ENHANCING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT CAPACITY IN LOW RESOURCE SETTINGS

From Individual to Collective Healing: A trainer's manual

AUW Ahfad University for Women جامعة الأحفاد للبنات
Kingdom of the Netherlands
United States Institute of Peace
WARTRAUMA FOUNDATION

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From Individual to Collective healing: A trainer's manual is a product of the collaboration between War Trauma Foundation and Ahfad University for Women, Sudan.

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In loving memory of Dr. Reem Ibrahim Ahmed

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War Trauma Foundation also publishes Intervention – the Journal of Mental Health and Psychosocial Support in Conflict-Affected Areas. It is published three times a year and is available online at www.interventionjournal.com. For more information, please contact intervention@wartrauma.nl.

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Introduction

FOREWORD

We are aware that in low resource settings, psychosocial wellbeing is affected by exposure to many different sources of difficulty and distress. This might be exposure to armed conflict that in turn directly affects mental health and psychosocial functioning. However not all distress (including psychological trauma) is related to the conflict itself or to the stressful conditions it so often generates. Chronic problems like poor housing and poverty as well as more intense experiences, such as physical and sexual abuse, frightening medical treatment or severe accidents, can badly affect people's physical and psychological health.

People may be affected in different ways and may need help to recover individually or collectively. **Individual to Collective Healing: A trainer's manual** is part of a War Trauma Foundation series featuring resources spanning the complementary supports that meet the mental health and psychosocial needs of different groups. The series takes a collective approach looking at how families and communities as well as individuals are impacted in times of distress.

War Trauma Foundation (WTF) has long experience of capacity building in low resource settings. We have supported many different psychosocial and mental health initiatives over the years, using both community-based and individual therapeutic approaches. We

have built opportunities for knowledge exchange between local partners and the global community. **Individual to Collective Healing: A trainer's manual** draws from the collaborative experiences of WTF and Ahfad University for Women in Sudan. We particularly acknowledge the funding for this initiative from the United States Institute of Peace and the Embassy of the Kingdom of the Netherlands in Sudan.

WTF has been collaborating with AUW since 2011 in order to provide individual and community-based psychosocial support in Sudan. The focus of our joint work is mainly on capacity building of local mental health and community-based psychosocial professionals, without taking over ownership and service delivery from already active local resources. Individual and community oriented programmes have been devised to develop the capacity of community members to self organize and cooperate with other community members, local associations and organisations. These programmes seek not only to prevent mental problems, but also to address a variety of social problems that may cause long term harm. For people with more severe complaints, WTF and AUW are also assisting their Sudanese counterparts in setting up effective referral mechanisms and providing both on-site and distance-based supervision. For more details, please go to ***www.individual-collective-healing.org***.

Individual to Collective Healing: A trainer's manual is aimed at local community workers, specialised psychosocial and mental health practitioners, and other humanitarian actors working in low resource settings. It sets out a six-day training in supporting individuals, families or communities affected by adversity and psychosocial distress.

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WAR TRAUMA FOUNDATION

War Trauma Foundation was established in 1997 to provide support and opportunities for knowledge exchange in the psychosocial recovery of individuals and communities in the aftermath of war and organized violence. WTF joined the Arq Psychotrauma Expert Group (see ***www.arq.org***) in 2011, a group linking organisations in the Netherlands that are working in the field of psychotrauma.

The contexts in which WTF operates are extremely complex. Individuals and communities may experience and witness interpersonal violence, terror, widespread destruction, displacement and innumerable personal losses. Conflict often fragments societies, and weakens the social fabric governing relationships and the capacity for recovery from painful experiences.

The causes of conflict may still exist and even worsen in the aftermath of violence, injustice, mistrust and deprivation. A post-conflict country may, therefore, be very vulnerable to a recurrence of violence, and may need to draw upon new and creative strategies for restoration of social bonds and psychological healing. It is here that the WTF finds its purpose: contributing to the hope, recovery and resilience of conflict-affected societies.

WTF implements programmes in partnership with national and international non-governmental organisations, academic institutions and local community groups in the Middle East, Kosovo, Northern Caucasus, DR Congo, Sudan and Sri Lanka. WTF also hosts 'The Intervention, the Journal of Mental Health and Psychosocial Support in Conflict Affected Areas see www.interventionjournal.com' and is Co-Chair of the IASC Reference Group on Mental Health and Psychosocial Support.

AHFAD UNIVERSITY FOR WOMEN

Ahfad University for Women (AUW) is one of the longest established universities in Northern Africa. It serves more than 1,500 students coming from the whole of Sudan, in addition to students from Southern Sudan, Eritrea and Somalia. In 1964 AUW graduated its first professional psychologists and in 1995 began a programme for specialised counsellors. AUW has offered a counselling service since 1997 through the guidance office. However in 2012, AUW set up the Ahfad Trauma Treatment Training Centre (ATC) to provide psychosocial support to individuals, families and communities affected by adversity and traumatic events. The centre also aims to provide training and assistance for professionals in the field of psychological and social support.

CONTENTS

INTRODUCING THE SERIES: 'ENHANCING MHPSS CAPACITY IN LOW RESOURCE SETTINGS'

The forthcoming series 'Enhancing Mental Health and Psychosocial Support (MHPSS) Capacity in Low Resource Settings' represents WTF's long-established commitment to sharing knowledge and connecting non-governmental organisations, academic institutions and civil society organisations in developing good quality MHPSS programmes. It is based upon evidenced-informed practice in MHPSS in diverse settings across the world. Each book in the series will focus on different aspects of MHPSS, drawing on publications from WTF's Intervention Educational Materials.

The series is aimed at local community workers, specialised psychosocial and mental health practitioners, and other humanitarian actors working in low resource settings. It focuses on the third layer of the pyramid in the IASC Guidelines on Mental Health and Psychosocial Support (2007: p. 13), featuring resources useful for trained and supervised workers (but who may not have had years of training in specialised care).

Because people are affected in different ways, the series will feature resources spanning the complementary supports that meet the mental health and psychosocial needs of different groups. The series takes a collective approach looking at how families and communities as well as individuals are impacted in times of distress. Key principles in the series include:

- promoting people's human rights and equity
- maximizing participation
- seeking to do no harm
- building on available resources and capacities
- integrating support services
- developing multi-layered supports.

INTRODUCING THE MANUAL

From Individual to Collective Healing: A trainer's manual is the first book in the series 'Enhancing MHPSS Capacity in Low Resource Settings.' Based on the collective experience of WTF and ATC, this manual provides information about the training process together with notes about organising and facilitating a training programme. It outlines a six-day training in supporting individuals, families or communities affected by trauma and psychosocial distress.

AIMS

This training manual gives trainers:

- information on the training process
- notes on organising and facilitating training

› a training programme with an individual and collective focus, and including an orientation to the role and place of training participants within their organisations.

The training programme aims:
› to give participants an understanding of how to support people in adverse situations and the skills required
› to locate helping in relation to the IASC MHPSS pyramid
› to set out the context and ethics in helping
› to provide skills and knowledge necessary for work within participants' work settings.

TRAINERS
We recommend that trainers using this manual have:
› experience in providing mental health and/or psychosocial support
› experience as a trainer
› knowledge of the communities and organisations in which training participants are working.

TRAINING PARTICIPANTS
The training is aimed at local community workers, specialised psychosocial and mental health practitioners, and other humanitarian actors working in low resource settings. It focuses mainly on the third layer of the pyramid in the IASC Guidelines on Mental Health and Psychosocial Support (2007: p. 13). It features resources useful for trained and supervised workers (but who may not have had years of training in specialised care). Beneficiaries may be adults and children in adverse situations who need more focused individual, family or group interventions.

STRUCTURE
The training manual is divided into three sections:

PART ONE: BEING THE HELPER
Modules 1-8 focus on helping and the role of the helper. The modules set the context for helping based on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Ethical principles of helping are also discussed. Activities are used to give the participants opportunity to work together at the start of the training, so that they can get to know one another and also apply learning to their work situation.

PART TWO: ENABLING THE PROCESS
Modules 9-12 focus on the processes used to offer help. These include how to establish a working relationship and how to bring things to a close, how to assess needs and how to make a plan of action. Case studies and role play are used so that participants apply and practise various approaches that are introduced in this part of the training programme.

PART THREE: INDIVIDUAL TO COLLECTIVE HEALING IN PRACTICE

Modules 13-16 draws for the most part on the experience of the individual and collective healing training programme undertaken by Ahfad University for Women with War Trauma Foundation in Sudan. It integrates concepts and ideas from part one and two of this manual and gives examples from the field. It provides opportunities for participants to reflect on their own work, using role play and discussion.

The sample training programme on page 10-12 lists the learning objectives and activities for each module. It also indicates the amount of time allocated to each module. Trainers can use this to get a more detailed overview of the contents of the training programme.

Each module in the programme includes a list of learning objectives, an overview of the module, the materials needed for the module and then training notes for the activities in the module. The training notes guide the trainer in facilitating the activities in the module. The module always ends with a short recap, which gives participants time to summarise what they have learned. At the close of each training day, there is also a wrap-up session. This is different from a recap. The wrap-up session is an opportunity for participants to say what they have learned and to reflect on the day as a whole.

ACCESSING TRAINING MATERIALS

A set of PowerPoints accompanies this manual. They can be used during the training to outline activities and provide information and illustrations. Selected PowerPoint slides can also be printed out and used as handouts, where necessary. 'WTF Facilitating Training. A Guide' is also available as a resource for trainers. These materials are available at www.individual-collective-healing.org.

PRE-POST TEST

There is a pre-post test available for this training programme. It is available at www.individual-collective-healing.org. It is a quick way of assessing the learning achieved as a result of the programme, compared with what participants knew before. Pre-post tests are useful tools for evaluating the effectiveness of a training.

A SAMPLE TRAINING PROGRAMME

The training programme outlined here is an example of what the training could look like. You can use it in its current form or move sessions around or adapt certain activities – whatever you think will work best in your context. The pace and length of the training will depend on the level of experience, skills and knowledge of the group of training participants you are working with. Your training programme should therefore be based on a

training needs assessment. (For more details about this, please see the 'WTF Facilitating training. A guide' at www.individual-collective-healing.org).

Set the timing based on the working hours people are used to and take account of the calendar to determine when to run the training. For example, if training during Ramadan you will need to be mindful of participants' obligations regarding fasting, and the likely implications for planned activities. In this sample programme, each day lasts around six hours, not including breaks:

DAY 1			
Module	**Learning objectives**	**Activities**	**Minutes**
PART ONE MODULE 1: WELCOME AND INTRODUCTION TO TRAINING	Participants are able to understand the aims of the programme and have an overview of the content Participants agree on ground rules Participants know what resources are available for safety and support	1.1 Welcome 1.2 Introductions 1.3 The training programme 1.4 Ground rules 1.5 Establishing safety and support 1.6 Recap	60
MODULE 2: INTRODUCTION TO HELPING	Participants are able to locate the different kinds of help they offer in relation to the IASC MHPSS pyramid Participants are able to define mental health and psychosocial support and psychosocial wellbeing	2.1 Introduction 2.2 IASC pyramid 2.3 Mental health and psychosocial support 2.4 Recap	120
MODULE 3: THE CONTEXT FOR HELPING	Participants are aware of the position of the helper in a social ecological context Participants are able to apply the social ecological perspective to a case study	3.1 Introduction 3.2 You as a helper in social ecological context 3.3 Case study 3.4 Recap	60
MODULE 4: YOUR ORGANISATION	Participants understand where helping fits within an organisation's overall purpose Participants understand the role of staff and volunteers who are 'helpers' within those organisations	4.1 Introduction 4.2 Your organisation 4.3 Recap	30
WRAP UP FOR THE DAY			30

DAY 2			
Module	**Learning objectives**	**Activities**	**Minutes**
RECAP ON DAY ONE			30
MODULE 5: YOUR COMMUNITY AND HELPING	Participants are aware of the importance of community resources	5.1 Introduction 5.2 Community resources 5.3 Recap	30
MODULE 6: RESPONSIBILITY IN HELPING	Participants are able to understand responsibilities and limits in helping Participants understand and are able to apply ethical principles in helping	6.1 Introduction 6.2 Ethical principles 6.3 Responsibility in the helping relationship 6.4 Recap	30
MODULE 7: COMMUNICATION IN HELPING	Participants are able to use techniques in supportive communication	7.1 Introduction 7.2 Practising communication skills 7.3 Recap	60
MODULE 8: SELF-CARE AND SUPPORT IN HELPING	Participants are able to recognise resources and strategies for self-care Participants are able to understand what stress is and where sources of stress come from Participants are able to understand the concept of stress management and support	8.1 Introduction 8.2 Self-care 8.3 Stress and sources of stress 8.4 Stress management and support 8.5 Relaxation 8.6 Recap	120+
WRAP UP FOR THE DAY			30
DAY 3			
Module	**Learning objectives**	**Activities**	**Minutes**
RECAP ON DAY TWO			30
PART TWO MODULE 9: INTRODUCTION TO ENABLING	Participants are able to set helping within the context of the individual, family, community and society Participants are able to apply the trauma grid to their work	9.1 Introduction 9.2 The people we help 9.3 Life events and helping 9.4 The range of responses to difficult life events 9.5 Recap	120+
MODULE 10: STRUCTURING THE PROCESS OF HELPING	Participants practise opening and ending contact Participants are able to clarify reasons and methods for making referrals	10.1 Introduction 10.2 Opening 10.3 Endings 10.4 Making referrals 10.5 Recap	120+
WRAP UP FOR THE DAY			30

DAY 4			
Module	**Learning objectives**	**Activities**	**Minutes**
RECAP ON DAY THREE			30
MODULE 11: ASSESSING NEEDS	Participants learn methods of assessing individual and community needs	11.1 Introduction 11.2 Individual needs assessments 11.3 Community needs assessments 11.4 Assessment protocols 11.5 Recap	120+
MODULE 12: FORMULATING A PLAN	Participants practise formulating a plan of action	12.1 Introduction 12.2 Formulating a plan 12.3 Activity 12.4 Recap	120+
WRAP UP FOR THE DAY			30
DAY 5			
Module	**Learning objectives**	**Activities**	**Minutes**
RECAP ON DAY FOUR			30
PART THREE MODULE 13: IMPLEMENTING INTERVENTIONS	Participants are able to implement interventions at an individual and collective level	13.1 Introduction 13.2 Assessing needs 13.3 Intervening at individual and collective levels 13.4 Recap	One day
WRAP UP FOR THE DAY			30
DAY 6			
Module	**Learning objectives**	**Activities**	**Minutes**
RECAP ON DAY FIVE			30
MODULE 14: SUSTAINING INTERVENTIONS	Participants understand that psychosocial activities play a positive part in empowering communities Participants understand the importance of coordinating with other agencies and groups Participants learn how to set up and support local committees	14.1 Introduction 14.2 Empower individuals and communities 14.3 Co-ordinate activities 14.4 Set up and support local committees 14.5 Recap	120+

MODULE 15: MONITORING AND EVALUATION	Participants understand the process of monitoring and evaluation Participants are able to carry out monitoring and evaluation activities relevant to their work Participants are able to reflect on their work with individuals and communities	15.1 Introduction 15.2 Monitoring 15.3 Reflection 15.4 Evaluation 15.5 Recap	120+
MODULE 16: EVALUATION OF THE TRAINING AND CLOSING		16.1 Introduction 16.2 Evaluation of the training 16.3 Closing the training	60

A TRAINING OF TRAINERS (TOT)

A ToT associated with this training programme is also included in this manual. Module 17 provides full training notes.

MODULE 17: THE TRAINING PROCESS FOR ToT	Participants understand the WTF and ATC training trajectory Participants understand and are able to facilitate the training programme presented in this manual	17.1 Introduction 17.2 The training trajectory 17.3 Phase one 17.4 Phase two 17.5 Phase three 17.6 Phase four 17.7 Recap	120

The training programme

MODULE ONE: WELCOME AND INTRODUCTION TO TRAINING

Learning objectives

- Participants are able to understand the aims of the programme and have an overview of the content
- Participants agree on ground rules
- Participants know what resources are available for safety and support

Overview of module (60 minutes)

1.1 Welcome
1.2 Introductions
1.3 The training programme
1.4 Ground rules
1.5 Establishing safety and support
1.6 Recap

Materials needed

Copies of the pre-test if they are to be used
Flipchart paper and markers
Paper and pens
PowerPoint slides plus projector etc. and/or handouts

Note to trainers:
In preparation for this module, you need to:
- Decide whether you are going to use the pre-test and when you will give it out
- Choose an icebreaker
- Be clear about arrangements for field work and follow-up to this training programme
- Be clear how you are going to offer support to participants if they become distressed.

1.1 Welcome

1. Welcome everyone to the training programme. Introduce yourself by name and organisation and introduce other trainers working with you, if there are any. Briefly explain what this first module entails. Refer to the learning objectives for module 1.

2. There is a pre-post test for the training. It is available at www.individual-collective-healing.org. If you choose to use it, you can give it out at this point or just as participants are arriving and are settling down. Explain the purpose of the pre-post test using the explanation given in the instructions.

1.2 Introductions

1. Begin a brief round of introductions – ask each person to give their name, affiliation and what they expect of the training. (This may include hopes, wishes, and fears). Note down these expectations on a flipchart paper and keep for part 1.3 below.

2. Choose an icebreaker to help the group get to know one another. (Please see the WTF Facilitating Training guide)

3. Set the tone for the training by explaining to participants:
- The programme focuses on building on what you already know and strengthening your practical skills and knowledge in mental health and psychosocial support.
- The training is interactive. Your participation is essential to the process.
- Activities are designed to give you an opportunity to practise and learn from each other.
- There will be opportunities for reflecting on learning during the training, as well as evaluating the training at the end.
- We will all say and do things very well, and we will all make some mistakes. Take this opportunity to practise and learn, so that you can feel confident when you are in a real-life situation.

1.3 The training programme

1. Tell the participants that the training programme aims:
- to give participants an understanding of what trauma care is and the skills required
- to locate helping in relation to the IASC MHPSS pyramid

- to set out the context and ethics in helping
- to provide skills and knowledge necessary for work within participants' work settings.

2. Look at the expectations that are listed on the flipchart and check with participants that the aims of the training match their expectations.

3. Ask participants to look at the outline of the training programme (use the PowerPoint slide or use a printed copy if they are available). Introduce the three main parts in the training and explain to participants:

   PART ONE: BEING THE HELPER
   Part One locates the context for helping and sets out core principles in being a helper.

   PART TWO: ENABLING THE PROCESS
   Part Two provides a structure for the helping process.

PART THREE: INDIVIDUAL TO COLLECTIVE HEALING IN PRACTICE
Part three of the manual draws for the most part on the experience of the individual and collective healing training programme undertaken by Ahfad University for Women with War Trauma Foundation in Sudan. It integrates concepts and ideas from part one and two of this manual and gives examples from the field. It provides opportunities for participants to reflect on their own work, using role-play and discussion.

4. Explain how the whole training programme will be organised. If you have arranged a period of fieldwork and follow-up, for example, explain how that will happen and what the timing will be.

5. Give sufficient time for questions about the programme.

1.4 Ground rules

1. Agree ground rules with everyone to provide for a positive and safe environment for the time spent together.

2. There are two ways of generating ground rules with the group.

EITHER:
Ask participants for their own suggestions. Give them each a piece of paper and a pen and ask them to write down one ground rule. Then invite participants to share their ideas and as a large group compile an agreed list of ground rules on flipchart paper.

OR:
Give participants some initial ideas and invite them to add the detail. Write headings such as the following on a piece of flipchart paper:

- respect
- being present and active
- timing.

Ask participants to suggest ground rules that correspond to these broader headings. The box on page 19 gives some ideas on what these rules might be.

