The Psychosocial Care and Protection of Children in Emergencies

Teacher Training Manual

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Contents

INTRODUCTION

1. Background

> *In emergencies, education is a key psychosocial intervention: it provides a safe and stable environment for learners and restores a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. Many children and parents regard participation in education as a foundation of a successful childhood.[1]*

UNICEF and its partners are working globally towards an objective of 'education for all' children. Two key components of this effort are increasing both **access** to educational opportunities, as well as enhancing the overall **quality** of education for all children. In situations of emergency, ensuring access to quality education is particularly important; given the crucial role that education plays in promoting children's development, as well as providing structure and a sense of normalcy in fluid environments. These elements are key to sustaining or restoring a child's sense of well being.

Education and psychosocial support have a dynamic and mutually reinforcing relationship. Effective and child-centred learning promotes the psychosocial well being of both learners and teachers. In turn, consistent psychosocial support ensures more effective learning

In order to strengthen its efforts to promote psychosocial support within educational programming in emergencies, UNICEF has developed these teacher-training materials to promote greater understanding of the impact of and effective responses to the psychosocial impact of emergencies on learners.

> *The importance of teacher training for restoring nurturing developmental opportunities cannot be overstated. With the protection and psychosocial needs of children in mind, trained teachers communicate critical lifesaving messages to children, model caring adult behaviour and help re-establish children's trust, and have the potential to create a climate in the classroom that helps children heal. [2]*

This manual is grounded in the Inter-Agency Standing Committee Taskforce (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings (MHPSS)*, which outline appropriate minimum responses and standards for psychosocial support and mental health in emergencies (see Annex 1 for the relevant Action Sheets). In addition, this manual promotes the standards set forth in the INEE *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*.[3]

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[1] IASC. (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Action Sheet 7.1.* p.148

[2] IRC. (2004) *The IRC's Psychosocial Teacher Training Guide*. p. 3

[3] See *Access and learning environment standard 2: protection and well-being."* pp. 45-46

Initial pilot sessions of the training have shown that maximum results are achieved when the approach to psychosocial support by teachers is mainstreamed into the school curriculum and extra-curricular activities. There may be significant relevance to school counsellors as well, though the materials may require some adaptation for their training. Providing exposure to the content for administrators and other school personnel helps to ensure acceptance and sustainability of the programme, as well as a consistency of approach throughout the school system. The materials are oriented towards experienced teachers who already possess strong teaching skills. Shortened or modified versions of the training should be developed to meet the differing needs and capabilities of education personnel other than skilled teachers.

2. Training Manual Overview

The overall goal of this training is to support teachers in improving the psychosocial well-being of children exposed to emergency and post-emergency situations, enabling them to pursue or resume a healthy life through ongoing development.

This training:

- □ Is consistent with the principles and guidance outlined in the IASC MHPSS guidelines.
- □ Reflects current research on best practice in training and manual design.
- □ Offers the principals of adult learning as a base line for teaching.
- □ Stresses engagement throughout the training by means of group work, discussion and interactive approaches to learning.
- □ Provides concrete, accessible guidance within in a clear, logical structure and framework, and further provides examples and exercises to reinforce knowledge and skills.
- □ Promotes reflection and analysis on content and encourages reflection on culturally and context specific understandings of needs and capacities within the training
- □ Provides guidance and facilitates problem solving in providing psychosocial support
- □ Develops knowledge, skills, and attitudes through problem solving.
- □ Addresses how to support children through classroom interactions.
- □ Offers time to design appropriate structured psychosocial activities.
- □ Presents materials to promote specific aspects of psychosocial wellbeing e.g. promoting safety and security; strengthening social support systems.
- □ Provides guidance on how to use this manual, including linkages to materials throughout the five days of training.

<u>Learning Objectives</u>

The following are the specific learning objectives for each of the five days of training.

Day 1: Introduction to Psychosocial Well-Being and the Impact of Children's Experiences in Emergencies
By the end of Day 1, participants will:
- ☐ Understand the basic concepts of child protection and well-being
- ☐ Understand the meaning and importance of psychosocial support and care
- ☐ Appreciate the range of experiences in emergencies and the possible effects of these experiences on adults and children

Day 2: Coping with Emergencies: Towards Recovery
By the end of Day 2, participants will:
- ☐ Understand identified coping styles and strengths within children and the self
- ☐ Understand basic concepts of "coping" and "resilience" in children
- ☐ Understand basic principles of child development and how these affect children in an emergency situation
- ☐ Understand the importance of self, family and community in recovery

Day 3: The Role of Teachers in Providing Psychosocial Support and Building Resilience in Children in Emergencies
By the end of Day 3 participants will:
- ☐ Be conscious of the critical role that schools and teachers provide in the psychosocial well-being of their emergency-affected students
- ☐ Have explored a wide range of specific attitudes, behaviours and communication modes to adopt in the classroom to support students and build resilience
- ☐ Be able to identify, support and refer children with severe emotional distress

Day 4: Effective Communication and an Introduction to Psychosocial Activities and Interventions
By the end of Day 4, participants will:
- ☐ Understand the importance of effective communication in supporting children who have experienced emergencies
- ☐ Be able to utilize effective communication skills
- ☐ Have identified, explored and practiced a range of activities aimed at strengthening the coping capacity of all children and at promoting recovery in those who are more distressed

Day 5: Psychosocial Activities and Interventions: Developing Skills and Strategies
By the end of Day 5, participants will:

□ Understand the link between specific activities and psychosocial benefits to the children
□ Have developed new psychosocial activities that they can use with their students
□ Understand what teachers can do in the community to support the recovery and psychosocial development of the child
□ Have developed personal work plans for psychosocial support and resilience-building of their students

Enhancing Support for Learners

The aim of this training is to improve the psychosocial well being of children in emergency environments. However, vulnerability is something many children experience in their developmental stages of growth and learning, so the skills learned during this training can be utilized by all teachers in the everyday classroom context. Over the course of the training, teachers will be exposed to innovative thinking and discussion whereby they will be able to implement identified goals and plans in order to provide a psychologically and emotionally safer environment for all children in their school.

In this context the ideal is to promote child well-being through knowledge, skills and attitudes by recognizing and understanding problems and implementing appropriate activities which will guide and promote the well being of each child

The specific aspects of the children's environment this training will focus on are the:

□ **Quality** of care, understanding and support children receive from significant adults around them (especially teachers)
□ **Opportunities** for acquiring knowledge, skills and attitudes, as the acquisition of new knowledge can promote children's learning, development and strengthening of inter-personal relationships.

Human needs are interrelated, and supporting children in these areas will in turn have positive effects in other areas of their lives. The skills and knowledge that children acquire in the educational setting will further develop their competencies in establishing healthy and supportive relationships in their families and communities, as well as accessing resources in their environment to promote their growth and enable them to become resourceful and productive young persons.

> **IASC MHPSS Action Sheet 7.1: Relevant Key Actions**
> □ *Make formal and non-formal education more supportive and relevant*
> □ *Prepare and encourage educators to support learner's psychosocial well-being*
> □ *Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties*

Resource Materials

The training package comprises a range of resource materials that provide guidance and techniques for trainers to work with teachers to develop knowledge and skills in psychosocial support. Many of these resources have drawn heavily from the extensive material available from various experts and agencies in the field of psychosocial support and care. (Refer to the *Further References section at the end of the Introduction*).

The Facilitator Guide Includes:
- □ A step-by-step guide for individual training sessions (Days 1 to Day 5)
- □ Daily handouts and visual materials are included
- □ Guiding notes can available for each training session
- □ Exercises and activities for participants
- □ Homework for adult learning
- □ Pre- and post-tests

Some materials and equipment that trainers will find useful to have on hand would be:

Visual presentations
- □ PowerPoint presentations
- □ Material for flipcharts or handouts

Equipment
- □ Flip chart, paper and pens
- □ White board and marker pens
- □ Laptop computer and projector
- □ Stationery for participants
- □ Electricity extension cord
- □ Copies of all materials

Trainers are encouraged to use their own educational and training techniques when utilising this manual. Some contexts may require adaptation or supplementation in order to be relevant and appropriate to differing needs and capabilities. The guiding notes are there to provide structure.

3. Considerations for Developing a Training of Teachers in Psychosocial Care and Support

Training Methodology

This training seeks to improve participants' knowledge of psychosocial issues related to children in an emergency. It aims to foster and reinforce attitudes and behaviours in the classroom that are conducive to promoting the psychosocial well-being of learners.

In order to achieve this change, training will engage participants through presentation and discussion of ideas and concepts – as well as "experientially." This means that the starting point must be participants' own experiences, beliefs, values, knowledge, attitude and emotions, not those of the literature or of the trainer.

There are several reasons for this approach:

- □ Determining the trainees' experiences, knowledge, beliefs and attitudes on these issues, before introducing new concepts, helps to present content in a way that is appropriate and relevant to participants' lives.
- □ This methodology contributes to building participants' confidence in the value of their own ideas and experience.
- □ When participants are presented with new concepts and analyses before having a chance to think for themselves, they often fail to recognize and tap into their own knowledge, and may not translate this new information into practical application in the classroom.

The main objective is to facilitate a process by which participants clarify, organise and articulate their own experiences and knowledge. Teachers will be better equipped to support children and address the difficulties and problems associated with child development and behaviour. In turn, these skills can assist all children to gain a better sense of well-being and a more positive future outcome.

Another approach that is stressed in this training method is that of *role modelling*. These workshops provide an opportunity for the trainers to model a teacher's supportive behaviour in the classroom. The trainer's attitude and behaviour should mirror the qualities that are required of a teacher seeking to support children and promote psychosocial well-being. These include: active listening, patience, respect for all opinions, creativity and participation in the learning process. If the training is conducted with these goals in mind, it should demonstrate and offer participants effective insight into what psychosocial support will mean in their own school context.

In order to emphasize the implementation of ideas into practical action, it can be useful to spread the training out over a period of time, allowing teachers to take a manageable amount of new knowledge and skills back to the classroom and put them into practice immediately. In an emergency context this is not always possible, so it would be important to program in "refresher" sessions after a period of time (i.e. 2 – 3 months).

IASC MHPSS Action Sheet 4.3 – Relevant Key Actions
- □ *Prepare a strategic, comprehensive, timely and realistic plan for training.*
- □ *Select competent, motivated trainers*
- □ *Utilise learning methodologies that facilitate the immediate and practical application of learning*
- □ *Match trainees' learning needs with appropriate modes of learning*

Follow-up and Support

In order to ensure the effective and timely implementation of training outcomes, a clear and resourced plan for follow-up, supervision, monitoring and additional training should be established before the beginning of any formal teacher training session. Regular and consistent follow-up helps to identify problems early and can help to signal delays in implementation of activity plans developed in training

Pilot sessions of this training have shown that supervision and follow-up is greatly appreciated by the trainers, offering them peer support and the opportunity to discuss problems arising. Needs for further skill development are also more quickly identified.

IASC MHPSS Action Sheet 4.3 – Relevant Key Actions
□ *After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation*   □ *Document and evaluate orientation and training to identify lessons learned*

Training of Trainers

Establishing a cadre of well-trained facilitators can be of great benefit in ensuring the sustainability of a teacher-training programme, and allow for larger numbers of participants through a cascade training approach. It is important, however, that the Training of Trainers (ToT) sessions stress development of facilitations skills, as well as mastering content. Thus, ToT's are generally longer and more in-depth that the 5-day training presented in this manual. Ample time should be allowed for trainers to practice facilitation and problem-solving skills.

While useful in many contexts, a ToT must be carefully planned in advance, must involve the most skilled trainers involved, and must provide follow-up support to the trainer and their trainees to ensure the accuracy and quality of training desired.

IASC MHPSS Action Sheet 4.3 – Relevant Key Actions
□ *Consider establishing 'Training of Trainers' (ToT) programmes to prepare trainers prior to training.*

ANNEX 1

IASC MHPSS Guidelines: Action Sheet 7.1

ACTION SHEET 7.1 Strengthen access to safe and supportive education

Domain: Education
Phase: Minimum response

Background

In emergencies, education is a key psychosocial intervention: it provides a safe and stable environment for learners and restores a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. Many children and parents regard participation in education as a foundation of a successful childhood. Well-designed education also helps the affected population to cope with their situation by disseminating key survival messages, enabling learning about self-protection and supporting local people's strategies to address emergency conditions. It is important to (re)start non-formal and formal educational activities immediately, prioritising the safety and well-being of all children and youth, including those who are at increased risk (see Chapter 1) or who have special education needs.

Loss of education is often among the greatest stressors for learners and their families, who see education as a path toward a better future. Education can be an essential tool in helping communities to rebuild their lives. Access to formal and non-formal education in a supportive environment builds learners' intellectual and emotional competencies, provides social support through interaction with peers and educators and strengthens learners' sense of control and self-worth. It also builds life skills that strengthen coping strategies, facilitate future employment and reduce economic stress. All education responses in an emergency should aim to help achieve the *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* (see Key resources).

Educators – formal classroom teachers, instructors of non-formal learning and facilitators of educational activities – have a crucial role to play in supporting the mental health and psychosocial well-being of learners. Far too often, educators struggle to overcome the challenges that they and their learners face, including their own emergency-related mental health and psychosocial problems. Training, supervision and support for these educators enable a clear understanding of their roles in promoting learners' well-being and help them protect and foster the development of children, youth and adult learners throughout the emergency.

Key actions
1. Promote safe learning environments.
Education serves an important protection role by providing a forum for disseminating messages on and skills in protection within a violence-free environment.

Immediate steps include the following.

- □ Assess needs and capacities for formal and non-formal education, considering protection issues, as well as how to integrate and support local initiatives. Formal and non-formal education should be complementary and should be established concurrently where possible.
- □ Maximise the participation of the affected community, including parents, and of appropriate education authorities (e.g. education ministry officials if possible) in assessing, planning, implementing, monitoring and evaluating the education programme.
- □ Evaluate safety issues in the location and design of spaces, learning structures or schools:
  - ▪ Locate schools away from military zones or installations;
  - ▪ Place schools close to population centres;
  - ▪ Provide separate male and female latrines in safe places.
- □ Monitor safe conditions in and around the learning spaces/schools (e.g. by identifying a focal point in the school) and respond to threats to learners from armed conflict.
- □ Make learning spaces/schools zones of peace:
  - ▪ Advocate with armed groups to avoid targeting and recruiting in learning spaces/schools;
  - ▪ Ban arms from learning spaces and schools;
  - ▪ Provide escorts to children when travelling to or from education activities/school.
- □ Identify key protection threats external to the educational system (e.g. armed conflict) and those that are internal (e.g. bullying, violent punishment):
  - ▪ Identify key protection threats from within the educational system such as gender based violence (GBV), child recruitment or violence in educational settings;
  - ▪ Incorporate messages on how to prevent and respond to these and other protection issues (such as separated children and community-based protection measures: see Action Sheet 3.2) in the learning process;
  - ▪ Set up education/protection monitoring efforts of individual children to identify and support the learners at risk of or experiencing protection threats;
  - ▪ Use the IASC *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* to prevent GBV in and around learning spaces and schools.
- □ Rapidly organise informal education such as child- and youth-friendly spaces ('*centres d'animation*') or informal community-based educational groups. Community members, humanitarian aid workers and educators may help organise these without physical infrastructure such as centres while the formal education system is being (re)established or reactivated. The staff of child-friendly spaces should have strong interpersonal skills, the ability to utilise active learning approaches and experience of working with non formal education or community programmes. A background in formal education is not necessary in these settings.

2. Make formal and non-formal education more supportive and relevant.
Supportive, relevant education is important in promoting learners' mental health and psychosocial well-being during an emergency, while simultaneously promoting effective learning.

□ Make education flexible and responsive to emergency-induced emotional, cognitive and social needs and capacities of learners. For instance, offer shorter activities if learners have difficulty concentrating; establish flexible schedules to avoid undue stress on learners, educators and their families by offering variable hours/shifts; revise exam timetables to give learners additional time to prepare.

□ Aim to provide education that helps to restore a sense of structure, predictability and normality for children; creates opportunities for expression, choice, social interaction and support; and builds children's competencies and life skills. For instance, establish activity schedules and post these visibly in the education facility/learning space; avoid punishment of learners whose performance in class suffers due to mental health or psychosocial problems; use collaborative games rather than competitive ones; increase the use of active, expressive learning approaches; use culturally appropriate structured activities such as games, song, dance and drama that use locally available materials.

□ Include life skills training and provision of information about the emergency. Life skills and learning content that may be particularly relevant in emergencies include hygiene promotion, non-violent conflict resolution, interpersonal skills, prevention of GBV, prevention of sexually transmitted diseases (e.g. HIV/AIDS), mine or explosive awareness and information about the current situation (e.g. earthquakes, armed conflicts, etc.). The content and facilitation of life skills training should be informed by a risks assessment and by prioritisation of need.

□ Utilise participatory methods that involve community representatives and learners in learning activities. Adolescent and youth participation in conducting activities for younger children is particularly valuable. Peer-to-peer approaches should also be considered.

□ Use education as a mechanism for community mobilisation (see Action Sheet 5.1). Involve parents in the management of learning and education and engage the community in the (re)construction of education facilities (which may be temporary and/or permanent structures). Organise weekly community meetings with child/youth/community representatives to facilitate activities that are appropriate to the local context and that utilise local knowledge and skills.

□ Ensure that any education coordination or working group takes into account mental health/psychosocial considerations. Designate a point person to link the mental health/psychosocial coordination group (see Action Sheet 1.1) to the education coordination mechanism.

□ Include opportunities in child- and youth-friendly spaces for children and young people to learn life skills and to participate, for example, in supplementary education, vocational training, artistic, cultural and environmental activities and/or sports.

□ Support non-formal learning such as adult education and literacy and vocational training to provide learners with skills that are relevant for the current and future economic environments and that are linked to employment opportunities.

For children under 15, non-formal education should serve as a complement to, not a substitute for, formal education.

□ Use food-for-education programmes to promote mental health and psychosocial wellbeing, where appropriate. Providing food (on-site or as take-home rations) in educational settings can be an effective strategy for increasing attendance and retention, which in itself contributes to mental health and psychosocial well-being (see Action Sheet 9.1). In addition, food in education can directly benefit psychosocial well-being by increasing concentration, reducing social distinctions between 'rich' and 'poor', etc. The provision of food or feeding programmes in educational settings should occur only when this can be done efficiently, does not harm the nutritional status of the learners and does not significantly undermine social traditions (e.g. the role of the family in providing appropriate nutrition for children).

3. Strengthen access to education for all.

□ Rapidly increase access to formal and/or non-formal education which may require creative and flexible approaches, such as opening schools in phases, double-shifting or using alternative sites.

□ Temporarily ease documentation requirements for admission and be flexible about enrolment. Emergency-affected populations may not have certificates of citizenship, birth/age certificates, identity papers or school reports. Age limits should not be enforced for emergency-affected children and youth.

□ Support the specific needs of particular learners e.g. provide child-care services for teenage mothers and siblings tasked with caring for younger children; provide school materials to learners in need.

□ Make educational spaces accessible to and appropriate for different groups of children, especially marginalised children (e.g. disabled or economically disadvantaged children, or ethnic minorities). Develop separate activities for adolescents and youth, who often receive insufficient attention.

□ Where appropriate, provide catch-up courses and accelerated learning for older children (e.g. those formerly associated with armed forces or groups) who have missed out on education.

□ When appropriate, conduct back-to-school campaigns in which communities, educational authorities and humanitarian workers promote access for all children and youth to education.

4. Prepare and encourage educators to support learners' psychosocial well-being.
Educators can provide psychosocial support to learners both by adapting the way they interact with learners, creating a safe and supportive environment in which learners may express their emotions and experiences, and by including specific structured psychosocial activities in the teaching/learning process. However, they should not attempt to conduct therapy, which requires specialised skills. Providing support for educators' own psychosocial well-being is an essential component of supporting learners.

□ Adapt interaction with students by:

□ Integrating topics related to the emergency in the learning process;

□ Addressing the cause of problem behaviours in the class (e.g. aggressiveness);

- □ Helping learners to understand and support one another.
- □ Provide educators with continuous learning opportunities, relevant training and professional support for the emergency, rather than through one-off or short-term training without follow-up (see Action Sheet 4.3). Key topics may include:
    - ▪ Encouraging community participation and creating safe, protective learning environments;
    - ▪ Effects of difficult experiences and situations on the psychosocial well-being and resilience of children, including girls and boys of different ages; ethics of psychosocial support (see Action Sheet 4.2);
    - ▪ Life skills relevant to the emergency (see key action 2 above for suggestions);
    - ▪ Constructive classroom management methods that explain why corporal punishment should not be used and that provide concrete alternatives to the use of violence;
    - ▪ How to deal constructively with learners' issues such as anger, fear and grief;
    - ▪ How to conduct structured group activities such as art, cultural activities, sports, games and skills building;
    - ▪ How to work with parents and communities;
    - ▪ How to utilise referral mechanisms to provide additional support to learners who exhibit severe mental health and psychosocial difficulties (see key action 5 below);
    - ▪ How to develop plans of action for implementing psychosocial support in educators' work;
    - ▪ Helping educators to better cope with life during and following the emergency, including the effects of stress on educators, coping skills, supportive supervision and peer group support.
- □ Use participatory learning methods adapted to the local context and culture. Ensure that educators have opportunities to share their own knowledge and experience of local child development and helping practices and to practise new skills. The appropriateness and usefulness of training must be evaluated periodically. Ongoing support, including both professional supervision and materials, should be provided to educators.
- □ Activate available psychosocial support for educators. For instance, bring educators together with a skilled facilitator to start talking about the past, present and future, or put in place a community support mechanism to assist educators in dealing with crisis situations.

5. Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties.
- □ Strengthen the ability of educational institutions to provide support to learners experiencing particular mental health and psychosocial difficulties:
    - ▪ Designate focal points to monitor and follow up individual children;
    - ▪ If school counsellors exist, provide training on dealing with emergency-related issues.
- □ Help school staff such as administrators, counsellors, teachers and health workers understand where to refer children with severe mental health and

psychosocial difficulties (this may include children who are not directly affected by the emergency but who may have pre-existing difficulties) to appropriate mental health, social services and psychosocial supports in the community (see Action Sheet 5.2) and to health services, when appropriate (see Action Sheet 6.2, including the criteria for referral of severe mental health problems). Ensure that learners, parents and community members understand how to use this system of referral.

Key resources

1. Active Learning Network for Accountability and Performance (ALNAP) (2003). *Participation by Affected Populations in Humanitarian Action: A Handbook for Practitioners*. Chapter 12, 'Participation and Education', pp.331-342.
http://www.globalstudyparticipation.org/index.htm
2. Annan J., Castelli L., Devreux A. and Locatelli E. (2003). *Training Manual for Teachers.* http://www.forcedmigration.org/psychosocial/papers/WiderPapers/Widerpapers.htm
3. Crisp J., Talbot C. and Cipollone D. (eds.) (2001). *Learning for a Future: Refugee Education in Developing Countries*, Geneva: UNHCR.
http://www.unhcr.org/pubs/epau/learningfuture/prelims.pdf
4. Danish Red Cross (2004). *Framework for School-Based Psychosocial Support Programmes: Guidelines for Initiation of Programmes*.
http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/2Childrenarmed/
PSPC.Final.Report.pdf
5. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp
6. Inter-agency Network on Education in Emergencies (INEE) (2004). *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*.
http://www.ineesite.org/minimum_standards/MSEE_report.pdf
7. International Save the Children Alliance (1996). *Promoting INEE Good Practice Guides – Educational Content and Methodology*. http://www.ineesite.org/page.asp?pid=1238, then the following links:
http://www.ineesite.org/page.asp?pid=1134
http://www.ineesite.org/page.asp?pid=1137
http://www.ineesite.org/page.asp?pid=1146
8. Macksoud M. (1993). *Helping Children Cope with the Stresses of War: A Manual for Parents*

IASC MHPSS Guidelines: Action Sheet 4.3

ACTION SHEET 4.3   Organise orientation and training of aid workers in mental health and psychosocial support

Function: Human resources
Phase: Minimum response

Background
National and international aid workers play a key role in the provision of mental health and psychosocial support (MHPSS) in emergencies. To be prepared to do so requires that all workers have the necessary knowledge and skills. Training should prepare workers to provide those emergency responses identified as priorities in needs assessments (see Action Sheets 1.1 and 2.1).

Though training content will have some similarities across emergencies, it must be modified for the culture, context, needs and capacities of each situation, and cannot be transferred automatically from one emergency to another. Decisions about who participates in training and about the mode, content and methodology of learning vary according to the conditions of the emergency and the capacities of the workers. Inadequately oriented and trained workers without the appropriate attitudes and motivation can be harmful to populations they seek to assist.

Essential teaching may be organised through brief orientation and training seminars followed by ongoing support and supervision. Seminars should accentuate practical instruction and focus on the essential skills, knowledge, ethics and guidelines needed for emergency response. Seminars should be participatory, should be adapted to the local culture and context and should utilise learning models in which participants are both learners and educators.

Key actions
1. Prepare a strategic, comprehensive, timely and realistic plan for training.
All partner organisations involved in MHPSS must have such plans. Plans must be coordinated and integrated between partners and should follow the guidelines established in the overall rapid assessments of problems and resources (see Action Sheets 1.1 and 2.1).

2. Select competent, motivated trainers.
Local trainers or co-trainers with prior experience and/or knowledge of the affected location are preferred when they have the necessary knowledge and skills. Important selection criteria for trainers include:
- □ Cultural sensitivity and basic knowledge about local cultural attitudes and practices and systems of social support;
- □ Emotional stability;
- □ Good knowledge about MHPSS emergency response, including understanding the value of integrated and collaborative responses;

☐ Practical field-based experience in providing psychosocial support in previous emergencies;

☐ Good knowledge of teaching, leading to immediate and practical MHPSS interventions.

3. Utilise learning methodologies that facilitate the immediate and practical application of learning.

☐ Use a participatory teaching style (e.g. role play, dialogue, drama, group problem solving, etc.) that engages active trainee participation

☐ Utilise learning models in which participants are both learners and educators.

☐ Train participants in local languages or, when this is not possible, provide translation.

☐ Use audio/visual/reference materials adapted to local conditions (e.g. avoid PowerPoint presentations if electricity is unavailable).

☐ Use classrooms for theoretical learning and initial practice of skills (e.g. role plays, among other techniques).

☐ Use hands-on field-based training to practise skills in locations that are in or resemble the emergency-affected area.

☐ Distribute written reference materials in accessible language, including manuals with specific operational guidelines (if available).

☐ Complete immediate evaluations of training (by trainers, trainees and assisted populations) to benefit from lessons learned.

4. Match trainees' learning needs with appropriate modes of learning.

Brief orientation seminars (half or full-day seminars) should provide immediate basic, essential, functional knowledge and skills relating to psychosocial needs, problems and available resources to everyone working at each level of response. Orientation seminars should preferably be organised before workers begin their missions.

Possible participants include all aid workers in all sectors (particularly from social services, health, education, protection and emergency response divisions). This includes paid and unpaid, national and international workers from humanitarian organisations and from government. Depending on the situation, orientation seminars can also include elected or volunteer male, female and youth community leaders, including clan, religious, tribal and ethnic group leaders.

Training seminars

More extensive knowledge and skills are recommended for those working on focused and specialised MHPSS (see top two layers of the pyramid in Figure 1, Chapter 1).

☐ The length and content of training seminars vary according to trainees' needs and capacities. Inexperienced staff will require longer periods of training.

☐ The timing of seminars must not interfere with the provision of emergency response.

☐ The use of short, consecutive modules for cumulative learning is recommended, because (a) this limits the need to remove staff from their duties for extended periods and (b) it allows staff to practise skills between training sessions. Each short module lasts only a few hours or days (according to the situation) and is

followed by practice in the field with support and supervision, before the next new module is introduced in a few days' or weeks' time.

□ Training seminars should always be followed up with field-based support and/or supervision (see key action 7 below).

5. Prepare orientation and training seminar content directly related to the expected emergency response.
The contents of brief orientation seminars may include:

□ Review of safety and security procedures;
□ Methods for workers to cope with work-related problems (see Action Sheet 4.4);
□ Codes of conduct and other ethical considerations (see Action Sheet 4.2);
□ Human rights and rights-based approaches to humanitarian assistance (see the Sphere Project's Humanitarian Charter and Action Sheet 3.1);
□ Importance of empowerment and of involving the local population in relief activities (see Action Sheet 5.1);
□ Basic knowledge on the impact of emergencies on mental health and psychosocial wellbeing of populations (see Chapter 1);
□ Techniques for psychological first aid (see Action Sheet 6.1);
□ Methods to promote the dignity of the affected population, using lessons learned from previous emergencies;
□ Knowledge about local socio-cultural and historical context, including:
□ Basic knowledge about the crisis and the world view(s) of the affected populations;
□ Basic information about cultural attitudes, practices and systems of social organisation, as well as both effective and detrimental traditional practices, rituals and coping strategies;
□ Basic information on workers' behaviours that might be offensive to the local culture;
□ Information about available sources of referral (e.g. tracing, health and protection services, traditional community supports, legal services, etc.);
□ Information on how and where to participate in relevant inter-agency coordination.

The content of training seminars may include:

□ All information covered in the orientation seminars;
□ Emergency individual, family and community psychosocial and mental health assessment skills;
□ Emergency psychosocial and mental health response techniques that can be taught quickly, that are based on the existing capacities, contexts and cultures of the trainees and that are known to be effective in related contexts;
□ Knowledge and skills necessary for implementing interventions that are (a) part of the minimum response and (b) identified as necessary through assessment (see Action Sheet 2.1). This applies to training of:
   ▪ Health workers (see Action Sheets 5.4, 6.1, 6.2, 6.3, 6.4 and 6.5)
   ▪ Protection workers (see Action Sheets 3.2, 3.3 and 5.4)

- Formal and non-formal community workers (see Action Sheets 5.1, 5.2, 5.3 and 5.4)
- Teachers (see Action Sheet 7.1).

