



Connecting hearts and minds:

A training manual for a
community based
psychosocial support model

Tearfund

Connecting Hearts and Minds

A training manual for a community-based psychosocial support model

By Weihui Wang

This manual introduces a community-based and community-led psychosocial support model that is suitable for use in fragile contexts. It provides a detailed activity guide for use in training and includes guidelines to support the psychosocial support sessions the Community Facilitators will lead and facilitate. This aims to promote the psychosocial wellbeing of conflict-affected communities and help them cope and heal from their experiences. This resource provides a detailed activity guide for use in training and includes guidelines to support the psychosocial support sessions that community facilitators will lead.

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Introduction

About this manual

People react differently to crisis events¹ depending on how severely they are impacted and the internal and external resources they have to enable them to cope. These things may be influenced by a number of factors including their age, gender, social support networks and mental wellbeing. Psychosocial interventions are activities that help improve psychosocial wellbeing. Community psychosocial intervention is particularly important in fragile contexts as it builds the internal and external resources of individuals so they can cope better with adversity. It prevents the individual during and after an emergency from potentially developing a mental health condition. Community-based approaches not only focus on the individual but also work on enhancing the resilience of families and communities. Most affected populations struggling with daily adversities can benefit from participating in psychosocial activities.

The fundamental underpinning of all community-based psychosocial work is that affected communities and individuals have the capacity, resources and strategies for dealing with difficulties and distress, and are able to bounce back from adversity.² WHO estimates through the MHPSS (mental health and psychosocial support) pyramid of intervention³ that the majority of people who have experienced a traumatic event recover with their own resilience if they receive appropriate support.

Tearfund's community-based psychosocial intervention package recognises and normalises psychosocial reactions to traumatic events. It does so by creating a safe environment that allows communities to express their emotions and reinforces existing coping behaviours, as well as introducing new ones. The methodology is designed for communities coping with adversities including chronic poverty and protracted crisis, especially fragile contexts with enormous needs. The intervention involves groups of up to 12 people via guided group support in nine sessions lasting approximately 1.5 to two hours each and delivered by non-specialist staff. In addition, participants have an individual pre-group session. The sessions target a broad range of psychological difficulties (eg depressive and/or anxious mood, and stress reactions) that cause distress but do not necessarily meet the diagnostic criteria for a mental disorder. They aim to strengthen the resilience of the affected population by focusing on improving positive coping, acceptance of difficult thoughts and feelings, emotional regulation (including present-moment awareness and grounding), behaviour activation, communication, positive parenting, rebuilding social connection and having compassion for self and others. Importantly, they are faith sensitive. Skills learnt in any session are reinforced in subsequent weeks, leading to improved physical, social, mental and spiritual wellbeing.

The methodology is designed to train and equip community leaders and members to deliver the intervention with the goal of improving psychosocial care within a given community. The intent is not to create experts, but rather to provide individuals with the tools and skills necessary to identify and support those in need of emotional and psychological support, and make referrals when appropriate.

Rather than being a stand-alone activity, this community-based psychosocial support (PSS) programme is best used when integrated into wider systems, including community support mechanisms, livelihood interventions, protection and health services. Integrated services tend to reach more people and are typically less stigmatising. The primary goal is to reduce overall psychosocial distress.

¹ WHO et al (2013).

² International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (2009).

³ Inter-Agency Standing Committee (2007).

This manual is a compilation of activities, tools, resources and discussions piloted in Yemen in 2019. It is a toolkit for training community psychosocial facilitators using a mix of successful PSS activities to promote wellbeing and mental health. Most of the activities are drawn from other manuals and additional activities have been developed/adapted for the context of our work.

Who is this manual for?

This manual is designed to support the training of community PSS facilitators. These are individuals selected by the communities in which this methodology will be implemented. Selected facilitators are trained in basic counselling, listening, facilitation skills, continued self-awareness and interventions to help create a safe space to support members of psychosocial groups in their communities and faith institutions.

Training format and local adaptations

Topics and areas of focus will be explored through discussions, personal reflections, group and pair work, role-plays, experiential exercises and case studies. This manual in its current form is a generic version and cultural and local adaptations may need to be made for the local context to address issues in an appropriate way.

Elements and structure

There are four main elements in this methodology. It consists of a community engagement phase, followed by selection and training for community PSS facilitators, delivery of the methodology, and follow-up. This manual focuses largely on the third, group psychosocial support phase.

1. Engaging community leaders

Community leaders and community members are consulted through a series of key informant interviews and focus groups discussions to determine the needs and priorities of the community. If PSS needs are identified, they will attend workshops explaining the approach, the goals of the sessions and targeting criteria. This step is critical as without community participation and buy-in the intervention may create stigma and harm to participants.

2. Training community PSS facilitators

Community leaders and community members select key male and female members of the community to be trained as community PSS facilitators of the group.

3. Group psychosocial support

Individual pre-group meetings are conducted with each participant prior to small groups being formed. The pre-group sessions are critical in identifying if the potential participants meet the selection criteria. It allows the partner to explain consent, confidentiality and symptoms of distress, and solicit the commitment of the participants.

Following the finalisation of the participant list, the facilitator conducts the nine sessions, as outlined in this manual. It is crucial to work with participants to determine the most convenient timing and day of the week for sessions, ensuring optimal attendance. A mapping of available specialised services should be conducted prior to the pre-group session.

4. Follow-up after the PSS group

Three months after the completion of the PSS group sessions, 25 per cent of the participants are contacted for follow-up monitoring to determine if they are continuing to use the coping strategies, and to assess the impact of the programme. Focus group discussions are also conducted in selected locations, along with key informant interviews, to determine the effectiveness of the methodology.

Phases	Sessions	Ideal frequency and length
Assessment and referral	Outreach workers and community members identify and refer cases that may meet selection criteria.	10 minutes
Pre-group session	An individual session will be conducted with participants to gather information to determine if the participant is eligible for the group, help the person understand confidentiality, consent, psychoeducation on symptoms, and the methodology. The session will also allow the trained intake worker to understand the participant's most pressing needs and concerns, and to prioritise and prepare for the group sessions.	60 minutes
Beginning session	Session 1 (first group session) <ol style="list-style-type: none"> 1. Introductions and understanding the impacts of distress and adversities 	90 minutes sessions * The community PSS facilitator will receive supervision and support at the end of each session from the partner PSS officer
Middle sessions	Sessions 2–8 (seven group sessions) <ol style="list-style-type: none"> 2. Acceptance of difficult thoughts and affect regulation 3. Compassion for self and others 4. Behavioural activation I 5. Behavioural activation II 6. Communicating well and wellbeing 7. Rituals and routines 8. Parenting skills: non-violent communication 	
Closing	Session 9 (final session) <ol style="list-style-type: none"> 9. Supporting others: Closing and celebration 	120 minutes

At the end of the training, the partner PSS officer and community PSS facilitator will:

- know how to identify people in need of additional psychosocial support
- have the skills necessary to manage an active listening space for individual and group interactions
- be able to facilitate psychosocial support groups
- be able to facilitate access to alternative sources of support
- understand and use counselling skills ethically and safely to communicate empathic understanding
- be able to explore their reactions and develop their own self-awareness
- know both triggers and effects of mental health and psychosocial problems
- be able to identify and enhance an individual's existing coping mechanisms and teach new ones
- begin to form a network of community-based psychosocial support facilitators who can support and encourage each other

Note for trainer:

Using a 'learner-centred approach'⁴ when working with adult learners will include:

- starting from their own realities and building on their experiences
- making it relevant to daily life
- imparting skills that can be put into effect immediately

Facilitation and training tools and tips

This section aims to support and guide facilitators by providing useful tips on facilitation and training.

1. Creating a positive learning environment

- a. Make time for breaks.** Breaks help people to focus.
- b. Put the most important information first.** To help with memorising, present the most important information first and summarise it at the end.
- c. Make links.** Link theory to practice. For example, after discussing the theory of positive parenting, have the participants role-play how to set expectations.
- d. Repeat information.** Review and recap often and remind participants of the key points of learning during a workshop or event.
- e. Use keywords and concepts.** Each activity in this manual includes a set of learning points; the key concept is in bold typeface.
- f. Language.** Use inclusive language, be sensitive to people and, especially in a faith context where groups are diverse, be mindful to use inclusive language so people of all represented faiths are comfortable and feel accepted.

⁴ Lawless (2019).

2. Planning for your workshop/training

The following can help in planning and preparing for training or workshops.

- a. **Know the space.** If you do not know what the room for the session is like, it is a good idea to look at it a few days in advance. This will help you create the most positive environment for the sessions. For example, you may need to move chairs and tables or improve the lighting. Try to avoid classroom-style arrangements: a circular or oval arrangement is more inclusive and participatory in most contexts. The space should also be private in the sense that participants should feel comfortable discussing sensitive topics and personal opinions. If the room is not suitable, you will have time to look for another room before the workshop begins.
- b. **Know the extent of the issue/problem that you will be discussing.** It is important to find out how mental health issues are viewed in the country and area in which you are working so that you can better adapt the workshop to the realities of the participants. For example, there may be certain ideologies or practices in the country or area in which you are working that are contributing to the people not seeking support.
- c. **Know your audience/participants.** Try to find out who will be attending the workshop, and if they are coming voluntarily or are being sent. This will give you an idea of how open they will be, as well as their capacities (eg if there are people who are illiterate or semi-literate in the group). If possible, find out what other training on MHPSS, gender-based violence (GBV), human rights and related issues these participants have undergone. This will help you to 'pitch' the activities at their level and to use appropriate methods (eg visual and oral methods for those who are not literate).
- d. **Know your role.** Your role is to create an open, safe and respectful environment in which the participants feel comfortable sharing and learning from their own experiences. It is important for you to be friendly and create a rapport with the participants. As discussed above, the activities are designed to generate a process of reflection and participatory learning, a process that is facilitated, not taught.

There may be groups of participants who open up and express their feelings during the process, while others simply will not want to talk. The key factor is you. You should approach the activities with no prior judgements or criticisms about the attitudes, language or behaviour of the participants. It is up to you to pay attention to their comfort level, appropriately engage them, and to be aware when particular participants need individual attention and, in some cases, referrals to specialised services or counselling.

- e. **Know your co-facilitator.** You will be running these sessions with another facilitator, so it is important that you meet in advance to plan your work together. This will include dividing activities between you. You'll also agree on how to support each other during the sessions. For example, you may want to decide that, when one of you is facilitating, the other stays in the room and helps by writing on a flip chart.
- f. **Read the manual.** Read through the manual before you begin a workshop. Make sure that you have read through each activity again before you do it. If you are confused or concerned about any of the information in the manual, ask the trainer about it.
- g. **Prepare materials.** Prepare visual and written handouts and flip charts in advance. Make sure you have enough copies of handouts for all the participants. Some activities require you to write or draw information on sheets of flip chart paper before beginning the activity. Make sure you have all the materials for each activity before you begin. A list of these materials is included in the description of each activity.

- h. Find out about specialised MHPSS services available.** For some participants, sessions on this theme may bring back painful memories, such as child sexual abuse or personal experience of violence. It is important that facilitators identify support services available and are able to refer participants there if needed. Make information about available services easily accessible to participants: this can be done by printing out information on small cards and handing it out to participants. Be aware of how to do this sensitively, according to the context.
- i. Put participants at ease.** Make the training space a safe, relaxed and comfortable environment for learning. As some of the sessions can be really difficult and heavy for the participants, make sure you check back with them constantly on energy levels and make arrangements to ensure they are relaxed and at ease.

3. Facilitation tips

- a. Learn the content and process well.** It is imperative that the facilitators/trainers have been through this process themselves as participants, and understand the content and the process well. This will boost confidence and also help mitigate challenges during the programme. Going through the relevant materials (such as this manual) many times is key to making sure that the programme is meaningful to all.
- b. Personal preparation.** Personal preparation is crucial in order to understand your limitations and uncomfortable topics of discussion, and also to be aware of your own thoughts, biases and practices around this topic. Facilitators must take time to self-reflect and also understand the key message/purpose of the programme so they can deliver it efficiently.

Discussing challenges prior to the programme with co-facilitators or the trainer/technical adviser will be helpful. Discuss issues that you're uncomfortable facilitating and discuss why you feel that long before you carry out the programme. If you have a past experience that you feel will hinder you, or trigger a reaction, please talk to someone you trust and seek help so that you are prepared to deal with any situation that may arise during the programme.

Know your own power and privilege and be aware of how that impacts your interactions with your co-facilitator and the participants.

With your co-facilitator, agree on simple ways to bring you back on track during the sessions, and also to debrief at the end of the programme. You should commit to modelling accountability if you want your participants to do the same.

- c. Culturally appropriate terminology.** Different cultures and communities explain and make sense of their symptoms differently, especially in how they view the causes and outcomes of their problem and how it affects them and their social environment. They may also differ in what they see as appropriate intervention. Understanding culturally appropriate idioms of distress will improve communication between the facilitator and participants.
- d. Being non-judgemental.** Remember that information should be provided in non-authoritarian, non-judgemental and neutral ways. You should never impose, express or show your personal feelings to participants.
- e. Effective questioning.**⁵ Being able to ask effective questions is also a core skill for a facilitator. Effective questions help a facilitator to identify issues, get facts clear and draw out differing views on an issue. Skillful, effective questioning also challenges assumptions, shows you are really listening, and demonstrates that the opinions and knowledge of the group are valuable. Effective questioning also increases participation in group discussions and encourages problem-solving.

⁵ Burnage (2018).

Ways to achieve effective questioning include:

- asking open-ended questions: What? When? Where? Who? How? (Be careful with why questions.)
- asking probing questions. Follow up with further questions that delve deeper into the issue or problem: how do you think this is the case?
- asking clarifying questions by re-wording a previous question.
- discovering personal points of view by asking how people feel and not just what they know.

f. Facilitating group discussions. There is no single best way to facilitate a group discussion. Different facilitators have different styles and different groups have different needs, but some common aspects of good group facilitation are:

- **Setting the rules.** It is important to create 'ground rules' with which the group agrees to work. Ensure that these group rules are established during the introduction to the session regarding respect, listening, confidentiality and participation (eg turn off mobile phones, respect everyone's viewpoint, agree a signal if you want to speak, no sub-meetings or conversations).
- **Involving everyone.** Helping all participants to take part in the discussion is a really important part of group facilitation. This involves paying attention to who is dominating discussions and who is not contributing. If a participant is quiet, try to involve them by asking them a direct question. But remember that people have different reasons for being quiet. They may be thinking deeply! If a participant is very talkative, you can ask them to allow others to take part in the discussion and then ask the others to react to what that person is saying.
- **Encouraging honesty and openness.** Encourage participants to be honest and open. They should not be afraid to discuss sensitive issues. Encourage the participants to express what they think and feel honestly, rather than say what they think the facilitator(s) or other participants want to hear. To minimise potential risks, remind participants that disclosing traumatic events within the group setting may pose safety concerns if confidentiality cannot be fully guaranteed. Encourage participants to share difficult experiences during individual sessions with designated support staff.
- **Keeping the group on track.** It is important to help the group stay focused on the issues being discussed. If it seems as if the discussion is going off the subject, remind the group of the objectives for the activity and get them back on track.
- **Checking in.** Have regular check-ins. Check-ins usually occur at the beginning of each session. It is a time when you can ask participants:
 - How are you feeling today?
 - How have things changed or remained the same since we last met?
 - Have you talked to anyone about the issues we discussed in our last session?

If important issues come up during the check-in, do not be too rigid about the planned agenda. Allow some space to deal with the participants' issues.

- **Managing conflict.** Because a workshop of this nature looks at sensitive issues and difficult problems, there may well be disagreement between you and a participant, or between participants. People have strongly held views about gender, sexuality and mental health. This means that disagreement can easily turn into conflict.

Disagreement is healthy and should be welcomed. It is often through disagreement that we better understand our own thoughts and feelings, but conflict that becomes aggressive or hurtful is not healthy or productive. It distracts from the learning objectives of the work. Conflict drains energy away from an exploration of issues, putting energy instead into defending fixed positions. Managing such conflict is an important task for facilitators. A good way to deal with a participant challenging you is to turn the challenge into a question for the whole group or the participant.

- **Dealing with difficult people.** As the exercises make clear, people often take on certain roles within groups. Some of these roles can interfere with the learning of the workshop. Facilitating a group discussion may mean dealing with negative or disruptive people or someone who continues to interrupt the discussion. Reminding the group of the group rules and asking everyone to be responsible for maintaining them is a good way to deal with difficult people. If someone is always complaining, you can ask for specifics, address the complaint, or refer the complaint to the group. If a participant is disruptive, you can involve the group by having its members ask the difficult person to help, rather than hinder, the group, or you can deal with them apart from the group.
- **Achieving agreement.** It will not always be possible to achieve agreement. But a good facilitator will highlight areas of agreement within the group, as well as points of disagreement that need further discussion. The facilitator should also sum up the main points of the discussion and any action points that have been agreed upon, as well as thank the group for their contributions to the workshop.
- **Time management.** It is important to keep track of the timing for each step. This will ensure that you have enough time for each of the activities and topics to be discussed. Reviewing the materials and steps ahead of time will help in ensuring that you keep within the time allocated for the entire session.

4. Some dos and don'ts: A summary of facilitation tips



Do

1. Respect the knowledge and experience of participants.
2. Draw on the collective wisdom of the group.
3. Build tolerance and patience for other participants' views.
4. Actively involve everyone in the workshop.
5. Use culturally appropriate terminology and use it consistently.
6. Vary your training methods so as to meet different learning styles and avoid predictability.
7. Present each theme or issue clearly.
8. Encourage people to ask questions.
9. Plan your sessions thoroughly. Read through the whole training guide and prepare (with your co-facilitator, if you have one).
10. Work out your timings accurately and stick to them.
11. Make sure you have everything you need before the session starts.
12. Always hang posters and/or newsprint on a flat, steady surface.
13. Use the language that is best understood by most of the participants.
14. Use familiar words, terms and examples.
15. Be flexible: adapt your workshop to meet the needs of the participants.
16. Always summarise important points raised.
17. Have an energiser ready.
18. Challenge individual behaviours/ comments/attitudes that are harmful to women, girls and others.



Don't

1. Don't leave all your planning to the last minute.
2. Don't stand on a stage above people. Instead, arrange chairs in a circle/oval form next to a wall or a surface where you can put up posters and/or newsprint.
3. Don't bore your participants by giving long lectures. Remember, adults learn best by doing.
4. Don't play with money in your pockets or chew gum or speak with your hands in your pockets.
5. Don't use unfamiliar jargon which no one understands.
6. Don't allow any one person to dominate the discussions or to intimidate others.
7. Don't be fixated on your own point of view: listen to others.
8. Don't ignore harmful comments that are made about women/girls, or any other group. Address them and use them as discussion and learning points.

Structure of the sessions

Each session follows the same basic structure. Here is a key explaining the different parts you will see in each session outline:



Goals:

The description of the expected outcome(s) for each activity and how it connects with the preceding or following activities. This gives facilitators an idea of what they should work towards.

Note:

Additional information, suggestions, key messages and instructions that are not given elsewhere. These notes may also include key points that are likely to require adaptation for the local context.



Tips:

A vital skill for the facilitator, to help them improve their intervention and achieve better outcomes.



Additional information:

Information to enhance facilitator knowledge regarding the session concepts and theoretical background.



Skills needed

Skills that the facilitator and co-facilitator can use to prepare and facilitate the session.

- Time:** This indicates the recommended and/or minimum time for each activity. The facilitators will have to manage the activity's key components accordingly, so they manage their time well overall.
- Materials and preparation:** This details the type of preparation and materials needed for the activity. These include some specific instructions for materials that need to be prepared prior to the sessions and additional materials that may be required for the activity.
- Key steps:** This is a step-by-step guide to facilitating the activity with details of key messages to share, what to emphasise and how to conclude. This is a guide and facilitators can add to or modify the steps to suit their needs and context.
- Supervisor notes:** These are the notes and steps for the supervisor to follow in each session to help them monitor the facilitator's preparations for and running of the session.
- The session checklist:** This checklist covers all the session steps, to help the facilitator ensure they do not miss any point.
- The session facilitation checklist:** This covers all the skills that will need to be used and demonstrated during the session's facilitation. The supervisor can use it during the session to follow up on the facilitator's progress. In addition, the facilitator and co-facilitator can use it before the session for preparation and after the session for self-evaluation.

Community awareness, identification, selection and referral

Community awareness

Culturally sensitive psycho-education aims to reduce stigma by increasing understanding of the symptoms and treatability of trauma effects and complicated grief. Facilitators can choose to carry out awareness-raising sessions on wellbeing topics in small groups, or through community-wide campaigns. During these events, facilitators can use the WHO-5 survey to identify individuals who may benefit from psychosocial support. Based on their WHO-5 scores, community members may be invited to participate in the pre-group session.

Inclusionary and exclusionary criteria

The following is a checklist of the different types of criteria you can apply to assess whether prospective participants will benefit from being involved in the group process.

Age range:

16 and above

Sex:

Male and female

Ethnic/racial group:

Many groups could benefit, especially people living in fragile contexts and refugees

Other cultural characteristics:

Some focus on under-resourced families

Language:

English, Arabic (currently not in other languages)

Context:

Both urban and rural settings

Clinical conditions:

Presence of psychological distress, as shown by a score of 20 or higher using the Kessler Psychological Distress Scale (K10 – see below). Participants with scores above 30 should be referred for further clinical assessment by a trained mental health specialist at a specialised centre.

If there are no available services, the participant should be included in the group sessions and there should be additional clinical support and guidance for the community facilitators.

People with clinical evidence that their decision-making capacity is impaired are not suitable for this methodology and should be referred to other appropriate assistance.

Note:

A person planning to end their life in the near future needs urgent care to keep them safe, and Connecting Hearts and Minds would not be suitable for them at this time. This methodology will also not be appropriate for a person who has made a suicide attempt during the intervention because they will need more specialised help. A person who has suicidal thoughts but no plan to harm themselves can be helped through this approach.

Recommended assessments

WHO-5⁶

To assess subjective wellbeing, we can administer the WHO-5 Wellbeing Index, a five-item questionnaire measuring current psychological wellbeing and quality of life. Scores range from 0 to 25. The scale has demonstrated sensitivity to change in wellbeing and is available in numerous languages.⁷

- Score from 0 to 9: low
- Score from 10 to 19: moderate
- Score from 20 to 25: good

Total Score: Ranges from 0 to 25, where 0 represents the worst imaginable wellbeing, and 25 represents the best imaginable wellbeing.

Use the WHO-5 Wellbeing Index to screen potential participants. Prioritise individuals who score 0-9 on the WHO-5. For those scoring 10-19 on the WHO-5, administer the Kessler Psychological Distress Scale (K10) to further assess their level of psychological distress.

The Kessler Psychological Distress Scale (K10)⁸

This is a ten-item questionnaire, typically for patients in primary care, intended to yield a global measure of psychological distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent four-week period.

The numbers attached to the patient's ten responses are added up to produce a score on the Kessler Psychological Distress Scale (K10). Scores will range from ten to 50⁹:

- Under 20: likely to be well
- Between 20 and 24: likely to have mild psychological distress
- Between 25 and 29: likely to have moderate psychological distress
- 30 and over: likely to have severe psychological distress

⁶ Topp et al (2015)

⁷ Bech et al (2003)

⁸ Kessler et al (2002)

⁹ Andrews and Slade (2001)

Pre-group session: Understanding adversity and the benefits of joining the group



Goals:

- To assess the participant's suitability for the group psychosocial sessions
- To provide participants with information about common reactions to stress, and adversity
- To help the participant understand the benefits of the sessions, attendance expectations and confidentiality

Time: 60 minutes

Materials and preparation:

- WHO-5
- K10 scale
- Pre-group session intake form (to be completed during the session)
- Pre-group session key steps checklist
- Sample Suicide Prevention Standard Operating Procedure
- Safety plan template
- Session handout: Psychological distress information leaflet on page 32 (two copies, one for the participant, one for the record)



Skills needed to facilitate the session:

- Active listening skills
- Empathy and validation skills
- Normalising skills
- Good time management
- Thorough understanding of emotional distress, symptoms and triggers
- Knowledge of how to use the WHO-5, K10 scale and suicide assessment scale

Here, we set out the information facilitators will need for the individual sessions they will hold with each potential participant. The various resources mentioned in the 'Materials and preparation' list below are included in the second part of this chapter.

Key steps

Step 1: Introduction to group psychosocial support and the rationale for information gathering (10 minutes)

Introduce yourself

PSS Officer: Hello, my name is _____. I am with [organisation name]. (If the community co-facilitator or supervisor is present, they should also introduce themselves.)

Note:

Reason for the interview

It is vital to understand how participants initiate contact. If they self-refer due to recognised psychological distress, the approach differs from those referred as potential candidates who may be unaware of their needs. The approach also varies if candidates are identified and invited directly.

- *If referred (from another NGO or a participant etc):* Can you help me understand who referred you to us? How did you hear about us?
- *If identified (from other activities in the programme) as a potential participant who may be passing through psychological distress:* I invited you to this interview to see how you are, and I want to ask you some questions to check on your wellbeing, and to talk about a support group we are currently running.

We support people going through psychological distress; I would like to share the group programme with you. At the end of this meeting, we can decide if this group is suitable for you and if you would like to participate in the group. Is that okay?



Tips: Active listening skills¹⁰

Attentive body language

- Posture and gestures showing involvement and engagement
- Appropriate body movement
- Appropriate facial expressions
- Appropriate eye contact
- Non-distracting environment

Following skills (giving the speaker space to tell their story in their way)

- Interested 'door openers'
- Minimal verbal encouragers
- Infrequent, timely and considered questions
- Attentive silences

¹⁰ Robertson (2005).

- Reflecting skills (restating the feeling and/or content with understanding and acceptance)
- Paraphrasing (checking periodically that you have understood)
- Reflecting back on feelings and content
- Summarising the major issues

PSS Officer: The group will help you learn a set of skills that have been found to help people after difficult events in their life. It is nine weeks long and will be run by trained community facilitators and I will be present at every session to support. The programme is free and it is not about providing direct material support or money. It is to help you cope with your current situation. You may stop and withdraw from the interview at any time: this does not affect any future employment or services that you would otherwise receive from our organisation.

If you are interested in this programme, I would like to interview you now about how you are feeling to see whether it is suitable for you. Would you like to continue?

Option 1:

If the participant refuses to join the group, the facilitator can share more detailed information about the programme. If the participant persistently declines the invitation to enrol, the facilitator should respect their decision and stop the session, letting them know that they can come back any time they feel comfortable and ready.

Option 2:

If the individual agrees to join the group, move on to the next point.

Note:

It is important not to force a prospective member to participate in a group. If the person is not interested at the moment, explain the benefits again and tell them if a new group is planned to start in the future.