RESPECT
This includes committing to respecting and listening to one another/keeping information confidential about individuals, communities and organisations giving feedback in a constructive way to one another, etc.

PRESENCE
This includes committing to being present and active for the whole training/agree on the use of mobile phones and laptops for emails and internet access – turn them off in the training room, etc.

TIMING
This includes committing to keeping to time/punctuality/ agreeing what to do if sessions are delayed or interrupted etc.

3. Once a set of ground rules has been agreed, keep the list on the wall so that they are visible during the whole training.

1.5 Safety and support for participants

1. Explain that participants have been selected who are ready for this type of training. But nevertheless there may be times in the training when the materials may cause some distress. Tell participants how you will deal with this during the training programme.

As the trainer you should have a plan for how you will deal with distress occurring during training. It could be, for example, that you offer 10-15 minutes at the beginning or end of each training day with the whole group to discuss issues which participants feel comfortable in sharing. You may also offer to be available one-to-one, if there are any questions or personal issues or concerns. You may also prepare yourself by having a list of local services in case you wish to refer someone for further help.

2. Take time to explain also that training in mental health and psychosocial issues has the potential of touching on personal experiences. This can actually be an opportunity for personal growth and healing, if it is done in a mutually supportive learning environment. However, it is very important that no one goes beyond their personal boundaries or comfort level in sharing their own experiences.

1.6 Recap

1. Use the recap to check whether participants have any more questions about the programme, about the ground rules that have been agreed or about any other aspect of the training.

Part 1
Helping

1. Take a few minutes to give an overview of part one to participants before you start module two, using the information in the box below.

PART ONE: HELPING includes the following modules:

Module 2: Introduction to helping
Module 3: The context for helping
Module 4: Your organisation and helping
Module 5: Your community and helping
Module 6: Responsibility in helping
Module 7: Communication
Module 8: Self-care and support in helping

PART ONE of the training focuses on helping and the role of the helper. It identifies the range of helping provided by the participants and defines mental health and psychosocial wellbeing. Part one also sets the context for helping. Several activities are used to give the participants opportunity to work together at the start of the training, so that they can get to know one another and also apply learning to their work situation. Short presentations are also included and are always followed by discussion or exercises to encourage the active participation of participants. Every module includes a recap where as a trainer you can see if the group has understood the materials and is ready to move on to the next module.

2. If you or participants want to access the resources referred to in part one, the references are listed in the box below.

PART ONE: References

- IASC. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* 2007.
- Kenneth E. Miller, Andrew Rasmussen *War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks.* Social Science & Medicine 70, p. 9, 2010.
- WHO, War Trauma Foundation and World Vision International. *PFA: Guide for fieldworkers*, 2011
- IFRC Reference Centre for Psychosocial Support, University of Innsbruck, War Trauma Foundation, Danish Cancer Society. *Lay Counselling: A Trainer's Manual*, 2012.
- Nancy Baron. *On the road to peace of mind: A guidebook.* War Trauma Foundation, 2009.
- Vikram Patel. *Where there is no psychiatrist: A mental health manual.* The Royal College of Psychiatrists, 2002.
- Antares materials can be accessed at www.antaresfoundation.org.

MODULE TWO: INTRODUCTION TO HELPING

Learning objectives

- Participants are able to locate the different kinds of help they offer in relation to the IASC MHPSS pyramid
- Participants are able to define mental health and psychosocial support and psychosocial wellbeing.

Overview of module (120 minutes)

2.1 Introduction
2.2 IASC pyramid
2.3 Mental health and psychosocial support
2.4 Recap

Materials needed

Diagram of IASC pyramid
Flipchart paper and markers
Post-its and pens
PowerPoint slides plus projector etc. and/or handouts

2.1 Introduction

1. Refer to the learning objectives for module 2.

2. Explain that in this module participants will begin to map the kind of help offered in the work they do. You will do this by relating participants' work to the IASC pyramid. This mapping continues in the next module in relation to the organisations and communities participants work in.

3. The module starts with work in pairs, followed by input about the IASC pyramid and mental health and psychosocial support, and ending with a recap.

2.2 IASC pyramid

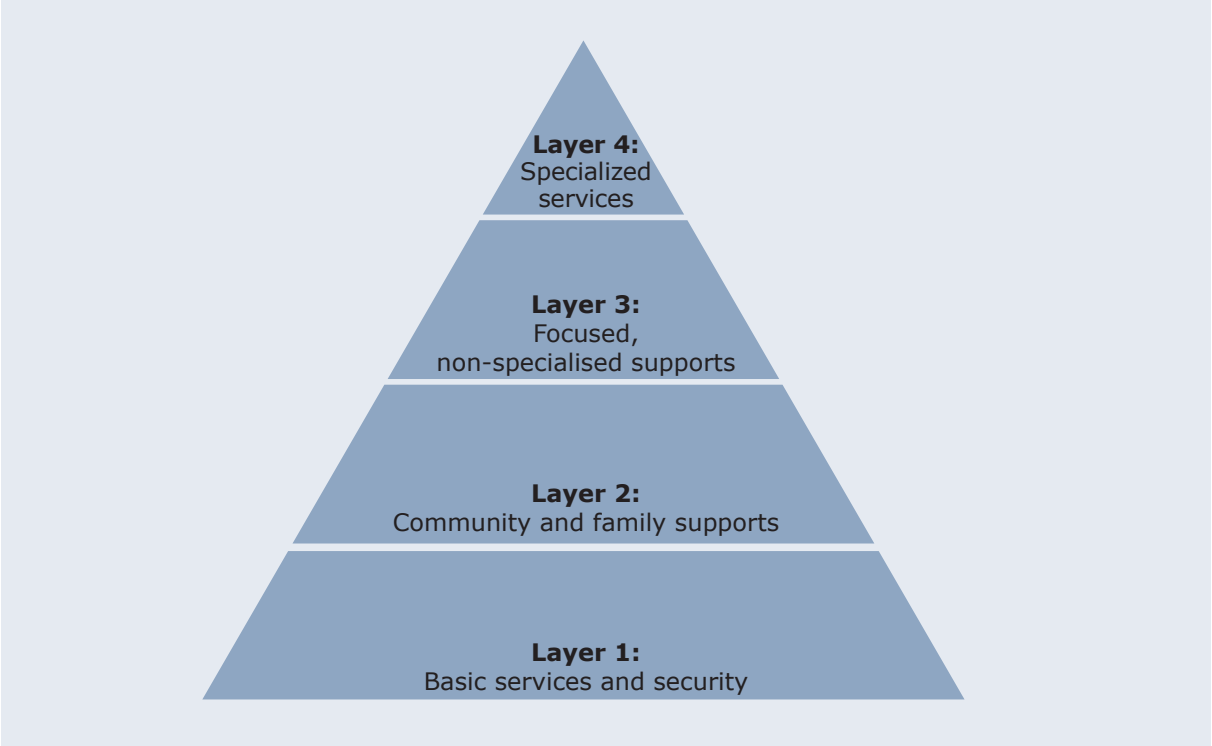
1. This activity helps participants to see how their work relates to the IASC pyramid. Learning here is promoted by asking participants to report on their neighbour's work, not their own. In this way participants have to apply what they know about the layers of the IASC pyramid to the description of the work they have heard from their neighbour.

2. If the training group is familiar with the IASC Guidelines on Mental Health and Psychosocial Support in Emergencies, then you can spend a few minutes as a refresher on the IASC pyramid. If they are not familiar with the guidelines, then you will need to spend more time on this part of the exercise.

3. Start the activity by inviting participants to turn to the person sitting next to them and to work in pairs. Ask the pairs to take it in turns to tell one another about their work. Take about 5 minutes to do this. Whilst one person is talking, the other person should be listening so that they are able to describe what kind of help the person provides.

4. Ask a few pairs to feedback what their partners have said about the help that they give in the work they do.

5. Do a short presentation on the IASC intervention pyramid. Psychosocial support can be provided in many different ways and at different levels. Use some of the examples that have just been given by participants to illustrate this point. Explain the layers of the IASC intervention pyramid, as shown in the diagram on page 24.



The IASC pyramid shows a layered system of support that meets the needs of different groups of people in adversity:

Level 1 represents basic services and security. Mainstream services such as the provision of food, shelter, water, health care promote physical and psychosocial wellbeing. They are all enhanced if they are provided in socially and culturally sensitive ways.

Level 2 represents community and family supports. Most people can recover from difficulties or distress with some help from their family and other social supports. This could include support provided through community centres or advocacy groups.

Level 3 represents focused, non-specialised services: A smaller number of people will in addition require supports that are more directly focused on psychosocial wellbeing. This might be individual, family or group interventions, typically carried out by trained and supervised workers.

Level 4 represents specialised services: Assistance specifically providing psychological or psychiatric supports for people with mental disorders usually involves the smallest percentage of the population.

The **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings** were written to guide coordinated action among government and non-governmental humanitarian actors in emergencies in low and middle-income countries. They give multi-sectoral and inter-agency guidance and tools for responding during humanitarian emergencies. They are available at www.who.int.

6. Ask participants to go back into pairs and discuss together how their work relates to the IASC pyramid. Give out post-it notes and ask everyone to write down a description of the work their partner does and to decide where it should be placed on the pyramid.

7. Ask each participant to come forward and place their post-it on the pyramid at the level they think is correct for the work described. Check with the training group – is this where they would place this type of work?

8. Highlight the following points about the IASC pyramid to participants:
- Having multiple layers of support for people experiencing different levels of distress or problems (from mild/normal distress to severe mental health problems) is important. If a layered system is in place, then it should be possible to meet the needs of different groups.
- If there are good services and support at the lower levels of the system, then people are less likely to develop more severe problems. (However this does not go for all issues – some people will need specialised services whatever basic support is in place, for example, people with autism.)
- Whatever help is given, it is crucial that it promotes psychosocial wellbeing – from basic services and security to mobilizing community and family to provide support, to the more focused supports and then having clinical services available for those in severe distress.

9. Take a few minutes to summarise what range of helping is represented across the group. Highlight whether help is offered:
- on an individual, family, community level
- in relation to problems that are social and/or psychological
- because problems are pre-existing or after a traumatic event
- alongside others – for example, with family members or in coordination with people or organisations working at different levels of the pyramid.

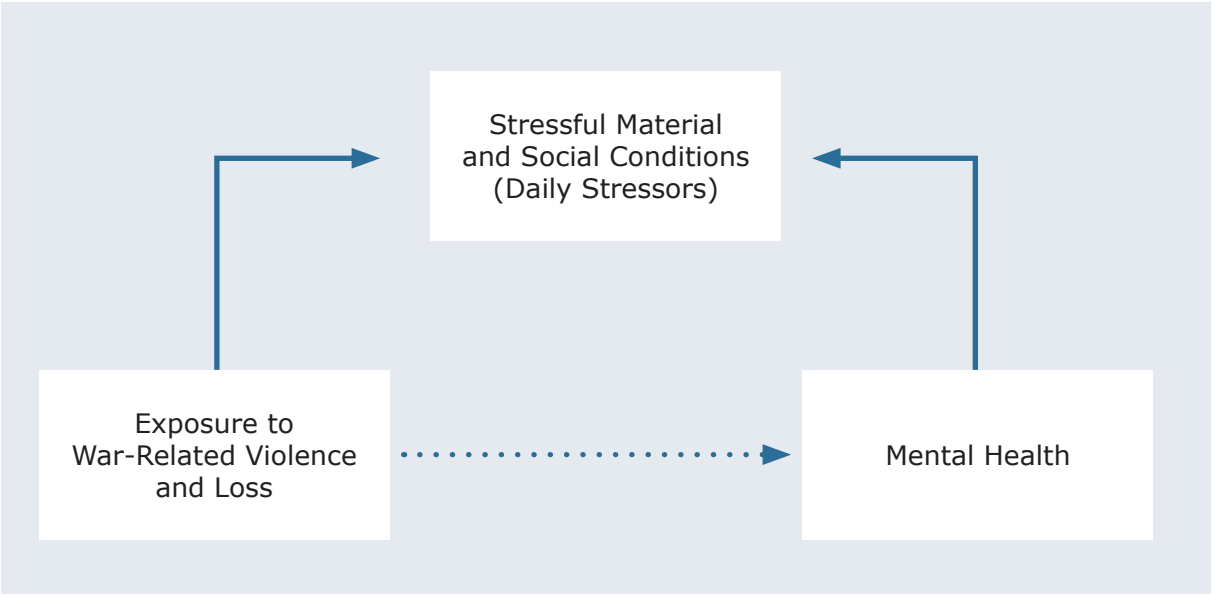
2.3. Mental health and psychosocial support

1. Explain that the people participants are helping may find themselves in difficulty or distress in different ways and may need help to recover individually or collectively. The term for helping in this context is usually 'mental health and psychosocial support.'

In low resource settings, psychosocial wellbeing is affected by exposure to many different sources of difficulty and distress. This might be exposure to armed conflict that in turn directly affects mental health and psychosocial functioning.

However not all distress (including psychological trauma) is related to the conflict itself or to the stressful conditions it so often generates. Chronic problems like poor housing and poverty as well as more intense experiences, such as physical and sexual abuse, frightening medical treatment or severe accidents, can badly affect people's physical and psychological health.

You can use this diagram to explain this:



K.E. Miller, A. Rasmussen. 2010.

Ask participants to define mental health and psychosocial support. Ask them to work in groups of three or four. Give each group flipchart paper and ask them to spend 15 minutes to write an agreed definition. Ask each group to stick their definitions on the wall.

2. Look together as a large group at the definitions on the wall and see if there are any common themes.

Use the IASC MHPSS definition (IASC Guidelines on MHPSS in Emergency Settings, p. 1) as a basis for this activity:

Mental health and psychosocial support describes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.

Key question: What is psychosocial wellbeing?

Responses could include:
The term 'psychosocial' is used to emphasise the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour) and our wider social experience (our relationships, traditions and culture) (PWG, 2003).

'Wellbeing' describes the state where a person can realize his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (WHO, 2011).

The psychosocial wellbeing of an individual, family or community therefore takes account of psychological, emotional, and social aspects of people's lives. It is therefore important to understand what psychosocial wellbeing means for specific populations, depending on these aspects.

2.4 Recap

1. Refer to the diagram of the IASC pyramid again and read out the four types of supports:
   - basic services and security
   - community and family supports
   - focused, non-specialised supports
   - specialised services.

2. Ask participants to write a summary of their work again but this time ask them to use the terms used in the IASC MHPSS pyramid. Invite a few people to read out their summaries.

3. Ask participants to think of a group or individual they are helping. In what terms would participants describe that group's or individual's psychosocial wellbeing?

MODULE THREE: THE CONTEXT FOR HELPING

Learning objectives

- Participants are aware of the position of the helper in a social ecological context
- Participants are able to apply the social ecological perspective to a case study

Overview of module (60 minutes)

3.1 Introduction
3.2 You as a helper in social ecological context
3.3 Case study
3.4 Recap

Materials needed

Diagram of Bronfenbrenner circles
Copies of the case study
Flipchart paper and different coloured markers
PowerPoint slides plus projector etc. and/or handouts

3.1 Introduction

1. This module orients participants to their context for helping. Refer to the learning objectives for module 3. It begins with a discussion with the large group, followed by input about Bronfenbrenner's circles and then a case study and recap.

2. Explain that most mental health and psychosocial workers have been trained in individual approaches to their work (and in fact in individual ways of coping with their own stresses). They recognise the collective problems influencing the lives of all those living within a community, but in their professional approach they tend to focus on individual problem-solving. This training combines an individual and collective approach in seeking to help people in difficulties or distress.

3.2 You as the helper in a social ecological context

1. Ask the following question:
- What factors have helped or obstructed you in coming to this training?

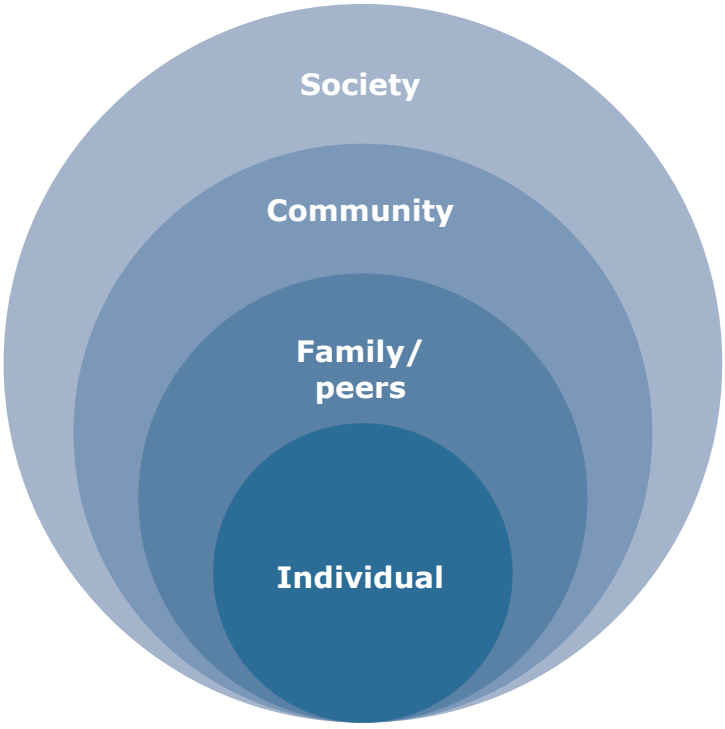
2. Write down the responses on a flipchart. Encourage a free flow of ideas and suggestions. Write down all the words that participants say.

3. After five minutes or so, ask the group if there are any influences that have not yet been mentioned. If necessary, give prompts to think more broadly. For example, ask about the influence of family members, colleagues at work, or requirements for promotion or professional recognition.

4. When there is a full list of ideas, begin to circle the words that relate to individual or personal factors with the same colour pen, for example about motivation, personal interests etc. Most of the items may well be in this category.

5. Take another colour pen and circle all those words that relate to the influence of family or peers, for example, husband, wife, mentor, friend, colleague, etc.

6. Finally take another colour pen and circle words that relate to community and institutional influences, such as the demands of your organisation, professional association, local government, etc. If some participants mention wider societal influences such as religious affiliation or political agendas or national policy, you might choose to circle these as a fourth category or combine them with the third.



7. Draw the Bronfenbrenner diagram of concentric circles (or use a handout or PowerPoint). Explain that this social ecological perspective draws on Bronfenbrenner. It shows how an individual's experience is shaped by the effects of factors within and across systems. The systems are presented as concentric circles, showing that each level has an effect but at different levels of immediacy. In this training we look at all the circles - individual, family, community and society.

As helpers it important to be aware of multiple systems levels, and to recognise the resources available across these levels. The social ecological perspective is a reminder to review the potential and unintended consequences of a proposed intervention at multiple systems levels.

8. Ask the group to interpret their responses in relation to this diagram. Check if participants have additional thoughts on the influences on their attendance having seen the diagram.

3.3. Case study

1. Divide participants into small groups and give each group a copy of the case study 'Omar goes missing' and some flipchart paper and markers. Tell the participants that this case study will be used again later in the training.

Omar goes missing

Omar is 9 years old. He is the sixth child in a family of eight children. The family was self-sufficient and doing well before the war. They owned a small house and some land. Now they live altogether in one hut. His father works far from the village and comes home only one month in the year. When he does, he is always tired and unhappy. He drinks a lot and fights with his wife. Omar has often seen his father beating his mother. When their father is around, he is very strict with all the children. Their mother works very hard at home and in a shop nearby and does not have time to discipline the children. The children are all secretly happy when their father goes back to work.