6. Consider establishing Training of Trainers (ToT) programmes to prepare trainers prior to training.

ToT programmes educate future trainers so that they can competently train others. Trainers of brief orientation and training seminars can be prepared via a ToT. Skilful ToT programmes can also prepare trainers to transfer information to large groups of people. However, ToT must only be done with careful planning and be taught by experienced and skilled master trainers. Poorly prepared ToTs – in particular those that involve (a) future trainers without any previous experience in training or (b) future trainers with limited experience in the training content – tend to fail and may lead to poor or even harmful MHPSS outcomes. Thus, after a ToT, follow-up support should be provided to the future trainers and to their trainees, to achieve accuracy of training and quality of the aid response.

7. After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, as appropriate to the situation.

Supervision is important to try to ensure that training is actually put into practice. Many training efforts fail because of insufficient follow-up. All training seminars should be followed by continuing monitoring and follow-up training, field-based support, feedback and/or supervision. These follow-up activities should be properly planned before the start of any training. Follow-up can be provided by trainers or alternatively by experienced professionals, well-trained colleagues, a collegial network of peers or related professional institutions (as available). Close supervision is particularly essential for new field staff.

8. Document and evaluate orientation and training to identify lessons learned, to be shared with partners and to enhance future responses.

Key resources

1. Baron N. (2006). 'The "TOT": A global approach for the Training of Trainers for psychosocial and mental health interventions in countries affected by war, violence and natural disasters'. *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict, 4*, 109-126.
http://www.interventionjournal.com/index1.html
2. Jensen S.B. and Baron N. (2003). 'Training programs for building competence in early intervention skills'. In: *Reconstructing Early Intervention After Trauma.* Editors: Ørner R. and Schnyder U. Oxford University Press: Oxford.
http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html
3. Psychosocial Working Group (2006). CD of training manuals from numerous organisations. http://www.forcedmigration.org/psychosocial/
4. Sphere Project (2004). The Humanitarian Charter. *Humanitarian Charter and Minimum Standards in Disaster Response*. Sphere Project: Geneva.
http://www.sphereproject.org/handbook/index.htm

5. Van der Veer G. (2006). 'Training trainers for counsellors and psychosocial workers in areas of armed conflict: some basic principles'. *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict, 4,* 97-108.
http://www.interventionjournal.com/index1.html
6. Weine S. et al. (2002). *Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings.*
http://www.who.int/mental_health/resources/training_guidelines_for_trauma_inter ventions.pdf

ANNEX 2

(from the INEE *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction***)**

Access and learning environment standard 2: protection and well-being:

Learning environments are secure, and promote the protection and mental and emotional well being of learners

Key indicators (to be read in conjunction with the guidance notes)

- Schools and other learning environments are located in close proximity to the populations they serve (see guidance notes 1-2).
- Access routes to the learning environment are safe and secure for all (see guidance note 3).
- The learning environment is free from dangers that may cause harm to learners (see guidance notes 4-5).
- Training programmes for teachers, learners and the community are in place to promote safety, security and protection.
- Teachers and other education personnel are provided with the skills to give psychosocial support to promote learners' emotional well being (see guidance note 6).
- The community is involved in decisions concerning the location of the learning environment, and in establishing systems and policies to ensure that learners are safe and secure.
- The nutrition and short-term hunger needs of learners are addressed to allow for effective learning to take place at the learning site (see guidance note 7).

Guidance notes

1. *Proximity* should be defined according to local/national standards, taking account of any security problems or other safety concerns. Where distances are considerable, subsidiary (or 'satellite' or 'feeder') classes should be encouraged on sites nearer to their homes for those unable to travel any distance, such as younger children or adolescent girls.

2. *Security*: if the usual education premises are not available or insecure, then alternative sites should be selected which are safe and secure. Schools should not be used as temporary shelters by security forces.

3. *Access routes*: the state has the obligation to ensure security, and this security can relate to sufficient and good-quality policing and the deployment of troops, where appropriate and necessary. In order to enhance this protection and ensure that

access routes are safe and secure for all learners and education personnel (regardless of gender, age, nationality, race, ethnicity or physical ability), communities should discuss and agree on proactive measures, such as adult escorts. This can also be part of the community education committee agenda.

4. *Protection:* learners should be protected from dangers that may harm them, including, but not limited to: natural hazards, arms, ammunition, landmines, unexploded ordnance, armed personnel, crossfire locations, political and military threats, and recruitment.

   Students, especially minorities and girls, often become targets for abuse, violence, recruitment or abduction when going to and from school. In these cases students' security can be improved by a combination of community information campaigns and by having adults from the community escort them. In areas where students must walk back from school at night along poorly lit roads, their clothes or bags should have reflectors or reflective tape attached, or flashlight escorts should be arranged. When and where possible, women should be present on educational premises to reassure female learners. In addition, education programmes should include monitoring of the level of harassment experienced by girls and women.

5. *Non-violent classroom management*: intimidation includes, among other aspects, mental stress, violence, abuse and discrimination. Teachers should receive training in methods of positive classroom management to ensure intimidation does not occur. Corporal punishment should not be used or promoted.

6. *Well-being*: emotional and mental well-being should be understood in the full sense of what is good for a person: security, protection, quality of service, happiness and warmth in the relations between education providers and learners. The activities used to ensure learners' well-being should focus on enhancing sound cognitive development, solid social interactions and good health. Ensuring well being also contributes to learners' successful completion of a formal or non-formal education programme (see Appendix 1 on page 49 for a Psychosocial Checklist).

7. *Nutrition*: nutritional and short-term hunger needs should be addressed through school feeding programmes or other food security programmes outside the learning environment. If school feeding programmes are implemented, they should follow recognised guidelines used by other agencies, e.g. the World Food Programme (see Appendix 2 on page 51 for a School Feeding Programme Checklist).

Further References

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Inter-Agency Standing Committee. *IASC Guidelines on Mental health and psychosocial in emergency settings*. 2007.

International Rescue Committee. *Creating Healing Classroom: Guide for Teachers and Teachers Educators.* June 2006

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Kreidler, William. *Creative Conflict Resolution*. 2005.

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Morrison, Susie. *Self Care for Teachers*. UNICEF. 2007.

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UNICEF and partners. *"Psychosocial Module" Interagency Child Protection in Emergencies (CD-Rom).* 2007.

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UNICEF/International Medical Corps. *Psychosocial Manual*, Bali 2003.

UNICEF and the Ministry of National Education, Indonesia. *Psychosocial Module, Teacher Training Program for Teaching Learning Method for Teachers in Conflict Areas and Child Rights Socialization* (PPG Tertulis Bandung). 2003.

UNICEF. *Education for Conflict Resolution: A Training for Trainers Manual*. 1997.

UNICEF . Education in Emergencies (Draft). 2006

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Facilitator Guide

Day 1

Day 1: Introduction to Psychosocial Well-Being and the Impact of Children's Experiences in Emergencies

LEARNING OBJECTIVES

By the end of Day 1, participants will:
- □ Understand the basic concepts of child protection and well-being
- □ Understand the meaning and importance of psychosocial support and care
- □ Appreciate the range of experiences in emergencies and the possible effects of these experiences on adults and children

OVERALL GOAL OF TRAINING

To improve the psychosocial well-being of children exposed to emergency and post-emergency situations, enabling them to pursue or resume a healthy life through ongoing development.

PREPARATION FOR TRAINER

In preparation for Day 1, trainers will:
- □ Review the Objectives of the Training and adjust them according to the particular context
- □ Photocopy the Objectives of the Training
- □ Photocopy the Day 1 objectives
- □ Photocopy the handouts for Day 1 (Total = 6)
- □ Photocopy the pre-test

RESOURCES FOR TRAINING

- □ Facilitator Overview
- □ Facilitator Guide - Day 1
- □ Introduction exercises and ice-breakers
- □ Overheads and handouts
- □ PowerPoint presentations
- □ Stationery for participants
- □ White board and marker pens
- □ Flip charts, paper and pens
- □ Laptop computer and projector

DAY 1: AT A GLANCE			
Session	**Method**	**Resources**	**Duration**
Registration and Introductory Session	Instruction Group Participation	Facilitator Overview Facilitator Guide – Day 1 PowerPoint Presentation: Day 1 Objectives Pre-Test	0830 – 0930 1 Hour
SESSION 1: What is Well-Being?	Discussion	Guidance Notes 1 Handout 1.1: Domains of Well-Being Handout 1.2: Examples of the Interdependence of Basic Needs	0930 – 0945 45 Minutes
BREAK 0945 – 1015			
SESSION 2: Demystifying "Psychosocial"	Discussion	Guidance Notes 2 Handout 2.1: What is Psychosocial? Handout 2.2: Possible Impacts of Psychological Aspects on the Social World of the Child	1015 – 1100 45 Minutes
SESSION 3: What are Our Experiences, Those of Children, Families and Communities in Emergencies and Post-Emergency Environments?	Group Work Group Feedback and Discussion	Guidance Notes 3 Handout 3.1: Events and Experiences in Emergencies	1100 – 1230 1.5 Hours
LUNCH 1230 – 1330			
SESSION 3: What are Our Experiences, Those of Children, Families and Communities in Emergencies and Post-Emergency Environments?	Group Work Group Feedback and Discussion	Guidance Notes 3	1330 – 1400 30 Minutes
SESSION 4: How Did the Emergency and the Environment Afterwards Affect Your Well-Being, That of Children, Families and Communities?	Group Work Group Feedback and Discussion	Guidance Notes 4 Handout 4.1: Impact of the Emergency on Psychosocial Well-Being	1400 – 1500 1 Hour
BREAK 1500 – 1530			
SESSION 4: How Did the Emergency and the Environment Afterwards Affect Your Well-Being, That of Children, Families and Communities?	Group Work Group Feedback and Discussion	Guidance Notes 4 Handout 4.1: Impact of the Emergency on Psychosocial Well-Being	1530 – 1600 30 Minutes
RELAXATION EXERCISE	Group Participation	Relaxation Exercise 1: Physical Relaxation	1600 – 1615 15 Minutes
DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET? SELF-DIRECTED LEARNING EXERCISE EVALUATION FORM END SESSION AT 1700			

INTRODUCTORY SESSION:

Introductory Session			
Topic	**Method**	**Resources**	**Duration**
Registration	Instruction	Stationery for Participants	1 Hour
Welcome		Laptop Computer and Projector	
Introduction		White Board and Marker Pens	
Objectives of the Training	PowerPoint Presentation	Flip Chart, Paper and Pens	
Facilitator Overview: How to Use This Manual and an Overview of the Training	Instruction	PowerPoint Presentation: Day 1 objectives Facilitator Overview Facilitator Guide – Day 1	
Pre-Test	Group Participation	Registration Format Copies of Pre-Test	
Evaluation			
Exercise / Ice Breaker			

1. Registration

2. Welcome

3. Introduction

4. Objectives of the Training

Note: Be prepared to make changes if some participants have specific learning needs. Any changes should be beneficial to the entire group. Also, ensure that the final objectives are displayed throughout the training (on a board or wall). At the end of the training, participants will be able to evaluate whether the objectives have been met.

5. Facilitator Overview: How to Use This Manual and an Overview of the Training

6. Pre-Test
Distribute this 10-minute exercise to be completed and submitted by all participants. The exercise will be repeated at the conclusion of the training.

7. Evaluation

8. Exercise / Ice Breaker
Start with a warm up exercise. Use what is useful in your educational context. It should be fun and relaxing for participants.

SESSION 1: WELL-BEING

Session 1: Well-Being			
Topic	**Method**	**Resources**	**Duration**
Introduction: What is Well-Being?	Instruction Discussion	Stationery for Participants Laptop Computer and Projector White Board and Marker Pens Flip Chart, Paper and Pens PowerPoint Presentation 1 Handouts	45 Minutes
PowerPoint Presentation	PowerPoint Presentation		
Session Wrap-Up			

> **Objectives**
> At the end of Session 1, participants will be able to answer the following questions:
> □ What is well-being?
> □ What are the domains of well-being?
> □ Why is well-being important?

Guidance Notes 1

1. Introduction: What is Well Being?
First, ask participants to share their own understanding of the term *well-being*. If the training is not in English: what is the word in the participants' own language? What are the different meanings and nuances this word might have?

(Allow 5 to 10 minutes discussion on this topic before the PowerPoint presentation)

2. PowerPoint Presentation
Note: Although there are slides, try to engage participants in a discussion.

Show the first slide – an unlabelled diagram depicting the different domains which make up well-being. This diagram features empty circles, with the word "well-being" written in the centre.

Ask participants to think about the broad categories or "domains" of human needs that, when fulfilled, will contribute to well-being. Participants will probably come up with many different domains (and they would be right, because there are many different ways to group our broad areas of needs). Write these ideas down. Then, group them so that each belongs to one of the five broad domains outlined in the diagram.

Present the slide of the completed diagram. Distribute **Handout 1.1**.

Ask participants to give one or two examples of specific needs in each of the main domains. For example:

- □ *Social*: need for interaction with others; relationship with one's community, environment, or school
- □ *Material*: need for clothing and shelter
- □ *Emotional*: need to be loved; need to feel competent
- □ *Cognitive*: need for intellectual stimulation or learning
- □ *Spiritual*: need to have hope; need to make some meaning of one's life

One example under each domain is sufficient for now. We will revisit this exercise throughout the training. This session is an introduction to the concept of well-being.

Next, present the slide: *Fulfilment of Any Given Need Almost Always Has an Impact on Other Areas of Human Needs.*

Ask a participant to provide an example of this. If no one volunteers, provide your own example and ask again.

Distribute **Handout 1.2**, which recounts two short examples of the interactions between different needs.

Now ask participants to give one or two examples of activities or attitudes which would be conducive to well-being in some people and to stress or distress in others.

This should not take very long. This exercise is designed to sensitize participants to the idea that people (including children) and cultures may respond differently to the same intentions.

3. Session Wrap-Up
Ask the participants if they agree with the definition and explanation presented. Do they have anything to add? Would they like to modify some of the materials or objectives?

SESSION 2: DEMYSTIFYING "PSYCHOSOCIAL"

Session 2: Demystifying "Psychosocial"			
Topic	**Method**	**Resources**	**Duration**
Introduction: Demystifying "Psychosocial"	Instruction Discussion	Stationery for Participants Laptop Computer and Projector	60 Minutes
PowerPoint Presentation	PowerPoint Presentation Discussion	White Board and Marker Pens Flip Chart, Paper and Pens	
Session Wrap-Up		PowerPoint Presentation 2 Handouts	

> **Objective**
> By the end of Session 2, participants will demonstrate an understanding of the term "psychosocial."

Guidance Notes 2

1. Introduction: Demystifying "Psychosocial"
First, ask participants to describe their own understanding of the term "psychosocial."
If the training is not in English: what is the equivalent word or phrase in the participants' own language? What are the different meanings and nuances this word might have?

Allow 5 to 10 minutes discussion on the topic before the PowerPoint Presentation. This exercise can also be done in pairs or small groups.

2. PowerPoint Presentation
Present slides highlighting different aspects of psychological and social processes. Stress to participants that these processes are *interdependent, reciprocal, and mutually reinforcing.*

Distribute **Handout 2.1** to participants (to be read later).

On a flip chart, write a list of "psychological" and "social" factors and processes relevant to the children in your context.

Ask participants to give examples of interaction and interdependence between the psychological and social aspects outlined on the chart. You may need to add your own examples that reflect participants' specific contexts.

Distribute **Handout 2.2** to participants**.**

3. Session Wrap-Up
Summarize the main points of the session and ask participants if they have any questions or require any further clarification.

SESSION 3: WHAT ARE OUR EXPERIENCES, THOSE OF CHILDREN, FAMILIES AND COMMUNITIES IN EMERGENCIES AND POST- EMERGENCY ENVIRONMENTS?

Session 3: What are Our Experiences, Those of Children, Families and Communities in Emergencies and Post-Emergency Environments?			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Laptop Computer and Projector	2 Hours
Exercise: Experiences of Children, Families and Communities in Emergency and Post-Emergency Situations	Group Work Group Feedback and Discussion	White Board and Marker Pens Flip Chart, Paper and Pens	
Discussion Questions	Discussion	Handouts Blank Cards	
Session Wrap-Up			

Objective
By the end of Session 3 participants will be able to identify the common experiences of children, families and communities in an emergency.

Guidance Notes 3

1. Introduction

2. Exercise: Experiences of <u>Children</u>, <u>Families</u> and <u>Communities</u> in Emergency and Post-Emergency Situations

Objectives: To identify events and experiences that <u>children</u>, <u>families</u> and <u>communities</u> may endure during or after an emergency situation.

This will serve as the basis for subsequent discussion about the possible impact of these experiences on different individuals and groups.

Instructions: Divide the participants into groups of three. Assign each group to focus specifically on the experiences of <u>children</u>, <u>families</u> or <u>communities</u> in emergency situations. Ask participants (in their groups) to list examples of experiences that children, families and communities may endure in emergency. (For example: separation of family members, becoming a refugee, losing friends or livelihood, lacking food, witnessing destruction of homes and community infrastructure).

- ☐ At this stage **participants should not discuss the impact** of these experiences and losses. Encourage participants to think of **events and experiences** in the

different areas or domains we have already discussed.   Write one event or experience per card.

    □   Ask questions to verify that all participants understand the objective and process of this short exercise. Do not discuss yet the effects of the events and experiences identified during the exercise.

When all small groups have completed their lists, instruct each group to briefly present their findings to the rest of the participants. Have presenters post their cards under one of three columns:
    □   Experiences of Children
    □   Experiences of Families
    □   Experiences of Communities

Organise the cards by themes or categories. Only one card expressing the same experience will be posted.

Note: These discussions should be kept short. Groups should report experiences without discussing the impact, effects, or consequences of these experiences. This will be the theme of the next group work.

3. Discussion Questions
Have we left anything out?
    □   Emergency experiences of other groups in the community not identified: Vulnerable groups? Ethnic minorities? Adolescents? Working children? Others?
    □   Different experiences between genders: Boys and girls? Women and men?

4. Session Wrap-Up

SESSION 4: HOW DID THE EMERGENCY AND THE ENVIRONMENT AFTERWARDS AFFECT YOUR WELL-BEING, THAT OF CHILDREN, FAMILIES AND COMMUNITIES?

Session 4: How Did the Emergency and the Environment Afterwards Affect Your Well-Being, That of Children, Families and Communities			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Flip Chart, Paper and Pens	1.5 Hours
Exercise: Impact of the Emergency on Psychosocial Well-Being	Group Feedback and Discussion	Handouts	
Discussion Questions	Discussion	Blank Cards	
Session Wrap-Up			

Objective
By the end of Session 4 participants will be able to describe the impacts of an emergency on the psychosocial well-being of children, families and communities.

Guidance Notes 4

1. Introduction

2. Exercise: Impact of the Emergency on the Well-Being of <u>Children</u>, <u>Families</u> and <u>Communities</u>

Objectives: To identify and understand the impact (positive and/or negative) of experiences, events and losses on the psychosocial well-being of children, families, and communities.

Instructions: Divide the participants into groups of six. One-third of the small groups will discuss the impact and specific effects of the emergency, including the subsequent and present environment on the well-being of children; one-third will discuss the impact on the well-being of families; one-third will discuss the impact on the well-being of communities.
- □ Remind participants to think about impact in terms of the different domains of well-being discussed earlier.
- □ Instruct each group to write one effect or consequence per card, and to group effects that belong to the same domain of well-being.
- □ Ask questions to verify that all participants understand the objective, the process and the expected output of this exercise.

Instruct each small group leader to place the group's cards on the wall. When possible, organize the cards according to the domains of well-being identified in Session 1.

Have someone read all the cards out loud. As a group, discuss whether any important effects have been missed. Ask questions to try and get participants to come up with these missing impacts. Add and explain any critical impacts that may still be missing.

Guide a discussion on the possible causes and effects of these impacts. Consider both short- and long-term effects.

3. Discussion Questions
Have we left anything out?
- □ Emergency experiences of some other groups in the community: Vulnerable groups? Ethnic minorities? Widows? Working children? Others?
- □ Different effects for different groups in the community: Socio-economic? Religious? Boys and girls? The elderly?

4. Session Wrap-Up
Ask participants what they have learned from this exercise. Invite participants to ask questions or request clarification.

RELAXATION EXERCISE 1: PHYSICAL RELAXATION

This relaxation technique is very good for children and adults who are physically and emotionally stressed. It is also very good for children who cannot relax. It requires concentration and teaches children skills they can implement at home when they are angry, tired, sad, studying for tests or otherwise stressed. It is a simple and effective technique for general relaxation. The second part of the relaxation exercise is a visual exercise that we will practice Days 3 and 4. On Day 5 we will join the physical and visual exercises together.

Make sure the environment is quiet and relaxing. Ask participants to sit or lie comfortably on the floor or on a chair. Feet should be placed on the ground; hands should be placed on the lap. Participants should not have anything in their hands, make sure clothing is comfortable, and remove glasses or anything that will cause discomfort.

Recite the following instructions:

1. Close your eyes. Relax.

2. Slowly move your shoulders up and down.

3. Slowly move your neck around in circles. (Anyone with a neck problem should do this very slowly). Rotate in one direction.   Rotate in the other direction.

4. Move your shoulders again – this time, from front to back. Move slowly. Up and down, front to back.

5. Begin the neck rotation again, very slowly.

6. Slowly move your trunk (middle body) to one side and then to the other. Don't strain your body. Move gently and slowly. Make sure that your back is straight, but comfortable.

7. Move your toes up and down. Lift one foot slightly and move the ankle up and down. Repeat with the other foot. Move your leg forward and stretch the leg. Repeat with the other leg.

8. Move the hands in slow circles, one hand at a time.

9. Take a slow, deep breath. Repeat this 12 times. Breathe in through your nose and out through your mouth. Sit up straight.

10. Move your shoulders once again in rotations; then move your neck; then shake the hands; then move your toes and legs. Open your eyes. Take two slow, deep breaths.

11. Ask: "How do you feel?"

DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET?

Review the Day 1 objectives, which should be displayed for the duration of Day 1.

By the end of Day 1, participants will:
- ☐ Understand the basic concepts of child protection and well-being.
- ☐ Understand the meaning and importance of psychosocial support and care.
- ☐ Appreciate the range of experiences in emergencies and the possible effects of these experiences on adults and children.

Did we meet all of these objectives? Ask the participants for their opinion. If these objectives were not met, what parts of the training were not understood?

(You may want to spend a little time discussing any points which were not understood)

SELF-DIRECTED LEARNING EXERCISE

Provide an explanation of what is expected of participants with respect to the self-directed learning exercise. This exercise will take approximately 30 minutes to complete. Participants will bring back and turn in their work the following morning. This work will be used again on Day 5. Ask the participants to be honest in their responses, as these will form the basis of future work plans.

EVALUATION

Distribute evaluation forms. Collect completed forms from participants at the end of Day 1. Evaluations will be repeated daily.

Day 1

Exercises and Handouts

Warm-Up Exercise – Day 1

Use this warm-up exercise to encourage participation and well-being.

Give each participant paper and a pen. Participants will require five minutes to complete the exercise.

Dialogue: *Most people know one person they admire and respect who is either alive or deceased. Sometimes these people are called heroes. We often seek to model our lives on their traits, deeds and beliefs. This could be anyone – a relative, a friend, or someone else you admire.*

Examples may include:
- □ Father, mother, sister, brother, child, aunt, uncle, friend, colleague, religious leader, etc.
- □ Mahatma Gandhi
- □ A Head of State
- □ Movie Stars

Dialogue: *I would like you all to take five minutes to write down three things about this person that you admire and respect. In other words, think about the really good qualities that make you think this person is worthy of admiration.*

Do not assist or say anything else. Just keep repeating the same thing: *Qualities you admire in this person.*

Dialogue: *I also want you to write down who this person is.*

After five minutes ask everyone to stop writing. Ask each participant to tell the group the three traits he or she admired in that person. Who is that person?

Dialogue: *Do you know the reason why we are doing this exercise?*

Silence? Explain the objective of the exercise.

Dialogue: *Qualities you can see in others are often qualities and traits within you. In other words, you are describing yourself and who you want to be in life. You possess the qualities you wrote down, because you can recognise them in others.*

Handout 1.1: Domains of Well-Being

Biological

Emotional (Psychological and Spiritual)

Material

Well-being*

Cognitive (Knowledge and Skills)

Social (Including cultural)
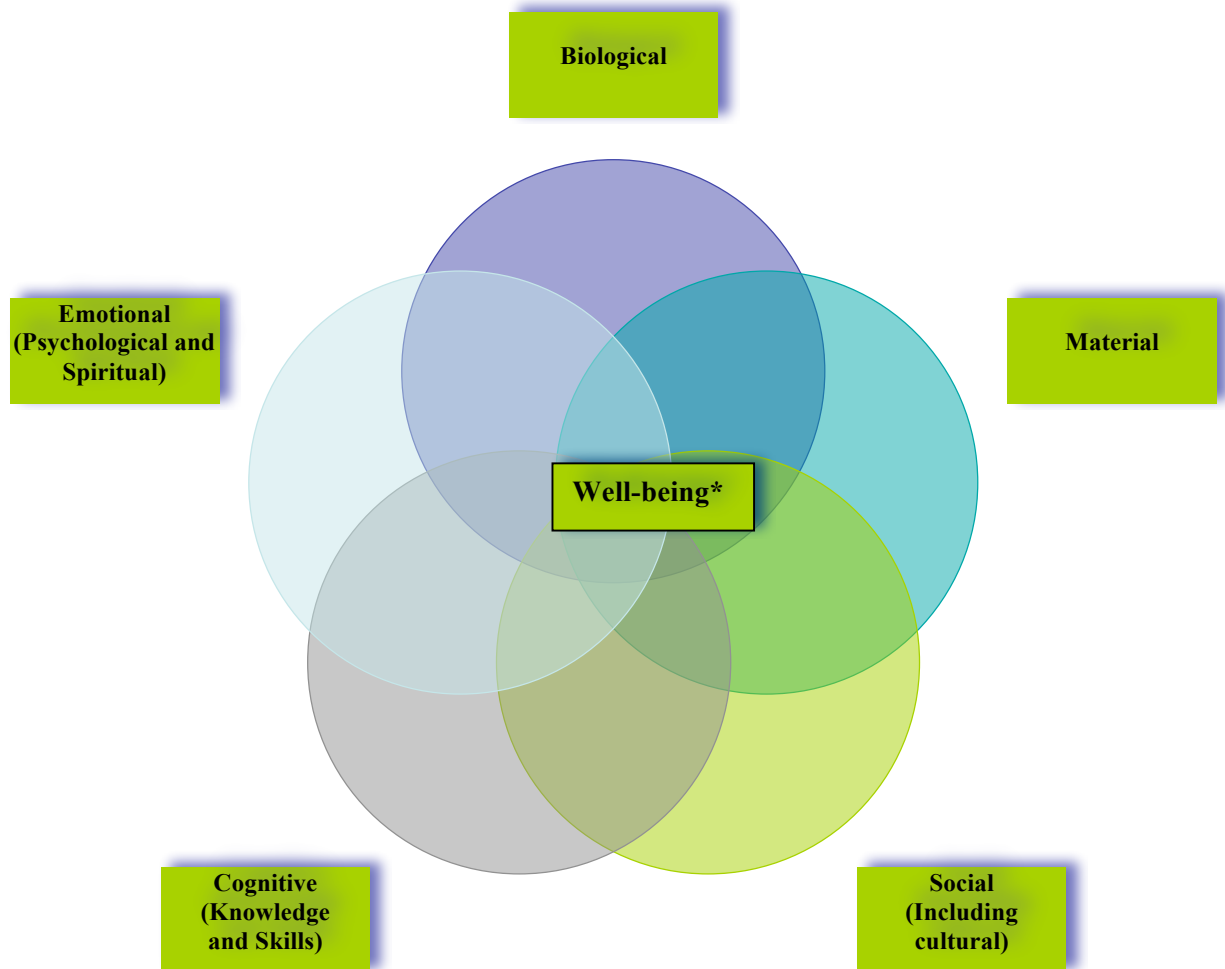
Includes security

(Source: Extracted from Williamson, John and Malia Robinson. (2006) "Psychosocial programs or programs aimed at general well-being? " *Intervention, the International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, vol. 4, no.1 (Spring 2006): 4-25.

Handout 1.2: Examples of the Interdependency of Basic Needs

Example #1

- ☐ My house is destroyed; my *material need* for shelter is no longer met;

- ☐ I feel very sad; my *psychological need* to feel happy is unfulfilled;

- ☐ I may be so unhappy that I will stop going out to meet my friends; my *social needs* for interaction and relationships will be left unattended;

- ☐ I begin to feel hopeless and stop going to my place of worship; my *emotional* and *social* needs to belong to a community and interact with its members as well as *spiritual* needs are not met;

- ☐ I may constantly think about my lost house *(cognitive* process), and feel so anxious and depressed (*psychological/emotional* processes) that my stomach will be upset and I will stop eating regularly; then my *biological needs* will then not be met;

- ☐ I will become weak (*physical* consequences) and will start worrying that I have fallen ill (*psychological* effect) and will no longer have the *physical* strength to go to work;

- ☐ Without an income, my *material needs* will not be met…

Example #2

- ☐ A school is re-built after a long war in which many schools were destroyed;

- ☐ The school fulfils children's needs for *cognitive* and *intellectual* stimulation and achievement (*mental/psychological needs*);

- ☐ Studying will enable the children to feel competent and more self-confident (*emotional needs*);

- ☐ It will also provide them with opportunity to interact with peers and thus fulfilling *social needs*…

Handout 2.1: What is Psychosocial Well-Being?

It is important to understand and agree upon the concept of **psychosocial well-being**. Psychosocial well-being is a complicated term for a simple idea – an idea that we all know and understand.

In this training, we will use the term **well-being** to refer to a state of feeling good, satisfied, and able to function in daily life.

> *The word **psychosocial** refers to a person's psychological and social world. It implies that these two worlds are **interrelated** and **interdependent**, and are continually interacting with and influencing each other.*

Psychological processes include thoughts, emotions, feelings and behaviours. These have a significant impact on a person's social world, including their relationships, environment, community, and culture. The psychological processes are also greatly influenced by the social environment, such that these two aspects of every individual are closely interconnected.