Confidentiality

PSS Officer: Before we continue, it is your right to know that everything you say during this interview will be kept confidential; everything you shared with me is private and confidential. That means that I will not share it with anyone unless I have concerns that you may hurt yourself or others. If I need to break confidentiality, I will inform you first and consult with my supervisor. Necessary information (related to the danger) may be shared with specialised institutions or service providers so that you and the person at risk can be protected. The goal is to keep you safe.

Also, I will take note of your responses, and the responses are then stored under lock and key in the office of [name of organisation].

The information collected will not have any identifying details and only be shared anonymously to understand the project's effectiveness. This also means that your name will not be attached to it. You have the right to access any information we collect, and you can also let me know if there is information you would prefer not to record. Do you have any questions before we continue?

Step 2: Do the assessment, provide psychoeducation and identify triggers (30 minutes)

Assist the person with completing WHO-5 and K10

PSS Officer: To find out how I can best help you, may I ask you some questions so you can introduce yourself and we can complete some assessments? It will help us better understand the level of distress you are facing; I will have to write down your responses to the interview. As I told you before, the responses are then stored under lock and key in the office of [name of organisation]. How does that sound?

Start by filling in the pre-group session intake form: if the co-facilitator is with you, it is better for you to focus on interviewing the participant while the co-facilitator is filling in the form.

- Complete the WHO-5 questionnaire if you have not done so. If the participant scores between 20 and 25, there is no need for them to participate in the sessions. If they score between 0 and 19, complete the K10 questionnaire, then share results.

PSS Officer: Based on your K10 assessment, you are displaying the following:

- *If the score is between 10 and 19:* You are well, and there is no need for the group sessions. You may need other types of consultations if you feel that you need help on some specific level/point. Do the necessary referral.
- *If the score is 20 or above:* You show mild (score of 20–24), moderate (score of 25–29), or severe emotional distress (score of 30 and above), which makes you suitable to join the group. The group helps people experiencing similar symptoms to you. Different people find that joining a supportive group of individuals with similar experiences can be helpful. It is a safe space to speak about the challenges you are experiencing and hear about how others are managing theirs, and learn new skills and techniques to help you.

Assess the risk of suicide by asking the following: during the last two weeks, did you experience any thoughts that you would be better off dead or thoughts of hurting yourself in some way?¹¹ If the answer is yes, follow the instruction in the sample suicide protocol standard operating procedures. If the answer is no, continue the assessment.

- Provide the participant with the psychological distress information leaflet about the common signs and symptoms of emotional distress (psychoeducation).

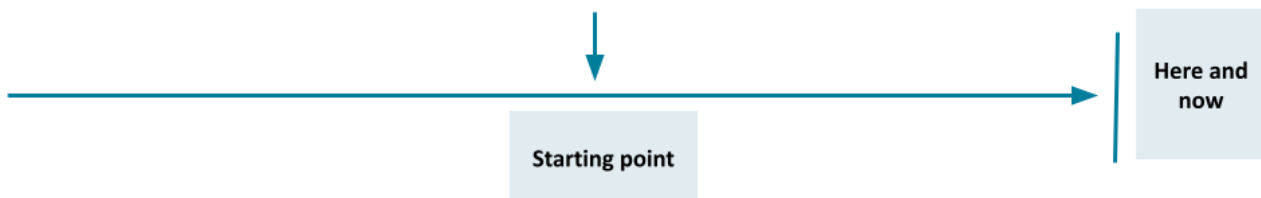
PSS Officer: Now, together, one more time we will go over the symptoms of psychological distress which are common reactions that people experience in times of stress and adversity. It is a state of emotional suffering characterised by symptoms of depression, anxiety and psychosomatic conditions. Tick the symptoms you experienced in addition to those you shared previously when you were completing the K10. (While you are filling out the leaflet for me, you should fill in your own copy as well for the record and to use in the induction session.) Keep this leaflet with you as a reminder of the distress symptoms.

¹¹ Kroenke and Spitzer (2002).

Identify triggers:

PSS Officer: Can you remember when you started having these difficult or distressing feelings and behaviours?

What was going on around or before that time?



PSS Officer: Can you identify the event/s that you have experienced and how that has affected you?



Tips:

Help the participant to arrange the event/s on the timeline.

Note:

Why questions often ask about motive and questioning people's motives tends to not be very helpful. Additionally, most of us don't have enough insight into our own process to be able to discern 'why' we do things (especially when we are anxious or reactive).¹² Therefore, we use the question **How**: instead of asking why that happened, we ask how that happened.

PSS Officer: Among all the events you've talked about, which is the event that is affecting you most?



Tips:

Help the participant to classify the events from the most difficult to the less difficult, and normalise the person's reactions.

Normalising refers to an activity in which something is made normal by labelling it 'normal' or 'commonplace' or by interpreting it as ordinary.¹³ It is the act of connecting someone's feeling of abnormality to common human experiences/common humanity: 'Suffering is part of life' or 'Everyone feels the same sometimes'.

¹² Galindo et al (2006).

¹³ Svinhufvud et al (2017).

For example: Crying during adversity is a normal/common reaction, therefore normalising is to tell a person trying to hide or control crying, or feeling shy of crying, that weeping during such experiences is a normal/common reaction and they should feel free to cry.

Example:

It is very normal to feel and act the way you do after experiencing a crisis and sometimes participating in a group will help you change the negative aspects of these feelings and behaviours.



Tips:

Empathy is about recognising others' emotions and their effect on the individual. Individuals use their own experiences for such processes. Validation extends this understanding to include acceptance in such a way that the emotion that the other person is experiencing is meaningful and makes sense to the person receiving/perceiving that emotion,¹⁴ even if it could be seen as unusual or uncommon.

PSS Officer: Based on the assessments you have just completed, and what you are reporting about the event/s you went through, the exhibited psychological distress symptoms have been triggered by your experiences.

It is a common reaction that affects people in such situations, and it is not your fault. It is something that can be recovered from. Different people use different skills to cope with it.



Additional information:

Psychological distress is largely defined as a state of emotional suffering characterised by symptoms of depression (eg lost interest, sadness, hopelessness) and anxiety (eg restlessness, feeling tense).¹⁵ These symptoms may be tied in with somatic symptoms (eg insomnia, headaches, lack of energy) that are likely to vary across cultures.¹⁶ Additional criteria have been used in the definition of psychological distress but there is little consensus upon them.¹⁷

Step 3: Provide information about the group and ask the person if they would like to join (10 minutes)

PSS Officer: Based on your symptoms of psychological distress, the group is suitable for you. A group will be starting in this community that helps people experiencing similar symptoms to you. Different people find that joining a supportive group of individuals with similar experiences can be helpful. It is a safe space to speak about the challenges you are experiencing and hear about how others are managing theirs. Everything discussed in the groups is kept confidential: this means that participants have to agree to not talking about what is shared in the group with anyone outside of the group, and this includes their family. It

¹⁴ Kocabas and Üstündağ-Budak (2017).

¹⁵ Mirowsky and Ross (2002).

¹⁶ Kleinman (1991) and Kirmayer (1989).

¹⁷ Sparrenberger et al (2003).

is also an opportunity for you to support other people. Are you interested? Do you think you would like to join?



Tips:

If the participant says yes, move to the next step. If not, respect their answer and let them know that if they change their mind, they will still be able to join the group, and if they have any questions, you will be available to answer them.

PSS Officer: The group meets for nine sessions in groups of no more than eight to 12 individuals. Every session is about 90 minutes long and happens once a week. It is an opportunity to learn from each other and to work towards feeling better. Do you have any questions?

As I mentioned earlier, it is important that this is a safe group for all who are joining. Would you be okay with not repeating what you hear in the group?

It would be helpful for me to understand your expectations for the group sessions. Also, do you anticipate facing any challenges in attending the group regularly?



Tips:

Help participants brainstorm challenges. If solvable, guide them toward solutions. Otherwise, refer them to organisations better equipped to assist with specific challenges, such as conflicting work hours.

Step 4: Ending (5 minutes)

PSS Officer: Thank you so much for all that you have shared with me today. You have helped me understand what you are going through, and I am very glad to invite you to join the group. I still have a few people I will be meeting with before the group can start. I will be in touch with you once I have spoken to everybody. I will contact you in _____[timeline]. It is likely to take _____[eg two weeks] to gather enough interested individuals to form a group.

Pre-group session supervisor notes

Supervisors should focus on the following in relation to the facilitator's abilities during this session:

- Communication skills (refer to the section about verbal and non-verbal communication in the session facilitation checklist, pages 51)
- Ability to manage the session in a supportive manner
- Use of empathy and validation skills when needed, normalising participant reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or undermining their reactions or triggers
- Ability to administrate the K10, provide psychoeducation and identify the trigger event/s
- Explaining well confidentiality and its limits
- Setting the participant's expectations and respecting their desire to join or not
- Following the session steps and not adding or missing any points

Pre-group session key steps checklist

Facilitator:

Co-facilitator:

Session date:

Materials and preparation:

- WHO-5
- Kessler 10
- Pre-group session intake form
- Suicide protocol
- Safety plan
- Psychological distress information leaflet (two copies)

Key steps

Step 1: Introduction

- Introduce yourself, your post and the organisation name.
- If a co-facilitator or supervisor is present, they should introduce themselves too.
- Explain the reason for the interview.
- Identify if the participant is willing to join the group or not.
 - Option 1: If the participant is not willing to join, respect their decision and stop the session. Let them know if they change their mind, they will still be able to join the group, and if they have any questions you will be available to answer them.
 - Option 2: If the individual would like to join the group, move on to the next step.
- Introduce confidentiality and its limits.

Step 2: Assessment

- Let the participant introduce themselves, and start by filling in the intake form.
- Administer WHO-5 and K10 and share the result with the participant.
- Assess the risk of suicide.
- Share the psychological distress information leaflet with the participant.
- Provide psychoeducation.
- Identify the trigger event/s using the timeline.

Step 3: Provide information about the group and ask the person is still willing to join

- If not, respect their decision and desire and let them know that if they change their mind, they will still be able to join the group, and if they have any questions you will be available to answer.
- If the participant agrees to join the group, move to the next step.
- Assist the person with completing WHO-5.
- Evaluate any challenges that they may face in attending the group regularly.

Step 4: Closing

- End the session with a clear follow-up plan.



If there is risk of suicide

Steps to take if a person appears to be suicidal:

- Conduct a suicide assessment to identify the level of risk.
- Show empathy and compassion. Reassure the person that help is available.
- If the person is at high risk, call the crisis line (Embrace Lifeline: 1564) or Primary Health Care centres/ supervisor for advice and referrals.
- Follow the sample suicide prevention standard operating procedures and develop a safety plan.

Pre-group session intake form

Session date: _____

Participant code*:

Facilitator name:

Participant Information

Date of birth	Sex	Country of origin	Current civil/marital status
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Lebanon <input type="checkbox"/> Syria <input type="checkbox"/> Iraq <input type="checkbox"/> Palestine <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married/cohabiting <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed

Education

<input type="checkbox"/> Primary school <input type="checkbox"/> High school	<input type="checkbox"/> College <input type="checkbox"/> Professional degree (graduate) <input type="checkbox"/> Other
K10 score:	WHO-5 score:

When did the symptoms start?

(Use the timeline to identify event and the psychological distress information leaflet checklist for the symptoms)

What was going on around or before that time?

The trigger/s:

*Keep the participant name separated with their contact info and ask for a second contact for emergencies.

Any risk of suicide?

Yes, explain the procedure taken.

No

Additional notes:

Cognitive

- Difficulty thinking, remembering
- Beliefs of worthlessness or helplessness
- Thoughts of death or suicide, or suicide attempts
- Having difficulty controlling worry
- Perceived inability to cope
- Demoralisation and pessimism towards the future

Physical

- Significant change in appetite or weight (decrease or increase)
- Difficulty sleeping, early-morning awakening, or sleeping too much
- Multiple persistent physical symptoms with no clear cause, including: aches and pains, headaches, cramps, fatigue or loss of energy

Emotional

- Depression or general unhappiness
- Anger
- Feeling overwhelmed
- Loneliness and isolation
- Persistent feeling of anxiety, irritability
- Feelings of hopelessness, guilt
- Anguish and stress
- Self-deprecation
- Feeling nervous
- Feeling worthless

Behavioural

- Procrastinating or neglecting responsibilities
- Using alcohol, cigarettes or drugs to relax
- Physical restlessness or fidgeting
- Inability to sit still
- Difficulty keeping up with daily tasks
- Fatigue

¹⁸ Arvidsdotter et al (2015). Also, Kandola (2020).

Sample suicide prevention standard operating procedure

Suicide risk assessment and management

Follow these steps with all participants during individual *and* group meetings for all sessions:

- Conduct suicide risk assessment (such as using the C-SSRS triage point or any other instrument available at your institution ie what you use and are trained on in your practice).
- Tell the participant you are concerned about them and you want to help keep them safe.
- Allow the participant to express their thoughts and feelings in a non-judgemental way.
- Do not argue someone out of suicide. Let the person know that you care, that they are not alone, and that they can get help.
- Do not say things like 'You have so much to live for' or 'If you kill yourself, it will hurt your family'.
- Do not leave the person alone. Suicidal crises do not last forever. Do not promise to keep things confidential.

Depending on the level of suicide risk, take the following actions:

If at low or moderate risk

Immediate: Follow the emergency protocol at your institution or in your usual private practice.

Make sure the guidelines include the following steps below:

- Ensure the person's safety by removing access to harmful means (in the centre and in the home later on).
- Refer them for psychiatric consultation. Encourage the participant to seek treatment by making an appointment with specialised service providers
- Inform a family member/trusted person (identified by the patient if possible) who can ensure safety. This support person should be contacted at the time of the session to establish a plan to remove or secure lethal means; they should also be informed of the safety plan and also given information on seeking specialised MHPSS services.
- Ask this support person to agree to call staff on the same day to confirm lethal means have been safely secured. Staff will follow up with this support person if this call is not received within an agreed timeframe.
- Arrange or ensure that the participant will stay with family or friends who can help prevent them from hurting themselves.
- Develop a safety plan.

Within 24 hours:

- Send an email to your supervisor, master trainer and any person in a position to help, including the participant ID code, a note about your concerns (which should specify the level of risk identified and a justification for it, steps taken) and your contact details (including your phone number).
- Do not use any details that might identify the participant (eg name etc).

If at high risk

***Immediate:** Follow the emergency protocol at your institution or one that you are trained on in your practice.*

Make sure the guidelines include the following steps:

- Do not leave the person alone until support service and care is available.
- Ensure their safety by removing access to harmful means (in the centre and in the home later on).
- Refer for psychiatric consultation. Encourage the participant to seek treatment by contacting and making an appointment with a specialised MHPSS service provider.
- Inform a family member/trusted person (identified by the person if possible) who can ensure their safety. This support person should be contacted at the time of the session and asked to remove or secure lethal means; they should also be informed of the safety plan and also given information on seeking help from specialised services.
- Ask this support person to agree to call staff on the same day to confirm lethal means have been safely secured. Staff will follow up with the identified support person if this call is not received within the agreed timeframe.
- Arrange or ensure that the participant will stay with family or friends who can help prevent them from hurting themselves until they receive the medical care they need.
- Initiate hospital admission procedure if necessary.

Within 30 minutes:

- Call your supervisor.
- If a supervisor is not available, call your trainer. If not available, call any psychiatrist/neurological or mental health service provider available locally. If none is available, contact any general hospital with an emergency room to ask for help.

Within 24 hours:

- Send an email to your supervisor, master trainer and any person in a position to help, including the participant ID code, a note about your concerns (which should specify the level of risk identified and a justification for it, steps taken) and your contact details (including your phone number).
- Do not use any details that might identify the participant (eg name etc).

Safety plan template¹⁹

This step-by-step safety plan will help you cope if you are experiencing any of the warning signs of suicide.

Safety plan template

Step 1: Warning signs (thoughts, images, mood, situation, behaviour) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies: things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. _____ Phone _____
2. _____ Phone _____
3. Place _____

Step 4: People I can ask for help:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Name _____
Phone _____
Clinician pager or emergency contact # _____
2. Name _____
Phone _____
Clinician pager or emergency contact # _____

¹⁹ This template is based on Stanley, B, G K Brown et al (2008) *Safety plan treatment manual to reduce suicide risk: Veteran version*, Washington, DC: United States Department of Veterans Affairs. Accessed on 21 January 2025 at: https://www.mentalhealth.va.gov/docs/va_safety_planning_manual.doc.

- 3. Local urgent care services _____
Urgent care services address _____
Urgent care services phone _____
- 4. Suicide prevention lifeline _____

Step 6: Making the environment safe:

- 1. _____
- 2. _____

The one thing that is most important to me and worth living for is:

Session 1: Introductions and beginnings



Goals:

- Introduce the participants
- Set the scene: purpose of the sessions and confidentiality
- Sensitise participants on available feedback and complaint mechanisms
- Explore expectations, motivation and aspirations of participants
- Learn about stress and symptoms of psychological distress
- Build attunement, grounding and present-moment awareness

Time: 90 minutes

Materials and preparation:

- Before the session, review the notes you collected at the pre-group session on the problems they are facing as individuals, and each group member's K10 score
- Prepare the psychological distress information leaflets (from the pre-group session) for each participant
- Mood thermometer
- Print-out of facilitator's work contact number
- Flip charts
- Marker pens
- Bag of items for a 'blind draw' game
- Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg what happened), to help you evaluate progress
- Session 1 key steps checklist. Use this during the session to remind you of all the tasks you need to complete for each phase.
- Session facilitation checklist. Using this before, after, and during each session will help the supervisor support the facilitators to achieve best practice. The checklist can also help you rate yourself after the session and find out what you need to improve.



Skills needed to facilitate the session:

- Environment setting
- Ice-breaking skills
- Encourage participation and reinforcement
- Neutrality and flexibility
- Communication and active listening skills
- Observation skills
- Empathy, validation and normalising
- Conflict handling
- Good time management
- Keeping a task-related focus
- Note-taking and documentation
- Understanding psychological distress, its symptoms and triggers

Note:

The induction session has two main goals:

- To introduce the group and the topics of each session to participants so they can make a more informed decision on whether they are happy to take part
- In small communities, eg camps or villages, most people may know each other. During the individual session they will not know who will be attending the group and who is not, so during this session it is important to provide opportunities for the participants to get to know each other. It may be that someone feels there is another person in the group who they are close to or have difficulties with, or whom they will find it difficult to share their concerns, thoughts and emotions in front of. If this is the case, refer one of them to another group, a future group or any other available service. This will help to avoid group tension or people dropping out. Some people may decide not to continue after learning more about the group session's content. More generally, the aim of this session is to help participants understand their psychological distress and the possible triggers for it, and the need to seek help to avoid any worsening of their distress.

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.
- Have participants complete K10 (if they have not already done so), and hand it in before the start of the session.

The following is a sample text summarising the most important aspects of this session.

Step 1: Introduction (15 minutes)

Facilitator: Good morning/afternoon. Welcome to the first group session, and thank you for coming. My name is [name], and this is my co-facilitator [name]. Sitting among us is [name], the supervisor from [organisation name]. This is a group set up by [organisation name], and the goal of this group is to improve your psychological wellbeing, targeting psychological distress, and for the participants to support each other. By being here, all of you have taken the first positive step.

We will start with a fun activity to get to know each other. I would like you to say hello to your neighbour and please introduce yourself and share one fun or interesting thing about yourself. You have five minutes, and later you will introduce each other to the group.

Please introduce your neighbour to the rest of the group and share the fun or interesting facts about them.

Step 2: Building communication, trust and relationship (15 minutes)

Facilitator: We will now play an energiser game called 'blind draw'. You will form two groups. Each group will appoint an artist, and the artist will leave the room for two minutes while the remaining members select an item from this bag. When they return to the room, the group will instruct the 'artist' to draw the object without naming it. You have three minutes for the drawing to be completed. The group whose drawing is closest to the actual item wins.

Instructions:

- Prepare a few items (eg bottle, paper clip, pen and vegetable).
- Position the flip charts so they face away from the group, so the team cannot see what the artist is drawing.
- Split the main group into two smaller teams. Each team appoints an artist. The artist leaves the room for two minutes while their team selects an item from the bag of items prepared by the facilitator.
- When the artists return to the room, the teams will instruct their 'artist' to draw the item without naming it. The teams have three minutes for the drawing to be completed.
- At the end of the activity, all the drawings are revealed. The team whose drawing is closest to the actual item they picked wins the game.

Rules:

- The team cannot tell the 'artist' what their item is; they can only give instructions by describing the item.
- The 'artist' cannot ask any questions and can only draw based on the instructions given by their team.
- There is a time limit of three minutes for the drawing to be completed.

Reflection questions:

- How well did the team describe the item to their 'artist'?
- What were the positive communication styles/methods that helped during the challenge?
- What did you learn from the challenge?



Tips:

During the reflection, highlight the following:

- Each of us has their own words to describe the same thing; therefore, we should respect that diversity without judging each other.
- Also, each of us may see the same thing from a different angle, and that should enrich our group experience without being a trigger for dispute.
- Perceiving things differently and talking about them without good communication skills or respect for others can create a mess. (If one of the drawings failed to describe the item, you can use it as an illustration.) But if we communicate well, we can reach our goal. (Point to a drawing that represents the item described well, if one exists.)

Step 3: Remind participants of the need for confidentiality, safety and the purpose of the group (15 minutes)

Facilitator: Now that you have introduced yourselves and had an energiser, I want to remind every group member about confidentiality, which we discussed when you met with me individually. It is important for all of you to remember that everything we talk about during these group sessions must be kept private. This means we should not be sharing anything we talked about in this group with others, including our families. This is so that everyone can feel safe in the group. Therefore, it is very important that everyone is committed to not repeating to others what we have discussed here. If a member breaks confidentiality, the group will meet once without them to discuss what to do. Is that okay with everyone?

The only time I am allowed to break this confidentiality is if I believe you are at high risk of hurting yourself or someone else. This is because it is my job to keep you safe. If I need to break confidentiality, I will talk to you about it first and then contact my supervisor. We will work together to create a plan to keep you safe. You also have a right to be treated with dignity by all the staff who work on this project. These sessions are free, and you should not be asked for money or favours in exchange for any services. If you are being abused or hurt, you can contact [the number for complaints or feedback].

Before the session, each of you completed a self-assessment. We will be completing this assessment monthly so you and I can better understand how you are doing. After each session, this assessment is kept locked up in [name of the organisation].



Additional information:

Confidentiality and trust

- **Confidentiality** is an important foundation for creating a safe space for a training group. Confidentiality allows participants to speak, in the security of the group, without fear of disclosure outside the safety of the group.
- **Trust** is having a strong belief that you can depend on the truth and ability of someone else. Trust builds a bond with each member of the group to place the safety of each person of the group as a priority. This is a process which develops over time. It is also an important foundation for forming a safe space for any group work. Trust gives the assurance that everything spoken of in the group is safe and that this safety will be guarded as a responsibility

by each person. Everyone has a part to play in this. Without confidentiality and trust in the group, people will not feel safe to speak.

- **Confidentiality** and **trust** are key elements to group work. They are interdependent and work together but they mean different things.

Facilitator: Now, as a group, we will discuss and come up with a list of attitudes, behaviours and values (or 'group rules') that should be encouraged to help make the environment a safe and positive environment. We will revisit these rules at the end of the session to decide if you want to add or change them based on your experience in this session.

Write the list on a flip chart, eg:

- Arrive on time and respect break and lunch timings.
- Be respectful to one another.
- Hold confidentiality.
- Do not use cell phones during sessions.
- Be trustworthy.
- Be responsible for what you share and only share what you feel comfortable to share.



Tips:

Elicit contributions from within the group on what should be included in the group rules and boundaries for the group, rather than these being imposed on the trainees externally. The trainer should see what the groups come up with first and only if they don't mention things from the list above should they suggest them.

Discuss problems and symptoms

Step 4: Build empathy and closeness by discussing the reasons that brought each of the members to this group (30 minutes)

Facilitator: Each one of you has joined this group because you say you want to feel better. Would anyone like to share the symptoms you are experiencing caused by psychological distress – the ones we identified in the individual session on the leaflet?



Tips:

In case any of the participants forget the psychological distress information leaflet, you can provide them with the copy you kept from the pre-group session, where they checked and added their symptoms.

Highlight the symptoms they have in common, to underline the common human experience and to encourage sharing.

Acknowledge and/or normalise and validate each person's feelings and reactions before moving to the next question or person.

Facilitator: Would anyone like to share the problem/trigger in your life that led to psychological distress and how you are experiencing it?



Tips:

Highlight the symptoms they have in common, to underline the common human experience and to encourage sharing.



Additional information:

The facilitator's responsibility is to encourage discussions to help the group understand the common problems and symptoms. It will also help the group identify and empathise with each other. This is also a good opportunity for you to model how to respond appropriately to others through your words and body language.

Most importantly, do not force anyone to speak or suggest to others what a person's problem might be. It is helpful to ask a group member how they feel when talking about their problems as this helps people link their feelings to what has happened in their lives.

Here are some ways to engage the group:

- Thank you [name of a group member] for sharing your problem of [state the problem]. Does anybody else have a similar problem?
- **The feelings of guilt and sadness [name of a group member] just described are quite normal. I see that some of you are nodding. Do any of you have similar experiences?**
- A number of you are here because of [state a common problem: Psychological distress]. Would any of you with this problem like to share?
- **It can be difficult to talk about our problems, especially in a group; it will get easier over the weeks we spend together. Is anybody in the group willing to share how they are feeling now?**
- Listening to [name of a group member] talk about the problem they are facing, how does this make you feel? And [name of a group member], how do you feel talking about the problem you are facing?



Tips:

After they share the symptoms they are experiencing and the triggers, you can share with them the following information regarding psychological distress:

‘Although there is no widely accepted definition of psychological distress, it is often described as a state of emotional discomfort or suffering that is characterised by symptoms of depression and anxiety’.

Psychological distress refers to unpleasant feelings and experiences that can affect how you think, feel, and behave. These feelings can range from mild to severe and may include:

- Emotional distress: Such as sadness, anxiety, fear, anger, and frustration.
- Cognitive distress: Such as difficulty concentrating, negative thoughts, and worries.
- Behavioral distress: Such as withdrawing from social activities, changes in sleep or eating habits, and substance abuse.

Psychological distress can range from mild and temporary feelings of sadness or anxiety to more serious conditions such as:

- Depression: Persistent sadness, hopelessness, and loss of interest.
- Anxiety: Excessive worry, fear, and nervousness.
- Panic attacks: Sudden episodes of intense fear and physical symptoms.
- Social isolation: Feeling disconnected from others and lonely.
- Existential crises: Questions about the meaning and purpose of life.

