

TRAINING MANUAL FOR CAREGIVERS TO CHILDREN IN DISTRESS IN PAKISTAN

A caregiver empowerment program (CEP)



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Foreword

In Pakistan, children face a variety of serious challenges ranging from malnutrition, poor access to education and to health facilities, poverty and abuse to exploitation in various forms. Their status in society can leave them victim to daily violence at home and in school as well as to organised trafficking and sexual exploitationⁱ. According to the Asian Human Rights Commission, there are more than 1.2 million children on the streets of Pakistan's major cities and urban centres, constituting the country's largest and most ostracized social group.

In Pakistan a large number of aid organisations are trying to support and assist those children, either in shelter homes, inside vocational facilities, in jails, on the streets or at home. As there is no specific degree or educational training in the field of counselling or assisting (street) children, there seems to be an urgent need for training and support of caregivers.

The following manual is designed for training caregivers who are working with children in distress in Pakistan. The manual is based on a training module developed under the auspice of 'Groupe Development' (GD) and by its South Asian regional office in Kolkata (India)ⁱⁱ. This training puts forward a very important message to caregivers - that they can use their strengths and be empowered as caregivers- and it is a very important tool for trainers to put that message across. However, the training module in practice lacked some important elements in order to be a self-sufficient and reliable tool for trainers in Pakistan. The manual was therefore adapted in order to meet the needs of trainers and caregivers to children in distress in Pakistan.

The following manual is divided in four sections. The first is an introduction, giving an overview of the objectives, the methodology and the target group of the manual. Chapter two contains training principles and practical information on how to develop and conduct trainings for caregivers. Chapter three presents an example of an 8 days training program for caregivers. In the appendix section, you will find handouts, role plays scripts and various exercises. The manual has been written using many different sources and references and those are listed at the end of the manual.

This manual does not cover all aspect of working with children in distress, but gives a basis for caregivers to work on. It should not be used as an authoritative text. As in counseling, training is always tailor-made and flexible.

Lineke Westerveld-Sassen

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1. Introduction

1.1 Objectives

The main purpose of this training manual is to give trainers a comprehensive tool to train caregivers of children in distress in developing the necessary attitude, skills and knowledge.

Caregivers dealing with children in distress, either in shelter homes, jails or drop-in centres are aiming to give them emotional and/or practical support. They enter a so-called *counselling* process with a child.

Counseling is a form of support based on communication that can be offered to individuals, groups, couples, and families in order to deal with various concerns. These concerns can be emotional, social, vocational, educational, health-related or developmental. Counseling aims to understand, prevent and relieve psychologically-based distress and to promote well-being and development.

In counselling children in distress, certain specific skills, knowledge and attitude are needed. In addition, it is essential that a caregiver is aware of his/her own emotions and is able to express these emotions in socially acceptable ways. This will help him/her to control impulsive reactions that occur to them and will also prevent him/her to exclusively give advice to the child in distress, as this does not empower them to gain control and to find their own solutions.

Therefore the objectives of this training are to:

- Give theoretical knowledge on children in distress;
- Raise awareness about own personal issues and attitudes;
- Practice communication and counseling skills with children in distress;
- Support caregivers and prevent burnout.

1.2 Training methodology

The educational method used during training is an important part of the message conveyed through the training. If one uses training methods that stimulates participants to reflect upon and learn from their own experiences and make them active partners in increasing their knowledge and skills, these trainees are more likely to become caregivers/counselors who activate their clients and stimulate them to use and expand coping skills they already haveⁱⁱⁱ.

Therefore, the methodology of the manual follows the principle that caregivers can develop skills and insights by recollecting their own life experiences and using their own natural skills in helping others. This is referred to as a process of *self-exploration*.

Self-exploration is a process through which people can learn that they have more skills and knowledge than they would appear. They can become aware of them, they can learn how to use them in a purposeful way and feel confident about them.

In regards to counselling, self-exploration aims to develop:

- Awareness of own attitude and beliefs;

- Awareness of own emotional ‘ baggage’ / history;
- Knowledge of the interaction between own emotions and clients;
- Understanding of own areas of strengths and areas for development;
- Continuous reflection on successes and setbacks as a basis for setting realistic objectives for self development.

Following this principle, the training for caregivers will continuously draw on the experiences of the caregivers and make them active participants of their own training.

1.3 Target group

This training manual has been developed for trainers who are planning on training caregivers who are dealing with children in distress.

- Trainers: This manual is meant for trainers who are or have been themselves actively working with children in distress; the training method can only be used by people who have lots of examples in their minds about their own experience.
- Caregivers: By caregiver, is meant any person who is taking care of a child either as family or in a professional relationship.
- Children: Children in distress are children between the age of birth until 18 ,who have experienced stressful life events such as physical or sexual abuse, neglect, being orphaned, living on the street, living in jails, being confronted or involved in a world of drugs and prostitution.

2. Training development

2.1 Training principles^{iv}

This manual follows a number of training principles, which will guide its methodology.

Training is to empower

Caregivers are people who are aiming to support and assist children. They will try and do this by empowering the children discovering their own strengths and resources in order to deal with their problems. The caregiver can not deal with the problems of the children on their behalf. His/her responsibility is to help the child to cope, by giving him/her emotional support, by stimulating his/her thinking about his/her problems and by teaching him/her new skills.

A trainer for caregivers/counsellors is in a similar position. The caregivers that are being trained all have common sense, intuition and a capacity for logical thinking. Some of them might have differing educational backgrounds, but all of them will have life experience. It is from their life experience and their natural capabilities that they can develop themselves.

Training is to discover

Using self-exploration in training will make the training a process of discovery. During the training participants can start to realise that they already have a lot of useful skills and knowledge. They can learn to use all this in a purposeful way. A successful training will also give the participants confidence in their own skills and knowledge. It will give them also enough confidence to accept the fact that, as any expert, they are not all-knowing; that there are limits to their skills, and that some children may need the help of other experts.

Training is tailor made

There are no fixed or universal procedures in helping others/ in counselling. Every child is a unique person and has unique problems. Therefore the course of counselling process is always dependent on the problems and the personality of the individual client. In the same way, training is a unique process and always tailor-made, meaning it should be made according to the needs of the target group of trainees.

Therefore before conducting a training, 3 central questions must be answered^v:

1. Audience: Who is the target group of your training and what are their current roles?
2. Knowledge/skills gaps: What is the gap between what they know and what they *need* to know to carry out their roles successfully?
3. Outcomes: Will this training help to fill this gap?

These questions form the foundation of a training needs assessment, which is the first step of making a training program (see also paragraph 2.2).

Training is never ending

Training does not stop at the end of a training program. There is a need for ongoing support of caregivers and counsellors of children in distress.

Training is only effective if the newly trained can start to work in practice immediately and if they are given the opportunity to learn from their own experiences. In practice, this means that they must be constantly stimulated to write reports on their work, reports in which they describe and evaluate their own behavior during each session (and not only information about the client and the topics that were discussed during a session).

Also, they need to have the opportunity to discuss their own practical experience and the experiences of their colleagues in a non-threatening, supportive atmosphere. They need to have, at least occasionally, access to meetings with a supervisor with whom they can discuss their personal problems or limitations they encounter during their work.

2.2 Making a training program

In making a training program, a few basic steps should be followed.

First Step: Identify your target group and assess their training needs, using questionnaires, focus group discussions, and interviews with key actors^{vi}.

Second step: Design your training

1. Define the main message/goal of your training; what do you want participants to pick up from the training and which are the main changes you want to bring about.
2. Define the learning objectives of your training by making an inventory of the knowledge, skills and attitude you would like to transfer in your training and relate them to the identified training needs.
 - a. Knowledge: These can be facts and/or theoretical concepts
 - b. Skills: Practical (for example, how to do a relaxation exercises) and social (for example how to put a tense child at ease, how to contain emotions instead of jumping in to advise about solutions)
 - c. Attitude: The combination of one's own opinions and emotions one has towards themselves, other people or life in general. The main change in attitude can for example be to be aware of stereotypes or of one's own emotional background)
3. Make a program for each session containing the:
 - a. Objectives (what do you want the participants to have learned at the end of the day)
 - b. Content (describe what messages you are going to put forward)
 - c. Method (describe how you are going to do this, for example by a lecture, group discussion, role play)
 - d. Materials (what do you need in terms of paper, flipchart)
 - e. Allocated time (in educational settings people can not concentrate for more than 45 min. so allocate 5 min. breaks with short energizing or relaxation exercises). Also include time for lunch and tea breaks outside of the training room.

Third step: Evaluate your training

- On the outcome: Were the learning objectives met?
- On the process: What went well? What did not work? Why? What will I do differently next time?
- At the end of each training review your day by debriefing yourself on what went well and what went wrong (see the Appendix A for a debriefing format). Adapt your training accordingly.
- At the end of each day, hand your participants an evaluation questionnaire (see Appendix T).

Remember that even though one needs a training outline before conducting a training, one should be flexible in adapting it to the reactions, the input or the questions of the participants.

2.3 Conducting a training

Before delivery your training, make sure that you have ensured that all the logistics and the materials of your training are in order. This includes:

- A quiet room
- Stationary for the participants (pen, paper, copies of the agenda, the handouts, role plays scripts, evaluation questionnaires etc)
- Flipchart or big paper sheets and adhesive tape to stick these sheets to the wall
- Markers in various colors
- Chairs or mats to sit on
- A table for the trainer
- Necessities for power point presentations
- Refreshments and lunch

A successful training has to be varied, using many different methods (exercises, brainstorm, interactive lectures, role-plays) understandable for all participants (using illustrative examples or metaphors in explanations) and in close connection to the experience of the participants. It should also be conducted in a safe and pleasant atmosphere. Setting ground rules at the start of your training and discussing each others fears and expectations of the training can ensure this.

The attitude of the trainer is usually tolerant, but firm in setting limits if one participant is humiliating, intimidating or discouraging a colleague. The trainer tries to restrict himself to giving positive (encouraging) feedback; if he has to be critical, he combines his critical remark with positive feedback and suggestions for alternative behavior.

During the days of the training, the participants get a lot of new impressions and ideas. It is important to keep them interested, alert and concentrated. Offering them a program full of variety will help to stay concentrated. During educational sessions, most people cannot concentrate much longer than 45 minutes. Therefore it is useful to divide a session in units of about 45 minutes, with breaks in between the units. One can also do physical exercises with the group to revive concentration.

3. A training program for caregivers

This is an example of 8 days training for caregivers who are dealing with children in distress in Pakistan. As the majority target group of the aid organisations in Pakistan are children between the age of 10 and 18 years old, the focus of this training will be on dealing with children in that age group (adolescents).

The training is divided into 3 phases, which can be given separately from each other, for example with a month interval between them:

Phase 1: Getting to know yourself and adolescents

Learning objectives of the training:

- Acquiring theoretical knowledge on children/adolescents
- Raising awareness about own personal issues and attitudes in dealing with adolescents

Set-up:

Day one: Getting to know yourself

Day two: Getting to know adolescents

Day three: Dealing with adolescents

Phase 2: Communication and counseling skills

Learning objectives of the training:

- Understanding the value of communication
- Mastering basic communication skills
- Using communication skills in the context of counseling
- Mastering basic counseling skills with children

Set-up:

Day one: Effective communication

Day two: Communication and counseling skills

Day three: Communication and counseling with children

Phase 3: Stress management

Learning objectives of the training:

- To raise awareness regarding stress, and its different causes.
- To identify stress areas and coping strategies.
- To understand aggression and to adapt appropriate management strategies.
- To learn stress management technique.

Set-up:

Day one: Understanding stress

Day two: Dealing with stress

For each phase a detailed program outline will be presented. The program can be used as it is or adapted to the needs of the participants.

3.1 Phase 1: Getting to know yourself and adolescents

Learning objectives of the training:

- Acquiring theoretical knowledge on children/adolescents (characteristics and specific needs)
- Raising awareness about own personal issues and attitudes (through self-exploration) in dealing with adolescents

Method:

A 3 day training in which caregivers will go through a process of self-exploration in order to learn about themselves and about their target group.

Content:

Every day of training is presented, describing each session, its objectives, the method, the materials needed, the allocated time and the content.

Day 1: Getting to know yourself

Learning objectives of the day:

- The participants will understand the goal and the content of the training.
- The participants will receive answers for their practical concerns
- The participants will be acquainted with each other and become a group
- The participants will identify their own attitudes and beliefs about adolescents
- The participants will become aware of their responsibilities as caregivers towards adolescents.

Introduction

Objectives:

- To explain the content and agenda of the training.
- To satisfy the queries of the participants regarding the training and/or other practical issues.
- To verify if all the participants have pens, a writing pad and the agenda with them.

Method:

Interactive lecture

Materials:

Pen, writing pads and copies of the agenda

Time:

20 min

Activities:

1. The facilitator will greet, introduce him/herself and welcome the participants
2. The goal of the training and its objectives will briefly be explained to the participants
3. The facilitator will give an overview of the content of the training, using the distributed agenda and relate it to the main goal of the training
4. The facilitator will ask if there any questions

Session 1: Getting acquainted with each other

Objectives:

- The participants will become acquainted with each other
- They will also explore their likes and dislikes and enter the process of self exploration
- The participants will feel a part of a group and reassured

Method:

Icebreaker exercise, small group work

Material:

NA

Time:

90 min

Activities:

1. Ice breaker exercise: (10 min) 'Birthday game'
 - Have the group stand and line up in a straight line.
 - After they are in line, ask them to rearrange the line, so that they are in line by their birthday, January 1 on one end and 31 December on the other end. The catch is that they must do all this without talking or writing anything down but through symbols.
2. Group work: ask participants to divide themselves into pairs and share three things with each other (20 min)
 - Names
 - Their experiences with the target group (adolescents)
 - Two likes and two dislikesAfter the allotted time ask the participants to introduce their companion with the larger group (60 min)

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: Sharing hopes and fears

Objectives:

- Enhance group building
- To know the expectations and apprehensions of the participants concerning the training
- Install reassurance and trust by sharing personal feelings
- Involve participants in their own learning process

Method:

Individual work

Material:

Flash cards and markers

Time:

30 min

Activities:

1. The participants will be provided with flash cards and they will be asked to write their hopes and fears about the training workshop (10 min). After finishing the writings, they will be asked to share it with the group and hand the cards to the facilitator. The facilitator will then paste the flash cards on a wall or flipchart.
2. The facilitator first speak about fears (point out some common or reoccurring apprehensions and give them reassurance) and then focus on the hopes and relate them to the learning objectives. The facilitator will clearly mention to the participants which objectives are relevant to the training and can be met and which objectives can't be met and why.

Facilitator's note:

In order to elicit more personal responses to the question on apprehension, the facilitator could also share his/her own fears and apprehensions, for example of giving this training.

Session 3: Setting ground rules for the training**Objectives:**

- To set ground rules for the group to ensure a safe and pleasant atmosphere
- To enhance group building

Method:

Brainstorming

Material:

Flip chart and markers

Time:

20 min

Activities:

1. The group will be asked to collectively brainstorm and draw up a list of ground rules for the group. The facilitator will write down the rules after consensus in the group on a flipchart.

Facilitator's note:

Usually participants name confidentiality, no side or cross talking, punctuality and regularity, mutual respect, giving other an opportunity to speak (from their level of comfort), speaking for self etc. Confidentiality should be explained and stressed, using illustrative examples.

Lunch:

Time:

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Session 4: Self-exploration**Objectives:**

- To explore caregiver's beliefs and attitude towards target group
- To raise awareness on how beliefs and attitudes can affect their role and responsibilities as caregivers.
- To challenge these beliefs

Method:

Group work, discussions, interactive lecture

Material:

A copy of appendix B for the facilitator, copies of incomplete stories (appendix C), flip charts and markers

Time:

90 min.

Activities:

1. Questions regarding adolescents: (45 min.)
 - a. The facilitator presents some statements regarding adolescents (see appendix B- not be distributed)
 - b. The room will be divided in two sections, a YES section and a NO section.
 - c. The participants will be asked to choose the side of the room which corresponds to their answer to the each statement.
 - d. After choosing their answer, the participants will be asked to convince the other section to change side.

Facilitator's note:

Through this activity the participants will explore their own (stereotypical) ideas and attitudes towards adolescents. The facilitator will also emphasize the fact that it's hard to convince others and people usually do not change their mind easily. This is true for participants, as the exercise just showed, but also for adolescents. It takes a lot of time and energy, but most importantly logics and evidences seem to convince better.

2. Relaxation exercise: (10 min.): This is a mental relaxation exercise to restore some calm in the group. The facilitator gives the following instruction:
 - ✓ Sit comfortably, preferably in a quite place, with your feet flat on the floor.
 - ✓ Close your eyes. Breathe easily through the nose.
 - ✓ Fix your attention on your muscles and feel how they become a little more relaxed every time you breathe out. Do this for two to three minutes.

- ✓ Now imagine that each time you breathe in you take energy and health. Every time you breathe out get rid of some tension and stress. Do this for two to three minutes.
- ✓ Now remember some pleasant and beautiful place you have visited in the past. Imagine you are there now. Let your mind rest easily in this place.
- ✓ When other thoughts come into your mind, just watch them come in and go out again. You see that thoughts come and go by themselves. Even worrying or unpleasant thoughts will go if you do not pursue them.
- ✓ You are resting deeply in a pleasant place. Remember what it looks like, sounds like, feels like. Let other thoughts come and go on the surface of your mind.
- ✓ After about 10 minutes say goodbye to this pleasant place, but remember that you will return there again.

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 4 continued

3. Story completion (45 min.)
 - a. Divide the group in four or five small groups.
 - b. Groups will be asked to pick up a card with an incomplete story about an adolescent and then complete it (see appendix C).
 - c. After the group work they will present it to the larger group
 - d. After each story presentation the facilitator will ask the rest of the group to react and challenge the story.
 - e. The facilitator will identify the behaviors influenced by these stereotypical ideas in the presentations and discuss it with the group.
 - f. The facilitator will make the connection how our attitude can affect our behavior towards adolescence and how our behaviors can affect our responsibilities as professionals.