While the concept of well-being seems fairly simple, achieving a state of psychosocial well-being is complex. Psychosocial well-being depends on many elements and on the fulfilment of a range of different needs, including:

- □ Biological (food, water, health/medical care)
- □ Material (shelter, clothes)
- □ Social (relationships, community, basic services)
- □ Psychological (emotional, cognitive, personal competence, ability to learn)
- □ Spiritual (sense of meaning and purpose)
- □ Safety

Just as "psychological" and "social" processes in human beings are interrelated and interdependent, most of our needs are also interrelated. When one important need is met (or not), this can affect all other aspects of life.

Handout 2.2: Possible Impacts of Psychological Aspects on the Social World of the Child

Psychological Processes	Possible Social Impact
After witnessing the killing of his brother, Jon is so shocked that he no longer wants to talk to anyone.	
There has been so much communal fighting that trust between neighbours is gone.	
9 year old Zainab is extremely angry because her father has remarried another woman after her mother died in the war.	
Karin feels ashamed because at age 10 she cannot read and write.	
Jamie, 9 years old, is so shocked by the violent armed attacks on his neighbourhood that he cannot concentrate in school.	
13 year old Salima keeps fighting and hitting other children during school breaks.	
Charles never stops thinking and telling himself that he is incompetent in school.	

Events and Processes	Possible Psychological (and Further Social) Impact
After losing her parents in the war, 12 year-old Samantha is forced to go to work and drops out of school.	
The village school has been destroyed in the bombing.	
The village has fled during the attack, and only a few members arrived safely in the refugee camps.	
At 14 year-old, Mila has to take care of younger siblings because her parents are dead and all their relatives have fled.	
A new school has just been opened in the refugee camp and 9 year-old Ibrahim was enrolled.	
9 year-old Dieudonné's aunt has just found him in an orphanage and has taken him home.	
13 year-old Samuel is part of a football team and plays three times a week.	
11 year old Alimi's town and mosque have been destroyed and the mullah has fled.	

Handout 3.1: What are the Experiences of Children, Families and Communities in Emergency and Post-Emergency Environments?

Each experience in an emergency is different. Although emergencies may be short-lived, they may have a severe and long-lasting impact; emergencies can also be chronic, lasting many years. Armed conflicts can be the result of fighting between people from the same communities or countries; they can also be the result of another county invading. Natural disasters can devastate a small part of a country or a large part of a country. There are many scenarios.

Below are some possible experiences. Look at them and think about whether they apply to you or anyone you know. If these experiences do not apply to you, is it possible that they apply to children in your school who come from places of war or natural disaster? How much do you know about their histories, the places they left, their stories and the lives of their families and communities? What did they experience? What have you seen, read, heard, discussed or guessed?

Examples of some possible events or experiences in emergency:

Witnessing or hearing about extreme violence
- □ Armed attacks on a village
- □ Attacks on schools
- □ Bombing of an area or town
- □ Rape of women, young girls, or boys
- □ Abduction of children (for example, by armed groups who turn them into combatants, or for other reasons)
- □ Abduction of women or men

Witnessing or hearing about deaths of specific people by accidental or wilful killing
- □ Parents, siblings, other family members, friends
- □ People of significance for the community: religious leaders, teachers, community leaders
- □ Other civilians: by different means (shooting, burning, etc.)
- □ Killing, maiming or torturing by people from one's own country or community versus by strangers – foreign armed group or force

Witnessing or hearing about destruction or collapse of
- □ Schools
- □ Religious building
- □ Marketplaces
- □ Health posts or hospitals

- ☐ Bridges or other monuments of significance for the community
- ☐ Local or national government
- ☐ Army

Destruction or theft of personal property
- ☐ Crops and livestock
- ☐ Workshops and tools, machines or raw material (for livelihood)
- ☐ Personal belongings
- ☐ Homes

Events and experiences of displacement
- ☐ Fleeing: Under different circumstances (describe in your own emergency context)
- ☐ Becoming a displaced person
- ☐ Becoming a refugee

Experiences and length of physical hardship
- ☐ Injured or exhausted but having to continue walking or fleeing
- ☐ Without sufficient food or water to drink
- ☐ Without blanket or shelter
- ☐ Without clothes, soap and water to wash
- ☐ Living in crowded conditions, with many other families or without any privacy
- ☐ Lack of adequate sanitation facilities (latrines)

Note: Ensure that all participants feel psychologically safe and comfortable before, during and after these kinds of sessions. When someone has personally experienced a war, conflict or disaster, discussions about their experiences can trigger pain and memories. As a result, participants may not feel good or may feel uncomfortable about disclosing or talking about their experiences to others.

Before proceeding, check with participants to determine who has been in a war, conflict situation or natural disaster. Ask whether these participants are comfortable disclosing this information. **Never force participants to disclose their experiences if they do not want to.** Ask what they would prefer to do during this session, and allow these people to sit back instead of participating if this will help. This information will give you an indication as to which participants may have problems during this session. Watch these people during the session to ensure they are alright. Ask participants to see you at the break or at the end of the day if they feel that the session has caused problems.

Handout 4.1: Impact of the Emergency on the Well-Being of Children, Families and Communities

The impact of an emergency on children, families and communities can be devastating. An emergency affects every domain of an individual's life and community: physical, mental, social, psychological, and spiritual. There may also be profound environmental impacts. The nature, severity, duration and consequences of the impact depend on a multitude of factors.

Children and adults have common physical, emotional, psychological and social reactions to violent events and sudden losses. These reactions may include the following:
- Shock, fear, terror or anxiety
- Sadness, crying or shaking
- Shortness of breath, palpations, general physical weakness
- Headaches, stomach-aches or other physical symptoms
- Withdrawn, not feeling like going out or talking to people, or playing with friends
- Regression to an earlier stage of development (for example, a 6-year old may cling to her mother all the time, go back to sucking her thumb and wetting her bed at night)
- Nightmares (and screaming in the middle of the night)
- Anger or aggression, fighting with other children
- Lack of concentration in school (due to violent images)
- Lack of joy (rarely smile or play with other children)

All these reactions are normal. Children who have experienced abnormal situations and events will have reactions to those events. Not all children react the same way to the same events and experiences; some children may exhibit signs of acute stress, while others may not.

For most children, **meeting basic physical, emotional and social needs will help** these reactions slowly disappear over the next few weeks or months. A few children (for reasons we will discuss later) will not move through this stage of adjustment and their stress will continue to be exhibited. Only these children can be said to have been "traumatised" by the emergency. Their number in any given emergency is small, but these children are in severe psychological and social distress and need assistance. Teachers need to ensure that these children are identified and referred for to professionals who can assist them.

It is important to recognise the short- and long-term effects of stress on children. Many people call this *trauma*, however for this training we are going to call the psychological effect upon adults and children as either acute stress or stress. *(See reading material at the end of Day 1)*

Acute stress can persist without intervention from a professional. If the child continues to show the symptoms described above, then they should seen by a professional mental health worker. This does <u>not</u> mean the child is mentally ill; children sometimes need help to make sense of what they have witnessed, felt and thought. In the absence of intervention, symptoms like nightmares or bed-wetting may continue into the future, often without adults knowing why it is happening.

What are the differences between a child's *reactions* to stress and long-term *consequences* of these events? Consider the following examples:

1. If a child witnessed the burning of his or her school, the child may:
   - Become fearful or anxious
   - Experience flashbacks of the attack or nightmares
   - Withdraw from activities and not want to go to a new school

2. If the family of a 10-year old girl is killed, her reactions may include terror, severe nightmares, and withdrawal behaviour, perhaps until friends and other family members manage to comfort her, and support her to re-engage in life activities.

   The consequences of becoming an orphan can be that she does not experience parental love, care and protection. All children need these elements for healthy development. The child is further at risk of abuse, including sexual abuse. She may be taken in by another, unrelated family that may exploit her for her labour, and neglect to meet her basic needs for nutrition, education and health care. She may be treated very poorly compared the family's own children and interpret this to be a reflection of her own lack of self-worth.

3. If children are forced to flee their destroyed homes and communities after a severe earthquake or bombing, they are likely to become fearful and jumpy whenever they hear a rumbling or thumping noise. Younger children may start clinging to their mothers, never being able to be alone without screaming. Siblings may start fighting with each other.

   The long-term consequences of the loss of home, property and economic livelihood may lead to poverty. Children may have to go to work to assist in meeting their families' basic needs, thus losing the opportunity for an education. If the father has been killed, or has left to seek employment, the mother and teenage daughters may be forced to live in crowded shelters where they are at risk of sexual violation.

In sum: Many children in emergency situations are forced to cope with the loss of physical, emotional and social supports; some will lose family members, friends, peers, the community, school, teachers and support persons in their lives. The significant and long-term consequences for many children are not the result of being "stressed," but rather the loss of those aspects of their lives that they consider to be "normal," and that are key to their protection and healthy development.

Homework - Day 1

Name: _____

Position: _____

Please complete this homework exercise. Return your work to the facilitator on Day 2. Try to be as honest as possible in your responses. Future work plans will be built on your assessment of the needs. Your work will remain confidential unless you choose to share this information with the group.

Suggested timeframe: 20 to 30 minutes

Objective: Participants understand the meaning of interdependence of psychosocial care.

Outcome measure: Participants can provide and understand an example of each of the 6 areas of interdependence in psychosocial care.

Safety in the classroom and school is the first priority in terms of the meeting the well-being of a child. What determines safety in your school and classroom? Think about this question. What do you do to ensure the well-being and safety of all children in your care?

1. For each of the following categories, give one example of something you do to ensure that all children are safe in your classroom (or school).

1. Biological: _____

2. Material: _____

3. Social: _____

4. Psychological: _____

5. Spiritual: _____

2. For each of the following categories, give one example of something you **cannot** do to ensure the safety and well being of children in your classroom (or school).

1. Biological: _____

2. Material: _____

3. Social: _____

4. Psychological: _____

5. Spiritual: _____

To be completed and returned by Day 2

Stress - reading material

The normal stress response

Some degree of tension is normal in everyday life. A feeling of tension can motivate us to get things done and to perform at our best. Stress reactions that cause a feeling of distress are also common. People with too much stress have feelings of tension, anxiety and physical arousal such as muscle tension, sweating, and trembling. The brain has nervous pathways that prepare the body for action when there is stress. These pathways, particularly the sympathetic nervous system, release chemicals like noradrenalin that increase heart rate, make breathing shallow, increase sweating and prepare the muscles for rapid action. Other chemicals (hormones such as cortisol) are also released into the blood to prepare the body for physical challenges. These reactions allow us to respond quickly and effectively to danger. If too many chemicals are released for too long, the body reactions become unpleasant and distressing.

Abnormal responses to stress

If tension becomes too severe, our performance can be impaired. The effects of severe stress can be *mental* (feeling worried, distressed, fearful, uncertain or troubled, having difficulty concentrating or performing duties), *physical* (headaches and other pains in the body, feeling tired, weak or aroused, with rapid heart rate, sweating excessively, shaking), and/or *behavioural* (looking worried, becoming irritable or angry for no reason, becoming withdrawn, etc.). If the stress reaction goes on too long then the body and mind become exhausted and negative symptoms arise that result in poor functioning and disability.

Causes of stress

External events: Life experiences such as the death of a loved one or exposure to extremely threatening events (trauma) or abuse are important causes of stress. In places of conflict, disaster and war, these stresses are common. In other instances, stress reactions may be a response to one or more daily pressures such as unemployment, financial difficulties, family problems and physical illness. So, the combined effects of past violence and the socio-economic pressures of underdevelopment can exert stress on the population as a whole. Conflict situations relating to life cycle challenges, for example where a young woman is unhappy with an arranged marriage, can also lead to stress reactions.

Personal vulnerability: Some people may be more prone to stress reactions because of their genetic make-up. These people may always be a bit nervous, emotional or sensitive. Some types of anxiety, such as panic disorder, have a strong genetic basis. Early upbringing such as poor parenting or an unstable home life can leave persons vulnerable to later stress reactions.

Physical illness: Medical conditions can lead to stress in several ways. People who are sick experience the stress of pain, disability and not being able to perform their usual duties. Also, some physical illnesses can lead to mental changes that are similar to symptoms of anxiety. For example, thyroid disease, chronic infections, low grade fevers, malnutrition, other metabolic disorders and epilepsy can lead to symptoms like

tiredness, irritability, poor concentration and nervousness. In each patient in whom a stress reaction is suspected, underlying physical illness should be considered.

Individual and cultural ways of showing stress

The stress response can manifest in many different ways. Some people may show obvious signs of mental or behavioural stress or complain actively about symptoms, but others may keep their distress hidden with others only noticing some changes in their behaviour (for example, becoming withdrawn or more irritable). People with stress reactions often present to general health clinics with physical symptoms such as headaches, other aches and pains, weakness, tiredness or other symptoms. They may complain that they cannot sleep properly or are having trouble concentrating. Whenever children or adults complain of vague physical symptoms or where a specific medical diagnosis cannot be made, the possibility of an underlying stress reaction (or other psychiatric disorder) should be considered and investigated.

There also may be culturally specific ways of responding to stress. For example, in some settings, people may show extreme but short-term reactions such as losing their memories, wandering about aimlessly, appearing to be paralyzed or unconscious or becoming extremely violent for short periods, all in response to overwhelming stress. Some people may feel that a spell has been cast on them or that black magic has been used to make them weak. Others may think the person is possessed by spirits or is being punished for past bad deeds. In Western countries, these reactions may be regarded as "dissociative" or "hysterical" stress reactions

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Symptoms of Stress
Mental/Emotional
1. Worry most of the time
2. Fear
3. Quickly upset
4. Expecting bad things to happen
5. Thinking about the same worry over and over again
6. Mind racing with many different worries
7. Never feeling at peace
8. Nervous
9. Not able to be reassured or calmed down
10. Irritable
11. Fear of sickness, dying or going mad when not true
12. Poor concentration

Physical (where medical check finds no underlying medical illness)
1. Sweating
2. Rapid heart beat
3. Difficulty getting enough air when breathing
4. shaking
5. sudden pins and needles in hands and feet
6. stomach churning
7. nausea, diarrhoea
8. headache

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9. dizzy, funny feelings in head
10. Weak, no energy, tired all the time
11. Feels like choking or can't swallow
12. Feel sick with no physiological cause

Behavioural
1. Looks worried, scared, frightened
2. Rushes around a lot trying to do too much.
3. Frustrated.
4. Restless, fidgety, can't sit still
5. Dilated pupils
6. Constantly checking for danger, hyper-aroused
7. Talks quickly
8. Seeking reassurance all the time
9. Irritable or gets more angry than usual
10. Gets upset easily by small things
11. Can't enjoy things
12. Avoids social gatherings, going out, or specific places or things
13. Keeps warning others such as children to be careful

Short-term and long-term stress reactions
It is important to distinguish between acute stress reactions that occur in response to an obvious life experience, and conditions that are likely to become chronic and disabling. Examples of acute stress reactions in response to difficult experiences include the death of a family member, loss of a job, an accident or illness. Short stress reactions can be expected to resolve naturally or with some brief counselling and support. When stress reactions become chronic or disabling, the adult or child should be referred to a doctor.

Reference: Adapted from the East Timor National Mental Health Programme 2002.

Facilitator Guide

Day 2

Day 2: Coping with Emergencies: Towards Recovery

LEARNING OBJECTIVES

By the end of Day 2, participants will:
- □ Understand identified coping styles and strengths within children and the self
- □ Understand basic concepts of "coping" and "resilience" in children
- □ Understand basic principles of child development and how these affect children in an emergency situation
- □ Understand the importance of self, family and community in recovery

PREPARATION FOR TRAINER

In preparation for Day 2, trainers will:
- □ Photocopy the Day 2 objectives
- □ Photocopy handouts for Day 2 (Total = 4)

RESOURCES FOR TRAINING

- □ Facilitator Guide - Day 2
- □ Introduction exercises and ice-breakers
- □ Overheads and handouts
- □ PowerPoint presentations
- □ Stationery for participants
- □ White board and marker pens
- □ Flip charts, paper and pens
- □ Laptop computer and projector

DAY 2: AT A GLANCE			
Session	**Method**	**Resources**	**Duration**
Registration and Introductory Session	Instruction	Facilitator Guide – Day 2 PowerPoint Presentation: Day 2 Objectives	0830 – 0900 30 Minutes
SESSION 5: How Do Adults and Children Cope in an Emergency and Begin to Recover?	Group Work	Guidance Notes 5 Handout 5.1: Instructions for Group Work A: Adult Coping and the Path to Recovery Handout 5.2: Instructions for Group Work B: Child Coping and the Path to Recovery	0900 – 1000 1 Hour
BREAK 1000 – 1030			
SESSION 5: How Do Adults and Children Cope in an Emergency and Begin to Recover?	Group Feedback and Discussion		1030 – 1130 1 Hour
SESSION 6: Resilience and Coping	Discussion	Guidance Notes 6 Handout 6.1. How Can We Strengthen and Develop Resilience in Children? PowerPoint Presentation 6: Let's Talk About Resilience	1130 – 1230 1 Hour
LUNCH 1230 – 1330			
SESSION 7: Stages of Child Development and Psychosocial Needs	Discussion Group Feedback and Discussion	Guidance Notes 7 PowerPoint Presentation 7: Stages of Child Growth and Development Handout 7.1: Stages of Child Development and Psychosocial Needs	1330 – 1500 1.5 Hours
BREAK 1500 – 1515			
SESSION 7: Stages of Child Development and Psychosocial Needs	Group Feedback and Discussion	Guidance Notes 7 Guidance Notes 8 (See Day 3)	1515 – 1615 1 Hour
RELAXATION EXERCISE	Group Participation	Relaxation Exercise 1: Physical Relaxation	1615 – 1625 10 Minutes
DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET? EVALUATION FORM END SESSION AT 1700			

INTRODUCTORY SESSION:

Introductory Session			
Topic	Method	Resources	Duration
Registration	Instruction	Stationery for Participants	30 Minutes
Welcome		Laptop Computer and Projector	
Introduction		PowerPoint Presentation: Day 2 Objectives	
Day 2 Objectives	PowerPoint Presentation		
Exercise / Ice Breaker	Group Participation	Facilitator Guide – Day 2	

1. Registration

2. Welcome

3. Introduction
Collect the Self-Directed Learning Exercise (from Day 1).

Provide feedback from Day 1 evaluation. Ask if there are any "burning questions" from yesterday's training. Allow time for a brief discussion.

4. Day 2 Objectives
After a short discussion to cover the Day 2 objectives, provide a brief overview of the training for Day 3.
   □ Note: Be prepared to make changes if some participants have specific learning needs. Any changes should be beneficial to the entire group. Also, ensure that the final objectives are displayed throughout the training (on a board or wall). At the end of the training, participants will be able to evaluate whether the objectives have been met.

5. Exercise / Ice Breaker
Start with a warm up exercise. Use what is useful in your educational context. It should be fun and relaxing for participants.

SESSION 5: HOW DO ADULTS AND CHILDREN COPE AND RECOVER PSYCHOSOCIAL STRENGTH?

Session 5: How Do Adults and Children Cope and Recover Psychosocial Strength?			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Stationery for Participants	
How We Cope and Our Path to Recovery	Group Work	Laptop Computer and Projector	
Report and Discussion	Group Feedback and Discussion	White Board and Marker Pens	2 Hours
Session Wrap-Up		Flip Chart, Paper and Pens Handouts Blank Cards	

> **Objective:**
> By the end of Session 5, participants will be able to identify coping styles and strengths within children and themselves.

Guidance Notes 5
The aim of this session is to engage participants fully in thinking about, articulating and discussing their knowledge of coping and resilience. Participants will be encouraged to share their observations and understanding of the elements, factors and processes. For that reason, the introduction to Session 5 will be brief.
In group work, participants will be asked to identify, discuss, and report how they think adults and children can cope with and recover from severe adversity. This topic, as a concept, will be presented in-depth in Session 6.

1. Introduction
Provide a short introduction. Your introduction might include a few simple questions:
"We have discussed the impact of emergency and extreme adversity on adults and children. We have heard how much damage adversity can inflict on psychosocial well-being. Now let us consider whether people can cope – and even heal – from the most terrifying experiences. If so, <u>how</u> do they cope and recover?
What do you think? Look around you, think about people you know, think about children who have gone through very difficult times or suffered great losses. Do you think they are functioning and able to engage in their lives?"

(Allow 5 minutes for discussion)

2. Group Work: How We Cope and Our Path to Recovery
Divide the participants into two groups.

One group should be further divided into small groups (maximum five per group).
They will work on **Group Work A: Adult Coping and the Path to Recovery**.

The other group should also be divided into small groups (maximum seven per group). They will discuss **Group Work B: Child Coping and the Path to Recovery**.

Distribute **Handouts 5.1 & 5.2**. Ask two participants to read the handout to their peers. Verify, by asking questions, that everyone understands the objectives and the process of this exercise

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Group Work A: Adult Coping and the Path to Recovery

Objectives
1. To identify how adults stay strong and are able to maintain or regain some emotional well-being and functioning when faced with extreme adversity.
2. To understand how to apply this knowledge to support the self, adults and children.

Instructions
1. Divide participants into small groups (a maximum of 5 per group is best for this sensitive group exercise).
2. Group members will reflect on their own personal experience and try to identify how they stayed strong and/or recovered after a period of emotional stress or difficulty.
3. Although the aim of the exercise is to focus on the coping and recovery processes, it may nevertheless be an emotionally difficult exercise. Each group will ask if two or three members are ready to volunteer their own story. (Another way to do this is not to reveal the event/story itself, but only the recovery process.)
4. Participants should only share as much as they feel comfortable sharing.
5. Each process identified as contributing to coping and recovery will be written on a large piece of paper (per group)

Utilise the 5 domains of well being
- Biological
- Material
- Social
- Cognitive (knowledge and skills)
- Emotional (psychological and spiritual)

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Group Work B: Child Coping and the Path to Recovery

Objectives
1. To identify how children stay strong, cope or recover.
2. To understand how to apply this knowledge to support ourselves, adults and children.

Instructions
1. Divide participants into small groups (a maximum of 7 per group).
2. Two to three group members will volunteer a case history of a child they know very well and who has suffered extreme stress or difficulty.
3. They will identify specific psychosocial support they think the children received throughout, thinking about all the domains that build and constitute psychosocial well-being.
4. Those who volunteer the case histories will make sure to give enough details about the child's life, family and community to permit identification of coping factors.
5. The members who do not know the children will ask questions, and will also volunteer specific examples of their own, to illustrate some of the points made in the group.
6. Each process identified as contributing to coping and recovery will be written on a large sheet of paper by each group

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3. Report and Discussion
Each group will ask a team member to stand up and report their findings. Repeatthis exercise for children after all groups have discussed their findings.
- □ The title should reflect "Building Blocks for Coping and Recovery"
- □ There are many things which help us cope (for example: relationships, spirituality, love and caring, culture, opportunity for building skills, security)

Utilise the 5 domains of well being
- Biological
- Material
- Social
- Cognitive (knowledge and skills)
- Emotional (psychological and spiritual)

Adult Coping
Give plenty of time for the debriefing and discussions of these groups' members, as the exercise may have revived painful memories in some participants. These participants

may need support from other participants or from the facilitator. If they want to talk, they must be given time and attention.

Ask participants in the adult exercise how they felt about the exercise. Was it easy, difficult, or painful? Do those who volunteered a story have anything to say? Allocate plenty of time for the group members who shared their story of coping and recovery to talk, if they want to. There is no obligation to share, and these group members should not be encouraged to tell the story of their difficult experiences.

Summary of exercise:
Give participants an opportunity to say what they learned from this exercise.
Ask the participants what remains unclear. Are some participants confused or dissatisfied with the exercise? If so, can they tell us why?

(Try to give a 10-minute break before report and discussions of the groups on child coping)

Child Coping
- □ Ask the group leader for each of the Children's groups to read their comments from the paper.
- □ Ask for groups' volunteers to tell briefly how they reach this conclusion.
- □ Facilitate a discussion.

Summary of exercise
- □ Give participants an opportunity to say what they learned from this exercise.
- □ Ask the participants what remains unclear. Are some participants confused or dissatisfied with the exercise? If so, can they tell us why?

4. Session Wrap-Up

SESSION 6: HOW CAN WE STRENGTHEN AND DEVELOP RESILIENCE IN CHILDREN?

Session 6: How Can We Strengthen and Develop Resilience in Children?			
Topic	**Method**	**Resources**	**Duration**
Introduction PowerPoint Presentation	Instruction PowerPoint Presentation	Laptop Computer and Projector White Board and Marker Pens Flip Chart, Paper and Pens PowerPoint Presentation 6 Handouts	1 Hour
How Can We Strengthen and Develop Resilience in Children?	Discussion		
Session Wrap-Up			

Objectives
By the end of Session 6, participants will understand the basic concepts of coping and resilience in children.

Guidance Notes 6

1. Introduction
Introduce the subject of resilience and coping. Congratulate participants for the ideas they generated in their group work in Session 5. Many of the coping elements that participants identified in their group work relate to "resilience."

Provide a brief introduction to the PowerPoint presentation. You may want to incorporate some of the following ideas:

"The following PowerPoint presentation will help organise these different elements. This will help us to understand which elements may be the most important for a particular situation.

"Even as emergencies have the potential for severely damaging the psychosocial well-being of children, children have the capacity to cope with adverse experiences. This ability to cope is called resilience.

"Children do not cope alone, and all children need special support and attention. However, some children cope better than others do. In the following sessions, we will look at what experience and research tell us about resilience and the different ways that children cope. We will try to understand some of the words and concepts that we can use to help children through the processes of coping and recovery. We will also discuss how differences in children, such as gender and age, can affect children's individual needs and reactions."

2. PowerPoint Presentation

3. How Can We Strengthen and Develop Resilience in Children
Ask questions to facilitate a discussion that links resilience and coping to the previous work on the building blocks of well-being and the different needs and domains of needs.

Give participants time to think and volunteer answers before you offer your own.
   □ *Which inner resources (elements of coping and resilience) do children develop through* ***relationships?*** (Trust; sense of security; of belonging; joy; confidence; feeling valued; empathy)
   □ *Which inner resources do children develop through* ***activities****?* (A sense of competence; mastery over their environment; creativity; curiosity; intellectual capacity; knowledge, hope)
   □ *Which inner resources do children develop through* ***spirituality****?* (Note: Spirituality is defined here not necessarily as religion, but encompassing beliefs, values, purpose in life and meaning; hope; empathy; kindness; generosity; culture)

4. Session Wrap-Up

SESSION 7: STAGES OF CHILD DEVELOPMENT AND PSYCHOSOCIAL NEEDS

Session 7: Stages of Child Development and Psychosocial Needs			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Laptop Computer and Projector	2.5 Hours
PowerPoint Presentation	PowerPoint Presentation	White Board and Marker Pens	
Exercise: Developmental Stages and Coping	Discussion	Flip Chart, Paper and Pens	
Report and Discussion	Group Feedback and Discussion	PowerPoint Presentation 7	
Role-Play Preparation: The Unsupported Child in School	Group Work	Handouts	
Session Wrap-Up			

Objectives
By the end of Session 7, participants will have a basic understanding of child development and psychosocial needs.

Guidance Notes 7

1. Introduction
Ask participants what they think about the psychosocial needs of children at different ages. Are there differences, for example, in the way a 2 year old and a 10 year old will react and be affected by the sudden death or loss of a parent? Friends? Witnessing violence? How might an adult's response differently from that of a child?

(Allow 5 to 10 minutes for the participants to brainstorm and discuss)

2. PowerPoint Presentation
Provide a brief introduction to the PowerPoint presentation. You may want to incorporate some of the following ideas:

"Children are different from adults in that they are still developing. Age is an important factor that needs special attention. A child's age affects the way he or she reacts to and understands the meaning of a stressful situation or a frightening event.

"Children of different ages are at different stages in the development of their <u>cognitive, emotional and social skills</u>. These three areas of skills are influential in determining how a child reacts to stressful incidents. There are also differences in specific needs linked to each stage of development."

Present the PowerPoint slides. Facilitate a short discussion about stages of child development and gender differences. For example, you could ask participants if they agree with the needs and behaviours presented.

3. Exercise: Developmental Stages and Coping

Objectives: To stimulate participants to think about the difference in psychosocial needs among children of different ages and genders, and to encourage participants to explore age and gender-appropriate responses.

Instructions: Instruct participants to divide themselves into groups of three or four. Distribute the short case studies of children in emergency situations. Ask participants to discuss in their groups how one could respond to support the psychosocial well-being, build resilience for the children whose stories you have been given.

Note: Depending on how much time you have, give one or two children's stories to each group to work on.

Each group will:
- □ Come up with a maximum of three actions to respond to each child
- □ Describe what each action hopes to achieve with regards to building resilience and coping
- □
- □ Each action and reason for the action will be written on large cards.

Child Stories

Dana is 3 years old. Her mother died in an attack on her village. She is now living with her aged grandmother, who is already caring for another 14-year old granddaughter. Dana cries all the time and does not want to leave the house. The village is now peaceful and normal community life has resumed.

Zainab is 12 years old. With her family, she fled her unsafe country and arrived in a Jordan three months ago. Her father left their rented apartment to look for work. Her mother is sick in bed. Zainab stays home to take care of her younger siblings. She sometimes goes outside looking for ways to get food for her family.

Mohammed is a 15 year old boy. His school was burned down during a long war and he has not been in school for three years. His mother died two years ago. His father remarried, but Mohammed does not get along with his stepmother. He is in a new country and although his only friends go to school, he feels too old and ignorant to go back to school. Whenever possible, he helps his father find work on farms. He is withdrawn, not associating with many adolescences of his age. He no longer participates in soccer, a game he used to love.

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4. Report and Discussion
Instruct each group to write their answers on prepared flip chart paper, under the name of the child to whom the cards relate.

Briefly review the chart. Participants may comment on, question or contribute to the group work results.