And it can be triggered by many events, for example:

- experiencing relationship problems with partners, other family members, or friends
- undergoing major life changes, such as moving home or having a child
- living in a neighbourhood that faces inequity and lack of resources
- having a low income
- experiencing discrimination
- feeling lonely or isolated
- having debt
- having an unhealthy lifestyle, which might involve smoking or low levels of exercise

It may be related to concerns about:

- job security
- performance at work
- poor working conditions
- increasing responsibility
- a lack of control or overwork

- relationships with colleagues or managers

The following session will help us learn new skills, techniques and strategies to cope well and prevent any manifestation of that distress.

Step 5: Explore aspirations and challenges (10 minutes)

Facilitator: People in general benefit from group sessions like this one. What do you think you will personally get out of being in this group?

Note:

As a facilitator, you will have the opportunity to clarify any wrong expectations expressed by the participants.

Other possible questions you might ask:

- Motivation/aspiration:
 - How will everyday life be different if your daily mood improves?
 - What do you think you will be able to do that you have trouble doing now?
 - What changes would you like for yourself by the end of this group session?
 - How can you contribute to such change?

Facilitator: Now that you have shared your hopes, I want to remind all of you that we are here to work on the skills you need to feel better. This may take time, and it is different for different people. Together we will strengthen the positive coping skills you have and help each other to learn new ones to cope with your problems better. And you have a group of people to support you through this process.

Share with the participants the subsequent session topics:

Session 2: Acceptance of difficult thoughts and affect regulation

Session 3: Compassion for self and others

Session 4: Behavioural activation I

Session 5: Behavioural activation II

Session 6: Communicating well and wellbeing

Session 7: Family rituals and routines

Session 8: Positive parenting skills and non-violent communication

Session 9: Closing and celebration

Facilitator: I previously asked each of you if you anticipate facing any challenges in attending the group regularly. I would like to ask all of you the same question again, now that you know what we are going to do and you are more familiar with the meeting place, timings and members?



Tips:

Help the participants brainstorm about any challenges they may raise and any possible solutions. If the challenges cannot be solved (eg working hours clash with the organisation's working hours), then refer the participant to receive support from other helpful organisations.

Step 6: Building attunement and normalising symptoms of psychological distress and how it affects our daily functioning

Facilitator: During these sessions, we will learn to be more aware of our feelings and mood, and the feelings and mood of others. Being aware of your feelings is very important. There is no right or wrong way to tune into yourself; it is simply listening to yourself. Often, we find it easier to tune into others, but we have to stay attuned to ourselves. This helps to increase self-awareness. To start, we will rate each of our moods. That is how good or bad you feel at this moment. Using a 0–10 scale (the mood thermometer), if you feel good, give a high number; if you feel 'so-so', give yourself about 5, and if you feel low, choose a lower number. We will start with [name of participant].

Then explore with the participants the context/events behind why each of them feels this way.

Note:

Linking moods and events is relevant for every group member. It helps to demystify depression by clarifying how a person's mood is linked to life events. You should pay attention to both negative and positive events and moods, pointing out any improvements you see.

For example:

Participant: I feel better this week.

Facilitator: I'm very glad to hear this. What do you think has made you feel better?²⁰

Facilitator: We talked about the problems in our lives. Normally, these problems can make us have unpleasant feelings or emotions that negatively impact our daily lives [*link between mood and events*], such as the symptoms of emotional distress. By starting to understand some of our problems and how to address them, we can start to feel better.

During this time it is okay to ask for help from others because it can be hard to do even daily tasks. You might also want to wait to make significant decisions in your life. This is because the psychological distress you are experiencing can affect your ability to make decisions.

What are some tasks that are particularly hard for you to do now? Who can help you with them?



Tips:

Encourage some participants to identify the things they are unable to do as results of their distress, and who can help them.

²⁰ WHO and Columbia University (2016).

Closing

Step 7: End the session (5 minutes)

Facilitator: I would like to take a moment to revisit the rules of the group. Are there any additional rules you would like to add or any rules you would like to change?

These rules will be displayed at every session to remind you of the group agreement you came up with.

You might not feel any different after today's sessions, but this is only the beginning. We still have eight more sessions to go. Every session will be 90 minutes, just like today. We will meet every [day of the week] at [time].

Next time, I will call* to confirm your attendance for the next week; later on, you will be familiar with the procedures.

It is important that you arrive on time and attend every session because we will learn new things each time that can help you. If you are unable to make it or will be late, please get in touch with my colleague or me before the session. Here are our contact numbers (*pass out contact details*). Does anybody have any questions for us?

Step 8: Check-out

Facilitator: As we come to the end of this first session, I would like each of you to share one word describing how you feel now. We can start with [name of a group member]. 'Right now, I feel...'

Note:

At the end of the session, you should complete the session notes and ensure that all the assessments are handled over to the PSS officer.



Tips:

*During the call, confirm their attendance for the next group session or their need for referral to other groups or services.

Session 1 supervisor notes

What you need to assess during this session is the facilitator's ability to do the following:

- break the ice and encourage group members to participate
- be well prepared, having all the materials for the session and being familiar with its steps
- be able to set the scene for the session (refer to the 'environment setting' section in the session facilitation checklist)
- share confidentiality and its limits
- be able to involve the group in setting the session rules
- have good communication skills (refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- handle conflict (refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- encourage participants to share the trigger event/s
- reshape the participant's expectations and clarify the purpose of the group
- follow the session steps, without adding or missing any points
- understand psychological distress and its triggers and symptoms
- take notes of the session to follow up on (this may be a role for the *co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 1 key steps checklist

Facilitator:

Co-facilitator:

Session date:

Materials and preparation:

- Copies of K10 scale
- Mood thermometer
- Print-outs of facilitator's work contact number
- Flip charts
- Marker pens
- Bag of items for a 'blind draw'
- Psychological distress information leaflet from the pre-group session for each participant
- Facilitator's weekly notes
- Session facilitation checklist

Key steps

Step 1: Introduction

- Introduce yourself and help the participants introduce themselves.

Step 2: Building communication, trust and relationship

- Instruct the participants about the activity.
- Provide them with the materials needed.
- Manage the activity time and explain the rules.
- Discuss the final outcomes.

Step 3: Remind participants of the confidentiality ground rules

- Share about confidentiality and its limits.
- With the group, create the list of attitudes, behaviours and values.

Step 4: Discuss the reasons that brought each of member to this group

- Encourage participants to share any symptoms of psychological distress.
- Encourage participants to share the trigger event/s for their psychological distress.
- Acknowledge and/or normalise and validate each person's feelings and reactions before moving to the next question or person.
- Provide psychoeducation/share information on the psychological distress symptoms and triggers, and refer to the leaflet where individuals recorded details of psychological distress.

Step 5: Explore aspirations and challenges

- Help participants to share their purpose for joining the group and identify any not suited to it.
- Share with the participants the session topics.
- Help participants to identify any challenges they may face in attending the sessions.

Step 6: Building attunement and normalising symptoms of emotional distress and how it affects our daily functioning

- Using a 0–10 scale (mood thermometer), ask the participants to rate their mood.
- Explore with the participants the context/events behind why each of them felt this way.
- Help them identify symptoms of psychological distress again.

Step 7: End the session

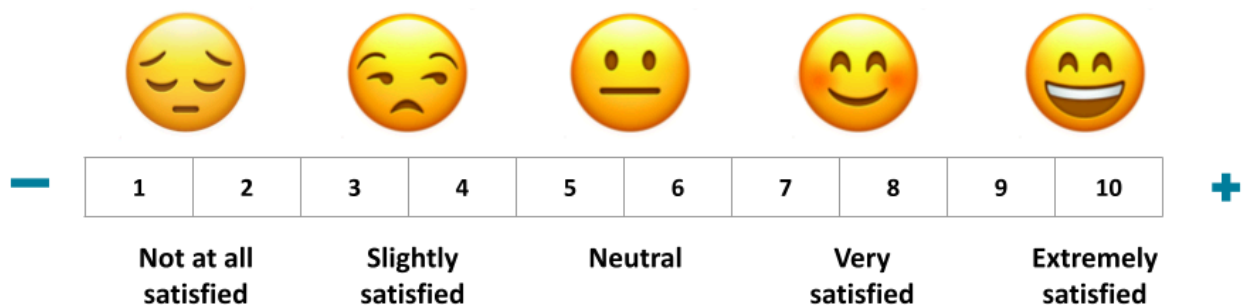
- Take a moment to revisit the rules of the group.
- Inform participants of the remaining sessions.
- Share details about the next meeting.
- Share the work contact number for any emergency or challenge they go through regarding the sessions.

Step 8: Check-out

- Ask participants to share one word describing how they are feeling now.

After the session, call each group member privately to confirm their attendance for the next group session or to discuss the need for referral.

Mood thermometer



Session 1 weekly progress notes form

Facilitator: _____

Co-facilitator: _____

Session #		Session date:	
<p>Notes: <i>(Include observations from the facilitators and notes on what was shared by participants during the session: new information, problems faced, and progress made, eg who is reelecting, who is practising a new tip, who always tries to break the rules...)</i></p>			
<p>Follow-up actions: <i>(eg if a group member fails to attend or has issues that require midweek follow-up)</i></p>			

Grounding and mindfulness exercises

Grounding exercises

Grounding is an important therapeutic approach for handling flashbacks or dissociation (feeling disconnected from feelings, thoughts, memories or sense of identity) and reducing the symptoms of anxiety and panic. It is important to practise the exercises again and again until the skill becomes automatic and can be called on even during moments of distress. The aim of grounding is to take the survivor out of whatever traumatic moment they are remembering.

Mindfulness exercises

Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgementally. This increases awareness, clarity and acceptance of our present-moment reality. Mindfulness can simply be noticing what we don't normally notice, because our heads are too busy in the future or in the past – thinking about what we need to do, or going over what we have done.

1. Grounding the body²¹ (10–15 minutes)

Sit on your chair. Feel your feet touching the ground. Stamp your left foot into the ground, then your right. Do it slowly: left, right, left. Do this several times. Feel your thighs and buttocks in contact with the seat of your chair (5 seconds). Notice if your legs and buttocks now feel more present or less present than when you started focusing on your legs.

Now move your focus to your spine. Feel your spine as your midline. Slowly lengthen your spine and notice if it affects your breath (10 seconds). Move your focus toward your hands and arms. Put your hands together. Do it in a way that feels comfortable for you. Push your hands together and feel your strength and temperature. Release and pause, then push your hands together again. Release and rest your arms.

Now move your focus to your eyes. Look around the room. Find something that tells you that you are here. Remind yourself that you are here, now, and that you are safe. Notice how this exercise affects your breathing, your presence, your mood and your strength.

2. 5-4-3-2-1 calming technique²² (10 minutes)

There are five steps to take to help create progress towards reducing and/or relieving symptoms. Taking these five steps might not be overnight magic but can significantly help reduce symptoms of anxiety, trauma triggers and other unwanted emotions or thoughts.

Start with deep breathing. Breathe in for five seconds, hold the breath for five seconds, and breathe out for five seconds. Continue this pattern until you find your thoughts slowing down or until necessary.

²¹ This exercise is taken from Jacobson, E (1974) *Progressive relaxation*, Chicago: The University of Chicago Press, Midway Reprint.

²² This exercise is taken from Smith, S (2018): '5-4-3-2-1 coping technique for anxiety', University of Rochester Medical Center, April 2018. Accessed on 20 December 2024 at: <https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/april-2018/5-4-3-2-1-coping-technique-for-anxiety>.

After you are able to find your breath, go through the numbers in order to help ground yourself in present thinking through noticing external factors:

- Acknowledge **five** things you see around you: maybe a bird, a pencil, a spot on the ceiling. However big or small, state five things you see.
- Acknowledge **four** things around you which you can touch. Maybe this is your hair, hands, ground, grass, pillow etc. List the four things you can feel.
- Acknowledge **three** things you hear. This needs to be external: do not focus on your thoughts. Maybe you can hear a clock, a car, a dog bark, your tummy rumbling (internal noises that make external sounds can count). What is audible in the moment is what you list.
- Acknowledge **two** things you can smell. This one might be hard if you are not in a stimulating environment, so you may need to move to find a scent. Maybe walk to your bathroom to smell soap, or outside to smell something in nature; you could do something as simple as smelling a cushion on the sofa, or a pencil. Whatever it may be, take in the smells around you.
- Acknowledge **one** thing you can taste. What does the inside of your mouth taste like: gum, coffee, or the sandwich from lunch?

3. Progressive release of muscular tension²³ (15 minutes)

Focus on the difference between tensed and relaxed muscles, and show they feel. Practise on different parts of the body: the head, face, neck, shoulder, back, stomach, buttocks, arms, hands, legs or feet. Increase tension and hold it for five seconds; then release and hold for ten seconds. Find the tempo that suits you. Increase the tension and release the tension ten times in each muscle group, with a short pause in between.

- Start by focusing on your hands. Make a fist, hold it for five seconds, release it for ten. Notice the difference between the tensed and released states. Do it once more.
- Move the focus to your arms. Pull your forearms towards your shoulder. Feel the tension in your upper arms. Hold for five seconds, release for ten. Notice the difference. Do it once more.
- Focus on your face. Increase the tension in your forehead: lift your eyebrows. Notice the tension. Hold for five seconds, release for ten. Notice the difference. Repeat.
- Focus on your shoulders. Lift them. Hold and notice the tension. Release. Notice the difference. Repeat.
- Focus on the shoulder blades. Pull them back. Increase the tension. Relax. Notice the difference and repeat.
- Stretch your back by sitting in a very upright position. Hold the tension and relax, notice the difference and repeat.
- Increase the tension in your buttocks. Hold for five seconds and release. Notice the difference and repeat.
- Hold your breath. Pull your stomach in, tighten it, and relax. Notice the difference and repeat.
- Focus on your legs. Stretch them out, feel the tension in your thighs, hold and relax.
- Straighten your legs again: this time draw your toes back towards you. Notice the tension in the back of your legs, and the feeling of relaxation when you release. Repeat.

²³ This exercise is taken from Healthwise (2019) 'Stress management: doing progressive muscle relaxation', University of Michigan Health. Accessed on 21 January 2025 at: <https://www.uofmhealth.org/health-library/uz2225>.

- Focus on your toes, making them point downwards, away from you, as far as you can. Feel the tension and release.
- Scan your whole body. Does any part still feel tense? Repeat the exercise for this part.
- Imagine that a relaxed feeling is spreading through your whole body. Your body feels warm, perhaps a little heavier, relaxed.

4. Creating a safe place²⁴ (10–12 minutes)

Choose whether you want to close your eyes or keep them open during this exercise. Listen carefully to the trainer's voice.

- Think of a place in which you were calm and confident and safe in the past. It may be outdoors, at home, or somewhere else. It can be a place to which you have been once or many times, which you saw in a film or heard about, or imagined. You can be there by yourself or with someone you know. It can be private, unknown to others, somewhere that no one can find without your permission. Or you can decide to share it with others.

This place must suit you and meet your needs. You can constantly recreate or adapt it. It is comfortable and richly equipped for all your wants. Everything you need to be comfortable is present. It is somewhere that fits you.

It shuts out every stimulus that might be overwhelming.

- Imagine this place. Imagine you are there. Take time to absorb it in detail: its colours, shapes, smells and sounds. Imagine sunshine; feel the wind and the temperature. Notice how it feels to stand, sit or lie there, how your skin and your body feel in contact with it.
- How does your body feel when everyone is safe, and everything is fine? In your safe place you can see, hear, smell and feel exactly what you need to feel safe. Perhaps you take off your shoes and feel what it is like to walk barefoot in the grass or in the sand.
- You can go to this place whenever you want and as often as you want. Just thinking about it will cause you to feel calmer and more confident.
- Remain there for five more seconds. Then prepare to return to this room, open your eyes, stretch, do what you need to return to the present.

²⁴ Santorelli (not dated).

Session facilitation checklist²⁵

Facilitator(s):

Session date:

Time:

0 Not applicable	1 Lowest	2 Below average	3 Median	4 Good, requires more coaching	5 Highest
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Environment setting						
Set-up accommodates privacy and confidentiality						
Visual, auditory and kinesthetic set-up puts participant(s) at ease						
Seating set up in an appropriate manner						
Space, equipment and temperature setting						
Safety setting						
Communication skills						
Non-verbal skills The facilitator uses culturally and contextually appropriate greetings and facial expressions						
The facilitator demonstrates appropriate body language						
Observation The facilitator is aware of, and sensitive to, all that is going on in the room and makes changes based on their observations						
The facilitator is able to identify symptoms of distress and discomfort in participants as a result of questions/discussion						
Listening The facilitator can listen to and focus on the person who is speaking.						

²⁵ El-Attar (2015).

The facilitator is able to effectively express through the use of paraphrasing and restating what the participant has spoken about						
Intervention and questioning						
The facilitator speaks clearly, is aware of pace and can be easily understood						
The facilitator can give clear directions both verbally and visually						
The facilitator can ask open-ended questions that have more than one possible response, and does not rely on the use of leading questions						
The facilitator does not use intrusive or probing methods to collect answers						
The facilitator can use prompt words to encourage more responses. Eg: And, what else, why, so...						
The facilitator can ensure the involvement of the whole group						
The facilitator does not jump to conclusions regarding what has been raised by the participants, and avoids making assumptions without the necessary information						
The facilitator is able to re-frame participant expectations from the group session in a concrete and effective manner						
The facilitator is clear with their answers, and if they do not know the answer, they do not make one up						
The facilitator can use silence and give participants the time they need to reflect						
Conflict handling						
The facilitator can handle strong differences of opinion which may lead to arguments						
The facilitator can draw the attention of participants back to the group						
The facilitator can encourage the dialogue to be healthy again, if the discussion turns negative						

Managing time The facilitator starts and ends each activity on time						
The facilitator manages the break times						
Keeping a task-related focus						
The facilitator stays within the purpose of the session and follows its steps						
The facilitator demonstrates knowledge of the session topics						
The facilitator prepares well for the session						
Principles of care						
The facilitator implements Principles of Care with participants (Safety, Confidentiality, Non-Discrimination, and Respect the Desires, Rights, and Dignity of the Participant) The facilitator is free from judgement and preconceived ideas and prejudices during the session process						
Filing/documentation						
The facilitator/co-facilitator uses notecards or any other method to take notes						
The facilitator records important and key information						
The facilitator uses the identified forms during the session process						
The facilitator stores/files information and participant files in a safe location with only specific individuals having access to folders						
The facilitator ends the session with clear outcomes planned and appropriate follow-up actions put in place						
Total score:						

Middle-phase group sessions: Key sections for sessions 2–8

It is important to create a predictable routine throughout the sessions. Every session will have four sections: check-in, skills, practice, and closing and check-out.

Check-in – Start each group session by reviewing participants’ mood and symptoms and how they link back to the event. This part also includes psychoeducation on psychological distress (10 minutes)

Skills – This part includes reactivating a coping skill or learning a new skill (40–45 minutes)

Practice – Assign practice exercises (15 minutes)

Closing and check-out – End the session with a reminders about the next session and a check-out or grounding exercise (10 minutes)



Skills needed to facilitate these sessions:

- Environment setting
- Ice-breaking skills
- Ability to encourage participation and reinforcement
- Neutrality and flexibility
- Communication and active listening skills
- Observation skills
- Empathy, validation and normalising
- Conflict handling
- Managing diversity
- Good time management
- Keeping a task-related focus
- Documentation
- Understanding of psychological distress, its symptoms and triggers
- Understanding the topic of each session and its application

Session 2: Acceptance of difficult thoughts and affect regulation



Goals:

- To help participants link feelings to events so as to identify triggers
- Understanding the acceptance of difficult thoughts
- To learn about the cognitive triangle
- To reactivate coping skills or learn new ways of coping

Time: 90 minutes

- Materials and preparation:**
- Review notes you took at the pre-session on the problems they are facing as individuals
 - Flip chart
 - Marker pens
 - Sheets of A4 paper (one for each participant)
 - Group rules from last week
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg K10 scores, what happened etc), to help you evaluate progress
 - Session 2 key steps checklist. Use this during the session as a reminder of all the tasks you need to complete
 - Session facilitation checklist
 - Session 2 handout: The cognitive triangle

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.
- Draw the diagram of the cognitive triangle on a flip chart.

The following is a sample text summarising the most important aspects of this session.

Check-in (10 minutes)

Step 1: Linking events to mood and symptoms

Facilitator: Welcome back. Thank you for coming and for being here on time. Today is the second session of our group meeting. There are still seven sessions left.



Tips:

If any of the participants has dropped out from the group, share that with the remaining participants.

Facilitator: Let's go around the room and rate your mood (*using the mood thermometer*) and symptoms. Has it improved, stayed the same or worsened?

Note:

Given the seven-day interval between sessions, participants are encouraged to reflect on and share their overall mood during the week.

Facilitator: [Name of a group member], I see that your mood has worsened from last week.

Can you share what you think is the reason or event that might be the cause for it?

Psychoeducation (15 minutes)

Facilitator: Stressor appraisals result in a series of psychological distress reactions when individuals realise that they have no control or inadequate resources to deal with the challenge. Numerous research evidence has linked high perceived stress not only to emotional disturbances such as anxiety, and depression, but also to adverse physical health including a higher risk of cardiovascular disease and stroke.²⁶

Note:

Checking in at the beginning of every session allows you to better understand where the participants are at, and also encourages people to become more attuned to their own symptoms.

Using the information you gathered from the checking-in exercise and observation, follow up on three to four people, focusing on linking events to moods and moods to events. This is to help the members understand how their mood can be impacted by events and vice versa. It is a technique mainly used in interpersonal therapy. Minor events in daily life are known to induce momentary negative or positive effects. Positive effect or increases in positive effect can act as buffers against relapse. Therefore, changes in daily behaviour and cognitive appraisal of daily events could help participants feel better. This technique is well known in cognitive behavioural therapy.

Try to include members who have experienced both negative and positive events since the previous session. Ensure every member has a chance to speak about their previous week at least every other session.

²⁶ Yan et al (2020).

Breathing exercise: Alternate nostril breathing

Facilitator: Psychological distress can affect our body, mind, feelings and behaviour. Stress can make our bodies feel tense. We usually take quick, shallow breaths that stay at the top of our chest, which activates upper chest muscles that can increase anxiety feelings.

When we want to calm down, we need to take slow belly breaths instead. I am going to teach you how to breathe in a way that will relax your body and your mind. It may take a while to feel the benefits of it so we will need to work on it. We will practise together now and also at the end of the session.

Choose a comfortable sitting position. Relax your shoulders and arms. Take in a deep breath as if you are filling up a balloon in your belly. When you breathe in, you want to push all the air down. (Count to two.) Then, you breathe out slowly and your belly gets smaller as the balloon deflates. Now use your right thumb to gently close your right nostril. Inhale through your left nostril and then close your left nostril with your left thumb. (Count to three.) Release your right thumb and exhale out through your right nostril. Inhale through your right nostril and then close this nostril.

Release your fingers to open your left nostril and exhale through this side. This is one cycle. Let's do it again. (Continue this breathing pattern for up to two minutes. Finish with an exhale on the left side.) Now, try it on your own for the next few minutes.

Note:

- Breathing exercises have been shown to enhance cardiovascular function and significantly lower factors such as heart rate, respiratory rate and blood pressure. They relax the body and mind and reduce anxiety.
- Observe the participants by counting to make sure they are slowing down their breaths.
- The research is very clear that breathing exercises (eg alternate nostril breathing) can enhance parasympathetic (inhibit neural responses) tone, decrease sympathetic (excitatory) nervous activity, improve respiratory and cardiovascular function, decrease the effects of stress, and improve physical and mental health.²⁷

How does it feel? Was it difficult to slow your breathing? I mentioned earlier that this breathing exercise takes practice to see the effects. You should use it whenever you experience any of your symptoms. Also, practising it every day before undergoing a stressful situation can help you be ready to handle it calmly and prevent the stress from hurting your health.

Cautions

Facilitator: Practising alternate nostril breath is safe for most people. Talk to your doctor before starting the practice if you have a medical condition such as asthma or any other lung or heart concern.²⁸

If you find this exercise difficult or believe it makes you anxious or panicky, try belly breathing. If it did not work, stop for now. Try it again in a day or so and build up the time gradually.²⁹

²⁷ Pal et al (2004).

²⁸ Conkleton (2018).

²⁹ Ankrom (2020).

If you feel uncomfortable with the alternate nostril breathing technique, you can switch to belly breathing. Belly breathing is easy to do and very relaxing. Try this basic exercise any time you need to relax or relieve stress.

1. Sit or lie flat in a comfortable position.
2. Put one hand on your belly just below your ribs and the other hand on your chest.
3. Take a deep breath in through your nose, and let your belly push your hand out. Your chest should not move.
4. Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out.
5. Do this breathing three to ten times. Take your time with each breath.
6. Notice how you feel at the end of the exercise.

Every time you feel stressed or anxious, you can practise this exercise here in the session and outside it.

Step 2: Skills – Acceptance of difficult memories, thoughts and feelings (40 minutes)

Note:

- This script is an example of how the session might unfold. The goal is to ensure members understand that accepting difficult thoughts is the first step to recovery.
- The first part of the session should not take longer than ten minutes. The cognitive triangle should take up the other 30 minutes.

Facilitator: (*Hand each participant a piece of A4 paper.*) Imagine this piece of paper represents all the problems you have. Hold the paper tightly, so I cannot remove it from you and hold it right in front of your nose. Are you able to see me, anyone, or anything else in the room clearly?

Members: No, it is really difficult.

Facilitator: Do you feel connected to people in the room?

Members: No, I can't see anybody's facial expression.

Facilitator: What are your thoughts, feelings, and behaviours with a paper in front of your face?

Now, I would like you to hold the paper at arm's length. How does it feel, how would you think now, and how would you behave when holding the paper at arm's length?

Members: It is much more comfortable. I can see others and you more clearly.

Facilitator: What if you have to hold this paper for two hours? How about the entire day? A month, a year? How would you feel?

Members: It will become tiring. I might not be able to hold the paper this way for the whole day.

Facilitator: Would you be able to hug a person you love while holding this paper, or go to work?

Members: No.

Facilitator: When you are absorbed by the problems, negative feelings, behaviours and thoughts, what are you missing? (or What happens when we allow these unpleasant feelings and thoughts to control us?)

Members: I am missing work, tired, and not caring for my family. I act out and scream at them. I neglect them and stay alone all day.

Facilitator: So what you are saying (*paraphrasing*) is that you are more tired, unable to engage with those around you, including those you love, or engage in activities you used to be involved in.

Facilitator: Now, place the paper on your lap. How does it feel now? Are you able to engage with me and others in the room more easily?

Members: Yes, I can see all of you and feel more connected.

Facilitator: Can you still see the problem/s?

Members: Yes, but I do not have to feel, think or behave negatively.