Omar is a smart boy and was doing well in school. After they moved, he went to a new school, but he soon began missing classes. His teacher warned his mother about this. His mother beat Omar badly but then she would cry. She was scared that if Omar got into trouble, her husband would blame her. Omar tried to understand but he was very angry with his mother. His uncle, his mother's brother, is the only one who listens to him properly and he likes to spend time with Omar.

Things started getting worse after his father's last visit home. One day Omar ran away from home and was gone for several days. But he said he missed home and he came back, only to receive another beating. He has started spending more time out of the house and has been regularly absent from school. His teacher is very concerned about him. He is spending more time with his friends, smoking cigarettes and stealing. He is not sleeping very well and has nightmares. There is a youth group in the community that was set up by two young men who felt they needed to do something for the young people in the village. But Omar has not yet connected with it.

2. Ask the small groups to read the case study together and then draw Bronfenbrenner's circles on their pieces of flipchart. Ask them to write on the circles what factors **could** influence the people featured in the case study. For example, at the individual level, they could write 'physical abuse of Omar' and at the community level, they could write 'youth group' (because this could be a positive influence on the community).

   Explain to the participants that although they do not know the people in the case study very well, ask them to suggest what might be possible factors shaping their lives.

3. Key question: What factors could help or hinder Omar's mother in seeking help?

   Factors helping Omar's mother in seeking help could include her primary responsibility for Omar (in the absence of the other parent) and her on-going concern for him. She knows that his teacher is concerned too and this might encourage her to seek help. She may also hope that the domestic violence she is subjected to herself comes to light in the course of seeking help for Omar.

   However, her relationship with her husband is abusive and the care of their children is not a priority to him. Any 'problems' arising from seeking help, for example in terms of the additional time spent on appointments, may mean that Omar's mother has less time to work, which may be seen negatively by the father.

3.4. Recap

Recap with participants:

- A social ecological perspective is a dynamic picture of how people live and actively engage with and cope in changing social, cultural, economic, political times. This links too with psychosocial wellbeing because people are positively and negatively affected by the context they live in.
- People are active participants, not passive 'victims' of their situation.
- Support can come from family members and friends and through stable public services, as well as community workers and other paid workers.
- Factors that go beyond the individual themselves might affect the possibility of seeking help, like war, a financial crisis in a country, political tensions, etc.

MODULE FOUR: YOUR ORGANISATION

Learning objectives

- Participants understand where helping fits within an organisation's overall purpose
- Participants understand the role of staff and volunteers who are 'helpers' within those organisations

Overview of module (30 minutes)

4.1 Introduction
4.2 Your organisation
4.3 Recap

Materials needed

Flipchart paper and markers
PowerPoint slides plus projector etc. and/or handouts

4.1 Introduction

1. This module is about the organisation(s) participants work in. Refer to the learning objectives for the module.

2. It is important that participants understand the purpose of the organisation they are working with and their role within that organisation. Mental health and psychosocial workers do not always fully understand or recognise the influence of the organisation on their work or see ways that their organisation could support them in their helping role.

3. Take care given the limited time for this module to guide participants about the scope of their group work. Ask them not to go too deeply into all the details about organisations. The main focus here is to think about the way the organisations provide help in the settings they are working in.

4. This module involves group work followed by a recap.

4.2 Your organisation

1. Ask participants from the same organisation to sit together for this module.

   If **all** the participants come from one organisation only, ask them to do step 2 only in small groups followed by feedback in the large group. It is likely that participants will have different roles within the organisation and so it will be helpful to hear what the roles entail.

2. Give each group the same set of questions:
- What is the purpose of your organisation (mission and vision)?
- Why and when was it established?
- What kinds of problems does the organisation try to address in providing support?
- What role do staff and volunteers (and community members) who are 'helpers' play in the organisation and how is that help organised?
- Who are you helping?
- Do you have colleagues in your organisation or links with other organisations that are also involved in your work?

3. Ask each group to write the answers on a flipchart. When all the groups have finished, stick the flipchart paper up on the wall and give participants 10 minutes to go and read all the flipcharts. As they read, ask them to find as many common factors across all the organisations as possible and to identify factors that are not shared.

4. While participants are doing this, as trainer you can also be reading the flipcharts. Prepare a piece of flipchart ready for feedback from participants with the following headings:

Factors that are shared in all the organisations	Factors that are unique to organisations

5. Ask the large group for feedback. On the left side of the flipchart, note down all the common themes that participants name and on the right side of the flipchart write down all the unique features.

4.3 Recap

Summarise by saying that a diversity of needs require different resources and this can be seen in the differences across the organisations represented in the training group. Sometimes help is directed to individuals, sometimes to families, sometimes to communities or the whole society.

Some help promotes resilience; some are directed at health and offer medical support; some offer social supports; some offer psychological support; some offer psychosocial support.

Key question: Can you see examples from the descriptions about the organisations of support given at the different levels of the IASC pyramid? Ask participants to name some examples and link them with the different levels of the pyramid.

MODULE FIVE: YOUR COMMUNITY AND HELPING

Learning objectives

› Participants are aware of the importance of community resources

Overview of module (30 minutes)

5.1 Introduction
5.2 Community resources
5.3 Recap

Materials needed

Flipchart paper and markers
PowerPoint slides plus projector etc. and/or handouts

Note to trainers:

In preparation for this module, please plan how you are going to do the exercise on community resources:

› If you asked participants to do a community mapping exercise before the training programme started, select two or three mapping exercises that represent different types of community settings. Ask the participants who did the mapping exercises if they would be prepared to present them during the training. See details below (section 5.2 option 1).
› If participants have not done the community mapping exercise, then this module can be used to do the 'big board' exercise (see section 5.2 option 2).
› There is also a community assessment exercise on the learning platform. Please see 'community assessment format' under 'assignments' at www.individual-collective-healing.org.

5.1. Introduction

1. Refer to the learning objective for this module.

2. This module gives participants an opportunity to report on the resources in the communities in which they are working. Explain the procedure for the module to the participants, depending on which option you have chosen.

5.2. Community resources

Option one

1. In preparation for the training programme, select two or three mapping exercises that represent different types of community settings. Ask the participants who have done the mapping exercises if they would be prepared to present them during the training.

2. Ask each participant to spend about five minutes doing their presentation and then invite the large group to ask any questions.

Option two

1. Use the 'big board exercise' (please see the box below).

2. Divide the group into small groups. Small groups would ideally be people who work in the same geographical area, but this might not be possible. If participants come from different areas, ask each group to agree on which community they will focus on from those that are represented in their small group.

3. Give the small groups 20 minutes to work on this exercise. Ask them to use make three columns on a flipchart paper just as in the box below. Check in on each group to support them during the exercise.

Big board exercise

This exercise enables participants to identify the resources that are available within a community alongside external sources of help. Instructions for the exercise are given below for a training context. Please remind participants that in the field this exercise should be done with the active participation of community members.

1. Divide a flipchart paper into three columns, headed as follows:

Problems	Community resources	External sources of help

2. Ask participants to list in column 1 the problems facing the group or population being discussed. If possible, ask participants to prioritize the problems based on how common they are and on their severity.

3. Once they have completed column 1, ask participants to list in column 2 the community resources that are available in dealing with the problems. These could include family support, for example, or neighbours helping one another to build a clinic.

4. Now ask participants to think about external sources of help in response to the problems and to list them in column 3. Remind participants that sometimes there may not be any external support available.

From *On the road to peace: A guidebook. p. 24*.

4. There will not be time to have a presentation from each group. Instead ask the groups to stick their flipcharts on the wall and give the whole group time to look at other groups' findings.

5.3 Recap

This exercise emphasises that resources that are available within a community are important and valuable. Ask participants what kind of examples they found. Examples could include:

› individual resilience and coping skills, family support, community support structures, traditional healing, religious help and civic help.

Ask participants what kind of other resources there are usually in communities? Examples could include:

› local government agencies, national government agencies, UN organisations, NGOs, community-based organisations.

Ask participants why it is important to know what community resources are available. Answers could include that help should lead to sustainable effective assistance. This includes empowering, enhancing and building the capacities of people to enable them to help themselves.

MODULE SIX: RESPONSIBILITY IN HELPING

Learning objectives

› Participants are able to understand responsibilities and limits in helping
› Participants understand and are able to apply ethical principles in helping

Overview of module (30 minutes)

6.1 Introduction
6.2 Ethical principles
6.3 Responsibility in the helping relationship
6.4 Recap

Materials needed

Do's and don'ts list from PFA guide
Examples of a code of conduct if available from participating organisations
Flipchart paper and markers
PowerPoint slides plus projector etc. and/or handouts

Note to trainers:

Please note in the list of materials needed (see list above) that codes of conduct are included in activity 6.2 and the recap. They are not absolutely necessary for the training, but they help to illustrate the principles being discussed.

6.1 Introduction

1. This module is about responsibility in helping. Refer to the learning objectives for module 6 and explain to participants that:

Helping responsibly means respecting the safety, dignity and rights of the people being helped. The module looks at the principles for working ethically and links them with participants' own work experiences.

2. This module is based on a presentation followed by discussions.

6.2 Ethical principles

1. Using the following headings, ask participants to suggest specific ways that they would respect the people they are helping in their work in terms of:

- safety
- dignity
- rights.

Write the main headings on a flipchart with space beside each word to add examples from participants' work setting. Write down examples as participants give them.

Safety refers to protecting the adults and children from harm. This means we seek to **do no harm** in the help offered. Dignity refers to the way people are treated with **respect** and according to social and cultural norms and expectations. Rights are about accessing help fairly and without discrimination, and **acting in the best interests** of the people being helped.

2. Look at the list of do's and don'ts from the Psychological First Aid guide:

Do
Be honest and trustworthy.
Respect people's right to make their own decisions.
Be aware of and set aside your own biases and prejudices.
Make it clear to people that even if they refuse help now, they can still access help in the future.
Respect privacy and keep the person's story confidential, if this is appropriate.
Behave appropriately by considering the person's culture, age and gender.

Don't
Don't exploit your relationship as a helper.
Don't ask the person for any money or favour for helping them.
Don't make false promises or give false information.
Don't exaggerate your skills.
Don't force help on people, and don't be intrusive or pushy.
Don't pressure people to tell you their story.
Don't share the person's story with others.
Don't judge the person for their actions or feelings.

From *PFA*: *guide for fieldworkers, p. 9.*

3. Check that participants understand all the points in the PFA guide and ask for reasons for some of the do's and don'ts. Check whether all the points apply to their work situation. Generate a list with the group that is specific to the cultural setting. If you have time and feel you have built up trust in the group, ask participants for examples of successes and failures in keeping to do's and don'ts.

Assessing someone with the family present
Families are an important factor in assessing and treating people. There must however be a balance between the need to involve family in the assessment with the need to ensure the person's privacy. As a rule, it is important that you have a chance to speak to the person alone on at least one occasion. It is also important not to discuss things with the family that the person has said should remain confidential.
From *Where there is no psychiatrist: A mental health manual, p. 27.*

4. Highlight two aspects – confidentiality and power in helping relationships.

5. Ask participants to define what confidentiality is and how it is safeguarded in their setting. If you have examples of codes of conduct from participating organisations, read out what they say about confidentiality.

   Discuss the difficulties they may have, for example if the physical space they use does not ensure privacy. How do they resolve these kinds of issues?

   Use the box on page 39 for information about confidentiality.

Confidentiality means not sharing information about those you are helping. This means not telling other colleagues or family or friends anything about the individual(s) you are helping, or identifying them by name or in any details you give about them. This is any kind of information – whether it is about positive or negative aspects of their lives. You can share information during supervision or other formal support that is provided in the organisation, if this is available.

There is an exception to this rule when a situation arises where there is a duty to protect someone from harm. For example, if an individual is threatening suicide, or if someone is unable to care for him or herself due to severe mental illness, then helpers have a duty to act and to refer to the appropriate authorities. Organisations should have clear guidelines about what to do in these circumstances.

6. Write the word 'power' on a sheet of flipchart paper.
   Tell the group:
   Within relationships and across communities there are those with more power and those with less. This can be linked with age and gender and status, etc. As a helper it is important to be aware of how power is operating.

7. Ask the group:
   Think of an example from your work of a group or individual you are helping. Who do you see as less powerful amongst those you are helping? Ask the participants to share their thoughts in pairs. Then invite a few participants to give examples of what they wrote down.

   Answers could include children; older people; women; people with disabilities. Power links with ethnicity, refugee status, social class, etc.

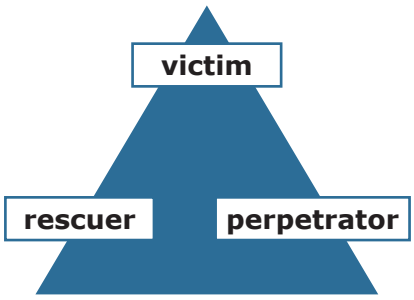
8. Ask participants how helpers enable voices of groups who may be marginalized or vulnerable to be heard?

   Answers could include: asking how people would like to be helped; creating safe spaces for people to meet – this might be in smaller groups, for example; showing respect in one's attitude; approaching someone as an equal, not as an 'all-knowing expert.'

9. Give a note of caution about the relationship between the helper and people being helped and being aware of where you stand. Draw a triangle on a flipchart and write 'victim,' 'perpetrator' and 'rescuer' on each angle. Ask participants who is the victim,

perpetrator, rescuer? Usually participants will respond that the person being helped is the victim and that they are the rescuer.

10. Introduce the concept of the 'drama triangle.' This is a model for explaining patterns of interaction that can negatively impact communication between helpers and those seeking help. It is called a drama triangle, because there are three roles played out:



It is important to emphasise that these roles do not represent the actual activity they describe i.e. taking on a perpetrator role does not mean that the person is perpetrating abuse against the victim. Sometimes, for example, the helper may feel like a victim of the people they are helping. Conversely the person being helped may see the helper as a perpetrator at the point when the helper cannot or does not wish to meet their requests or demands for help.

Each role in the triangle has certain characteristics:

Victim identity Having being subjected to actual adversity, the victim is to be protected, sheltered, supported and looked after. He or she is not to be challenged or faced with his/her own responsibilities. The victim is not guilty and is always right. He or she feels helpless, blames others, and feels sorry for himself/herself.

Perpetrator identity The perpetrator could be an individual that is in a relationship with the victim, or may be memories from the past. He or she has committed victimising acts. The perpetrator needs to face the consequences of his/her actions. They have individual and collective responsibility and direct and indirect responsibility.

Rescuer identity The rescuer has a sense of importance, feeling he or she is absolutely indispensable. The rescuer forms an intense, close identification with the victim, polarizing between 'US' (good) vs. 'THEM' (bad).

Part of the work of helping is analyzing the way current relationships re-enact the victim - perpetrator – rescuer positions. By identifying and becoming aware of these positions, those involved can choose to break the triangle and create healthy relationships.
Ask the participants to think of ways how to break out of the drama triangle and share with the group.

Discuss the following suggestions, if not mentioned already:

- Identify the strengths of victims.
- Identify the limitations of the rescuer.
- Create conditions for more empowering relationships.
- Avoid isolation.
- Locate the current situation within the context of a longer time scale and within a wider context (i.e. personal, social, organisational, political, etc.).

6.4 Recap

How do participants communicate their accountability to the people they are helping? How do they explain the organisation's responsibility in the way that help is provided and in terms of the rights that people have in how they are assisted? Check participants are familiar with a code of conduct within their organisation. Are they able to convey key messages about this to the person/family/group they are helping?

MODULE SEVEN: COMMUNICATION IN HELPING

Learning objectives

- Participants are able to use techniques in supportive communication

Overview of module (60 minutes)

7.1 Introduction
7.2 Practising communication skills
7.3 Recap

Materials needed

Copies of the scenario about Awatif.
PowerPoint slides plus projector etc. and/or handouts

7.1 Introduction

1. This module is about communication in helping. Refer to the learning objectives for module 7.

   Feeling confident about how to communicate well with other people is extremely important when offering help. Learning how to communicate well means that participants will be able to:

- deal with a situation safely for themselves and others
- say and do the most supportive things for people in difficulties or in distress, and
- not cause harm by their actions.

7.2. Practising communication skills

1. Allow a brief discussion (5 minutes) and free flow of ideas about good communication. Emphasie what participants say about both words and body language, and what is appropriate in their culture. Ask them to demonstrate, for example, what is appropriate distance between people, eye contact and touching.

Reflecting involves listening to what is being said, summarizing key thoughts and feelings being expressed and then paraphrasing them back.

For example: "I heard you say that you are thinking a lot about your son and that it brings up some difficult emotions. It seems to me that you are thinking about your son now. You looked sad when you were telling me abut what he did last night."

Asking questions can be done in different ways:

- Using a statement: "I would like to know more about that."
- Using an open question: "How do you feel today?"
- Using a closed question: "Are you feeling better than the last time we met?"
- Using a leading question: "Are you feeling unhappy that your husband died?"

From *Lay Counselling: A Trainer's Manual, p. 53.*

2. Explain that there are various techniques that can be used to enable people to express themselves. One is by reflecting what people say. This depends on listening carefully to what is being said and then summarizing the key thoughts and feelings. It can be a good method in clarifying the person's situation. The second main method is in the use of questions. Use the examples given in the box above to illustrate the different ways questions can be asked.

3. Demonstrate examples of reflecting and asking questions with a volunteer.

4. Move on to talking about active listening. Ask participants to identify some key elements of active listening. Write down their suggestions on flipchart paper. These should include:

- trying to fully understand the point of view of the person seeking help
- repeating what the person seeking help has said and asking if you have understood it right
- summarizing at the end what you have understood
- exploring the emotional side of the problem well

› trying to find solutions together with the person seeking help – not for the person seeking help.

From *Lay Counselling: A Trainer's Manual, p.48.*

5. Next, invite participants to get into pairs and use the following scenario about Awatif to practise interviewing techniques:

> Awatif, a 32 year-old woman, witnessed a terrible car accident. She had been standing waiting for a bus, when she saw a truck hit a man on a motorcycle. The motorcyclist tried to jump clear but got trapped under the wheels of the truck. He was dragged along the road before the truck driver managed to bring the vehicle to a halt. Awatif screamed hysterically watching the accident unfold. Now Awatif can't eat and sleep. She is anxious all the time and gets flashbacks. She can't go back to the street where the accident happened.

6. One person plays the role of the helper, and the other person is Awatif. The helper will demonstrate good communication skills during the interaction. Explain that after 3 minutes, you will call "TIME" and then the partners will switch roles. Call "TIME" again after 3 minutes. Have the partners give feedback to each other (what went well, what could have been better).

7.3 Recap

Ask participants what they would include on a checklist for supportive communication.

This could include:

› Maintain eye contact if this is appropriate
› Use appropriate facial expressions
› Keep posture relaxed and open
› Use body language to convey giving attention
› Be awake and attentive
› Focus on the person being helped and give them room to talk
› Avoid giving opinions, arguing or sympathising
› Encourage the person to continue talking by saying "yes" or "go on" or "hm."
› Focus on what the person is saying rather than preparing for what you will say next
› Use clarifying questions and summarizing statements.

From *Lay Counselling: A Trainer's Manual, p.48.*

MODULE EIGHT: SELF-CARE AND SUPPORT IN HELPING

Learning objectives

- Participants are able to recognise resources and strategies for self-care
- Participants are able to understand what stress is and where sources of stress come from
- Participants are able to understand the concept of stress management and support

Overview of module (120 minutes)

8.1 Introduction
8.2 Self-care
8.3 Stress and sources of stress
8.4 Stress management and support
8.5 Relaxation
8.6 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
PowerPoint slides plus projector etc. and/or handouts

8.1 Introduction

1. This module is about self-care and support in helping. Refer to the learning objectives for module 8.

This module emphasises the importance for helpers in taking care of themselves so that they can best take care of others. But this is not just the helper's own concern. The responsibility for taking care of helpers is carried by:

- the organisation that has recruited the staff member or volunteer, etc.
- the team in which the helper works
- the individual helper himself or herself.