5. Role-Play Preparation: The Unsupported Child in School
Participants will experience teaching by an unsupportive teacher, to ensure they understand what children sometimes experience in the classroom (for example, being shamed in front of the class, not being listened to, or being hit with a stick).

Objectives: To feel the impact of unsupportive behaviours, and to reduce the likelihood that participants will act this way towards their own students.

Instructions: At the end of Day 2, the facilitator will ask for five volunteer participants. With your help, these participants will develop a short role-play that they will be present on Day 3. The play is a rendering of an 8-year old child in a classroom with an unsupportive teacher.

The other participants will **not** know the intent of the play. They will only be told that "we are going to have a play about an 8-year old child."

You will need volunteers for the following roles:
  □   One teacher
  □   Two misbehaving students
  □   Two observers

You will speak separately to the teachers, the observers and the misbehaving students.

Explain the purpose of this role-play to the volunteer teacher. Explain that he or she will conduct a class a class of 8 year olds, in a subject of his or her choice. The workshop participants will make up the students in class.

The teacher will act in an unsupportive way, mimicking what bad teachers do in the classroom. Ask the volunteer teacher to come up with ideas of how to act "unsupportively." Provide additional coaching as needed.

For example:
  □   After asking students to draw, the teacher could criticize the work of some students in front of the class, or get into a screaming row with a difficult student

  □   The teacher could ask a student to recite a lesson standing up, tell him or her that he or she is dumb because he or she is not doing it properly, and then praise another student for being smarter ("Why can't you be like Peter, who is so smart?")

Speak separately to the two volunteers who will act as misbehaving students and help them prepare for their role. Ask for their ideas on how to act this. If necessary, suggest some "noisy and rude" behaviour. For example, one student can pester his or her neighbour, while the other student can speak as soon as the teacher turns around**.**

Speak separately to the two volunteer observers, and explain to them that they will observe the class, the interactions taking place, and the "body language" of the teachers and students. Instruct the observers to take notes on what they see during the class.

6. Session Wrap-Up

RELAXATION EXERCISE 1: PHYSICAL RELAXATION

This relaxation technique is very good for people who are physically and emotionally stressed. It is also very good for children who cannot relax. It requires concentration and teaches children skills they can implement at home when they are angry, tired, sad, studying for tests or stressed. It is a simple and effective technique for general relaxation. The second part of the relaxation exercise is a visual exercise that we will practice Days 3 and 4. On Day 5 we will join the physical and visual exercises together.

Make sure the environment is quiet and relaxing. Ask participants to sit or lie on the floor or on a chair. Feet should be placed on the ground; hands should be placed on the lap. Put down anything in their hands and make sure clothing is comfortable. Remove glasses or anything that will cause discomfort.

12. Close your eyes. Relax.
13. Slowly move your shoulders up and down.
14. Slowly move your neck around in circles. (Anyone with a neck problem should do this very slowly). Rotate in one direction.   Rotate in the other direction.
15. Move your shoulders again – this time, from front to back. Move slowly. Up and down, front to back.
16. Begin the neck rotation again, very slowly.
17. Slowly move your trunk (middle body) to one side and then to the other. Don't strain your body. Move gently and slowly. Make sure that your back is straight, but comfortable.
18. Move your toes up and down. Lift one foot slightly and move the ankle up and down. Repeat with the other foot. Move your leg forward and stretch the leg. Repeat with the other leg.
19. Move the hands in slow circles, one hand at a time.
20. Take a slow, deep breath. Repeat this 12 times. Breathe in through your nose and out through your mouth. Sit up straight.
21. Move your shoulders once again in rotations; then move your neck;- then shake the hands; then move your toes and legs. Open your eyes. Take two slow, deep breaths. How do you feel?

DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET?

Review the Day 2 objectives, which should be displayed for the duration of Day 2.

By the end of Day 2, participants will:
- □ Understand identified coping styles and strengths within children and the self
- □ Understand basic concepts of "coping" and "resilience" in children
- □ Understand basic principles of child development and how these affect children in an emergency situation
- □ Understand the importance of self, family and community in recovery

Did we meet all of these objectives? Ask the participants for their opinion. If these objectives were not met, what parts of the training were not understood?

(You may want to spend a little time discussing any points which were not understood)

EVALUATION

Distribute evaluation forms. Collect completed forms from participants at the end of Day 2. Evaluations will be repeated daily.

Day 2

Exercises and Handouts

Handout 5.1: Instructions for Group Work A: Adult Coping and the Path to Recovery

Group Work A: Adult Coping and the Path to Recovery

Objectives

1. To identify how adults stay strong and are able to maintain or regain some emotional well-being and functioning when faced with extreme adversity.

2. To understand how to apply this knowledge to support the self, adults and children.

Instructions

1. Divide participants into small groups (a maximum of five per group is best for this sensitive group exercise).

2. Group members will reflect on their own personal experience and try to identify how they stayed strong and/or recovered after a period of emotional stress or difficulty.

3. Although the aim of the exercise is to focus on the coping and recovery processes, it may nevertheless be an emotionally difficult exercise. Each group will ask if two or three members are ready to volunteer their own story. (Another way to do this is not to reveal the event/story itself, but only the recovery process.)

4. Participants should only share as much as they feel comfortable sharing.

5. Each element and process identified as contributing to coping and recovery will be written on a large card. (One per card)

Handout 5.2: Instructions for Group Work B: Child Coping and the Path to Recovery

Group Work B: Child Coping and the Path to Recovery

Objectives

1. To identify how children stay strong, cope or recover.

2. To understand how to apply this knowledge to support ourselves, adults and children.

Instructions

1. Divide participants into small groups (a maximum of seven per group).

2. Two to three group members will volunteer a case history of a child they know very well and who has suffered extreme stress or difficulty.

3. They will identify specific psychosocial support they think the children received throughout, thinking about all the domains that build and constitute psychosocial well-being.

4. Those who volunteer the case histories will make sure to give enough details about the child's life, family and community to permit identification of coping factors.

5. The members who do not know the children will ask questions, and will also volunteer specific examples of their own, to illustrate some of the points made in the group.

6. Each element and process identified as contributing to coping and recovery will be written on a large card. (One per card)

Handout 6.1: Resilience and Coping

Resilience and Children

While all children are vulnerable in emergency situations, children also have the ability to meet, bear and recover from exposure to violence and losses. This capacity to cope and "bounce back" after stressful experiences is called resilience.

Resilience is made up of the same factors that contribute to well-being, adjustment, adaptation and development of children that we have discussed already. The capacity for resilience is internal and external. It comes from both:

- □ Biological traits children are born with, known as innate traits

- □ Protective factors built over time by the child's family and his or her relationship with the environment

Resilience depends on both internal and external factors. Some of these factors are innate but many can be developed and strengthened through psychosocial support. Some characteristics of resilience that help children cope with adversity include:

- □ A feeling of emotional and physical security

- □ A sense of belonging to a family

- □ Feeling socially connected to a community and part of a larger world

- □ The capacity to search for and obtain emotional support from others

- □ The capacity for to experience joy

- □ A sense of mastery over one's environment

- □ A feeling of competence

- □ Life goals and the ability to imagine the future

- □ Intellectual capacity

- □ The ability to understand crises and derive meaning from events

- □ Curiosity

- □ Confidence and trust in adults and peers

- □ The need and ability to assist others

- □ A sense of altruism and empathy

- □ Self-control

- □ Physical health

Resilience has a lot to do with how well children are connected to their families and communities, with their learning and problem-solving capacities, with their deepest beliefs and values, with their capacities for internal control, with the approval they receive from the people around them and with opportunities to engage in activities that develop their intellectual abilities.

While resilience is essentially innate, there are many things that we can do to strengthen and develop children's "inner resources." Teachers can have an impact on some of the protective factors outlined above. For example, we can act to:

☐ Improve the quality of interaction and relationships between a caring teacher and the child

☐ Provide opportunities for intellectual development, including problem-solving skills

☐ Enhance a sense of self-esteem and self-worth through helping the child achieve some success on specific tasks, skills, or sports

☐ Help strengthen and develop the child's link with his or her community and sense of belonging

Family and Community Resilience

We often consider resilience as an individual trait, but we can also consider the resilient qualities of families and communities. As teachers, we can contribute to enhancing these qualities and increasing the protection that families and communities afford children in adverse circumstances.

Some characteristics of resilient families

☐ Good communication between members

☐ Shared hopes and goals

☐ Respect, caring and love between all members: adults and children

☐ There are sufficient resources to meet basic material and physical needs of family members

Some characteristics of resilient communities

☐ Good communication among members

☐ Leadership truly represent the people, including women

☐ Community members take responsibility and action to improve community life

☐ People see themselves as resourceful

☐ Basic structures and services exist: schools, health, community groups, and religious organizations (where organized religion exists)

Resilience is made of ordinary processes – not extraordinary *magic*! While emergency situations can present severe risks to the psychosocial well-being of children, the presence of protective factors within children, their families and communities can play an important role in mediating potentially harmful effects. Internal capacities of children can be strengthened by the existence of supportive persons and structures within their environment.

Handout 7.2: Stages of Child Development and Psychosocial Needs

We have seen how events, the level of current privation and deprivation, internal strengths and coping capacity, as well as the available social and emotional supports all influence the effects of distressing events on children. These can either increase or mitigate harm.

Other factors, such as age, developmental status, and gender also critically affect the way in which children understand and respond to emergencies:

Children have different needs, strengths and vulnerabilities at different stages of their growth and development, and depending on whether they are girls or boys. It is essential that we understand these factors in order to provide appropriate and effective support in emergency situations.

Child development is the process of growth and maturation of a person from conception to adulthood. Specific physical, psychological and social factors must be present for the normal developmental process to take place. This also means that psychosocial needs change and evolve as a person grows and develops.

Growth and development is affected by a number of factors, including:

- □ Health and nutrition
- □ Level of security in the environment
- □ Physical and intellectual stimulation and opportunities for expression
- □ The specific quality of interactions and relationships with adults and peers
- □ Cultural factors

While culture may dictate many aspects of developmental status, there are some common factors that characterize stages of child development for most all children. They are summarized below.

Stage One: Birth to 18 months

Basic Trust versus Mistrust

Babies are dependent on adults for all of their needs. Infants need to develop a sense of security. This security comes from establishing a safe and nurturing relationship with primary caregivers, a process known as *attachment*. Attachment is achieved through the caregiver relieving the baby's tensions of hunger, thirst, cold and pain, and through physical contact such as holding, stroking, and rocking. The first relationships of the infant have great importance for his or her psychological development.

In the first 18 months of life, an infant's brain is developing rapidly. Development of the brain and motor functions is promoted through frequent visual and auditory

stimulation, such as talking to the baby, singing, and encouraging them to move freely by crawling.

Psychosocial impact of emergencies on infants: The emotional state of the mother and other adults around the child, rather than the events *per se*, will have a significant impact on the infant.

Stage Two: One and a half to Three Years (Toddler)

Autonomy versus Shame

As brain development continues, the emergence of basic intellectual operations happens through the sense of touch, sight, smell and hearing during this period. The toddler needs to develop a sense of being able to do things on his or her own. The most important psychological and physical step at this age is the gradual separation from the mother. The toddler begins to play independently, as well as with others. This includes fantasy play (which practices social skills). Language begins to develop, and along with it the concept and use of "I." At this age, children are also developing increased control of bodily functions.

Psychosocial impact of emergencies on toddlers: The emotional state of the mother and other adults continues to have a big impact on the child, but the emergence of knowledge of danger, as expressed by adults or older children, will also give rise to a sense of fear and anxiety.

Stage Three: Early Childhood (3 – 6 years)

Initiative versus Guilt

At this stage, children rely heavily on adults and their external world to provide experiences that stimulate their development. Children need to become confident about testing limits of individual freedom and group responsibility, fantasy and reality, what feels good and what is allowed. Intellectual skills and language become more sophisticated, and the child begins to make sense of and accept the social reality of his/her world.

Psychosocial impact of emergencies in early childhood: Children are aware that there are "problems," but cannot yet grasp the full nature and meaning of the problems. Stressful events may disrupt intellectual or emotional development, and this impact is reflected in children's behaviour and play. They may become withdrawn, clinging, or aggressive.

Stage Four: Middle Childhood (6 – 12 years)

This period is characterized by rapid development and maturing of ability to think and understand, to be aware of and manage their feelings, and to do things for themselves.

Children at this stage need to become engaged with other outside of their family members, notably in school, and learn to negotiate the world outside the home. With these experiences they learn to identify with groups wider than the family unit and develop basic academic skills.

Psychosocial impact of emergencies in middle childhood: While their increased ability to comprehend events and meaning is helpful to some at this stage, children during this period can have a heightened awareness of their own vulnerabilities. For that reason, they may be more fearful than younger children. Frequent sharing of honest information about the situation and helping the child give meaning to these events is helpful. Children at this stage, particularly those under 10 years of age, will employ fantasy play in which they can determine events and outcomes for themselves.

Stage Five: Adolescence (13 to 18 years)

Identity versus Confusion

It is important to note that *adolescence* is not a universally recognized concept. In some cultures, there is no word for the period between childhood and adulthood, which can be very short. Whether culturally acknowledged or not, the period of roughly 12 or 13, to 18 years of age is marked by specific and significant physiological, emotional and social changes for the growing child.

It is a period of rapid physical growth, with changes in appearance, the advent of puberty, rapid development of sexuality, and the beginning of the cycle of reproduction.

This period of transition to adulthood requires that the adolescent firmly establish his or her own social, sexual and work identity. That last stage of the process of building a personal identity often brings about confusion and anxiety about "what and who I am; what do I believe or not believe in; what do I want to do, and what can I do. " This process often compels adolescents to establish their identity in comparison, or even in contrast, with that of their parents and society, because they need to feel in control and developing their own ideas. This often brings about intra-family conflicts.

Adolescents seek the company of their peers, deriving a sense of comfort and support from sharing the same confusion, quest and anxiety about defining clearly and then living up to their identity. This creates adolescents' "group identity" Adolescents are highly susceptible to peer and group pressures, accepting dangerous challenges and taking risky behaviour. They may seek sexual partners not only to satisfy their strong sexual drives but also because they long for closeness, affection and intimacy that their family had once provided them earlier in their childhood.

Psychosocial impacts of emergencies on adolescents: Adolescents are often severely stressed and anxious in chronic emergencies when opportunities for acquiring skills and livelihoods have all but vanished. When values, trust, respect and kindness are violated around adolescents – often by their own former role models (fathers or

community leaders, for example) – their search for identity and belonging may lead them to join armed or delinquent groups in the absence of more positive opportunities. Adolescent girls are at great risks of sexual abuse or exploitation. Girls' exchanging sex to meet survival needs (for themselves), or their families is not uncommon in emergencies.

In summary, the disintegration of values, positive role models and skills-building opportunities that often accompany protracted armed conflict (whether ethnic, religious or political) has the most serious effects on adolescents.

Facilitator Guide

Day 3

Day 3: The Role of Teachers in Providing Psychosocial Support and Building Resilience in Children in Emergencies

LEARNING OBJECTIVES

By the end of Day 3 participants will:

- □ Be conscious of the critical role that schools and teachers provide in the psychosocial well-being of their emergency-affected students.
- □ Have explored a wide range of specific attitudes, behaviours and communication modes to adopt in the classroom to support students and build resilience.
- □ Be able to identify, support and refer children with severe emotional distress.

PREPARATION FOR TRAINER

In preparation for Day 3, trainers will:

- □ Photocopy the Day 3 objectives
- □ Photocopy handouts for Day 3 (Total = 9)

RESOURCES FOR TRAINING

- □ Facilitator Guide - Day 3
- □ Introduction exercises and ice-breakers
- □ Overheads and handouts
- □ PowerPoint presentations
- □ Stationery for participants
- □ White board and marker pens
- □ Flip charts, paper and pens
- □ Laptop computer and projector

DAY 3: AT A GLANCE			
Session	**Method**	**Resources**	**Duration**
Registration and Introductory Session	Instruction	Facilitator Guide – Day 3 PowerPoint Presentation: Day 3 Objectives	0830 – 0900 30 Minutes
SESSION 8: Role-Play: An 8 Year Old Child in School and the Unsupportive Teacher	Group Participation Discussion	Guidance Notes 8	0900 – 0945 45 Minutes
SESSION 9: The Role of Schools and Education in Psychosocial Support and Building Coping Capacity in Children in an Emergency	Group Work Instruction Discussion	Guidance Notes 9 Handout 9.1: How Can Schools and Education Provide a Response to Children's Psychosocial Needs in Emergency and in the Post-Emergency Environment? Handout 9.2: Creating a Normalising, Supportive and Safe Classroom PowerPoint Presentation 9:	0945 – 1015 30 Minutes
BREAK 1015 – 1045			
SESSION 10: How Teachers Can Respond to Psychosocial Needs of Children in Emergency in the Day-to-Day Teaching Context	Instruction Group Participation Group Work Discussion	Guidance Notes 10 Handout 10.1: The Critical Importance of the Student-Teacher Relationship in Psychosocial Support: Supportive Listening Handout 10.2: Key Features of a Supportive Classroom Handout 10.3: Child-Friendly Discipline in the Classroom	1045 – 1200 1.25 Hours
LUNCH 1200 – 1300			
SESSION 10: How Teachers Can Respond to Psychosocial Needs of Children in Emergency in the Day-to-Day Teaching Context	Group Work Discussion	Handout 10.4: Communication for Coping: Discussing the Emergency with Children Handout 10.5: How to Help Children in the Classroom Showing Severe Psychosocial Distress Handout 10.6: What Teachers Can Do to Assist Children with Psychosomatic Complaints	1300 – 1500 2 Hours
BREAK 1500 – 1515			
SESSION 10: How Teachers Can Respond to Psychosocial Needs of Children in Emergency in the Day-to-Day Teaching Context	Group Work Discussion	Handout 10.7: What to Do When Children Continue to be Severely Distressed: Referral to Specialised Services	1515 – 1615 1 Hour
RELAXATION EXERCISE	Group Participation	Relaxation Exercise 2: Visualisation	1615 – 1625 10 Minutes
DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET? EVALUATION FORM END SESSION AT 1700			

INTRODUCTORY SESSION:

Introductory Session			
Topic	**Method**	**Resources**	**Duration**
Registration	Instruction	Stationery for Participants	30 Minutes
Welcome		Laptop Computer and Projector	
Introduction		PowerPoint Presentation: Day 3 Objectives	
Day 3 Objectives	PowerPoint Presentation		
Exercise / Ice Breaker	Group Participation	Facilitator Guide – Day 3	

1. Registration

2. Welcome

3. Introduction
Provide feedback from Day 2 evaluation. Ask if there are any questions remaining from yesterday's training. Allow time for a brief discussion.

4. Day 3 Objectives
After a short discussion to cover the Day 3 objectives, provide a brief overview of the training for Day 4.
Note: Be prepared to make changes if some participants have specific learning needs. Any changes should be beneficial to the entire group. Also, ensure that the final objectives are displayed throughout the training (on a board or wall). At the end of the training, participants will be able to evaluate whether the objectives have been met.

5. Exercise / Ice Breaker
Start with a warm up exercise. Use what is useful in your educational context. It should be fun and relaxing for participants.

SESSION 8:   ROLE-PLAY: AN 8 YEAR OLD CHILD IN SCHOOL AND THE UNSUPPORTIVE TEACHER

Session 8: Role-Play: An 8 Year Old Child in School and the Unsupportive Teacher			
Topic	Method	Resources	Duration
Role-Play: An 8 Year Old Child in School and the Unsupportive Teacher	Group Participation	White Board and Marker Pens	45 Minutes
Discussion	Discussion		
Session Wrap-Up			

Objective
By the end of Session 8, participants will be able to identify inappropriate teaching methods.

Guidance Notes 8

Begin this session with the role-play. Discussion will take place after the role-play.

1. Role-Play: An 8 Year Old Child in School and the Unsupportive Teacher
This role-play is about an 8 year old child in a classroom with an unhelpful and unsupportive teacher.

Volunteers are prepared at the end of Day 2 to role-play with the volunteer actors. The remaining participants are to act as the "students." The two volunteer observers sit to the side, observe and take notes.

The play will show a classroom from the time the students are about to enter the classroom until the time they actually leave. The class will last approximately 20 minutes.

2. Discussion
Ask the observers to report in detail on what they observed. Ask "students" and "teachers" to report and discuss how they felt acting out these roles. Did they ever feel this way when they were in school? If so, what effect did the experience have?

3. Session Wrap-Up
Conclude the session by asking participants what the learned from the role play.

Session 9: The Role of Schools and Education in Psychosocial Support and Building Coping Capacity in Children in an Emergency			
Topic	**Method**	**Resources**	**Duration**
Introduction: Brainstorming Exercise	Group Work	White Board and Marker Pens	30 Minutes
Key Messages	Instruction Discussion	PowerPoint Presentation 9 Handouts	
Session Wrap-Up			

Objective
By the end of Session 9, participants will be able to explain of the role of teachers and schools in offering psychosocial support to children from emergency situations.

Guidance Notes 9

1. Introduction: Brainstorming Exercise
Note: This is only an introductory session on the topic and should be kept brief.

Begin with a short (five to eight minute) brainstorming session about the possible role of schools and teachers in psychosocial support. For example, you could ask:

"Who can tell us some of the reasons why schools and teachers are especially important in the lives of children who have lived in war, poverty or conflict situations? What role can you play in the lives of these children?"

Ask one participant to write everything that is being said on a flip chart. Do not attempt to organise the ideas.

2. Key Messages
After the brainstorming session, offer the following key messages using a flip chart, overhead projector, or PowerPoint presentation. Emphasise cases where participants came up with the same ideas found in the Key Messages.

Key Messages:

- ☐ In an emergency environment, children often lose nurturing relationships and lack opportunities for development.
- ☐ Schools offer a safe and structured environment where children can normalise their disrupted and insecure lives.
- ☐ School is a place to build supportive relationships with peers and adults.
- ☐ School is a place to learn, to master skills and to develop a sense of competence, self-esteem and hope.
- ☐ Teachers play a powerful role in the life of any child when they offer consistent emotional support and build on children's coping skills in the day-to-day classroom environment.
- ☐ Specific activities can build the capacity of children towards more positive thoughts, feelings and behaviours

When a teacher offers and provides emotional support and care, the child will learn to trust others. This will offer the child an opportunity to mitigate some of the effects of the emergency situation. Trust is the most important aspect of a teacher-pupil relationship, especially when working with children who are not living in a safe environment. Children from places of war are particularly vulnerable. If trust is destroyed, the teacher-pupil relationship is often destroyed as well.

School is one of the most important factors in providing a safe physical, emotional, cultural, spiritual and social environment for children in places of emergency. School is a place where children have access to social interaction, games, activities, structure, boundaries, learning, achievement and social support from peers and adults. If a child is accepted in school, he or she will probably do much better (on an emotional level) than a child who is rejected by peers or teachers. It is vital to normalize a child's activities and environment as soon as possible.

There are two ways that schools and teachers can help:

Facilitate child-centred and emotionally supportive classes and environments
and
Offer specific psychosocial interventions and activities that benefit all children

3. Session Wrap-Up

SESSION 10: HOW TEACHERS CAN RESPOND TO PSYCHOSOCIAL NEEDS OF CHILDREN IN EMERGENCY IN THE DAY TO DAY TEACHING CONTEXT

Session 10: How Teachers Can Respond to Psychosocial Needs of Children in Emergency in the Day-to-Day Teaching Context			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Laptop Computer and Projector White Board and Marker Pens Flip Chart, Paper and Pens Handouts	4.5 Hours
Exercise: Remembering a Supportive Teacher	Group Participation		
Exercise: What Makes a Supportive Classroom?			
How to Handle Difficult Students Who Disturb the Classroom	Group Work Discussion		
How to Help Children in the Classroom Who Show a High Level of Psychosocial Distress			
Psychosomatic Complaints			
What Teachers Can Do for Children with Psychosomatic Complaints			
Exercise: Supportive Classroom Behaviour, Management and Activities that Respond to Children's Psychosocial Needs and Build Coping Capacity			
Session Wrap-Up			

Objective
By the end of Session 10, participants will be able to articulate how they can provide psychosocial support, and how they can build capacity of children in the classroom.

Guidance Notes 10

In this session, participants will explore, list, discuss and role-play a range of teachers' strategies for supporting children in the classroom. Participants will learn how teachers' attitudes, classroom management, and specialized activities can help children who seem to be already coping as well as those who display a high level of distress.

1. Introduction
Provide a short introduction to the session. For example:

"We have just discussed some of the reasons why teachers, schools and learning can help children cope better in emergency. How can we support children while teaching them? How can we meet the needs of all the children while also responding to those who seem fearful or anxious, those who are slow or distracted, those who are rowdy and aggressive, or those who are so withdrawn that they hardly ever talk and always sit in the back of the class? It is not always easy to know how to help these children.

"In this session, we will discuss supportive attitudes, behaviours and activities that can help us address these challenges in our day-to-day classroom teaching. Tomorrow we will explore specific psychosocial activities that are not linked with the teaching curriculum."

2. Exercise: Remembering a Supportive Teacher [5 minutes]
Start with a short reflective exercise. Ask participants to close their eyes and take a few minutes to quietly think about the best teacher they had as a child: someone who was helpful when they were sad, someone whose classes they enjoyed, someone who made them feel appreciated. Ask them to try and remember teachers' specific attitudes, things teachers said or did and their feelings or responses. If some participants cannot recall positive memories of a supportive teacher, they should then remember support (attitudes, words, behaviours) they received from an adult neighbour or relative. After they open their eyes, participants could be encouraged – but not required – to make a few personal notes about those childhood or adolescence experiences.

3. Exercise: What Makes a Supportive Classroom? [45 minutes]
Prepare a flip chart (in advance) with the following questions:

What are some of the key qualities in teachers, particularly with respect to their attitudes and behaviours, which respond to children's psychosocial needs and support their well-being?

Is there anything that teachers can do with regards to classroom arrangements, curriculum modification, activities, or other things that would create a supportive classroom environment leading to strengthening coping capacity of children?

Ask a participant to read these questions out loud.

Ask all participants to brainstorm answers to these questions. Start with the first question. Ensure that all participants contribute – call upon the quieter participants!

Write the answers on the flip chart. When someone volunteers an answer, **ask what this seeks to achieve** in the child or children, linking to the psychosocial needs and protective factors discussed previously. You may want to display a list of "psychosocial needs" (see sample below), which will also be used for the small group exercise to follow.

After participants have come up with their own ideas, distribute a list of some of the main features of a "supportive classroom." Read this list together.

Note: A sample list is included below. Feel free to add to it. Ensure that the list is relevant to your context.

For each of the "key feature" listed, **ask participants what it seeks to achieve**. Why would this particular attitude, behaviour or activity contribute to psychosocial well-being of children? How does it relate to children's psychosocial needs?

Key Features of a Supportive Classroom

Remember to ask participants to identify what specific psychosocial needs each of the proposed attitudes and activities seeks to meet.

Qualities, attitudes and behaviours in teachers

□ Empathy

□ Non-judgmental, accepting attitude

□ Calm; capacity to handle conflict peacefully

□ Capacity for expression of caring: active listening, giving children full attention when they speak, showing you are interested *(See Handout 11.2: Introduction to Several Communication Skills)*

□ Patience: understanding that psychological and social difficulty or distress make concentration and studying difficult for some children

□ Regular encouragement, recognition and praise of children

□ Open communication: creating an environment in which children feel free to talk about their ideas, hope and worries, without fear of being judged

Classroom arrangement, teaching and activities

□ A structured, predictable classroom with daily routine that involves some relaxing and fun "rituals" (a song or a movement performed to a rhythm or an interactive game to open and close the class)

□ Ample opportunities for children to succeed; giving easier tasks to the slower children

□ A flexible curriculum that engages children's participation (frequent use of questions; games that focus on finding the right answers; no long "lectures")

□ Introduction of subjects that are relevant to the life of the children; involving them in choosing topics that interest them

□ Learning activities that incorporate group work to encourage peer interaction, problem-solving and leadership skills in a cooperative way in reading, arithmetic and social studies

□ Including time for expressive art, such as drawing and singing (with children working together to create songs)

□ Never judging drawings, but asking simple questions about them that give "permission" to children to talk about aspects of their lives (dreams, hopes or worries), if they feel like it

□ Regular discussions about the emergency, current difficulties experienced by the children, their families and their community, with an emphasis on ways to cope

□ Using child-friendly discipline (*See Handout 10.3: Child-Friendly Discipline in the Classroom*

4. How to Handle Difficult Students Who Disturb the Classroom [15 minutes]
Ask if participants have seen an increase in aggressive or disruptive behaviour since the emergency. If so, why do they think that this is the case?

Ask participants to give a few examples of how they have handled these situations. Facilitate a short discussion about the different ways proposed. Remind them that using the suggestions discussed in the previous exercise (a supportive attitude from the teacher, strategies to make learning more participatory and relevant to the lives of the children) will reduce some of the aggressive behaviours in the classroom.

Distribute **Handout 10.3**. Ask participants to take turns reading out loud: one participant reads the first paragraph; a second participant reads the second paragraph, etc.

Facilitate a short discussion about these suggestions. Is anything unclear? Do the participants have anything to add?

5. How to Help Children in the Classroom Who Show a High Level of Psychosocial Distress [45 minutes]
Distribute **Handout 10.4** at the end of the session.

Start with a short brainstorming exercise: ask participants about their experiences with students in significant psychosocial distress.

"*Have you ever had in your classroom children who are especially distressed? How did you know they were distressed? What were some of the signs that indicated these children were suffering?*"

Write the responses on a flip chart. If necessary, add some of the most common signs of distress (remember: aggressive, disruptive behaviour can also be a sign of distress). **Bring up psychosomatic symptoms if no one else mentions them.**

At the end of this short brainstorming exercise, you could say:

"Children can be distressed for many different reasons. Some children may still be haunted by terrifying events they experienced in the past. Other children may be struggling with hardship and deprivation, which may also be the consequences of the emergency. Children may experience extreme poverty, lack of parental care and love, anxiety about the fate of missing family members, family violence or discrimination in their homes (as orphans taken in by distant relatives or an unrelated family) or communities."