Attitude \Longrightarrow Behavior \Longrightarrow Responsibilities

Facilitator's note:

Most often the stories show that we carry stereotypes about adolescents and young adults. The adventures that the adolescents undertook were all risky and hazardous. Participants usually assume that children adolescents, if left on their own, will invariably venture towards negative modes of behavior. This shows us that the baggage of attitudes and values that we carry while dealing with children and adolescents, influence our behavior toward them.

Closure session

Objectives

- To provide closure to this first day of session

- To allow time for questions
- To evaluate the day

Method:

Interactive lecture

Materials:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z)

Timing:

10 min

Activities:

1. The facilitator shares a brief roundup of the day's activities.
2. The facilitator asks participants if there are any questions or need for clarifications
3. The facilitator will distribute evaluation questionnaires
4. The facilitator emphasizes on the timing of the training for the following day.

Day 2: Getting to know adolescents

Learning objectives of the day:

- Strengthening group building
- To understand adolescence and the different changes that take place during this phase
- To understand the specific needs of adolescents.
- To understand and explore the need for discipline.
- To understand and explore need for a role model.

Opening session

Objectives:

- Make participants feel welcome
- Strengthen group building
- Refresh memories on previous day of training
- Clarify any possible misunderstandings
- Give information on today's purpose

Method:

Presentation, exercise

Material:

NA

Time:

20 min

Activities:

1. Name Game Exercise (10 min): The participants will be asked to stand in a semi circle. The first participant will share his/her name, then the next participant will call the name of the first participant and then share his name. The third participant will do the same, he/she will call the first and second participant name and then share his/her name... the game will continues till the end like this.
2. One voluntary participant will be asked to make a small summary of the first day.
3. The facilitator will collect the evaluation questionnaires
4. The facilitator will ask if there are any questions and explain the objectives of the second day of training.

Session 1: Adolescence

Objectives

- To understand different changes that takes place during adolescence.
- To understand the needs of adolescents.

Method:

Group work and interactive presentation

Material:

Flip chart, markers, multimedia, computer and copies of the presentation (appendix D)

Time:

60 min.

Activities:

1. The participants will be divided into three groups and they will be asked to discuss in their groups the following: (30 min)
 - A definition of adolescence
 - What are the physical changes?
 - What are the psychological changes?
 - What are the social changes?
2. A representative of each group is asked to present their findings to the larger group and to write it down on a flipchart.
3. After the presentations a lecture/power point presentation about these changes that leads to specific needs will be shared with the group.

Facilitator's note:

For caregivers, it is important to understand the needs of adolescents (in terms of having a role model or a clear discipline so that they can learn how to meet those needs. Needs are closely related to the changes you just identified.

Handouts of the presentation (see appendix D) can be shared with the participants to supplement the group work.

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: Discipline**Objectives**

- To understand the need for discipline
- To provide practical guidelines to participants regarding disciplining

Method:

Group work and interactive presentation

Material:

Flip chart, markers, copies of the handouts (appendix E)

Time:

75 min

Activities:

1. The participants will be divided into three groups and be asked to have a group discussion on discipline: (30 min)
 - What is discipline
 - Ways of enforcing discipline
 - Negative and positive ways of enforcing discipline.
2. After the discussions a representative of each group presents their work (30 min).
3. At the end of the session the facilitator provides an interactive lecture on common guidelines on how to deal with disciplinary issues, using and distributing the handout (appendix E).

Lunch:**Time:**

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note

Before starting the next session, the facilitator can propose an *energizing game*:

For example, a number of chairs or mats/pillows are put in a circle (the facilitator can organize this just before participants come back from their lunch break) so that everybody but one could sit down. The facilitator sings/plays a song/music while the participants walk around the chairs. When the music stops, they all have to sit down. The one person remaining standing is out of the game. One chair is then removed and the game continues until there is one left standing who is the winner.

Session 3: Discipline in practice**Objectives**

- To be able to handle common disciplinary problems.
- To be able to handle a specific disciplinary problem (aggression).
- To empower the caregivers in alternative modes of dealing with discipline.
- To identify behavior that might require a referral to professionals.

Method:

Group discussion and interactive presentation

Material:

Copies of the handouts (appendix F)

Time:

90 min.

Activities:

1. Three participants of the group will be asked to share a case study from their shelter homes/drop in centers where they faced difficult disciplinary issues (for example aggression, jealousy and inappropriate sexual behavior) and to explain how they deal with it. The other participants will be asked to identify alternative modes of dealing with them (40 min).

Facilitator's note:

The facilitator can provide a handout on “dealing with fighting” (appendix F) at the end of the session.

2. The facilitator will help the participants to identify some of the behaviors from the case studies which need professional help/referral. So which behaviors are normal for adolescents and which ones are not? (20 min)

3. The room will be divided into normal behavior section and abnormal behavior section. Certain behaviors of adolescents will be shared with the group (behaviors could be: masturbation, touching private body parts of peers, washing hands again and again, fighting with father etc. and participants will be asked to take a stand according to their opinion. Discussion will be encouraged (30 min).

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 4: Caregiver as a role model

Objectives

- To understand the need for a role model.
- To understand and explore the impact of a caregivers behavior on adolescents.

Method:

Group work and interactive presentation

Material:

Flip charts and markers, copies of the handouts (appendix G)

Time:

1hr 20min

Activities:

1. The participants will be divided into three groups and be asked to discuss among the group “what the role of caregiver is” (how should they behave) in the context of dealing with adolescents.
2. After the group work each group will give a presentation and the rest of the participants will be allowed to ask questions related to the presentation.

Facilitator’s note:

The facilitator should point out that care-givers are often role models for these children, as they are the significant other’s in their lives. A care-givers behavior consciously or unconsciously influenced the latter of how inter-personal relationships are nurtured and finally a care-giver’s feedback directly impacts the adolescent’s self-esteem and level of confidence, therefore a care-giver’s dealings with children and adolescents, play a crucial role in their becoming emotionally balanced, mature and responsible citizen in future.

At the end of the session a handout (appendix G) on possible role modeling of caregiver will be shared and distributed with and to the participants.

Closing session

Objectives

- To provide roundup of the day
- To clarify the queries of the participants
- To enforce the timing for the next day

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z)

Time:

10 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will distribute evaluation questionnaires
4. The facilitator will also emphasize on the timing of the training to be started the following day.

Day 3: Dealing with adolescents**Learning objectives of the day:**

- To understand the dynamics between caregivers and adolescents
- To be able to understand the importance of trust and how trust is built
- To understand the importance of empathy and how is it built.
- To understand the importance of feelings and to identify feelings in one self and in others.
- To evaluate the training with the participants

Opening session**Objectives:**

- Make participants feel welcome
- Strengthen group building
- Refresh memories on previous day of training
- Clarify any possible misunderstandings
- Give information on today's purpose

Method:

Presentation, exercise

Material:

NA

Time:

20 min

Activities:

1. Energizer game (10 min.): “Fruit salad/confusion game”. The facilitator will give four fruit/emotions names to all the participants like
 - a. Apple/sad
 - b. Banana/anger
 - c. Orange/ fear
 - d. Mango/ happy

One person will stand out of the group and the others will be standing on demarcated places. When the facilitator calls banana/anger, all bananas will change their place and the person who is standing outside will try to take the place of somebody else; forcing another person to stand outside. When the facilitator calls mangos/happy, all mangos will change their places. But when he calls fruit salad/confusion all the group will change their places. This will go on for at least 6 turns.

2. One voluntary participant will be asked to make a small summary of the second day.
3. The facilitator will collect the questionnaires
4. The facilitator will ask if there are any questions and explain the objectives of the third day of training.

Session 1: Power dynamics in our relationship with adolescents**Objectives:**

- To understand the power dynamics in relationship with adolescents
- To identify feelings while possessing power and while being controlled.

Method:

Role plays

Material:

Flip charts and markers, chits of paper

Time:

60 min.

Activities:

1. Odd Couple exercise (30 min.): Ask the participants to form pairs. Each pair gets a chit with a pair of related words written on it. These pair of words could be:
 - Hammer and nail
 - Sculptor and clay
 - Dog and master

Pairs are requested to enact the relationship between the given objects and change the roles after sometime. At the end of the activity ask participants to share how they felt while enacting each role.

Facilitator’s note:

One member of each pair has a power over the other. This power can be expressed through intimidation (hammer and nail), manipulation (sculptor and clay) or smothering/authority (dog and master). In all three situations, the ‘powerless’ half feels limited, out of control and therefore oppressed.

In a typically adult-child/adolescent relationship, one is in control and the other is being controlled. The game is designed to place one in the shoes of that person who is being controlled in some way or the other.

-
2. Mirroring exercise (30 min.): Ask participants to form pairs. One partner mirrors the actions of the other and then the roles are reversed. After the activity ask the participants to share their feelings in the larger group.

Facilitator's note:

Even though these are just games and with groups of colleagues, it becomes evident that sometimes when we have power, we tend to become revengeful and aggressive. We try to make things difficult for others around us. Thus, it reveals that we all possess shades of grey and experience feelings of power and helplessness as the adolescents around us. It is worthwhile to recognize one's natural tendencies so far as exercise of 'power' is concerned, accept them and work on them for appropriateness.

Also, once participants go through a mock situation where they are overpowered by their partner, it becomes easier to review their expectations from the shelter home children. Usually the pair where the 'subject' is conscious and understanding of the 'mirrors' difficulties and acts keeping the convenience and difficulties of the other in mind ends up performing better. This can be cited to illustrate the common saying "you get what give" in the context of human relationships.

Tea break:**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: Exploring trust**Objectives**

- To explore the process of trust building
- To experience feelings of trust.

Method:

Blind person game and group discussions

Material:

10 pieces of cloth, flip chart and markers

Time:

60 min.

Activities:

1. Blind person game (30 min.): The participants will be divided into pairs and given the following instructions: Blindfold one partner and let the other partner guide him/her around the room. Then

reverse the roles. Now the guide will become blindfolded and will be guided through the room by his partner.

After the activity each participant will be asked to share his/her feelings with the group as a “helper” and a “helpee”.

Facilitator’s note:

Make sure the room is arranged with things scattered around forcing the guide to take a leading role and help the blind person feel his/her way through the ‘world’. However, ensure that none of the objects lying around are injurious. No one is allowed to communicate verbally while doing the exercise

The facilitator can point out that this game could also be done with adolescents in order to create a sense of trust in a group.

2. At the end of the session the participants could be asked who the blind person and who the guide is in a shelter home situation and to discuss about the feelings involved (30 min).

Facilitator’s note:

Children in their state of dependence (blind person) vis-à-vis the caregiver (the guide), can feel insecure, scared, inadequate, powerless and angry in spite of the latter’s best intent to ‘guide’ them.

It is the difference in their respective situation that breeds suspicion and some extent of hostility in the children. Very often, it has little to do with the personal attributes either of the child/adolescent or of the particular caregiver.

It is important for caregivers to accept that it is not easy to trust, especially when one is as vulnerable as a shelter home inmate. Trust has to be earned and it is often a slow process. Another finding from the exercise is that the responsibility that ‘power’ entails is often very stressful for the guide (caregivers). One has to work with one’s stress, redefine one’s role and make realistic expectations from self to deliver one’s responsibilities. It could be stressed that progress is possible when both the ‘helpee’ and the ‘helper’ understand each other and cooperate with each other.

Lunch:**Time:**

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note

Before starting the next session, the facilitator can propose an *energizing game*:

For example, divide the group in two groups. Each group is given a set of activities to do (these can be written on flipchart by the facilitator when participants are on break). The group that finishes first has won the game. Activities could be:

- Every member has to whistle a tune for 10 seconds without stopping or laughing
- Pose in a group statue for 10 seconds without stopping or laughing
- Write 10 words starting with the letter S
- Everyone should sing a song for 10 seconds without stopping or laughing.

Session 3: Understanding empathy**Objectives**

- To understand the need for empathy when interacting with adolescents
- To practice empathy

Method:

Interactive lecture and role play

Material:

Flipchart, copies of case studies for role plays (appendix H)

Time:

75 min

Activities:

1. The facilitator asks the participants to define 'empathy' in a general brainstorm. Write all the ideas on a flipchart and complement it (15 min.).

Facilitator's note:

Empathy is about understanding the others individual and unique view of things, his emotions and concerns. It is not necessary to actually experience the others emotions, but it is necessary to apprehend, appreciate and understand them.

Empathy also refers to acceptance, warmth, respect and unconditional care. These are necessary elements in dealing with distressed people/adolescents so that they can feel at ease and share their problems with you.

Practical skills for showing empathy are:

- Put yourselves in the other person's shoes. Listen carefully and try to understand

accurately what they are thinking as they are talking. State what you think the other person is thinking as they are talking. State what you think the other person is thinking by something like ‘it sounds like....’) and then paraphrase respectfully what you understood.

- Try to understand what the other person is feeling. Notice their body language. Do they appear tense? Angry? Hurt? Acknowledge what the other is feeling; based on what they said and the manner they said it.
- Ask a question to confirm how they are feeling; such as” I can imagine you must be very frustrated with me. Is this true?” Ask them if you have correctly understood what they are thinking and feeling.
- Use “I feel” statements to let them know how you would feel if you were in their shoes. For example: “I would feel very sad if this happened to me”.
- Accept the other person’s feelings and thoughts. Do not be hostile, judgmental or defensive. Let them know that you are willing to listen to anything they would like to share.

2. Role plays (60 min.): After the presentation the participants will be divided into group according to a random number. In the group, one participant will play the role of client, one of the caregiver and at least two participants will play the role of observers. Case studies (see appendix H) will be handed over to the client and caregiver separately and the observers will be asked to observe empathy skills of the care giver and give him/her feedback. Then roles can be reversed with another case study.

Facilitator’s note:

Rules of feedback should be reminded to all participants before starting the exercise:

- Give balanced feedback, starting with the positive. If you lead with or focus only on the negative, the likely reaction will be defensiveness. If the other person is defensive, he will shut down, tune out or rationalize your feedback as “not relevant.” When you start with positive feedback, you get a more open response to the negative feedback later on. The other person now doesn’t assume that “you’re out to get them.” Instead, he views you as being balanced and fair in your assessment.
- Give feedback in a “I.... message” for ex. “I felt that... I think that...”. Do not start with “You...” because that tends to come across as an accusation. Describe your own feelings and thoughts.
- Feedback should be directed to observable behavior, not to the person.
- It should be specific about the behavior requiring change.
- Use here and now (do not use “you always do it”)
- Give feedback with respect
- Try to indicate an alternative

3. After the role plays, participants will be asked to give their impressions and findings in the group.

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 4: Feelings

Objectives

- To be able to name and identify feelings
- To understand the probability of misunderstanding feelings
- To understand the cycle of sensing, thinking, feeling and behaving

Method:

Interactive lecture and exercise

Material:

Paper chits with feelings, flip charts and markers.

Time:

90 min.

Activities:

1. Identifying emotions (20 min.). The four basic emotions will be shared with the participants one by one like:
 - Anger
 - Fear
 - Happiness
 - Sadness

The participants will be asked to come up with other related feelings with each mentioned emotion. Then they are asked to translate them in Urdu and the facilitator will write down it on flip chart.

2. Mime Game (20 min.): Participants will be distributed chits with feelings written on them like:
 - Happy
 - Angry
 - Confused
 - Guilty
 - Fear
 - Jealous

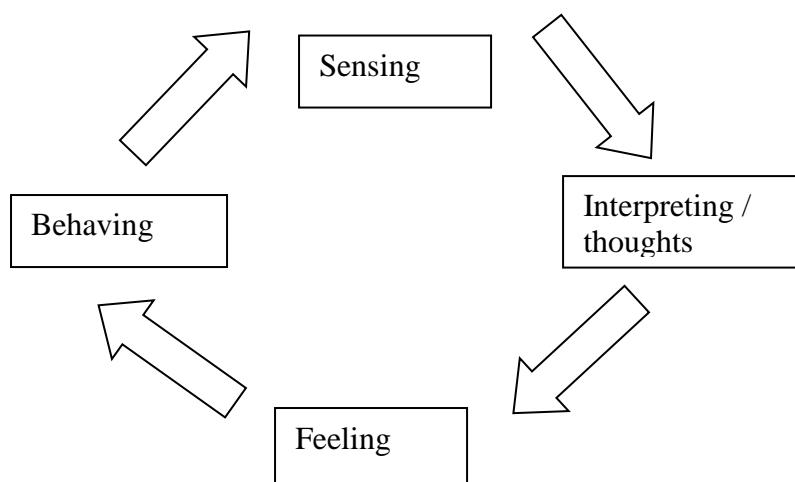
Each participant has to pick a chit and mime the feeling for others to guess. Actors are not allowed to talk or make any sound. Each participant will be asked to share what feeling he/she guessed from the act and will be written down on a flip chart. At the end of the session the facilitator will debrief on the session.

Facilitator's note:

It is important for us to realize that we often assume how the other person is feeling. We may or may not be correct in identifying that feeling. If we do not identify the feeling,

there is an inappropriate response. Thus, there are always chances of misunderstanding and hence it is always best to clarify ones understanding. It should also be made clear that our non-verbal messages are important as they communicate our feelings rightly or wrongly to the other. We may say something but our expressions may convey how we are actually feeling and when there is mismatch, there is mistrust.

4. Cycle of sensing, thinking, feeling and behaving will be shared with the participants (20 min).



Facilitator's note:

The participants will be reminded that if a caregiver wants to modify and truly understand any behavior or language of the child in the shelter home, it would require him/her to understand both the content and the feelings involved. To bring about any change or modification, one has to understand the cycle of sensing, thinking, feeling and behaving. The caregiver must remember that we have to trace the feeling, thought and the incident from the evident behavior. We feel in a particular way as we think in a particular way on being exposed to an experience and it is important for is to know what are feeling and the corresponding thought, if we want to change a resulting behavior.