Without good self-care and support, helpers run the risk of becoming burned out.

Burnout
Burnout is a state of physical and emotional exhaustion due to chronic work stress. Signs include:

- Loss of energy
- Emotional exhaustion
- Loss of enthusiasm and motivation
- Pessimism and cynicism
- Loss of sense of personal accomplishment in one's work.

This module looks at strategies for dealing with stress at work. The materials provided may also be helpful for participants in understanding the impact of stress on the people they are helping.

Lay Counselling: A Trainer's Manual and www.antaresfoundation.org are good sources of materials for this module.

8.2 Self-care

1. Make sure everyone has notepaper and a pen.

2. Ask them to note down individually how they take care of themselves. Take about 5 minutes to do this.

3. In the large group, ask participants to give examples of what they do to care of themselves and note these on a flipchart paper.

4. Ask participants to see if they can categorise the suggestions given. Use coloured markers to indicate the different categories. The following categories should be included:

- **Personal resources** like being flexible, having a sense of humour, knowledge and experience etc.
- **Organisational resources** like having good support and supervision, having vacations, access to training, being part of an effective team etc.
- **People** like family members, friends, peers, sports team members, religious community members etc.
- **Activities** like eating well, taking exercise, resting, hobbies, meditation or prayer etc.

If certain categories are not mentioned, you can ask about participants to think about them know and add examples to the flipchart.

Key question: When times are tough, what do you do? What is especially helpful?

This question hopefully reminds the participants that they already have resources and strategies for dealing with stress in their lives.

8.3 Stress and sources of stress

1. Ask participants: 'What is stress?'

2. Build on their answers with the following material:

Stress is a state of mind and body that comes about, either:

- as a result of **threat**
  e.g. a car driving extremely fast towards us,

- or as a **challenge**
  e.g. learning a new task at work

- or as a result of **changes in our lives**
  e.g. a new job or becoming a parent.

In small doses, stress can be a good thing. Stress facilitates the release of chemicals into the blood which give you strength and extra energy. It can give you the push you need, motivating you to do your best and to stay alert and focused.

But when your ability to cope is so stretched and there is no outlet for this extra energy and strength, stress becomes a threat both to your physical and emotional wellbeing and has a negative effect on your performance.

For this training, when we speak of stress, we mean the stress that occurs when the demands from the outside world are **out of balance** with the resources needed to cope.

3. If you have time, use the handout 'different types of stress' to talk in more detail about stress. You can also use the handout 'signs of stress checklist'.
   This gives participants an indication of their stress levels. The handouts are available at www.individual-collective-healing.org.

4. Advise participants that it is important for them to seek help if they find themselves with upsetting thoughts, feel very nervous or extremely sad, having trouble sleeping or drinking a lot of alcohol/taking drugs. Advise them to speak to a health care professional or mental health specialist (if available) if these difficulties continue for more than one month.

8.4 Stress management and support

1. Helpers can practise good stress management BEFORE, DURING and AFTER helping.

2. Divide the large group into three groups and give them flipchart paper and markers.

- Ask group one to think of what they can do before work to manage stress.
- Ask group two to think of what they can do during work to manage stress.
- Ask group three to think of what they can do after work to manage stress.

3. Remind participants that these questions are not just about what they should do as individuals, but also how their team and their organisation can be supportive before, during and after work.

4. Ask each group to write down their ideas on flipchart paper. Spend about 10 minutes in small groups. Then ask each group to feedback a few of the ideas they came up with. Stick the flipchart paper up on the wall and encourage everyone to take time to look at it in detail later.

See *Lay counselling: A Trainer's Manual, p. 82 for examples.*

5. Support is an essential part of stress management. (It should have been mentioned in the group activity above.) Move on now to ta lk about support in more detail.

Check what support participants have access to in their organisations and communities. Ask for a few examples of different kinds of support that participants benefit from. Family and friends provide essential support alongside the more formal patterns of support that may be available in the workplace.

Support in organisations can take various forms:

- Supervision – usually has three interlinking elements of support, education and administration
- Inter-collegial consultation – a five-step method for teams to support one another
- Peer support – can take various forms, including buddy systems, group peer support meetings, trained peer supporters.

8.5 Relaxation

1. Relaxation is useful for reducing physical and mental tension. Relaxation helps people to reduce worry and anxiety, improve sleep, and relieve physical symptoms caused by stress (e.g. headaches, stomach pains etc.).

2. Use a relaxation exercise to end the activities in this module.

Note to trainers:
Please see www.individual-collective-healing.org for resources.

8.6 Recap

Ask participants why is it important for helpers to look after their own wellbeing?

Answer includes: Helpers have a responsibility to first care for their own wellbeing in order to be able to assist others. Being a helper carries stresses – such as long working hours, hearing stories of people's pain and suffering, and feeling guilty about not being able to "help" or "save" affected people. Emphasise that helpers need to keep realistic expectations of what they can and cannot do, and remember that their role is to help people help themselves.

PART 2
Enabling the process

1. Take a few minutes to give an overview of part two to participants before you start module nine, using the information in the box below:

PART TWO: ENABLING THE PROCESS includes the following modules:

Module 9: Introduction to enabling
Module 10: Structuring the process of helping
Module 11: Assessing needs
Module 12: Formulating a plan

PART TWO of the training focuses on the processes used to establish a working relationship and how to bring things to a close, how to assess needs and how to make a plan of action. All the modules in part two have presentations as well as activities. This means that there is a lot of preparation on the part of the trainer for these modules.

Please note that for module 10, as the trainer you will need to select the most appropriate assessment materials for the participants in the training group.

PART TWO: References

If you or participants want to access the resources referred to part two, here are the full references:

- Daya Somasundaram and Sambasivamoorthy Sivayokan, *Rebuilding community resilience in a post-war context: developing insight and recommendations - a qualitative study in Northern Sri Lanka,* International Journal of Mental Health Systems, 7:3, 2013, available at www.ijmhs.com/content/7/1/3
- IFRC Reference Centre for Psychosocial Support, University of Innsbruck, War Trauma Foundation, Danish Cancer Society. *Lay Counselling: A Trainer's Manual, 2012.*
- Yvonne Sliep, *Healing communities by strengthening social capital: a Narrative theatre approach.* War Trauma Foundation, 2009.
- Papadopoulos, R. K. *Trauma in a systemic perspective: Theoretical, organisational and clinical dimensions.* Paper presented at the 14th Congress of the International Family Therapy Association, Istanbul. 2004.
- AUW, *Psychological Trauma: Counselling for Gender-based Violence Survivors,* 2014
- *Resource Package for Comprehensive Psychosocial Care for Children in Areas of Conflict (Module 7: Classroom Based Intervention 1),* Healthnet TPO/PLAN, 2008.
- HealthNet TPO, Community Informant Detection Tool at http://mhinnovation.net/resources/healthnet-tpo-community-informant-detection-tool#.VIX8PVZbxg0
- Vikram Patel, *Where there is no psychiatrist*, The Royal College of Psychiatrists, 2002.
- *Practice-Oriented Course for Community Mental Health and Psychosocial Support Advanced Level,* War Trauma Foundation and Antares Foundation, 30 September 2009.
- Badri et al., *Promoting Darfuri women's psychosocial health: developing a war trauma counsellor training programme tailored to the person.* The EPMA Journal 2013 4:10.
- Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., Daudzai, H., Nasiri, M., et al. *Daily stressors, war experiences, and mental health in Afghanistan.* Transcultural Psychiatry, 45, 611–639. 2008.
- Women's Refugee Commission. *I'm here: Adolescent Girls in Emergencies,* 2014.

MODULE 9: INTRODUCTION TO ENABLING

Learning objectives

- Participants are able to set helping within the context of the individual, family, community and society
- Participants are able to apply the trauma grid to their work

Overview of module (120 minutes)

9.1 Introduction
9.2 The people we help
9.3 Life events and helping
9.4 The range of responses to difficult life events
9.5 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
Copies of the case study about Omar
PowerPoint slides plus projector etc. and/or handouts

9.1 Introduction

1. Refer to learning objectives for module 9.

2. Explain that there is a lot to cover in this module (and consider if it is best to include a break at some point during the module). Explain that in this module participants will be working together in groups again on the case study about Omar. This will help reinforce one of the key messages of the training that factors at individual, family and community level interact and impact outcomes for people in difficulty.

3. Remind participants of the IASC pyramid (draw it again on flipchart paper if this is helpful). Help is multi-layered, with a variety of sources of help meeting different needs. As a mini-recap, ask participants to name some examples of the supports that might be available at the four layers of the pyramid.

IASC pyramid – examples of support
Layer 1: Basic services and security e.g. food, shelter, water and basic health care
Layer 2: Community and family supports e.g. community mobilisation, strengthening access to education and employment, parenting programmes
Layer 3: Focused, non-specialised supports e.g. psychological first aid, support groups, basic mental health care
Layer 4: Specialised services e.g. psychological or psychiatric services in mental health units or outpatient clinics.

4. Whatever help is offered, it is important that we are mindful of the totality of people's experiences and how this relates to the wider context of their lives. Remind participants of Bronfenbrenner's circles (draw them again on flipchart paper if this is helpful). In the next activity, ask participants to bear in mind the resources and challenges that there might be at individual, family and community level. This helps in understanding the wide range of responses to difficulties and distress. It also is a reminder that people are more than the problems they bring.

Collective coping
In collectivistic societies, family or community members may join together in collective coping to pool resources, act cooperatively sharing the burden to resolve a single or common problem at the family (extended family) or community levels, for when the family and/or community regain their equilibrium and healthy functioning, there is often improvement in the individual member's wellbeing as well. Family and social support, networks, relationships and the sense of community appear to be a vital protective factor for the individual and their families and important in their recovery.

From *Rebuilding community resilience in a post-war context: developing insight and recommendations - a qualitative study in Northern Sri Lanka, www.ijmhs.com/content/7/1/3*

Narrative theatre
When problems have been around for a long time, people forget they also have abilities and talents, which they have used in the past or in other situations. It is the role of the trainer to remind them of these by the way in which questions are asked. The aim is that ultimately people's strengths will stand out so that they find new creative ways of solving problems.

From healing communities by strengthening social capital: a Narrative theatre approach, p. 8.

9.2 The people we help

1. Divide the large group into three groups of maximum 10 people (or if this makes each group too big, have six groups and ask sets of two groups to tackle each question given below). Give each group a copy of the case study about Omar again. (This was the case study that was used in module 3).

Omar goes missing
Omar is 9 years old. He is the sixth child in a family of eight children. His father works far from the village and comes home only one month in the year. When he does, he is always tired and unhappy. He drinks a lot and fights with his wife. Omar has often seen his father beating his mother. When their father is around, he is very strict with all the children. Their mother works very hard at home and in a shop nearby and does not have time to discipline the children. The children are all secretly happy when their father goes back to work.

Omar began missing classes when he was seven. His teacher warned his mother that he would be thrown out of school if he continued to do this. His mother beat Omar badly but then would cry, saying she was scared that if Omar got into mischief, her husband would blame her. Omar tried to understand but he was very angry with his mother. He continued to miss classes and failed his exams that year.

Things started getting worse after his father's last visit home. One day Omar ran away from home and was gone for several days. But he said he missed home and he came back, only to receive another beating. He started spending more time out of the house and has been regularly absent from school. He is spending more time with his friends, smoking cigarettes and stealing.

2. Ask the groups to take 5 minutes to read the case study and then 10 minutes to answer a question - ask each group to focus on a different aspect of the case study:
- Ask group one to answer the question, "What might life be like for Omar?"
- Ask group two to answer the question, "What might be typical problems for Omar?"
- Ask group three to answer the question, "What kind of support might Omar need?"

Prompt the groups to consider the broadest possible responses – including individual, family and community levels.

3. Get feedback from each group in plenary. Draw a table on flipchart paper as below and record the feedback onto the table:

	What might life be like?	What problems?	What support?
Individual level			
Family level			
Community level			

4. The learning objective here (as is stated above) is that participants see that life events impact people at individual, family and community level. If participants did not mention all these levels, fill in the gaps for them, using some of the suggestions here:

	What might life be like?	What problems?	What support?
Individual level	He is spending a lot of time with his friends	Regularly absent from school Risks to health in smoking	Is there a teacher who could help Omar one to one to get him back into school?
Family level	Physical abuse by his mother and father	Fear of his father Can't understand his mother's treatment of him	Find ways of helping Omar relate to his mother positively Offer support to parents in disciplining children without harming them
Community level	Trouble at school around school attendance	May be excluded from school May get in trouble with police	Find activities that Omar would enjoy and keep him from risky activities with his peers

9.3 Life events and helping

1. This section and the one that follows (9.4) are presentations with discussion questions. Section 9.4 also includes an exercise about Omar again to apply the concepts that are presented here.

Please use the PowerPoints to introduce this section by talking about life events.

A significant life event is an event that interrupts the normal course of our lives, forcing us to change and develop new coping strategies. The event itself may be perceived as pleasant or unpleasant but it always brings a change in our lives.

2. Ask participants to think of some examples. Life events could include the birth of a baby, a change in jobs, a serious illness, getting married.

3. There may also be more extreme circumstances - beyond what we expect in usual everyday experience - that threaten life and cause feelings of intense fear, horror or helplessness. Ask participants to think of some examples. These could include being seriously harmed by someone, witnessing someone die, losing one's home, being caught up in an earthquake or other natural disaster.

4. It is important to emphasise that how people respond to adversity varies from individual to individual. No two people respond in the same way. Ask participants what kind of factors might affect how people experience life events.

   Factors might be: personality, levels of social support, life circumstances at the time, previous experience of dealing with similar circumstances.

5. There is a range of possible reactions from **negative** responses (when people are finding it difficult to cope), to **positive** responses, (when people have learned new ways of living and are moving on) and/or **neutral** responses (when people have bounced back as before). The next section looks at this in more detail.

9.4 The range of responses to difficult life events

1. The grid in the box below gives a framework of three possible responses to difficult life events – negative, neutral and positive. These are set in the context of the individual, family, community and society. Point out that you are now identifying a fourth level to the analysis – societal – that shapes the communities in which people live. Setting responses in this context makes it clear that:

› Individuals are part of a wider network of inter-relationships in families and communities situated in a particular cultural and social context. These are all part of the picture of understanding the totality of someone's life (remember Bronfenbrenner in part one). All levels – individual, family, community, society – need to be taken into account.

› Practitioners need to make a comprehensive assessment and not just focus on one aspect of a person's response. For example, a person may be traumatized with reference to certain functions and responses, and yet the very same person may also be resilient

in relation to other functions (e.g. he/she may be able to hold down a job). It may also be that responses change over time.

Range of responses to adversity

	Negative: Psychiatric disorder	**Negative:** Distressful psychological reaction	**Negative:** Ordinary human suffering	**Neutral:** Resilience	**Positive:** Adversity-activated development
Individual level					
Family level					
Community level					
Society level					

From *Trauma in a systemic perspective: Theoretical, organisational and clinical dimensions.*

2. Look at the three categories of response in turn and define them:
- Negative – this has three degrees of severity
- Neutral – this is about resilience
- Positive – this is related to ideas of stress-related growth, crisis-related growth or development, thriving in adversity, post-trauma growth, positive transformation following trauma, and positive transformation of suffering

3. Negative responses include:
Ordinary human suffering: This is the most common reaction to stress in life. People cope when hardships come along, sometimes with the help of family and friends.

Distressful psychological reaction: This response occurs when something happens that causes distress. People can often manage distress too by themselves. They may find ways of reducing the stress or by strengthening their coping resources. Again being in distress does not always require specialist attention.

Psychiatric disorder: When distress persists over a long time or worsens or is severe, then professional help is needed. Some people who experience traumatic stress, for example, may go on to develop depression or post-traumatic stress disorder (PTSD.

4. The neutral response is defined as **resilience**. Resilience here means that people handle difficult life events and remain intact. They retain whatever qualities they had before and are able to withstand the pressures brought about by whatever happened. Most people recover without professional help because they find the resources within themselves and their family and community to cope.

   Point out that resilience is also used widely as a term that spans the neutral and positive response to adversity. This means, for example, that participants may well use 'resilience' with a meaning associated with post-traumatic growth. It is important to point out the differences if participants wish to use the grid in their work.

5. The positive response is called **adversity-activated development** (AAD). The adversity may be ongoing or it may be over, but new ways of responding are evident in AAD. Firstly, when adversity strikes, it pushes people to their limits. Usually people feel that their lives have come to an end and they do not know how to proceed. But in reaching their limits, new horizons may open up beyond those previously planned or imagined. This can then be experienced positively. Secondly, new perceptions emerge of oneself of one's identity, of one's relationships, and ultimately, of the meaning and purpose of life. Thirdly, the sum total of all these new perceptions leads to a new way of understanding, speaking and relating to the world.

6. Use the example of the completed grid (see below) to show the range of responses found in northern Sri Lanka. All the findings are included on the grid, but it is likely that this is too much information for the training. Choose examples that you think will be understandable and relevant to the training group.

	Negative: Psychiatric disorder	**Negative:** Distressful psychological reaction	**Negative:** Ordinary human suffering	**Neutral:** Resilience	**Positive:** Adversity-activated development
Individual level	PTSD, depression, anxiety disorders, prolonged grief disorder, alcohol & drug abuse, complex PTSD, deliberate self-harm, brief (reactive) psychosis, dissociative episodes, personality disorders	Acute stress reactions, intense and extreme levels of suffering, complicated grieving, adjustment disorders, maladaptive coping, alcohol and drug (including non-prescription medication) use, somatization, help seeking behaviour, change in ideology/faith, fear of future, suicidal thoughts/ behaviour	Sorrow, worries, normal grief, fear, stress, anger, uncertainty, magical thinking, psychological trauma, injuries, handicap, losses, low educational attainment	Independent, mature personality, adaptive coping mechanisms, flexibility, establishing and maintaining relationships, planning for their future, socialization and networking skills, entrepreneurship	Post traumatic growth, female leadership, empowerment, liberation, creative activities, nontraditional thinking, innovativeness, nontraditional jobs
Family level	Dysfunctional family units, morbid jealousy, family pathology, child psychiatric disorders or emotional and behavioural problems among children, homicide, suicide pact	Acute stress reactions, grief, family conflicts, domestic violence, separations, divorces, extra-marital relationships, unwanted pregnancies, child and elder abuse, poor parenting, scapegoating.	Displacements, separations, deaths, handicap, loss of properties and structures (buildings), disappearances, orphans, single parents, family disharmony, break-up of extended family system	Unity of nuclear families, cohesion, extended family ties, support system, new relationships, goals and aspirations	Functional female headed households, diversity in marriages, split families
Community level	Collective trauma, suicide, mass hysteria, impulsiveness and antisocial behaviours.	Acute stress reactions, denial, rationalization, intellectual dissonance, hopelessness, helplessness, powerlessness, herd instinct, silence, suspicions, distrust, uncertainty, breakdown of ethical and moral values, catharsis, sexual abuse	Displacements, up rootedness, separations, destruction of normal systems and structures, dysfunctional structures & institutions, loss of buffer system, reshuffled neighborhood, depleted social capital, poverty and nemployment/ underemployment	Rituals, revival of traditional arts (koothu), ceremonies, remembrance observations, monuments and grave stones, social functions	Acceptance of female leadership, female empowerment & liberation, new ways of thinking and breaking of traditional boundaries, entrepreneurship, awareness of global trends, emerging new form of arts (like cinema, short films), meaningful narratives, practical (problem solving) support, micro finance schemes and economic development

	Negative: Psychiatric disorder	**Negative:** Distressful psychological reaction	**Negative:** Ordinary human suffering	**Neutral:** Resilience	**Positive:** Adversity-activated development
Society level	Collective trauma, suicide	Hopelessness, helplessness, powerlessness, silence, suspicions, distrust	Depleted social capital, dysfunctional structures and institutions, patronage, authoritarian personalities, corruption	Rituals, ceremonies, remembrance observations, social functions, increasing tolerance about others view, culture and life style	Reduction of caste barriers, female leadership, empowerment, liberation, multi-cultural milieu, rights oriented thinking and behaviour

From *Rebuilding community resilience in a post-war context: developing insight and recommendations - a qualitative study in Northern Sri Lanka, p. 9.*

7. Use the case study about Omar again and in the same groups as before, do the following:
› Identify examples, if any, of psychological disorder, distressful psychological reaction, and ordinary human suffering.
› Identify resilient functions and adversity-activated development, if present.