6. Psychosomatic Complaints
Distribute **Handout 10.5**.

Ask participants to take turns reading out loud: one participant reads the first paragraph; a second participant reads the second paragraph, etc.

Ask for questions or comments after each paragraph.

Introduce "psychosomatic complaints" as another way that children express distress. You can use the same training technique as above, starting with questions first: "*Have you ever had in your classroom children who constantly complain of pains and aches, and yet doctors cannot find anything wrong with their physical health?*"

Ask for examples. If no-one volunteers any examples, you could say:

"*Typical psychosomatic complaints in children are headaches and stomach aches, although children may also complain about pain in any other parts of their bodies,*" and give some examples to stimulate participants' understanding and reduce any fear they may have about "getting it wrong."

Ask participants: "*Why do children feel pain when –seemingly nothing is medically wrong with them?*"

After participants have answered, add: "*This is not unusual. Children and adults can display symptoms of anxiety, stress, depression and other psychological distress as a physical ailment. The physical pain is real, even if there does not seem to be a somatic (physiological) cause for the pain.*"

Find some simple, everyday examples of "psychosomatic complaints" everyone can relate to.   For example, if you are very worried that your father will punish you because you come home very late, you may feel sick to your stomach and not be able to eat. If you have too much work to do and not enough time to do it, you may develop a headache.

"*One of the ways that we can help relieve psychosomatic pains is to determine what particular worry, fear or anxiety is bothering a child. However, this is not always effective, especially when the fear or anxiety has a very tangible basis, such as the fear of an armed attack or landslide. Children with psychosomatic complaints often face a difficult situation at home and lack the support and care they need.*"

7. What Teachers Can Do for Children with Psychosomatic Complaints
Distribute **Handout 10.6**.

Ask participants to read it out loud, starting from the fifth paragraph. (*"Some of the things a teacher can do…"*) Ask for questions or comments after each paragraph.

What Can Teachers Do When Children Continue to be Highly Distressed?
First, remind participants that today's training session has focused on what teachers can do in their day-to-day teaching. Day 4 will be devoted to other specific activities that mitigate the effect of the emergency and promote resilience in children.   In other words: *"Tomorrow we will learn how much more schools and teachers can do to help distressed children."*

 Spend a short time discussing "referral" with participants. Ask participants if they have ever taught in a school that has staff who are professionally trained to help children in severe distress, or that is connected with places or people outside the school

where children can be referred for help. Ask: *"Who can tell us some of your experiences with referring children for help outside the school?"*

Ask participants what families in the community do – outside the context of school – when children show signs of severe distress. In emergency and chronic situations of displacement, people may forget to use support systems that have worked in the past. They may be too overwhelmed to think about calling the healer, or lack resources to perform ceremonies that would benefit the child.

Remind participants who work in schools with no referral system to discuss the importance of such services with their principals. They should also ensure that their schools establish a referral policy, and that all the teachers in the school know about it. Remind them that the distressed **children's families must always be consulted** before making any referral for help outside the school.

8. Role-Play: Creating a Supportive Classroom [Preparation: 30 minutes; Plays: 1 to 1.5 hours]

Objectives: To demonstrate and practice how teachers can integrate psychosocial support in their regular teaching, and to demonstrate and practice how to handle positively distressed, difficult, or misbehaving children.

Instructions: Use a flip chart to prepare (ahead of time) a list of psychosocial needs, that when met, contribute to children's well-being and resilience. A suggested list follows. You may want to change or add to this list.

Instruct participants to form small groups of approximately five people (fewer or more depending on the total number of participants). Ask each group to prepare a role-play to illustrate how teachers can respond to some of the children's psychosocial needs and build coping capacity in the course of their teaching. The role-play should use the attitudes, behaviours and methods discussed earlier in this session. Each group will be allocated approximately 10 minutes to perform its play.

Display the prepared list of psychosocial needs. Groups will decide and write on a piece of paper which of the needs they wish to emphasise and respond to in their role-plays.

Encourage groups to include in their "classroom" children with different personalities and different levels of stress or distress, such as slow learners; bullies; shy or withdrawn children.

Ask small groups: *"What specific psychosocial needs have you chosen for your group to respond to?"* Verify that all the needs are covered. If not, ask some groups to take on the missing ones. (Another option is to randomly assign needs to groups).

Make sure there is a good distribution across the groups in the range of children's personalities, behaviours and apparent displays of distress that each group has chosen. Suggest changes as necessary (if all or most of the groups want to emphasise how to respond to one or two categories of personalities and behaviour).

Some Basic Psychosocial Needs of Children

- ☐ To feel loved
- ☐ To feel listened to
- ☐ To feel understood
- ☐ To feel appreciated
- ☐ To feel physically safe
- ☐ To feel emotionally safe
- ☐ Feelings of self-worth
- ☐ A sense of meaning
- ☐ A sense of hope
- ☐ To trust and be trusted
- ☐ To feel connected to a community
- ☐ A sense of belonging to and being accepted by a group
- ☐ To feel competent
- ☐ To feel they have some control over their environment
- ☐ To be able to have self control

Some Ways These Basic Psychosocial Needs are Met

- ☐ Connection to caring adults
- ☐ Positive inter-personal relationships
- ☐ Participation in family and community life
- ☐ To express creativity
- ☐ Cognitive stimulation
- ☐ Intellectual challenges
- ☐ To be able to solve problems
- ☐ To play

Each group will present its short play to all of the other participants. Role-plays should take approximately 10 minutes each.

Comments and questions will be kept until all the role plays have been presented. Ask participants to give their full attention to each play. Give participants a few minutes between plays so that they can make some notes of their questions and comments.

After all groups have presented, facilitate a discussion on what participants saw and felt.

9. Session Wrap-Up

DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET?

Review the Day 3 objectives, which should be displayed for the duration of Day 3.

By the end of Day 3 participants will:
- □ Be conscious of the critical role that schools and teachers provide in the psychosocial well-being of their emergency-affected students
- □ Have explored a wide range of specific attitudes, behaviours and communication modes to adopt in the classroom to support students and build resilience
- □ Be able to identify, support and refer children with severe emotional distress

Did we meet all of these objectives? Ask the participants for their opinion. If these objectives were not met, what parts of the training were not understood?

(You may want to spend a little time discussing any points which were not understood)

EVALUATION

Distribute evaluation forms. Collect completed forms from participants at the end of Day 3. Evaluations will be repeated daily.

Day 3

Exercises and Handouts

Handout 9.1: How Can Schools and Education Provide a Response to Children's Psychosocial Needs in Emergency and in the Post-Emergency Environment?

We usually think of schools as a place to acquire knowledge, a place for the intellectual development of children. Of course, schools offer this, but they offer much more as well. Especially in the chaos of an emergency environment, where many children have lost nurturing relationships and lack opportunities for development, schools offer a safe and structured place to normalise disrupted and insecure lives; a place to build supportive relationships with peers and adults; a place to learn to master skills and develop a sense of competence, self-esteem and hope.

For these reasons, **schools must be set up at the earliest stage of an emergency**, even if this means using makeshift structures or holding classes outside.

The learning and activities schools can offer children are all mediated through teachers. What happens in schools can be a positive experience that contributes to building the psychosocial well-being and resilience of children or a negative experience that further damages their well-being and weakens their coping capacity. This can happen, for example, when children are placed in a situation when they fail; are shamed in front of their peers or other children are allowed to discriminate against and bully them; or they are not listened to or their opinions are not taken into consideration.

Students look up to the teachers as stable adults in their lives. This is especially true when an emergency has disrupted the normal caring relationships within families. Schools can also provide an opportunity for children to be engaged in activities designed specifically to build confidence; facilitate expression of needs, worries and hopes; reduce stress; promote peaceful resolution of conflict and foster a sense of belonging to a larger community. All of this works to mitigate the effects of the emergency and build the coping capacity of children, and are especially beneficial for the most distressed children.

There are two different ways in which schools and teachers in emergency and post-emergency situations can provide psychosocial care and build resilience in children:

1. **Day-to-day psychosocial care and support in the classroom** involves conducting child-centred, emotionally supportive classes in the course of the normal curriculum. This focus can help all children maintain their well-being and ability to develop, and promotes children's resilience.

2. **Specific psychosocial interventions and activities** can benefit children inside and outside the classroom. These interventions are of particular benefit to the most distressed and vulnerable children.

What Can Education and Teachers Offer Children in Emergency and Post-Emergency Environment?

When children experience:

☐ **Chaos uncertainty or disruption of their everyday life, the school offers:**

   o A safer place to resume or maintain normal activities within a structured, predictable environment

   o **... leading to restoration of a sense of security and normalcy**

☐ **Loss of parents or other caring adults (or adults are too anxious and preoccupied to pay enough attention to children), the school offers:**

   o Teachers who are attentive to their needs, and listen to them

   o **... leading to positive sense of self (feeling valued, development of trust and restoration of values, positive adult role models)**

☐ **Loss of community, either through fleeing or destruction, the school offers:**

   o Opportunities to be part of a new community – their school – and to be actively engaged in rebuilding a new, wider community, whether it is a refugee camp or their own destroyed village

   o **... leading to a feeling of identity (by being integrated within a larger group) and a sense of purpose**

☐ **Loss of friends, playmates, or socialisation with peers, the school offers:**

   o Opportunities to make new friends and relationships

   o **... leading to breaking isolation and the restoration of a sense of belonging, identity, and solidarity**

☐ **Loss of capacity for enjoyment and happiness, the school offers:**

   o Many different fun games and sports, engagement in music and art and other meaningful activities within a supportive environment

   o **... leading to enhancement of well-being and recovery of the capacity for enjoyment**

When children have experienced:

☐ **Severely distressing events, to which children may be reacting with a deep sense of helplessness and powerlessness, the school offers:**

- o Opportunities, encouragement and support for participation in decision-making and mastery of new tasks

- o **... leading to a renewed sense of control and power over their environment and their life**

- ☐ **Loss of formal education, opportunities for cognitive development, and the positive status as a school-going child, the school offers**

  - o Access to consistent schooling and the possibility to make up for the lost time

  - o **... leading to increased intellectual capacity, self-esteem and a renewed sense of purpose and hope**

Schools and teachers can provide all of this – and more – but only if schooling takes place within an environment where children do not feel judged, discriminated against, shamed, or challenged beyond their present capacity to perform.

Children in an emergency need schools that provide an understanding, caring patient, creative environment.

Handout 9.2: Creating a Normalising, Supportive and Safe Classroom

When children's lives have been disrupted, they need to find structure, consistency and security in their day. When trust has been shattered and children have lost their sense of belonging, they need to experience kindness, inclusion and recognition. When children are distracted by intrusive memories of distressful events, they need to be given opportunities to learn in ways that are creative, engaging and active.

> **Offer kindness, empathy and tolerance to all children. This will make children feel more secure and trusting in adults.**

Provide consistency, structure, continuity and predictability in children's lives:

☐ Begin and end your classes on time. Do not keep children waiting.
  This decreases anxiety by providing predictability. It is also a mark of respect.

☐ Always start your day's lesson with a routine the children will get to know well. Choose a song (or rotate through several songs), a movement done in rhythm by the whole class, or a short game involving all the children.

☐ Always end your class with some positive words. Do not let the class "run out the door" when the bell rings. Provide words of encouragement and tell the children that you are looking forward to seeing them tomorrow. Wish them a good continuation of their day. For young children, you could also close each class with a short song or movement.

☐ Plan activities that will be the same from day to day to establish a familiar routine. Let the children know in advance when you will make changes to the location of the class or to the curriculum.

Develop a set of behaviour expectations in collaboration with the students:

☐ Consistently stress punctuality and attendance, and model those behaviours yourself.

☐ Clarify and define acceptable behaviour for the children (i.e. what to do when another student is bothering them; what to do when feeling angry or aggressive; how to treat the other students in the class; policies on homework or projects)

Promote in children a sense of self-worth:

☐ Give encouragement, recognition and praise.

☐ Do not dwell on what went wrong, but rather emphasize what children have done well.

Structure the classroom to create positive and empowering learning situations:

☐ Involve the children in creating their learning environment. Ask them to help design and put together interesting classroom arrangements with flexible space. Ask children how to arrange tables and chairs, and let them change the pattern. Hang teaching aids and students' work on the walls.

☐ Develop curricula and activities that actively engage the students, and also link them with the community. For example, social studies assignments could include simple research, working in pairs, about different things in their community, and could include some aspects of the emergency and reconstruction.

☐ Diversify your teaching strategies. For example, break the class period into two or three different activities to keep children's attention high and make sure you are reaching different types of learners. Remember: because of the emergency, some children may difficulty concentrating for long periods of time.

☐ Keep all students actively involved. For example, while a student does a presentation, involve the other students in evaluating it. Give some help to children who are having difficulty with an assignment, and additional tasks to those who have finished their work early.

Promote positive interactions among children that encourage socialization and collaboration:

☐ Develop learning activities that incorporate group work to encourage peer interacting, problem-solving and leadership skills.

☐ Introduce collaborative learning games in the regular curriculum.

Create a classroom where children feel safe to express themselves:

☐ Make sure the children know that they can ask any questions they wish.

☐ Every few days (more or less often depending on the situation) initiate a discussion about the emergency, the difficult times for everyone, or the way reconstruction is taking (or will take) place. Ask the children if they have heard anything that is worrying to them, and allow them to discuss concerns in a supportive environment. Provide them with accurate and developmentally appropriate information, as you are able.

Handout 10.1: The Critical Importance of the Student-Teacher Relationship in Psychosocial Support: Supportive Listening

Supportive relationships with caring adults are one of the most critical building blocks for children's psychosocial well-being and recovery. This is the primary way through which children develop trust and a positive sense of self. A caring relationship provides emotional support while building a child's self-esteem.

In emergency, relationships are often disrupted or lost. As a result **a child's positive, supportive relationships with his or her teachers** acquire even greater importance. Research has also shown that children who feel valued and listened to also learn school subjects better.

Supportive relationships are expressed through the specific attitudes and behaviours of the teacher. These include:

Showing respect for every child

- □ Treat all the children with respect, whether poor or rich, whether fast or slow learners, no matter what their religion or background.

Practising active listening

- □ Give your full attention when a child talks, validating his or her feelings and emphasising positive statements.

- □ Show with your tone of voice and facial expression that you are listening and that you care about that child.

- □ Reflect feelings and empathize with a child by trying to understand his or her thoughts and feelings.

- □ Hear children out. Avoid cutting them off before they have finished speaking.   It is easy to form an opinion or reject children's views before they finish what they have to say. Respect their right to have and express opinions.

- □ If you lack time for a talk at that moment, do not continue the conversation in a hurry. Apologize for not being able to listen right then and make an appointment for another time.

- □ Express interest and curiosity about what the child thinks. Ask children's opinions regularly. If you show children that you are really interested in what they think and feel, they will become more comfortable expressing their thoughts to you.

Engaging quieter children in communication (these children are often the ones who need adult support the most)

☐ Tell all the children (and demonstrate in your behaviours) that they can speak freely to you without fear of being judged. Tell them they can come to you and ask anything they would like.

☐ Be sure to notice children who are very quiet and who seem to have few or no friends. Approach these children and engage them in a simple exchange about everyday things that are not emotionally loaded.

☐ Avoid dead-end questions. Ask questions that will extend interaction rather than those that requires a "yes" or "no" answer. Use questions that ask the child to describe or explain ideas of events.

☐ Share your thoughts rather than just asking questions. Speaking first about some of your ideas takes the pressure off the child and helps him or her relax.

☐ If children are intimidated or too distressed to answer, help them by using humour. Make a funny joke and watch for their reaction. If they do not respond, make sure you take the time to talk to them after school. The fact that you are taking the initiative to talk to them is an expression of your concern and is beneficial to these children.

☐ Continue to regularly engage quieter children in conversation. Over time, this will help draw them out. It will also help you find ways to help them.

Showing children that you care about them not only as students, but also as people

☐ Ask children questions about their lives outside of school. Ask about home life; what they like to do with their friends, or how they spend their free time. This will also help you to learn of any special problems that may be impacting children's behaviours or performance at school.

Being patient

☐ Children affected by emergency can be slow learning or easily distracted. You may need to speak slowly or repeat your ideas several times.

☐ Some children may be agitated or violent. Be patient and try to understand the reasons behind the child's behaviour. Give the child plenty of extra support.

Seeking to understand troubled behaviours

- □ Always find a quiet place to talk individually to children who appear distressed, are too quiet or too aggressive, or who frequently arrive late or miss school.

- □ Inquire gently about what may be stressful at a particular moment. Is it difficulty with friends? Worries about schoolwork? Ask about a child's home situation.

- □ Be sure to give these children opportunities to succeed. Give them a fun and easy assignment, and praise them in front of their classmates for completing it.

- □ Promote positive interactions and relationships with other children. For example, you can support the troubled child to work on a fun project in a small team, or with you and another child.

- □ If the withdrawn attitude, aggressive behaviour or other problems persist, make an appointment to see the child's family.

Handout 10.2: Key Features of a Supportive Classroom

Qualities, attitudes and behaviours in teachers

☐ Empathy

☐ Non-judgmental, accepting attitude

☐ Calm; capacity to handle conflict peacefully

☐ Capacity for expression of caring: active listening, giving children full attention when they speak; showing interest

☐ Patience: understanding that psychological and social difficulty or distress make concentration and studying difficult for some children

☐ Regular encouragement, recognition and praise of children

☐ Open communication: creating an environment in which children feel free to talk about their ideas, hope and worries, without fear of being judged

Classroom arrangement, teaching and activities

☐ A structured, predictable classroom with daily routine that involves some relaxing and fun "rituals" (for example, a song or a movement performed to a rhythm or an interactive game to open and close the class)

☐ Ample opportunities for children to succeed; easier tasks for children who may be struggling

☐ A flexible curriculum that engages children's participation (frequent use of questions; creation of games around finding the right answers; no long "lectures")

☐ Introduction of subjects that are relevant to the life of the children; involving them in choosing topics that interest them.

☐ Learning activities that incorporate group work to encourage peer interaction, problem-solving and leadership skills in a cooperative way in reading, arithmetic and social studies

☐ Including time for expressive art, such as drawing and singing (with children working together to create songs)

☐ Never judging drawings, but asking simple questions about them that give "permission" to children to talk about aspects of their lives (dreams, hopes or worries), if they feel like it

☐ Regular sharing of information (and discussions) about the emergency, current difficulties experienced by the children, their families and their community, with an emphasis on ways to cope

☐ Using child-friendly discipline (*See Handout 11.3: Child-Friendly Discipline in the Classroom*)

Handout 10.3: Child-Friendly Discipline in the Classroom

How can I keep the classroom peaceful and friendly when the children are stressed and agitated?

Prevention

The best way to deal with misbehaviour is by preventing it. Positive relationships between teachers and students and well-organized classes that are adapted to students' interests and abilities greatly diminish misbehaviour or discipline problems in the classroom.

- ☐ Develop classroom rules in consultation with the children. Discuss with them what they would like their teacher to do when they break the rules.

- ☐ Do not attempt to control the classroom by force, or by threatening or scolding the children. This can only temporarily keep the children quiet and may hurt their sense of self.

- ☐ Use modelling of positive behaviours to help rebuild trust between children and adults. This should include demonstrations of tolerance and conflict resolution in a peaceful environment. Be respectful, consistent, enthusiastic, calm, patient and organized.

Response

If you do have to respond to inappropriate behaviour from students, do so in a calm and consistent way.

- ☐ If you feel angry, take a deep breath and wait a moment. Make sure that you do not say something you will regret later.

- ☐ As far as possible, avoid direct confrontation with a student in the class. Make time to talk to the student later.

- ☐ Always discipline an individual student quietly and privately. Never engage in a disciplinary conversation across the room. This could humiliate the student, or put the teacher and student into a public disagreement.

- ☐ Outside the classroom, discuss with the child his or her behaviour. Ask the child to think about how it can be a problem for the whole class. Ask the child whether he or she knows the reason for adopting this behaviour. What does the child think could be done to prevent this behaviour in the future?

- ☐ If the misbehaviour continues to cause a problem for the class and you feel that the child is distressed, meet with the child's parents or guardians to learn if there are particular difficulties that may help to explain the child's behaviour.

Handout 10.4: Communication for Coping: Discussing the Emergency with Children

It is a great source of support for children to find that they are not alone in experiencing certain problems and worries. Children often feel that their problems are shameful, and live in fear that these problems will be discovered by others. Learning that other children share similar problems and experiences can help children relax and feel "normal." This knowledge also promotes a supportive sense of "brotherhood" or "sisterhood" among children.

Emergencies are usually confusing to children. Adults often talk little about the emergency with their children, and they may hide or change the facts. Children hear more than parents know, however, and some children end up worrying about or imagining situations that are worse than the reality. Communicating accurate information about the emergency – in a way that is tailored to children's age – helps prevent or mitigate children's confusion. This also recognizes the intellectual capacity of children, (giving them the necessary elements to make meaning out of the events), one of the psychosocial protective factors discussed previously.

The points below provide some ideas for helping students discuss their worries, exchange experiences, feel listened to, dispel damaging rumours, and promote positive thinking about the future.

Ways to create a classroom environment conducive to sharing concerns and information:

- □ Recognise that children need as much factual information as possible.

- □ Initiate group discussions about distressing events that many children may have experienced. Even children who have not personally experienced these events may have heard about or been affected by them.

- □ Speak in the third person rather than directly asking individual children questions about their experience with emergency events. For example, you can say: "I know that this has happened. Have any of you heard about it? What does your family (or other children) say about it?"

- □ Some children will probably respond and engage in discussions about the subject. Allow them to tell their own theories and ideas about what happened before providing more accurate information. Even if some children choose not to engage in discussions, hearing that others have also experienced distressing events will help affected children feel less alone in their suffering. Remember that for some children, talking is not helpful.

- □ **Do not ask students to tell their own individual stories.** Recounting distressing events is usually beneficial to the speaker only if this is done spontaneously, within an environment where the child feels emotionally secure and in the presence of adults who are professionally trained to support the child. A classroom is not the place for this.

☐ If a child spontaneously volunteers information concerning severely distressing events, listen carefully, but do not allow him or her to go on for long or give gruesome details. **Sharing distressing events is okay – using the classroom as a place to dig deeper into extremely painful stories is not.**

- Validate what the child has said by reflecting back, but do not allow the child to continue with frightening details of his or her story. Talk to the child after the class, and make sure the child participates in some of the specific psychosocial activities organized outside regular class time.

☐ Tell students that it is okay to feel afraid, confused, angry or guilty. These are all normal responses to a crisis or tragedy. Acknowledge that you have been shocked or afraid at certain times. Emphasize that different reactions are all okay; people are all different.

☐ Encourage students to ask questions about the emergency or other recent events that have affected the community. Remember to listen carefully and to respond honestly. Answer only the questions that students ask you. Admit to them when you don't have specific answers.

☐ Use realistic terms with students when discussing aspects of an accident, injury, and loss. Avoid euphemisms. Tell students how and where they can obtain information

Handout 10.5: How to Help Children in the Classroom Showing Severe Psychosocial Distress

What can I do to help children who are in severe psychosocial distress?

☐ Learn to notice these children. Psychosocial distress can be expressed in many different ways. Some common ways include:

- An inability to complete simple school assignments
- Always looking sad, never smiling, or crying often
- Acting withdrawn or not reacting to games or other fun activities
- Not having many friends
- Constant preoccupation with violence, death and killing (including killing themselves)
- Persistent, aggressive behaviour with peers or teachers, either physically or verbally
- Disruptive behaviour in class, such as non-stop questions or arguments
- Frequent absences from school
- Constant physical complaints, including headaches, stomach aches or dizziness

☐ Reach out to these children. Communicate with them using the suggestions listed in Handouts for Session 10. (*See Handout 10.1: The Critical Importance of the Student-Teacher Relationship: Supportive Listening; and Handout 10.4: Communication for Coping: Discussing the Emergency with Children*).

☐ Make sure that the child is involved in at least some of the specific psychosocial activities including, music, dance, drama, personal writing, drawing or other expressive arts. Watch to see how the child reacts when involved in some of these activities.

☐ Children who continue to be very distressed often have a difficult, disrupted, unsupportive family situation. After you have engaged the child in communicating with you and you begin to understand him or her better, ask if it is okay to make a home visit.

☐ Meet with the family and the child together. Ask them, in general terms, how they think the child is doing. Make a rapid assessment of how supportive or unsupportive the family is. Note any major ongoing problems that could be the source of the child's distress. Discuss with the family the importance for children to play and socialise with other neighbourhood children, and ask them to think about positive activities that the child may enjoy.

Handout 10.6: What Teachers Can Do for Children with Psychosomatic Complaints[4]

Some children constantly complain about aches and pains, yet doctors cannot find anything wrong with their physical health. These aches and pains are called "psychosomatic complaints."

Both adults and children can experience these physical ailments as symptoms of anxiety, severe stress, depression and other psychological distress. This physical pain is real, even if there does not seem to be a somatic (physiological) cause for the pain.

Almost everyone has experienced some psychosomatic pains and symptoms, though these are usually mild in nature. For example, if you are very worried that your father will punish you because you come home very late, you may feel sick to your stomach and not be able to eat. If you have too much work to do and not enough time to do it, you may develop a headache.

One of the ways that we can help relieve psychosomatic pains is to determine what particular worry, fear or anxiety is bothering a child. A shared consciousness of the underlying psychological cause for a child's physical pain can help alleviate or stop the pain. However, this is not always effective, especially when the fear or anxiety has a very tangible basis, such as the fear of another armed attack or landslide. Children with psychosomatic complaints often face a difficult situation at home and lack the support and care they need

Some of the things a teacher can do...

- □ Talk to the child's family. Try to make a family visit to understand the home situation.

- □ Ensure the child is checked by a doctor. The child should have a comprehensive physical examination to rule out any physical underlying illness which may be causing the problems. Some physical symptoms in children and adults can have some of the same symptoms as psychosomatic problems.

- □ Do **not** pay special attention to the child's psychosomatic complaints, as these sometimes arise out of a child's need for attention.

- □ Do spend some extra time with the child alone at recess, or after school. Try to find out what is worrying him or her. Be gentle. Ask questions about the child's family situation, what the child likes and dislikes, or what the child is afraid of.

- □ "Normalise" the pain. Tell the child that in difficult times, pains often come up, but that they usually disappear. Allow the child to take some short rest, but tell him or her that this pain is temporary.

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[4] Adapted from UNICEF/Mona Macksoud, Helping Children Cope with the Stress of War, 2000

□ Do your best to make sure that the child continues to go to school. If he or she stops going, meet with the family and attempt to find out why. (Poor attendance could also be due to fear of schoolmates, shame because of extreme poverty, or feeling inadequate in academic work – all of which you, as a teacher, can do something about.)

Note: In the case of a psychosomatic complaint, be sure to talk to a child's parents or guardians about the need to rule out a physical health problem. Clearly explain the problem and offer suggestions as to what would be required to ensure the child is examined. Then, seek medical attention. If the physical problem is ruled out, set up a parent meeting again to discuss ways in which the child can be supported in school and the home.

Handout 10.7: What to Do When Children Continue to be Severely Distressed: Referral to Specialised Services

What Can I Do When Children Continue to be Severely Distressed?

□ The level and causes of distress in some children are such that they won't go away no matter how much psychosocial support and what responses schools and teachers can give.

□ If children continue to show a high level of distress after you have tried all of the things suggested here, discuss the situation with the child's family. Ask for their permission to refer the child to services that specialise in helping children in distress.

□ If your school does not have a referral system in place, immediately discuss the importance of a referral system with the school principal. If necessary, help the principal identify appropriate services or trained personnel.

□ Once a referral policy is in place, make sure that all teachers know it. The families of highly distressed children must be contacted before making any referral to outside services.

□ In emergency and chronic situations of displacement, people may forget to use support systems that have worked in the past. They may be too overwhelmed to think about calling the healer, or lack the resources to perform ceremonies that would benefit the child.

Facilitator Guide

Day 4

Day 4: Effective Communication and an Introduction to Psychosocial Activities and Interventions

LEARNING OBJECTIVES

By the end of Day 4, participants will:

- Understand the importance of effective communication in supporting children who have experienced emergencies

- Be able to utilize effective communication skills

- Have identified, explored and practiced a range of activities aimed at strengthening the coping capacity of all children and at promoting recovery in those who are more distressed

PREPARATION FOR TRAINER

In preparation for Day 4, trainers will:

- Photocopy the Day 4 objectives to ensure that all participants will have a copy during the plenary

- Photocopy handouts for Day 4 (Total = 5)

RESOURCES FOR TRAINING

- Facilitator Guide - Day 4
- Introduction exercises and ice-breakers
- Overheads and handouts
- PowerPoint presentations
- Stationery for participants
- White board and marker pens
- Flip charts, paper and pens
- Laptop computer and projector

DAY 4: AT A GLANCE			
Session	**Method**	**Resources**	**Duration**
Registration and Introductory Session	Instruction	Facilitator Guide – Day 4 PowerPoint Presentation: Day 4 Objectives	0830 – 0900 30 Minutes
SESSION 11: Reflections on "Communication" and Practising Communication Skills	Instruction Group Work Group Feedback and Discussion	Guidance Notes 11 Handout 11.1: What is Communication? A Few Thoughts to Help Us Reflect on Our Communication Style and Skills.[5] Handout 11.2: Introduction to Several Communication Skills Handout 11.3: Communication Practice #1 (At the Market) Handout 11.4: Open or Closed Questions	0900 – 1030 1.5 Hours
BREAK 1030 – 1100			
SESSION 11: Reflections on "Communication" and Practising Communication Skills	Group Work Group Feedback and Discussion		1100 – 1300 2 Hours
LUNCH 1300 – 1400			
SESSION 12: What Do We Already Know About Activities and Interventions that Help Children in Emergency?	Instruction Group Work	Guidance Notes 12 Power Point Presentation 12: List of Activities and Possible Psychosocial Benefits to Children Handout 12.1: Introduction to Psychosocial Activities	1400 – 1530 1.5 Hours
BREAK 1530 – 1545			
SESSION 12: What Do We Already Know About Activities and Interventions that Help Children in Emergency?	Group Work Group Feedback and Discussion		1545 – 1645 1 Hour
RELAXATION EXERCISE	Group Participation	Relaxation Exercise 2: Visualisation	1645 – 1655 10 Minutes
DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET? EVALUATION FORM END SESSION AT 1700			

INTRODUCTORY SESSION:

Introductory Session			
Topic	**Method**	**Resources**	**Duration**

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[5] Extracted material from "Education for Conflict Resolution, A Training for Trainers Manual", UNICEF 1997

Registration	Instruction	Stationery for Participants	30 Minutes
Welcome		Laptop Computer and Projector	
Introduction		PowerPoint Presentation: Day 4 Objectives	
Day 4 Objectives	PowerPoint Presentation	Facilitator Guide – Day 4	
Exercise / Ice Breaker	Group Participation		

1. Registration

2. Welcome

3. Introduction

Provide feedback from Day 3 evaluation. Ask participants if they have any "burning questions" from yesterday's training. Allow time for a brief discussion.