5. The participants can then be asked to come up with some experiences and then with the facilitator will together with the participants identify the feelings and thoughts behind them. Suggestions how the behavior could then be changed are made by the facilitator.

Closure session

Objectives:

- To provide roundup of the day
- To clarify the queries of the participants
- To evaluate the training with the participants
- To help develop positive self concept

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z) and flash cards

Time:

45 min

Activities:

1. At the end of the day the facilitator will share a brief roundup/summary of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will evaluate the training and its objectives with the participants, using the chart with hopes and fears which were identified on the 1st day e.g. where the fears grounded? Did they disappear during the training? Why? How? Were the hopes/expectations met by the training? Why? How? Which were not met? What could be done to meet them?
4. Final exercise "positive strokes" (10 min): The facilitator will ask the participants to pass chits around with the name of other group members. Each participant writes two positive adjectives about others and passes the chit around until each person has written for all others. Each member of the group could then share his/her list in the larger group space. Pin a paper on each participant's back and all others write at least two positive things about each other. This can be taken away as a souvenir from the group!

3.2 Phase 2: Communication and counseling skills

Learning objectives of the training:

- Understanding the value of communication
- Mastering basic communication skills
- Using communication skills in the context of counseling
- Mastering basic counseling skills with children

Method:

A 3 day training in which caregivers will learn and practice helpful communications skills.

Content:

Every day of training is presented, describing each session, its objectives, the method, the materials needed, the allocated time and the content.

Day 1: Effective communication

Learning objectives of the day:

- To understand the goal and the content of the training.
- To understand the value of communication
- To learn and practice communication and counseling skills

Introduction

Objectives:

- To explain the content and agenda of the training.
- To satisfy the queries of the participants regarding the training and/or other practical issues.
- To verify if all the participants have the pens, writing pad and the agenda with them.
- To enhance group building

Method:

Interactive lecture

Materials:

Pen, writing pads and copies of the agenda

Time:

20 min

Activities:

1. The facilitator will greet, introduce him/herself and welcome the participants
2. The goal of the training and its objectives will briefly be explained to the participants
3. The facilitator will give an overview of the content of the training, using the distributed agenda and relate it to the main goal of the training.

Facilitator's note:

The facilitator can give a small introductory lecture:

As caregivers who dealing with children in distress, either in shelter homes, jails or drop-in centres, you are aiming to give them emotional and/or practical support. You enter a so-called *counselling* process with a child.

Counselling is a form of support based on communication that can be offered to individuals, groups, couples, and families in order to deal with various concerns. These concerns can be emotional, social, vocational, educational, health-related or developmental.

In counselling or supporting children in distress, certain specific communication skills, knowledge and attitude are needed. Those are going to be handled in this training. The trainings objective is not to transform everybody into counsellors, but to teach you some basic skills which will help to support children.

4. The facilitator will ask if there any questions (practical or other)
5. The facilitator will explain a (group building and introduction) exercise (10 min.): Ask the participants to stand in a circle and to take two steps forward every time they find a statement applicable to them. Statements can be:
 - Those who live in Lahore
 - Those who have come by bus
 - Those who are unmarried
 - Those who have a brother
 - Those who have personal hobbies
 - Those who are working directly with children
 - Those who feel anxious
 - Those who have children etc....ect

Session 1: Sharing hopes and fears**Objectives:**

- To know the expectations and apprehensions of the participants concerning the training
- Install reassurance and trust by sharing personal feelings
- Involve participants in their own learning process.

Method:

Individual work

Material:

Flip chart and markers

Time:

30 min

Activities:

1. The participants will be divided in groups of three and they will be asked to discuss their hopes and fears about the training workshop. They will be asked to write it down on a flipchart paper and one representative will have to present it to the larger group.
2. The facilitator first speak about fears (point out some common or reoccurring apprehensions and give them reassurance) and then focus on the hopes and relate them to the learning objectives. The facilitator will clearly mention to the participants which objectives are relevant to the training and can be met and which objectives can't be met and why.

Facilitator's note:

In order to elicit more personal responses to the question on apprehension, the facilitator could also share his/her own fears and apprehensions, for example of giving this training.

Session 2: Setting ground rules**Objectives:**

- To set ground rules for the group to ensure a safe and pleasant atmosphere
- To enhance group building

Method:

Brainstorming

Material:

Flip chart and markers

Time:

15 min

Activity:

The group will be asked to collectively brainstorm and draw up a list of ground rules for the group. The facilitator will write down the rules after consensus in the group.

Facilitator's note:

Usually participants name confidentiality, no side or cross talking, punctuality and regularity, mutual respect, giving other an opportunity to speak (from their level of comfort), speaking for self etc. Confidentiality should be explained and stressed upon, also using illustrative examples.

Session 3: Effective communication**Objective:**

- To be aware of the different ways of communication

Method:

Brainstorm, interactive lecture

Materials:

Pen and writing pads

Time:

45 min

Activities:

1. The trainees will be asked to brainstorm as a group on: what is communication? Answers can be written on a flipchart and the facilitator can provide the trainees with some additional information through an interactive lecture (20 min)

Facilitator's notes:

Communication is a 2-way process; it involves:

- Trying to understand the thoughts and feelings another person is expressing
- Respond in a way that is helpful.

This means that to communicate well you will need skills in:

- Listening and observing others, understanding their messages
- Getting your own ideas and feelings across so that they can be helpful

These skills are part of ordinary, everyday social life; but when we are faced with someone who is upset and needs our support we have to think carefully how to respond in the best way possible.

Furthermore, in every culture there are distinctive ways of communicating, expressing feelings and dealing with stress or suffering. There are also variations in the non-verbal communication that people use: smiles, nods and silences mean different things in different societies. These ways are learned by people during their childhood as part of their social knowledge. Awareness of cultural diversity is crucial when encountering people from a culture or tribe that is not your own.

- Communicating can be *verbal* (words, sounds and sentences) and *non-verbal* (nods, silences, facial expressions). A lot of the communication goes on without actually talking.
- The *non-verbal* communication is actually communicating without words. It involves the expression on a person's face, how they move, their tone of voice etc.

2. The facilitator proposes the following exercise: the trainees are asked in groups of 3-4, to brainstorm a list of all the aspects of non-verbal behaviour which might indicate the following emotions: sadness, anger, agitation and despair. Participants are then asked to act them out and the other should try to guess which emotion is being showed and tell the actor.
3. The facilitator summarizes the main points and proposes a tea break.

Tea break

Time:

15 min.

Activity:

1. Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 4: The value of communication

Objective:

- To (re-)experience and understand the value of communication

Method

Brainstorm, group exercises and interactive lecture

Materials

Flipchart

Time

60 min.

Activities

1. The trainees are divided in groups of 4 to 5 people. They are asked to sit together for 10 minutes and think back to a bad experience of their own such as bereavement, an experience of violence, an accident or being in danger. They have to try to give answers to 2 questions:
 - What were the emotions you felt during the experience and afterwards?
 - How long did it get you to get over it? Or do you still feel that it is affecting you?

Afterwards, each group will report their findings and they will be written down on a flipchart. There are no wrong or right answers. The aim of the exercise is to be aware of different emotions and feelings and on variations in the time and means of recovery.

Facilitator's note:

Replies could be sadness, crying, feeling alone, anger, despair, fear, hopelessness, lack of energy, no wish to do anything, no confidence, abandoned, remembering the experience, normal life is interrupted, annoyance, wanting to be alone, feeling insecure, humiliated, worry, anxiety, confusion, demoralization, bad dreams, concentration problems, health problems, drinking, smoking.

2. The whole group is asked to brainstorm on what helped to feel better.

Facilitator's note:

Replies could include being alone, having company, talking to people, having diversions, sleeping a lot, trying to forget, running away, crying, attending mourning ceremonies, visiting a traditional healer or any religious place.

3. Talking is an important way of feeling better. Why? Why do we like talking to people when we are upset? How does it help? The group is asked to brainstorm.

Facilitator's note:

Replies can be talk of other things in order to forget, relieve tension, to feel better, to get moral support and care, to get advice, to feel part of a group.

Communication can provide people a sense of relief. A lot of people do not really talk about their emotions and feelings often. They are mostly afraid of being seen as weak persons. However, most of them would be relieved if they had someone to confide in and if they would receive information, moral support and/or advice.

4. But who would distressed people like to talk to? Just think of someone you do not like to talk to or confide in. What are the reasons for this? The trainees are asked to individually write down the reasons (*for example impatient, not interested, critical, unsympathetic, not serious, gossip*). Now think about someone that you liked to talk to, someone who was helpful when you had a problem. Why did you like talking to that person? (*for example sympathetic, wise, experienced, understanding, gives good advice, maintains confidentiality, is humane, can enter into another's world and imagine their situations, accepts emotions, can put up with strong feelings in another person*).
5. The facilitator can summarize that helping people by communicating is about a certain attitude (the main one being empathy as discussed in phase 1 of the training) and skills: listening, responding and probing.

Session 5: Listening skills**Objectives:**

- Training skills in listening
- Become aware of blocks in listening

Methods:

Exercises, interactive lecture

Materials:

Flipchart and markers, copies of handout (appendix I)

Time:

60 min.

Activities:

1. The facilitator proposes the following exercise: Participants are asked to divide themselves in pairs. One of the pair is the *listener* who tries to encourage the speaker as much as possible. The other one is the *speaker*, who speaks for 5 minutes about a problem in day to day work. While the speaker is talking, he or she should watch the listener to see how the listener is encouraging the conversation. After 5 min. they swap. Afterwards both write down individually what they noted about how the listener behaved: what did you noticed in the listeners, what he or she did to encourage you?
2. In the group, the facilitator drafts a list on the flipchart on behavior that encourages conversation and a list of behavior that is discouraging. Answers may be:

Encouraging

- *Looks at the speaker*
- *Nods and smiles*

- *Makes encouraging noises*
- *Sympathetic, patient and accepting*
- *Show interest, listens carefully*
- *Asks questions to make things clearer, asks about details*
- *Does not interrupt*
- *Does not judge or criticize*
- *Seems trustworthy, able to maintain confidentiality*

Discouraging

- *Hardly looks at the speaker*
- *Is not sympathetic*
- *Does not listen or ask questions*
- *Criticizes and judges*
- *Argues*
- *Talks about themselves*
- *Does other thing while listening (look at nails or papers)*
- *Laughs, does not take the speaker seriously*

Facilitator's note

In an interactive lecture, the facilitator can provide the following information. To illustrate what is meant and to make the participants experience it, the facilitator could act out his lecture in short role plays.

Good listening mainly involves you remaining quite and allowing the other person to speak. This is not as easy as it may sound, because many of us are anxious to get information and to help. So we often interrupt people by ask questions or clarifications.

Good listening is facilitated by non-verbal aspects of communication; including:

- The facial expression. If you look bored, worried or annoyed while somebody is talking, people will soon stop. Encouraging noises (for example: "yes..., And so..., Ah ha..."), nods and smiles show that you are interested. Your expression should change with what the person is telling you. Jokes, smiles and laughs can help people to relax; but sometimes people smile or laugh because they are embarrassed or do not know what to say. So be careful with being too funny!
- Eye contact is very important in a listening relationship. But is also highly cultural sensitive. In some cultures looking people in the eye is considered as extremely rude, as in others it is quite the opposite. It is certainly wrong to stare as it makes most people uncomfortable, but a certain degree of looking at the other person is usually helpful. If you do not look at the other person, you will not see his or her non-verbal communication (expression, gestures, and attitude).
- With this comes the seating arrangement. The way you sit will also influence your possibilities in eye contact. Sitting face to face makes it difficult not to stare. Sitting next to each other makes it impossible to look at each other. Many people find the most comfortable arrangement to be sitting at a slight angle to each other. This gives you and the other person the choice of looking or not.
- Finally your body language/attitude: most people find sitting with crossed arms and legs not an inviting attitude for talking. Find a position that is comfortable for you and for the other. Adopting a warm and open posture by leaning slightly forward toward the child

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3. However, even though we put all this in practice, there still can be some problems in listening. The facilitator asks the participants to think of problems that could occur and share them with the group.

Facilitator's note

Some of the blocks that might occur are:

- Defensive attitude
- Judgmental attitude
- Fixation on looking for the truth
- Identification with the child

See also the handout on 'blocks to effective listening' appendix I.

Lunch:

Time:

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note

Before starting the next session, the facilitator can propose the following *energizing game*: The hitchhiker:

You have 3 chairs and 3 persons. You ask an emotion for every person.

- The first person that starts is the driver and has his emotion.
- When the second person comes in the car the first person takes over the emotion of the second person.
- And when the third person comes in the other 2 take over his/her emotion. Then when the third person leaves again the 2 others get the emotion again from the second person.
- Finally the second person leaves and the first person gets his emotion again.
- You can do this with talking or without. You even can do it with more people in a bus.

Session 6: Responding skills

Objectives:

- Learning responding skills
- Understand the purpose of responding
- Identification of responding patterns

Methods:

Brainstorm, Interactive lecture

Materials:

Flipchart, markers and copies of the responding questionnaire handout and the response categories handout (Appendix J and K).

Time:

90 min.

Activities:

1. The participants are asked, if possible, to define and to give illustrative examples of the three main verbal responding skills:
 - Reflecting
 - Paraphrasing
 - Summarizing
2. The participants are then asked to brainstorm on the different purposes of responding (*for example: to let the other know how I feel, to answer queries, to make the other person talk more*)
The facilitator can add that with children who have been deprived of warmth and security, it is very important to convey to them that they are understood and that they have a place they could feel emotionally safe.
3. The facilitator explains that we all have a natural response pattern and that the following exercise will help to discover this. A questionnaire (see appendix J) is distributed and participants are asked to fill it in individually as quickly as possible; the one who finished first has won the game. This speed will trigger the participants to choose the option that was closest to their spontaneous response. This exercise will help the participants to become conscious of their natural responses pattern and facilitate self- monitoring and change. Within the group, volunteers are asked to present some of their responses and the others are asked to give some feedback.

Facilitator's note

If necessary, remind the groups beforehand the rules of feedback (see the 1st training). Share with the group the five main categories of response: evaluative, interpretative, supportive, probing and understanding. Explain the motive behind these responses and discuss their advantages and disadvantages. The handout in the appendix K can be distributed.

Tea break

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 7: Probing skills

Objectives:

- Understand the purpose of probing and asking questions
- Identification of questioning types

Methods:

Brainstorm, Interactive lecture

Materials:

Flipchart

Time:

30 min.

Activities:

1. Interactive lecture on questioning skills. Participants are asked to come up with examples and ideas throughout the lecture.

Facilitator's note:

The facilitator can present the following interactive lecture:

When people talk, exchange or give each other information. They do this mostly through asking each other questions. Asking questions is also a right way to help somebody relax and communicate freely. There are different kinds of questions. *The group is asked if they know them. Answers and examples are written on a flipchart.*

- **Closed questions:** These are questions that only require the answer 'yes' or 'no' or an equally simple answer. Sometimes it is useful to ask questions in this manner; for example 'how old are you', 'where are you from', 'where do you work'...etc. But these questions do not encourage somebody to talk freely, as there is only one answer to the question. After the answer is given, you have to ask another question, making it a bit into an interrogation. *Every participant is then asked by turn to give one example of a closed question.*
- **Leading questions:** These are questions that suggest the answer. With questions like 'is everything all right?' 'do you agree?' or 'you like working here, don't you?', the answer yes or no is suggested. Most people also find it difficult to say no when a question is asked like this, most people finally say yes, even if they do not agree. They feel that the listener does not want to hear any negative feelings or worries. These questions are called leading because they lead someone to give a particular answer. *Every participant is then asked by turn to give one example of a leading question.*
- **Open questions and comments:** These questions encourage people to express their own ideas and to talk about their feelings. They do not suggest any right or wrong answer. Examples are 'tell me what happened', 'how did you feel', 'what did you do?' Comments about what somebody is telling you during your conversation will also show that you are listening and trying to understand him or her. These questions encourage somebody to continue his/her story and show that you are interested in

what you are being told and that are actively listening. With open questions you can learn more about a person's life, feelings and what is important to him or her. *Every participant is then asked by turn to give one example of an open question or a comment.*

- **Multiple questions:** These are questions which are asked all in the same breath. They are usually confusing and sound like an interrogation.

Usually people find it is helpful to use a mixture of closed questions to find out facts and open questions to encourage free expression.

Session 8: Skills in practice

Objectives:

- Learning in practice helpful communication skills

Methods:

Individual exercise, role plays

Materials:

Writing pads, pen, case study scripts (appendix L)

Time:

90 min.

Activities:

1. Exercise (20 min): working individually, each participant is asked to write a paraphrase of the following and then share it with the group:
"My handbag was stolen from me when I was walking along the road! And yesterday the fan broke down and I had to get it fixed. Everything seems to happen all at once".
Now participants are asked to write down how they could reflect on the feelings presented here (this exercise can also be done orally- so participants react on what the facilitator is saying):
"I do not want to go back there. It's not the place for me".
"My mother had to go to the hospital for 3 months. I was only 6 years old then".
"Some nights I don't sleep at all. I lie awake, toss and turn and the time goes very slowly".
"I worked really hard at school and then the teacher scolded at me for coming late".
2. Role-plays (60 min): divide the participants into groups of 3-5. In the group, one participant will play the role of client, one of the caregiver and at least two participants will play the role of observers. Case studies (see appendix L) will be handed over to the client and caregiver separately and the observers will be asked to observe listening and responding skills of the care giver and give him/her feedback. After 10 minutes, the roles can be reversed with another case study. If possible, every participant should play the role of caregiver.
3. After the role plays, participants will be asked to give their impressions and findings in the group (10 min).