8. Ask for feedback in plenary from each of the three groups on the two questions.

9.5 Recap

How does the grid help practitioners in thinking systematically about the people they are helping?

› It avoids concentrating only on the individual.
› Interventions then are more likely to be directed at all levels.
› The consequences of a difficult life event may be experienced in a variety of ways – a progression of negative to positive, or a combination of responses all at the same time.
› It allows the helper and the person/people being helped to recognise and work on the positive aspects rather than focusing on the negative aspects. This also reduces the tendency to pathologise normal reactions.

MODULE 10: STRUCTURING THE PROCESS OF HELPING

Learning objectives

- Participants practise opening and ending contact
- Participants are able to clarify reasons and methods for making referrals

Overview of module (120 minutes)

10.1 Introduction
10.2 Opening
10.3 Endings
10.4 Making referrals
10.5 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
Copies of the scenario about Awatif
PowerPoint slides plus projector etc. and/or handouts

10.1 Introduction

1. The process of helping usually has a structure:

- For every time you are in contact, (whatever the activity is) there is a beginning, a middle and an end.
- And in the overall process of helping there follows a structured progression. It begins with making an agreement, establishing safety in the working relationship, assessing needs, making a plan, moving through whatever interventions are needed and bringing things to a close plus making links with other sources of assistance if necessary (for example, making a referral to an organisation offering a particular service).

This point is illustrated in the box, which describes psychosocial care activities for children in conflict-affected areas.

Structuring helping
Within sessions the following format is: (a) sessions start with a get together around a circular, coloured object representing unity and safety (parachute), while simple hand/body movements and dancing are done, (b) the second part of the session focuses on what is the central topic for today, e.g. drawing your own body with the places where you feel "strength", (c) the third part of the session is a cooperative game (games with special rules about inclusion, competition, safety and working together), and the session ends with, (d) a final get together around the parachute to say goodbye.

Between sessions there is a build-up of activities; in the first two weeks activities are aimed at stabilizing traumatic stress reactions, securing a safe place and building internal resources. In the third week and fourth week activities are aimed at exposure to the possible difficult reactions and memories associated with the conflict, through non-verbal means and in the final, fifth week activities are aimed at identifying and installing external and internal resources and coping strategies.

From *Resource Package for Comprehensive Psychosocial Care for Children in Areas of Conflict (Module 7: Classroom Based Intervention 1), p. 1-2.*

For more materials, please see www.individual-collective-healing.org. Look for 'the first interview' in the resources box.

2. This module is about opening and ending contact. Explain that there is opportunity to role play initial contact with a person seeking help. You will also discuss how to bring a 'session' to a close. Refer to the learning objectives for module 10.

   Please note that modules 11 and 12 describe the progression in engaging with individuals or groups in assessing needs and formulating a plan of action. Part three of the training will be about possible interventions that can be used in response to distress and difficulty.

10.2 Opening

1. Ask participants to work in groups of three – agree an observer, client, and practitioner. Give paper and pens and copies of the case study. Ask participants to practise the initial contact using the scenario about Awatif again:

Awatif, a 32 year-old woman, witnessed a terrible car accident. She had been standing waiting for a bus, when she saw a truck hit a man on a motorcycle. The motorcyclist tried to jump clear but got trapped under the wheels of the truck. He was dragged along the road before the truck driver manager to bring the vehicle to a halt. Awatif screamed hysterically watching the accident unfold. Now Awatif can't eat and sleep. She is anxious all the time and gets flashbacks. She can't go back to the street where the accident happened.

2. Do role play for 10 minutes. Ask the observer to note down the key points of the initial contact with Awatif. After the role play, give five minutes for the observer to go through his or her feedback with their small group. Ask the person playing Awatif and the person playing the practitioner to give their feedback too.

3. Then ask for feedback from each group about how the initial contact was made and note down each group's points on a flipchart (but do not write the same point twice) adding new elements as you go round the groups.

Check at this point that participants are including the following elements in their role play:

- the purpose
- ethical principles including confidentiality
- time frame
- what kind of help that can be offered and
- what services or types of support that are not available
- practical arrangements
- potential for referral.

From *Lay Counselling: A Trainer's Manual, p. 52.*

4. Connect this module with issues covered in module 6 about establishing safety, dignity and rights. Use the list in the Badri article (p. 6-7) to check if qualities, awareness, skills and approach expressed by participants are in line with:

- the need to create trust and assure confidentiality to build rapport
- active listening
- empathy, non-judgemental, respect, sensitivity
- an awareness of how they conduct themselves when faced with distressing stories
- an approach that considers cultural understandings and
- that assessment of needs should not isolate individuals from families or community because this will impede recovery.

5. Consider if this exercise had been not with Awatif, but had been with a group of women with similar difficult experiences.

Talk together as a large group and see what similarities and differences there would be in establishing contact with individuals and with groups. Use the table below as a resource:

Similarities	Differences
Initial focus on establishing safety, ground rules and rapport	Greater attention required in groups to making sure that all participants are made comfortable
Practitioner encourages client(s) to express needs	Participants may initially be more reluctant to share needs in a group setting
Practitioner is generally accepting of all that is said	In group settings, practitioner may need to balance or challenge comments made by some participants that could be unhelpful for others
Practitioner offers some reflections on client(s) circumstances	Other participants may be a major source of reflection and encouragement in group settings
Practitioner ensures there is a coherent 'flow' in stages of a session and over a series of sessions	Members of a group may progress in their thinking and reflections at a different pace from one another, requiring sensitivity on the part of the practitioner

10.3 Endings

Explain that in this section you will be looking at:

A. Ending a 'session'

B. Ending contact with a person or group.

This section takes the form of discussions with participants drawing on their work experiences.

A. Ending a session

1. Ask participants what they consider to be key aspects of bringing a session to an end. Note down all the suggestions on a flipchart.

The list could include:

- summarising what has been done
- checking with the client(s) that they are in agreement
- being clear about when or if there will be further contact and what happens next
- giving information about resources or services if that has been promised during the session
- continue listening and reflecting on what is happening right to the end. Sometimes very significant points are made as people leave.
- ending on time (according to what has been agreed)
- saying thank you and showing respect and empathy.

Example of closing a narrative theatre session
After two hours of exploring different scenarios, the forum is drawn to a close:

Trainer: "We need to conclude now. Thank you for your ideas. Can you tell me what you have learned from this workshop?"

Male participant 7: "I learned about alcoholism, and the consequences and dangers of local beer."

Female participant 4: "It is now up to each person how they will use it and to help their neighbour."

Trainer: "In summary we have looked at the consequences for yourself, your family and the community. You have said that one strategy is to reduce the amount of alcohol you use – you also want to help and give advice to others. You can also come to us for help if the problem is too big for you. You also said that you want to teach the youth because they are your future – teach your children when they are still young."

The chief, psychosocial workers and visitors thanked everyone, including the audience. An invitation was given for the trainer to visit the community again. After the forum, many people came forward not only to speak to the counsellors about alcohol as a problem, but also to ask about other problems they had.

From *Healing communities by strengthening social capital: a Narrative Theatre approach, p. 24.*

2. Discuss in plenary when it is difficult to bring a session to a close and why. Ask for suggestions from the training group to resolve any difficulties raised. Record ideas on a flipchart for future reference.

B. Ending contact with a person or group

1. What issues are there about ending contact? Ask participants to work in pairs for ten minutes and answer the following questions:

› When is it easy to end contact?
› What makes it difficult?

2. Get feedback from the group and compile a summary on a flipchart about what makes endings straightforward and difficult.

Factors that make ending more easy could include:

› Everyone is in agreement with ending.
› Progress has been made.
› A pre-agreed number of meetings or group activities has been completed and everyone involved is aware of this throughout the time that help has been given.
› There is a plan for next steps.
› There is a mechanism for referral to other support or services where further help is needed.
› Support is in place for those seeking help. This could be family support or a new link with a support group etc.

3. Difficulties could be the opposite of all the factors above plus other issues. For example, if a programme or community activity comes to an end unexpectedly, this can be very distressing to all concerned. This might be because of insecurity, or because funding is suddenly withdrawn. It can also be difficult when there is be no guidance about ending contact. If an organisation has no policy, it may be left to the discretion of the practitioner or depend on the manager's decision.

Use the suggestions below and any other suggestions from the training group to stimulate ideas about dealing with difficulties:

Difficulty	Possible solution
Disagreement between the parties involved about ending	Determine what each person thinks about the situation. Evaluate what progress has been made. Take advice from a trusted person –manager, supervisor, community member (depending on the context in which you are working). Allow sufficient time to come to a decision, if possible.
Service or programme or activity suddenly comes to an end	This is outside the control of the helper and is hard to cope with. Helpers can do their best to contact those they are helping to let them know the situation.
More help is needed but there is no obvious point of referral	Contact networks, community centres, other practitioners etc. to see if there are any options in the area.
Helper feels they are the only ones who can provide the help	See module 6 about the drama triangle. Look for ways of establishing responsibility for help by everyone involved.
Helper feels unable to provide the help that is needed	Take advice from a trusted person to reflect on the scope of the help provided and look at other sources of help. Take steps to make a referral.

4. Again record ideas on flipchart for future reference.

10.4 Making referrals

1. In this section you can use PowerPoints plus flipchart paper to do a presentation on making referrals that also includes discussion of the experiences of the training group. Use the following notes:

Organisations usually have referral mechanisms that specify **when** and **how** to refer a person, family or group for help from another source and **what** kind of services and activities they can refer to.

2. When to refer?
   Referrals for more specialised mental health services are different from making referrals to other sources of support that enable people to continue in their recovery.

Look first at referrals for specialised help. On what grounds would participants refer? This obviously depends on the context where participants are working. Note the reasons for referral on a flipchart. Use the list below if needed:

- The person has imaginary ideas or feelings of persecution
- When a person hints or talks openly of suicide
- If there is a possibility of child abuse or any criminal activity
- The problem does not fit the purpose of the activity or programme
- The person seems to be socially isolated
- You have difficulty maintaining real contact with the person
- You become aware of dependency on alcohol or drugs
- When the person is engaging in risky or threatening behaviour
- **Or** when the problem is beyond your capability or training as a helper
- When you as helper become restless or confused or have negative recurring thoughts
- When you feel you are the ONLY one who can help.

3. The principles of 'acting in the best interest of the child' and 'do no harm' are paramount here. When a child or adult's safety is at risk, for example, then it is essential to be clear about the grounds for referral and the procedure for referral. Sometimes it is necessary to breach confidentiality in these circumstances.

4. Now talk about the second kind of referral. This kind of referral can be made if people would benefit from attending a local support group or community activity, or participating in a programme that addresses particular needs (for example, vocational training) etc. Practitioners need to have a good knowledge of local resources to make this kind of referral.

5. How to refer?

- Inform the person concerned about your intentions
- Present different options
- Assure them that you will continue your support until the referral is complete
- Get their consent for referral
- Let him/her know that you care and then explain the reasons for the referral
- Discuss matters such as fees, location, accessibility, etc.
- Arrange for a follow up call.

Consent form for referral
I,_____, (name of person being referred) give my permission for _____(name of organisation) to share information as listed below with the service(s) indicated here:_____
Information to be shared includes:
_____
_____
I understand that shared information will be treated confidentially and shared only as needed so that I can receive assistance. I understand that a person from the service(s) named will contact me.

Signed:
Date:

6. What kind of services?
   This depends on why referral is necessary. Referral might be needed to specialised mental health services or to other services in relation to health, protection, legal, educational, financial issues, etc. Alternatively referral might be useful to enable people to continue in their recovery.

What happens when specialised help is not available? What are the options?
- Investigate options with networks and NGOs. It may be possible to identify ways of accessing professional support.
- Collaborate with community supports.
- Remember people with anxiety, depression and PTSD benefit from psychosocial support. Although this may not serve as a treatment and bring full recovery, this can be of help and support people in their distress.

7. Activity
   Ask participants to think of examples of referrals they have made in the last six months. Give them 15 minutes to note down the main reasons for referring, how they referred and what kind of services they referred to. Invite two or three participants to tell the group about these referrals.

10.5 Recap
Check with participants that they know the key elements in providing support:
- its purpose
- limits of the help you can offer (including the do not harm principle)
- services and other forms of support you can link the person with or refer to.

Recap the key aspects in bringing contact to an end:
- mutual agreement
- the acknowledgement/realisation of the progress made
- plan for next steps
- availability of referral mechanisms and/or other kind of support.

MODULE 11: ASSESSING NEEDS

Learning objectives

- Participants learn methods of assessing individual and community needs

Overview of module (120 minutes)

11.1 Introduction
11.2 Individual needs assessments
11.3 Community needs assessments
11.4 Assessment protocols
11.5 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
PowerPoint slides plus projector etc. and/or handouts

Notes for trainers:
This module is about assessing needs of individuals or groups. In preparing for this module, as the trainer you should select the resources that are most relevant to the training group. Once you have selected the right set of materials, you can follow the structure of the module suggested here and the discussion questions. You can use PowerPoints to present the materials and hard copies of assessment tools if you think this would be helpful to participants.

11.1 Introduction

1. Refer to learning objectives for module 11. What mechanisms can be used to find out what problems people face as well as what things are still going well? Explain that various methods can be used depending on the circumstances - individual needs assessments, community needs assessments, and standardised assessment protocols.

2. One general principle here is that all services should incorporate an understanding of trauma. This is referred to as 'a trauma-informed approach.' In terms of assessment, this means that everyone who comes into contact with any programme or service or group is asked the same assessment questions that also include questions about the ways in which trauma may have affected them.

3. Another general principle is that those seeking help are actively involved in the assessment of their needs.

11.2 Individual needs assessments

1. Ask participants how they usually assess the needs of the people they are working with. What kind of questions do they use? What dilemmas or difficulties do they face? Ask participants to share ways they have found to address any difficulties in making assessments.

2. Ask participants what methods they use in conducting assessments.

3. Present the assessment methods you have chosen from those set out here:

Screening questions
Consider using a screening procedure followed up by a more detailed assessment.
Screening questions could include:
Do you have problems sleeping at night?
Have you been feeling as if you have lost interest in your usual activities?
Have you been feeling sad or unhappy recently?
Have you been feeling scared or frightened of anything?
Have you been worried about drinking too much alcohol recently?
How much money and time have you been spending on alcohol recently?

From *Where there is no psychiatrist, p. 21.*

Standard interview questions
A standard form of interview usually collects three types of information:

General information
- name
- address
- age
- sex
- marital status etc.

Information about the problem
- when did it start?
- how is it affecting their life?
- what is their view of the problem?
- [What have they done to deal with the problem already?]

Other information
- the person's social support
- recent life events
- relevant medical history etc.
- [important people]
- [Future perspective]

From *Where there is no psychiatrist, p 22.*

Key themes for assessment
1. The problem as the client sees it.
2. The background of the problem, e.g. the part other people play in the problem, the history of the problem, what has the client tried to do about it?
3. Things that are still going well.
4. Resources that are available to the client to help address their problem.

From *Training counsellors in areas of armed conflict within a community approach, p. 66-67.*

Using the grid to summarise the assessment:

Negative responses:

Levels	PD Psychiatric Disorder (PTSD)	DPR Distressful Psychological Reaction	OHS Ordinary Human Suffering
Individual			
Family			
Community			
Society/culture			

Personality type before and after the devastating events. This includes characteristics that persisted through the trauma:

Levels	Neutral/resilience skills and characteristics that persisted through traumatic events
Individual	
Family	
Community	
Society/ culture	

Characteristics including an estimate of psychological capabilities, strengths and weaknesses (Individual, culture, resilience). Newly acquired positive skills and coping techniques as a direct result of the trauma:

Levels	Positive adversity-activated development (AAD)
Individual	
Family	
Community	
Society/ culture	

From *Psychological Trauma: Counselling for Gender-based Violence Survivors, p.41.*

11.3 Community needs assessments

1. The aim of working with people's problem-based stories is to help people gain a deeper understanding of the problem itself; when, why and how it becomes worse, and how people's lives are affected by it. As a trainer or psychosocial worker, you can help them to get to the root of the problem by asking 'why?' every time they answer your question. The person answering is then taken on a journey into the problem, until the root cause is found. Once people understand they are not the sole cause of the problem, you can start working on a strategy to overcome it.

2. Understanding a problem requires the following activities: naming, deconstructing, mapping and externalising:

- Naming means giving the problem a name that is acceptable for the people within the community and does not put blame on anyone. It should be a word used by the participants in their stories.
- Deconstructing means taking the problem apart, so that it becomes easier to oversee. This usually helps make people feel less hopeless.
- Mapping means getting an overview of the effects that the problem has on various members of the community. The effect will be different for women, than it is for men, or children.
- Externalising means giving the problem a name and describing it as something that exists outside oneself. It makes it possible to become less defensive and to find good solutions on how to make the problem smaller, especially in terms of actions that the person can take themselves.

3. During this process of naming, deconstructing, mapping and externalising, a trainer will probably pick up a lot of new information that is not always seen or heard when people first tell their stories. This information can be used in the discussion with the group on how they see possible solutions. Names should be found in the local language that you are teaching in, and that conveys what the word means.

From *Healing communities by strengthening social capital: a Narrative Theatre approach, p. 16-17.*

4. Another method which encourages group participation in prioritizing needs is called PRM, participatory ranking methodology. A guide on how to do this is available at www.cpcnetwork.org. If you choose to train participants to use this method, it is recommended to practise it in groups of about eight people. This method has been used, for example, to ask children in a refugee camp what they consider to be the biggest problems they face.

   For example in a study of a group of adolescent girls in South Sudan, health issues were consistently ranked above school, food and shelter as their most pressing concern (see *Women's Refugee Commission. I'm here: Adolescent Girls in Emergencies, 2014.*)

5. It is also possible to devise a local scale of stress such as the one in the example in the box below from Afghanistan.

A local scale of stress
The Afghan Scale (ADSS) includes such items as overcrowded housing, poverty, unemployment, the security situation, violence in the home, poor health, air pollution, and traffic congestion making public transportation extremely difficult.
From *Daily stressors, war experiences, and mental health in Afghanistan.*

11.4 Assessment protocols

1. 'Where there is no psychiatrist' (p. 22-23) provides some simple checklists for the assessment of anxiety, depression, severe mental disorder, and alcohol or drug dependency. There is also the 'Community Informant Detection Tool' featuring depression, psychosis, epilepsy, alcohol use disorder and behavioural problems that can be used:

Please see http://mhinnovation.net/

2. There are also a number of more formal assessment questionnaires that have been translated into multiple languages and are validated for different cultural contexts including:

   General Health Questionnaire (GHQ)
   Hopkins Symptom Checklist
   Harvard Trauma Questionnaire
   Self-Reporting Questionnaire (SRQ-20)
   Strengths and Difficulties Questionnaire (SDQ) for children

11.5 Recap

How can helpers balance an assessment of needs and why is this essential?