Facilitator: I hear you. These feelings are painful and unpleasant, and sometimes they are overwhelming (*putting the paper close to the nose*). All of you have put in a lot of effort to try to get rid of it (*lift the paper at arm's length*). Some of the things we are doing are not helping. We want to do the things that can help us feel better. Do you notice that the problem/s are not as heavy when just lying on your lap? Our first step is acknowledging that these problem/s and their impact on our feelings, behaviours and thoughts are not easy, but we can step back from them (*drop the paper to the lap*). They will be there, and we cannot get rid of them completely, but we can work together to learn skills from each other that will enable us to manage these painful thoughts and feelings and behaviours more effectively.

Note:

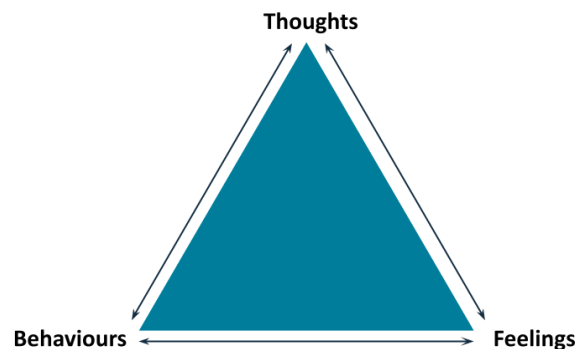
This session makes three points:

1. It is normal to get caught up in our negative thoughts, behaviours and feelings, and hold on to them too tightly.
2. We all try to avoid, suppress or get rid of the unwanted feelings, behaviours and thoughts.
3. Holding and releasing the paper is a metaphor for acceptance and separating the emotion-provoking stimulus from the unwanted emotional response as part of a recovery process. We use words like 'dropping the struggle', 'sitting with the feeling' or 'making room for it' and 'letting go', 'stepping back', 'distancing' or 'disentangling'.

Facilitator: Now let's try to understand how our thoughts, feelings and behaviours³⁰ are connected. Strong emotions affect our thinking and what we do or feel an urge to do (behaviours). They are all linked and can become vicious cycles. It has a huge influence over us. (*Draw the diagram of the cognitive triangle on a flip chart to explain what you are saying.*) As thoughts play an important role in our emotions, it can be very effective to notice these thoughts and learn to think differently or think about thoughts in a different way when you start to feel upset.

³⁰ Therapist Aid (2012).

At the beginning of the session, we talked about the problem that triggered the symptoms you are having. Would one of you be comfortable sharing your feelings, using this triangle to help you. [Name of a group member], thanks for volunteering.



Note:

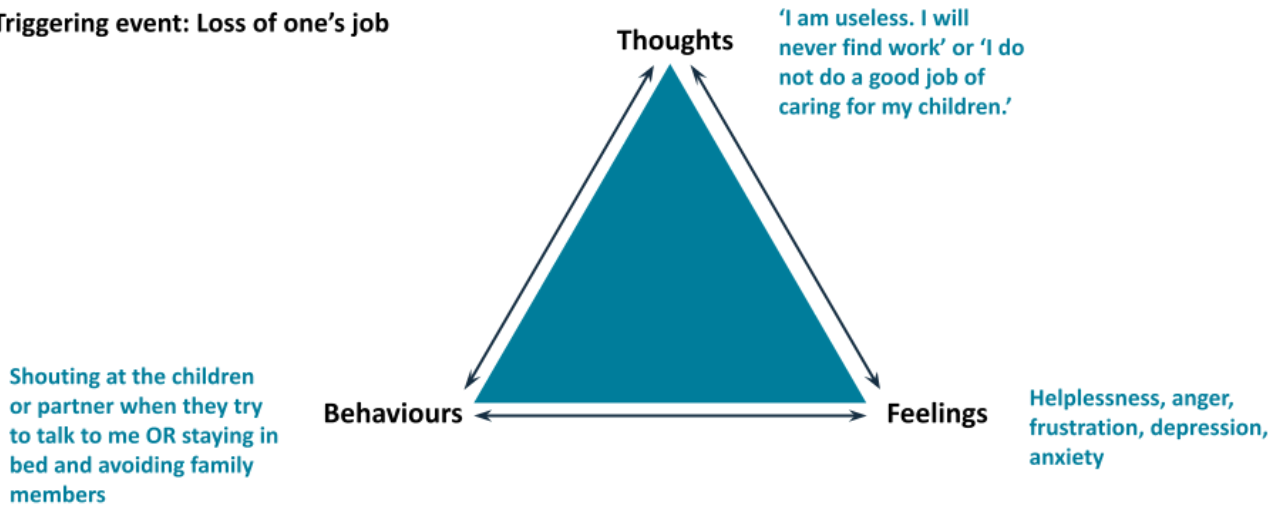
In many world religions it is common to find the idea that our thoughts and interpretation of events influence our feelings and behaviours.³¹ For instance, in the Jewish tradition, King Solomon wrote ‘... for as he thinks in his heart, so is he’ (Proverbs 23:7). In the Christian tradition, *metanoia* literally means ‘change your mind’ or ‘change how you think’ translated in the Bible as ‘repent’ (Matthew 4:17). Islam teaches this notion as well: ‘Surely Allah does not change the condition of a people until they change their own condition’ (Qur’an 13:11).

The purpose of this exercise is to help the participants identify and link the concept of events triggering thoughts, feelings and behaviours. For example, if they identify a feeling, help them link to the thoughts and behaviours associated with it, and vice versa.

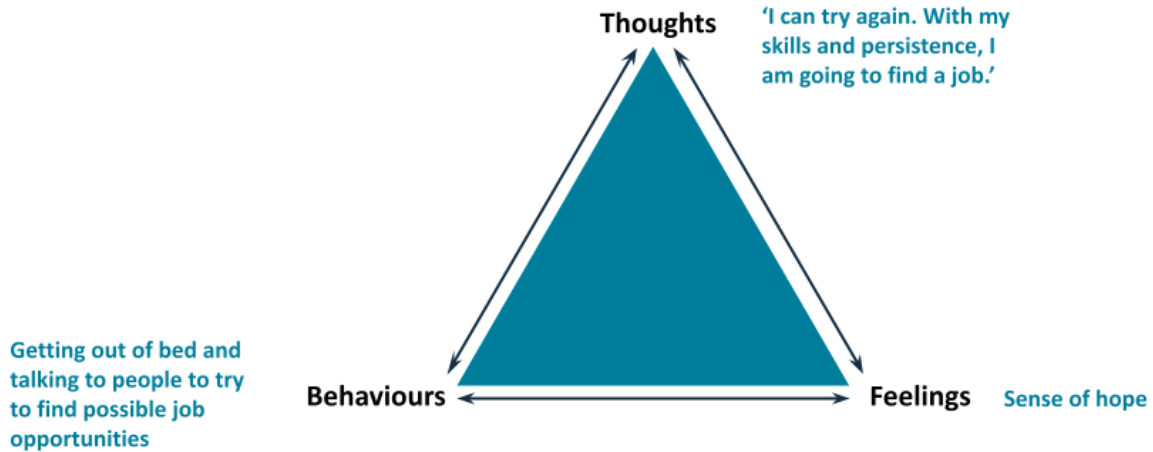
³¹ Pearce et al (2015).

Tips:

Triggering event: Loss of one's job



Triggering event: Lost of his/her job



Facilitator: After sharing how you are feeling, can you start by telling us what happened?

What are the words that went through your mind?

What did you do when it happened?

Questions to ask the participant to help complete the diagram above:

- Can you identify what was going through your mind (thoughts)?
- What were the emotions you were having when it happened (feelings)?
- What did you do as a result of the thoughts and emotions (behaviours)?

Facilitator: Bringing light to this process is the first step towards interrupting this cycle and bringing change. One way of breaking this cycle is identifying unhelpful thinking and managing negative emotions. When we experience really strong negative emotions, it is easy to get caught up in the old pattern of using unhelpful strategies.

During physical reactions to strong emotional events, our body gets tense, our breathing becomes faster. These body reactions can help us identify that we are starting to feel strong emotions and that we should try to do things differently. Remember the breathing activity we learnt? This could be a way to calm yourself, help you be mindful, and take action.

Can you see the links between your thoughts, feelings and behaviours? Now that you have started making these connections, you can also try to change how you think about the event/problem to break the negative cycle.

How can your faith and spiritual wisdom and other sources provide evidence that challenges your negative beliefs and thoughts that you can't cope with?



Tips:

Using the same diagram above but with a different coloured marker, write down the changes suggested by the participant. If they are struggling to know what to change, then ask: Can someone in the group suggest how they could change their thoughts or think about it differently?

Note:

The purpose of these questions is to encourage the group to share with each other positive ways of coping. When negative coping strategies are identified, discuss with the group if these strategies are helpful or unhelpful and ask them how they can rely on the positive coping they have identified instead. Many participants will need help brainstorming and it would be very tempting for you to tell participants different ways of coping. However, your job is not to advise the group but instead to use the resources within the group to better support each other. The entire model is based on helping participants come up with their own ideas and solutions.

Step 3: Assign practice exercises (15 minutes)

Facilitator: Sometimes, we can take a deep breath and remind ourselves to do the best thing we can for ourselves and others. I would like each of you to think of a situation last week that upset you. Try to remember the feeling, thoughts and physical reactions you had.

What strong emotions or body reactions helped you realise you were reacting to a stressful or unpleasant situation?

Now I want you to do the following:

1. Take a deep breath or use a breathing technique to calm yourself. (Pause to allow members to centre themselves.)
2. Observe your feelings, thoughts and body sensations; identify what is triggering the thoughts and feelings that are upsetting you
3. Tell yourself thoughts come and go. They are just thoughts. It is what the mind does.
4. Acknowledge your feelings of sadness, anger, disappointment, fear. Tell yourself, 'These will pass'.
5. Finally, pull back and decide on your options before acting. Control what you can and let go of the rest.

Facilitator: Take five minutes to share with the person next to you the thoughts and feelings you experienced, and what you want to do differently in a similar situation next time. (*This should last no more than ten minutes.*)

Now that you have discussed how you would like to do things differently, I would like you to visualise the situation in your mind and yourself handling it differently. Imagine how the outcome would be different. Tell your partner the alternative outcome.

How does that make you feel? (*Listen to one of two answers.*)

As part of your homework this week, I would like you to work on identifying your feelings, thoughts and behaviours when you experience strong emotions, work on accepting your thoughts and feelings, and try to change the way you manage the situation just as we did a moment ago. I would like you to practise the solution you have identified. This is the first step in breaking the negative cycle we talked about.



Tips:

Share the Session 2 handout showing the cognitive triangle and tell the group that it should help them during the week to apply what they learnt.

Step 4: Closing and check-out (10 minutes)

End the session with reminders for the next session (time, location, number of sessions left) and a reminder to do a grounding exercise such as the breathing exercise you did earlier.

Note:

The check-in and check-out process:

- enables self-reflection
- enables the group to come together as a whole
- enables the group to see where each member is at in themselves
- can be used by the facilitator to set the tone for the meeting and introduce topics for group discussion

Use a tool that is context appropriate to help members tune into themselves to express how they feel. It could be as simple as, 'Right now, I feel...' and ask each member to say how they feel at the end of the day.

Session 2 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do following:

- break the ice and encourage group members to participate
- be well prepared, having all the materials for the session and a good knowledge of its steps
- the right environment (refer to the 'environment setting' part in the session facilitation checklist)
- provide psychoeducation clearly
- understand the cognitive triangle, and explain it to the participants in a simple and engaging way
- show good communication skills (refer to the section about 'verbal and non-verbal communication' in the session facilitation checklist)
- Handle conflict (refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if participants are blaming themselves, feeling shame and showing negativity), without simplifying or dismissing reactions or triggers
- follow the key steps of the session without adding or missing out any points
- apply the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 2 key steps checklist: Acceptance of difficult thoughts and affect regulation

Facilitator:

Co-facilitator:

Session date:

Materials and preparation:

- Review collected notes from the previous session
- Flip chart
- Marker pens
- Sheets of A4 paper (one for each participant)
- Group rules from last week
- Facilitator's weekly notes
- Session facilitation checklist
- Session 2 handout: The cognitive triangle
- Drawing of the diagram of the cognitive triangle on a flip chart

Key steps

Step 1: Check-in exercise (10 minutes)

- Choose an exercise to be used as a check-in and check-out routine/exercise.
- Link events to mood and symptoms.
- Provide psychoeducation.
- Do a breathing exercise: alternate nostril breathing.

Step 2: Skills (40 minutes)

- A4 paper exercise: acceptance of difficult memories, thoughts and feelings
- Understanding how our thoughts, feelings and behaviours are connected
- Ask participants to volunteer to share thoughts, feelings and behaviours linked to a triggering event
- Write down in a different colour the changes suggested by the participant/group about how to think or react differently.

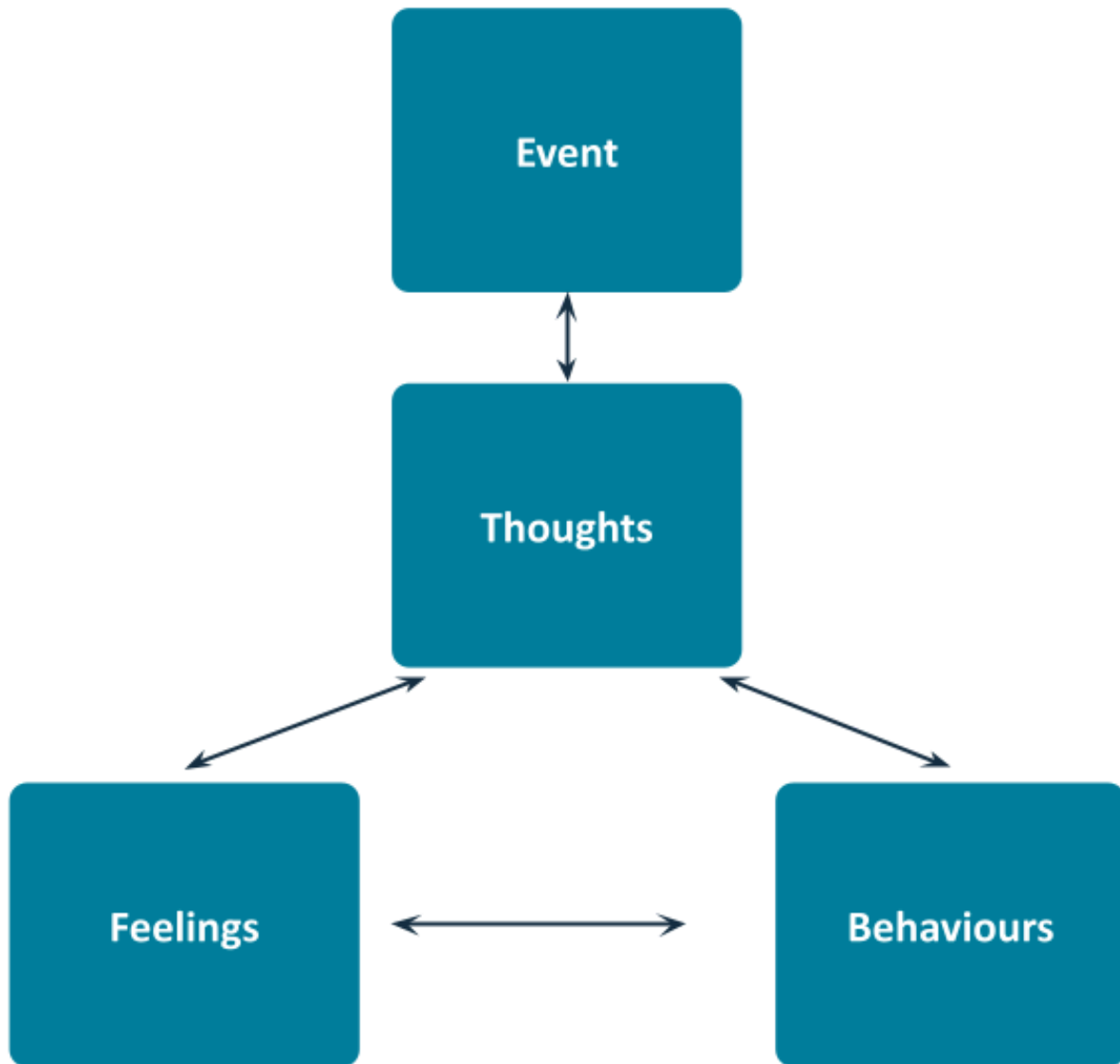
Step 3: Practice – Assign practice exercises (15 minutes)

- Invite participants to take a deep breath or use a breathing technique to calm themselves.
- Encourage them to observe and acknowledge their feelings
- Distribute the cognitive triangle handout to help them do the exercise in Step 2.

Step 4: Closing and check-out (10 minutes)

- End the session with reminders about the next session (time, location, number of sessions left) and a check-out or grounding exercise.

Session 2 handout: The cognitive triangle



Session 3: Compassion for self and others



Goals:

- To continue to link feelings to events in order to identify triggers
- To understand compassion for self and others

Time: 90 minutes

Materials and preparation:

- Review collected notes from the previous session
- Paper and pens
- Flip chart
- Marker pens
- Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg what happened), to help you evaluate progress
- Session 3 key steps checklist. Use this during the session to remind you of all the tasks you need to complete for each phase. The checklist can also help you rate yourself after the session and identify where you need to improve
- Session facilitation skills
- Session 3 handout: Self-compassion reminder



Skills needed to facilitate the session:

- Environment setting
- Ice-breaking skills
- Encouraging participation and reinforcement
- Neutrality and flexibility
- Communication and active listening skills
- Observation skills
- Empathy, validation and normalising
- Conflict handling
- Good time management
- Keeping a task-related focus
- Documentation
- Understanding psychological distress, its symptoms and triggers

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.

The following is a sample text summarising the most important aspects of this session.

Check-in (10 minutes)

Step 1: Linking events to mood and symptoms

Start by welcoming the participants, giving brief reminders about the group and the number of sessions left. Begin with the check-in, including reviewing mood and symptoms and linking them to events.

Review last week's assignment

Facilitator: Last week, we talked about: acceptance of difficult thoughts, memories and feelings; how our thoughts, feelings, and behaviours are connected; and helpful and unhelpful ways to break the negative cycle. Can someone remind the group what skill we were practising last week?

We agreed to practise the skill of accepting our negative thoughts and feelings. Anyone, would you please share how it went? How did it make you feel? What was the outcome?

Psychoeducation

Facilitator: Psychological distress may develop into a psychological disorder if we ignore it and do not improve our coping mechanisms. One of the consequences is anxiety.³² Feeling tense, stressed and worried at certain times when we are under pressure is a normal human response. Everybody feels anxious from time to time. Anxiety becomes a problem when it is intense and prolonged and starts to get in the way of day-to-day functioning. Although you might feel alone in your struggle against anxious moods, the reality is that many people experience these moods either from time to time or on a more regular basis.

Step 2: Skills – Compassion for self and others (45 minutes)



Additional information:

The three components of self-compassion³³

- Self-kindness versus self-judgement: treating self with care and understanding rather than harsh judgement. Actively soothing and comforting oneself
- Common humanity versus isolation: seeing our own experience as part of the wider human experience, rather than isolating or abnormal, and recognising that life is imperfect

³² For more information, see: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

³³ Neff (2003).

- Mindfulness versus over-identification: This allows us to 'be' with painful feelings as they are. Avoids extremes of suppressing or running away with painful feelings

Compassion is a general human value and virtue that is central to most world religions. Therefore to truly understand the concept of compassion, it is important to explore its religious underpinnings. For instance, each of the Abrahamic faiths directs its believers to love and care for all living beings, but to have compassion for others, we should begin with embracing our uncomfortable feelings with mercy and gentleness. The purpose of the exercise is to help participants find compassion for themselves.

Part 1: (15 minutes)

Facilitator: (*asking participants to share their thoughts*) Imagine a significant friend comes to you asking for support. They are feeling down because of a mistake they made at work or something family related. They are very sad and upset. What would you say or do for your friend?



Tips:

Write down answers on the flip chart.

Common answer sample: I hug him, I go out with her, I tell him that he is worthy, I remind her of the strength she has, I give him some advice...

Facilitator: If you made a mistake at work, or you were gloomy and sad because of something family-related, what would you say to yourself?



Tips:

Write down answers on the flip chart.

Common answer sample: I'm stupid, why did I do that, I hate myself...

** After sharing thoughts related to the two cases, compare the answers from the first case (talking to a friend) and the second case (talking to yourself), and highlight the differences.

Facilitator: So, we see that all or most of the words we share with someone we love are supportive and positive. However, the words that we use in talking with ourselves are negative or self-blaming.

Why were you able to be supportive of your loved ones and judgemental with yourselves?



Tips:

Common answer samples: to take responsibility, learn from our mistakes, and avoid repeating the mistakes.

Facilitator: Do you think there are any possible ways to be responsible and learn from everything we go through without self-blaming or being judgemental?



Tips:

Listen to the answers and highlight positive solutions shared by the participants.

Conclusion

Usually, we can easily have compassion for others, but it is hard to do it for ourselves. It is a learning process. Each time we face a problem, or we make some mistakes, or we feel bad toward ourselves, it is good to be reminded and to deal with ourselves as we deal with our beloved friends. So be a friend to yourself and be kind. Remind yourself of your strengths and your positive attitude, and help yourself to find a solution.

Note:

The first component of self-compassion is **self-kindness**: treating oneself with care and understanding rather than harsh judgement. Actively soothing and comforting oneself.

Part 2: (15 minutes)

Ask the participants to stand in a line on one side of the room. Read the sentences below. If the participants feel the same as the statement, they should move to the other side of the room. If not, they should stay where they are.

Every time the information changes, the members can change their positions.

The list of statements:

- I've never felt this way... it is the first time that it hurts this much.
- Sometimes I feel like my heart is beating like a drum with happiness.
- I feel that I am alone even if there are people around me.
- I wanted to change, but I failed... I might try again.
- I want to cry... just cry!
- It is terrible how I feel toward myself today.
- I said something awful to my friend today.

Note:

You can modify the statements to fit the local context.

Then ask the following questions:

- Did you find yourself any time during these questions standing alone?
- What was your feeling when you saw people who felt the same as you?
- What does that mean?

Conclusion

We tend to feel that what is happening with us is 'just us' and never happens to others. Or when we make mistakes, we blame ourselves as if we were the only person who ever did that. However, we are just human: we are never alone in this. There are always people like us; so we can deal with the situation in a different way. Acceptance is the first key, then knowing that we are not isolated and we are not alone. We will have other chances, other days, to do things differently.

Note:

The second component of self-compassion is **common humanity**: seeing one's own experience as part of a larger human experience, rather than something that is isolating or abnormal

Part 3: (15 minutes)

Distribute a piece of paper and pen to each member of the group then share the story below.

Facilitator: Imagine that you go out with your beloved child or another family member who is five years old, and on that day you promise the child that they will have a happy day.

You are walking fast around the city, singing and excited, when you meet a balloon seller on the street. The child stares at one particular helium balloon, and asks you to buy it for them, which you do.

The child is really happy, but then the balloon flies away and the child starts to cry.

What do you say to this child?

**Tips:**

Ask each participant to write on the paper the words that they would say to the child. Then, collect the papers, making sure to keep the answers anonymous. Then read out the papers to the group.

Example answers:

- I will ask the child to stop crying
- I will buy another balloon for them
- I will take them for ice-cream
- I will tell them to hold on tighter next time
- I will tell them that the balloon will fly away to someone else

After reading all the answers, ask the following questions:

Facilitator: Everyone provided a direct solution to the problem to please the child. Yet, no one (*or if someone provides a targeted solution: only a few people*) asked the child why they were crying and what they needed; we made an assumption about what they needed, and we acted on that assumption.

- What did the child want at that moment?
- How did we know what the child wanted?

The least we can do is to ask the child why they are crying.

This applies too when we're dealing with ourselves, our feelings, and needs. Therefore, we need to try to understand our needs when something wrong is happening and understand what is triggering our feelings by using mindfulness, instead of being absorbed with what happened.

Note:

The third component of self-compassion is **mindfulness**, which allows us to 'be' with painful feelings as they are, rather than over-identifying with them. Avoids extremes of suppressing or running away with painful emotions.

Distribute the self-compassion reminder handout.

Remind the participants of all three steps in self-compassion. Tell them that they can empathise with others by not being judgemental, and help them link what is happening with the wider human experience, and help them understand their needs.

Step 3: Assign practice exercises (15 minutes)

Facilitator: Find a comfortable position and place your hand over your heart. This will help you be present with whatever is happening right now. You might close your eyes if that is more comfortable. Turn your attention to your breath.

Observe if you are feeling any physical sensations of tension, tightness or discomfort that your body may be carrying for you after we have explored self-judgement, isolation and over-identification. Observe any difficult emotions you may feel: nervousness or apprehension, shame or self-consciousness, fear or frustration, and any other difficult emotions.

Listen to whatever is happening right now in your heart. Ask yourself this question and really listen for an

answer. What is one thing I long to hear right now? What is it that I long to hear whispered in my ear every day of my life? You are identifying what it is that you might wish for yourself in response to your self-judgement. It can take the form of words or an image.

Take a few moments to offer yourself the words you long to hear in the form a wish. If you long to hear, 'I love you,' you can give yourself the words, 'May you be loved.' If you long to hear that you are doing a good job, you may give yourself the words, 'May you know your worth.' If you long to hear that your shame is acceptable, you might wish for yourself, 'May every part of you be loved and accepted.'

Possible images might be something like the ocean or sky that can hold your difficult emotions, or maybe an image of someone or something warm and compassionate holding you. Let your own words or image come to mind.

Take another moment to bring your attention back to your breathing... the sensation of your body sitting in a chair... and take your time to return your attention to the room when you are ready.

Debrief activity: ask the group these questions:

- How do you feel about the exercise?
- What were some of the most challenging moments?
- What were the most powerful moments?
- What do your faith and culture teach you about compassion for yourself and others?
- What have you discovered from the exercise, and how will you use it in your own life moving forward?

Give time to listen to the answers.

Facilitator: Today, we learnt that it is necessary to recognise if you are suffering and to show yourself compassion and kindness, just as we give compassion and kindness to others. Just as many of us are taught by those around us and our faiths, we need to provide ourselves with grace and mercy. During the week, when you are too harsh to others or yourself, I would like you to practise how to be kinder to yourself and others.

Step 4: Closing and check-out (10 minutes)

End the session with reminders about the next session (time, location, number of sessions left). This activity may have brought up some difficult emotions among participants. It is important to have a grounding or mindfulness exercise at the end of this session, such as the 5-4-3-2-1 calming technique or a breathing exercise.

Note:

Refer to 'Grounding and mindfulness exercises' on [pages 48–50](#) for more activities. Try not to introduce more than three different grounding techniques across the nine sessions.