Closing session

Objectives

- To provide roundup of the day

- To clarify the queries of the participants
- To enforce the timing for the next day

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z)

Time:

10 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will distribute evaluation questionnaires
4. The facilitator will also emphasize on the timing of the training to be started the following day.

Day 2: Communication and counseling

Objectives

- Using communication skills in the context of counseling
- Practicing basic counseling skills

Opening session

Objectives:

- Make participants feel welcome
- Strengthen group building
- Refresh memories on previous day of training
- Clarify any possible misunderstandings
- Give information on today's purpose

Method:

Presentation, exercise

Material:

NA

Time:

20 min

Activities:

1. Energizer game “Chinese Whispers” (10 min): the participants are asked to sit in a semi-circle. One participant is asked to volunteer. He/she has to think of a statement and to whisper it to his neighbor, who should whisper it his neighbor and so on. People are not allowed to repeat the message. The final message is the last one in the semi-circle, this one is said aloud and is usually heavenly distorted from the original one.
2. One voluntary participant will be asked to make a small summary of the second day.
3. The facilitator will collect the questionnaires
4. The facilitator will ask if there are any questions and explain the objectives of the second day of training. The connection between communication and counseling should be explained (using the introduction of this manual).

Session 1: Dealing with blocks in communication**Objective**

- To acquire skills on handling communication problems

Method

Lecture and role plays

Material

Copies of the handout (appendix M)

Time:

30 min.

Activities:

1. The facilitator share some of the possible ways of dealing with communication problems:

Facilitator’s note:

In most situations, communication is a natural process and using the skills you acquired yesterday, you will find it very rewarding. However, in dealing with distressed, angry or frustrated adolescents, or adults, there might be some difficulties.

Participants can be asked to give ideas on how to react to someone who is:

Someone who is passive-aggressive (refuses to talk to you)

- Don’t insist that they talk to you right now, you will only loose by trying to control them
- Empathize with their reasons for being unwilling to talk and give them permission to back off temporarily
- Emphasize that you feel some communication is needed and suggest that you can talk things over later, when they are in the mood.

Someone who is hostile

- Listen and hear the truth in what the person is saying
- Acknowledge how he or she is feeling
- Change the focus- draw attention to the hostile way the feelings are being expressed and about the way you are being treated

Someone who is stubborn and argumentative

- Disarming technique: find a truth in the other person's point of view and they will soften and suddenly become more open to your point of view.
- Empathizes
- Inquire

Someone who is pushy and makes unreasonable demands

- This is stressful because some of us have the tendency to believe that we must always say 'yes'. So tell the person that you need to think about their request and you will get back to them. In the meantime you have time to think about it and practice is saying 'no' if necessary.

Someone is a chronic complainer

- Complainers do not want advice or help; they simply want to be listened to
- Use the disarming technique and agree with them instead of trying to help

Someone is critical and judgmental

- Disarm the person who is criticizing you. Find some truth in the criticism instead of getting defensive. When you acknowledge it, the person who is criticizing you will back off and calm down.
- Use empathy and inquiry techniques. Encourage the other person to express all their criticisms and negative feelings
- Express your feelings with "I feel..." statements.

Copies of appendix M can be distributed.

Session 3: Beginning a conversation

Objective

- Practice communication skills in starting a conversation

Method

Lecture and role plays

Material

Role play scripts (those from appendix H can be used again- make sure each group gets a different script than the last time)

Time

90 min.

Activities:

1. The facilitator explains that now that we have reviewed all the basic skills and the potential problems that can occur in communication; it is time to put it into the context of counseling and support.

Facilitator's note

The facilitator explains the importance of establishing a relationship with the person who you are talking to; this is being referred as 'rapport building' and gives a few practical tips: First of all, in case you do not know the other person, you have to introduce yourself. Also communicate how long the meeting is going to last. Then explain that everything he or she will say will be confidential. If you need to discuss some things with other people (colleagues, supervisor) you should explain why and ask if he or she agrees. It helps to start conversations in a neutral way; asking for name, age, health, work, position etc. Then you can expand to more open questions like 'tell me what happened' and 'how did you feel'.

2. The facilitator proposes the following exercise (15 min): Make a list of verbal greetings and of opening questions which can be used to convey warmth at the beginning of a session.

Facilitator's note

Opening questions/statements could be:

- Would you like to start by telling me what's on your mind?
- We have 50 minute together, how would you like to use this time?
- Please let me know how I can help you
- How would you like to begin?

Tea break**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 3 continued

2. Role play (60 min.): divide the participants into groups of 3-5. In the group, one participant will play the role of client, one of the caregiver and at least two participants will play the role of observers. Case studies (see appendix H) will be handed over to the client and caregiver separately and the observers will be asked to observe and give him/her feedback. After 10 minutes, the roles can be reversed with another case study. If possible, every participant should play the role of caregiver.
3. After the role plays, participants will be asked to give their impressions and findings in the group (15 min).

Session 4: Giving support

Objectives

- Learning how to give support effectively
- Understand the dangers of giving advice

Method

Brainstorm, interactive lecture and role plays

Material

Role plays scripts (those from appendix L can be used again- make sure each group gets a different script then the last time)

Time

90 min.

Activities:

1. Brainstorm on the following questions: How can a caregiver support an adolescent or a child? (15 min)

Facilitator's note:

The facilitator can share the following ideas:

- In building a trusting relationship that fosters communication and reduces fear and mistrust;
- In providing emotional support in case of stressful life events (abuse, death of a loved one, sexual abuse etc)
- By creating a safe and supportive environment (for example by linking the child to a supportive family member, to increase parental skills so that parents can develop a more positive interaction with their children, to facilitate communication within families etc)
- By increasing social norms (for example by talking about drugs, giving information on HIV, sexuality etc)
- By ensuring their access to resources (working together with schools for their re-entry, facilitate work opportunities, ensure access to health care etc)
- In teaching them life skills (decision making, problem solving, creative thinking, critical thinking, communication skills, assertiveness, self-awareness, coping strategies with emotion and stress)
- In developing their practical skills (vocational, literacy, money management).

2. Is supporting the same as advising? Brainstorm with the group on the pro's and cons of advising. Complement with a short lecture. (15 min)

Facilitator's note:

Dangers of advising:

- Very often people do not want advice; they want to be listened to and understood
- The advice given may be wrong advice
- People seldom take advice; especially when they feel it is not right for them
- If advice turns out to be wrong then a person who has accepted it can refuse any personal responsibility; after all it was not their idea.
- Clients need to view their own abilities and experiences as valuable. Any direct

advice would question this basic need.

- Equality is vital for a good support relationship. If advice is given by the caregiver, the role of expert is reinforced and equality is denied.
- Giving advice can be offensive and intrusive, especially when the person being advised is emotionally upset and vulnerable
- Not two people are the same so any advice given is bound to say more about the adviser than it does about the person receiving it.
- Advice tends only to address the superficial aspects of a problem
- Giving advice is a one-way communication system.

When someone presents us with a difficult problem, we tend to feel useless if we can not help them and often rush in and give advice without enough thought. This can make the other person feel misunderstood and angry or a failure because they can not follow the advice.

We also give advice when we are under pressure or feel tense, as a quick way of dealing with a problem. Although it might be better to suggest meeting again after considering the problem thoroughly. You could say 'I need some time to think about what you've just said' or 'let us meet again and talk some more about this'.

Remember that you can not always have solutions. It is important to also make this clear to the speaker. You could say 'I do not have any magic solutions or recipes, but we can think about it together' or 'two people always know more than one'. Sometimes, problems can have a practical solution. But sometimes there is no practical solution and it is about trying to understand and cope with feelings or difficult situations.

Remember that you can help someone just by listening to their problems.

Advice can only be useful if it is seen as a joint effort in trying to find solutions for defined problems. Very important when giving advice:

- Know the problems before giving advice: make sure you understood and clearly defined the problem.
- Work out solutions with the person: good listeners give advice only when they are sure they understand the problems. Instead of telling others what they *should do*, good listeners try to work out with them all the different things they *could do*, and help them to choose practical solutions. It is important to find out what the ideas of the other person are by asking 'do you thought on how to solve this' or 'do you have any ideas you would like to discuss'. You can make suggestions and then discuss all the possible alternatives; for example: 'would it be possible...?', 'how do you think...', 'what might happen if...?'
- Make advice practical and realistic: think of the practical aspects of advice. For example suggesting listening to music as a way to relax when the other person does not have a radio or the means might even cause more distress. Important is also not to promise things that you can not live up to. 'It is going to be all right' is a typical phrase used with distressed people. But the problem is that you do not know if things are going to be all right. This phrase is mostly used to reassure people. Reassurance is important and helpful, but you have to be careful with it. You might say things that are not true.

We often feel compelled to reassure when somebody is emotional. After the coffee break we will see how to deal with emotions and how emotions can make communication quite a challenge.

3. Role plays (60 min): One is the *speaker* and the other is the *listener*. You will receive a card explaining your role (see appendix L). After 10 min. swap roles and in the group share your experiences

Facilitators note:

What were the difficulties for the listeners in helping the speakers to find a solution? Did the listeners explore the issue thoroughly first and work out the solution with the speaker?

Lunch:**Time:**

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note

Before starting again, the facilitator can propose the following *energizing game*:

Quick draw: Divide the group into 2 equal teams. Each player is numbered.

The facilitator stands at one end of the room at an equal distance from both teams with a list of prepared emotions or objects.

One player from each team run to the facilitator and receives the first word of the list. He runs back to his team and draw to the object or emotion as quickly as he can, so that his team members can guess the word. When they have guessed correctly, another team member runs to the facilitator to get another word. This goes one until everybody had draw. The first team to finish has won the game.

Session 5: Dealing with emotions**Objective**

- To understand the impact of emotions in communication
- To deal with anger

Method

Lecture and exercises

Material

NA

Time

30-60 min.

Activities:

1. Lecture on the impact of emotions and how to respond to them (15 min).

Facilitator's note

This is an example of a lecture that you could share on dealing with emotions:

'Most children we are dealing with will have all kinds of feelings and emotions. However, not everybody expresses them, or does it in the same way. In a lot of societies, it is not 'done' to express sadness or fear. It is considered as embarrassing, weak, soft or feminine, especially for boys.

Many children are also not used to put emotions into words or to talk about themselves. Children may have difficulties finding the right words to describe how they feel. A way of helping somebody express feelings is to give examples like 'many people feel... after such an experience'.

It can happen that in a conversation somebody gets very emotional. It can help when you give the child the opportunity to let them flow. It is important to accept the feelings of the other person.

By commenting on what somebody is saying, you can show that you are trying to understand how they might have felt, and that you are not going to be surprised or critical of whatever emotion. You might say 'that must have been very frightening' or 'you must have felt relieved when you got out of there' or 'in a crisis, it is not always easy to know what is the right thing to do'.

For you, the listener, emotions might also be difficult. It is not always easy to talk about painful topics, it can for example trigger own painful memories. Sometime you might get emotional too and get embarrassed by it, or afraid of losing control. Try not to be. You could both be quiet for a while and just say that these things make you feel very sad also and then continue. Show that it is all right to cry and to show feelings; that you can take it and that you will still like him or her afterwards.

Try not to be judgmental in saying 'don't cry'. Why not? It can give some relief.

Important is to always observe the person when talking to him or her; be aware of the facial expression, if the eyes fill with tears, pauses in the conversation, can mean that he or she is troubled by the topic you address.'

2. The facilitator explains that one of the most common emotions in shelter homes is anger and aggressiveness. It is most common reaction found in deprived, abused and neglected children and it tends to get aggravated in adolescence. How to deal with these emotions has been dealt with in the 1st phase of the training. Participants can be asked to share some of their memories of the training and to share some case studies. The facilitator may need to review the session (session 2 and 3 of the first training, day 2) if there are new participants present who did not attend phase 1 of the training.

Tea break**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 6: Ending a conversation

Objectives:

- To learn about closure and follow-up
- To practice summarizing skills

Method

Lecture, brainstorm and exercise

Material

Copies of case study (appendix N)

Time

60 min.

Activities:

1. The facilitator shares the following lecture (10 min).

How you end a conversation is important.

‘When somebody has spoken about something upsetting, you should offer some comfort and leave him or her with something positive, based on what was said or what you have noted. It is important to end with something positive and not leave the person discouraged. Throughout the time that you are together, and especially at the end, emphasize positive qualities. It is nearly always possible to find something positive that help to raise person’s self-esteem. Examples are ‘it was very brave/strong of you to come here’ or ‘it was very brave how you helped your colleagues’.

In the end, try to make future plans. About information that you might get him or her, about another appointment or about referral to another person, to a doctor...etc. This process is called **closure**.

After discussing future plans, wait a while to see if the person has something to say. Then say ‘perhaps there is something else you want to say’ or ‘is there anything else that is worrying you?’

It is common for people to say at the very end of a conversation something that is very important to them but is difficult to talk about. They really want you to know, but at the same time want to suggest that it is not really important, in case you do not understand their concerns. This is why ending needs sufficient time.

After the person is gone, always take time to think about the meeting and to write things down.

2. An important part of ending a conversation is summarizing what has been said. Let the participants *brainstorm* why summarizing is an important skill.

Facilitator's note:

Summarizing is about paraphrasing and reflecting the statements that the other has made in the course of the conversation.

Usually children talk in an unstructured way, especially when they are upset. Summarizing what they have said gives them a structure and enables, both counselor and client, to monitor their own listening and understanding.

It also shows the client that their experiences, emotions and thinking have been acknowledged and validated by the counselor.

For this, summarizing requires three important elements:

1. Understanding of what has been said
2. Accurate selection of the key issues
3. Verbal expression of these key issues in a clear and empathetic way

3. The participants are asked to do an individual exercise on summarizing a case study (distribute copies of appendix N). After their work is completed, they are asked to share it with the group and receive feedback from their colleagues.

Closing session**Objectives**

- To provide roundup of the day
- To clarify the queries of the participants
- To enforce the timing for the next day

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix W)

Time:

10 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will distribute evaluation questionnaires
4. The facilitator will also emphasize on the timing of the training to be started the following day.

Day 3: Communicating and counseling with children and adolescents

Learning objectives of the day:

- To understand that communicating effectively with children requires specific skills some of which are distinctively different from those involved in communicating with adults
- To experience that communicating with distressed children requires particular skills and personal qualities.
- To evaluate the training with the participants.

Opening session

Objectives:

- Make participants feel welcome
- Strengthen group building
- Refresh memories on previous day of training
- Clarify any possible misunderstandings
- Give information on today's purpose

Method:

Presentation, exercise

Material:

NA

Time:

20 min

Activities:

1. Energizer game (10 min.): Walk around as kids, choose an age between 4 and 17. At one clap, you change into adults; at two claps, you change back to kids again. How did it make you feel?
2. The facilitator will collect the questionnaires
3. One voluntary participant will be asked to make a small summary of the second day.
4. The facilitator will ask if there are any questions and explain the objectives of the third day of training.

Session 1: Understanding distressed children

Objectives

- To chart their own lives graphically and highlight major events within their own lives which affected their own development.
- To use this process to develop their understanding and empathy for how disruptions may affect the lives of young people with whom they are working.

Method

Individual exercise

Materials

Flipchart paper and marker pens.

Time

60 minutes

Activities:

1. Ask participants to work individually. Give each a piece of flip chart paper and a marker pen and explain that you want them to construct a personal time line. The steps for this are as follows.
 - Draw a straight vertical line from the middle of the top to the bottom of the page.
 - At the top write the year that you were born. At the bottom, write the present year. This line represents your life.
 - Concentrating on the first 18 years of your life, think of the main events that shaped them. This might involve schooling, the birth or death of members of the family, accidents, moving homes, separation, family tensions, illness in the family, struggles, political or social events in your area/country.
 - On the left hand side of the line, mark as appropriate what the event was and the year(s) that it took place/happened. On the right hand side of the line, note down the effect that this event had on your life and development personally.
2. Having completed this exercise individually, ask participants to join together in groups of two or three. Ask them to share their time lines with each other. Ask them particularly to consider the short and long term effects that key events had on their own lives and their development.

Facilitator's note:

Demonstrate this process to the participants, using your life history as an example. This exercise may reveal areas that are very sensitive. Participants who do not wish to share their time lines with others should not be required to do so.

3. Plenary: Use this plenary to draw out example of events that affected participants at different stages of development (as babies, as toddlers, as young children, as adolescents etc.) and how they were affected in both the short and the long term. Encourage participants to consider how their own reactions to events in childhood affected those who cared for them. You may also like to discuss how this exercise could be used or adapted for work with children – e.g. in helping a child to recount his or her life story.

Tea break**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: Communicating with children

Objectives:

- To realize for them how it is to be a child and what it is like how adults approach children.

Method:

Exercise and lecture

Materials

NA

Time:

30 min.

Activities:

1. Child interview: Two people sit down, with in their head a certain age of a child. The others are the people who are going to ask questions to you. Give answers as real as possible (think of your imaginary age!) and try to think what it does to you. The adults/interviewers have to try different questions and see what it does with the child, what is the best way to treat/challenge this child?

Facilitator's notes:

The facilitator can give the following lecture:

Children or adolescents are not just small adults: they have needs and abilities which are significantly different from those of adults. Communicating with children has some particular requirements which include the following:

- the ability to feel comfortable with children and to engage with them in whatever style of communication suits the individual - e.g. by sitting on the ground, through play etc., and to be able to tolerate expressions of distress, aggression etc.;
- the ability to use language and concepts appropriate to the child's age and stage of development, and culture;
- an acceptance that children who have had distressing experiences may find it extremely difficult to trust an unfamiliar adult. It may take a great deal of time and patience before the child can feel sufficient trust to communicate openly;
- an ability to appreciate that children may view their situation in ways distinctively different from that of adults: children may fantasize, invent explanations for unfamiliar or frightening events, express themselves in symbolic ways, emphasize issues which may seem unimportant to adults, and so on.