Responses could include:

- The assessment must include resources as well as needs.
- The active involvement of the person/group being assessed is also crucial so that the person/group is 'invested' in the resulting plan of action.
- Practitioners should take care not to be judgemental about certain behaviours and then focus too much attention on issues which may not be a problem to the person/group being assisted.

MODULE 12: FORMULATING A PLAN

Learning objectives

› Participants practise formulating a plan of action

Overview of module (120 minutes)

12.1 Introduction
12.2 Formulating a plan
12.3 Activity
12.4 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
PowerPoint slides plus projector etc. and/or handouts

12.1 Introduction

1. This module is about setting goals and formulating a plan. Refer to learning objectives for module 12.

2. Begin by presenting the basic approach using PowerPoints if required: A problem-solving approach is used here. Diagnoses are not generally used in this approach to formulate a plan. Following assessment the starting point is whatever difficulties have been identified alongside the resources that are present. The grid is useful here as it provides a format for assessing the positive, neutral and negative responses that are identified in assessment.

   Remind participants that in practice, assessment and goal setting and working through difficulties often happens in a cycle, as progress is reviewed and new goals are identified.

3. Remind participants that working with groups as well as working individually means creating a safe place for people to review what is happening to them. Check what understanding there is of what a safe space might be. This includes:

› negotiating ground rules for the process
› setting up groups of equal status
› defining people's rights and responsibilities.

Creating an opportunity for a group of people to discuss a problem that is recognisable and possibly shared by many members of the community will lead to more collectively generated solutions.

Collective healing
In this example from Ruhororo region, Burundi, there are four phases in a collective healing approach. Phase two focuses on a form of needs assessment:

Phase one: establish mechanisms for community participation
↓
Phase two: use narrative theatre to raise awareness about problems named by the community
↓
Phase three: agree a plan of action for healing
↓
Phase four: reflect on planned actions as to whether they are having the desired effect.

From *Collective healing: A social action approach, p. 11.*

12.2 Formulating a plan

1. Formulating a plan based on a needs assessment has three main elements:

- agree priorities
- identify resources
- agree actions.

Formulating a plan with a family

1. Identify needs through assessment.
2. Identify basic ingredients and contributions to resilience and health.
3. Identify the availability of protective social and family network.
4. Check on the quality and sufficiency of services from NGOs.
5. Get to know experiences, skills and cultural heritage in general and in relation to stress reduction.
6. Identify priorities, norms and values that can contribute to community rehabilitation and psychosocial wellbeing.
7. Reinforce confidence in the community abilities and coordination between stakeholders and important community figures.
8. Build on resources and behaviours that protect and reinforce the community ability in dealing with stress and crisis. Building on past experiences.

From *Practice-Oriented Course for Community Mental Health and Psychosocial Support Advanced Level.*

2. The table below gives a suggested format for planning. This table is from the 'Practice-Oriented Course for Community Mental Health and Psychosocial Support Advanced Level'. It focuses on work with families, but it can be adapted to work with individuals other types of groups:

Problems in context	Resources				Plan of action				Person/s responsible	Goal
	Agencies	Individual	Family	Community	Agencies	Individual	Family	Community		
1										
2										
3										
4										
5										
6										

Adapted from *Practice-Oriented Course for Community Mental Health and Psychosocial Support Advanced Level.*

The table is helpful as it prompts practitioners to list all the resources (in relation to the prioritised problems) that are available within the family itself, their community as well as from agencies. This is an important principle for helpers in any context because it shows that support comes from all kinds of sources (not just from the practitioner). The table also provides a simple means of listing a plan of action and a way of documenting who is responsible and how success will be measured.

12.3 Activity

1. Ask participants to think about an individual or family or group they are working with. Ask them to spend 20 minutes individually and identify:

- the most important problem
- what resources are available and
- a plan of action.

Ask them to copy the table below onto a piece of paper and use it to order their thoughts:

Problems in context	Resources				Plan of action			
	Agencies	Individual	Family	Community	Agencies	Individual	Family	Community
1								
2								
3								
4								
5								
6								

2. Invite up to five participants to present their plan.

12.4 Recap

The three main steps in making a plan are agreeing priorities, identifying resources and agreeing an action plan. In practise what is easiest and what is most difficult and why?

PART 3

Individual to collective healing in practice

1. Take a few minutes to give an overview of part three to participants before you start module 13, using the information in the box below:

PART THREE includes the following modules:
Module 13: Implementing interventions
Module 14: Sustaining interventions
Module 15: Monitoring and evaluation

PART THREE of the manual draws for the most part on the experience of the individual and collective healing training programme undertaken by Ahfad University for Women with War Trauma Foundation in Sudan. It integrates concepts and ideas from part one and two of this manual and gives examples from the field. It provides opportunities for participants to reflect on their own work, using role play and discussion.

PART THREE: References
If you or participants want to access the resources referred to part three, here are the full references:

- Guus van der Veer, *Training counsellors in areas of armed conflict within a community approach.* 2011.
- Guus van der Veer, *Seven Messages to Psychosocial Workers, Counsellors and Mental Health Staff, War Trauma Foundation,* 2009.
- Yvonne Sliep, *Healing communities by strengthening social capital: a Narrative Theatre approach. War Trauma Foundation,* 2009.
- *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Action sheet, p. 33 – 37. I*ASC, 2007.
- *Reflection,* Learning Development, Plymouth University, UK, 2010. Please see: http://www.plymouth.ac.uk/uploads/production/document/path/1/1717/Reflection.pdf

2. A case study is used in module 13. Because the case study features gender-based violence, it is important to point out the following principles to participants, in situations where adults or children may be at risk:

- Ensure the safety of the survivor(s) and their families at all times.
- Make provision for the survivor(s) based on relevant legal requirements.
- Respect the confidentiality of the affected person(s) and their families and respect their wishes and rights at all times.
- Ensure non-discrimination in all interactions with survivors and in all service provision.

Note to trainers:
This training does not include information on identifying signs of domestic violence, gender-based violence or child abuse, nor does the training include case management protocols for child protection, domestic violence etc. Please ensure that participants are aware of their responsibility to follow procedures and protocols set out by the agencies they work for.

3. Remind participants of the social ecological model (see module 3) – draw the diagram of the circles again on some flipchart paper. It shows how an individual's experience is shaped by the effects of factors within and across systems. The systems are presented as concentric circles, showing that each level has an effect but at different levels of immediacy. In this training we look at all levels of intervention from the individual to the collective.

Explain that as helpers, it is important to be aware of multiple systems levels, and to recognise the resources available across these levels. It also means there are a number of entry points for possible interventions. The work can be approached from either a collective or an individual perspective and both counselling and community interventions can take place at the same time.

Explain that regardless of whether helpers are working directly with individuals, households, groups or communities, they still should view the individuals within this collective setting.

MODULE 13: IMPLEMENTING INTERVENTIONS

Learning objectives

› Participants are able to implement interventions at an individual and collective level

Overview of module (1 day)

13.1 Introduction
13.2 Assessing needs
13.3 Intervening at individual and collective levels
13.4 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
Picture of a big elephant, cut up into small pieces for exercise in 13.2
Copies of the case study about Hussan
PowerPoint slides plus projector etc. and/or handouts

13.1 Introduction

1. Refer to learning objectives for module 13.

Note to trainers:

There may not be time to do all the activities included in this module. Select the ones that seem most useful to the training group. It is recommended that one whole day be devoted to this module.

Make sure not to let stories that are predominantly about problems take over the training. It is important that helpers are mindful of strengths and resources. You can encourage and energise participants too in facing challenges and problems with the individuals and communities they are working with by remembering strengths and resources.

13.2 Assessing needs

Activity 1

1. Begin with a fun activity which will help participants to understand that in assessment it is important to see the whole picture.

2. Take the picture of an elephant you have cut up and give each participant one piece of the picture. **Be sure not to say what the picture is!** Tell the participants that the pieces form a big picture when they are correctly assembled.

3. Ask the whole group to begin to put the pieces together. Give them time to complete the task (about 15 minutes).

4. Briefly discuss the activity after the picture has been completed:

- At the beginning, what did the piece of the picture that you got look like?
- Is it different from looking at the puzzle now it is completed?
- What does this tell you about assessing needs?

The main point in this activity is that, as far as possible, helpers need to see the whole picture, whether they are assessing an individual, family or whole community. An assessment should ideally take account of strengths and resources, as well as problems and challenges.

Activity 2

1. Introduce the second activity. This one is a type of community mapping exercise. Invite participants to get into groups that represent the areas they come from.

2. Ask them to draw a tree on a sheet of flipchart paper, with different parts of the tree representing their community as follows. (Write these categories on flipchart paper so that everyone can see what they need to include on their trees):
   The roots: The culture and history of the community
   The trunk: Existing institutions and sources of knowledge that help the community
   The soil: The activities of the community
   The branches: The knowledge, skills and projects in the community
   Some broken branches: Support mechanisms or efforts that used to be in the community, but are not there anymore
   The leaves: Significant people in the community, past and present
   Fruits: Achievements, successes or products that have come from this community
   Blossoms: Wishes, dreams and achievements for this community
   Weak parts of the tree: Challenges to the community
   Nutrition: Activities that will make the community stronger

There is an example from Sudan in the box below.

Ask the groups to spend 30 minutes together working on their pictures.

3. When everyone is finished, ask each group in turn to describe their tree. The main point in this activity is that participants see that it provides a 'big picture' of the community. It enables participants to account for the resources and challenges in their community. This is important in promoting a strengths-based approach.

A tree from Alezba in North Khartoum, Sudan
The roots: The Alezba community developed in the 1980s. People began to settle in this location, having migrated to Khartoum due to natural disaster and war.
The trunk: Alezba has a mosque, a khalwa (a religious school), and two elementary schools. They coexist very positively here.
The soil: Most people who live here are day labourers with extremely limited income.
The branches: Most of the elders used to be good workers, active in unions and committees before getting old or disabled. However, they still know how to speak up for their people and lead their community. There is also a good psychosocial programme for school children.
Some broken branches: An Islamic NGO promoting a women's microfinance project (aimed particularly at alcohol sellers) was successful. However the manager was suddenly fired and nobody ever spoke about the project again.
The leaves: In the past there was a Imam who was a strong leader and who managed to create positive change in the community. He gave advice to his people, but he has now died. There was also a teacher who was active in the community, but he was transferred to another area. Presently there is one strong teacher and some community workers committed to helping the community.
Fruits: Parents are motivated and have been able to keep their children at school. They are also managing to provide the children with school lunch.
Blossoms: This community feels very strongly about their children and they would like a safe and positive environment for them to grow up in.
Weak parts of the tree: There is widespread poverty and there is serious soil erosion. Trees are chopped down for firewood and the area is becoming barren. In addition there seems to be more violence and crime due to the sale of alcohol.
Nutrition that could make the tree stronger: We want to create a structure where the voices of all the people will be represented and to make sure these voices will reach the authorities. We also need a stronger child protection plan. We can encourage people to help each other to stay strong and not only wait for people from outside to help us. We need to bring back the microfinance project for women and children. We want to build communities where our children can grow up and be strong one day.

The trees can be displayed together like a forest representing the different areas of the country. This helps the participants from different areas to understand the context their colleagues are working in.

Activity 3

Note to trainers:

The third activity is based on *Guus van der Veer, Seven Messages to Psychosocial Workers, Counsellors and Mental Health Staff, WTF, 2009.* It is a demanding training exercise for participants, as it is based on the willingness and capacity of participants to role play situations they face in their work. It is also demanding for trainers, as it is consequently a training exercise that unfolds within the group, that cannot be pre-prepared.

1. Set the scene for the activity by saying that the problems of people affected by violence and armed conflict often are very serious. Anyone listening to someone when they describe their problems is at risk of being overwhelmed by feelings of powerlessness. In reality, the problems of the people we want to help are a mix of seemingly insurmountable suffering (like the loss of loved ones) and small or medium sized difficulties. When we can help people to overcome some of these relatively minor difficulties, they will be better able to deal with suffering for which there seems to be no relief or problems that have no easy solution.

2. Explain that in a few minutes you will invite a few participants to role play assisting someone who is facing difficulties. The role play will be done in the large group so that everyone can brainstorm responses to the person seeking help.

3. Ask everyone to think about someone they have worked with who has a difficult problem. Invite someone who is willing to outline the person's situation. Then ask the participant if they would be willing to role play the person they are thinking about in front of the large group.

   Two or three other participants can then be invited to take turns in playing the role of a practitioner trying to get an overview of the situation. As the trainer you may also wish to participate in the role play. Take about 30 minutes doing the role play.

4. After the role play, brainstorm in plenary all the possible components in the person's situation. Write up all the suggestions on flipchart paper.

5. On another piece of flipchart paper have the following list written out in advance:
   1. Practical problems
   2. Dilemmas
   3. Lack of skills

4. Symptoms related to extreme stress or psychological effects
5. Emotional difficulties,
6. Inner problems.

The difficulties faced by people typically fall into one or more these categories. Here are more detailed explanations of each problem category:

1. Practical problems e.g. inadequate housing, financial difficulties
2. Problems due to dilemmas e.g. arising from domestic violence, or from being displaced
3. Problems arising from a lack of skills e.g. for families living and working on the streets, this might be building their capacity in dealing with harassment
4. Symptoms, complaints and problematic behaviour related to traumatic experiences or extreme stress e.g. physical symptoms (like palpitations, difficulty in breathing, headaches, aches and pains all over the body, sleeplessness, loss of libido); panic, nightmares and flashbacks; changes in behaviour such as alcohol abuse, aggressive behaviour, avoiding certain situations and having negative thoughts.
5. Problems due to overwhelming emotions, e.g. the sadness or hopelessness of people who have suffered major losses
6. Inner problems, e.g. blaming oneself for something, having a very negative view of oneself.

From *Training counsellors in areas of armed conflict within a community approach.*

Look at the list of components that the group came up with and ask participants try to group them into the categories. Use different coloured markers to identify them – for example, use a red marker to circle or underline components of the problem that represent 'practical problems'.

Activity 4

1. Explain that the group will now use these six categories of problem to look at a case study. Divide the group into four groups and give them copies of the case study, flipchart paper and markers. Ask them to use the problem categories given above and do the following:

› Group one: List all the possible problems Hussan may be facing.
› Group two: List all the possible problems his wife may be facing.
› Group three: List all the possible problems their family may be facing.
› Group four: List all the possible problems the community may be facing.

Give the groups 20 minutes for the groupwork. Ask them to use their own work experience, as well as the details provided in the case study, to imagine the kinds of problems that might be present.

A case study: Hussan
Hussan has a wife and four children. He has come to see a counsellor because his wife will not listen to him. He has tried to punish her in every possible way to force her to listen to him, but she still does not do so. He is now losing respect from his friends because they can see the disobedience of his wife. He recently lost his job and the family has no other income. He feels very angry and sometimes when he hits his wife, he forgets where he is and loses control. He is thinking of suicide because he has failed in being a good man as far as others are concerned.

2. Invite each group to give feedback about the problems they have identified. Use the trainer's notes below to check that participants have covered all possible aspects of the case study.

Note to trainers:

A. Hussan:

1. Practical problems – for example, no job and no other source of income for the family.
2. Dilemmas – for example, not knowing how to go forward. Increasing the punishment and violence will be destructive for himself and his wife. Decreasing the violence could mean that his wife gets totally out of hand and will not listen to anything anymore.
3. Lack of skills – for example, in anger management.
4. Symptoms of stress or psychological effects – for example, depression; anger outbursts; suicidal thoughts.
5. Emotional difficulties – for example, feeling helpless, overwhelmed and a loss of control.
6. Inner problems, for example, low self-esteem, struggling with his identity as a man.

B. Hussan's wife:

1. Practical problems – for example, no place of safety when she feels threatened, no other means of income apart from her husband's, impact of violence on children, possible medical needs as a direct result of beatings (like fractures or wounds).
2. Dilemmas – for example, should she leave Hussan which would mean social isolation, or stay with him which could mean on-going domestic violence?
3. Lack of skills - for example, in assertiveness.
4. Symptoms related to extreme stress or psychological effects like depression and anxiety.
5. Emotional difficulties – for example, feeling dependent on a man who is so aggressive.
6. Inner problems - for example, low self-esteem, feeling a failure as mother and a parent.

C. Hussan's household:

1. Practical problems – for example, like lack of space because too many people live in the house, lack of food and income, lack of access to health care.
2. Dilemmas – for example, of staying in a family that feels unsafe.
3. Lack of skills - for example, to mediate when there is family conflict, or few skills within the family to earn an adequate income.
4. Symptoms related to extreme stress within the family due to living in fear. Poor performance of children in school and in working the vegetable garden. Not socializing and becoming more isolated.
5. Emotional difficulties – for example, feeling helpless when Hussan is out of control.
6. Inner problems - for example, like starting to get aggressive with each other or withdrawing, feelings of shame which affect their identity as a family.

D. The community:

Hussan's story is not unique to this one person in this kind of setting. During the community assessment it could be found that this kind of problem is recognised by many people in the community.

1. Practical problems – for example, increasing deterioration of the environment and infrastructure. Problems could escalate in the form of an increase in gang violence or other forms of violence, increase in substance abuse, a general sense of risk especially for vulnerable groups like women and children. More conflict within the community.
2. Dilemmas – for example, of staying in a community with no work opportunities and a feeling of insecurity, especially if this is on a life-threatening scale. It could result in men leaving to seek work, resulting in more stress in the community.
3. Lack of skills – for example, to deal with problems of this magnitude without facilitated support from outside.
4. Symptoms of stress or psychological effects are similar to those at household level.
5. Emotional difficulties are similar to those at household level.
6. Inner problems are similar to those at household level.

13.3 Intervening at individual and collective levels

1. Explain to participants that this section details a number of interventions which might follow an assessment process as described in 13.2.

2. Do a brief recap of part two, section 12.3, when there was an exercise in formulating a plan, i.e. Think about an individual or family or group they are working with and identify:

- the most important problem
- what resources are available and
- a plan of action.

These are the steps needed to plan which interventions are relevant to the situation.

Note to trainers:
Don't spend too long on the method of ranking problems again. This should be a brief recap.

3. Explain to participants that in practice it is not always easy to decide on the problem to be addressed first, especially where the problems highlighted are very sensitive, like gender-based violence. Sometimes the most important problem may not be the one you start with. Time is needed to build trust in order to respond to all the issues raised.

4. Discuss the example from al-Fateh in the box below. Read it aloud and ask for comments.

An example from the field
In al-Fateh, Sudan, community leaders spoke about domestic violence and female genital mutilation as being the biggest problems they had to cope with. Like many similar themes these types of problems are hidden in shame and silence. It was decided to use narrative theatre as a strategy to deal with the emerging issues. However, while preparing for the narrative theatre event, the community workers mentioned that presently the women and children felt very affected by the absence of men in their community. It was an issue they wanted to deal with first.

The men who attended the meeting were not sensitised around gender issues, which resulted in extensive time needed to create a deeper understanding. Although in principle the men agreed that women were equal to them, as soon as it came to actual discussion of roles, the expectation was that roles are culturally defined and that the women should accept this.

5. Be sure to repeat the following principles to participants, in situations where adults or children may be at risk:
- Ensure the safety of the survivor(s) and their families at all times.
- Make provision for the survivor(s) based on relevant legal requirements.
- Respect the confidentiality of the affected person(s) and their families and respect their wishes and rights at all times.
- Ensure non-discrimination in all interactions with survivors and in all service provision.

6. Ask participants to look at the case study again. Explain that you are going to ask them to consider ways of intervening in response to Hussan's situation, firstly at an individual level and then at a collective level.

7. Take Hussan's outbursts of uncontrolled anger as the first problem to be dealt with, as an example for how to intervene at an individual level. Ask participants to discuss how to intervene and write down their suggestions on flipchart paper.