Session 3 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to the relevant part in the session facilitation checklist)
- provide psychoeducation clearly
- understand self-compassion well and be able to explain it to the participants in a simple and engaging way
- communicate well (refer to the session facilitation checklist the section related to verbal and non-verbal communication)
- handle conflict (refer to the section about 'conflict handling' in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 3 key steps checklist: Compassion for self and others

Facilitator:

Co-facilitator:

Session date:

Materials and preparation:

- Review collected notes from the previous session
- Flip chart
- Marker pens
- Paper and pens
- Facilitator's weekly notes
- Session facilitation checklist
- Session 3 handout: Self-compassion reminder
- Group rules from last week

Step 1: Check-in exercise (10 minutes)

- Choose an exercise to be used as a check-in and check-out routine/exercise
- Link events to mood and symptoms
- Review last week's assignment
- Provide psychoeducation

Step 2: Skills (45 minutes)

- Part 1: Self-kindness versus self-judgement exercise
- Part 2: Common humanity exercise
- Part 3: Mindfulness versus over-identification exercise

Step 3: Assign practice exercises (10 minutes)

- Lead the meditation exercise
- Debrief after the activity
- Distribute the self-compassion reminder handout to help them practise the exercise

Step 4: Closing and check-out (10 minutes)

- End the session with reminders about the next session (time, location, number of sessions left) and the check-out or grounding exercise you have chosen.

Session 3 handout: Self-compassion reminder

Be kind to yourself

**Find the common human
experience and avoid
isolating yourself**

Practise mindfulness

Session 4: Behavioural activation



Goals:

- To continue to link feelings to events to identify triggers
- To identify negative behaviours
- To learn how to use behaviour activation techniques by identifying helpful activities

Time: 90 minutes

- Materials and preparation:**
- Review notes taken at the pre-group sessions on the problems participants are facing
 - Mood thermometer
 - Flip chart
 - Marker pens
 - Prepare the cog diagram on a flip chart
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg depression scores, what happened etc), to help you evaluate progress
 - Session 4 key steps checklist. Use this during the session to remind you of all the tasks you need to complete in each step. The checklist can also help you assess yourself after the session and identify where you need to improve
 - Session facilitation checklist
 - Session 4 handout: Behaviour activation log

Key steps

Pre-session

- Ensure you have the group rules displayed prominently
- Prepare two examples of the cog diagram on a flip chart
- Prepare the behavioural activation log on a flip chart
- Welcome each group member
- Have participants complete K10 and hand it in before the start of the session

The following is a sample text summarising the most important aspects of this session.

Step 1: Check-in (20 minutes)

Linking events to mood and symptoms

Give brief reminders about the purpose of the group and the number of sessions remaining. Begin the group with a check-in, including reviewing mood and symptoms and linking them to events.

Review last week's assignment

Encourage them to do their home assignment because this will further their learning and help them feel better.

- Did your family notice any change in your mood last week?
- What has helped improve your mood?
- Have any of you noticed that you were particularly harsh towards yourself this last week? What did you do when you realised it? Did you try to be kinder to yourself and others this past week?

Psychoeducation

Facilitator: Today I would like to explain how psychological distress can also develop into depression.³⁴ Depression is a mood disorder lasting at least two weeks, characterised by a persistent depressed mood or loss of interest and pleasure in activities that are normally pleasurable. People with depression have considerable difficulties with daily functioning. Depression, even in the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is. Today, we will work on improving our functioning to help us in psychological distress and prevent ourselves from becoming depressed.

Step 2: Skills – Behaviour activation (40 minutes)



Additional information

Behavioural activation (BA) is an intervention approach most commonly associated with the treatment of depression. It can easily be adapted for non-clinical populations.³⁵

Behavioural activation is based on the theory that, as individuals become depressed, they tend to increase avoidance and isolation, which serves to maintain or worsen their symptoms. Therefore, the goal of treatment is to work with depressed individuals to gradually decrease their avoidance and isolation, and increase their engagement in activities that have been shown to improve mood.³⁶ This includes activities that they enjoyed before becoming depressed, activities related to their values or even everyday items that get pushed aside.³⁷

These activities help the person feel more effective in their environment and consequently receive more pleasure from activities. Types of activities to consider include:

- activities that are likely to improve negative aspects of the environment or ones that were previously (prior to the onset of the depression or anxiety) uplifting.
- high probability activities: activities that are likely to occur, initially solitary activities that are within the person's control. It is important to set the person up for success, not failure.
- other activities/pleasurable events, ones that are either currently pleasurable or have been pleasurable at least at one time

³⁴ For more information, see: <https://www.who.int/news-room/fact-sheets/detail/depression>.

³⁵ Mazzucchelli et al (2010).

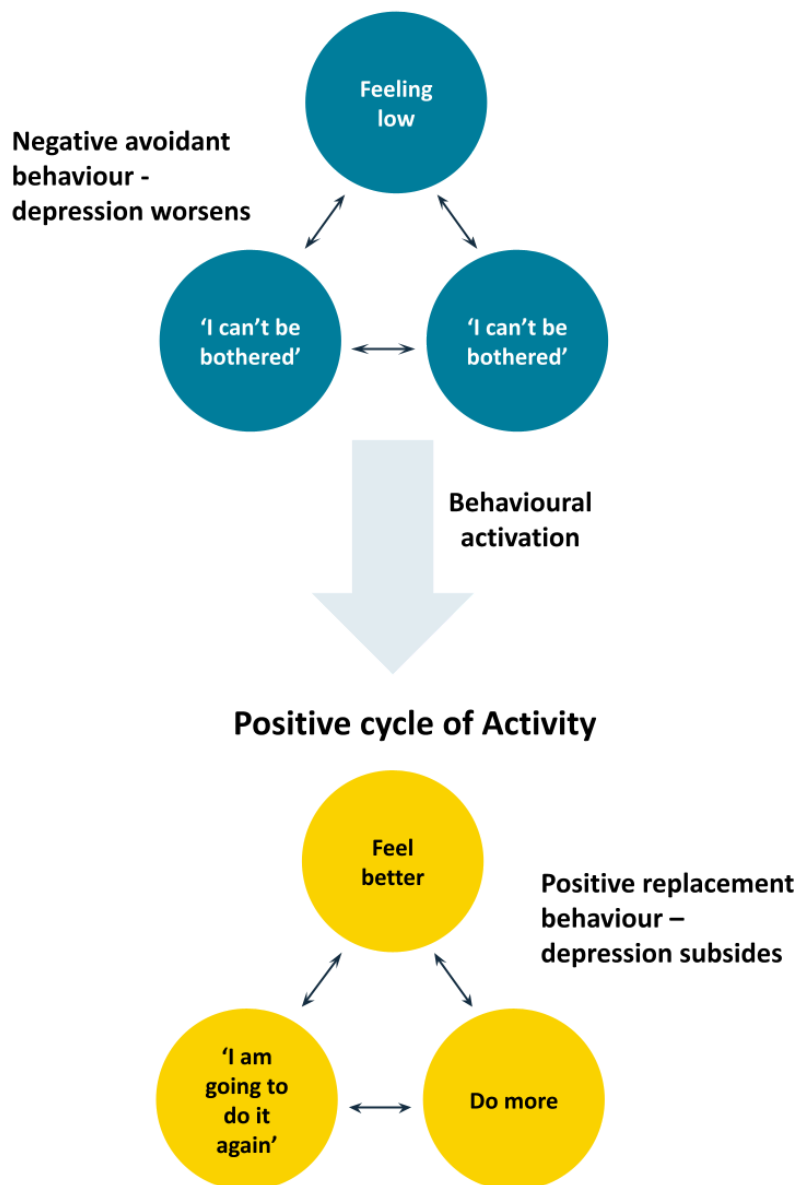
³⁶ Tull (2020).

³⁷ Mazzucchelli et al (2010).

It is important to remember that many people find meaning through their faith, and faith activities should not be discounted. A person's faith can be an effective motivator that supports the participant to build positive behavioural patterns.³⁸

Facilitator: When we are psychologically distressed, sometimes we stop doing the things that bring enjoyment and meaning to our lives. Sometimes people can feel overwhelmed or hopeless, or lack motivation. In Session 2, we talked about how our feelings, thoughts and behaviours are linked. We're going to talk now about something we call behavioural activation. In behavioural activation, we work to break this negative cycle by intentionally using our actions and choices. The idea is: if we can break this cycle, it will help you with your mood.

Negative cycle of depression; Positive cycle of activity



³⁸ Paukert et al (2011) says: 'Integrating religion into psychotherapy may improve treatment for depression and anxiety'.

Facilitator: In the last two sessions, we have talked about unhelpful behaviours resulting from thoughts and feelings affected by the stressors/triggers of psychological distress. Unhelpful behaviours maintain the distress and may lead to depression and anxiety and make us feel worse over time. To make a positive change to our wellbeing, it is important to look at the factors that keep our problems going. Once we have identified those factors, we can then target each factor and start to make positive changes.

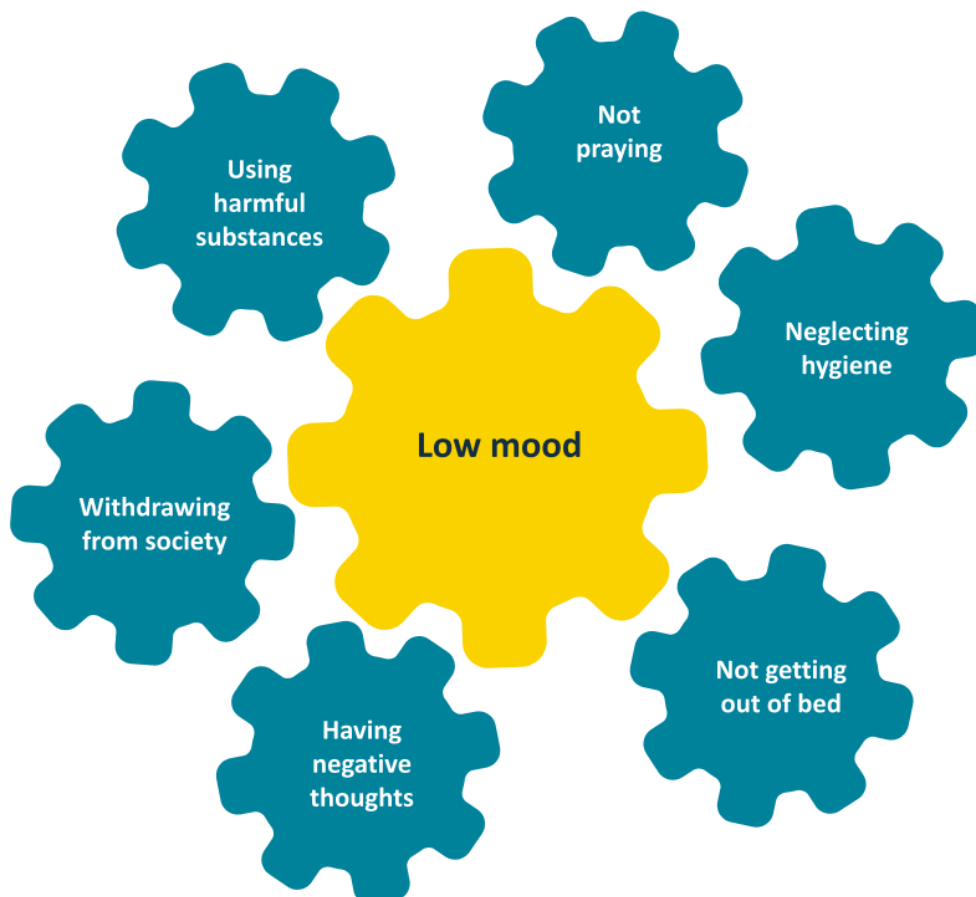
Below is an example of what I mean. (*Showing the first cog on the flip chart:*) The centre cog is our main problem. See how the smaller cogs keep the large central cog turning. If there's a problem with any of the cogs, then the whole mechanism will grind to a halt. We can therefore use this process to help us deal with our main problem. For example, if our main problem is the low mood, we can write 'low mood' in the centre. Then we can identify each factor that helps keep the low mood going, such as self-neglect and isolation. Can you name other factors?



Tips:

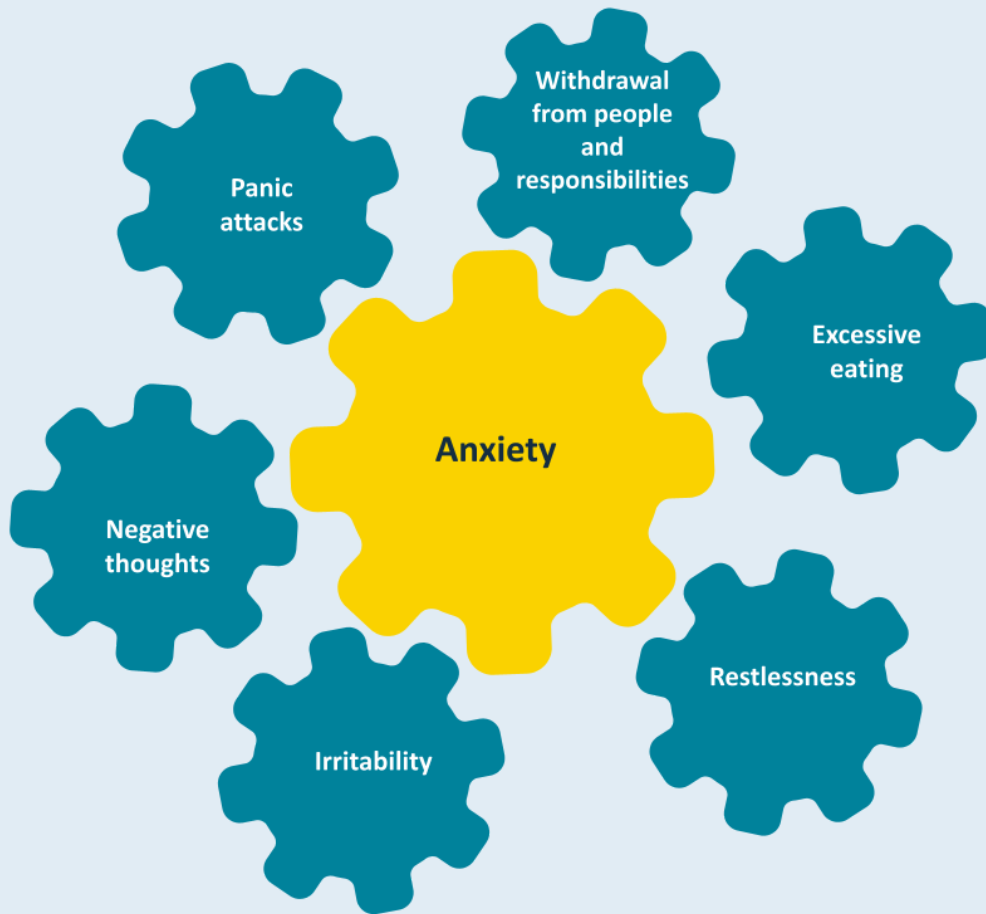
Complete the diagram on the flip chart with suggestions from participants. If needed, prompt them to consider the following: daily activities, spiritual activities, and social activities.

Example of a completed cog worksheet: Low mood



Note:

If you find it helpful to share additional examples of completed cog diagrams, here is one on anxiety:



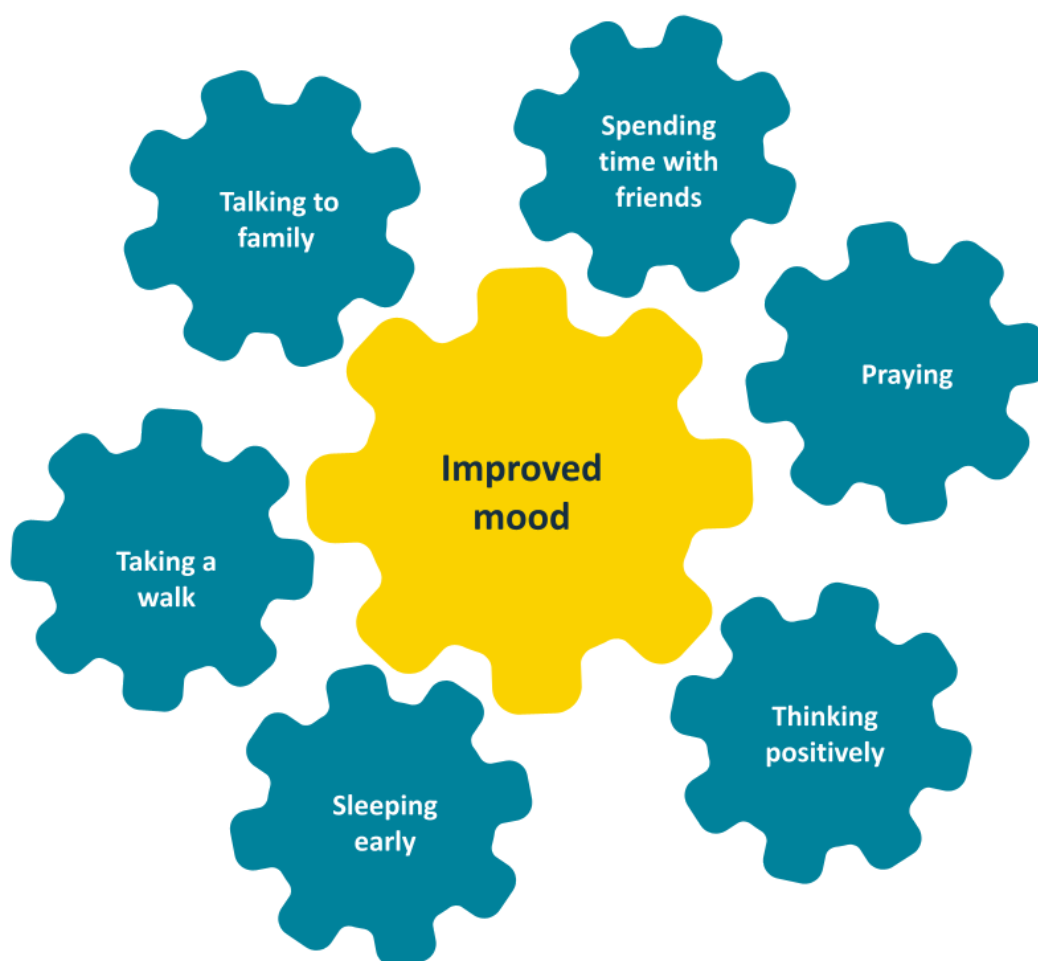
Facilitator: Increasing your activity, exercise levels and activities that you find meaningful can make an enormous impact on your mood as it stimulates the body to produce natural chemicals that improve your mood, help you feel less tired, increase your motivation, improve your appetite and make you healthier. Therefore, you can take a step toward feeling better by understanding your activities. For example, if our main goal is an improved mood, we can write 'improved mood' in the centre. Then we can identify each factor that helps us feel better. Can you name other positive factors that can improve our mood?



Tips:

Using the prepared flip chart, complete it with the suggestions from participants. If needed, prompt them to consider the following: daily activities, spiritual activities, and social activities.

Example of a positive cog worksheet




Facilitator: Now, let's take a few minutes to think through what activities we did in the past that helped us feel better. (*Pause to allow people to think.*) You may find it helpful to use what we call a behavioural activation log like the one you see here. I will give you each a copy of this shortly.



Tips:

Show the behavioural activation log on the flip chart. Write participants' answers in the 'Activities' column or use illustrations (eg pictures of sport) prepared ahead of time if participants have low literacy. More examples are given in 'Note' below.

Example of a behaviour activation log

Activity type	Activity name
Body care and activities 	
Achievement 	
Connectedness 	
Enjoyment 	
Other	

Note:

If the literacy level of the group allows, you could use the table above:

- **Body care and activities** refer to activities you do to keep yourself healthy and take care of yourself on any level eg exercise, drink seven glasses of water a day, rest well, and eat healthily.
- **Achievements** refer to goal/s you have accomplished for the day, small or big tasks to be finalised, new things you start. Like work, you are going to school, volunteering, praying, memorising religious texts, or helping the community.
- **Connectedness** refers to activities that connect you with others – for example, having a family meal, attending religious events/study groups, or spending time with friends.
- **Enjoyment** refers to activities that bring you a pleasure level, like singing, dancing, drawing, writing, or cooking.

Facilitator: Looking at the activities we have listed, we will need to determine how easy it is to do each one and the degree of pleasure it brings. And that differs from person to person. Let's complete the table together as a group.

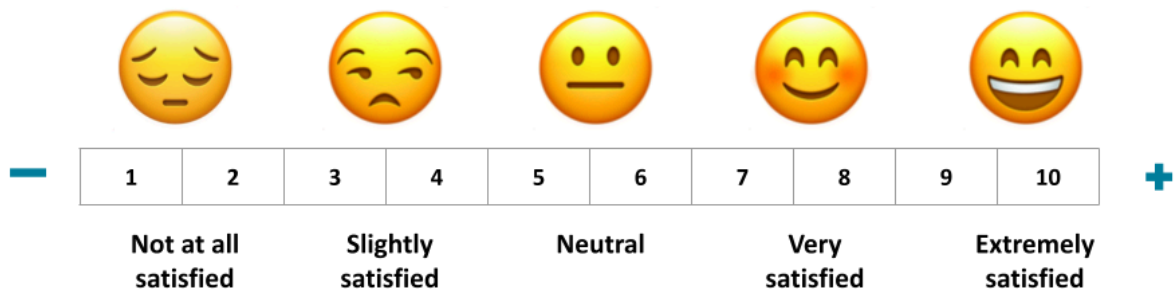


Tips:

Complete the columns, using a scale of one to ten to rank the level of difficulty associated with each activity, with one being the lowest and ten being the highest. You could use the mood thermometer below.

This aims to help the participants start with the easiest and pleasurable activities and avoid the difficult activities at this point.

Mood thermometer



Step 3: Assign practice exercises (20 minutes)

Note:

For a large majority of people, the most difficult part is starting the activities. Often once they have started, they can continue with the activity. They may even complete more of it than originally planned. Therefore, it is critical to start with a simple and easy first activity to get them started.

Facilitator: Sometimes you need to do an activity first, and then the motivation or positive feelings will follow, rather than wait until you feel motivated before starting an activity. So these activities should be both easy and rewarding.



Tips:

Distribute the Session 4 handout: Behavioural activation log.

Facilitator: In pairs, I would like you to discuss and choose one to two activities from the list we have created which are important to you, have positive meaning, or are purposeful. You can also come up with new activities that we have not identified in this list and write them down on your behavioural activation log. In your pairs, take ten minutes to discuss the one or two activities you have selected, how easy it is to do, the degree of pleasure it brings, and when and how often you will do it. Remember, start easy: do not try to do too much.

(Ten minutes later) Your homework for this week is to add one or two activities you are planning into your schedule for the coming week. I would also like you to use the behavioural activation log to track these two activities and other activities you ended up doing. Would that be okay?

***** Please bring the activity schedule with you next time, to update it and add new activities.**

Step 4: Closing and check-out (10 minutes)

Facilitator: Today, we learnt about behavioural activation, starting with identifying harmful activities. Then we worked on understanding how helpful activities can improve our overall wellbeing. When you are doing well, remember to pace yourself, doing more of what helps, or doing less of what does not help. Give yourself a treat, a pat on the back.



Tips:

End the session with reminders about the next session and your chosen check-out exercise, such as the 5-4-3-2-1 calming technique (see pages 45 to 50 for 'Grounding and mindfulness exercises') or use a breathing exercise (eg see pages 57).

Session 4 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to 'environment setting' in the session facilitation checklist)
- provide psychoeducation clearly
- understand well the cognitive triangle, the cog diagram and the behavioural activation log and be able to explain them to the participants in a simple and engaging way
- communicate well (refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- handle conflict (refer to the 'conflict handling section' in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 4 key steps checklist: Behavioural activation

Facilitator:

Co-facilitator:

Session date:

Time:

90 minutes

Materials and preparation:

- Review collected notes from the previous sessions
- Mood thermometer
- Flip chart
- Marker pens
- Group rules displayed prominently
- Copies of K10 scales
- Prepare the behavioural activation log on a flip chart
- Facilitator's weekly notes
- Session facilitation checklist
- Session 4 handout: Behavioural activation log
- Prepare the cog diagram on a flip chart

Key steps

Step 1: Check-in (20 minutes)

- Link events to mood and symptoms
- Review last week's assignment
- Provide psychoeducation

Step 2: Skills – Behavioural activation (40 minutes)

- Introduce behavioural activation and how to break negative cycles
- Provide the cog diagram examples for depression and anxiety
- Explain the behavioural activation log
- Fill in the 'Activities' column with things they used to do or know in the past and which helped them feel good
- Determine how easy the activities are and the satisfaction they give ranking them using a scale of one to ten





Step 3: Assign practice exercises (20 minutes)

- Explain to participants that they need to do activities first, and the motivation or positive feelings will follow, rather than wait until they feel motivated before starting an activity
- Ask the participants to work in pairs to choose one to two activities, and discuss how easy it is to do it, the degree of pleasure it brings, and when and how often they will do it
- Assign the homework for this week: to schedule one or two activities they are planning into their coming week, using the behavioural activation log

Step 4: Closing and check-out (10 minutes)

- Summarise the main points of the session
- End the session with reminders about the next one
- Complete a check-out exercise

Session 4 handout: Behavioural activation log-activity schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Body care and activities 							
Achievement 							
Connectedness 							
Enjoyment 							
Other							

Session 5: Behavioural activation II



Goals:

- To continue to link feelings to events so as to identify triggers
- To learn UP and DOWN activities
- To overcome challenges in starting behavioural activation activities

Time: 90 minutes

- Materials and preparation:**
- Review notes you have collected on the problems individual participants are facing
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg depression scores, what happened etc), to help you evaluate progress
 - Session 5 key steps checklist. Use this during the session to remind you of all the tasks you need to complete in each step. The checklist can also help you to assess yourself after the session and identify where you need to improve
 - Session facilitation checklist
 - Copies of the behavioural activation log
 - Session 5 handout: UP activity list

Key steps

Pre-session

- Ensure you have the group rules displayed prominently
- Welcome each group member
- Prepare the behavioural activation log on a flip chart
- Prepare Up and Down columns on a flip chart

The following is a sample text summarising the most important aspects of this session.

Check-in (20 minutes)

Step 1: Linking events to mood and symptoms

Give brief reminders about the purpose of the group and the number of sessions remaining. Begin with a check-in exercise, including reviewing mood and symptoms and linking them to events.

Review last week's assignment

Facilitator: Who brought their behavioural activation log with them?

Last week, you identified one to two activities that you could work into your daily schedule, and I invited you to fill out a behavioural activation log. Would anybody like to share their experiences?

How did you feel after working on scheduling positive activities during your week?



Tips:

Encourage them to do their home assignment because this will further their learning and help them feel better.

Psychoeducation

Facilitator: One of the cognitive benefits of exercise is that it helps you cope with life's challenges. Exercise can indirectly boost thinking and memory by improving one's mood and reducing stress, depression, and anxiety. It can help to bring about changes in the brain that regulate anxiety and stress.