Session 3: Interviewing children

Objective

- To try out and assess your own skills of interviewing children.

Method:

Role play and lecture

Materials:

Copies of the lecture handout (appendix O), role play scripts (appendix P) and observer's checklist (appendix Q).

Time

90 min.

Activities:

1. Divide into small groups of three or four people. In each group, one person is asked to role-play a child, one the interviewer, and the rest act as observers. The facilitator distributed handout P and Q. It is important that people take a few minutes to "get into role". Each participant should play the role of the child. Observers should give feedback to the 'interviewer' within the small group.
2. The facilitator points out the main elements^{vii} in a lecture. Handouts (appendix O) will be distributed at the end.

Facilitator's notes:

The handout of appendix O can be used in a lecture to emphasis the main elements.

- Providing an appropriate location and environment
- Attitude and approach
- Specific skills and techniques

Lunch:

Time:

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note

Before starting the facilitator can propose the following *energizing game*:

Get as many signatures in ten minutes. The person with the most signatures has won the game.

Session 4: Communication problems with children

Objective

- Explore why children can find it difficult to communicate
- Find and practice methods and skills to unlock communication blocks

Method

Interactive lecture and group work

Material

Flipchart and markers

Time

90 min.

Activities:

1. Interactive lecture: try to think of reasons why children find it difficult to talk. Group brainstorm.

Facilitator's notes

Ideas can be:

- Talking to unknown adults is something that they are use to do
- They have difficulties finding the right words fro their emotions
- They lack a sense of trust and are suspicious of adults (by their life experiences)
- They are angry and hostile to adults because they have always been treated badly
- They are feeling ashamed of what happened to them.
- They are afraid of being punished

2. When distressed children find it difficult to communicate, it is important to try to identify possible reasons for this - is the problem perhaps *with the adult*? Ask the participants what could be the problem with the caregiver first.

Facilitator's notes:

Ideas could be:

- Is the adult expecting the child to confide in him/her before establishing mutual trust?
- Has the child been given an explanation of the adult role and the purpose of the interview?
- Is language being used which he or she doesn't fully understand?
- Is the adult uncomfortable or embarrassed by silence or the child's emotions?
- In the adult talking too much or responding in a way which is perceived by the child as critical?
- Do the child's experiences bring back painful memories for the adult from his or her own experiences that he or she is struggling to deal with?

3. If the caregiver is satisfied that the reasons lie within the child and his/her experiences, what can be done to help to unblock communication? Groups brainstorm.

Facilitator's notes

For example:

- Be patient and allow time to build up trust. Give lots of positive messages of warmth and acceptance.
- Use games, activities, drawing, writing, outings etc. to help develop trust and open lines of communication.
- Avoid pressurizing the child to talk: continue to communicate but also continue to allow silences.
- Find out more about the child from others who know him/her.

4. Divide the group in two groups and ask them to come with explanations and solutions to help: a silent child (group 1) and a child who is not telling the truth (group 2). Findings should be put on a flipchart. After 20 min. one representative of the group presents their findings to the larger group. Ideas and suggestions can be added to the list.

Facilitator's notes

The silent child:

Why?

Talking to unknown adults is something that they are use to do
They have difficulties finding the right words for their emotions
They lack a sense of trust are afraid of being punished
They are feeling ashamed of what happened to them.

What to do?

Play games to help the child relax
Use drawings or puppets to help him communicate
Keep talking to the child, even if he/she does not respond
Be patient

The lying child:

Why?

Wishing things were different and telling wishes instead of reality
Subjects can be too painful to talk about.
Fear of being punished
They are trying to please the adult in order to get something in return (food, clothes)
They tell fantasy stories to get attention

What to do?

Do not contradict him
Listen and empathize.
Use phrases like: "It is not easy to talk about upsetting things in your life". Show them that you will still accept them even if they did not tell the truth.

Tea break

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 5: Skills in practice

Objectives

- To identify the emotions experienced by a distressed child in a particular context
- To practice particular skills needed for working with distressed children.

Method

Individual and group work, role plays

Materials

Flip chart, copies of the case study and copies of observer's lists (appendix R and S).

Time

60 min

Activities

1. Individual work: participants are asked to read the case study and then list the emotions which they feel that Asia will be experiencing now, two weeks after the death of her parents.
2. Large group work: create a composite list from everyone's contributions on a flipchart.
3. Divide the group into small groups of 3 or 4 people: in these groups, plan a role play in which Asia is interviewed by a counselor to try to find out about what happened and about her complaints. One person plays the counselor, one the child, the other one or two people act as observers. Role-play an interview between the child and the counselor: the observer should stop the interview after 10 minutes. Feedback in the small groups: the observers should have copies of the checklist.
4. Have a plenary session to discuss key issues emerging from the role-play.

Closure session**Objectives:**

- To provide roundup of the day
- To clarify the queries of the participants
- To evaluate the training with the participants

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z) and flipchart.

Time:

30 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will evaluate the training and its objectives with the participants, using the chart with hopes and fears which were identified on the 1st day. E.g. where the fears grounded? Did they disappear during the training? Why? How? Were the hopes/expectations met by the training? Why? How? Which were not met? What could be done to meet them?
4. Questionnaires are distributed.

Facilitator's note:

The facilitator could propose the following closure game:

Gift Game: Have each member tell what gift he/she would give each member. This activity tends to bring out surprising amounts of creativity and sensitivity and show how well participants have got to know one another over the last 6 days. It is a very positive closing of the training.

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3.3 Phase 3: Stress management

Main message/ goal of the training:

The overall goal of this training is for caregivers to go learn how to manage stress effectively in order to prevent burn-out.

Learning objectives of the training:

- To raise awareness regarding stress and its different causes.
- To identify stress areas and coping strategies.
- To understand the diverse manifestation of aggression and to adapt appropriate positive manifestation strategies.
- To learn stress management technique.

Method:

A two day training in which caregivers through participatory approach try to meet the learning objectives of the training.

Day one: Understanding stress

Learning objectives of the day:

- The participants will understand the goal and the content of the training.
- The participants will receive answers for their practical concerns
- The participants will be acquainted with each other and become a group.
- To identify the causes, impact and symptoms of stress.
- To identify strategies to deal with work stressors effectively.

Introduction

Objectives:

- To explain the content and agenda of the training.
- To satisfy the queries of the participants regarding the training and/or other practical issues.
- To verify if all the participants have pens, a writing pad and the agenda with them.

Method:

Interactive lecture

Materials:

Pen, writing pads and copies of the agenda

Time:

20 min

Activities:

1. The facilitator will greet, introduce him/herself and welcome the participants
2. The goal of the training and its objectives will briefly be explained to the participants
3. The facilitator will give an overview of the content of the training, using the distributed agenda and relate it to the main goal of the training

4. The facilitator will ask if there any questions (practical or other)

Session 1: Getting acquainted with each other

Objectives:

- The participants will become acquainted with each other
- The participants will be able to create a trustful environment
- The participants will feel a part of a group.

Method:

Icebreaker exercise, group work

Material:

NA

Time:

30 min

Activities:

1. Ice breaker exercise: “catch me if you can” (10 min).
 - Players should be paired up and divided into two lines (facing in) shoulder to shoulder, with partners facing each other.
 - Participants should be given approximately 30 seconds to look at their partners, taking in all details about the individual.
 - The facilitator then instructs the two lines to turn and face away from the center. One or both lines has 15-20 seconds to change something about their appearance (i.e. change a watch to different wrist, unbutton a button, remove a belt, etc.). The change must be discrete, but visible to the partner.
 - The players again turn in to face each other and have 30 seconds to discover the physical changes that have been made.
2. Group work (20 min): The facilitator asks the participants to share three things with the group: their name, their organization and one thing about them that nobody can guess on just seeing them (for example: I am fearful of standing in front of gathering).

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: Sharing hopes and fears

Objectives:

- Enhance group building
- To know the expectations and apprehensions of the participants concerning the training
- Install reassurance and trust by sharing personal feelings
- Involve participants in their own learning process

Method:

Individual work

Material:

Flash cards and markers

Time:

30 min

Activities:

1. The participants will be provided with flash cards and they will be asked to write their hopes and fears about the training workshop (10 min). After finishing the writings, they will be asked to share it with the group and hand the cards to the facilitator. The facilitator will then paste the flash cards on a wall or flipchart.
2. The facilitator first speak about fears (point out some common or reoccurring apprehensions and give them reassurance) and then focus on the hopes and relate them to the learning objectives. The facilitator will clearly mention to the participants which objectives are relevant to the training and can be met and which objectives can't be met and why.

Facilitator's note:

In order to elicit more personal responses to the question on apprehension, the facilitator could also share his/her own fears and apprehensions, for example of giving this training.

Session 3: Setting ground rules

Objectives:

- To set ground rules for the group to ensure a safe and pleasant atmosphere
- To enhance group building

Method:

Brainstorming

Material:

Flip chart and markers

Time:

20 min

Activities:

1. The group will be asked to collectively brainstorm and draw up a list of ground rules for the group. The facilitator will write down the rules after consensus in the group on a flipchart.

Facilitator's note:

Usually participants name confidentiality, no side or cross talking, punctuality and regularity, mutual respect, giving other an opportunity to speak (from their level of comfort), speaking for self etc. Confidentiality should be explained and stressed upon, using illustrative examples.

Session 4: positive and negative experiences**Objectives:**

- To learn how different changes in life can lead to stress.
- To understand how one reacts to stress.
- Understand our thoughts, emotions, feelings and behavior underlying stressors.

Method:

Lecture, individual exercise and group work

Material:

Flip charts and markers

Time:

90 min.

Activities:

1. The facilitator will explain that we have been through a lot of experiences since birth and will do so till death. Life experiences, either negative or positive, can make and change who we are. Some experiences will make a permanent impression on our minds, changing perhaps our whole outlook on life, our way of thinking and functioning. These can be positive or negative changes, leading to personal growth or leading to stress and mentally, physical or emotional problems.

Experience \implies Changes \implies (stress)

Facilitator's note:

The facilitator can share the example of how a personal life experience can change you and make you who you are professionally, For example, having the experience that somebody helped you when you were having difficult time, can give you the same urge to help others and make you chose the profession of caregiver.

2. Individual exercise (20 min): ask the participants to individually think of positive or negative life experiences (they could be from their childhood or recent past) that have changed them. Ask them to specify how it has changed them.
3. In the group, ask them to share how it made them feel and what they learned from doing this (10 min).
4. The facilitator then continues with a lecture (20 min): How we see these experiences and how they affect us, depend on our way of perceiving it, our constitution/predisposition and capacity to cope with it. In every experience we have, there are underlying thoughts, emotions, behaviors and physical reactions.

The facilitator can share an example on a flipchart or white board:

Experience: death of mother

Thoughts	Emotions	Behavior	Physical reaction
Now I am all alone... What will happen to me? Why did she have to go? She should have listened to the doctor! Will my father remarry? I should have been a better son/daughter... I should have taken better care of her...	Sadness Loneliness Anger Anxiety Guilt	Isolation Bad performance in class Rude language Aggressiveness	Crying Panic attacks Sleep disturbance Concentration problems Eating problems Headache Stomach aches

5. Participants are asked to individually make such a graph of one of their own experiences, but to include also in every column a positive element. After 20 min, discuss within the group how it made them feel and how this could also do this exercise with an adolescent.

Lunch:

Time:

50 min.

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Session 5: what is stress?

Objectives:

- To understand what stress is
- To identify the causes, impact and symptoms of stress.

Method:

Brainstorming, interactive lecture

Material:

Flip charts and markers, multi-media, copies of the handout (see Appendix T)

Time:

30 min

Activities:

1. Ask the participants to brainstorm on the definition of “stress”. Participants’ responses will be noted down on a flip chart.
2. Facilitator will share a lecture on the concept of stress, its definition, causes, impact and symptom formation and handouts can be distributed (see Appendix T).

Facilitator’s Note:

The facilitator can also introduce the concept of ‘individual stress’ with an example: when we hammer on a piece of wood, it breaks. However, if we do so on a piece of cloth, it only changes shape. Similarly, the target’s reaction to a stressor is absolutely individual. How each of us reacts in a stressful situation depends on our constitution , how far we are exposed to external hazards or are protected etc.

Session 6: Stress Awareness Diary**Objectives:**

- To be able to identify different stressors
- To identify, differentiate and connect to their thoughts, emotions and behaviors.
- To identify common strategies to deal with stress.

Method:

Group work, individual work

Material:

Flip charts and markers, copies of handouts (Appendix U, V and W)

Time:

2hr 40 min

Activities:

1. The participants will be asked to individually think and write in detail as many stressors as they can identify in the following areas:
 - Personal stressors
 - Family stressors
 - Interpersonal stressors
 - Work stressors
2. Distribute the handout from Annex U. Ask the participants to describe in the first table of the handout the consequent thoughts (T), feelings/emotions (F), behavior (B), physical (P) and also add their wish (W) i.e. what do they want to do they want to do in that situation for each stressor that they have enlisted.
3. Share within the group how they felt while doing this exercise and if they want to share any experiences.

Tea break:**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 6 continued

4. Ask the participants to focus on work stressors (Appendix V can be used to help identify more work stressors). Ask them to go through their work stressors and to prioritize the most stressful stressor by writing 1, 2, 3 and so on. Divide the participants into sub-groups based on work stressors. For example all those who have the highest score in the “administration related stressors” can make one group; ‘colleagues’ can make another group and so on. Each group should try and think of ways of coping with the situation.
5. After 20 min. ask participants to share whom or what they think are responsible for this stress i.e. self, environment or any authority figure and the associated thoughts, feelings, behavior physical effects and wishes using the second table in the handout U.
6. Ask the participants to again share coping alternatives with one another. Add or delete in the group chart.
7. One spokesperson from each group presents in the larger group.

Facilitator’s note:

The facilitator should point out that identifying the responsible factors for your stressors enables you to find more diverse coping strategies. This exercise can also be done with adolescents when discussing the stressors in their lives (Appendix W can be used to help identify more coping strategies).

8. At the end ask participants to identify the minimum stress area and also share the reasons for the score i.e. what are some of the positive experiences in coping with stress, what are your strengths etc.

Closing session**Objectives**

- To provide roundup of the day
- To clarify the queries of the participants
- To enforce the timing for the next day

Method:

Interactive lecture

Material:

Debriefing format for the facilitator (see Appendix A) and evaluation questionnaires for the participants (see Appendix Z)

Time:

10 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day’s activities.

2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will distribute evaluation questionnaires
4. The facilitator will also emphasize on the timing of the training to be started the following day.

Day 2: Dealing with stress

Learning objectives of the day:

- Strengthening group building
- To understand different manifestation of aggression as a work stressor
- To understand secondary traumatization as a work stressor
- To empower participants in relaxation techniques.

Opening session

Objectives:

- Make participants feel welcome
- Strengthen group building
- Refresh memories on previous day of training
- Clarify any possible misunderstandings
- Give information on today's purpose

Method:

Presentation, exercise

Material:

NA

Time:

20 min

Activities:

1. The facilitator introduces a paper airplane game (10 min): everyone will make a paper airplane and write their name, something they like and dislike on it (you may also want to add additional questions). On cue, everyone throws their airplane around the room. If you find an airplane, pick it and keep throwing it for 1-2 minutes. At the end of that time, everyone must have one paper airplane and this is the person they must find and introduce to the group.
2. One voluntary participant will be asked to make a small summary of the first day.
3. The facilitator will collect the evaluation questionnaires
4. The facilitator will ask if there are any questions and explain the objectives of the second day of training.

Session 1: Aggression

Objectives:

- To highlight the diverse manifestations of aggression
- To understand the various sources of unacceptable manifestations of anger.

Method:

Brainstorming, group work

Material:

Flip charts and markers

Time:

1hr 45 min

Activities:

1. The facilitator will share with the participants that one of the most important work stressor in the field of caring for distressed children and adolescents is the level of aggression on the job. Being confronted by angry children, fighting and abuse can make us feel tired, frustrated and can lead to aggressive behavior in ourselves.
2. Ask participants to brainstorm on the word aggression. Focus on the manifestations of aggression among the people you know and chart them down under the following heads:
 - Thought manifestation (what is somebody thinking?)
 - Behavioral manifestation (what is he doing?)
 - Emotion / feeling manifestation (what is he feeling?)
 - Physical / bodily manifestation (what happens with his body?)

Facilitator's Note:

On reviewing the various manifestation of aggression, the facilitator can highlight how this is a natural phenomenon, a basic emotion which we all experience but express differently.

3. Ask the participants to individually think and write down the various behavioral manifestations of aggression among adults at their workplace. These can be from their own experiences too. Participants can then share them in the larger group.
4. The facilitator charts down these responses from participants in table with the following categories:
 - Acting out
 - Verbal
 - Behavioral
 - Passive aggression
 - Symptomatic / medical problems
5. Divide the larger group into smaller sub-groups (ideally five groups to discuss each category/column above). Discuss in your groups the unacceptable manifestation of anger in each of the category and then think of as many causes of this behavior. The sources or causes could be from a personal or indirect experience.
6. One member of each group then makes presentation in the larger group.

Facilitator's Note:

It is easier to feel irritated and frustrated when we see manifestation of anger, easy to criticize or punish in order to control maladaptive behavior. But understanding the source helps to understand the behavior of the individual. It avoids generalizations from the behavior. It also gives an idea of the time line i.e. the onset of the behavior, how long has the individual been behaving like this etc.

Tea break:**Time:**

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 2: secondary traumatization**Objectives:**

- To provide information on secondary traumatization
- Symptoms and effects of secondary traumatization
- To provide simple techniques to reduce its effects.