4. Day 4 Objectives

After a short discussion to cover the Day 4 objectives, provide a brief overview of the training for Day 5.

Note: Be prepared to make changes if some participants have specific learning needs. Any changes should be beneficial to the entire group. Also, ensure that the final objectives are displayed throughout the training (on a board or wall). At the end of the training, participants will be able to evaluate whether the objectives have been met.

5. Exercise / Ice Breaker

Start with a warm up exercise. Use what is useful in your educational context. It should be fun and relaxing for participants.

SESSION 11: REFLECTIONS ON "COMMUNICATION" AND PRACTISING COMMUNICATION SKILLS

Session 11: Reflections on "Communication" and Practising Communication Skills			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Stationery for Participants	3.5 Hours
Exercise: Understanding Communication	Group Work	Laptop Computer and Projector	
Exercise: Practising Communication Skills	Group Feedback and Discussion	Handouts	
Session Wrap-Up			

Objectives
By the end of Session 11, participants will understand the importance of effective communication in supporting children who have experienced emergencies, and will be able to utilize effective communication skills in this context.

Guidance Notes 11

The aim of this session is to engage participants fully into thinking about, articulating and discussing what they know about different styles of communication, and the impact of different communication styles on their interactions with children who have experienced emergency situations.

In group work, participants will be asked to reflect on the nature of communication and how communication affects personal dynamics. Participants will then practice different styles of communication that can enhance their interactions with children, mitigate the negative impacts of emergencies, and promote resilience and coping.

1. Introduction
Introduce this session with questions about "communication" in general. Try to stimulate a more in-depth reflection on the nature of communication, why we communicate and how we communicate. You could open with a statement such as:

"*All the things that we do with and for children are mediated by communication. This is true of teaching a subject matter, facilitating a game, talking to a child's parents or supervising homework."*

Remind participants that this session complements and expands on Session 11 (Day 3).

2. Exercise: Understanding Communication
You may introduce the small group work with the following:

"Communication is much more complicated than it seems. We are going to start this session with a short exercise in which we will reflect, in small groups, on three issues related to communication:

- □ *What is communication?*
- □ *Why do we communicate?*
- □ *How do we communicate?"*

Divide participants into groups of five such that groups are **mixed randomly**. Instruct participants to rearrange their chairs so that group members are facing each other. Divide the number of groups to work on the three questions above. Groups may write a summary of their answers to these questions on flip chart paper or overhead transparencies.

When all groups have completed their answers, ask a representative from each group to give a brief (2 to 3 minute) summary of how they responded to each question. After the presentations are finished, ask all participants if they have any additional responses that were not mentioned but that they would like to contribute. If the responses were written on flip chart paper, post them on the walls to be referred to during the rest of the session.

3. Exercise: Practicing Communication Skills
Explain to participants that communication is very complex. As a result, there are many opportunities for misunderstanding and for hurting children with our words even, if we don't mean to. Poor communication is often at the root of conflict and pain. Effective communication will help children learn better, reduce conflict, and comfort children.

Distribute **Handout 11.2**.

Communication is made up of much more than "expressing oneself", verbally or otherwise. Communication includes skills such as observation, listening and reflecting back content. Explain to participants that we are now going to practice a few specific communication skills, including:

- □ Paying attention

- □ Paraphrasing

- □ Reflecting feelings

- □ Open questions

- □ Effective listening

Practice #1: Paying Attention

The first practice exercise will be focus on observation, or "paying attention." It will help participants experience and understand how and why miscommunication can happen.

Practice #1: Paying Attention - "At the Market"
(From Education for Conflict Resolution, A Training for Trainers Manual, Unicef 1997)

Objective: To demonstrate how easily miscommunication can arise through discussion of factors that either block, or facilitate effective communication.

Ask for 3 volunteers willing to demonstrate the challenges involved in effective communication. Explain that they will be sent out of the room, and then called back in, one at a time, to be part of a chain of people who are reporting on a robbery

Distribute copies of "At the Market" (**Handout 11.3**, or another similar story of your choice) to everyone except the three volunteers. Have participants read it and explain that as each volunteer repeats the report, they must note any changes or omissions that occur.

On the copies of "At the Market" that you will give participants there are the following directions: "For each repetition of the report, note anything the person missed, added, or changed from the previous report." Beneath this instruction there are three different headings: *First Repetition - Second Repetition - Third Repetition* with some space for the observations in between.

Invite the first volunteer back into the room. Read the "At the Market" report to him/her.

Invite the second volunteer into the room. Ask the first volunteer to repeat the report to him/her. The rest of the participants should be writing down any changes or omissions that they notice.

Invite the third volunteer into the room. Ask the second volunteer to repeat the report to this person.

After the third volunteer has heard the story, announce that you are a police officer called in to investigate the crime and ask the third volunteer to repeat the report to you.

Thank the three volunteers for their assistance. Remind them that the purpose of this activity was to open discussion of the factors that can block or promote effective communication, and that they have helped in identifying these factors. Be sure that they don't feel that they have been singled out as poor communicators.

Script: At the Market
(Note: You can also write your own story, more relevant to your context. Make sure that it contains a good number of facts and details)

"One day I went to the market and I was going to buy some tomatoes from a stall when I saw some young boys near the stall. They looked like street children and I thought they were waiting for an opportunity to steal something from the stall. Then I saw two or three young men coming towards the stall. I thought they were armed with sticks or may be guns and I was afraid and thought perhaps I should run away. Then the stall keeper started to shout that there was a thief and the boys ran away. Then an old lady started to cry and dropped her shopping and all her things spilled on the ground. I ran to help her and found out that she had taken some soap to look at and the stall keeper thought it had been stolen. I helped the old lady to pick up her things and explained to the stall keeper that she was not a thief."

Debriefing: Follow the exercise with a debriefing and discussion in plenary. Begin the discussion with some of the following questions:

For the volunteers:

☐ What were you feelings as you tried to remember the report?

☐ What factors made it more difficult to remember the report?

☐ Was there anything that aided you in remembering details?

For the rest of the participants:

☐ Did the report change after each successive telling?

☐ Was there anything essential left out?

☐ Was anything added?

For all participants:

☐ What factors do you think made it more difficult to remember the report?

☐ What factors might have helped the volunteers?

☐ What does it tell us about the way we listen?

Summarize the exercise by explaining that, in general, people will try to make sense of what they hear. If what they hear does not make sense to them, they may try to shape the story according to their own experience and expectations so that it does make sense.

End the exercise by asking participants what effects miscommunication has on the way we relate to and act on information we receive.

Practice #2: Paraphrasing

Refer back to **Handout 11.2**.

Explain this simple communication technique to participants. Stress the following points:

- ☐ Paraphrasing is a communication skill that can help avoid misunderstanding. It also reassures the child that you have listened well, and understood what s/he just said.

- ☐ To paraphrase, you listen and occasionally restate the content of a speaker's message in your own words.

- ☐ Information that has been paraphrased is usually expressed in fewer words than the speaker originally used, because your aim is to summarise only the main idea of what has been said.

- ☐ It is a useful way to check that you are really understanding what the speaker means.

Practice #2: Paraphrasing
(From Education for Conflict Resolution, A Training for Trainers Manual, Unicef 1997)

A. Facilitators Modelling Paraphrasing
You model paraphrasing for the group by using the dialogue below (or another version, if necessary, to make it appropriate to the group). If you don't have a co-facilitator, ask for a volunteer to read the part of the speaker:

_____
Dialogue

Speaker: I am really concerned about a student in my class. For the past month or two, she hasn't turned in her assignments on time. She used to be one of my best students, and now her grades are really slipping. Her work is full of mistakes; it just seems like she isn't trying anymore.

Listener: So you've noticed that this good student has recently had trouble finishing her work, and the quality is declining.

Speaker: Yes, and you know, she always seems so tired in class. She's never paying attention when I call on her, and sometimes she looks as if she's about to fall asleep. I can't figure out what might be going on.

Listener: You're puzzled about why she is so tired, and having trouble with her work.

Speaker: I suppose there could be a number of reasons. I wonder if she is having some sort of medical problem. OR maybe there are some family problems at home. I know she works after school—maybe she is just not getting enough sleep. I don't know where to begin!

Listener: There are a lot of possible reasons why she may be having trouble in school, and it hard to know which one to focus on first.

Speaker: I suppose the best thing to do is to try to talk to her parents. Maybe they could tell me if they noticed any changes at home. I don't even know if they are aware that their daughter is having problems.

Listener: So it sounds like talking to the parents is a good place to begin to try and find out what the problem is.

B. Participants Practice Paraphrasing

Ask questions about the paraphrasing exercise you just did; make sure participants understand the technique and the purpose. Clarify any questions they may have.

Ask participants to form pairs. Assign them a topic to discuss in pairs. For example:
  □ A problem that happened at your job/school recently
  □ An example of a time when you helped mediate a conflict between two people
  □ The story of a child in school you are worried about
  □ Any other appropriate topic they may want to choose

Ask participants to take turns in the speaker and the listener roles. The speaker talks about the topic for approximately three minutes, while the listener paraphrases. Then they reverse roles.

Debriefing: After everyone has had the opportunity to be both speaker and listener, discuss the following questions with all the participants:

  □ How did it feel to paraphrase your partner?

  □ Did it come naturally, or did it feel artificial?

  □ How did it feel to have your story paraphrased?

End the exercise by explaining to participants that this technique can feel awkward and strange at first, but with practice, and in "normal" interactions, it will come more easily. Stress that paraphrasing is a technique to be used in communication situations in which clarity is very important, and is not something used all the time in casual conversation.

Practice #3: Reflecting Feelings

Reflecting is another skill of effective listening. It is similar to paraphrasing, but the focus here is to identify the underlying feelings of the speaker rather than simply reflecting back ideas and facts. The purpose of reflecting another person's emotions is both to make sure you understand accurately how he or she feels so that there are no misunderstandings, and to make the person feel that his or her emotions have truly been listened to and understood. Reflecting can make children feel safer and less alone.

Practice #3: Reflecting Feelings
(From Education for Conflict Resolution, A Training for Trainers Manual, Unicef 1997)

A. Facilitators Modelling Reflecting Feelings

You model reflecting feelings for the group by using the dialogue below (or another version, as necessary, to make it appropriate to the group). If you don't have a co-facilitator, ask for a volunteer to read the part of the speaker.

Explain that this is only a demonstration and that, in normal conversation, you would probably never do this much reflecting of feelings!

<div align="center">

Dialogue

</div>

Speaker: I am really concerned about a student in my class. For the past month or two, she hasn't turned in her assignments on time. She used to be one of my best students, and now her grades are really slipping. Her work is full of mistakes; it just seems like she isn't trying anymore.

Listener: So you're really worried about this student.

Speaker: Yes, and I've tried to get her parents to come in and talk to me about it but they just won't. How can they not see what's going on? I just don't think they care about her. I don't know what else to do.

Listener: It sounds like you're really frustrated with trying to get the parents involved, and maybe you're angry with them to?

Speaker: Well, I'm definitely feeling frustrated, but I'm not really angry with the parents. I know that they have had health problems, and one of them lost a job recently, so they have had a lot to deal with. But it's really affecting their daughter, and I don't want her to have to repeat a year of school because of this.

Listener: So you feel concern for what the parents are going through, but your biggest concern is for their daughter.

Speaker: Yes, there's nothing I can do directly to help them. But I just can't give up on this student. She has so much potential, and that shouldn't be lost because of circumstances that are not her fault.

Listener: It sounds like you're really determined to find a way to help this girl.

B. Participants Practice Reflecting Feelings

Ask if participants have any questions about the Reflecting Feeling modelling that you just did. Make sure everyone understands the technique and the purpose.

Ask participants to form pairs.

Ask which participants can quickly come up with a short topic they would like to use for the exercise.

Assign topics to those who don't have any at the moment. Different pairs can have the same topics. For example:
- □ Health problem with a member of your family you recently found out
- □ Your dilemma because your husband wants to move in the hope of getting a better job but you are not sure you want to
- □ A problem that happened at your job/school recently
- □ An example of a time when you helped mediate a conflict between two people
- □ A relationship with a family member who is important to you
- □ A very noisy and nosy neighbour

Ask participants to take turn in the speaker and the listener role. The speaker talks about the topic for approximately three minutes, while the listener responds in a way that reflects the feelings in the statement. Then they reverse roles.

Debriefing: In plenary as the participants some of the following questions:

- □ How did it feel to have your emotions reflected back to you?

- □ When the listener reflected your feelings back, did they get your feelings right some of the time? Most of the time?

- □ When it was not accurate, were you able to clarify what these feelings were?

- □ Was it difficult to understand or find the emotions underlying the statements?

- □ When you were the speaker, did you feel understood?

- □ What do you think about this method as a way to make children feel they are listened to and/or encourage them to open up?

Practice #4: Open Questions

Refer back to **Handout 11.2**.

Begin by explaining that good listeners do more than observe, paraphrase and reflect feelings. They also know how to ask questions in a way that elicits more information and clarification. Knowing how to ask questions is a critical skill both for teaching and for communicating with children, particularly with children in distress

A. Brainstorming Exercise in Plenary

Ask participants: *"What is the purpose of asking questions? Why do we ask them?"*

Write participants' responses on a flip chart.

Show participants the following list of questions, written ahead of time on a flip chart or an overhead transparency (<u>without the answers</u>, which are written in parentheses here):

□ What is your middle/second name? (specific, focused information)

□ Would you prefer coffee or soda? (limited decision or judgement)

□ Shouldn't you be paying attention to what you're doing? (giving opinion, not an authentic question)

□ Where would you like to be a year from now? (understand better)

□ How useful was the last session? (evaluation)

□ Why do you think he reacted that way? (analysis)

Ask participants: *"What is the purpose of these questions?"*

End the brainstorming by asking: *"What other purposes or uses might questions have?"*

B. Open versus Closed Questions

Introduce the concepts of Open and Closed Questions. Explain that there are two different ways to ask questions, known as **closed questions** and **open questions**, and that each is useful for different purposes.

<u>Closed questions</u>
These are questions that greatly narrow down, or restrict, what will be answered. They only require a "yes" or "no" answer. They may be most useful in getting facts or specific information.

Examples of closed questions:

□ "Are you angry?"

□ "Is your family treating you badly?"

□ "Are you happy with the games we just played?"

□ "Have you had bad experiences in the emergency?"

□ "Are you happy?"

Variations of closed questions are <u>leading questions</u>. These questions are not only closed, they actually "lead" the child to give a particular answer. As with closed questions, the child may feel that she or he has to say "yes" because it may not be polite to say "no" to an adult. A child may also feel that the adult does not want to hear "no" as an answer to the question.

Examples of leading questions:

□ "You must be angry?"

□ "I think that you are okay now, aren't you?"

<u>Open questions</u>
These do not have any "yes" or "no" answers. Open questions are an invitation to the child to think independently. They are non-threatening because they show that we don't have any particular preference regarding the answer the child will give, that we are open and ready to listen to any answer.

With closed questions you may be able to find out facts, but with opened questions you can learn about a child's feelings, perceptions, concerns and questions, as well as what is important to that child.

Note: At this point you could show the cartoon of Closed and Open Questions (see below).

Practice #4: Open or Closed Questions?
(From Education for Conflict Resolution, A Training for Trainers Manual, Unicef 1997)

Distribute **Handout 11.4**.

Ask participants to work in pairs to decide which of these questions are open and which ones are closed. If participants identify the question as a closed question, ask them to rewrite it as an open question. If you have time, have the pairs work together to make a list of their own open and closed questions. After that they join with another pair, exchange their lists, identify open and closed questions and rewrite to make them open, as necessary

<u>Open or Closed?</u>

Did you go to the meeting yesterday?
What do you like to eat most?
Do you like the work that you do?
How could we solve this problem?
Do you like playing sports?
How do you think you can use listening skills in your work?
Did you like the role plays we did yesterday?

Are you enjoying this training so far?
Do you use open questions in your work?
Why are you angry?

Debriefing: After the exercise, discuss some of the following questions with participants:
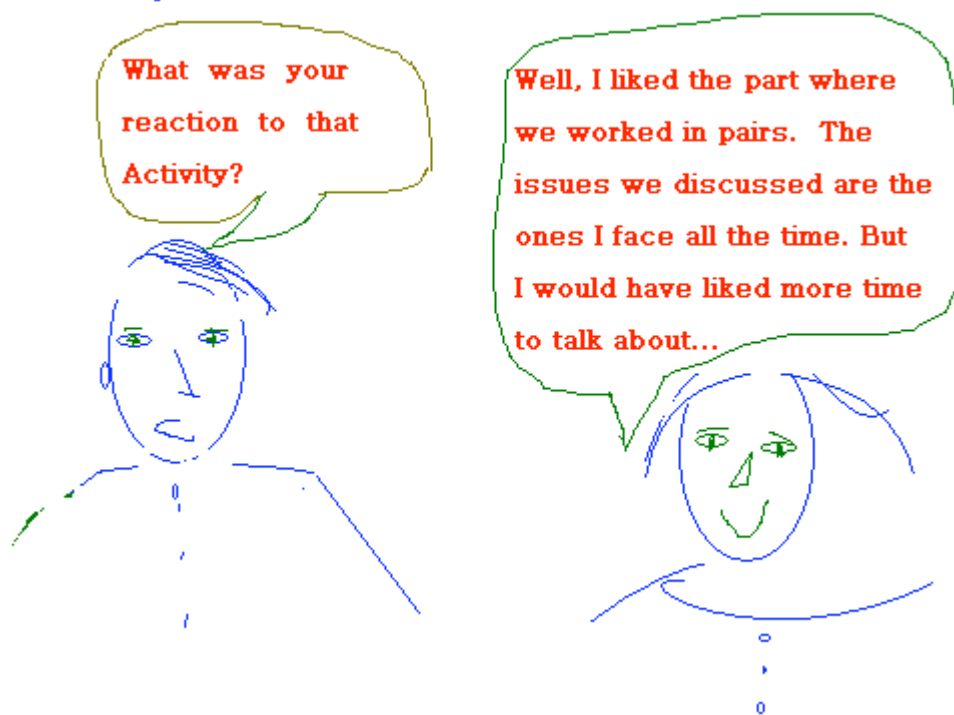
□   Was it difficult to rewrite the questions? If so why?

□   Think about different situations in your life, such as home, work, and social situations. Do you tend to use different kinds of questions in these situations? If so, why?

□   What kinds of questions tend to be used most in schools with the children? Why is this so? If the response was "closed questions," ask participants: "What would it take to help teachers use more open questions?"

□   How could the use of open questions be useful in the process of problem solving and helping shy children to express their feelings?

CLOSED QUESTION

Did you enjoy That activity?

Yes

AN OPEN QUESTION

What was your reaction to that Activity?

Well, I liked the part where we worked in pairs. The issues we discussed are the ones I face all the time. But I would have liked more time to talk about...

Practice #5: Active Listening

Refer back to **Handout 11.2**.

In this exercise, we will practice integrating the different types of communication skills we have learned today: Paying attention, paraphrasing, reflecting feelings, asking open questions and body language. Remember that body language includes our tone of voice, our body position (in relation to the person we are talking to), and our facial expressions.

This is only practice and because we have only just learned some of these communication skills, "active listening" will most likely feel artificial and strange. Don't worry. With time and practice, you will naturally integrate some of these skills into your normal communication style.

Instruct participants to turn to the last page of **Handout 11.2**, "Active listening involves..." and ask each group to take a few minutes to review the different skills involved in active listening before completing the exercise below.

Practice #5: Active Listening

Ask participants to form groups of three members. Ask each person in the small groups to choose one of three roles: speaker, listener, or observer.

The speaker will talk for three minutes on a given topic. Participants can chose their own topic (something they care about), or you can assign a topic. The listener will practice as many active listening skills as possible. The observer will watch the interaction.

After three minutes, the observer will give feedback to the listener on how well he or she used the active listening skills learned today.

Tell the groups when time is up (five minutes) and ask the group members to change to a different role.

Call time again after five minutes and have group members change roles again. By the end of the third round, each group member should have had the chance to be speaker, listener and observer.

Debriefing: To summarize the exercise discuss the following with the participants:

- □ How did it feel to try to integrate three different listening skills we discussed?

- □ Is this different from the way you are usually listened to? If so, how?

- □ Is it different from the way you usually listen? If so how?

Facilitate a discussion with the participants on whether they could use this type of communication with children. If they agree, discuss when it may be appropriate, and what kind of psychosocial benefits they think children could get from adults listening to them in this way.

4. Session Wrap-Up

Session 12: What Do We Already Know About Activities and Interventions that Help Children in Emergency?			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Stationery for Participants	2.5 Hours
Exercise: Brainstorming Psychosocial Activities	Group Work Group Feedback and Discussion	Laptop Computer and Projector PowerPoint Presentation 12	
PowerPoint Presentation	PowerPoint Presentation	Handouts	
Session Wrap-Up			

Objectives
By the end of Session 12, participants will have identified, explored and practiced a range of activities aimed at strengthening the coping capacity of all children and promoting recovery in distressed children.

Guidance Notes 12

The aim of this session is to stimulate thinking about types of activities that may be conducted in the school setting that can positively affect children's coping and resilience in the face of adverse conditions. This will be an initial introduction and in the next session, participants will develop and practice their own activities that may be appropriate for their specific contexts. Some of the key messages for this session include:

☐ In addition to academic learning in a supportive environment, children in emergency can greatly benefit from many other activities that can be organized in schools.

☐ Activities such as sports, art, games, music and dancing—if skilfully facilitated—can serve the specific purpose of diminishing stress and bringing back creativity and enjoyment in all children.

☐ These activities can also mitigate some of the more severe effects of the emergency on the more distressed children.

In group work, participants will be asked to think about activities that they engage their students in already, and how these activities may contribute to strengthening the

children's resilience. The rest of the session will be spent discussing different types of activities for children and their known psychosocial benefits.

1. Introduction
Introduce the topic by reminding participants that we have already discussed the important role that teachers have in supporting children in emergency in their classroom activities. Explain that schools can help children in many other ways as well. Suggest to participants that they probably already know that games and sports, for example, are good for children. There are many other specific activities that can be organised in schools that are both preventive and promote the recovery (healing) of the more distressed children.

2. Exercise: Brainstorming Psychosocial Activities
Ask participants to take a few minutes to think whether there are any special activities that they already do with children when bad things have happened or children are particularly sad or scared.   If any participants suggest that they are not the ones to organise these activities, ask them who in the family or the community might do it?

If necessary, give examples: "*If your nephew lost his mother and seems to stay inside the house too much, and does not play with his friends anymore, what would you do? Would you take him by the hand and organise a ball game or some other activities where he would mix with other children his age? Who would do this? Would do something else? What are the activities (games, sports, music, dance, for example) that seem to make children happy? Which do you think children need all the time? When are children especially in need of these activities?"*

Ask participants to work on this brainstorming exercise in groups of two or three, Instruct groups to write down their lists on a piece of paper.

Have each group, in turn, read its list, which is transcribed onto a flip chart by a volunteer participant. Each entry should be immediately grouped by category of activities. Repetition will be immediately eliminated.

After each group volunteers an activity to do with the child, **ask the group to think about what psychosocial benefit they think this activity could bring to the children involved**. Ask them to consider this activity in the context of the psychosocial needs discussed before.

At this stage, listen to what participants have to say and encourage them to think for themselves. Do not add much to the substance of the discussion. This topic will be covered in a comprehensive manner in the next exercise.

3. PowerPoint Presentation
Before beginning the PowerPoint Presentation, make sure that you have had enough time to review it thoroughly. You should be able to answer participants' questions and have made make your own adjustments, if necessary.

This is an interactive PowerPoint discussion. **Make sure you that only show the column on the left at first**, and hide the right column until participants have answered the following questions for each activity presented:

- *"What are the possible psychosocial benefits of this activity for the children?"*

- *"Can this be useful in the classroom or should it be only for outside regular class time?"*

- *"How often do you think this activity should be done?"*

Allow only about 2 minutes for this "answer" exercise (you will take responses from only two or three participants). If no one can come up with a relevant psychosocial benefit, you can give participants a little more time or suggest a hint.

Have one participant quickly write the answers on a flip chart next to each activity.

Next, show the right column of the PowerPoint presentation. This column gives some of the potential psychosocial benefits and suggests only some of the possible answers.

Because there are contextual factors to these questions, there are no definitive answers. It is more important that participants think about and discuss these issues than to be given ready-made answers.

The PowerPoint presentation must be supplemented by a more complete explanation of why these are possible benefits. Facilitate a short discussion about these potential benefits to ensure that the link between what goes on during the activity and what it is trying to achieve is understood by all participants. Also, ask if participants can think of some additional benefits not listed here.

4. Session Wrap-Up

DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET?

Review the Day 4 objectives, which should be displayed for the duration of Day 4.

By the end of Day 4, participants will:

- ☐ Understand the importance of effective communication in supporting children who have experienced emergencies

- ☐ Be able to utilize effective communication skills

- ☐ Have identified, explored and practiced a range of activities aimed at strengthening the coping capacity of all children and at promoting recovery in those who are more distressed

Did we meet all of these objectives? Ask the participants for their opinion. If these objectives were not met, what parts of the training were not understood?

(You may want to spend a little time discussing any points which were not understood)

EVALUATION

Distribute evaluation forms. Collect completed forms from participants at the end of Day 4. Evaluations will be repeated daily.

Day 4

Exercises and Handouts

Handout 11.1: What is Communication? A Few Thoughts to Help Us Reflect on Our Communication Style and Skills

What is Communication?
Communication can be defined in many ways. One useful way to understand "communication" is the management of messages for the purpose of creating meaning and effects.

What kind of meaning and effects? This is left up to the sender and the receiver of the communication. In general, the "sender" tries to convey <u>facts,</u> <u>thoughts</u> and <u>emotions</u>, with the objective of achieving many different effects in the receiver.

For example, the sender may want:

- □ To create cognitive understanding (e.g. teaching)

- □ To create feelings of well-being in the receiver (e.g. words of praise, of love, of caring)

- □ To gain the empathy of the receiver (e.g. when we relate bad things that have happened to us)

- □ To get the receiver to like us (e.g. when we flatter the receiver, for example)

- □ To affect a behaviour change in the receiver (e.g. expressing disapproval of certain things the receiver does in the hope that she or he will change)

- □ To frighten the receiver (e.g. verbal threats to the security of the receiver, his or her property or family)

- □ To create many other different kinds of feelings in the receiver (e.g. shame, joy, pride, jealousy)

- □ To entertain or distract the receiver (e.g. telling fun jokes)

How Does Communication Take Place?
Interpersonal communication is an active, two-way process that involves at least three phases:

1. The "*sender*" trying to convey to one or more persons' facts, thoughts and feelings
2. The "*receiver*" actively trying to understand what the communicator has expressed ("decoding" the message)
3. A "reaction" to the message

Even if the receiver says nothing, he or she is communicating. In this case, the receiver is trying to "say" something by his or her silence.

Non-Verbal Communication

Talking with others – verbal communication – rarely relies on words alone. Words are usually accompanied by **body language**. In fact, in some cases, body language can speak louder than words.

Some examples of body language in communication include:

From both the "sender" and the "receiver"

- □ Tone of voice

- □ Frowns or smiles

- □ Body positioning relative to the other people involved in the conversation (higher, lower, far, close, turned away)

- □ Being calm or agitated

- □ Making or avoiding eye contact

- □ Looking at a wristwatch while another person is talking

- □ Yawning, nodding, shaking the head

From the "receiver" when being spoken to (may or may not be accompanied by words)

- □ Rolling or closing the eyes

- □ Sighing

- □ Crying

- □ Walking away

- □ Looking defiantly in the sender's eyes

- □ Looking at the floor or around the room

Think about how babies communicate: they cry, scream in different pitches, or makes pretty "cooing" sounds. Only those who know the baby well can "decode" these sounds. Usually the mother is the best at understanding whether these sounds mean that the baby is hungry, hurt, happy or pleased, wants more attention or wants to sleep. The mother has to interpret her baby's communication system to make meaning out of it.

We all have to constantly try to "decode" communications coming at us. Words and body language may have very different meanings depending on the context of the communication, our relationship with the other person, personality and what the person *really* wants to communicate but perhaps does not know how, or is too shy or wants to hide her intent.

Take a few minutes to think about children you know. Consider whether the things children say are always a good reflection of what they intend to say or what they feel. Do you feel that you have to decode communications coming at you?

The importance of interpretation means that good communication involves good observation skills. We are all aware of how easily misunderstanding between people can happen, especially when it is communication with children who may not have all the words needed to express themselves clearly.

When Does Communication Take Place?
Communication takes place whenever we are in the presence of other people. This means that we can participate in good communication, mediocre communication or poor communication, but that non-communication hardly ever exists.

For teachers, this means that *how* we communicate with children is a crucial element in children's well-being. Everything we do with children – teaching, playing, discussing an event or planning our day, disciplining, supervising homework or a game – is mediated through communication.

Improving Our Communication Skills to Promote the Well-Being of Children
Think about how different people communicate. Think about how communication took place in your family as you were growing up. Did everyone communicate in the same way? Are there any traditional ways of communication that older people still use but that have been forgotten or rejected by young people?

