and B: Feedback and reflection	Feedback
60- 90	Trainee C role play Session 3	Role plays
60-90	Trainee D role play Session 4	Role plays
10	Trainees C and D: Feedback and reflection	Feedback
60-90	Trainee E role play Session 5	Role plays
60-90	Trainee F role play Session 6	Role plays
60-90	Trainee G role play Session 7	Role plays
10	Trainees E,F, G: Feedback and reflection	Feedback
90-120	Trainee H role plays Caregiver Session 1	Role plays
90-120	Trainee I role plays Caregiver Session 4	Role plays
90- 120	Trainee J role plays Caregiver Session 3	Role plays
60	Review of role plays	Feedback and discussions

### Introduction

1. This optional training days are dedicated to doing facilitation practices of entire sessions in EASE. This is for participants to experience running a whole session, before participants conduct the in-field practice cycles, and experiencing how much preparation is involved.
2. The practices can be conducted with one facilitator or you may wish for participants to practice having a lead facilitator and co-facilitator who supports with logistics, small group discussions and helps manage the group.
3. Please discuss whether or not to do these with your research project team first.

## **OPTIONAL TRAINING DAYS FOR FULL FACILITATION PRACTICES**

### **Organising the time**

1. If your organisation is restricted by time for training, you may wish to slightly shorten the facilitation practices- so there are suggested minimum and maximum times.
2. This can be achieved by keeping any activities or discussions in EASE to a minimum where possible- for example if a discussion is for 20 minutes, the facilitator could do it for 10 minutes. Trainers may need to support with keeping activities or discussions to time, without interrupting the facilitation practice too much.
3. Trainers may wish to use this as an opportunity to use the EASE Specific Fidelity and Competency Form (Appendix 30)

### **Prepare mock adolescents and caregivers (if applicable) (20 minutes)**

1. The other training participants (not doing the facilitation practice) can take the roles of adolescents or caregivers.
2. Alternatively, you may wish to organise mock participants to role play being adolescents or caregivers. This could be other staff or participants from your organization.
3. Welcome the mock participants and thank them for coming
4. Review the schedule for the day
5. Give practical information as relevant
6. If applicable, inform mock participants that you may need to reduce some of the times for discussion/activities.
7. Review the steps to giving helpful feedback (Appendix 9) and stress the importance of this
8. Inform them, that if they feel uncomfortable for any reason during any time during the role plays they can ask to be excused without having to give a reason. Let them know that you or the co-facilitator can support them and that their comfort is very important to you.
9. Ask if mock participants have any questions.

### **Trainee role plays and feedback**

1. If applicable, introduce the group of mock adolescents or caregivers to the training participants
2. Explain that the day will be spent role playing and ask everyone to respect the schedule
3. Start the role plays
4. Trainees facilitating sessions are responsible for identifying and ensuring availability of all materials required.
5. Make sure every participant has a copy of the Steps to giving helpful feedback (Appendix 9 of this training manual).

### **Review of role plays (60 minutes)**

1. Ensure you have already selected several major topics most facilitators had difficulties with in their role plays. When discussing these topics, make sure you refer to:
  - what was observed
  - why this was incorrect or may have caused problems in their group and
  - how to improve.
2. Allow time for trainers to demonstrate how to deliver this section better.
3. Manage time carefully so all trainees get feedback.

## **OPTIONAL TRAINING DAYS FOR FULL FACILITATION PRACTICES**

### **Instructions**

1. Open by giving general feedback on all the sessions:
  - Trainers give general feedback about trainees preparation and organisation (for example, did they sound like they had read the manual and prepared well for the session?), use of basic helping skills and group management skills
  - Invite trainees to identify any difficulties they encountered related to these topics
2. Follow by reviewing each session:
  - Ask trainees who role played session X to describe their experience and any difficulties they encountered
  - Give feedback about Session X
3. Close the day and congratulate participants.