Make sure the following aspects are included:

- Discuss with Hussan the possible sources of his anger.
  - You can explain that he may be feeling angry about the painful things that have happened to him in his own youth and childhood. His anger may be associated with the strong cultural expectations of what a man's role is in the home: He is angry because he feels his wife is not respecting him as she should.
- Work with Hussan to see how anger affects his own body.
  - What does his body tell him when anger is building up inside him? There are physical exercises that can help him increase his awareness.
  - Discuss ways in which he could prevent escalation of his anger. For example, he can practise deep breathing and other relaxation techniques. He could remove himself from the situation or person that is triggering his anger.
- Discuss ways in which he can express his anger without losing control.
  - For example, he could try to learn better ways of communicating with his wife. Consider the problems they face as a couple and try to solve them together.
- Externalise the problem.
  - Externalisation is used to enable people to realise that there is a difference between the problem and the person.

8. At this point in the training, choose an exercise from the ones shown below to enable participants to practise an intervention responding to Hussan's anger.

Relaxation exercise

This is from *Training counsellors in areas of armed conflict within a community approach, p. 56.*

1. Make sure everyone is sitting in a chair.

2. Demonstrate the exercise first as follows:

- Raising feet and legs one at a time, breathe in while pointing toes to the knees, and breathe out while letting the legs rest again and releasing the toes (do 5 times).
- Raising arms and hands, breathe in while making tight fists, and breathe out while letting the arms rest again and releasing the fists (do 5 times).

› Tighten the facial muscles, for example those around the eyes, mouth and forehead while breathing in and release all facial muscles when breathing out.

3. Now do the exercise with the participants.

Note to trainers:
During the demonstration, encourage the participants to laugh at the trainer if they want to - laughing itself is quite relaxing.

Externalisation exercise

1. Explain that in externalising conversations we 'de-centre' the problem in people's lives. The aim is to enable people to realise that they and the problem are not the same thing,

2. Refer to Hussan. He sees himself as an angry man. But he may not fully recognise how it is starting to take over his life. If he thinks about it carefully, he can see when anger started appearing and what history it has in his life.

3. Explain through externalization, a problem is given a name. By interviewing anger as a 'problem character,' people begin to understand what makes the problem bigger and what can be done to make it smaller.

4. Divide participants into groups of three - one person is the interviewer, one person plays the problem character "Mr. or Mrs. Anger" and the third person is the observer and records the interview. Give the groups 20 minutes to do the exercise using these questions for Mr. or Mrs. Anger (and others they might think of):

› Are you confident?
› What effect do you have on Hussan's life?
› What effect do you have on his wife?
› What effect do you have on his family?
› Are you also big in this community?
› How did you become so powerful?
› Are you feeding yourself on the misery of people?
› Can you tell me more about that?
› Do you think Hussan and his family like having you around?
› What would happen if they did not make so much space for you in their house?

5. Give the groups 20 minutes to do the dialogue. Then ask them to discuss the exercise amongst themselves for 10 minutes.

6. In plenary ask participants what are the benefits of this approach?
- It tends to reduce a judgmental attitude on the part of the helper.
- It decreases a sense of shame from Hussan's perspective.
- It enables the helper to join with Hussan in working on the difficulties he faces.

Collective interventions

1. Now turn to interventions on a collective level. Ask participants to brainstorm the kind of collective interventions that could be done in response to Hussan's situation. These could include the cultural resources of the community, e.g. dance, puppets, drumming, songs, storytelling. Choosing familiar dances or songs that address the issues at hand and that are respectful and positive helps to build mutual support.

Do a presentation on narrative theatre, using the notes below:

- Narrative theatre makes use of drama that is constructed out of the lived experience of the people involved.
- It is a collective approach, giving communities an opportunity to solve problems creatively and to work towards realistic outcomes.
- It promotes hope and strength in communities by encouraging mutual help and support.
- The steps in narrative theatre are described in the box below.

NARRATIVE THEATRE: ESSENTIAL STEPS

A. IDENTIFY THE PROBLEM

1. Identify the community in which the work is going to take place and negotiate community entry with local leadership.
2. Do a comprehensive community assessment of both problems and resources within the community. Involve as many voices as possible.
3. Generate a list of psychosocial issues which are relevant for the community (focus on behavioural issues).
4. Identify one issue that could be dealt with in the first narrative theatre forum.

B. PREPARE TO WORK WITH THE COMMUNITY

5. Work with your core team to prepare a scene that will form the point of departure for the narrative theatre forum.
6. Plan how you will work together during the narrative theatre forum.
7. Plan all the logistics for the event.

C. IMPLEMENT THE NT EVENT

8. Conduct the narrative theatre forum.
9. Map the effects of what is happening collectively.
10. Ask the community what they think will happen if this kind of behaviour continues to escalate.
11. Work on creating an alternative story: Ask the community to think what alternatives there could be to what happens at present.
12. Generate an alternative story with members from the audience: The scene starts as before, but leads to a different outcome.
13. Ask the community again what they think of this outcome.

D. FACILITATE COLLECTIVE PROBLEM ANALYSIS

14. Ask what every person can do in this situation to increase support mechanisms and to decrease risky behaviours.
15. Divide the community into smaller groups (usually organized based on age and gender). Encourage each group to choose a name and logo for themselves.
16. Make sure that each group has at least one facilitator. Their role is to enable community members to share their stories about the issue raised AND to support a strengths-based approach in addressing the issue.
17. Give time for groups to talk about their understanding of the issue presented from their own perspective. Talk about the community's strengths and abilities too.
18. Encourage the groups to think how the abilities and resources of the community could be applied to the issue to create a way forward. It is important that facilitators prompt groups to remember how they solved problems in the past. Write down ideas on a flipchart
19. Ask the group to identify someone in their group that can give feedback to the overall community.

E. UNITE THE COMMUNITY AGAINST THE PROBLEM

20. Bring the groups together again and ask each small group to give feedback from their small groups discussions.
21. Discuss what to do next, including making committees.

F. ENSURE SUSTAINED CHANGE

22. Local committees are vital to sustaining change in the community. (See more about setting up and supporting committees in module 14.4).
23. You need to do at least three narrative theatre forums to create the possibility of people taking more charge of their own lives. These forums remind people that they used to solve problems collectively and that it is possible to support one another.

Note to trainers:
For full details about a training programme in narrative theatre, please see: Yvonne Sliep, *Healing communities by strengthening social capital: a Narrative Theatre approach. War Trauma Foundation, 2009.* It is available on the War Trauma Foundation website at www.wartrauma.nl/en. The training programme in the narrative theatre manual begins with a one-week training on the narrative theatre approach, followed by a second training week usually held sometime later, when participants have had an opportunity to practise the approach in the field.

Example from the field
In one village meeting, everyone reflected on domestic violence and agreed they wanted it to stop. They decided together that it is not the man's right to do what he wants to in his own home, if that means he is harming others. This decision was followed by further reflection and a deep discussion about how things had been done traditionally. The community reflected that in past times, when there was discipline in the house, it was done with care, whereas now men often beat the women and children, especially when the man is drunk. To put the group decision into practice, the women agreed they were going to raise an alarm by banging on pots and pans when they heard a beating happening, and the men agreed that they would remove the abusive man from his home.

13.5 Recap

Why is it important to be mindful of the big picture?

- The big picture takes account of strengths and resources, as well as problems and challenges.
- Regardless of whether you are working directly with individuals, households, groups or communities, individuals should be seen within their collective setting.

Why does even something small make a big difference?

- The problems people face are a mix of seemingly insurmountable suffering (like the loss of loved ones) and small or medium sized difficulties. When we help people to overcome some of these relatively minor difficulties, they may be better able to deal with problems that have no easy solution.

MODULE 14: SUSTAINING INTERVENTIONS

Learning objectives

- Participants understand that psychosocial activities play a positive part in empowering communities
- Participants understand the importance of coordinating with other agencies and groups
- Participants learn how to set up and support local committees

Overview of module (120 minutes)

14.1 Introduction
14.2 Empower individuals and communities
14.3 Co-ordinate activities
14.4 Set up and support local committees
14.5 Recap

Materials needed

Flipchart paper and markers
PowerPoint slides plus projector etc. and/or handouts

14.1 Introduction

1. Refer to learning objectives for module 15.

2. This module focuses on how to sustain activities, encouraging ownership and reducing dependency at the individual and collective level. Psychosocial activities play a positive part in empowering individuals and communities to rebuild and recover. All the training activities in this manual reflect this strengths-based approach.

   Sustaining progress is also about supporting programmes and activities to be connected and coordinated with other activities in the community. In addition it can be useful to set up local committees to support the establishment and continuation of certain types of work, like narrative theatre.

14.2 Empower individuals and communities

1. Use this opportunity to reinforce the strengths-based approach in the training. Ask participants to say what they have learned about promoting strengths and empowering individuals and communities. Make sure the following points are included in a discussion:

A strengths-based approach means:
- a focus on trusting relationships
- empowering people to take a lead in their own recovery
- working in collaborative ways on mutually agreed upon goals
- drawing upon the personal resources of motivation and hope
- creating sustainable change through learning and growth.

2. Introduce the following exercise which draws on participants' own experiences.

Ask everyone to think of a time when they felt unable to do something and were then able to find a solution. This might be something that happened at work or at home.

Ask participants to spend a few minutes individually thinking about an example from their own life that they would be willing to share with one another. Ask participants to think about:
- the problem they faced in not being able to do something
- how they felt about this
- how they found a solution.
- the impact of this on their life.

Ask participants to get into pairs and to share their stories for 5 minutes each.

Invite two or three participants to share their stories with the whole group. Try to link details from the stories with the bullet-points above about a strengths-based approach.

Close this exercise by asking participants what they have learned from this exercise about the process of empowering the people facing difficulties.

14.3 Co-ordinate activities

1. Ask participants if anyone is involved in coordinating programmes or activities with other agencies or community-based groups. Take time to find out what participants are doing in this role.

2. Explain that coordination is an important collective response that helps to sustain interventions. Co-ordinating and mobilising existing resources is a key part of helping. It is therefore helpful to map networks of groups and agencies in a geographical area. This includes:
- community-based groups run by community members
- local non-governmental organisations
- local schools and other educational facilities
- governmental agencies, etc.

3. However it can be one of the biggest challenges in the field to coordinate mental health and psychosocial support.. Ask participants what problems can occur. Answers may include:
- There is no coordinating body or network in the area.
- Sometimes external agencies set up activities or programmes without any reference to local resources.
- Organisations and projects start competing for funding.

4. Ask participants to generate a list of tips that help in coordinating activities and write their ideas on flipchart paper. Use information from the box below, if needed.

Key actions in coordination
1. Activate or establish an intersectoral MHPSS coordination group
2. Coordinate programme planning and implementation
3. Develop and disseminate guidelines and coordinate advocacy
4. Mobilise resources.

From *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Action sheet, p. 33-37.*

14.4 Set up and support local committees

1. There are a number of reasons why having some form of local committee can help sustain activities. Do a presentation on setting up and supporting local committees using the following notes:
- Committees that represent all groups in a community can keep the community focussed on development, healing and plans for a better future.
- Committees may identify resources within the community that are not known by outsiders.
- Committee work is a collective approach and when done well, it is an empowering experience for those taking part.

Local committees are an essential part of the narrative theatre (NT) approach. However many of the points are relevant to other contexts with some adaptation.

Setting up committees and selecting committee members:
- Approach existing committees for their advice and help. These may be national committees that have local representation. In Sudan, for example, these include women's associations, youth sports union, agricultural union, parent-teacher associations.
- Getting permission to work in a specific location is vital.

- Decide on the sub-groups that should be represented on the committee, for example, youth, children, men and women.
- Select members by election and record contact details for each member.
- Choose a name for the committee to promote a sense of identity

Some practical pointers:
- Make sure that committee members have clear tasks and roles.
- Committee members are volunteers. This must be clear before the committee is convened.
- Agree on the frequency of meetings and the format of reports
- Network with other committees to access training and materials.

Ideas for sustaining committees:
- Provide regular support, with visits, phone calls, etc.
- Make sure benefits or incentives are given equitably and are appropriate to the work being done, for example, footballs to a sports team. It may be wise not to provide financial incentives, as this can lead to dependency and misunderstandings.
- Identify relevant training opportunities.
- Link with relevant agencies and services to address identified needs (e.g. referrals)

14.5 Recap

What connects the issues of empowerment, coordination and establishment of local committees?

Answers may include:
- They all involve actively identifying resources that are essential for sustaining progress and change over time.
- They all focus on creating an enabling environment.
- They all rely on working together with others.

MODULE 15: MONITORING AND EVALUATION

Learning objectives

- Participants understand the process of monitoring and evaluation
- Participants are able to carry out monitoring and evaluation activities relevant to their work
- Participants are able to reflect on their work with individuals and communities

Overview of module (120 minutes)

15.1 Introduction
15.2 Monitoring
15.3 Reflection
15.4 Evaluation
15.5 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
PowerPoint slides plus projector etc. and/or handouts

15.1 Introduction

1. Refer to learning objectives for module 15.

2. Explain that monitoring and evaluation is important for helpers and the organisations they work for. Monitoring helps to keep track of what is being done. Evaluation looks at the changes that have come about as a result of a programme to see if goals have been met. It is important to remember that this includes awareness of intentional and unintentional changes.

3. Explain that this module does not include information for programme managers about organisational processes for monitoring and evaluation. It is aimed at enabling practitioners to reflect on and evaluate their own work together with the people they are helping. Evaluation also provides a way for communities and individuals to express their views and concerns and give feedback about whatever help has been given.

15.2 Monitoring

1. Begin this section by asking participants to explain what monitoring is. Write down on flipchart paper the words that participants use. Emphasis e the following points as participants give their responses:

- Monitoring is the regular and continuous collection of information about activities.
- Monitoring is the overall responsibility of the organisation/agency for whatever programme or services or activities that are being provided. The organisation/agency should therefore have a monitoring system in place, with a standard monitoring form that is completed regularly.
- Monitoring information is used to check that everything is going to plan and to highlight any problems (that can then be dealt with, if possible). It may also indicate new directions for work that can then be followed up.

2. Use the monitoring information in the box below as a handout. (Please note that information about the precise localities in Sudan for the narrative theatre interventions have not been included.)

Monitoring form 1
XXX state
Locality: XXXX Date: 24 May 2014

1. Narrative theatre theme in this community: Alcohol production

2. Total no. of beneficiaries: 300
Female= 90 male= 55 children= 150

3. Monitoring visit:
No monitoring visit was done this time due to:
Rainy season.
Financial constraints.
Lack of stakeholder commitment to implement the solutions that have been agreed upon.

4. Total budget: 1300 SDG
Please note that part of the budget was covered by partners in the community.

Monitoring form 2
XXX state
Locality XXX

1. Narrative theatre theme in this community: Truancy

2. Visits done:
1st visit for community orientation (3 August 2014)
2nd visit for narrative theater implementation
3rd visit committee meeting
4th visit community orientation and implementation of the 2nd theatre intervention.

3. Total no. of beneficiaries in the first theatre intervention: 200

Children 5- 12 years: boys 80 girls 40
Youth 13- 18 years: male 15 female 20
Adults: male: 25 female: 20

Total no. of beneficiaries in the second theatre intervention: 495

Children: 350
Young female: 86 older female: 40
Youth male: 27 older male: 19

4. The total budget for the two interventions: 240 SDG

3. Ask participants to form small groups and spend 20 minutes on this exercise. Ask them to read the monitoring forms and answer the following questions:
- What information is provided about activities?
- What information indicates that everything is going to plan?
- What problems are indicated?
- Have you any general comments about the monitoring forms? Please give details.

4. Invite each group to briefly share their feedback. Ask participants to comment on any information that was missing from the forms that they think might have been useful to collect. If they give suggestions, ask everyone to comment how that information might be used to improve activities. Make the point that if the information is of no practical use, it is not worth collecting! Also emphasise that monitoring information should be relatively easy to collect alongside normal activities.

5. Close this section with reference to the issue of having a standard template for monitoring. The last question in the small group exercise asking for general comments may have helped participants to see how useful this is for organisations. It is important to get information that can be compared over time and between different localities.

For example, the two monitoring forms in the box have not got a standard way of reporting the age profile of the communities they are working with. Monitoring form 1 refers to males, females and children. Monitoring form 2 refers in the first section to children 5-12, youth 13-18, and adults. In the second section it refers to children, young and older females, and youth male and older male.

15.3 Reflection

1. Introduce this section by explaining what reflection is:

- Reflection is an important part of monitoring and evaluating work because it helps helpers to improve the work they do.
- Reflection means consciously looking at and thinking about actions, experiences, feelings and responses and analysing them to learn from them.
- Reflection focuses on what we did, how we did it, what we learnt from doing it and the impact of what we did.

2. Use the boxes below as handouts or write them on flipchart paper to show participants examples of how they can do reflection in their work – individually and collectively.

Reflection questions for work with an individual
Who was there?
What did she say?
What did I say?
Why did I respond in that way?
How did each of us feel as a result?
What if I had chosen my words more carefully?
So what? Would that have made any difference to the outcome?
Where can I go from here in my interactions with this person?

From *'Reflection' Learning Development, Plymouth University.*

Reflection questions for a collective intervention (such as narrative theatre)

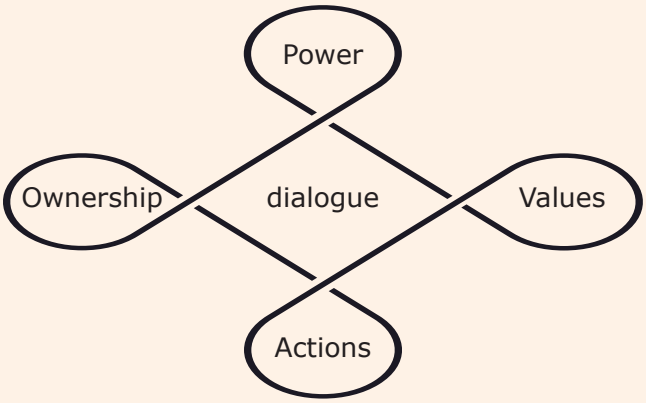
1. Where is power held?
- What kind of power do the different parties involved have?
- What power was demonstrated during the intervention?
- Were there any shifts in power?
- Were less powerful people able to speak? How did that happen?

2. What values are evident?
- What values were identified in the course of the intervention?
- Are there shared values that the community wants to work on in the future? What are they?
- Are there any changes in the community that reflect a shift in values in the intervention?

3. Where does ownership and responsibility sit?
- What were the interests and agendas revealed in the course of the intervention?
- Who took responsibility to follow them through?
- What did you observe in relation to ownership of the whole intervention?
- If people wanted to respond differently, would they be able to? What would need to changew to make this possible?

4. What about action?
- What examples are there in the community of steps that have been taken as a result of the intervention?
- What decisions and plans still need to be made to put ideas into practice?
- Is it safe for the community to put ideas into practice now? If not, why not?
- How can you remind people of the skills and abilities they already have?
- What would you now do differently in the community?

This is adapted from *Healing communities by strengthening social capital: a Narrative Theatre approach. War Trauma Foundation, 2009.*



Tips on reflection
Keep notes in a learning log or journal or use a mind map.
Make notes when the experiences and feelings are fresh in your mind.
Remember the basic questions – what did I do? How did I do it? What did I learn? What impact did it have?
Reflection is about knowledge, skills, attitudes, values, and behaviour.
Try to spot patterns in your experience.
Remember to think about what you have learned about yourself and other people.
Nothing is too small or insignificant to have meaning. Any experience has the potential for learning.
Note the surprises in your work and the situations that made you wonder.