It increases brain sensitivity for the hormone serotonin, which can relieve depression. Exercise can increase the levels of endorphins in the body, which are known to produce positive feelings and reduce pain perception.

When it comes to mood, it appears that the intensity of your exercise doesn't matter in terms of getting the most benefits. It's suggested that your mood can benefit, no matter the intensity.³⁹

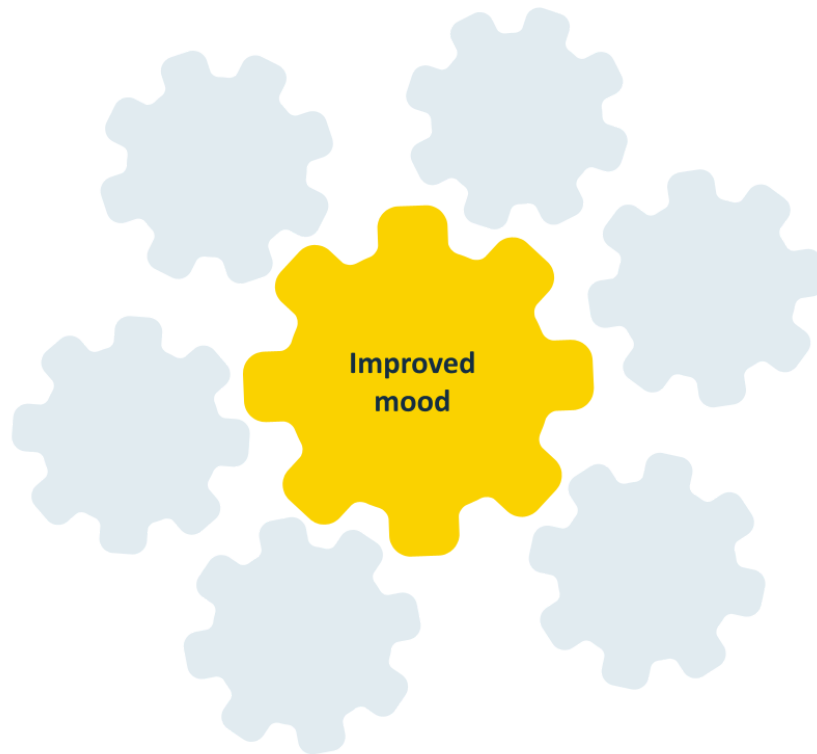
Step 2: Behavioural activation (40 minutes)

Start with a member of a group who has seen an improvement in their symptoms or mood. Ask the group if someone wants to volunteer to share the activity that helped them improve.

Otherwise, you can ask a group member who did not improve or who has struggled with a negative mood to share with the group the activities that they tried.

Use the answers to complete the positive cog worksheet. Try to involve all those participants who are willing to share.

³⁹ See also: 'How Exercise Improves Cognitive Function and Overall Brain Health' (26 June 2019). Retrieved from <https://sunwarrior.com/blogs/health-hub/improve-cognitive-function-exercise>.



Facilitator: Let's take a look at your behavioural activation log. Based on the mood ratings you recorded we can learn which activities helped you to feel more positive ('UP' activities) and which led to you feeling down ('DOWN' activities).

This is one way that we can mix behavioural activation with the cognitive skills we learnt in Sessions 2 and 3.

Ask participants to remind the group of some UP and some DOWN activities and write the answers on the flip chart in two columns.

Facilitator: One of our main aims is to increase the 'UP' activities and decrease the 'DOWN' activities.

Therefore, we will be supporting ourselves and each other to increase the positive activities that helped with mood. And, for those of us who were not able to improve, we're here to support you to learn new activities or to change or improve the old activities chosen during the last session. Our goal is to break negative daily routines.

Let's talk about the types of activities that will lead to a better mood to add your behavioural activation log.



Tips:

Write the answers on the flip chart and facilitate the activity with the group members who wish to participate.

Note:

Try to generate as much response as possible for the UP and DOWN activities. For example you could say:

Facilitator: As you get better at these activities and you are doing them consistently, it would be advisable to introduce other positive activities or increase the frequency or length of time you spent on them during your week. What are some of the DOWN activities you would like to replace this week with UP ones?

Help participants to add to their behavioural activation log UP activities that could help them feel better. (Distribute the Session 5 handout, the UP activity list, and copies of the behavioural activation log to those who need a new copy.

Step 3: Assign practice exercises (20 minutes)

Facilitator: Working on doing things you have been avoiding can sometimes feel painful or even cause anxiety. While plunging into these behaviours might seem ideal, you will likely have more success if you commit to taking small steps.

**Tips:**

Ask if any of the participants faced challenges in starting the behavioural activation.

Facilitator: What are some of the barriers you experienced last week as you worked on behavioural activation? Or you may face in the coming week? How can you reduce avoidance? What do the other participants think?

**Tips:**

Encourage the other participants to help identify ways to overcome barriers.

Facilitator: What are some things we can do to help us stay motivated?

**Tips:**

Encourage the other participants to help identify ways to overcome barriers.

Facilitator: What is an activity you need some help to complete? Who can help you? (*The goal of this question is to remind the members that it is okay to ask for help.*)

*** You can ask these questions of two or more participants depending on the time available.*



Tips:

People who are experiencing depression are generally dealing with motivational difficulties. Frequently we hear people (depressed or not) talk about waiting to make changes when they are 'ready'. They put off exercise routines, diets, getting homework done, calling back important people etc, because they feel unmotivated.

In behavioural activation we ask people to work from the outside-in, acting according to a plan rather than waiting to feel ready. We can jump-start our mood by starting with an action and letting our mood follow. This is hard at first, but over time, most people recognise that their actions can actually have an impact on their mood, so they feel less at the mercy of their depression.

How to stay motivated? (Do not read these points to the members, this is for you to guide the discussion).

1. Keep it simple
2. Break it into smaller pieces
3. Do one thing at a time
4. Set realistic goals
5. Schedule activities at times when you are most likely to succeed
6. Use self-compassion
7. Anticipate setbacks
8. Reinforce and reward healthy behaviour choices
9. Reflect on what works and what doesn't work
10. Change your environment
11. Minimise distractions
12. Use visual reminders
13. Talk yourself into it: challenge negative thinking
14. Use a timer: start with just five minutes
15. Use reminders/alarms
16. Have an accountability partner
17. Focus on long-term benefits
18. Commit to making decisions based on what you know, not on what you feel

Step 4: Closing and check-out (10 minutes)

Facilitator: Would one of you please volunteer and give a brief, five-minute summary of the learning from today?

For this week, I would like you to continue to work on including UP activities that help you feel better, including the newly identified UP activities you selected earlier in the session. You can do that by continuing to track these activities that help you and schedule more of those activities.

End the session with reminders about the next session and the check-out exercise you have chosen, eg the 5-4-3-2-1 calming technique (see [Annex/Session 1](#)) or use a breathing exercise (see [Annex/Session 2](#)).

Session 5 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to the relevant part in the session facilitation checklist)
- provide psychoeducation clearly
- understand well the cognitive triangle, the cog diagram, the behavioural activation log, and UP and DOWN activities and be able to explain them to participants in a simple and engaging way
- communicate well (refer to section on 'verbal and non-verbal communication' in the session facilitation checklist)
- handle conflict (refer to the section on 'conflict handling' in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any points
- use the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 5 key steps checklist: Behavioural activation II

Facilitator:

Co-facilitator:

Session date:

Time:

90 minutes

Materials and preparation:

- Review collected notes from the previous session
- The group rules displayed prominently
- Copies of the behavioural activation log
- Session 5 handout: UP activity list
- Facilitator's weekly notes
- Session facilitation checklist

Key steps

Step 1: Check-in (20 minutes)

- Link events to mood and symptoms
- Review last week's assignment
- Provide psychoeducation

Step 2: Skills – Behavioural activation (40 minutes)

- Invite a participant to share about an improvement in symptoms or mood and explain what activities have helped them, then use their answers to complete the positive cog
- Introduce the UP and DOWN activities
- Discuss with the participant which activities helped them to feel more positive (UP activities) and which led to feeling down (DOWN activities)
- Tell the group that the main aim is to increase the UP activities and decrease the DOWN activities
- Discuss some of the DOWN activities participants would like to replace this week with UP ones
- Help the group add UP activities to their behavioural activation log
- Distribute the Session 5 handout

Step 3: Assign practice exercises (20 minutes)

- Explore the barriers they experienced last week as they worked on behavioural activation and how they can reduce avoidance
- Find out what kind of things they can do to help them stay motivated
- Help them discover what activity they need help to complete. Who can help them? This highlights that it is okay to ask for help
- Encourage the participants to identify ways to overcome barriers and help each other

Step 4: Closing and check-out (10 minutes)

- Ask if any of the participants will volunteer to give a brief, five-minute summary of the learning from today
- Complete the chosen check-out exercise

- End the session with reminders about the next one

Session 5 handout: UP activity list

Social activities	Hobbies	Sensory experiences
<ul style="list-style-type: none"> • Spending time with family • Enjoying own children and/or young relatives • Enjoying close friends <p>Hanging out with large groups of friends or acquaintances</p> <ul style="list-style-type: none"> • Pets • Meeting people with similar interests or faiths • Religious study groups • Support from faith leaders 	<ul style="list-style-type: none"> • Reading • TV • Dancing • Playing or listening to music • Arts and crafts, sewing, painting • Cooking • Walking, hiking, enjoying nature, fishing • Sports (football, running) or going to games as a spectator • Gardening/decorating • Religion or spirituality 	<ul style="list-style-type: none"> • Pleasant smells, images, sounds, physical touch, tastes • Taking a bath • Listening to soothing music • Mindful tasting
Jobs or meaningful activities		Other skills-based activities
<ul style="list-style-type: none"> • Preparing a meal for your family • Learning a new skill for your job • Helping others in your community • Learning a new language • Memorising a religious text • Attending religious service 		<ul style="list-style-type: none"> • Sports • Music practice and performance • Home improvement/building • Woodworking • Visual art (painting, drawing, pottery, sewing, knitting) • Crafting, pottery and other creative skills

Activities I learnt from the group:

Session 6: Communicating well and wellbeing



Goals:

- To continue to link feelings to events so as to identify triggers
- To identify negative communication patterns
- To learn techniques on interpersonal communication

Time: 90 minutes

- Materials and preparation:**
- Review notes you have gathered on the problems individual participants are facing
 - Flip chart
 - Marker pens
 - Paper and blindfold (eg a cloth) for each member of the group
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg depression scores, what happened etc), to help you evaluate progress
 - Session 6 key steps checklist. Use this during the session to remind you of all the tasks you need to complete in each step. The checklist can also help you assess yourself after the session and identify where you need to improve
 - Session facilitation checklist
 - Session 6 handout: Perception and communication strategies

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.

The following is a sample text summarising the most important aspects of this session.

Check-in (20 minutes)

Step 1: Linking events to mood and symptoms

Give brief reminders about the purpose of the group and the number of sessions remaining. Begin a check-in exercise, including reviewing mood and linking mood to event.

Review last week's assignment

Facilitator: How have you been doing with scheduling helpful positive activities for the past two weeks?

What was one thing that stood out for you in using the behavioural activation technique?



Tips:

Encourage them to do their home assignment because this will further their learning and help them feel better.

Facilitator: This is the sixth group session. You are more than halfway through the group meetings.

Throughout the last couple of weeks, I have asked you many questions about your symptoms and mood so that you can be more attuned to how your feelings affect your thoughts and behaviours. I am interested to know from everyone what surprised you or what did you find most interesting in these past five weeks?

Note:

As you are more than halfway through the sessions, it is important to highlight anything notable about participants' symptoms and mood improvement.

Psychoeducation

Facilitator: In our previous session, we talked about the way our thoughts affect how we feel. If we are feeling happy and excited, we have been thinking positive thoughts and about positive things. On the other hand, if we feel stressed, anxious, depressed and upset, we have likely been thinking negative thoughts. Sometimes negative thoughts can manifest as worry.

Worries and negative thoughts such as these about what might happen in the future are the cognitive components of anxiety (the other two components are: 1) emotional, eg feelings of fear and dread, and 2) physiological, eg heart palpitations, sweating or a tightness in your stomach). So, while worry is an important part of anxiety, it is only one of the three main building blocks.

Anxiety in itself is not bad. Normal levels of anxiety do not negatively interfere with daily functioning. They may improve your attention and problem-solving, or motivate you to work harder toward a goal. But severe levels rapidly decrease performance and cause impairment.⁴⁰

Step 2: Skills – Communicating well (35 minutes)

Note:

Relationships and positive social interactions are built on good communication, whether it be a close relationship, such as with a spouse, child or friend, or a professional relationship, such as with a co-worker or supervisor.

⁴⁰ Marques (2018).

A person's communication skills affect how he/she develops trust and solves problems. Often, poor communication or lack of communication may cause confusion or misunderstandings, and eventually lead to negative communication patterns that affect the relationships in our lives.

Ask participants what some elements of strong relationships are. Write down the response146s on a flip chart.

Note:

We enjoy connecting with other people because it makes us happy and gives us a sense of belonging. The quality of relationships (positive or negative) is one of the most powerful psychosocial predictors of one's physical and mental health outcomes. Positive emotions – experienced by an individual during, or subsequent to, positive communication with another person – produces a pleasant state of body and mind. This is accompanied by enhanced immune system functioning, undoing of negative cardiovascular incidents, and the building of physiological, psychological and social resources for coping with stressful life challenges, which all contribute to physical and mental health, happiness and more successful performance.⁴¹

Some examples of a strong relationship are:

- mutual respect
- trust
- honesty
- support
- fairness/equality
- good communication



Tips:

Whether or not any of the participants mentions communication, comment that it is an important factor in building and maintaining relationships.

Facilitator: What are the signs of good and poor communication?



Tips:

Write down the responses on a single flip chart. You might add other examples from the list below).

⁴¹ Mukherjee (2017).

Signs of good communication	Signs of poor communication
<ul style="list-style-type: none"> • Listening to each other • Clear expectations • Not interrupting when the other person is speaking. Taking turns to speak • Using positive and kind language • Ability to separate the issue from the person • Positive body language (eg eye contact, open posture etc) • Acknowledging the other person's feelings • Two-way communication: both people are engaged 	<ul style="list-style-type: none"> • Conversations often turn into an argument • The same issues or problems are repeated over and over again • Conversations are not meaningful • Conversations get personal and negative, often involving blame, insults, sarcasm, eye rolls and mockery • Shutting down (eg stopping speaking and not acknowledging what the other person has said) • Becoming defensive

Facilitator: What communication strategies have worked well for you during difficult situations in the past?

** Write down the responses on a flip chart.

Note:

Encourage participants to share their strategies, and highlight the positive ones, eg peaceful communication, win-win situation etc.

Facilitator: We started with the main question of the elements for a strong relationship and discovered that communication is an essential one. Communication includes many strategies that could be positive or negative. Everyone has shared with us their examples of a positive and efficient communication style. Now I will be conducting two activities with you to help you understand two important parts of communication.

Exercise 1:

Facilitator: (*Give everybody a piece of paper and cloth for a blindfold*). After you receive your paper, I would like you to cover your eyes and follow my instructions.

1. Fold it in half
2. Fold the lower-left corner over the upper-right corner
3. Turn it 90 degrees to the left
4. Fold it again
5. Rip a half-circle in the middle of the right side
6. Fold it in quarters
7. Tear a triangle off the right corner
8. Unfold it partially
9. Rotate it to the right
10. Tear a circle off the left corner

Facilitator: Now take off your blindfold and unfold your paper. Take a moment to look at each other's papers.

Even though all of you received the same instructions and had the same starting material, pretty much everyone has a different result. Does anyone know why?

Our perception creates the difference. Perception is 'the active process of creating meaning by selecting, organising, and interpreting people, objects, events, situations, and activities'.⁴²

Perception is related to internal and external factors. Do you remember the cognitive triangle in Session 2? So our thoughts that trigger our emotions and behaviours are related to our perception. If we perceive the situation negatively, then negativity will follow, and vice versa.

Negative perception may trigger our stress, anxiety or depression, and each one of those may change our perception to a negative state.

In communications, how we perceive the person and how we perceive what they are saying determines how we will respond, and to understand that better, we will do our second exercise.

Exercise 2:

Facilitator: I will write the following statement on the flip chart: 'What are you doing today?' And each one of you will repeat it to us in a different tone, showing a different emotional state. The rest of us will try to guess that emotion.

Note:

Prepare pieces of paper with emotions written on them eg: anger, friendly, fear, shame, kindness, pity, envy, sadness, joy, disgust, surprise, anxiety, etc. And ask everyone to pick a piece of paper and try to say the phrase with the indicated emotion.

Every participant will say the sentence with the feeling written on their piece of paper. Ask the group to guess the emotion.

At the end, give space to discuss what gives the same phrase different meanings.

Facilitator: The content is 'what is said', and the delivery is 'how we say it'. This has a significant impact on how successfully we communicate with others and how we perceive them, and they perceive us.

Knowing that we all have different perceptions of the same picture or situation is a skill that will help us find the best ways to tell if the person understood what I wanted to share with them, and if I understood what the other person wanted to share with me. Paying attention to the content of the conversation, and how the information is delivered, is essential to ensure clear and effective communication.

Now I will share with you some strategies to help you improve your communication:

This is a good list of strategies all of you have come up with (from the answers we collected in the first part).

⁴² Wood (2016).

In addition to perception, content and delivery, here are some common strategies⁴³ to also consider.

Share with the group any of the strategies below that have not been mentioned and add them to the list that participants have come up with.

- 1. Finding the right time to talk about important or stressful topics.** Is the end of the day after work better, or first thing in the morning? Would weekday or the weekend make a difference? Every individual is different, so you might want to ask the person.
- 2. Pay attention to your non-verbal gestures.** Do you have eye contact? Are your arms folded? Do you look attentive? Your non-verbal communication is as important as your verbal communication.
- 3. Focus on one issue at a time.** All too often, when we are upset, we start listing everything that's wrong, at which point the communication becomes unconstructive.
- 4. Perspective-taking.** Understanding a situation from another person's point of view does not mean you have to agree with them. We are simply trying to understand why the other person behaves a certain way so that you can find ways to communicate better with them.
- 5. Set or clarify expectations.** You should not assume that the other person knows what you need. The expectations should be realistic and clear. Having clear expectations sets you up for continued strong communication and, hopefully, a thriving relationship.
- 6. Negotiate.** Learn to give and take. Understandably, you want to achieve the best possible outcome for your position in a disagreement. However, the principles of fairness, seeking mutual benefit and maintaining a relationship are the keys to a successful outcome.
- 7. Show appreciation.** When interactions with the other person go the way you wanted, showing appreciation helps the other person to know that they are not defeated; you value what they have said and done and that reinforces more compromising and problem-solving in the future.

** Share the Session 6 handout.

Step 3: Assign practice exercises (25 minutes)

Ask for a volunteer to share one of the communications problems they are facing; the following is an example of how that may take place:

Facilitator: *(to the volunteer)* Among the poor communication strategies we have talked about, which one are you facing or have you faced?



Tips:

Once the person chooses a negative communication, ask the next question.

⁴³ Adapted from: World Health Organization and Columbia University (2016).

Note:

Role-play is an effective learning technique used in different contexts to teach a skill and to encourage reflection. It fosters dialogue on an issue and allows the participants to support each other. By acting out scenarios, participants can explore how other people are likely to respond to different approaches and get a feel for approaches that are likely to work or are counter-productive. It also allows members to get a sense of what other people are likely to be thinking and feeling in the situation.

Role-play builds up experience and self-confidence with handling the situation in real life, and members can develop quick and instinctively correct reactions to situations. Practicing the skill will lead him/her to react more effectively as situations evolve. Keep in mind that changes in communication need to be appropriate to the local culture.

Member: I would like us to talk about when people become rude in their conversations (*or any other point*).

Facilitator: Can you tell us when you have seen this happen? (*Alternatively, you could ask participants to give examples of when this has happened.*)

Member: My wife and I have been arguing a lot. Whenever we disagree, she calls me terrible names and blames me for everything.

Facilitator: Can you tell us what happened?

Member: Last week, she got really upset that I am not going out to find a job. There are no jobs in the country now. I do not know what she expects me to do.

Facilitator: Roleplay provides a safe environment to encounter different scenarios. It allows you to develop experience and try out different strategies in a supported environment. It is normal to feel a little awkward the first time you try to role-play. Can I have two volunteers to act out the scene that [volunteer name] has just described?

**Tips:**

The situation should be played out as the member of the group has explained it. After the role-play, the group will give feedback and come up with alternatives.

Facilitator: What were the unhelpful communication techniques you saw in that role-play, and how did it affect the interaction?

Looking at the list of strategies you came up with earlier, and what I shared with you, what alternative communication techniques can change the outcome for the better?



Tips:

Try to encourage the group to use the list they came up with or the seven strategies in Step 2 above. For instance, would understanding the other person's perspective have helped?

Facilitator: Can the volunteers please play the scene again, this time with the alternatives suggested by the other participants?



Tips:

After the role-play, invite the group to give feedback and come up with their reflections.

Facilitator: What was different and how did it affect the situation?



Tips:

If time permits, have another volunteer suggest another communication problem to work on and repeat the same process. 1) Role-play the problem, 2) solicit feedback from the group for alternatives, 3) role-play new scenarios, and 4) reflect.

Facilitator: Today, we worked on communicating better with those around us. It is a skill we can use in our daily lives. Try to practise the skills you have selected to work on this week.

Step 4: Closing and check-out

Facilitator: Would one of you please volunteer and give a brief, five-minute summary of the learning from today?

Do your chosen check-out exercise eg the 5-4-3-2-1 calming technique ([see Annex/Session 1](#)) or use a breathing exercise ([see Annex/Session 2](#)).

End the session with reminders about the next session and distribute the Session 6 handout.

Session 6 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment. (Refer to the 'environment setting' section in the session facilitation checklist)
- provide psychoeducation clearly
- understand well the communication strategies and the 'content and delivery' concept, and is able to explain them to the participants in a simple and engaging way
- communicate well. (Refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- handle conflict. (Refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check in and check out exercises appropriately.
- take notes of the session to follow up on. *(This may be a role for the co-facilitator)*
- end the session with clear outcomes and a clear plan for the next meeting

Session 6 key steps checklist: Communicating well and wellbeing

Facilitator:

Co-facilitator:

Session date:

Time: 90 minutes

Materials and preparation:

- Review the notes you have gathered about the problems individual participants are facing
- Flip chart
- Marker pens
- Paper and blindfolds for each participant
- Facilitator's weekly notes
- Session facilitation checklist
- The group rules displayed prominently
- Session 6 handout: Perception and communication strategies

Step 1: Check-in (20 minutes)

- Link events to mood and symptoms.
- Review last week's assignment.
- Invite everyone to share what surprised them/what they found most interesting in these past five weeks.
- Provide psychoeducation.

Step 2: Communicating well (35 minutes)

- Ask participants to list some elements of strong relationships. Write down the responses on a flip chart.
- What are the signs of good and poor communication? Write down the responses on a flip chart.
- What are some communication strategies that have worked well for you during difficult situations in the past? Write down the responses on a flipchart.
- Do Exercise 1: blindfold and paper.
- Ask participants why everyone has a different result.
- Define perception and highlight its role in producing different results.
- Do Exercise 2: 'What are you doing today?'
- Share with the participants the strategies to help improve communication.

Step 3: Assign practice exercises (25 minutes)

- Ask for a volunteer to share one of the communications problems they face.
- Ask two volunteers to act out the scene.
- After the role-play, ask the group to give feedback and come up with alternatives.
- Identify the communication techniques that were not helpful and discuss: how did it affect the interaction?
- Identify alternative communication techniques that can change the outcome for the better.
- Try to encourage the group to use the list they came up with or the new strategies they learnt.
- Ask the volunteers to play the scene again, this time with the other participants' alternatives.
- After the role-play, the group gives feedback and comes up with their reflections.
- If time permits, another member of the group suggests another communication problem to work on and repeat the same process.
- Recommend trying to practise the skills participants have selected to work on this week.

Step 4: Closing and check-out (10 minutes)

- Ask if any one of the participants would volunteer to give a brief, five-minute summary of the learning from today.
- Complete a check-out exercise.
- End the session with reminders about the next one.

Session 6 handout: Perception and communication strategies

Our perception makes a big difference. Perception is: ‘the active process of creating meaning by selecting, organising, and interpreting people, objects, events, situations, and activities’.⁴⁴

Perception is related to internal and external factors; our thoughts that trigger our emotions and behaviours are related to our perception. If we perceive the situation negatively, then negativity will follow and vice versa.

Negative perception may trigger our stress, anxiety or depression, and each one of those may change our perception negatively.

In our communications, how we perceive the person and how we perceive what they are saying will determine how we will respond.

Communication strategies:⁴⁵

- 1. Finding the right time to talk about important or stressful topics.** Is the end of the day after work better, or first thing in the morning? Would weekday or the weekend make a difference? Every individual is different so you might want to ask the person.
- 2. Pay attention to your non-verbal gestures.** Do you have eye contact? Are your arms folded? Do you look attentive? Your non-verbal communication is as important as your verbal communication.
- 3. Focus on one issue at a time.** All too often when we are upset we start listing everything that is wrong, at which point the communication becomes unconstructive.
- 4. Perspective-taking.** Understanding a situation from another person’s point of view does not mean you have to agree with them. We are simply trying to understand why the other person behaves a certain way so that we can find ways to communicate better with them.
- 5. Set or clarify expectations.** You should not assume that the other person knows what you need. The expectations should be realistic and clear. Having clear expectations sets you up for continued strong communication and, hopefully, a thriving relationship.
- 6. Negotiate.** Learn to give and take. It is understandable that you want to achieve the best possible outcome for your position in a disagreement. However, the principles of fairness, seeking mutual benefit and maintaining a relationship are the keys to a successful outcome.
- 7. Show appreciation.** When interactions with the other person go the way you wanted, showing appreciation helps the other person know that they are not defeated, and that you value what they have said/done.

⁴⁴ Wood, J (2016) *Interpersonal communication: Everyday encounters* (3rd ed), Stamford, CT: Wadsworth.

⁴⁵ Adapted from: World Health Organization and Columbia University (2016) *Group Interpersonal Therapy (IPT) for Depression*, (WHO generic field-trial version 1.0), Geneva: WHO. Accessed on 21 January 2025 at: <https://www.who.int/publications/i/item/group-interpersonal-therapy-for-depression>.