Method:

Brainstorming, lecture

Material:

Flip charts, markers and copies of handouts (see Appendix X)

Time:

1hr 30 min

Activities:

1. Facilitator will share that on the daily bases caregivers face different aggressive behaviors of children in shelter homes and drop-in centers. They listen to traumatic stories (about abuse, neglect and terror) from the target group on the regular bases. This can give birth to secondary traumatization.
2. Signs and symptoms of secondary traumatization will be shared with the participants in an interactive lecture and handouts will be distributed (see Appendix X)
3. The participants will be asked to brainstorm on how to deal with secondary traumatization in simple ways. Responses will be charted down on the flip chart.

Facilitator's note:

Secondary traumatization refers to the effects of working with people who have experienced trauma and being exposed to the traumatic stories they share. It is called "secondary" traumatization because the trauma is experienced indirectly through the process of being a witness to another person's story.

Secondary traumatization is a normal, inevitable part of working with individuals and groups of people who have suffered major losses or experienced terrible events. It cannot be avoided or eliminated, though its effects can be modified or reduced.

To *prevent* secondary traumatization from happening there exist a few techniques.

- To contain the stress reactions of psychosocial workers, it is important for the worker not to get too much involved in the clients. A professional emotional

distance should be kept. This means that empathy should be controlled, one should not lose him or herself in his or her feelings for a particular client.

- Another possibility, especially after being confronted with a personal critical or traumatic event, is to hold a 'debriefing' session with a clinician as soon as possible. This is a detailed account on the fact and emotions experienced and the thought to which they give rise.
- Important is also an extensive guidance and follow-up of trainees, consisting of continuous feedback and intervention meetings. To counteract work pressures, maintain motivation and prevent secondary traumatisation it is important to receive continuous and adequate professional, moral and emotional support.

In *reducing* secondary traumatisation, one can use the ABC of addressing secondary traumatisation:

A. Awareness

To reduce secondary traumatisation, you must first be able to identify the signs and symptoms in yourself. This is called Awareness.

Awareness is not something that you can do once in one exercise, it is a continuous process of paying attention to yourself. It involves paying attention to any changes in yourself, including changes in your feelings, attitudes, beliefs, physical health and daily activities.

You could do this by for example reviewing the list of signs and symptoms of secondary traumatisation.

B. Balance

Another way is to seek Balance among different types of activities, including work, personal and family life, rest and leisure. This means having a normal life outside work so that you can take care of your health and your own needs for rest, fun, relaxation and a meaningful personal life.

- This involves finding the right balance between the amount of hours you put in your work and the hours left for relaxation. Take real lunch breaks (no visiting clients or doing paperwork) and try not to do any work in the evenings.
- Also while the work requires the exposure to all these traumatic stories, it is important to avoid obtaining, sharing or listening to details of other people's experiences that are unnecessary to your work.
- Try and find activities that are relaxing and enjoyable. Try to identify at least three of them and make a plan to do at least one of them in the near future.

C. Connection

Build a Connection and supportive relationships with your co-workers, friends, family and community.

At work supportive Connections between you and your colleagues can be established by having structures and planned opportunities to talk about your work and the stresses it arises.

Session 3: Coping

Objectives:

- To provide information about coping strategies against stress.
- To share ways to integrate self-care at the organizational level

Method:

Sharing handout and discussion

Material:

Flip charts and markers, copies of handout Y.

Time:

1hr

Activities:

1. The facilitator will share that when confronted to stress, everybody will deal with it, one way or the other. Using handout Y, the signs, symptoms of stress will be reviewed and actions to betaken/ coping will be discussed.
2. Some measures to facilitate personal self-care and protect against susceptibility to stress will be shared with the participants one by one and they will be asked to discuss how they can integrate it into their lives.
 - **Formulate realistic expectations** - from self and others; explore strengths and weaknesses as neutrally as possible
 - **Set goals realistically** - prioritize the tasks, stock take resources available, calculate time available and redefine role boundaries
 - **Look after your health needs** - optimal and healthy food, optimal rest and measured physical exercise
 - **Look after your relationships** - establish fulfilling relationships that are mutually nourishing, supportive and strengthening
 - **Nurture internal resources** - giving space and time to one's creativity and not bogged down by duties all the time
 - **Give time** - giving time to body and mind to cope with adjustments
 - **Share** - to create a space for release of thoughts and feelings to prevent bottling up of emotions
 - **Define your purpose in life** - to move in a direction with firmness of purpose and taking problems in your stride.
3. To integrate self-care at the organizational level the following points will be shared with the participants:
 - **Retreats** for the staff necessary for unwinding and staff bonding Allotment of **free time** for in house care givers in their daily routine where they would get some space for themselves.
 - **Personal growth sessions** for care givers where they can share their feelings, thoughts and views and offer each other support and suggestions.
 - Time to time **changes in duty** allotment especially of in house staff to break the monotony of work.
 - **Participatory process** of policy making to ensure ownership and a sense of belonging to the organization and maintain level of motivation among staff
 - **Forum for open articulation** of problems to ensue easy flow of messages between management and staff.
 - **Formulation of guidelines** for managing interpersonal interaction to ensure respect for all.

Lunch:

Time:

1 hr

Activity:

- Specify the location where lunch is served as well as the time participants are expected to be back in the training room.

Facilitator's note:

Before starting again, an *energizer* exercise can be done:

The facilitator explains that this exercise will take self control. Members pair back to back. On the count of three, everyone must face their partner, look each other in the eyes, and then try to remain solemn and serious. No speaking! The one to smile or laugh must sit down. All who remain standing then take a new partner and the activity continues until only one person has not smiled or laughed. (Second round of playing can involve two teams competing to outlast each other). If you get a pair at the end who is both keeping a straight face, the rest of the group can act as hecklers to disrupt them.

Session 4: Relaxation techniques**Objectives:**

- To empower the participants in a progressive relaxation technique.
- To also empower the caregivers in mental relaxation technique.

Method:

Lecture, exercises, group work

Material:

NA

Time:

45 min

Activities:

1. The facilitator gives a short lecture on Progressive Muscle Relaxation (PMR), a physical relaxation exercise which can be used both by caregivers and with children as a way to cope with stress. This technique is beneficial to use for symptoms of stress, anxiety, hyperactivity, aggression etc. but it shouldn't be used with people having depressive moods as it can even lower the mood more. Always make sure that you don't have a history of serious injuries, muscle spasms, or back problems, because the procedure could exacerbate any of these pre-existing conditions.

Facilitator's note:

One of the most simple and easily learned techniques for relaxation is Progressive Muscle Relaxation (PMR), a widely used procedure these days. The PMR procedure teaches you to relax your muscles through a two-step process. First you deliberately apply tension to certain muscle groups, and then you stop the tension and turn your attention to noticing how the muscles relax as the tension flows away. Progressive muscle relaxation involves tensing and relaxing, in succession, sixteen different muscle groups of the body. The idea is to tense each muscle group hard (not so hard that strain, however) for about 10 seconds, and then to let go of it suddenly. You then give yourself 15-20 seconds to relax, noticing how the muscle group feels when relaxed in contrast to how it felt when tensed, before going on to the next group of muscles. You might also say to yourself "I am relaxing",

“letting go”, “let the tension flow away”, or any other relaxing phrase during each relaxation period between successive muscle groups.

2. The participants are asked to undergo it themselves.

Facilitator’s note:

Ask the participants to maintain your focus on your muscles throughout the exercise. When your attention wanders; bring it back to the particular muscle group you are working on. Once you are comfortably supported in a quiet place, follow the detailed instructions below:

- **Relax:** To begin, take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away.
- **Fists:** Clench your fists. Hold for 7-10 seconds and then release for 15-20 seconds. Use these same time intervals for all other muscle groups.
- **Fore arms:** Tighten your biceps by drawing your forearms up toward your shoulders and "making a muscle" with both arms. Hold, and then relax.
- **Arms:** Tighten your triceps; the muscles on the undersides of your upper arms, by extending your arms out straight and locking your elbows. Hold, and then relax.
- **Forehead:** Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold, and then relax. Imagine your forehead muscles becoming smooth and limp as they relax.
- **Eyes:** Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold and then relax. Imagine sensations of deep relaxation spreading all around the head.
- **Jaws:** Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold, and then relax. Let your lips part and allow your jaw to hang loose.
- **Neck:** Tighten the muscles in the back of your neck by pulling your head way back; as if you were going to touch your head to your back (be gentle with this muscle group to injury). Focus only on tensing the muscles in your neck. Hold, and then relax. Since this area is often especially tight, it's good to do the tense-relax cycle twice.
- **Relax:** Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on (i.e., on the floor if you are lying down or on the backrest of the chair where you are sitting).
- **Shoulders:** Tighten your shoulders by raising them up as if you were going to touch your ears. Hold, and then relax.
- **Upper Back:** Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades, and then relax. Since this area is often especially tense, you might repeat the sequence.
- **Chest:** Tighten the muscles of your chest by taking in a deep breath. Hold for up to 10 seconds, and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.
- **Stomach:** Tighten your stomach muscles by sucking your stomach in. Hold and then release. Imagine a wave of relaxation spreading through your abdomen.
- **Lower Back:** Tighten your lower back by arching it up. (You should omit this exercise if you have lower back pain.) Hold, and then relax.
- **Buttocks:** Tighten your buttocks by pulling them together. Hold, and then relax. Imagine the muscles in your hips going loose and limp.

- **Thighs:** Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis. Hold, and then relax. Feel your thigh muscles smoothing out and relaxing completely.
- **Calves:** Tighten your calf muscles by-pulling your toes toward you (flex carefully to avoid cramps). Hold, and then relax.
- **Feet:** Tighten your feet by curling your toes downward. Hold, and then relax.
- **Scan and Repeat:** Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that group of muscles.
- **Relax:** Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your toes.

The entire progressive muscle relaxation sequence should take you 20-30 minutes the first time. With practice you may decrease the time needed to 15-20 minutes.

Tea break:

Time:

15 min.

Activity:

- Specify the location where tea is served as well as the time participants are expected to be back in the training room.

Session 4 continued

3. The participants will be asked to also practice one mental relaxation exercise. The facilitator will share with the participants the following steps one by one to practice it.

Facilitator's note:

It is an easy and pleasant exercise and may fit easily in different cultural contexts.

This exercise can be done as often as one likes, at least once a day.

- Sit comfortably, preferably in a quiet place, with your feet flat on the floor.
- Close your eyes.
- Breathe easily through the nose
- Fix your attention on your muscles and feel how they become a little more relaxed every time you breathe out. Do this for two to three minutes.
- Now imagine that each time you breathe in you take energy and health. Every time you breathe out get rid of some tension and stress. Do this for two to three minutes.
- Now remember some pleasant and beautiful place you have visited in the past. Imagine you are there now. Let your mind rest easily in this place.
- When other thoughts come into your mind, just watch them come in and go out again. You see that thoughts come and go by themselves. Even worrying or unpleasant thoughts will go if you do not pursue them.
- You are resting deeply in a pleasant place. Remember what it looks like, sounds like, feels like. Let other thoughts come and go on the surface of your mind.

- After about 10 minutes say goodbye to this pleasant place, but remember that you will return there again.
- Take some deep breaths and then open your eyes.

Closure session

Objectives:

- To provide roundup of the day
- To clarify the queries of the participants
- To evaluate the training with the participants
- To help develop positive self concept

Method:

Interactive lecture

Material:

Flash cards

Time:

40 min

Activities:

1. At the end of the day the facilitator will share a brief roundup of the day's activities.
2. The facilitator will ask the participants if there are any questions or clarifications that they need.
3. The facilitator will evaluate the training and its objectives with the participants, using the chart with hopes and fears which were identified on the 1st day. E.g. where the fears grounded? Did they disappear during the training? Why? How? Were the hopes/expectations met by the training? Why? How? Which were not met? What could be done to meet them?
4. Final exercise "positive strokes": The facilitator will ask the participants to pass chits around with the name of other group members. Each participant writes two positive adjectives about others and passes the chit around until each person has written for all others. Each member of the group could then share his/her list in the larger group space. Pin a paper on each participant's back and all others write at least two positive things about each other. This can be taken away as a souvenir from the group!
5. The facilitator distributes and recollects the questionnaires after 10 min.

4. Appendixes

- A. Trainer debriefing format
- B. Yes or No questions
- C. Incomplete stories
- D. Power point presentation on adolescence
- E. Guidelines in common disciplinary issues
- F. Dealing with fighting
- G. A caregiver as a role model
- H. Role plays
- I. Block to effective listening
- J. Identification of responding patterns questionnaire
- K. Response categories
- L. Role plays on support and advice
- M. Case study
- N. Handling common communication problems
- O. Handout: communicating with children
- P. Role plays briefs
- Q. Observer checklist
- R. Asia's case study
- S. Observer's checklist
- T. Handout on stress
- U. Stress awareness diary
- V. Work stressors
- W. Coping strategies
- X. Signs of secondary traumatization
- Y. Signs, symptoms and actions
- Z. Evaluation questionnaire

Appendix A: Trainer debriefing

Training:

Trainer:

Debriefer:

Date:

1. What worked well today?
2. What didn't work well? Do you know why?
3. What components/concepts did participants seem to understand well?
4. Were there any concepts that participants appeared to not understand?
5. What (if anything) would you do differently next time in presenting today's training content?

Appendix B: Yes or No questions on adolescence (not to be distributed)

1. When an adolescent behave in an aggressive manner, it is because he is a bad boy.
2. When an adolescents shows interest in pornographic magazines or overtly sexual pictures/literature he must be coming a dirty family background
3. An adolescent look up to a adult as a role model
4. In disciplining adolescents, when feeling of fear is aroused in them is most effective.
5. We must accept adolescents as children who are emotionally dependant on adults
6. Spare the rod and spoil the child
7. Adolescence is a time when the individual is generally very indifferent to the like and dislikes of other people
8. Adolescents defy adults, as they do not respect the latter

Appendix C: Incomplete stories

14 year old Raju just can not sleep. He is worried about what the elder boys at the train station will do the next morning.....

Rana is 17 year sold. She has run away from home in Sheikhapura and come to Lahore...

Ali and Faisal study in a reputed school in Lahore. One day while returning from school, they decide to go on an adventure...

Allahditar is returning home very late from the wedding of a distant friend from school. The roads are dark and lonely. He is very tense about....

Appendix D: Power point presentation

9/14/2009

Adolescence

What is adolescence ?

- **Adolescence:** is a transitional stage or period of physical and mental human development that occurs between childhood and adulthood.

This transition involves physical, cognitive, social, and psychological changes.

The end of adolescence and the beginning of adulthood varies by country as well as by function. Even within a single country there will be different ages at which an individual is considered mature enough to be entrusted with particular tasks, such as driving a vehicle, having sexual relations, serving in the armed forces, voting or marrying

Adolescence developmental areas

Physical development:

Boys

- Rapid growth
- Enlargement of male sex organ
- Growth of pubic hair, of hair on legs, armpits, chest and face
- Erections become common
- Boys ejaculate at night while sleeping
- Boys lose body fat
- Voice changes

Girls:

- Rapid changes in body size and shape
- Breast development
- Hair growth around the pubic area, legs and armpits
- Menstruation

Adolescence developmental areas

Cognitive development

- The ability to think in a more complex manner
- Can perceive and act on long-range goals
- Begin to comprehend abstract terms
- Questioning standards of morality
- Creativity
- Capacity for mature thought

Adolescence developmental areas

Social development

- Autonomy from family
- Demand for privacy
- Spend more time with friends
- Major conflicts over independence and control with parents
- Solidarity with peers
- Emerging sense of identity in terms of gender and ethnicity
- Critical of others especially adults
- Question rules beliefs and authority
- Heightened moral and ethical sensitivity

Adolescence developmental areas

Psychological development

- Experiencing dramatic highs and lows concerning body image and self-esteem
- Argumentativeness
- Anger outwardly expressed with moodiness, temper outbursts, and verbal insults
- Establishing personal identity
- Sexual curiosity
- Obsessed about physical appearance
- Developing self awareness

Adolescence developmental needs

Physical development	Physical needs
<u>Boys</u> <ul style="list-style-type: none"> •Enlargement of male sex organ •Growth of pubic hair, legs, armpits, chest and face also occurs •Erections become common •Boys ejaculate at night while sleeping •Boys lose body fat •Voice changes 	<ul style="list-style-type: none"> •Information on sexuality, STD's and HIV •Information about different bodily changes that takes place during adolescence •Physical activity •Time for relaxation, contemplation, healthful sleeping and eating habit
<u>Girls:</u> <ul style="list-style-type: none"> •Rapid changes in body size and shape •Breast development •Hair growth around the pubic area, legs and armpits •Menstruation 	

Adolescence developmental needs

Cognitive development	Cognitive needs
<ul style="list-style-type: none"> •The ability to think in a more complex manner •Can perceive and act on long-range goals •capacity for mature thought •Begin to comprehend abstract terms •Questioning standards of morality •Creativity 	<ul style="list-style-type: none"> •Opportunities to express interests, thoughts and emotions, •To develop a personal vision •To be listened •To acquire inquiring habit of mind

Adolescence developmental needs

Social development	Social needs
<ul style="list-style-type: none"> •Autonomy from family •Demand for privacy •Spend more time with friends •Cohesion with peers, •Major conflicts over independence and control with parents •Emerging sense of identity in terms of gender and ethnicity, •Critical of others especially adults, •Question rules beliefs and authority, •Heightened moral and ethical sensitivity 	<ul style="list-style-type: none"> •To build a community, •Personal space •Reliable relationship with peers, •Relationship with mentoring adults, •To become socially competent, •To be accepted as an individual •To make his own decisions •To feel psychologically safe •Discipline •Role models

Adolescence developmental needs

Psychological development	Psychological needs
<ul style="list-style-type: none"> •Experiencing dramatic highs and lows concerning body image and self-esteem •Argumentativeness •Anger outwardly expressed with moodiness, temper outbursts, and verbal insults •Establishing personal identity •Sexual curiosity •Obsessed about physical appearance •Developing self awareness 	<ul style="list-style-type: none"> •Positive reinforcements •Meaningful work •Opportunities for leadership •Freedom to make mistakes •Support, •Guidance, •Privacy

Appendix E: Guidelines on common disciplinary issues

When deciding on a disciplinary measure which is intended to teach an adolescent his/her behavior was unacceptable, the following must be considered:

- Give a calm and patient hearing to all concerned, get all the facts
- Allow time for improvement before taking punishing action. For example, set approbation time for good behavior. Or allow the child to repair his/her mistake (for example fix a chair that was broken in a tantrum or bring a stolen item back to the store where it was taken).
- Take into consideration the capabilities of the 'offender' (life circumstances, past events)
- Take into account is/her age and developmental stage. For instance, it is normal to experiment with 'forbidden things'. Empathy is the key word; understand and explain.
- Consider the effects of your action (for example removing a child from the center might only aggravate the problem)
- Remember your role as a model to adolescents, especially in staying calm. Anger usually breeds anger. It help to recall that most us or our own children at times made a nuisance, thrown tantrums, hit others or broke objects...etc.
- Ask yourself if the punishment fits the 'crime'. Could you be overreacting? Are you in a bad mood? Are you feeling revengeful? Does it remember you of your own problems at home?
- When misconduct is 'paid' for (for example the child has apologized) the matter should be closed.
- Be sure that rules and expectations are clear for everybody at the center
- Maintain consistency of disciplinary standards/rules, but at the same time take into account individual cases.