3. Give participants 20 minutes to begin a reflection log. Ask them to think of an example of work they have recently done, and use the questions in the handouts to prompt their own reflection. Explain that they will not be asked to feedback on this exercise.

15.4 Evaluation

1. Begin this section by asking participants to explain what evaluation is. Write down on flipchart paper the words that participants use. Emphasise the following points as participants give their responses:

- Evaluation is a way of finding out if the activities provided have succeeded in doing what they aimed to do.
- Evaluation assesses what change has occurred over a period of time.
- Evaluation can be done formally and informally and at the level of the whole organisation, or within one particular project, programme, community, etc.

2. Show the example in the box below. It presents one element of an evaluation that was done by AVANCE for War Trauma Foundation on the use of narrative theatre in Burundi in 2012. This part of the evaluation was looking at the lack of collaboration between the local administration and local committees:

Before	Now
Rivalry between the local administration on one side and informal leaders and the local committee on the other side (e.g. lack of mutual consultation, mistrust, jealousy, afraid to give up power.)	Mutual understanding, confidence and appreciation of roles of the local committee and local administration.
Informal justice-seeking	Friendly solution-seeking with the local committee.
Small conflicts end up in court (and this is very costly)	Conflicts (social conflicts or conflicts over land) are solved through mediation.
False testimonies are given in the tribunal.	The local population feels better cared for and rights are better protected.
	The local population actively approaches the local committee for advice and mediation.

This evaluation looked back and asked those participating what collaboration was like between the local administration and the local committees before the narrative theatre intervention began. It then asked them what collaboration is like now. Ask participants the following question:

› Are there any problems in doing an evaluation using this method of looking back?

Draw out these two points in discussion:

› It may be hard for people to remember accurately what the situation was like a long time ago.
› There is a risk that people may say things have got better because they are grateful for help and this may have shaped their memory.

Explain that there are ways of dealing with these issues in evaluation that minimize these difficulties and these will be explained next.

3. Do a short presentation on different types of evaluation, using the following notes. Remind participants again that you will not go into detail about programme evaluation processes, as this is usually the responsibility of programme managers:

- Evaluation should be an integral part of the programme planned from the onset of the project. It links with the aims and objectives that were (hopefully) defined before activities started.
- A programme can be evaluated on three levels – in terms of its outputs, its outcomes and its impact:
  OUTPUTS – an evaluation would look at whether the project is doing the range and number of activities it set out to do.
  OUTCOMES – an evaluation would look at the engagement of the people participating and the immediate effect of the project.
  IMPACTS – an evaluation would look at longer-term consequences and quality-of-life indicators for those participating in the project.
- Psychosocial evaluation usually takes account of changes in skills and knowledge, changes in social wellbeing and changes in emotional wellbeing.
- Evaluation can be done by looking back. This can be done, for example, by asking people to remember what happened in the past, as in the example from Burundi. The box below describes a way of doing this.

Change matrix
Refugees in a refugee camp were asked about child protection. They identified four major problems – separation of children from their families, physical violence involving children, the abduction of children, and sexual abuse. They were asked to think about these problems when they were in their home country, then when they first arrived in the camp and then about the current situation.

The facilitator drew a matrix (table) on the ground, with four columns (one for each problem) and three rows (one for each time period). At the top of each column there was an object representing that problem, chosen by the group. For example, torn paper was used to represent children separated from their families. A stick was used to represent physical violence.

Refugees discussed each problem in turn and placed stones in piles to represent the size of the problem – the more stones, the bigger the problem. The facilitator encouraged everyone to discuss the piles and to adjust them until everyone was in agreement with the size of the pile.

The evaluation showed that the abduction of children and physical violence had reduced since the introduction of child protection interventions. But separation of children from their families and sexual abuse had increased.

› However, evaluation is most powerful when it looks forward. It compares information about participants before activities began with information after the activities ended. This means having a baseline before programming starts.

4. Explain the next exercise which is about how to do an evaluation that looks forward.

List the learning objectives for this module again on flipchart paper. Ask the group to think of ways in which information could have been collected before the training that would help evaluate whether these objectives have been met after the training. These could include:

› Doing a pre-post test on knowledge of monitoring and evaluation
› Comparing the number and detail of monitoring reports in the weeks before the training and after the training
› Arranging interviews with participants before the training and after the training about the way they get feedback from the people they are helping.

15.5 Recap

Why is monitoring and evaluation useful for helpers in their work? And why is it important for individual and collective healing?

Answers could include:

› It is important to see if individual and collective interventions make a positive difference to the individuals, families and communities affected by conflict, violence and other difficulties.
› It is important to reflect on and learn from work done and seek to improve, where possible.
› It provides a means of being accountable to stakeholders (including communities served and donors)
› It records examples of good practice that can be shared to improve everyone's work.

MODULE 16: EVALUATION OF THE TRAINING AND CLOSING

Overview of module (60 minutes)

16.1 Introduction
16.2 Evaluation of the training
16.3 Closing

Materials needed

Flipchart paper and markers
Notepaper and pens
Copies of the evaluation questionnaire if needed
Copies of the post-test if needed

Not to trainers:
Module 16 is the closing module for the whole training. There are options to use a written or verbal evaluation method and also to use a post-test to mirror the pre-test done at the start of the training. As the trainer, you will need to decide what method best suits the group.

16.1 Introduction

Explain that this is the closing module for the training and tell participants how you have chosen to organise this session.

16.2 Evaluation

1. Evaluation can be done by using a written questionnaire (please see WTF Facilitating Training guide) or by having a group evaluation session with participants (see questions in the box below). If you do both, hand out the questionnaire first – otherwise the discussions might influence participants' answers in the written questionnaire.

Group evaluation questions
To what extent has your knowledge increased?
To what extent have your skills increased?
To what extent were the goals of the training achieved?
How accessible were the materials provided?
What was particularly useful?
What were the difficulties?
What were you please about during the training?
What suggestions do you have for improving the training?
Name the three most important things you have learned?
Name the one most significant experience you had during the training?

From *Lay Counselling: A Trainer's Manual, p. 85.*

2. Find a way of recording the feedback provided in the group evaluation. For example, you could ask for a participant to volunteer to record the feedback or ask groups to write their feedback first on flipchart paper.

3. Also explain the use of the post-test. The test uses the same questions as the pre test and is a method of measuring the learning achieved through the training.

4. Explain what happens next after training. (Please see module 17 on the training process for details.)

16.3 Closing

Give participants an opportunity to say goodbye to one another and organise an exchange of contact details if this is agreed amongst everyone. Honour everyone's participation and hard work. This may include giving certificates of attendance.
Take time to celebrate the ending of the training in a manner that is suitable for the group.

MODULE 17: THE TRAINING PROCESS FOR ToT

Learning objectives

- Participants understand the WTF and ATC training trajectory
- Participants understand and are able to facilitate the training programme presented in this manual

Overview of module (120 minutes)

17.1 Introduction
17.2 The training trajectory
17.3 Phase one
17.4 Phase two
17.5 Phase three
17.6 Phase four
17.7 Recap

Materials needed

Flipchart paper and markers
Notepaper and pens
Copies of the training manual

17.1 Introduction

1. Distribute copies of the training manual to the group and use module one to orient participants to the training programme. Explain that you will be asking participants to do some activities to familiarize themselves with the programme.

2. Look at parts one, two and three in turn and talk about the objectives for the modules. Divide the group into three smaller groups and ask them to look in detail at the content – group one at part one, group two at part two and group three at part three. Ask the groups to be ready to present for five minutes in plenary on the content of the respective parts of the training programme.

3. Ask each group to do their presentations and check if there are any questions about the content.

4. Ask each group to select one module which they will facilitate in plenary. Give time for the groups to prepare to facilitate their module.

5. Invite each group to facilitate their module and then get feedback as follows:
- ask the group that facilitated the module what went well and what could be changed?
- ask the other participants what went well and what could be changed?

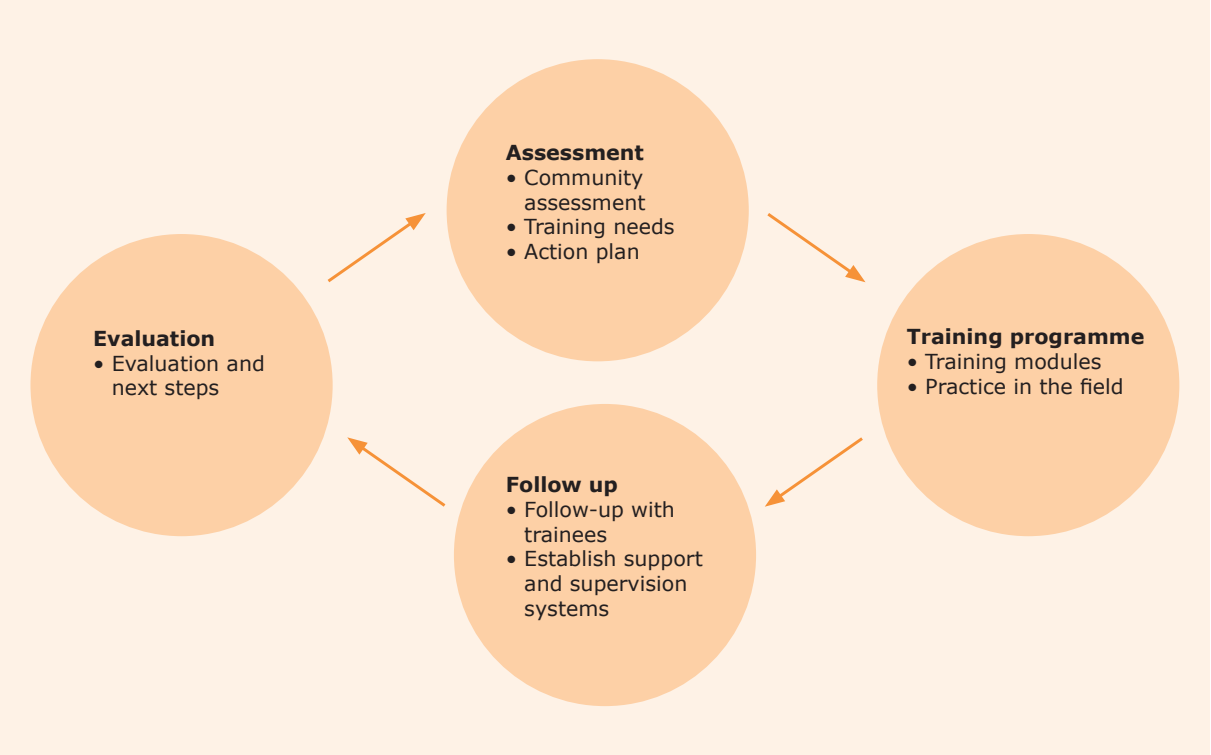
17.2 The training trajectory

1. Do a presentation on the training trajectory using the following materials.

2. WTF's approach is rooted in training that has a practice element and follow-up. All the training manuals published by WTF as *Intervention Educational Materials* take this approach. This means that the training programme includes practical work in the field and also provides for follow-up and support afterwards.

3. Please note that trainers will have to specify their own deadlines for completion of the various tasks in this module depending on the opportunities and requirements of the training that is delivered.

4. The training plan has four phases:



This module looks at each phase in turn.

17.3 Phase one: assessment

The steps begin *before* the training begins with advanced preparations that include the selection of appropriate trainer(s). This is followed by the selection of participants and an assessment of their learning needs and an action plan for practise in the field. (The assessment of skills /attitudes/practices might also need to be continued during the training itself.)

Selection process in phase one

Organisations may have a process for recruiting and selecting participants for training. It helps if there is a transparent selection process with set inclusion and exclusion criteria. In some circumstances it may be useful as part of this process to have a screening interview with two interviewers to make the decision for selection. Sometimes it is necessary to reject a candidate based on their interview, or perhaps because they do not fulfill requirements related to their background check or references. It is important that candidates themselves know that they are entering a selection process and what the possible outcomes might be.

Assessing training needs in phase one

The first phase is also important in understanding the needs and working context of the training group. This can be done using the questionnaire here:

What do you do in your work?
What knowledge, skills and experiences do you already have?
What are the goals of your work?
Do you have support and/or supervision in your work? Please describe how this is provided.
What do you want and/or need to learn and why?
What are your goals and expectations of the training?
How will you use this training?
How will any new learning be integrated into your existing knowledge and work?
What are the limitations for using new learning?
How much time is available for training and to use new learning?

Adapted from: On the road to peace of mind: A guidebook, 2009, p.37.

Working context

It is useful to have information about the working context of participants. It is suggested that participants do a community mapping, like the one below, before they attend the training programme:

A big board is created with columns for each population assessed:
Column 1: Comprehensive listing of all the problems of the population. After the listing, the problems are prioritized by prevalence and severity
Column 2: Listing of the available natural resources and helping interventions. Matching of the natural interventions with the problems they assist.
Column 3: Listing of the available outsourced resources and helping interventions. Matching of the outsourced interventions with the problems they assist.
From *On the road to peace of mind: A guidebook, p.24*.

Based on the assessment information and community mapping, trainers can then design the training programme that matches the needs of the training group.

An action plan

At the end of phase one, it is important for participants to write an action plan for their practice in the field, addressing the following questions:

- Where can you organize field training for your ToT?
- What might trainees do during the field training?
- How will their field training connect to their classroom learning?
- What do you expect will be the most challenging for your trainees when they apply their skills in a field setting?

17.4 Phase two: the training programme

Phase two is important because participants come together and establish a supportive learning environment. Learning focuses on current and past experiences where the trainer engages participants actively in relating learning to their own life and skills and in encouraging participants to learn from each other's experiences.

This phase also includes some kind of practice element. This can be done first through participatory and experiential activities in the training group and then if possible in the field with support and supervision. This second aspect of providing practice in the field depends on what trainers and participants can negotiate with the agencies and groups they are working with. It might be that, for example, two separate training workshops can be planned and scheduled three months apart so as to give participants an opportunity to practise particular skills between the two workshops within their own work environment. Ideally participants are supported and supervised during this period and can begin to evaluate their learning.

Training timeline in Sudan (including practice assignments)

First training programme: February 2014
- followed by assignments 1 and 2

Second training programme: May 2014
- followed by assignment 3

Third training programme: October 2014*
- followed by assignment 4

*The timing of this training was delayed because of the Ramadan and Eid Holidays.

Examples of assignments from Sudan

ASSIGNMENT 1: INDIVIDUAL COUNSELLING

This assignment will give you an opportunity to put into practice what you have learnt during the helping through talking session. You are required to complete the following activities during the coming months, until the next training:

Counsellors

Five cases should be reported in writing, using the headings discussed during the workshop:

- Problems and complaints as expressed by the client
- What is known by the counsellor about the background of the problem: context and history.
- Available information on adequate functioning of the client
- Available information about resources
- The current action plan. The action plan should list which components you identified, in relation to the complaints and problems as worded by the client

For workers who refer to counsellors

Write five referral letters, in which the worker summarizes the information (s)he has about the client using the same five headings as above and gives a suggestion for a provisional action plan.

For more details, please see The First Interview

ASSIGNMENT 2: COMMUNITY MAPPING

This assignment is your opportunity to reach out and gather information about different perceptions on problems and resources within the community you are working with. You will interview a sample of adults. Your interview data will be compiled and analysed within your group work and you will use this information to summarize and highlight the main problems the community wants to work on.

For more details, please see the Community Assessment Format.

ASSIGNMENT 3: NARRATIVE FORUMS

This assignment is an opportunity for participants to conduct at least one Narrative Theatre Forum (NTF) as primary facilitator and at least two as supportive facilitator.

ASSIGNMENT 4: RECORD KEEPING
This assignment is your opportunity to monitor systematically the NT process. Use the following format to keep a record of the events you organised in each community and of the follow-up visits you have held. Remember to share at least three monitoring forms with your supervisors and track the follow-up meetings and actions you held in the communities in which you are working.

The first form should be sent to the local focal point by December 15th 2014, the second form by January 15th 2015 and the third by February 15th 2015.

For more details on how to conduct a NTF, please see the Narrative Theatre Guidelines.

For more details about all these assignments and other resources, please see www.individual-collective-healing.org

17.5 Phase three: follow-up

Follow-up should be part of the whole training plan. This could be arranged as a session looking at how learning has been applied in the field, providing time for participants and trainers to work out how ongoing support is going to be organized.

Organize follow-up in phase three
After any training, establish a follow-up system for monitoring, support, feedback and supervision of all trainees, appropriate to the situation. All training seminars should be followed by continuing monitoring and follow-up training, field-based support, feedback and/or supervision.
From *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Action Sheet 4.3 – key action no. 7, p. 85*.

The ATC of Afhad University for Women, Sudan organized meetings for trainees after the first training programme was over to consolidate learning together. This proved to be a successful strategy. However, the need for mentoring and supervision became evident and so supervisors were identified in each state to support trainees closer to home.

Follow-up

Follow-up can be seen in various ways:

- It establises whether participants have support and/or supervision in their work context.
- It consolidates learning.
- In following up with participants, trainers can look what options there are for support. For example, could a support network be created from the training group that would then meet regularly?
- A follow-up training session enables participants to come together to share their learning.
- Follow-up training on mentoring, peer support, supervision, etc can be offered to the organisations that sent the participants
- Follow up can be planned by arranging for the trainer to visit participants at set periods after the training to evaluate learning and provide further support.
- Follow up can be offered through online supervision and support.

17.6 Phase four: evaluation

Evaluating the training is also crucial and needs to be timetabled into the training plan. Participants and trainers evaluate the impact of the training on themselves, on the organisation they work for and on the community they work in.

An important aspect of the monitoring and evaluation process is ensuring that the activities implemented by the trainees as a result of the training are coherent with the scope and aims proposed during the training. In reality, this rarely happens perfectly. This is not necessarily bad, as new elements could be important in the process of adaptation. It is therefore important that during supervision and follow up, a careful evaluation of the reasons that have either hampered or broadened the actual implementation of the intervention is carried out. At times, for instance, although the intervention itself may have been applied very well, other factors (such as lack of money, lack of involvement of communtites, etc.) may have jeopardized it. These reflections can help trainees planning the interventions differently (and more successfully) in the future.

Evaluations can be through self-report and/or through reports by supervisors. It is best when the trainer(s) has/have the opportunity to observe participants in their work environment. Follow-up over time allows you to know the value of your training as well as how future trainings might be improved. It also gives participants further opportunities for learning and to ask questions and clarify their learning.
From *On the road to peace of mind: A guidebook.*

17.7 Recap

The training programme that participants will be facilitating will be based on an assessment of needs for their training group. What does this mean in practice?

Responses may include:

- deciding what topics to include
- determining how many days to spend in training
- working out how to balance time spent in presenting materials and learning skills
- finding out what follow-up is available to participants after the training is over.

The following poem is based on an intervention in al-Fateh in Khartoum, Sudan on the theme of absent fathers

Out in the open
beyond doors and walls
we got together and talked
created scenes of reality
there was lamenting and I cried
with my people
I saw sadness and despair
of a little girl
I touched her head and hands
and asked her to tell me more
I heard how hard she tried
at school and with friends
her face lit up
as she remembered their love

the community unveiled
problems and strengths
we heard how women craft work
through their creative hands
drawing stories from long histories
which they recited in songs and poetry

we witness injustice
we witness suffering
we become sad
we become angry
but we also
become humbled
we have respect
for how people
live united

how women raise
successful boys
with absent fathers
boys that apologise
for their poor role models
who want to be different
how mothers raise
strong daughters
daughters who walk straight
despite pointing fingers
chin up they tell us
we are close to our mothers
here in al-Fateh
we suffer and survive
here in al-Fateh
we remember our past
we will create a future
as we walk together
remember us
here in al-Fateh
remember

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