Session 7: Family rituals and routines



Goals:

- To continue to link feelings to events in order to identify triggers
- To understand how parenting and the impact of stress affects children
- To explore why family routines and rituals are critical for children

Time: 90 minutes

- Materials and preparation:**
- Review notes you have gathered on the problems individual participants are facing.
 - Flip chart
 - Marker pens
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg K10 scores, what happened etc), to help you evaluate progress.
 - Session 7 key steps checklist. Use this during the session to remind you of all the tasks you need to complete in each step. The checklist can also help you assess yourself after the session and identify where you need to improve.
 - Session facilitation checklist
 - Session 7 handout 1: Ritual and routine information
 - Session 7 handout 2: Ritual family tree

Key steps

Pre-session

- Ensure you have the group rules displayed prominently
- Welcome each group member

The following is a sample text summarising the most important aspects of this session.

Check-in (20 minutes)

Step 1: Linking events to mood and symptoms

Give brief reminders about the purpose of the group and the number of sessions remaining. Begin the group with a check-in exercise, including linking events to mood.

Remember to help participants link their feelings to what is happening. Encourage them to do their home assignment because this will further their learning and help them feel better.

Review last week's assignment

Facilitator:

- How are you doing with your helpful/positive activities?
- Did anyone try problem-solving or communication techniques in the past week? Could you tell us what happened? Was it helpful? Was there anything you could have done differently?
- How have you been feeling this last week? Have you noticed any improvement in your mood and symptoms?

Psychoeducation

Facilitator: Significant changes in the family (eg major life changes such as divorce, a death in the family, moving) and parental instability (eg money and job concerns, family turmoil and parental agitation⁴⁶ such as parental mental illness or psychosocial distress) can significantly impact on the lives of dependent children, both directly and indirectly.

Note:

If participants are showing fear of mental illness stigma and resist the concept, you can use the phrase 'absence of mental health'.

There has been much recent research into the impact of parental mental illness or psychological distress on children. Parental mental illness has been shown to affect attachment formation and children's cognitive, emotional, social, and behavioural development.⁴⁷

Some of you are parents; some are uncles/aunts or cousins to children. We play a role in nurturing and promoting their development and take deliberate action to protect children, including helping them learn skills to cope with difficult situations. It is important to recognise that we all have an important role in children's lives, and such skills can be learnt.

Through the session, we will focus on helping ourselves and protecting children in the family, caring for the whole family. Family routines and rituals are important as they can help the family create memories, share important moments, develop important skills, and enhance family connection and satisfaction.⁴⁸ Previously we were learning how to discover and break negative cycles, and today we are going to discover, create or reactivate positive cycles through family routines and rituals.

Step 2: Family rituals (40 minutes)

Facilitator: We talked in the first few sessions about the impacts of distressful events on adults. Now we will discuss how those events and our reactions to them may affect children. When children experience adversity, they express their emotions differently, depending on their developmental stage. Have you observed any notable changes among your children/siblings/children living with you or near you of any age in this distressing situation?

⁴⁶ Lee (2019).

⁴⁷ Manning and Gregoire (2006).

⁴⁸ Spagnola and Fiese (2007).



Tips:

Write the responses on a flip chart.

For example:

- Changes in behaviour (aggressiveness, silence, disrespect)
- Sleeplessness and changes in appetite
- Scared, refuse to leave the house
- Depressed, cries often
- Regression (seven-year-old starts bedwetting again)
- Isolation, not spending time with friends or family

Note:

Child stress is most often seen as an overt physical reaction:

- crying
- sweaty palms
- running away
- aggressive or defensive outbursts
- rocking and self-comforting behaviours
- headaches and stomach aches
- nervous fine motor behaviours (eg hair twirling or pulling, chewing and sucking, biting of skin and fingernails)
- toileting accidents
- sleep disturbances⁴⁹

Experts suggest that children may react through depression and avoidance; excessive shyness; hyper-vigilance; excessive worrying; 'freezing up' in social situations; seemingly obsessive interest in objects, routines, food, and persistent concern about 'what comes next'; and excessive clinging.⁵⁰

Normalising child behavioural changes during adversity and stress

Facilitator: Sometimes, these reactions by children can be viewed negatively by society. They might see it as challenging behaviour. But they are common reactions and are a sign that a child is trying to cope with stress.

The least you can do to help is be well: the better adults feel, the better their children will be. Some of you have reported an improvement in your symptoms. How has your improved mood affected the behaviours of children around you?

⁴⁹ Stansbury and Harris (2000); Fallin et al (2001).

⁵⁰ Dacey and Fiore (2000).



Tips:

Listen to participants who reported an improvement.

Facilitator: When you start getting better, it will positively affect the children around you and, for those of you who are parents, your parenting skills. So it is important to work on yourself first.

In addition to managing our stress and emotions, one of the important roles of families is to provide routines and rituals for children. Routines and rituals play a key role in resilience and everyday life.

For example, a family meal can lead to better communication and promote closeness, which reassures both adults and children.

And if reverting to the original routines and rituals would cause harm to the child or the environment, the child needs professional help, you may need to seek help from the nearest primary health care centre or mental health institution.

Ball activity (to underline the importance of routines and rituals)

In this activity, the participants throw a ball between one another, always in the same order, making sure that everyone is included. They could simply throw to the person on their left, for example, or they could throw to someone on the other side of the circle. The only rule is that they must always throw to the same person, who throws it on to the next person.

Then, pause the activity and tell the group that you are going to break the pattern and they should try to restore it. You then throw the ball to someone completely different from before, which will create momentary confusion in the group. But they then resume the pattern from before. You as facilitator then repeat the same thing two or three more times: you disrupt the order, the other participants try to restore it.

Facilitator: The ball game symbolises our routines and rituals and the distraction and disruption that a traumatic or distressing event can cause. Traumatic or distressing events can greatly impact our sense of normality and confuse us. Therefore, in the aftermath of a traumatic event or difficult incident, an important part of recovery for families, adults and children is to restore normality through routines and rituals. Family rituals remind the whole family that they love each other and the traditions of the past will continue or start again.

All communities and families have rituals – activities that have special meaning and significance. Family households are the primary places where families construct, deconstruct and reconstruct rituals and routines. Religious rituals such as prayer, meditation and attending religious services can help with overall wellbeing.

Share the following to help the group understand more about rituals and routines, and the difference between them.

Note:

Family routines and rituals both refer to specific, repeated practices that involve two or more family members.⁵¹ Routines are characterised by communication that is instrumental, involve a momentary time commitment, and are repeated regularly, holding no special meaning. It is a way to organise our daily lives.

Rituals involve communication with symbolic meaning, establishing and perpetuating the understanding of what it means to be a member of the group.

Family rituals may include celebrations (such as graduation), traditions (such as annual birthday parties), and patterned interactions (such as a family meal).⁵²

One way to understand the difference between routines and rituals is by considering the effect that the disruption of these two practices has on the family. When routines are disrupted, it may be a hassle; when rituals are disrupted, family cohesion is threatened.

Thus, both routines and rituals have the potential to serve important roles in maintaining the structure and emotional climate of daily family life.

Although rituals and routines are distinct, they are interwoven in daily interactions. For example, dinner time is not purely a routine or a ritual, but rather, contains features of both. During a meal, there are practices that may not have special meaning eg distributing food, clearing the table. Meaningful symbolic aspects may also be embedded within the meal, such as saying grace, relaying a commonly told story. Rituals are distinct and unique to particular families, reflecting family identity, culture and shared values. Embedded in the complexities of day-to-day family life, family routines and rituals provide a context for children's development.

Restoring or continuing these rituals and routines will help the children to feel that the situation is back to normal and to feel more secure.



Additional information:

Benefits of family routines and rituals:⁵³

- organised family life through structure and predictability
- defined roles and responsibilities
- reinforced family identity
- contributions to family stability
- strengthened parent–child bonds
- internalised morality, beliefs and values of the family

⁵¹ Fiese et al (2002).

⁵² Wolin and Bennett (1984).

⁵³ Orlans and Levy (2006).

- improved emotional self-control through safety and comfort; reduced stress through predictability
- increased trust and sense of security

Examples of rituals and routines:

Toddlers:

- getting ready in the morning
- getting together with other children to play, perhaps at playgroup
- eating meals
- spending time playing and talking together each day
- reading books or telling stories
- having quiet time and going to bed at night

School-age children:

- getting ready in the morning and going to bed at night
- tidying up their space/toys
- getting together with other children to play, perhaps after school once or twice a week
- doing after-school activities such as hobbies or sport
- helping the family such as setting the dinner table, helping with the laundry

Whole family:

- preparing and eating meals together and shared family mealtimes
- spending family time, such as regular walks after dinner or game nights
- attending religious services, pilgrimages, prayers, meditation and fasting
- having family meetings, or just taking turns talking about the day
- spending special one-to-one time with parents
- catching up with extended family and friends
- taking part in special celebration days or community activities such as birthdays, anniversaries, reunions, religious holidays
- special morning kisses
- enjoyable activities at weekends, such as sports
- code words for things or special names you use for each other
- cultural traditions that recognise ethnic roots, such as gatherings, camps and preparing certain foods together

Facilitator: Some rituals may have been handed down from your grandparents or relatives, such as having a meal together on Saturdays or going to the mosque together on Fridays. Others you might create as a family.

Your family's rituals might include celebrating religious festivals such as Ramadan and the Prophet's birthday, or Christmas dinner, new year or cultural festivals such as birthdays, or Mother's and Father's Day. Family rituals such as meals, cultural festivals, activities and kisses or winks are important because they give you and your children a sense of security, identity and belonging. Special things that you do together have special meaning for you and your family. They create shared memories and build family relationships and bonds.

What are some of your family routines and rituals?



Tips:

To ensure that the group can differentiate routines from rituals, ask them to give two to three examples and write them on a flip chart divided in two columns.

This will help the participants to reflect on their rituals and routines and to be aware of them, as they use them in the second step.

Follow-up questions:

- What are the rituals and routines in your family?
- How is the routine/ritual important, especially during difficult times in your family?
- Have you and your family re-established any positive former routines and rituals, or established new ones?
- What are the barriers you are facing in re-establishing routines and rituals or creating new ones?

Facilitator: Remember that rituals and routines can also help comfort children in unfamiliar and difficult circumstances. For example, if your child loves listening to you tell a bedtime story before lights go out, this ritual will help them settle to sleep when they are in a different place. Rituals and routines can also help children feel that the world is a safe and predictable place. They can be anchors that help your children feel safe in uncertain or changing times such as during a family separation, or when you're moving house, or after a traumatic event such as the death of a family member. Families that have their children go to bed at a specific time, in a specific way, with the same lullaby each night, the same kind of kissing every night, make things a lot calmer. It is possible to re-establish routines and rituals and create new ones.

Step 3: Assign practice exercises (20 minutes)

Facilitator: In today's practice session, we will try to create new routines and rituals for your family: morning rituals, evening rituals, after-school rituals, habits or consistent daily routines. They create comfort and happiness for children and families. The three main characteristics of effective routines and rituals are:

1. well planned
2. regular
3. predictable

Routines and rituals do not have to be expensive or perfect. They are unique and special to your family.

Distribute the Session 7 handouts: Rituals family tree; Ritual and routine information.

Facilitator: Rituals are something for all family members to enjoy together and things that are meaningful to your family. Imagine your family is a tree and rituals are like nutrients and water that are essential for your tree to grow big and strong roots. Use the next ten minutes to share in pairs some family experiences and activities that have made you feel good or are fun or that give you meaning. Discuss how this particular ritual or tradition is special to your family. What makes it special? Has it changed more recently? How can you make sure that this ritual continues in your family? Decorate your ritual family tree handout by writing or drawing your family's rituals.

Consider rituals in the following areas:

- daily (morning, afternoon, evening)
- weekly
- monthly
- food/mealtimes
- religious
- anniversaries

Facilitator: Can each group please share some of the family rituals you have discussed?



Tips:

Allow time for each group to share

Facilitator: This week, I would like you to discuss with your family one or two family rituals you would like to practise or re-establish.

Step 4: Closing and check-out (10 minutes)

Facilitator: Could one of you please summarise for the group what we learnt today? What has been the most helpful or interesting part of today's session?



Tips:

Do your chosen check-out exercise eg 5-4-3-2-1 calming technique (see Annex/Session 1) or use a breathing exercise (see Annex/Session 2).

End the session with reminders about the next session.

Session 7 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to the 'environment setting section in the session facilitation checklist)
- provide psychoeducation clearly
- understand rituals and routines, what they have in common and the differences between them, and be able to explain them to the participants in simple ways
- communicate well (refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- handle conflict (refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a clear plan for the next meeting

Session 7 key steps checklist: Family rituals and routines

Facilitator:

Co-facilitator:

Session date:

Time:

90 minutes

Materials and preparation:

- Review collected notes
- Flip chart
- Marker pens
- Session 7 handout 1: Rituals family tree
- Session 7 handout 2: Ritual and routine information
- Facilitator's weekly notes
- Session facilitation checklist
- The group rules displayed prominently

Key steps

Step 1: Check-in (20 minutes)

- Link events to mood and symptoms
- Review last week's assignment
- Provide psychoeducation

Step 2: Family rituals and routines (40 minutes)

- Identify the changes they have observed among children, siblings or children living with them or near them, of any age in distressing situations. Write the responses on a flip chart.
- Normalise the children's behavioural changes during adversity and stress
- Remind participants that taking care of themselves is essential for their ability to effectively help others
- Ask how their own improved mood has affected the behaviours of children around them
- Share if the change is harmful to the child or the environment, they should refer the child to a specialist
- Introduce the concept of routines and rituals
- Do the ball activity
- Explain routines and rituals more fully
- Ask participants: What are some of your family routines and rituals? Write down their responses on a flip chart in two separate columns, adding prompts for areas such as family, religious, and community rituals and routines.
- Explain the importance of routine and ritual for children

Step 3: Assign practice exercises (20 minutes)

- Help the participants to try to create new routines and rituals for their family. Discuss in pairs
- Distribute Session 7 handouts 1 and 2
- Ask participants to share some of the family rituals they have discussed
- Ask participants to discuss with their families one or two family rituals they would like to practise or re-establish

Step 4: Closing and check-out (10 minutes)

- Ask if anyone would volunteer and give a brief, five-minute summary of the learning from today
- Do a check-out exercise
- End the session with reminders about the next one

Session 7 handout 1: Rituals family tree



Session 7 handout 2: Ritual and routine information

Family routines and rituals both refer to specific, repeated practices that involve two or more family members.⁵⁴

Routines are characterised by communication that is instrumental, involves a momentary time commitment, and are repeated regularly, holding no special meaning.

Rituals involve communication with symbolic meaning, establishing and perpetuating the understanding of what it means to be a member of the group.

Family rituals may include celebrations (such as graduation), traditions (such as annual birthday parties), and patterned interactions (such as a family meal). (Wolin & Bennett, 1984).

One way to understand the difference between routines and rituals is by considering the effect that the disruption of these two practices has on the family. When routines are disrupted, it may be a hassle; when rituals are disrupted, family cohesion is threatened.

Thus, both routines and rituals have the potential to serve important roles in maintaining the structure and emotional climate of daily family life.

Although rituals and routines are distinct, they are interwoven in daily interactions. For example, dinnertime is not purely a routine or a ritual, but rather contains features of both. During a meal, there are practices that may not have special meaning eg distributing food, clearing the table. Meaningful symbolic aspects may also be embedded within the meal, such as saying grace, relaying a commonly told story.

Rituals are distinct and unique to particular families, reflecting family identity, culture and shared values. Embedded in the complexities of day-to-day family life, family routines and rituals provide a context for children's development.

Benefits of family routines and rituals:⁵⁵

- organised family life through structure and predictability
- defined roles and responsibilities
- reinforced family identity
- contributions to family stability
- strengthened parent-child bonds
- internalised morality, beliefs and values of the family
- improved emotional self-control through safety and comfort; reduced stress through predictability; and increased trust and sense of security

⁵⁴ Fiese, B H et al (2002) 'A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration?', *Journal of family psychology*, vol 16 (4), p 381. Accessed on 21 January 2025 at: <https://doi.org/10.1037//0893-3200.16.4.381>.

⁵⁵ Orlans, M and T M Levy (2006) *Healing parents: Helping wounded children learn to trust & love*. Washington, DC: CWLA Press.

Examples of rituals and routines:

Toddlers:

- getting ready in the morning
- getting together with other children to play, perhaps at playgroup
- eating meals
- spending time playing and talking together each day
- reading books or telling stories
- having quiet time and going to bed at night

School-age children:

- getting ready in the morning and going to bed at night
- tidying up their space/toys
- getting together with other children to play, perhaps after school once or twice a week
- doing after-school activities such as hobbies or sport
- helping the family such as setting the dinner table, helping with the laundry

Whole family:

- preparing and eating meals together and shared family meal times
- spending family time, such as regular walks after dinner or game nights
- attending religious services, pilgrimages, prayers, meditation and fasting
- having family meetings, or just taking turns talking about the day
- spending special one-to-one time with parents
- catching up with extended family and friends
- taking part in special celebration days or community activities such as birthdays, anniversaries, reunions, religious holidays
- special morning kisses
- enjoyable activities at weekends, such as sports
- code words for things or special names you use for each other

Cultural traditions that recognise ethnic roots, such as gatherings, camps and preparing certain foods together, after-school rituals, habits or consistent daily routines all create comfort and happiness for children and families.

The three main characteristics of effective routines and rituals are:

1. well planned
2. regular
3. predictable

Routines and rituals do not have to be expensive or perfect. They are unique and special to your family.

Session 8: Positive parenting skills – non-violent communication



Goals:

- To continue to link feelings to events so as to identify triggers
- To understand how to use nurturing practices with children
- To learn how to set developmentally appropriate boundaries and consequences

Time: 90 minutes

- Materials and preparation:**
- Review collected notes from the previous sessions
 - Flip chart
 - Marker pens
 - Pieces of paper with the statements from Step 1
 - Facilitator's weekly notes. It's best if the co-facilitator takes notes during the session so you can remind yourself what happened when you talk to the PSS officer and participants in the following session. It will also provide you with the information from the previous sessions (eg depression scores, what happened, etc), to help you evaluate progress
 - Session 8 key steps checklist. Use this during the session to remind you of all the tasks you need to complete in each step. The checklist can also help you assess yourself after the session and identify where you need to improve
 - Session facilitation checklist
 - Session 8 handout: Non-violent communication steps

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.

The following is a sample text summarising the most important aspects of this session.

Check-in (20 minutes)

Step 1: Linking events to mood and symptoms

Give brief reminders about the purpose of the group and the number of sessions remaining. Begin with a check-in exercise, including reviewing mood and symptoms and linking them to events.

Review last week's assignment

Facilitator:

- Would anybody like to share how they are doing with their helpful/positive activities?
- Last week we talked about rituals and routines. Does anybody want to share how they incorporated one or more into their daily routines? How did that happen? Was it helpful? How did it make you feel?



Tips:

Encourage them to do their home assignment because this will further their learning and help them feel better.

Psychoeducation

Facilitator: It can also be extremely isolating when individuals are dealing with psychological distress and its manifestations such as stress, anxiety and depression. Isolation can be detrimental to both adults and children. Chronic social isolation increases the risk of mental health issues such as depression, anxiety and substance abuse, as well as chronic conditions such as high blood pressure, heart disease and diabetes. Humans are social creatures by nature: we are not meant to lead solitary lives. It is important for us to be able to engage, to share our experiences and feelings with others. That is true even for people who are introverted. Additionally, when we physically bond with loved ones, such as hugging or breastfeeding, the pituitary gland releases a hormone called oxytocin (the love hormone) that makes us feel calm and happy.⁵⁶

Step 2: Skills – Non-violent communication with children (40 minutes)

Facilitator: Last week, we started to look at how to help ourselves by helping our loved ones, especially children; we talked about how children are affected by distress and about their reactions to stressful events and the need for rituals and routines. Today, we will continue to help ourselves by helping children and the whole family, focusing on support and communication. Remember, you do not need to be a parent or married for this to be useful. Some of you are older siblings, uncles, aunts, cousins or grandparents, and all of you have family or significant others.

How do you think your psychological distress is affecting the way you communicate with a significant child in your life and how you perceive their behaviours?



Tips:

Link the questions with the previous session by reminding the participants about perception, and about content and delivery in communication.
Write the participants' answers on the flip chart.

Encourage them to do their home assignment because this will further their learning and help them feel better.

Facilitator: When children do not meet your expectations, what is your idea of discipline? What are some

⁵⁶ Germany (not dated).

consequences you would suggest if children break the boundaries? (*The point of this question is to generate discussion around positive parenting methods before we introduce non-violent communication later.*)



Tips:

Write the participants' answers on the flip chart.

Note:

Encourage the group to discuss different discipline methods. If participants suggest things that are not developmentally appropriate (eg verbal or physical violence), invite the whole group to discuss this and create developmentally appropriate ones. For example, 'What do others think of this consequence?'

You can also try asking the following questions:

- How would this affect the child?
- Is there something else you could try that would have a better result?
- What is the goal or outcome you are trying to achieve? How can you achieve it differently?

Facilitator: Today we are going to learn about non-violent communication.

It is a simple and effective framework to make us more aware of what we are thinking, saying, doing, and how we are listening, to connect and communicate with more clarity and compassion. Rather than judging, blaming or criticising, we start on neutral common ground to share what's important to us and connect on an empathetic level with others.

It is a very simple technique consisting of four steps. When applying them, the core of our communication will be changed and improved. We call these the non-violent communication steps:⁵⁷

Observation: *Describing what is happening here and now, without judgement or generalisation*

Feelings: *Our emotional or physical sensations. They are not thoughts or beliefs, and could be categorised to needs or unmet needs*

Needs: *Needs that are ours alone, and that are independent from the person we are engaging with eg physical nurturing, integrity, spirituality etc*

Request: *This is not a demand, but a clear and specific 'ask', expressed in positive language eg 'do that' or 'do not do that'*

Observation (external) + Feelings (internal) + Needs (internal) → Request

⁵⁷ Rosenberg (2003).

1. Observing

Prepare on pieces of paper the statements below (one phrase from each box/cell) and put them in a bag. Ask each participant to pick a piece of paper, then to show the statement written on it, and decide if it is an observation or an evaluation.

When a person mentions a phrase with an evaluation such as 'Nadim is aggressive' and another mentions a phrase without an evaluation eg 'Nadim hit his sister when she switched the TV channel', note the difference between the two phrases. The goal of this exercise is to help the group to make an observation/description without evaluating what is happening in front of them.

Observing with evaluating/ description with evaluation	Observing without evaluating/ description without evaluation
'Nadia was angry with me yesterday for no reason.'	'Nadia told me she was angry.' 'Nadia pounded her fist on the table.'
'My father is a good man.'	'For the last 25 years my father has given one-tenth of his salary to charity.'
'Nadim is aggressive.'	'Nadim hit his sister when she switched the television channel.'
'My son often doesn't brush his teeth.'	'Twice this week my son didn't brush his teeth before going to bed.'
'My aunt complains when I talk with her.'	'My aunt called me three times this week, and each time talked about people who treated her in ways she didn't like.'

2. Identify your feeling

After the participants understand the difference between observation and evaluation, move on to distinguish feelings from thoughts (opinion, interpretations). Next, using the table below, read out one of the situations, followed by the response beneath it that is highlighted in blue. Ask participants to identify if the response is a feeling or a thought/opinion.

Thought/opinion	Feeling/emotion
Someone did something disappointing	
<i>'I think that you should know better.'</i>	<i>'I feel frustrated.'</i>
Someone said something you dislike	

'I <i>think</i> that is unkind.'	'I feel <i>scared</i> when you say that.'
Someone I love is leaving	
'I <i>think</i> that you don't love me.'	'I am <i>sad</i> that you're leaving.'
Someone is annoying me	
'I <i>think</i> you are annoying me on purpose.'	'I am <i>upset</i> because I think you are annoying me on purpose.'
I did something I regret to people I like	
'I <i>think</i> I am being unkind to them.'	'I feel <i>regret</i> about how I am behaving towards them.'

3. Identify your need

Now ask the group to provide as many examples as they can of what might be the underlying needs behind the statements shared in steps 1 (observing) and 2 (feelings). You can share a few examples from the list below as a prompt.⁵⁸

<p>Connection</p> <ul style="list-style-type: none"> acceptance affection appreciation belonging cooperation communication closeness community companionship compassion consideration consistency empathy inclusion intimacy love 	<ul style="list-style-type: none"> trust warmth honesty authenticity integrity presence <p>Meaning</p> <ul style="list-style-type: none"> awareness celebration of life challenge clarity competence consciousness contribution creativity discovery efficacy 	<p>Peace</p> <ul style="list-style-type: none"> beauty communion ease equality harmony inspiration order <p>Play</p> <ul style="list-style-type: none"> joy humour <p>Autonomy</p> <ul style="list-style-type: none"> choice freedom independence space spontaneity
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⁵⁸ Center for Nonviolent Communication (2023).

mutuality nurturing respect/self-respect safety security stability support to know and be known to see and be seen to understand and be understood	effectiveness growth hope learning mourning participation purpose self-expression stimulation to matter understanding	Physical wellbeing air food movement/exercise rest/sleep sexual expression safety shelter touch water
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4. The request

Now, give examples of negative or vague requests and ask the participants to transform them into positive requests.

Their answers do not necessarily need to be exactly the same as the examples given, but you should make sure that they express a positive request.

Negative or vague request	Positive request
'Please <i>do not shout</i> in this room.' – negative request	'Please talk in a low voice in this room.'
'I want you to <i>understand me</i> .' – vague request	'I want you to tell me what you heard me say.' 'I would like you to tell me one thing that I did that you appreciate.'
'I would like you to drive in a <i>better way</i> .' – vague request	'I would like you to drive at or below the speed limit.'
'I would like you to <i>have more confidence</i> in yourself.' – vague request	'I would like you to take a course in assertiveness, which I believe would increase your self-confidence.' – positive request

Distribute the Session 8 handout: Non-violent communication steps.

Step 3: Assign practice exercises (20 minutes)

Ask the participants to provide an example of a negative conversation from their daily life and consider how they could change it based on what they learnt today about non-violent communication.

Observation (external) + Feelings (internal) + Needs (internal) → Request

Note:

Benefits of non-violent communication:⁵⁹

- Build relationships based on trust
- Accurately hear what your child/loved one feels and needs
- Prevent and resolve conflicts in ways that work for everyone
- Break patterns of thinking that lead to anger and depression

Now, give different examples of things an adult might say to a child and encourage the group to come up with suggestions for better, non-violent alternative wording.

1. You are a bad child. (*Judgement*)

Non-violent alternative: When I hear you screaming, I feel annoyed (I'm in need of calmness as I am not feeling good – *internal identified need*). Come and talk to me instead of screaming.

2. Clean up your dirty dishes! (*Order or command*)

Non-violent alternative: Oh, I see some dirty dishes are on the table, I feel overwhelmed, and I need your help; please wash them before you go out.

3. Why can't you be responsible and do the right thing? You are almost a young man! (*Blame and shame*)

Non-violent alternative: I notice that you did not organise your clothes. I feel your distress, but I sometimes need your help. Would you prefer to help me with it now or later in the afternoon?