NOTE:

Hitting, abusing, scolding or humiliating a child/adolescent is NEVER an acceptable disciplinary measure within a shelter home or school. It will only teach children/adolescents that these are acceptable means to assert power as an adult (and thus adolescents might engage in that same behavior with smaller children). Furthermore, hitting, abusing, scolding or humiliating will only contribute to further traumatization of children/adolescents in distress.

Appendix F: Dealing with fighting

Keep in mind that a child in an institution is a child without a family of her/his own. They are in a stage of development where they keep facing challenges and are in constant need of guidance, support, understanding, encouragement and above all, of love and affection.

In an institution, the number of staff is usually quite inadequate to meet all the needs of the large amount of children they are responsible for. It is natural that children, especially those who have been deprived of inadequate care since their earliest days, those who have been abused and neglected, to develop a sense of rivalry with other children about the attention of caregivers, about their very limited possessions and so on. These rivalries, along with accumulated anger resulting from earlier frustrations and /or the inability to resolve conflict in other manners, can lead to very intense fighting, even mutual or self injury. Such situations present difficult disciplinary problems. Herewith are a few suggestions on how to approach such circumstances.

When children are fighting, first determine the level of seriousness.

Level 1: normal bickering

- Ignore it. Tell yourself that the children are having an important experience in conflict resolution

Level 2: the situation is heating up- adult intervention might be helpful

- Acknowledge the children's' anger towards each other, for example by saying: "you really do sound/look very angry with each other". That usually has the effect of at least calming then a little bit.
- Listen to each child with respect.
- Show appreciation of the difficulty of the problem. For example "I can see, one bicycle and two boys wanting to use it; that is difficult".
- Help in focusing on solutions like: "This is tough. What can we do in a case like this?"
- Express trust that they can implement the found solution and leave the room

Level 3: the situation is possible dangerous

- Enquire; is this a play or a real fight?
- Let the children know that play fighting is by mutual consent only. If it is not fun for both, it has to stop.

Level 4: the situation is dangerous

- Separate the children
- If there is an injury (one child has hit, bitten or scratched another) attend to the injured party first.
- Send the children for a cooling off period to separate places.
- Talk to both children after about 10 min. bearing in mind the guidelines of appendix E.

Appendix G: The role of caregivers

The objective of any caregiver agency is to help children to grow into mature, balanced adults and responsible citizens. Keeping this in mind, the caregiver should remember to:

- Control his/her anger; avoid rude language, rejecting behavior, negative judgments, blaming and humiliation, hitting or beating.
- Focus on teaching new appropriate behavior
- Listen, build trust, show understanding, tolerance and unconditional acceptance
- Give affection and respect, speak in private
- Be flexible to accommodate changing needs and different views
- Avoid power struggles, force and compulsion
- Treat the other like you would like to be treated
- Assign tasks/responsibilities
- Facilitate potentials, reward progress/achievement
- Accept mood changes
- Encourage critical thinking and creative activities
- Grant adequate independence/exposure, set limits provide guidance
- Channelize energy in constructive ways
- Develop source of enjoyment
- Foster realistic aspirations

Appendix H: Role plays (copy and cut out each script and role to be distributed)

Case study 1:

Client:

You are 16 years old girl and living in a shelter home for about 1 week. You just had a big physical fight with one of your peers. You wanted to use the bathroom but she would not let you, pointing out that the bathroom was closed. You are very angry at this unfair treatment (you suspect she did to show you she is the boss) but also feel embarrassed in telling the caregiver the true reason for your anger (you just had your period, did not dare to ask for help and needed the bathroom urgently). Only when you feel the caregiver is really empathizing with you, will you disclose this.

Caregiver:

For the first time, you are speaking to a 16 year old girl who came last week in your shelter. She has been fighting with another resident who has been in the shelter for a very long time; they were hitting and kicking each other. You are trying to find out what happened.

Case study 2:

Client:

You are an 11 year old boy. You live with your uncle and aunt and their three younger children. Your mother died 3 years ago from an illness and then your father remarried. You left home because you were not well treated. Your school attendance is very irregular because you have to work at the tea stall of your uncle. You like school and would like to go regularly. You came to the center asking for help. You do not want to stay long, you just want a solution for your problem.

Caregiver:

You are trying to get to know this boy who just came to the center. You saw him before on the street selling tea, but this is the first time you talk to him.

Case study 3:

Client:

You are a 12 year old girl who has spent several years living in a situation where you saw a lot of violence. Now you distrust everybody and prefer to stay alone. You are afraid something bad will happen to you.

Caregiver:

You are speaking for the first time to a 12 year old girl who came last week in your shelter. She is always alone. You are trying to talk to her and involve her in some activities with other children.

Appendix I: Blocks to effective listening

Truth

You are preoccupied by finding about the truth, instead of trying to understand the reason behind the person's opinions, feelings and thoughts. You believe that you are right and the other person is wrong.

Blame

You believe that the problem is the other person's fault. You feel convinced that you are completely innocent and tell yourself that have very right to blame him/her.

Need to be a victim

You feel sorry for yourself and think that other people are treating you unfairly because of their insensitivity and selfishness. Your unwillingness to do anything to improve your situation gives other people the impression that you like the role of victim

Self-deception

You cannot imagine that you contribute to a problem because you can not see the impact of your behavior on others

Defensiveness

You are so fearful of criticism that you can't stand to hear anything negative or disagreeable. Instead of listening and trying to find some truth in the other person's point of view, you have the urge to argue and defend yourself.

Coercion sensitivity

You are afraid of giving in or being bossed around. Other people seem controlling and domineering, and you feel you must resist them.

Demandingness

You feel entitled to better treatment from others and you get frustrated when they do not treat you as expected. Instead of trying to understand what really motivate them, you insist that that they are being unreasonable and that they have no right to feel and act the way they do.

Selfishness

You want what you want and when you want it. You are not especially interested in what others are thinking or feeling.

Mistrust

You put up a wall because you believe that you will be taken advantage of if you listen and try to grasp what the other person is thinking or feeling.

Help addiction

You feel the need to help people when all they want is to be listened to. You give out advice and tell people what to do.

Appendix J: Questionnaire- identification of responding patterns

Read the situations carefully and tick the response that you would give spontaneously.

Mother:” I feel like tearing my hair out. I get so angry and upset when I see my daughter behaving like this. She is so intelligent, but I can’t tolerate her horrible behavior any more” .

Responses:

- *This behavior is very common at this age. One has to discipline them correctly*
- *Being a parent myself, I can understand your problem since I have suffered this too.*
- *You seem to be feeling very helpless. Probably you are trying to understand how you can explain this to her.*
- *Have you tried talking to her about this issue?*
- *Maybe she is behaving like this because of keeping wrong company.*

Son:” I feel other boys of my age are much more masculine than I am. Why I am not like them? I feel so small and at times even I feel like not wanting to live anymore”

Responses:

- *What do you mean by saying that you do not want to live anymore?*
- *There is no point in being disappointed or unhappy. You need to do something to improve your physique.*
- *You feel shy in front of boys because you are not like thme. You want to be like them. You are suffering.*
- *Irrespective of your physique you are mentally very strong.*
- *You don’t do any exercise or workous, and thatis the reason for the way you feel about yourself.*

Father:” My son is very ill. I need to take some leave urgently. However I have exhausted all my leave. I don’t know what to do”.

Responses:

- *You seem to be under terrible stress. Your heart says that you should be with your son but you also know that you need to keep your job as well.*
- *For this emergency, you should have some leave!*
- *Have you tried telling your boss about your need?*
- *You think no one else will be able to adequately take care of your son, so you are stressed.*
- *I am on good terms with the boss, maybe I can put in a word for you.*

Daughter:” My parents are trying to force me to get married. In don’t think I am mentally ready. I want to study further. If they create such pressure, then I will be forced to run away from home”.

Responses:

- *Calm down. Don’t worry. I will talk to them so that they don’t pressurize you.*
- *Have you thought about your future plans?*
- *Your parents are forcing their decisions on you and that is why your are resenting them*
- *You don’t’ agree with them. You also don’t like being disobedient. So you seem to be caught in a difficult situation and feeling stressed.*
- *All parents want the best for their children. Good girls do not get upset with their parents or disobey them*

Boy:” I don’t know what’s wrong with me, I am studying so hard but I seem to be forgetting all that I learn. I am falling behind in class.

Responses:

- *Other than studies, you may be better than others in extra-curricular activities. Maybe you can focus on these?*
- *What's your daily study routine?*
- *The present syllabus is difficult and that is the reason for your performance. I will help you. Relax.*
- *If you do not concentrate on your studies, you will not remember anything even if you sit with your books for hours.*
- *You are anxious about your academic performance. You feel that you put in hard work but don't seem to be getting any results.*

Boy:” I don't feel like socializing with anybody nowadays. I feel bad, have headaches. In the past I used to laugh, play and have good times with others.

Responses:

- *You have developed a fear/lack of confidence about mingling with people. That's the reason you don't seem to be enjoying people's company.*
- *Since when are you feeling like this?*
- *You seem to be unhappy because you are unable to mix with people as before.*
- *You should not withdraw yourself. Try to mix with people then you will not feel like this.*
- *Everyone goes through these temporary phases. I am sure you will also be able to overcome this.*

Appendix K: Response categories

Evaluative

A response that indicates the receiver has made a judgment of relative goodness, appropriateness, effectiveness or rightness about the problem. The receiver has in some way implied what the sender should do.

Interpretative

A response that indicates the receiver's intent to teach, to tell the sender what his problem means and how the sender really feels about the situation. The receiver implies what the other should think or feel.

Support

A response that indicates the receiver's intent to reassure, to pacify, to reduce the others intensity of feelings. The receiver has in some way implied that the sender needs to feel as he/she does.

Probing

A response that indicates the receiver's intent to seek further information, provoke further discussion along a certain line, question. The receiver has in some way implied that the sender ought or might profit from developing or discussing a point further.

Understanding

A response that indicates the receiver's intent to ask the sender whether he/she has correctly understood the problems and how he/she felt about the problem.

Appendix L: Role plays (copy and cut out each script and role to be distributed)

Case study 1:

Client:

You are a 9 year old girl called Fozia and live with your father, stepmother and two younger stepchildren. You always arrive late at school because your stepmother gives you a great deal of housework to do and won't let you leave for school until it is finished. You like going to school and do not want to be late.

Caregiver:

Fozia is 9 years old and always arrives late for school; sometimes she doesn't come at all. You, as her teacher, are trying to deal with this problem, and this is the first time you are talking to Fozia why she is late.

Case study 2:

Client:

You are Faisal, 16 years old, and have just been released from jail. You were accused of stealing. You have always denied the charges and after 3 months you were released because of lack of evidence. You had a difficult time in jail and were abused by older children. You are now at home, depressed, your self-confidence is shattered, and do not go out of the house anymore.

Caregiver:

You are speaking to Faisal, 16 years old., who has just been released from jail. He was accused of stealing but always denied the charges and after 3 months he were released because of lack of evidence. He is now at home and does not want to go out of the house anymore. His mother is complaining he sleeps all day and has become lazy. You are speaking to him for the first time.

Case study 3:

Client:

You are Omar, 14 years old and frequently beating and verbally abusing other children. The smaller ones are often the victims of your behavior. When you were living with your relatives (both your parents died in a road accident), you were frequently beaten with a stick and locked up in a closet. This lasted from the age of 9 until you came to the center.

Caregiver:

You are speaking to Omar, 14 years old, who is frequently being caught beating and verbally abusing other children, especially the smaller ones. You are trying to stop this behavior.

Appendix M: Handling specific communication problems

Someone who is passive-aggressive refuses to talk to you

- Don't insist that they talk to you right now, you will only lose by trying to control them
- Empathize with their reasons for being unwilling to talk and give them permission to back off temporarily
- Emphasize that you feel some communication is needed and suggest that you can talk things over later, when they are in the mood.

Someone who is hostile

- Listen and hear the truth in what the person is saying
- Acknowledge how he or she is feeling
- Change the focus- draw attention to the hostile way the feelings are being expressed and about the way you are being treated

Someone who is stubborn and argumentative

- Disarming technique: find a truth in the other persons point of view and they will soften and suddenly become more open to your point of view.
- Empathize
- Inquire

Someone who is pushy and makes unreasonable demands

- This is stressful because some of us have the tendency to believe that we must always say ' yes'. So tell the person that you need to think about their request and you will get back to them. In the meantime you have time to think about it and practice saying 'no' if necessary.

Someone is a chronic complainer

- Complainers do not want advice or help; they simply want to be listened to
- Use the disarming technique and agree with them instead of trying to help

Someone is critical and judgmental

- Disarm the person who is criticizing you. Find some truth in the criticism instead of getting defensive. When you acknowledge it, the person who is criticizing you will back off and calm down.
- Use empathy and inquiry techniques. Encourage the other person to express all their criticisms and negative feelings
- Express your feelings with "I feel..." statements.

Appendix N: Case study

Read the following account from an angry 16 year old boy and write a summary of what he has said, in a way that it could be explained to him.

Afterwards, discuss your summary with the other member of your groups.

“I can not stand my father. He is the kind of man you would tend to stay away from if you could. Since he lost his job, the atmosphere at home has changed completely. There is no feeling of security anymore and everyone is fighting with each other. I am so stressed that I can not sleep and that is why my mother says that I should talk to you. But I am not the one with the problem! My father is the one with all the problems if you ask me. My two older brothers have left now to work in Islamabad. They could just not take it anymore. My brothers were great. When they left, everybody was upset.”

Appendix O: Communicating with children

Providing an appropriate location and environment

Selecting an appropriate location for interviewing children, or having an informal conversation, can have an important bearing on the effectiveness of the communication. For most young people, a quiet space with comfortable and culturally appropriate seating may be the ideal choice, though for others going for a walk, or playing or working together may provide the best opportunity for communication.

- **Privacy** can be important, especially when the interview relates to personal or potentially painful information. Equally, some children may prefer to be accompanied by a trusted adult or friend.
- **A non-distracting environment** can also be important - especially if the child has been exposed to an environment of uncertainty, change and anxiety.
- **Comfortable seating** will help the child to feel relaxed. Different cultures will have different norms about the appropriate distance and relative seating arrangements for the child and the adult: in general, sitting on the same level is often found to be appropriate, with no barriers (such as desks etc.) between the two people.

Attitude and approach

Communicating effectively with children requires a particular approach, and although some techniques will vary from culture to culture, a vital objective is to facilitate children's self-expression.

In general, the following guidelines should be followed.

- **Introductions** are important so that the child knows who the interviewer is, what role he or she has, and what the purpose of the meeting with the child is.
- **Confidentiality** should be respected: but it is also important to explain carefully why information is being collected, who will know about it and how it will be used.
- **Simple language** which the child can readily understand should be used. If there is a suspicion that the child has not understood something you have said, it can be helpful to **ask the child to repeat or paraphrase**.
- **A friendly, informal and relaxed approach** will help the child to feel at ease.
- **Adequate time needs to be given** to help the child to feel relaxed, to develop mutual trust and to enable the child to feel that he/she is being taken seriously. Time for playing together may be helpful in developing rapport, and conversation about neutral issues (school, games etc.) may be appropriate before more personal or painful topics are discussed.
- It is important to **allow for children's limited concentration span**: a series of shorter meetings may be more effective than a few longer ones.
- **A non-judgmental attitude** which conveys acceptance of the child, whatever he or she has or has not done, is essential. It is important to convey respect for his or her beliefs, feelings etc.
- **Taking notes** during the interview may be distracting for the child and raise questions and uncertainties about confidentiality. If it is necessary to take notes, it is important to explain the reason and seek the child's permission first.
- **Ending the interview or conversation appropriately** is also important: providing the child with an opportunity to ask questions, say anything else which he or she would like to say etc. and summarizing what has been said or agreed may help the child feel that he or she has been taken seriously. It is also advisable to finish the interview on a positive element, particularly where the child has been recounting traumatic events.
- After the end of the interview, it is important to **make sure that there is follow-up support available to the child**, especially if painful and difficult issues have been discussed.

Specific skills and techniques

Distressed children may find it extremely difficult to talk to others about what they have experienced. Some will have had experiences which make it especially difficult to trust adults, especially those they do not

know well. Some children will be afraid of being overwhelmed by their emotions if they express them to someone else. Some will probably try to avoid adults: others may use particular behaviours to “test out” whether adults will react critically or sympathetically towards them. Some children will be feeling guilty or ashamed - for example they may feel a sense of responsibility for what has happened. Such feelings may make it doubly difficult to talk about what has happened.