Think about and write down the different characteristics of good communication, such as verbal language, body language, listening skills, time and place given to the child. Include other characteristics that we have not discussed here today. After that, compare your list with your own communication style. Do you see ways to improve?

Handout 11.2: Introduction to Several Communication Skills[1]

Communication is very complex, and there are many opportunities for misunderstanding or even hurting children with words and body language. In fact, poor communication is often at the root of conflict and pain. Learning how to communicate well will help children learn better, comfort them and reduce conflict.

Communication means much more than expressing oneself, verbally or otherwise. Communication includes different skills. We will discuss five of these skills here:

- □ Paying attention
- □ Paraphrasing
- □ Reflecting feelings
- □ Open questions
- □ Active listening

Paying Attention

"Paying attention" when someone is talking seems like a simple idea. However, we often do not pay enough attention when people are talking to us. This is especially true for our interactions with children. We may be in a hurry, or we may think we already know what the person is going to say and jump to conclusions – finishing another person's sentences, for example. We may sometimes be so eager to talk about our own feelings that we do not pay full attention what another person is saying. Miscommunication and misunderstanding often arise simply from our inability or unwillingness to pay close attention to what another person is saying.

Think about the different ways in which we are not attentive enough when people talk to us. Take a few minutes to recall some recent discussions when you may not have fully heard all that another person was saying. Can you think of some times when someone misunderstood what you were saying because they were not paying attention? Most of us have experienced this feeling before – it is important that we start looking at our own listening behaviours as well!

Paraphrasing

"Paraphrasing" is a communication skill that can help avoid misunderstanding. It also reassures the listener that you have listened well, and that you understand what has been said.

Paraphrasing involves listening and occasionally restating the content of a speaker's message in your own words. Information that has been paraphrased is usually expressed in fewer words than the speaker originally used, because the aim is to summarise only the main idea of what has been said.

The dialogue below presents an example of paraphrasing. This dialogue, of course, is only a demonstration. For that reason, every statement by the speaker is paraphrased by the listener. Under normal circumstances, you will never use paraphrasing so much.

Example of Paraphrasing:

<u>Speaker</u>:   I am really concerned about a student in my class. For the past month or two, she hasn't turned in her assignments on time. She used to be one of my best students, and now her grades are really slipping. Her work is full of mistakes; it just seems like she isn't trying anymore.

<u>Listener</u>:   So you've noticed that this good student has recently had trouble finishing her work, and the quality is declining.

<u>Speaker</u>:   Yes, and you know, she always seems so tired in class. She's never paying attention when I call on her, and sometimes she looks as if she's about to fall asleep. I can't figure out what might be going on.

<u>Listener</u>:   You're puzzled about why she is so tired, and having trouble with her work.

<u>Speaker</u>:   I suppose there could be a number of reasons. I wonder if she is having some sort of medical problem. OR maybe there are some family problems at home. I know she works after school—maybe she is just not getting enough sleep. I don't know where to begin!

<u>Listener</u>: There are a lot of possible reasons why she may be having trouble in school, and it is hard to know which one to focus on first.

<u>Speaker</u>: I suppose the best thing to do is to try to talk to her parents. Maybe they could tell me if they noticed any changes at home. I don't even know if they are aware that their daughter is having problems.

Reflecting Feelings

Reflecting is another skill of effective listening. It is similar to paraphrasing, but the focus here is on the underlying feelings of the speaker rather than simply reflecting back ideas and facts.

The purpose of reflecting another person's emotion is both to make sure you understand accurately how she or he feels so that there are no misunderstandings, and to make the speaker feel that his or her emotions have truly been listened to and understood. It can make the speaker (and particularly children) feel safer and less alone.

Reflecting feelings is more difficult than paraphrasing, because underlying feelings and emotions may not be as obvious as facts and ideas.

The dialogue below illustrates an example of reflecting feelings in a conversation. It will sound strange and artificial because it is a demonstration. In everyday life, you will never use reflecting so much.

Example of Reflecting Feelings:

Speaker: I am really concerned about a student in my class. For the past month or two, she hasn't turned in her assignments on time. She sued to be one of my best students, and now her grades are really slipping. Her work is full of mistakes; it just seems like she isn't trying anymore.

Listener: So you're really worried about this student.

Speaker: Yes, and I've tried to get her parents to come in and talk to me about it but they just won't. How can they not see what's going on? I just don't think they care about her. I don't know what else to do.

Listener: It sounds like you're really frustrated with trying to get the parents involved, and maybe you're angry with them to?

Speaker: Well, I'm definitely feeling frustrated, but I'm not really angry with the parents. I know that they have had health problems, and one of them lost a job recently, so they have had a lot to deal with. But it's really affecting their daughter, and I don't want her to have to repeat a year of school because of this.

Listener: So you feel concern for what the parents are going through, but your biggest concern is for their daughter.

Speaker: Yes, there's nothing I can do directly to help them. But I just can't give up on this student. She has so much potential, and that shouldn't be lost because of circumstances that are not her fault.

Listener: It sounds like you're really determined to find a way to help this girl.

Open Questions

Good listeners do more than observe, paraphrase and reflect feelings. They also know **how to ask questions** in a way that elicits more information and clarification. Knowing how to ask questions is a critical skill both for teaching and in communicating with children, particularly with children in distress

There are many different reasons why we ask questions, and many different ways in which we formulate our questions. Consider the following questions. What is the purpose of each question?

1. What is your middle/second name?
2. Would you prefer coffee or soda?

3. Shouldn't you be paying attention to what you're doing?
4. Where would you like to be a year from now?
5. How useful was the last session?
6. Why do you think he reacted that way?

Some of the answers to the questions above include:

1. Specific, focused information
2. Limited decision or judgement
3. Giving an opinion (not an authentic question)
4. Understand better
5. Evaluation
6. Analysis

Think about other reasons why we ask questions.

There are different ways to ask questions. Some tend to inhibit and other encourage the sharing of information. Let's take a look at the use of "closed" and "open" questions to see what each type of question can achieve.

Closed questions
These are questions that greatly narrow down, or restrict, what will be answered. They only require a "yes" or "no" answer. They may be most useful in getting facts, or specific information.

Examples of closed questions:
☐ Are you angry?
☐ Is your family treating you badly?
☐ Are you happy with the games we just played?
☐ Have you had bad experiences in the emergency?
☐ Are you happy?

Variations of "closed questions" are "leading questions". These questions are not only closed, they actually lead" the child to give a particular answer. As with "closed questions," the child may feel that she or he has to say "yes," because it may not be polite to say "no" to an adult. A child may also feel that the adult does not want to hear "no" as an answer to the question.

Examples of leading questions:
☐ "You must be angry?"
☐ "I think that you are ok now, aren't you?"

Open questions
These do not have any "yes" or "no" answers. They are an invitation to the child to think independently. They are non-threatening because they show that we don't have any particular preference regarding the answer the child will give, that we are open and ready to listen to any answer.

Using open questions also shows respect for what the child has to say; you are not deciding in any way for him or her. Whenever possible, it is better to use open questions to give an opportunity for the child to express what is important for him or her.

We use closed questions all the time. This is appropriate as long as the choice is clear or limited. For example:

- □ Are you hungry?
- □ Would you like to go and play soccer now (when a game is going to begin)?
- □ Do you want an orange or a banana (when these are the only choices available)?

We have to be careful, however, to ensure that we are not "closing" children's choice, and that we give all children the chance to express themselves.

Active Listening

"Active listening" involves integrating the different types of communication skills discussed above, along with attention to body language and other skills.

Active Listening involves:

Paying Attention

- □ Arrange seating such that you are at the same level as the children, and close enough that none of you have to strain your voices

- □ Make eye contact (unless this is culturally unacceptable)

- □ Face the child who is talking

- □ Notice the child's body language: does it match what he or she is saying?

- □ Try to listen in a quiet place that is free of distraction

- □ Don't try to do anything else while you are listening

Following

- □ Make use of "encouragers" such as: "Can you say more about that?" or "Is that so?"

- □ Use a tone of voice and facial expressions that convey interest

- □ Ask open questions to elicit more information

- □ Do not laugh about what is being told

- □ Avoid overwhelming the child with too many questions.

- □ Be patient: give the child time to say what she or he wants to say.

□ Avoid giving advice, or describing a time when something similar happened to you

Paraphrasing and Reflecting Feelings

□ Occasionally paraphrase the child's main ideas, if appropriate

□ Occasionally reflect the child's feelings, if appropriate

Other

□ Do not criticise

□ Maintain confidentiality

□ Ask the child if s/he has any questions he or she would like to ask you.

At the Market

One day I went to the market and I was going to buy some tomatoes from a stall when I saw some young boys near the stall. They looked like street children and I thought they were waiting for an opportunity to steal something from the stall. Then I saw two or three young men coming towards the stall. I thought they were armed with sticks or may be guns and I was afraid and thought perhaps I should run away. Then the stall keeper started to shout that there was a thief and the boys ran away. Then an old lady started to cry and dropped her shopping and all her things spilled on the ground. I ran to help her and found out that she had taken some soap to look at and the stall keeper thought it had been stolen. I helped the old lady to pick up her things and explained to the stall keeper that she was not a thief.

Instructions

For each repetition of the report, note anything the person missed, added, or changed from the previous report.

First Repetition

Second Repetition

Third Repetition

Handout 11.4: Open or Closed Questions

Did you go to the meeting yesterday?

What do you like to eat most?

Do you like the work that you do?

How could we solve this problem?

Do you like playing sports?

How do you think you can use listening skills in your work?

Did you like the role plays we did yesterday?

Are you enjoying this training so far?

Do you use open questions in your work?

Why are you angry?

Handout 12.1: Introduction to Psychosocial Activities

This training has explored how children's basic needs for *safety, self-esteem, control, trust, and intimacy* can be disrupted. Similarly, important frames of reference such as *a sense of identity, ability to organise and assess situations effectively, and spiritual beliefs* may be impacted as well. Finally, a distressed child may also experience physical challenges. *Sleeping* and *eating* patterns often change, and *memory systems* can be affected, resulting in forgetfulness, lack of concentration, and memory loss.

We have learned how teachers can respond to several needs in the classroom. We will now discuss additional activities designed to specifically meet the psychosocial needs of children. While most of these activities can be conducted outside the formal school setting, many of them are recommended for use in classrooms.

Protective Factors in Children[6]

The objectives of psychosocial activities are to strengthen resilience and protective factors in children (refer to overview of main protective factors below). Engaging children in these activities on a regular basis can serve both the purposes of **prevention** (of further harm) and **promotion for recovery and healing** for the more distressed children**.**

The following protective factors tend to help people thrive in the face of adversity. They act as a buffer against the effects of stressful experiences, and help them cope with the transitions demanded by significant life events.

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[6] *Excerpted from "The Psycho-social Structured Activities Program" developed by Robert D. Macy, Ph.D. from the Center for Trauma Psychology, Boston, MAUSA, Manual revision by Jennifer Obadia, Psycho-Social Trainer, Save the Children-USA, 2006*

Social support: Well-developed interpersonal skills and the ability to secure and maintain a good social network are vital to emotional health and stability.

Optimism and healthy **self-esteem**: An optimistic outlook, regular experiences of positive emotions and a healthy self-esteem are traits that foster resilience.

Spirituality: Spirituality incorporates an individual's vision of a "moral order" and search for meaning and purpose, religious beliefs and hope for the future. In general, spirituality is a very effective protective factor.

Adaptability: A certain degree of flexibility in belief structure, emotional experience and worldview is a protective factor.

Tendency to find **meaning**: A natural tendency to find meaning and purpose in events, especially stressful events, is another protective factor.

Curiosity and openness to experience: Curiosity and openness to new experiences are related to adaptability, hardiness and resilience.

Aptitude: Resourcefulness, intelligence and general capability are protective factors.

It is important to remember that threats, terror and other shocking events, as well as more prolonged stress, privation and deprivation have consequences in children in three different domains: physical, emotional and cognitive. Think of Structured Psychosocial Activities as providing "food" for children on these three different levels:

Physical: Opportunities to reduce physical symptoms of stress, through engaging children fully in playing, laughing, and simply having fun.

Emotional: Opportunities for exploring, expressing and experiencing a range of feelings and emotions in a safe environment.

Cognitive: Opportunities for children to begin to make meaning of what has happened to them as well as understand better complex issues in their present environment at their own developmental pace.

These are examples of interventions and activities which, if done regularly with children, will help them "calm down", regain some of their normal functioning and recover some of their capacity for joy and hope.

Facilitator Guide

Day 5

Day 5: Psychosocial Activities and Interventions: Developing Skills and Strategies

LEARNING OBJECTIVES

By the end of Day 5, participants will:

- □ Understand the link between specific activities and psychosocial benefits to the children.

- □ Have developed new psychosocial activities that they can use with their students.

- □ Understand what teachers can do in the community to support the recovery and psychosocial development of the child.

- □ Have developed personal work plans for psychosocial support and resilience-building of their students.

PREPARATION FOR TRAINER

In preparation for Day 5, trainers will:

- □ Photocopy the Day 5 objectives

- □ Photocopy handouts for Day 5 (Total = 7)

RESOURCES FOR TRAINING

- □ Facilitator Guide - Day 5

- □ Introduction exercises and ice-breakers

- □ Overheads and handouts

- □ PowerPoint presentations

- □ Stationery for participants

- □ White board and marker pens

- □ Flip charts, paper and pens

- □ Laptop computer and projector

DAY 5: AT A GLANCE			
Session	**Method**	**Resources**	**Duration**
Registration and Introductory Session	Instruction	Facilitator Guide – Day 5 PowerPoint Presentation: Day 5 Objectives	0830 – 0900 30 Minutes
SESSION 13: Exploring and Practising Focused Psychosocial Activities for Children in Emergency	Group Work	Guidance Notes 13 Handout 13.1: Getting Started: Initial Guidance for The Teachers or Animators Who Will Facilitate Psychosocial Activities and Material Needed Handout 13.2: List of Suggested Activities and Their Possible Psychosocial Benefits To Children Handouts 13.3, 13.4 and 13.5: Instructions for Group Work A, B and C	0900 – 1030 1.5 Hours
BREAK 1030 – 1100			
SESSION 13: Exploring and Practising Focused Psychosocial Activities for Children in Emergency	Group Feedback and Discussion		1100 – 1300 2 Hours
LUNCH 1300 – 1400			
SESSION 14: Working With Parents And Communities to Promote Children's Psychosocial Well-Being	Group Work Group Feedback and Discussion	Guidance Notes 14 Handout 14.1: Working with Parents and Communities in Promoting Children's Psychosocial Well-Being PowerPoint Presentation 14.1: Working with Parents and Communities to Promote Children's Psychosocial Well-Being	1400 – 1445 45 Minutes
SESSION 15: Developing Work Plans to Promote and Facilitate Children's Psychosocial Support	Group Participation	Guidance Notes 15 Handout 15.1: Work Plan for Psychosocial Support Activities	1445 – 1530 45 Minutes
BREAK 1530 – 1545			
SESSION 15: Developing Work Plans to Promote and Facilitate Children's Psychosocial Support	Group Work		1545 – 1630 45 Minutes
RELAXATION EXERCISE	Group Participation	Combining Physical and Visualisation Exercises	1645 – 1655 10 Minutes
DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET? EVALUATION FORM: POST TEST CLOSING END SESSION AT 1700			

Introductory Session			
Topic	**Method**	**Resources**	**Duration**
Registration	Instruction	Stationery for Participants	30 Minutes
Welcome		Laptop Computer and Projector	
Introduction		PowerPoint Presentation: Day 5 Objectives	
Day 5 Objectives	PowerPoint Presentation		
Exercise / Ice Breaker	Group Participation	Facilitator Guide – Day 5	

1. Registration

2. Welcome

3. Introduction
Provide feedback from Day 4 evaluation. Ask participants if they have any "burning questions" from yesterday's training. Allow time for a brief discussion.

4. Day 5 Objectives

Note: Be prepared to make changes if some participants have specific learning needs. Any changes should be beneficial to the entire group. Also, ensure that the final objectives are displayed throughout the training (on a board or wall). At the end of the training, participants will be able to evaluate whether the objectives have been met.

5. Exercise / Ice Breaker
Start with a warm up exercise. Use what is useful in your educational context. It should be fun and relaxing for participants.

Session 13: Exploring and Practising Focused Psychosocial Activities for Children in Emergency			
Topic	Method	Resources	Duration
Introduction	Instruction	Stationery for Participants Flip Chart, Paper and Pens Handouts	3.5 Hours
Explore and Practice Specific Psychosocial Activities	Group Work		
Demonstration of Activities	Group Feedback and Discussion		
Session Wrap-Up			

Objectives
By the end of Session 13, participants will have developed an understanding of the link between specific activities and psychosocial benefits to the children, and will have identified some new psychosocial activities that they can use with their students.

Guidance Notes 13

1. Introduction
The aim of this session is to allow for in-depth exploration and role playing of various structured activities.   The aim is for everyone to have enough time to discuss both why certain activities are beneficial and how to facilitate them with the children.

In group work, participants will develop their own activities that they think can be used to promote coping and resilience in children affected by emergencies. They will then practice teaching these activities to the other participants, to gain an understanding of the processes and potential challenges of facilitating psychosocial activities.

2. Explore and Practice Specific Psychosocial Activities
Working in groups of five to seven, participants will identify, explore and practice facilitating activities pertaining to one of: A. Music, Rhythm and Dance; B. Games; and C. Theatre/Drama Activities, Puppet Shows and Storytelling. The three themes will be explored simultaneously. Depending on the number of participants there could be one to three small groups per theme (see instructions below).

After participants have already worked together in small groups for 30 minutes, give a copy of **Handout 13.2** to all the groups, and ask them to read it together. This will

stimulate their thinking and help them get ready to facilitate the chosen activities in plenary.

Group Work A: Music, Rhythm and Dance

Objectives
1. To identify, explore and discuss the benefits of a range of traditional or contemporary musical expressions

Instructions
1. Working in groups of five to seven, identify, discuss and make a list of songs and dances from your culture that may already used in time of distress, or that you think could be used to relieve stress and sorrow or bring joy. Include any other specific rhythmic movements that may be traditional or modern and would be enjoyable or have special benefits for the children.
2. Discuss the different times when these songs and dances were performed. Weigh the potential benefits and potential drawbacks of bringing these songs and dances back.
3. Discuss *how*, *for what age groups*, *when*, and *how often* you would introduce these songs, dances and other rhythmic or expressive movements to the children. (Would you use these activities routinely during class? Twice a week? More often? Why?)
4. As a group, read **Handout 13.2**, which will be given to you by the facilitator during your group work time.
5. Prepare, at a minimum, two songs, one dance and one rhythmic or expressive movement that you will teach other participants in plenary.

Group Work B: Games

Objectives
1. To explore and discuss traditional and other games that would bring psychosocial benefits to children, so as to deepen our understanding of the use of games to promote coping (e.g. improving self-esteem, building trust, breaking down isolation) or simply bringing enjoyment.

Instructions
1. Working in groups of five to seven, identify, discuss and make a list of traditional or contemporary games that you think would bring psychosocial benefits to the children or build their coping capacity in some ways.
2. Discuss memories of how you felt when you played some of these games as a child. Weigh the benefits and potential drawbacks of bringing some of these games back.
3. You may also want to develop some of your own games or adjust some of the existing ones. Discuss the specific psychosocial / healing / resilience-building benefit of each.
4. As a group, read the list of games on **Handout 13.2**, which will be given to you by the facilitator during your group work time.
5. Make a list of the games you have discussed, including those from the facilitator, and prepare to teach three or four of these games to participants in plenary.

Group Work C: Theatre/Drama Activities, Puppet Shows and Storytelling

Objectives
1. To learn the value of using theatre/drama/puppets/storytelling to gradually help children who are distressed, withdrawn or overly aggressive regain a sense of control.
2. To provide another avenue for children to have a voice, express their creativity, their worries, and especially their dreams.

*Note: It is very important that the plays/drama/puppet shows **not** be about distressful events that the children have experienced. The danger of reactivating anxiety, fear and trauma through re-enactment of past shocking and violent experiences is real. This should never be done in the context of a school, even with a psychologist or psychotherapist.*

Instructions
1. Discuss together several possible topics that children may enjoy: fantasy stories for the younger children; current preoccupations, interests, worries, wishes and hopes for the older ones.
2. As a group, read **Handout 13.2**, which will be given to you by the facilitator during your group work time.
3. Prepare one full length drama, one story, or one puppet show approximately 5 to 10 minutes long, that you will share with other participants in plenary.

3. Demonstration of Activities

Ask one member of each group to tell how the process of the group work went. Were groups able to identify traditional music, dance, stories or games? Was it easy? Was it difficult? Have this group member quickly read the list of activities that the group has come up with.

Next, have groups facilitate, perform or teach the other participants the activities they have prepared.

After every activity, facilitate a short discussion with the participants about the psychosocial benefits intended. How did participants feel about the activity? Responses may be recorded on a flip chart.

4. Session Wrap-Up

Facilitate a short discussion with participants about whether and how these –and similar activities- could be introduced in schools, and what opportunities, as well as challenges, exist in their schools to promote these types of activities.

SESSION 14: WORKING WITH PARENTS AND COMMUNITIES TO PROMOTE CHILDREN'S PSYCHOSOCIAL WELL-BEING[7]

Session 14: Working With Parents And Communities to Promote Children's Psychosocial Well-Being			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Stationery for Participants	45 Minutes
How Can Teachers Support Parents?	Group Work	Laptop Computer and Projector	
How Can Teachers Work with Communities?		PowerPoint Presentation 14	
Report and Discussion	Group Feedback and Discussion	Handouts	
Session Wrap-Up			

Objectives
By the end of Session 14, participants will understand what teachers can do in the community to support children's recovery and psychosocial development.

Guidance Notes 14

The aim of this session is to encourage participants to take active roles in promoting the psychosocial well-being of their students in the community. In this session, participants should come to understand the influence they have in their communities and be able to articulate strategies for supporting children outside of school. This will lead into Session 15, which focuses on developing work plans incorporating psychosocial activities in their classroom and extracurricular activities.

In group work, participants will be asked to consider how they can have a positive influence in their interactions with their student's parents and in the community at large, in promoting awareness of psychosocial needs and supportive efforts.

1. Introduction
Explain that teachers frequently cannot help children with psychosocial problems without help from other members of the community, such as parents or religious leaders.

2. How Can Teachers Support Parents?

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[7] The content of this session is excerpted from the UNICEF Indonesia Psychosocial Training Materials, and Annan, Jeannie et al. (2003) *Handbook for Teachers*. Kampala: AVSI.

Explain that cooperation with parents can be undertaken with two main reasons. Ask participants to give examples of each type of cooperation:

- Parents and teachers can discuss children, admit that there are problems and strengths, understand the cause of the children's behaviours, and approve what parents and teachers should do.
- Teachers can provide parents with guidance on how to understand and handle their children's problems.

3. How Can Teachers Work with Communities?

Explain that beyond supporting the parents of children in their school, teachers can also broadly influence their communities to mobilize to meet the psychosocial needs of children.

Ask participants to form small groups and brainstorm actions that they can take in the community (outside the school) to support the psychosocial development of the child.

4. Report and Discussion
Classify participants' answers into the following categories (prepared on a flip chart). If one category is not named, explain that category and give examples:

- Maintain and support a stabilized family life
- Support normal activities for children
- Give the children a chance to engage in play and to be creative
- Protect the children and meet their basic need
- Ensure that community planning includes the children's needs
- Help the children participate in their community

5. Session Wrap-Up
Explain to participants that the answers to these questions will contribute to the next, and final, session of the workshop – developing work plans to promote psychosocial support.

SESSION 15: DEVELOPING WORK PLANS TO PROMOTE AND FACILITATE CHILDREN'S PSYCHOSOCIAL SUPPORT[8]

Session 15: Developing Work Plans to Promote and Facilitate Children's Psychosocial Support			
Topic	**Method**	**Resources**	**Duration**
Introduction	Instruction	Stationery for Participants	1.5 Hours
Exercise: Drafting Work Plans	Exercise	Flip Chart, Paper and Pens	
Presenting Work Plans	Group Work	PowerPoint Presentation 15	
Session Wrap-Up		Handouts	

Objectives

By the end of Session 15, participants will have developed personal work plans for psychosocial support activities in their schools and communities.

Guidance Notes 15

The aim of this session is allow participants to develop concrete plans to enhance their use of activities for promoting coping skills and resilience in the children they work with. Participants will also develop ideas for work within the community that they, as teachers, can facilitate.

1. Introduction
Provide a brief overview of the sessions covered in Day 4 and Day 5. Make specific reference to the work that can be done with children, their parents and other community members to promote psychosocial well-being. Remind participants that they know the importance of planning their classroom lessons. Similarly, having a clear plan on how they can incorporate activities into their school and community work will be important.

2. Exercise: Drafting Work Plans
Ask the participants to make a plan by first reflecting on the following questions:

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[8] The content of this session is excerpted from the UNICEF Indonesia Psychosocial Training Materials, and Annan, Jeannie et al. (2003) *Handbook for Teachers*. Kampala: AVSI.

- □ What are the main issues I want to address?
- □ What are the goals I wish to achieve?
- □ Are there any children or children groups that I want to pay more attention in this plan?
- □ What are some activities I can use in the classroom?
- □ What are some activities I can use outside the classroom?

Distribute **Handout 15.1** and ask participants to fill in the matrix with specific actions and timeframes.

3. Presenting Work Plans

After participants have drafted their plans, ask them to form small groups. If there are teachers from the same school, have them form their own groups. If all participants are from different schools, organize groups according to grade levels they teach.

Once in the groups, ask each participant to present their plans to the others. After all participants share their plans, ask the participants to give comments on and contributions to each other's plans.

At the end of the session, bring all participants together in plenary and ask if there are any comments that they wish to share about this exercise. Was it difficult? Was it easy? Will they need to consult with others at their schools or in their communities to carry out these plans?

4. Session Wrap-Up

Congratulate the participants on their commitment to supporting children and communities.

DISCUSSION AND QUESTIONS: HAVE OBJECTIVES BEEN MET?

Review the Day 5 objectives, which should be displayed for the duration of Day 5.

By the end of Day 5, participants will:
- □ Understand the link between specific activities and psychosocial benefits to the children
- □ Have developed new psychosocial activities that they can use with their students
- □ Understand what teachers can do in the community to support the recovery and psychosocial development of the child
- □ Have developed personal work plans for psychosocial support and resilience-building of their students

Did we meet all of these objectives? Ask the participants for their opinion. If these objectives were not met, what parts of the training were not understood?

(You may want to spend a little time discussing any points that were not understood)

EVALUATION

Distribute evaluation forms. Collect completed forms from participants at the end of Day 5.

POST TEST

Distribute post tests. This should take approximately 15 minutes to complete. Collect all the tests and mark tests after the training. Collate information against pre-test to see if there is an increasing in skills and learning.

CLOSING OF THE TRAINING

To reinforce the shared learning of the days spent in the workshop, as well as the relationships developed amongst the participants, some suggested closing activities include:

- □ Performance: Make time for songs, dances, a short play, poems or other performances by participants who have prepared such (this can be suggested on the first day).
- □ Debriefing of the training by participants: Participants are encouraged to share what they have felt, experienced and learned during the training. This could complement a written evaluation and allow for more interactive feedback.
- □ Distribution of Certificates of Participation
- □ Closing Remarks

Day 5

Exercises and Handouts

Handout 13.1: Getting Started: Initial Guidance for the Teachers Who Will Facilitate Psychosocial Activities

To the Facilitator:

Your role is to promote an environment where children have fun, do not feel judged in any way, are never forced to participate in anything they don't want to, are listened to with patience, are never scolded in public, and feel free to ask any question and are answered honestly.

☐ Try to make sure that children are engaged in structured psychosocial activities (in addition to sports) at least twice a week, for a minimum of 45 minutes to one hour each time.

☐ Make sure that you incorporate some of the activities presented here into day to day classroom time: drawing, personal writing, some short singing and dancing are all suitable classroom activities.

▪ For younger children, include story-telling, puppet shows, drawing, movements in rhythm, playing with simple toys and other creative activities that help decrease stress and promote socialisation with peers.

☐ Try to dedicate specific days and times in the week for these activities – both in and outside the classroom. This will create predictability in the children's lives.

☐ For those Structured Activities that are typically conducted outside the classroom, keep group size to a maximum of 20 children.

☐ If there are too many children to make groupings of 20 children for Structured Activities, try different arrangements. For example:

▪ Find a helper or assistant, even an older adolescent that you can train and guide, so that you can form smaller groups.

▪ Give priority for participation in small groups of focused, structured activities to children who appear more distressed (those with few friends or difficult home situations, separated children, overly aggressive children).

☐ Remember that children "learn" best through repetition and when many of their senses (sight, smell, touch, taste) are involved. The impact of these activities will increase if the activities are repeated over time.

☐ Because painful topics may be brought up, **do not allow vivid, potentially frightening details of a story to be told in front of the group**. Give only general description in stories about an event, and gently stop any child who is beginning to tell brutal or distressing details. Tell him or her that you will hear this afterwards.

▪ If a child seems distraught, try to find someone else to take over facilitation of the activities at that time and listen to the child's story outside of the room.

▪ *Setting these parameters will create an environment where children are free to explore their thoughts and feelings within safe boundaries for themselves and others.*

□ Always start and close the sessions with short rituals that involve, at a minimum, greeting all the children by name, body movements, music or rhythm. These routines establish a consistent, dependable component to an unpredictable present. When done in a group it also decreases a child's feeling of isolation.

Behaviours to Be Concerned With

You must be as attentive to the behaviours of children involved in special psychosocial activities as you would be to the students in your classroom. Children whose behaviour you should worry about include:

□ Children responding with an exaggerated reaction, extreme avoidance, or obsessed behaviour in response to normal stimuli in their environment.

□ Children who repeat the same sequence of events over and over again with the same emotional intensity each time without changes in the sequence, characters, tone of voice, or themes.

□ Children who seem to panic or who consistently show high levels of distress during transition (for example, when moving from one place, event, or situation to another).