Facilitator: This week, for your assignment, I would like you to practise with your family what we learnt today and next week I'll invite you to share any positive progress you made.

⁵⁹ Center for Nonviolent Communication (2023).

Step 4: Closing and check-out (10 minutes)

Facilitator: What did you learn today? What did you like best about the session? What did you like least? Why?

Next week will be our last session together. We will be processing our experience and celebrating what we have achieved. I look forward to seeing all of you next week.



Tips:

Do your chosen check-out exercise eg 5-4-3-2-1 calming technique (see Annex/Session 1) or use a breathing exercise (see Annex/Session 2).

End the session with reminders about the next session.

Session 8 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to the relevant part in the session facilitation checklist)
- provide psychoeducation clearly
- understand well non-violent communication and be able to explain it to the participants in a simple and engaging way
- communicate well (refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- handle conflict (refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check-in and check-out exercises appropriately
- end the session with clear outcomes and a clear plan for the next meeting

Session 8 key steps checklist: Positive parenting skills - non-violent communication

Facilitator:

Co-facilitator:

Session date:

Time:

90 minutes

Materials and preparation:

- Review collected notes from the previous sessions
- Flip chart
- Marker pens
- Non-violent communication steps and statements on a flipchart
- Pre-prepared pieces of paper with the statements written on them
- Facilitator's weekly notes
- Facilitation checklist
- The group rules displayed prominently
- Session 8 handout: Non-violent communication steps

Key steps

Step 1: Check-in (20 minutes)

- Link events to mood and symptoms
- Review last week's assignment
- Provide psychoeducation

Step 2: Non-violent communicating with children (40 minutes)

- Ask the group how they think their psychological distress is affecting the way they communicate with the children in their lives and how they perceive their behaviours. (Link the questions with the previous session's focus on perception, and content and delivery.)
- Write the participants' answers on the flip chart.
- Ask the group what their idea of discipline is. What are some consequences they would suggest if children break boundaries?
- Introduce the topic of non-violent communication.
 1. Observing exercise
 2. Identify the feeling
 3. Identify our need
 4. The request. Give examples of negative or vague requests and ask the participants to transform them into a positive request based on what they have learnt about observation, feeling and needs
- Distribute the Session 8 handout: Non-violent communication steps.

Step 3: Assign practice exercises (20 minutes)

- Ask participants to provide an example of a conversation from their daily life and how they could change it with what they learnt today about non-violent communication.

Step 4: Closing and check-out (10 minutes)

- Ask if anyone will volunteer and give a brief, five-minute summary of the learning from today.
- Do the chosen check-out exercise.
- End the session with reminders about the next one.

Session 8 handout: Non-violent communication steps

Observation (external)+ Feelings (internal) + Needs (internal) → Request

When I see (hear, remember) _____, I feel (emotions)
_____ because I have a need for _____. Would you
be willing to _____?

Non-violent communication

It is a very simple technique consisting of four steps. When applying them, the core of our communication will be changed and improved. We call these non-violent communication steps.⁶⁰

Observation: Describing what is happening here and now, without judgement or generalisation

Feelings: Our emotional or physical sensations. They are not thoughts or beliefs, and could be categorised to meet or unmet needs

Needs: Needs that are ours alone and that are independent from the person we're engaging with eg physical nurturing, integrity, spirituality etc

Request: This is not a demand, but a clear and specific 'ask', expressed in positive language eg: 'do that' or 'do not do that'

Observation (external)+ Feelings (internal) + Needs (internal) → Request

⁶⁰ Rosenberg, M B (2003) *Nonviolent communication: A language of life*, Encinitas, CA: PuddleDancer Press.

Session 9: Supporting others (closing session)



Goals:

- To review with the group their symptoms, discuss if they achieved their goals and consider what remains to be done
- To work with the group on expressing their feelings about their experiences in the past eight weeks and about the process coming to an end
- To celebrate with the group the achievements they have made
- To work with them on possible problems that may arise after the process ends and discuss other services available

Time: 90–120 minutes

- Materials and preparation:**
- Review collected note from the previous sessions and each participant's K10 score
 - Flip chart
 - Marker pens
 - Printouts of information about support services available locally
 - Refreshments (eg cakes and juices)
 - Materials for the stones and shells activity (ie a small tea glass or jar, stones, sand, shells/beads, and ziplock bags)
 - Facilitator's weekly notes.
 - Session 9 key steps checklist. Use this during the session to remind you of all the tasks you need to complete for each step. The checklist can also help you to assess yourself after the session and identify where you need to improve
 - Session facilitation checklist

Key steps

Pre-session

- Ensure you have the group rules displayed prominently.
- Welcome each group member.
- Have participants complete K10 and WHO-5 and hand them in before the start of the session.

The following is a sample text summarising the most important aspects of this session.

Check-in (20 minutes)

Step 1: Linking events to mood and symptoms, and reflection

Begin with a check-in exercise and review with each member any changes in their symptoms and mood, any goals that have been met and what remains to be done.

Facilitator: Today is our last session. We will discuss one more time how you are managing the problems in your lives that seem to be distressing you. We will talk about the changes you have made since we started that have made you feel better, and what you still need to work on even after we stop meeting. We will also discuss how we will manage if a problem arises after the group ends. Lastly, we will reflect on our experiences as a group, and process our feelings regarding this being the last session and our relationship as a group. We will end the session with a small celebration for all we've achieved and for finishing the group sessions.

(Choosing a volunteer) How are you feeling now? What changes in your symptoms and mood have you observed?

Have you achieved the goal that you set yourself at the beginning of the group?

Note:

Prior to the session, the facilitator should review the latest K10 scores of all participants and plan for follow-up actions for those who have not sufficiently improved eg referral for additional support.

K10 scores should be tracked, documented and protected.

Members whose scores improved should be encouraged. Support participants who have not improved or who have only partially improved. Make sure that they have an opportunity to express their feelings about this and – if it is an option – seek to continue speaking with them individually after the session. For those who still have symptoms of psychological distress, you may want to discuss options for continuing the work if possible. (The options will depend on the resources available.) The message you want to give to those who have not improved is that they have not 'failed' at the group but that the intervention has 'failed' them, and they might be better suited to a different type of treatment.

Step 2: Managing future problems and closing (60 minutes)

Managing future problems

Facilitator: I would like to discuss how each one of you will be able to recognise if your difficult feelings are coming back. What are the symptoms or signs that will let you know that you are getting psychologically distressed again?



Tips:

Ask each person in the group the following question, giving everyone who wants to speak the opportunity to do so.

Facilitator: What have you learnt in the past eight weeks that will help you if you notice that the symptoms are coming back? What have you learnt in the last eight weeks that can help you to deal with these problems?

How would you know if you need to reach out for additional support? Do you know the available services in the area? You can also always contact _____ [name of agency] at _____ [contact number] who has been supporting these sessions to get more information.



Tips:

Distribute the service mapping information.

Feelings around the process coming to an end

Note:

Work through your own feelings about the process coming to an end.

The first thing to be aware of is that you have been very closely involved in the life of the group. You have been a part of the ups and downs with each participant and part of decisions and changes that were made.

Throughout the nine weeks, the group probably evoked in you feelings of excitement, satisfaction and frustration. You as the facilitator have worked with the members through difficult and challenging stages of their life, and also the group has provided stability and boundaries for its members.

The group is also ending for you and you have your own feelings and thoughts about this. You may be glad, sad, or a mixture of both, and so it is important to spend time, preferably with a supervisor or colleague, looking at your own feelings about the group ending. It's important that you are clear about how the ending affects you, ensure that you do not get swamped or overwhelmed by members' feelings, and are free to support the group at this difficult time. Acknowledging feelings of sadness or loss, to yourself first of all, enables you subsequently to be visible with them in the group and model for members a more appropriate way of being in relationship with their own feelings. It also helps you identify the emotional themes that are likely to be around in the group and develop strategies for highlighting and facilitating them.

Facilitator: What has it been like being a member of this group? What are some of the different feelings people are having about today being the last session?

As you take a moment and reflect on all the group sessions, what were some of the most significant and memorable moments for you? What are some of the moments that had the most meaning for you?

Alternative questions:

- What kind of feelings are you having about the group coming to an end?
- Is there anything you have not said that you might regret leaving unsaid?

Facilitator: Some of you have expressed sadness about this group ending. It is normal to have such feelings at the end of the group sessions. You have built relationships, gone through some intense emotions together and supported each other. I feel sad too. However, I am also very proud of all the work you have done and the effort and care you put into your own healing. I am honored to have had this opportunity to facilitate the group and to have helped you support each other.

Note:

Give members permission to have feelings about the end of the group and encourage them to share these collectively. Allow appropriate levels of grief and anger to be expressed whilst maintaining boundaries. What can often make ending more difficult for members is their association of the group coming to an end with other unresolved or painful life experiences of separation, loss, abandonment and bereavement.

Creating a souvenir

Facilitator: We will end with a group activity. The activity will help us process our feelings about the last session and to celebrate our achievements. At the end of this activity, you will have a souvenir that you can take home with you as a reminder of your achievements, techniques and skills you have learnt and your memories of the group.



Tips:

Take a small tea glass/transparent glass and fill it partway with sand.

Then put the stones and shells (or beads) in the middle of the group circle.

Facilitator: Now we will pass the glass around the room in a circle. We will start with [name the participant] The other members of the group will place a stone or a shell they have picked out for this person in the glass, and share either a positive attribute they noticed about this person, recall things from the group about the person they will remember by putting a stone, or voice hopes/wishes for the group member by putting in a shell. (The facilitators will also participate.) After all members and the facilitators have spoken about the person, I will invite the member to speak about what participating in the group has meant to them and what they got out of it.



Tips:

Once everyone has added to the glass, empty it in a bag and repeat the process with a new participant.

The items should be spread across a table before the participants arrive. Facilitators should provide each participant with a ziplock bag so they can carry their sand/stones/shells home without spilling them.

These bags will be a significant object to remind the members of the positive attributes, hopes and wishes they discovered and to support them during any hard time they may face in the future.

Step 4: Closing, check-out and celebration (10 minutes)

Facilitator: It is normal to feel sad and a sense of loss about this group ending. It can be hard to say goodbye and it is hard for me too. You have achieved a lot and demonstrated commitment throughout the nine weeks. I am proud of all the hard work you have put into helping yourself feel better and supporting each other along the way. I am very glad to have met every one of you and feel very privileged to help you support each other.



Tips:

Complete a check-out exercise eg 5-4-3-2-1 calming technique (see Annex/Session 1) or use a breathing exercise (see Annex/Session 2).

Celebrate together with the refreshments.

Session 9 supervisor notes

What you need to focus on as a supervisor during this session is the facilitator's ability to do the following:

- break the ice and encourage people to take part
- be well prepared, having all the materials for the session and being familiar with its steps
- create the right environment (refer to the 'environment setting' section in the session facilitation checklist)
- understand the feeling they and participants might have about the group coming to an end and be able to help the participants express and share their feelings
- communicate well (refer to the 'verbal and non-verbal communication' section in the session facilitation checklist)
- support participants whose symptoms have not improved
- handle conflict (refer to the 'conflict handling' section in the session facilitation checklist)
- manage the session in a supportive manner
- use empathy and validation skills when needed, and normalise reactions (eg if the participant is blaming themselves or feeling shame and negativity), without simplifying or dismissing reactions or triggers
- follow the session key steps without adding or missing any point
- use the check-in and check-out exercises appropriately
- take notes of the session to follow up on (*this may be a role for the co-facilitator*)
- end the session with clear outcomes and a celebration

Session 9 key steps checklist: Supporting others

Facilitator:

Co-facilitator:

Session date:

Time:

90–120 minutes

Materials and preparation:

- closing
- Printouts of information about support services available locally for all participants
- Celebration refreshments
- Small tea glass/ transparent jar, stones, sand, shells/beads and zip-lock bags
- Facilitation skills checklist
- Flip chart
- Marker pens
- Facilitator's weekly notes
- The rules displayed prominently
- K10 scale
- WHO-5
- Review each participant's K10 score

Key steps

Step 1: Check-in (20 minutes)

- Share information about the closing session
- Link events to mood and symptoms
- Start with a participant to ask how they're feeling now. What changes in their symptoms and mood have they observed? And have they achieved the goal they set at the beginning of the group?

Step 2: Managing future problems and closing (60 minutes)

Managing future problems

- Discuss how each of the participants will be able to recognise if the difficult feelings are coming back.
- What are the symptoms or signs that will let them know that they are getting psychologically distressed again?

Feelings around the group coming to an end

- Ask the participants what they have learnt in the past eight weeks to help them if they notice that the symptoms are coming back. What can help them deal with these problems?
- How would they know if they need to reach out for additional support? Do they know the available support services in the area?
- Provide information about local support services and your contact details.
- Encourage the group to express what it has been like being a member of this group.
- What are some of the different feelings people are having about today being the last session?
- Ask a participant to share what some of the most significant/memorable moments were for them. What are some of the moments that had the most meaning for you?
- Share your feelings as a facilitator and co-facilitator about the process coming to an end.
- Make it clear to participants who have not improved or who have only partially improved that it is the intervention that has failed them: they have not failed as individuals. If resources allow, offer opportunities for continuing progress through follow-up appointments or referrals to other local support services.

Creating a souvenir

- Do the stones and shells activity.

Step 4: Closing and check-out (10 minutes)

- Say goodbye.
- End the session with a check-out or grounding exercise, then hold a celebration with refreshments.
- After the session, follow up with the participants who did not improve, or fix an appointment to follow up.

References

- Andrews, G and Slade, T (2001). Interpreting scores on the Kessler Psychological Distress Scale (k10). *Australian and New Zealand Journal of Public Health*, 25, 494–497. Accessed on 21 January 2025 at <https://doi.org/10.1111/j.1467-842X.2001.tb00310.x>.
- Ankrom, S (2020) 'Deep breathing exercises to reduce anxiety', 3 April 2020. Accessed on 21 January 2025 at: www.verywellmind.com/abdominal-breathing-2584115.
- Arvidsdotter, T, B Marklund, S Kylén, C Taft and I Ekman (2016) 'Understanding persons with psychological distress in primary health care', *Scandinavian Journal of Caring Sciences*, vol 30 (4), pp 687–694. Epub 13 October 2015. PMID: 26463897. Accessed on 21 January 2025 at <https://doi: 10.1111/scs.12289>.
- Bech, P et al (2003) 'Measuring well-being rather than the absence of distress symptoms: a comparison of the SF-36 Mental Health subscale and the WHO-Five well-being scale', *International journal of methods in psychiatric research*, vol (2), pp 85–91. Accessed on 21 January 2025 at: <https://doi.org/10.1002/mpr.145>.
- Burnage, S (2018) 'Effective questioning', *SecEd*, 2018 (15) pp 13–13. Accessed on 21 January 2025 at: <https://doi.org/10.12968/sece.2018.15.13>.
- Center for Nonviolent Communication (2023), 'Feelings and needs inventory'. Accessed on 21 January 2025 at: <https://www.cnvc.org/store/feelings-and-needs-inventory>.
- Conkleton, E (2018) 'What are the benefits and risks of alternate nostril breathing?' Accessed on 21 January 2025 at: https://www.healthline.com/health/alternate-nostril-breathing#_noHeaderPrefixedContent.
- Dacey, J S and LB Fiore, (2000) *Your Anxious Child*, San Francisco: Jossey-Bass.
- Drapeau, A, A Marchand and D Beaulieu-Prévost (2012) 'Epidemiology of psychological distress', *Mental illnesses-understanding, prediction and control*, vol 69 (2), pp 105–106. Accessed on 21 January 2025 at: https://www.researchgate.net/profile/Dominic-Beaulieu-Prevost/publication/221921758_Epidemiology_of_Psychological_Distress/links/00b49517067914251d000000/Epidemiology-of-Psychological-Distress.pdf
- El-Attar, Ali (2015) Session facilitation checklist, unpublished.
- Fallin, K, C Wallinga and M Coleman (2001) 'Helping Children Cope with Stress in the Classroom Setting', *Childhood Education*, vol 78 (1), pp17–24. Accessed on 21 January 2025 at: <https://doi.org/10.1080/00094056.2001.10521681>.
- Fiese, B H et al (2002) 'A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration?', *Journal of family psychology*, vol 16 (4), p 381. Accessed on 21 January 2025 at: <https://doi.org/10.1037//0893-3200.16.4.381>.
- Galindo, I, E Boomer and D Reagan (2006) *A family genogram workbook*. Richmond: Educational Consultants.
- Germany, J (not dated) 'Combating the effects of social isolation', Rush. Accessed on 21 January 2025 at: <https://www.rush.edu/news/combating-effects-social-isolation#:~:text=Research%20has%20shown%20that%20chronic,of%20dementia%20in%20older%20adults>.
- Healthwise (2019) 'Stress management: doing progressive muscle relaxation', University of Michigan Health. Accessed on 21 January 2025 at: <https://www.uofmhealth.org/health-library/uz2225>.

- Inter-Agency Standing Committee (2007) 'IASC guidelines on mental health and psychosocial support in emergency settings', Geneva: IASC. Accessed on 21 January 2025 at: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.
- International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (2009) *Psychosocial interventions: A handbook*. Accessed on 21 January 2025 at: <https://inee.org/resources/psychosocial-interventions-handbook>.
- Jacobson, E (1974) *Progressive relaxation*, Chicago: The University of Chicago Press, Midway Reprint.
- Kandola, A (2020) 'What are the causes and symptoms of emotional distress?', *Medical News Today*, 26 November 2020. Accessed on 21 January 2025 at: <https://www.medicalnewstoday.com/articles/emotional-distress>.
- Kessler, R C et al (2002) 'Short screening scales to monitor population prevalences and trends in non-specific psychological distress', *Psychological Medicine*, vol 32, pp 959–956. Accessed on 21 January 2025 at: <https://doi.org/10.1017/s0033291702006074>.
- Kirmayer, L J (1989) 'Cultural variations in the response to psychiatric disorders and emotional distress' *Social science & medicine*, vol 29 (3), pp 327–339. Accessed on 21 January 2025 at: [https://doi.org/10.1016/0277-9536\(89\)90281-5](https://doi.org/10.1016/0277-9536(89)90281-5).
- Kleinman, A (1991) *Rethinking psychiatry: from cultural category to personal experience*. Free Press.
- Kocabas, E Q and M Üstündağ-Budak (2017) 'Validation Skills in Counselling and Psychotherapy', *International Journal of Scientific Study*, vol 5 (8) pp 319–322. Accessed on 21 January 2025 at: <https://www.ijss-sn.com/uploads/2/0/1/5/20153321/ijss.pdf>.
- Kroenke, K, and R L Spitzer (2002) 'The PHQ-9: validity of a brief depression severity measure', *Journal of General Internal Medicine*, vol 16 (9) pp 606–613. Accessed on 25 January 2025 at: <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>.
- Lawless, C (2019) 'Learner-centered approaches: Why they matter and how to implement them', LearnUpon blog. Accessed on 20 December 2024 at: <https://www.learnupon.com/blog/learner-centered/>.
- Lee, K (2019): How to Spot Stress and Anxiety in Children, retrieved on 25 January 2025 from: <https://www.hoffstettercounseling.com/post/how-to-spot-stress-and-anxiety-in-children>.
- Manning, C and A Gregoire (2006) 'Effects of parental mental illness on children', *Psychiatry*, vol 5 (1) pp 10–12. Accessed on 21 January 2025 at: <https://doi.org/10.1383/psyt.2006.5.1.10>.
- Marques, L (2018) 'Do I have anxiety or worry: What's the difference?', Harvard Health blog, 23 July 2018. Accessed on 25 January 2025 at: <https://www.health.harvard.edu/blog/do-i-have-anxiety-or-worry-whats-the-difference-2018072314303>.
- Mirowsky, J and C E Ross (2002). Depression, parenthood, and age at first birth. *Social Science & Medicine*, vol 54 (8), pp 1281–1298. Accessed on 21 January 2025 at: [https://doi.org/10.1016/S0277-9536\(01\)00096-X](https://doi.org/10.1016/S0277-9536(01)00096-X).
- Mirowsky, J and C E Ross (2003). *Education, Social Status, and Health* New York: Routledge. Accessed on 21 January 2025 at: <https://doi.org/10.4324/9781351328081>.
- Mukherjee, I (2017) 'Enhancing positive emotions via positive interpersonal communication: An unexplored avenue towards well-being of mankind', *Journal of Psychology and Clinical Psychiatry*, vol 7 (4). Accessed on 25 January 2025 at: <https://doi.org/10.15406/jpcpy.2017.07.00448>.
- Mazzucchelli, T G, R T Kane and C S Rees (2010) 'Behavioral activation interventions for well-being: A meta-analysis', *The journal of positive psychology*, vol 5 (2) pp 105–121. Accessed on 21 January 2025 at: <https://doi.org/10.1080/17439760903569154>.

- Neff, K D (2003). 'Self-compassion: an alternative conceptualization of a healthy attitude toward oneself', *Self and Identity*, vol 2 (2) pp 85–101. Accessed on 21 January 2025 at: <https://doi.org/10.1080/15298860309032>.
- Orlans, M and T M Levy (2006) *Healing parents: Helping wounded children learn to trust & love*. Washington, DC: CWLA Press.
- Pal, G K, S Velkumary and Madanmohan (2004) 'Effect of short-term practice of breathing exercises on autonomic functions in normal human volunteers' *The Indian journal of medical research*, 120 (2), pp 115–121. Accessed on 21 January 2025 at: <https://pubmed.ncbi.nlm.nih.gov/15347862/>.
- Paukert, A L et al (2011) 'Systematic review of the effects of religion-accommodative psychotherapy for depression and anxiety', *Journal of Contemporary Psychotherapy*, vol 41, pp 99-108. Accessed on 21 January 2025 at: <https://doi.org/10.1007/s10879-010-9154-0>.
- Pearce, M J et al (2015) 'Religiously integrated cognitive behavioral therapy: a new method of treatment for major depression in patients with chronic medical illness' *Psychotherapy*, 52 (1), pp 56–66. Accessed on 21 January 2025 at: <https://doi.org/10.1037/a0036448>.
- Ridner, S H (2004) 'Psychological distress: concept analysis' *Journal of advanced nursing*, vol 45 (5), pp 536–545. Accessed on 21 January 2025 at: <https://doi.org/10.1046/j.1365-2648.2003.02938.x>
- Robertson, K (2005) 'Active listening: More than just paying attention', *Australian Family Physician*, vol 34 (12), pp1053–1055. Accessed on 21 January 2025 at: <https://pubmed.ncbi.nlm.nih.gov/16333490/>.
- Rosenberg, M B (2003) *Nonviolent communication: A language of life*, Encinitas, CA: PuddleDancer Press.
- Santorelli, Saki (undated), 'Safe place activity', Save the Children resources. Accessed on 21 January 2025 at: <https://resourcecentre.savethechildren.net/pdf/SAFE+PLACE+ACTIVITY.pdf/>.
- Smith, S (2018): '5-4-3-2-1 coping technique for anxiety', University of Rochester Medical Center, April 2018. Accessed on 20 December 2024 at: <https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/april-2018/5-4-3-2-1-coping-technique-for-anxiety>.
- Spagnola, M and B H Fiese (2007) 'Family routines and rituals: A context for development in the lives of young children', *Infants & Young Children*, vol 20 (4) pp 284–299. Accessed on 21 January 2025 at: <https://doi.org/10.1097/01.IYC.0000290352.32170.5a>.
- Sparrenberger F, dos Santos I and R da C Lima (2003) 'Epidemiologia do distress psicológico: estudo transversal de base populacional' ['Epidemiology of psychological distress: a population-based cross-sectional study']. *Rev Saude Publica*, August 2003, vol 37 (4), pp 434–9. Portuguese. Epub 2003 Aug 20. PMID: 12937703. Accessed on 21 January 2025 at: <https://doi.org/10.1590/s0034-89102003000400007>.
- Stanley, B, G K Brown et al (2008) *Safety plan treatment manual to reduce suicide risk: Veteran version*, Washington, DC: United States Department of Veterans Affairs. Accessed on 21 January 2025 at: https://www.mentalhealth.va.gov/docs/va_safety_planning_manual.doc.
- Stansbury, K, and M L Harris (2000) 'Individual Differences in Stress Reactions during a Peer Entry Episode: Effects of Age, Temperament, Approach Behavior, and Self-Perceived Peer Competence', *Journal of Experimental Child Psychology*, vol 76 (1), pp50–63. Accessed on 21 January 2025 at: <https://doi.org/10.1006/jecp.1999.2541>.
- Svinhufvud K, L Voutilainen, E Weiste (2017) 'Normalizing in student counseling: Counselors' responses to students' problem descriptions', *Discourse Studies*, 2017, vol 19 (2), pp 196–215. <https://doi.org/10.1177/1461445617691704>.

Therapist Aid (2012) 'The cognitive behavioral model'. Accessed on 20 December 2024 at:

<https://www.therapistaid.com/worksheets/cognitive-behavioral-model.pdf>

Topp, C W, S D Østergaard, S Søndergaard and P Bech (2015) 'The WHO-5 Well-Being Index: a systematic review of the literature', *Psychotherapy and Psychosomatics*, 2015, vol 84 (3), pp 167–76. Accessed on 20 December 2024 at:

<https://read.qxmd.com/read/25831962/the-who-5-well-being-index-a-systematic-review-of-the-literature?redirected=slug>.

Tull, M (2020) '8 tips for using behavioral activation to treat depression', VeryWellMind, 14 August 2024. Accessed on 20 December 2024 at:

<https://www.verywellmind.com/increasing-the-effectiveness-of-behavioral-activation-2797597>.

Wolin, S J and L A Bennett (1984) 'Family Rituals', *Family process*, vol 23 (3), 401–420. Accessed on 21 January 2025 at: <https://doi.org/10.1111/j.1545-5300.1984.00401.x>.

Wood, J (2016) *Interpersonal communication: Everyday encounters* (3rd ed), Stamford, CT: Wadsworth.

World Health Organization and Columbia University (2016) *Group Interpersonal Therapy (IPT) for Depression*, (WHO generic field-trial version 1.0), Geneva: WHO. Accessed on 21 January 2025 at:

<https://www.who.int/publications/i/item/group-interpersonal-therapy-for-depression>.

World Health Organization, War Trauma Foundation and World Vision International (2013). *Psychological first aid: Facilitator's manual for orienting field workers*. Geneva: WHO. Accessed on 21 January 2025 at:

https://iris.who.int/bitstream/handle/10665/102380/9789241548618_eng.pdf.

Yan, L et al (2020) 'The relationship between perceived stress and emotional distress during the COVID-19 outbreak: Effects of boredom proneness and coping style', *Journal of anxiety disorders*, vol 77. Advance online publication. Accessed on 21 January 2025 at: <https://doi.org/10.1016/j.janxdis.2020.102328>.

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