In many societies, it does help distressed children if they can be helped to talk about their experiences with understanding and supportive adults, and to express their feelings in cultural appropriate ways - perhaps through singing, dancing, drawing or play.

- **Make believe play:** Children can play out distressing events, either alone or with others. It should not be discouraged. It helps them deal with their emotions and memories. Play can also be organized in theatre or drama acting. Children can make up their own stories and experiment with different kind of endings to their stories. At the end you can discuss with them how they feel about it.
- **Story telling:** Tell or read children stories about characters who overcame difficulties in their lives help children to imagine themselves also doing so.
- **Drawing pictures:** Children can express feelings that are hard for them to talk about. Drawings can also help them tell their story. When a child finishes his/her picture, you can ask the child to tell you about it, but do not pressurize. Drawing can also give the child a sense of relief and do not always need to be put into words. Always value the drawing by complimenting them on it.
- **Music and dance:** These can be very powerful means to express feelings (both happy and sad songs can be used). The movements and rhythms help to release tension and produce a sense of well-being.

In some societies, people are encouraged to “forget” painful experiences, but some children may find this impossible and may need to remember the experience and talk before they can “forget” or come to terms with it.

In situations where it is necessary to get children to talk about painful experiences (for example, the separated child may need to talk about the experience of separation in order to provide essential information to aid family tracing efforts) or where a child communicates a need or desire to talk, the following may help the staff in this difficult task.

- **Allow the child to set the pace:** Children should not be forced to discuss or reveal experiences and the lead should always come from the child. Allow the child to set the pace of the interview and take note of non-verbal signals which indicate that the child does not wish to continue. It may be necessary to stop the interview, or if it is critical to find out information, to have a break and come back to it.
- **Give adequate time to the child:** Don’t expect him/her to reveal the whole story in one session. Very often it is best for the child to reveal a little of his/her painful memories at a time. Don’t rush to fill silences - these may provide important spaces for quiet reflection.
- **Provide emotional support and encouragement to the child,** in whatever ways are appropriate to the child’s culture and stage of development.
- **Accept the child’s emotions, such as guilt and anger,** even if they seem to you to be illogical reactions to events. Talking through painful experiences may enable the child to view them in a different light - for example to let go of a sense of responsibility for what has happened. Talking through events that led to the child being abandoned, for example, may enable him/her to understand the situation that was faced by his/her parents and this may lead to the child being able to let go of feelings of anger and bitterness. It is often helpful to convey to the child that the feelings he/she is experiencing are quite normal and understandable.
- **Never give false reassurance:** Telling a separated child that “we will soon find your parents” raises expectations which, if not met, may increase the child’s loneliness and lack of trust towards adults. Helping the child to face the reality of his/her situation is almost always preferable to avoiding it, provided this is done in an atmosphere of trust and support.

- **Talking about difficult situations may enable children to work out their own solutions:** This is especially the case with older children and adolescents. Simply listening to the problem in an attentive and supportive way can be experienced as extremely helpful. If young people can arrive at their own decisions, this is often more satisfactory than being provided with advice from an adult. For example, it may be more helpful for a separated child who is not attending school to talk around his/her situation and discuss the advantages and disadvantages of attending school than for the adult simply to advise him/her to attend.
- Sometimes it is **necessary to allow regression** - i.e. a return to behavior typical of younger children: for example, children or adolescents may need personal care, affection and physical contact more characteristic of younger children in order to overcome the emotional problems they are facing.

Appendix P: Role play scripts

1. A ten-year-old child arrives in school late - for the fifth time this week. The teacher interviews her during a break in the morning to find out why she is repeatedly late.
2. An eight-year-old child came into school looking unusually dirty and uncared-for and has seemed miserable during school all day. The teacher decides to have a quiet word with her after school to try to find out if something is troubling her.
3. A 15 year old girl does not play or talk to others. She is often ignored by people. She has acid burns on her face that makes her look unattractive. The social worker is trying to find out what is troubling her.
4. Fazila is 13 years old. She confided to a trusted school-teacher that she has been sexually abused by her step-father, and when the matter was investigated by the authorities, the step-father strongly denied the allegations and it was impossible to either prosecute him or force him to leave the home. Her mother felt torn in her loyalties between her daughter and her husband and was reluctant to believe her daughter's story. Eventually she decided Fazila should live with her uncle. However, she was miserable in her uncle's home, despite being well cared for. She felt rejected by her family and greatly missed her mother and brothers and sisters.

Appendix Q: Checklist for observers

Please use the following questions to make notes for the feedback discussion.

- How did the interviewer **begin** the conversation?
- Comment on the **seating arrangements** for the conversation. Were they appropriate?
- What **techniques** were used to encourage the child to talk and to express his/her feelings?
- What **kind of questions** was used - closed, open, leading questions?
- Comment on the interviewer's **tone of voice** - did it encourage the child to talk?
- How sensitive was the interviewer to the child's **non-verbal behaviour** - gestures, tone of voice, body language etc.?
- How was the child affected by the interviewer's tone of voice, gestures and body language?
- How did the interviewer **convey interest, active listening, empathy** etc.? Did you notice clues or pointers from the child that the interviewer did not?

Appendix R: Case study of Asia

Asia was 10 when her house just outside the city was attacked by burglars. They were drunk and very aggressive. Her three brothers and sisters and her grandparents managed to run off but she and her parents were caught. Because they did not have much money in the house, the burglars got very angry and set the house on fire and her parents were both shot in front of her. She was taken away by the burglars, but managed to escape at night. For several days she wandered trying to get as far away as possible, sleeping during the day, and eventually she was picked up by the police who reunited her with her relatives.

Initially unable to speak about her experiences, she spent the first few days hiding in the house, refusing to speak, but eventually the small son of the family drew her out and she began to play, silently with him. A few days later she was able to tell her family about what had happened and they contacted the social welfare worker.

Appendix S: Check-list for observers

Please use the following questions to make notes for the feedback discussion.

- How did the interviewer **begin** the conversation?

- Comment on the **pacing** of the interview - did he/she give Asia time? Were silences broken, and if so was this appropriate?

- What **techniques** were used to encourage the child to talk and to express her feelings?

- What **kind of questions** were used - closed, open, leading questions?

- How did the interviewer provide **support and encouragement**?

- How did the interviewer respond to Asia's expressions of emotion?

- How sensitive was the interviewer to the child's **non-verbal behaviour** - gestures, tone of voice, body language etc.?

- How could the communication skills of the interviewer be improved?

Appendix T: Handout on stress

Definition

Stress is the "wear and tear" our body experiences as we adjust to our continually changing environment. It has physical and emotional effects on us and can create "positive" or "negative" feelings. As a "positive" influence stress can compel us to action, result in a new awareness and an exciting new perspective. As a "negative" influence it can result in negative and painful feelings, health problems, interpersonal conflicts and a lowering of productivity.

This write-up is primarily based on books on stress and relaxation, studies on the "negative" aspects of stress available on the internet and experiences of working with shelter home staff.

Signs

There are several signs and symptoms that we may notice in ourselves when we are under stress. These vary depending on the severity and duration of the situation causing stress and the personality of the person experiencing it. The signs and symptoms of stress are manifested in our feelings, thoughts, behavior and physiology.

Feelings

Anxious, scared, irritable, moody, helpless, hopeless, trapped, defensive, sad and apathic are some of the feelings we experience when we are stressed.

Thoughts

Doubts about self worth and competence, inability to concentrate, worrying about the future, preoccupation with thoughts and tasks, forgetfulness, slow thinking or racing thoughts are some of ways in which we think when we are stressed.

Behavior

Behavioral changes associated with stress are stuttering and other speech difficulties, crying for no apparent reason, acting impulsively, startling easily, laughing in a high pitch, using a nervous tone of voice, grinding teeth, increased smoking, increased use of drugs and alcohol, being accident prone, sexual dysfunction, losing appetite or over eating, impatience, being quick to argue, withdrawing, procrastinating, staying isolated, neglecting responsibility, poor job performance, poor personal hygiene etc.

Physiology

Perspiration and sweaty hands, increased heartbeat, trembling, nervous ticks, increased blood pressure, dryness of throat and mouth, tiring easily, urinating frequently, sleeping problems, diarrhea or constipation, vomiting, butterflies in the stomach, headaches, premenstrual tension, problems related to ovulation, pain etc. are physiological problems associated with stress.

We experience stress from four basic sources:

1. Environment

Our environment bombards us with demands to adjust. Threats to survival or physical integrity, invasion of personal space, insufficient working and living space, noise, dirty or untidy conditions, pollution, badly organized or run down environments, all cause stress in varying degrees in individuals.

2. Social stressors

Demands on our time and attention, deadlines, financial problems, job interviews, performance pressure, disagreements, loss of, or separation from, loved ones, changes in the family, conflict of expectations in relationships, and work stress, all act as social stressors.

3. Physiological

The rapid growth of adolescence, premenstrual syndrome, post-natal conditions, menopause, illness, and aging are some of the examples. Moreover, lack of exercise, or "taxing of the body" by poor nutrition, excessive consumption of caffeine, sugar or salt and unbalanced and unhealthy diet all produce stress.

4. Thoughts

Some stresses are internally generated. This can come from anxious worrying about events beyond our control and a hurried approach to life. In fact, some personalities (Type A) are susceptible to stress. Moreover, perfectionism, excessive self-denial, tendency to exaggerate consequence and catastrophise events lead to stress.

Unrealistic expectations from oneself, in terms of achievement and having everything under control, and also unrealistic expectations from others, in terms of the need for total and constant approval, appreciation, and submission are some of the very common causes of stress.

Stress can cause severe health hazards. These are some of the ailments caused by stress:

- Hypertension
- Cerebral attack
- Respiratory problems
- Cardiac problems
- Psychosomatic illnesses
- Increased blood sugar
- Digestive problems
- Peptic ulcer

Apart from affecting physical health, stress tells upon our psychological well being. It affects our feelings, moods, thoughts and behavior; mostly negatively. These are some of the impacts of acute stress on our mental health:

- Depression
- Paranoia
- Uncontrolled anger
- Suicidal tendencies
- Substance abuse

When stress affects our body and mind, it very naturally negatively impacts on our interpersonal relations and productivity. A worker under severe stress would deliver less both in terms of quality and quantity. This usually operates as a vicious cycle, where poor performance levels causes further stress and the situation

eventually heads towards a breakdown. Stress can render an individual dysfunctional in terms of work and human relationships.

In this context it can be mentioned that exhaustion of physical or emotional strength or motivation, caused by prolonged stress and frustration produces a state of 'burnout' in an individual. Such an individual would need medical supervision, psychological counseling or may even have to be hospitalized for healing. It is only after proper healing that she/he would be able to resume appropriate social and professional responsibilities and activities, utilize her/his, creative potentials, enjoy the pleasures of life and regain optimal energy, strength and motivation for work.

Appendix U: Stress awareness dairy

Table 1

Personal Stressors				
(T)	(F)	(B)	(P)	(W)
Family Stressors				
Interpersonal Stressors				
Work Stressors				

Table 2

Work stressors	Factors responsible: self/environment/others	T,F,B,P,W

Appendix V: Work stressors

Here is a list of factors we face in work situation that causes stress

Categories of Job Stressors	Examples
Factors unique to the job	<ul style="list-style-type: none">• Workload (overload and under load)• Pace / variety /meaningfulness of work• Autonomy (e.g. the ability-to make your own decisions about our own job or about specific tasks)• Hours of work / shift-work• Physical environment (noise, air quality etc.)• Isolation at the workplace (emotional or working alone)
Role in the organization	<ul style="list-style-type: none">• Role conflict (conflicting job demands, multiple supervisors/managers)• Role ambiguity (lack of clarity about responsibilities, expectations etc.)• Level of responsibility
Career development	<ul style="list-style-type: none">• Under/over-promotion• Job security (fear of redundancy either from economy, or a lack of tasks or work to do)• Career development opportunities• Overall job satisfaction
Relationships (Interpersonal) at work	<ul style="list-style-type: none">• Supervisors• Coworkers• Subordinates• Threat of violence, harassment, etc (threats to personal safety)
Organizational structure / climate	<ul style="list-style-type: none">• Participation (or non-participation) in decision-making• Management style• Communication patterns

Appendix W: Coping strategies

These measures are suggested to facilitate personal self-care and as protection against susceptibility to stress.

- **Formulate realistic expectations** - from self and others; explore strengths and weaknesses as neutrally as possible
- **Set goals realistically** - prioritize the tasks, stock take resources available, calculate time available and redefine role boundaries
- **Look after your health needs** - optimal and healthy food, optimal rest and measured physical exercise
- **Look after your relationships** - establish fulfilling relationships that are mutually nourishing, supportive and strengthening
- **Nurture internal resources** - giving space and time to one's creativity and not bogged down by duties all the time
- **Give time** - giving time to body and mind to cope with adjustments
- **Share** - to create a space for release of thoughts and feelings to prevent bottling up of emotions
- **Define your purpose in life** - to move in a direction with firmness of purpose and taking problems in your stride.

To integrate self-care at the organizational level the following can be considered:

- **Retreats** for the staff necessary for unwinding and staff bonding. allotment of **free time** for in-house care givers in their daily routine, where they would get some space for themselves.
- **Personal growth sessions** for care givers where they can share their feelings, thoughts and views and offer each other support and suggestions.
- Occasional **changes in duty** allotment, especially of in-house staff to break the monotony of work.
- **Participatory process** of policy making to ensure ownership and a sense of belonging to the organization and maintain level of motivation among staff
- **A forum for open articulation** of problems to ensue easy flow of messages between management and staff .
- **Formulation of guidelines** for managing interpersonal interaction to ensure respect for all.

Appendix X: Signs and symptoms of secondary traumatization

- Fatigue, loss of energy, taking greater amounts of time to complete the same amount of work, loss of efficiency
- Sadness, depression, withdrawal from others or from activities
- Apathy, indifference, emotional numbness, inability to have strong feelings,
- "tuning out" while listening to traumatic stories
- Forgetfulness, confusion, difficulty making decisions, difficulty concentrating
- Distrust, discouragement, loss of compassion, loss of faith/trust in humanity, use of negative stereotypes to form quick judgments
- Demoralization, disillusionment, loss of faith in beliefs that previously gave meaning to life (e.g., religious beliefs), grief, despair
- Difficulty containing your emotions, loss of emotional control, strong emotional reactions to minor events
- Loss of creativity, loss of problem-solving skills
- Loss of sense of humor or playfulness, loss of capacity to feel joy
- Feelings of helplessness, hopelessness, lack of control over your life and future
- Feeling alone, isolated, alienated; feeling like others cannot understand you
- Irritability, intolerance, anger and rage
- Disbelief and denial of others' experiences, especially traumas
- Guilt for having survived trauma or having an "easier" life than others, holding unrealistically high expectations of yourself, denying or downplaying your own pain and/or difficulties
- Preoccupation with safety of self and loved ones, increased sensitivity to violence
- Nightmares related to refugee trauma, intrusion of violent images into your daily thoughts or activities (can't "get it out of your head")
- Sleep disturbances, exaggerated startle response, difficulty relaxing
- Physical complaints: headaches, abdominal discomfort, diarrhea, joint pain, muscle aches or tension, frequent illness

Appendix Y: Stress phases, symptoms and actions

Phase	Signs / Symptoms	Action
Phase 1 Warning	<ul style="list-style-type: none"> • feelings of vague anxiety • depression • boredom • apathy • emotional fatigue, 	<ul style="list-style-type: none"> • talking about feelings • taking a vacation • making a change from regular activities • taking time for yourself
Phase 2 Mild Symptoms	<ul style="list-style-type: none"> • sleep disturbances • more frequent headaches/colds • muscle aches • intensified physical and emotional fatigue • withdrawal from contact with others • irritability • intensified depression 	<ul style="list-style-type: none"> • more aggressive lifestyle changes may be needed. • short-term counseling
Phase 3 Entrenched Cumulative Stress	<ul style="list-style-type: none"> • increased use of alcohol, smoking, non- • prescription drugs • depression • physical and emotional fatigue • loss of sex drive • ulcers • marital discord • crying spells • intense anxiety • rigid thinking • withdrawal • restlessness • sleeplessness 	
Phase 4 Severe / Debilitating Cumulative Stress Reaction	<ul style="list-style-type: none"> • careers end prematurely • asthma • heart conditions • severe depression • lowered self-esteem / self-confidence • inability to perform one's job • inability to manage personal life • withdrawal • uncontrolled rage, grief • suicidal or homicidal thinking 	<ul style="list-style-type: none"> • significant intervention from professionals.

	<ul style="list-style-type: none">• muscle tremors• extreme chronic fatigue• over reaction to minor events• agitation• frequent accidents• carelessness, forgetfulness• paranoia	
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Appendix Z: Evaluation questionnaire

1. To what extent do you feel you have learned from today's program?

1	2	3	4	5	6
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Learned nothing

Learned a lot

If you have circled any number above 3, please answer the following questions: What have you learned? What do you intend to do with this learning when you return to your job?

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If you circled any number below 3, please state the reasons for this and any suggestions on how to meet your learning needs.

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2. To what extent has your understanding of the subject improved as a result of today's program?

1	2	3	4	5	6
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A little

A lot

If you circled any number below 3, please comment.

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3. To what extent has your skills improved as a result of today's program?

1	2	3	4	5	6
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A little A lot

If you circled any number below 3, please comment.

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4. Please give us your rating of the trainer:

- Knowledge of the subject

1	2	3	4	5	6
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Not effective Very effective

- Organisation of the session

1	2	3	4	5	6
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Not effective Very effective

- Style and delivery

1	2	3	4	5	6
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Not effective Very effective

- Producing a good learning climate

1	2	3	4	5	6
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Not effective Very effective

5. Do you have any other comments or suggestions?

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5. References

- i UNICEF report; http://www.unicef.org/infobycountry/pakistan_pakistan_background.html
- ii ECPAT International (2005) A Caregiver Empowerment Program. Groupe development, Kolkata, India.
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