□ Children who express their distress through excessive aggressiveness, self-destructive behaviour, or withdrawal from social interaction for long periods.

If you observe the above in children for more than approximately five psychosocial, sports or other structured play activity sessions, you should talk to the child's parents and the child may need to be referred for some special help.

Materials Needed

Schools differ in the level of budget they have to purchase art and recreation supplies, and some have no budget at all. Many psychosocial activities don't require any materials – only a safe space, leadership, guidance, imagination, and togetherness. Secondly, if your school does not have the means to purchase material, there are many ways to make or procure what you need at little cost. Examples are provided below.

□ Balls

□ Pencils, coloured crayons and also paint if possible

□ Glue, and if possible, sticky tape

□ Pieces of cardboard

□ Plenty of paper

□ Large sheets of paper for collective drawings (if this is not available, tape several pieces of paper together, or use plain wrapping paper)

□ Thick rope of different lengths

- Cloth of different colour; yarn of different colour; scissors, needle and thread; measuring tape; buttons (for making puppets and some costumes to play make believe)

- A music tape player and different kind of music tapes: soothing, soft music as well as some with a good rhythm

- Musical instruments (best are a variety of local instruments used by people in the community – drums or other percussive instruments should definitely be part of the instruments you will use)

If your school has little means to purchase arts, recreation and sports material, here are some of the things you can do:

- Involve parents, older children or community adults to help construct or donate some of the recreational and musical material. There are always some people who can make traditional musical instruments and teach children how to play them!

- While children often prefer modern balls - footballs, volleyballs, Ping-Pong balls, etc, it is also possible to make balls from different material. For example, twine (or even plastic bags) can be rolled up tight upon itself to the desired thickness.

- Ropes are often not difficult to find, but if they are, older children and parents can make them out of reeds, twine, vines and other fibres.

- If you lack notebooks (for each child to have his or her own personal diary or drawing book) you can teach the children to make them by stitching pieces of paper together. In fact, it can be more fun for the children to make their own, personalised and decorated notebook!

- For activities that require fabric, children can be asked if they can bring scraps of cloth from home. Your class can organise a "fabric scrap" drive, and ask all the tailors in the village or neighbourhood to donate small, unusable remnants of fabric. These can be stitched together to make larger "patchwork" cloth.

- If you have trouble getting enough paper for drawing and writing on, try to get individuals and/or local businesses to donate their discarded sheets of paper already used on one side, and have the children use the clean side.

- You can get usable pieces of cardboard from cutting up old boxes that may be available in markets and stores.

- Schools located in capital cities can approach NGOs and foreign embassies, which are often willing to donate recreational and art supplies. Religious institutions and other community organizations may also be willing to help.

> **Handout 13.2: List of Suggested Activities and Their Possible Psychosocial Benefits to Children**

Sports

All children should be involved regularly in sports. Physical activities offer children the opportunity to expend energy, develop physically and learn positive forms of social interaction.

How?

- □ Organise, or ask the older children to organise and coach several different sports. If you don't have the "right" kinds of balls, have some made by older students and parents!

- □ Be creative! While football, soccer and volleyball are excellent sports, promote and organise many others. Try jumping ropes (especially in groups, or crossing ropes to increase the difficulty and the skill), "dodge ball" (trying to avoid being touched by a ball aimed at you), races or height and distance jumping.

- □ Make sure that girls have as many opportunities as boys in practicing sports and getting involved in vigorous exercises.

- □ Take sports opportunities to monitor children's' level of well-being and distress. Train the other sports leaders to pay attention to the mood and behaviour of children and to let you know if they see bullying, or children not joining in. If you or someone else notices children that are picked on or bullied, talk to the bullying child separately after the game. Also, talk with the child whose feelings may have been hurt.

- □ Organise sports between school children and community children—this is a great way to promote integration and extend psychosocial opportunities to out of school children who may not otherwise have these opportunities.

- □ Very young children can also benefit from sports, although there will not be much difference for them between "sports" and activities that involve movement, running or jumping.
  - ▪ You can organise simple ball games, such as: running in teams with a ball, stone or even a fruit on a small spoon without dropping it, or "relays" where children run and pass a symbolic object to their team mates who take over as they reach different bases.

When?

Children should play a sport at least twice a week, but more often (every day, if possible) would be beneficial.

Psychosocial Benefits

Sports promote normalisation of children's lives, because they are something familiar, something they saw and participated (or wanted to participate) in before the emergency. Sports can:

- □ Help release energy and tension, and reduce stress.

- □ Take the children's minds off what is troubling them, offering the more distressed children a beneficial respite from intrusive thoughts and images. This takes place simultaneous to physical exercise and concentration.

- □ Promote enjoyment and bring fun into the lives of children.

- □ Help promote self-esteem and a sense of pride through mastery of skills.

- □ Promote socialisation with peers, co-operation and mutual support.

- □ Promote integration of school children with other community children.

Music: Singing, Dancing and Musical Instruments

How?

- □ Try to use traditional songs or songs that are otherwise familiar to the children.

- □ In addition to having children sing familiar songs, encourage the older ones to come up with new melodies and lyrics. Children who have experienced emergency are often eager to "sing" their sorrows, trials and tribulations.

  - ▪ Encourage children to write positive and hopeful lyrics. Lyrics could talk about the strength and bravery of children and adults in the face of adversity, about friendship, places they enjoy being, how helpful and kind some people have been to them, or other topics of their everyday life.

Psychosocial benefits

Experience has shown that music can be therapeutic in itself. There are many aspects to making music that have psychosocial benefits. For example:

- □ Movement is the natural expression of children, and "allowing" or even encouraging children to move freely, or in rhythm and patterns is freeing expression in them.

- □ Music and dance can soothe, empower, energise, ground and bring joy to the child.

- □ Music and dance can help children get in touch with powerful emotions without having to verbalise them.

- □ Traditional songs and dance provide a sense of familiarity, continuity and stability in the disrupted lives of children.

- □ Creating new song lines that have relevance to their situation help children feel that their suffering is heard and help some process some of their experiences.

□ Singing and especially dancing provides for physical release, decreasing tension and stress.

□ Music and dance promotes non-verbal communication, which can be particularly beneficial in children who are withdrawn.

□ Repeated rhythm and movement can help the child gain or regain an integrated sense of self.

Drawing

INDIVIDUAL DRAWING

How?

Most children love to draw. Give children of any age a piece of paper and some crayons, and they'll start drawing. Some will get deeply engrossed into their drawing, oblivious of people around them for long periods of time. Others will seem "stuck", pencil in the air, seemingly looking for inspiration.

□ It is good to walk around and ask gentle, simple questions after a little while— **not** when the children are just beginning to draw. The children thus feel acknowledged, and feel that their "work" is important.

□ Questions should be kept simple. For example: *"What is this? Who is this? Have you seen many of these? What is he doing? This looks fun, have you ever tried it? What a big truck! There are so many people here, are they having fun"* Or else: *"Where are the people? This looks scary!"*

  ▪ These should be simple comments, **not** asking for explanation unless the child wants to engage in a deeper discussion of his or her drawing.

□ If children do want to talk about their drawings, **do not ask for details of violent or frightening pictures**. Simply listen to the child, and repeat (reflecting) what she or he says. If the child indicates that this is something that happened to him or her, simply acknowledge the feeling and hurt, saying things like: *"This must have been awful, or scary, or terrible – I am sorry."*

□ Remember which children have drawn sad or violent scenes that seem to have elicited sadness or fear in them. Some other time, ask these children to draw some happy or peaceful scenes.

  ▪ *Note: children often draw violent scenes of air or ground battles, with lots of bombing and firing, whether they have experienced them or not. This does not necessarily mean that they are overly disturbed by them. It may be that drawing these scenes is enough to help them through some bad images. Be attentive to explicit signs of distress; do not assume distress with every violent drawing.*

□ At the beginning, do not give any specific theme to draw. See what the children draw spontaneously. Only give ideas to those who seem stuck and can't start anything. After children have drawn several times, you can begin to encourage diversity. Never demand a specific drawing. Suggest simple themes, such as football games, playing with your friends, going to the market with your mother,

collecting firewood, what you want to do when you grow up, all the members of your family and what they do, or your favourite animals.

☐ Having children draw happy scenes from before the emergency can be good for them, as they can find some emotional strength from memories of these happy times. Again: never demand, only suggest. You could say things such as: "*Do you want to draw your house or your village? What you did with your friends? Special games you played? Do you want to draw your school before? How about the field, crops and animals?*" If children chose to draw scenes from their lives before the emergency, especially if they have had to flee, ask them afterwards to tell you about their drawing. Sharing with you what they have lost will make them feel less alone.

☐ Make sure that each child has a folder or box in which to keep all of his or her drawings. Ask children if they would like to take their drawings home; display some on the classroom walls for a while. After you take them off the walls, return them to the artist. (Ask the children to write their name and the date in a corner, and help those who can't write this.)

☐ Ask if some children want to share and talk about their drawings with the group. Only allow children who enthusiastically volunteer to talk about their drawing. Sharing a drawing can be a positive experience for the child but it has to be done in a totally safe and trusting environment.

☐ Never judge the artistic quality of a drawing.

Psychosocial benefits

☐ Through drawings, children communicate experiences and feelings that are difficult for them to talk about.

☐ Visual representation of whatever comes to a child's mind helps them integrate different parts of their life in a non-cognitive way.

☐ Drawing helps children get some understanding, distance, and eventually control over buried events, thoughts and emotions the child had not acknowledged, or was not fully aware of before (for example, things, people and situations that were or are making him or her sad, angry, happy, jealous, or anxious).

☐ Since drawing helps bring unconscious thoughts and feelings to the conscious mind, it can help children make meaning of events, which is a factor of resilience.

☐ Drawing can help older children understand better and articulate what they want for their future, bringing a sense of purpose to their life.

☐ A drawing can bring a sense of accomplishment and pride— it is a creation, and can be appreciated by others.

How?

- □ Get some large pieces of paper, or have children glue smaller ones together to make up to poster-size sheets.

- □ Help children group themselves into small teams of two to four children. If there are tensions among some children, or some very withdrawn or aggressive children in the group, guide the teaming process to make sure no one feels left out or rejected.

- □ Ask the group to take a few minutes to come up with the theme they will draw. You can also suggest some purposeful themes, such as what they would like their community to look like in one year, the best school they can imagine, or all the people in their lives they like or love. You may also suggest simple themes, such as a football game, a bicycle or car race, their community, village or refugee camps (with dwellings, stores, water points, or people and their activities).

  - ▪ Younger children could draw "my ideal room," the toys they like to play with, their houses, or the people who love them (or who they love).

- □ Give a set amount of time to the children. It is possible that this team drawing will have to be done in several sessions.

- □ Remind the children that they have to discuss among themselves how they will go about drawing together and what to draw.

- □ Walk around the room while the children are working on the drawing, to make sure cooperation and consensus-building is going well. Help out if conflicts arise or if a group is stuck and cannot make a decision on what to draw.

- □ The groups who would like to can have their team drawings displayed on the wall for a few days.

- □ You may ask each team, in turn to talk a little about their drawing if they want to, and answer questions. You could initiate some questions to stimulate a discussion if children are quiet.

Psychosocial Benefits

Team drawing activities can:

- □ Teach consensus and how to resolve difference of opinions peacefully.

- □ Stimulate imagination, listening to and learning from others.

- □ Promote friendship and bonding between children.

- □ Promote self esteem when the product of shared efforts are displayed on the walls for everyone to appreciate.

Storytelling

Storytelling activities can be part of classroom work, as well as extra-curricular activities. Younger children, in particular, enjoy storytelling.

How?

□   Children could be sitting around the in a circle, and the storyteller would read or tell a story, miming the story, changing the tone of voice or expressing different emotions of the characters.

□   You can tell traditional stories, some fun ones – full of adventure, or of happy lives of children. You can make some up that resemble, in part, some of what the children have gone through. The ending should always be happy.

□   Engage very young children in miming the story with you.

□   Engage children in imagining different sequences during the story and also different endings.

When?

□   You could have storytelling time twice a week, more or less depending on the age of the children and what other activities you are able to involve them in.

□   Notice stories that children like most. After you have told several stories, the next time, ask children whether they would like to hear one of the old ones or would like a new story.

Psychosocial Benefits

□   Depending on the choice of stories, storytelling can make children feel safer and more hopeful, especially when problems and bad people are conquered, and good solutions are found for difficult situations.

□   Children can identify with characters, making them feel stronger or less alone (for example, a story about a child who lost his family but another kind family took him in; or a very sad and shy child who meet a kind little girl who invents fun games to play with him every day).

□   When children are asked to continue the storyline or comment and change something in a character or event, it helps them express their own ideas and emotions without feeling that they are exposing themselves. This is because they can ascribe to another (the fictitious character) emotions and feelings that, in fact, they are having.

Theatre/Drama Activities and Puppet Shows

How?

☐ It is best when children come up with their own stories they want to act out or play through puppets. However, depending on their ages, you may have to suggest themes and storylines.

☐ You and the children could choose stories that depict difficulties and how these are overcome, such as meeting mean people or scary animals. Though it is also important to create stories of others who are kind and helpful.

☐ You and the children can sometimes choose stories and tales that are familiar to the children and other times, create entirely new stories.

☐ Let the children choose the characters they want to act out.

☐ Give plenty of time for development of the story, facilitating discussions among small groups of children. This process is crucial, as children get "into" the story and, during that time (as well as when they are acting) they experience being in control of the events. In participating in the development of the story, children exercise their choice, and characters behave accordingly.

☐ If a child or children want to choose a theme that resembles some of the difficult experiences they had, make sure that:

▪ You guide them in "softening" scary details and imagery they may want to act out.

▪ You provide a way out of the problem, a positive ending or definite hope for a positive ending in the future.

☐ For drama and theatre performances, use any kind of improvised costumes that can be put together easily and quickly. This may include cloth, as well as available materials such as leaves, branches, or woven fibres.

☐ You can either use ready-made puppets or involve children in making them. Puppets can be very simple or more elaborate; they can be made from many different kinds of materials that you and the children have collected.

☐ If only a limited number of children can be the actors, rotate them in teams ensuring that everyone has had a chance to act in a play. Children not acting may also help with props, backgrounds or other supportive activities.

☐ Pay attention to the mood and needs of some children, and make sure they get roles that will help them. For example: make sure that a shy child gets a role that gives him or her prominence and a glorious role at some point; an aggressive child could well practice being a sweet, obedient character.

When?

☐ How often you do drama or puppet theatre depends on many contextual factors. Try to encourage short play so that several can be developed and acted during a school term.

□ With the younger children, you could make a routine of having some short puppet shows a few times a week during class time. These may accompany lessons in different subjects.

□ While in some special cases, plays may be performed for other groups of children in other classes, the objective of having children develop and act theatre or drama is for their own psychosocial benefit (see below). In most cases these creative pieces will be performed within and for the group.

Psychosocial Benefits

Drama and puppet theatre offers children:

□ An opportunity to explore and practice control, emotional expression and co-operation in a playful and safe environment.

□ A sense of control over events, by creating their own stories and endings. By having control over the characters and the stories, children regain, in fantasy, some of the control they have lost over their lives as a result of the emergency.

□ Expression of feelings and emotions at a safe distance, through imaginary characters.

□ An opportunity to practice expressing a range of emotions, such as happiness, trust, anger, sadness, and excitement, in a safe context. This is particularly beneficial for children whose distress has severely reduced their capacity for feelings and showing emotions.

□ Space to communicate ideas or feelings that are otherwise too painful or difficult to talk about.

□ Stimulation of creativity and curiosity, as well as cognitive functions such as cause and effect.

□ A reduction in feelings of isolation, through team work in developing a story, and through acting out various relationships among different characters.

□ Non-threatening participation, as a child may choose not to actively participate in the acting, and yet can contribute ideas or provide logistical support.

□ The experience of vicarious emotions and comfort simply through watching the play.

Private Writing: Journaling and Writing Poems

How?

□ Provide each child with a notebook, or teach them how to make notebooks out of pieces of paper stitched together. Help them find a secure place for these journals, which are their private possessions.

- ☐ Children should be encouraged to write private thoughts and to keep a journal. Younger children who are not very proficient at writing could supplement their writing with drawings.

- ☐ It is entirely up to the children to write what they want in their private journal. However, because this is may be a new idea for them, you can initially give some ideas about what they may want to write. For example, children can:

  - ▪ Write every day (or every few days) the things that have happened to them, what they liked and did not like; things that happened before, what they liked and did not like.

  - ▪ Describe things in detail.

  - ▪ Think about their journal as a friend, and "talk to" this imaginary friend in writing.

  - ▪ Make lists of what they want to do, or what they want to become in the future.

  - ▪ Write poems. You can practice writing poems in the class, as part of language and teaching. Tell the children that they could try writing their own poems without worrying about whether these poems are well-written or not. Also, children can choose to show these poems or not.

When?

- ☐ Private writing can be done any time!

- ☐ You can give some time to the children for private writing in the classroom – every day or every other day, for example.

- ☐ You can try to arrange for the children who want to stay a little longer in the classroom after class hour to write, if they want to, and if the room can be supervised by an adult.

- ☐ You can encourage children to find some time to write on their own. If you see that children are not finding enough time for private writing, this can also be encouraged during some of the after class hours organised for the children.

Psychosocial Benefits

For those children who can write, stories and poems are useful means of expression.

- ☐ It gives children control over what can be private parts of their lives. They can keep the writing private or choose to share it, or only some of it, with chosen others at selected times.

- ☐ A journal provides a place for children to confide in sorrows, joys, events or emotions when they are either too painful or private to tell someone, or when no one appropriate is around to hear these confidences.

□ Writing gives importance to children's lives and what is happening to them and within them. Seeing even simple happenings of one's life in writing gives these events a heightened importance and meaning.

□ Writing helps children make or find meaning in events, feelings, and thoughts that may have initially been unclear or confusing, just as patterns and connections can begin to emerge from reading the same thing several times.

□ Writing poems stimulates creativity and free association, sometimes helping to reveal emotions that children were not even aware they had.

Activities for Very Young Children

With younger children make sure games and other activity are often repeated; it is important to emphasise: *routine, predictability and repetition.*

Among the activities listed above, the most suitable for very young children are:

□ *Storytelling* and asking simple questions throughout the stories stimulates the children's imagination about what could happen next.

□ *Puppet shows* are particularly useful for very young children who don't yet have the maturity to act a full story or character. You can activate the puppets that will play simple stories with difficulties the children can relate to and a happy ending.

▪ **Ask many questions** of the children about what they think the characters are saying, and what might come next in the story.

▪ Then **try to follow the directives** given by the children, allowing them some control over the action.

▪ Puppets should also be funny and **make children laugh a lot**.

□ *Singing and simple movements*, such as holding hands, going around in circles, clapping hands in rhythm, "follow the leader" (imitating gestures from the leader), and other movement involving appropriate contact with other children. This will release tension, bring enjoyment, promote socialisation with peers, and offer gentle physical contacts that soothe young children.

□ *Free style drawing* with lots of colours. Encouraging children to talk about their drawing. Do not push them into making logical sense or meaning out of what they say; spontaneous talk around an image will release and diminish some of the young children's anxiety.

In addition, make sure you give very young children a lot of time for *creative playing*.

□ Use available toys known to the children, but also prepare other simple toys such as hand-made dolls, containers, pebbles, strings, pieces of cloth for play acting, cardboard of different shapes and colour, etc.

□ Alone or with others, the children can "make believe" stories. Let them play whatever they want to, but go from child to child, or groups of children, listening

and asking questions, steering ideas and answers towards positive behaviours (for example, introducing kindness in one character and helpfulness in another), and proposing – gently – the positive resolution of problems acted out in the children's play.

☐ Be attentive to how children behave during free playtime. Help out the particularly withdrawn ones who always play alone, or the very aggressive ones, who bully others. While playing alone sometimes is alright, you should help those who are alone too much to join groups of children in their play. At the beginning, you can stay at the side of the child newly introduced into a group and play alongside him or her until he or she can manage independently.

☐ Overly aggressive children should be given lots of opportunities for physical play: kicking a ball, using a punching bag, jumping and crawling through make believe tunnels or dancing.

Handout 13.3: Instructions for Group Work A: Music, Rhythm and Dance

Objective

1. To identify, explore and discuss the benefits of a range of traditional or contemporary musical expressions.

Instructions

1. Working in groups of five to seven, identify, discuss and make a list of songs and dances from your culture that may already be used in time of distress, or that you think could be used to relieve stress and sorrow or bring joy. Include any other specific rhythmic movements that may be traditional or modern and would be enjoyable or have special benefits for the children.

2. Discuss the different times when these songs and dances were performed. Weigh the potential benefits and potential drawbacks of bringing these songs and dances back.

3. Discuss *how*, *for what age groups*, *when*, and *how often* you would introduce these songs, dances and other rhythmic or expressive movements to the children. (Would you use these activities routinely during class? Twice a week? More often? Why?)

4. As a group, read **Handout 13.2**, which will be given to you by the facilitator during your group work time.

5. Prepare, at a minimum, two songs, one dance and one rhythmic or expressive movement that you will teach other participants in plenary.

Handout 13.4: Instructions for Group Work B: Games

Objective

1. To explore and discuss traditional and other games that would bring psychosocial benefits to children, so as to deepen our understanding of the use of games to promote coping (e.g. improving self-esteem, building trust, breaking down isolation) or simply bringing enjoyment.

Instructions

1. Working in groups of five to seven, identify, discuss and make a list of traditional or contemporary games that you think would bring psychosocial benefits to the children or build their coping capacity in some ways.

2. Discuss memories of how you felt when you played some of these games as a child. Weigh the benefits and potential drawbacks of bringing some of these games back.

3. You may also want to develop some of your own games or adjust some of the existing ones. Discuss the specific psychosocial / healing / resilience-building benefit of each.

4. As a group, read the list of games on **Handout 13.2**, which will be given to you by the facilitator during your group work time.

5. Make a list of the games you have discussed, including those from the facilitator, and prepare to teach three or four of these games to participants in plenary.

Handout 13.5: Instructions for Group Work C: Theatre/Drama Activities, Puppet Shows and Storytelling

Objectives

1. To learn the value of using theatre/drama/puppets/storytelling to gradually help children who are distressed, withdrawn or overly aggressive regain a sense of control.

2. To provide another avenue for children to have a voice, express their creativity, their worries, and especially their dreams.

*Note: It is very important that the plays/drama/puppet shows **not** be about distressful events that the children have experienced. The danger of reactivating anxiety, fear and trauma through re-enactment of past shocking and violent experiences is real. This should never be done in the context of a school, even with a psychologist or psychotherapist.*

Instructions

1. Discuss together several possible topics that children may enjoy: fantasy stories for the younger children; current preoccupations, interests, worries, wishes and hopes for the older ones.

2. As a group, read **Handout 13.2**, which will be given to you by the facilitator during your group work time.

3. Prepare one full length drama, one story, or one puppet show approximately 5 to 10 minutes long, that you will share with other participants in plenary.

Handout 14.1: Working with Parents and Children to Promote Children's Psychosocial Well-Being

Working with Parents

Everyone has an important role to play in supporting the psychosocial problems children face in emergency situations—parents, community members, and the child him/herself. Parents are the first and primary element responsible in helping their child in facing their psychosocial problems. Some parents, however, may not have the ability, knowledge and skills to do so. In many emergency situations, parents, themselves, are overwhelmed by distressing events.

Teachers are highly respected members of the community, and are often looked to by parents and community leaders when children face difficulties. Teachers can therefore assist parents and others in the community in enhancing their understanding of children's concerns and developing skills to address these concerns.

How can teachers work to support parents?

Support and Listening

- □ Approach families and express your interest in their welfare, and the welfare of their children.

- □ Assess parents' knowledge level and situation, including their support system.

- □ Discuss the challenges that children may face in their current circumstances, and try to assess whether problems exists in the family. Parents who are overwhelmed may be very relieved to have someone to talk with.

- □ If you have observed that their child is having particularly difficulties, discuss these difficulties with parents honestly, but supportively

- □ Use the communication skills you have learned in this training to reflect parents' feelings, and support them in developing solutions themselves.

- □ Offer any help that you can provide, such as contact with specialized services, or arranging for extra educational assistance. Be careful not to offer any support that you cannot provide.

- □ Assure them confidentiality and ongoing support. Follow up and invite them to come and see you in the school

Sharing knowledge and developing skills

If you find parents lacking understanding of their children's situation, gently offer information and reinforce good parenting practice. As these discussions take place, if the need for further or specialized support arises, try to assist the parents in making linkages with appropriate services in their community.

Some issues that may be discussed include:

- Children's needs for a stable environment. For example, the importance of trying to maintain children in the same home with their parents, or at the least consistent care giving by at least by one parent, or close relative.

- The importance of meeting children's needs for food, housing, clothing, health, and education, in order to promote their healthy development.

- The importance of fulfilling psychological needs, such as:

  - A feeling of security: Trust and security should be unconditional.

  - Attention: Children need attention, love and protection.

  - Acceptance: Children need to be accepted as they are, with all their strengths and weaknesses.

  - Appreciation and support: The child's need to be appreciated or praised for their positive actions, and support given during bad times.

  - Appropriate discipline: Helps children in learning social norms, how to behave appropriately and be accepted by the society.

Teachers should also emphasise children needs for opportunities and guidance. Teachers can advise parents to:

- Include children in age-appropriate activities by giving them the opportunities and encouragement to participate.

- Give children opportunities to learn in a safe and supporting environment. Give children opportunities to try new skills, encourage them to participate, and talk to them about their understanding of the world.

- Give children enough information for them to understand what is going on around them.

- Give children age-appropriate roles and responsibilities. Children need experience and guidance in developing the following skills:

  - Taking care of themselves (hygiene, diet)

  - Developing intellectual and emotional intelligence

  - Developing cognitive ability and understanding

  - Comprehending diversity in their environment

  - Pro-social attitudes and behaviours

  - Expressing feelings, ideas, and thoughts

  - Reading, writing and counting

Working with Communities

The community's response to children in need will have an important effect on how children are able to cope with and recover from difficult situations.

Teachers play an important role not only in the school, but also outside the school. In the school, the teachers can try to make the school more supportive – for instance, teachers can conduct activities in a "family-like" fashion, promoting cooperation and close relationships. Teachers can also help to make their community more supportive for children's development and healing. Teachers can organize specific events or programmes for children in their community. They can influence the leaders in their community to ensure children's needs and rights are met.

Listed below are some things that teachers can do in their community.

1. Work to ensure that children have a stable and supportive family life.

During and after conflict situations there are can be tensions, arguing and increased violence in a family. Family members are often separated. As adults and other family members are stressed, they may take their frustrations out on the children (being too strict or losing their temper, for example), or not pay enough attention to their children. While teachers can work directly with parents to help them provide children with a stable, supportive family life, they can also work through their community. Teachers can set up discussion groups with other parents, or encourage religious or community leaders to stress the importance that adults continue to provide children with love, guidance and understanding.

2. Help re-establish normal activities for children.

Often when conflict occurs, normal activities for children are disrupted. Children sometimes drop out of school, sports activities or cultural events are stopped and religious education may be interrupted. It is important that teachers take the lead in helping to re-establish these activities for children as soon as it is safe and possible to do so. Teachers can help to arrange activities for children themselves or encourage others to do so.

3. Organise opportunities for children to play, be creative and express their feelings.

During and after conflict situations, children need more opportunities to play, be creative and express their feelings. In addition to the "normal" activities listed above, teachers can try to arrange other activities for children that give them a chance to express their feelings. For example, teachers could arrange a series of play groups for younger children, host an exhibition of children's art, or take children on excursions to public places or beaches or organizing peace activities.

4. Help ensure children's needs are met and protect children from further harm.

Teachers play an important role in helping to ensure that children's physical and non-physical needs are met. If children are hungry, unsafe, unhealthy or do not have a

suitable place to live, it is very difficult for them to psychologically develop and heal. Anything that teachers do to ensure that the needs of children are met will indirectly support their psychological development. For instance, helping a family whose house has been burnt down to build a temporary house is very important for their children.

It is also very important to try to ensure that children are protected from further harm. While this may be difficult in conflict situations, there are a few things teachers can do. For instance, teachers could organize an education campaign in their community to help educate adolescents about the dangers of alcohol and drugs, talk to the head of the militia or army to try to persuade them not to involve children (that is, everyone under 18 years of age) in military activities, or try to organize a "safe zone" where children can come if they feel in danger.

5.   Ensure that community planning takes into account children's needs.

During and after conflict situations there are often many changes in a community: buildings may have to be rebuilt, whole communities may have to resettle or adjust to new neighbours, or people may have to look for different work. Often the needs of children are neglected. If a community must resettle, for example, it is important to ensure that children are able to attend school and receive appropriate health care.

When decisions are being made by community members or by government, teachers can be a voice for children. Teachers can push to make sure that schools are built and staffed, that health services are accessible for children, or that communities provide areas for children to play and/or study.

6. Help children to be actively involved in rebuilding communities and a positive future.

Teachers have an important role in helping children rebuild their communities. It is extremely important to give children, especially those over 6 years old, an active and positive role in their communities. Children may help with developmentally appropriate tasks, such as some aspects of the rebuilding of a sports area or school, the clearing or cleaning trees and houses, or other tasks. Children may also be asked to create a playing location together, as well as collect safe materials for creative activities.

It is also important that children, especially adolescents, are supported to make decisions in their communities. There are many ways to get children involved. Children could be represented on the school committee, youth could be included in the village committee or activities for adolescents could be organized and managed by the adolescents themselves.

REFERENCES
1. Mona Macksoud : To Make Children Smile Again
2. UNICEF : OPT : Social Psychology for Children and Teenagers
3. UNICEF Module: Bali

Handout 15.1: Individual Work Plan for Psychosocial Support Activities

Name: _____   School: _____

What actions can I take to promote psychosocial support?	What specific steps will I take?	What changes do I want to see in children?	When will I do this? (months from now)					
			1	2	3	4	5	6

What actions can I take to promote psychosocial support?	What specific steps will I take?	What changes do I want to see in children?	When will I do this? (months from now)					
			1	2	3	4	5	6