

Early Adolescent Skills for Emotions (EASE)

Training manual for a group psychological intervention for young adolescents affected by distress



World Health
Organization



for every child

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unicef 
for every child

Trainers can use this manual to train individuals to deliver EASE,
or to become future trainers or supervisors of EASE

Early Adolescent Skills for Emotions (EASE): training manual for a group psychological intervention for young adolescents affected by distress

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Acronyms and abbreviations

CBT	Cognitive behavioural therapy
EASE	Early Adolescent Skills for Emotions
ENACT	Enhancing Assessment of Common Therapeutic factors
EQUIP	Ensuring quality in psychosocial and mental health care
GroupACT	Group facilitation Assessment of Competencies Tool
ToT	Training of trainers
UNICEF	United Nations Children's Fund
WeACT	Working with children – Assessment of Competencies Tool
WHO	World Health Organization

Part A:

Essential information

Introduction

1.1 Introduction to this training manual

Early Adolescent Skills for Emotions (EASE) is an evidence-based group psychological intervention (1) to help 10–15-year-olds affected by internalizing problems (e.g. symptoms of depression, anxiety and stress) in communities exposed to adversity. The World Health Organization (WHO) has developed this brief, transdiagnostic psychological intervention to help young people and their caregivers. Four strategies or skills were chosen (identifying feelings, stress management, behavioural activation and problem-solving) as these are the most common strategies included in evidence-based treatments for young people with internalizing problems. EASE has been found to be safe and effective in reducing internalizing problems in adolescents aged 10–15 years who are experiencing psychological distress and adversity. It has been tested in two randomized controlled trials in Jordan and Pakistan. In Jordan, EASE was delivered in community settings in Amman for the Syrian refugee community (2) while in Pakistan it was delivered in public schools of a rural subdistrict (3).

This training manual is for EASE trainers to teach people to become future EASE helpers who will deliver the intervention. The training manual can also be used to train future EASE trainers and supervisors. The manual provides content for 10 days of EASE training (80 hours in total) for future EASE helpers and/or future EASE trainers. Content is also provided for supervisors of EASE who will need to complete one additional day of training on supervision. The manual is primarily aimed at delivering training for helpers. The manual indicates where adaptations can be made for conducting a training of trainers (ToT).

Structure of this manual

This manual consists of five main parts:

- **Part A: Essential information**
This provides general information on EASE and on organizing the EASE training.
- **Part B: Training days**
This gives instructions for running the EASE training days.
- **Part C: Annexes**
These are annexes for the trainers only. The number of copies required is indicated on the training forms.
- **Part D: Training forms**
Training forms are for trainers to use only during the EASE training. The number of copies required is indicated on the training forms.
- **Part E: Trainee handouts**
Trainee handouts are for trainees to use during the training. Every trainee will need to receive a copy of the handouts. The number of copies required is indicated on the training forms.

Terms and definitions

EASE trainer	A person who has been trained to deliver the EASE training.
EASE trainee	An individual participating in EASE training in order to become a future EASE helper or EASE trainer.
EASE helper	A person who delivers the EASE intervention after having completed EASE training and who has shown competence in the delivery of EASE.
EASE supervisor	A person who has been trained to deliver EASE supervision.
EASE participant	An adolescent or caregiver receiving the EASE intervention.
EASE competencies	A list of 15 core competencies used in the training manual to help the EASE trainer build the EASE trainee's skills and abilities to deliver EASE effectively.
EASE assessors	A person who has been trained to conduct EASE pre-intervention and post-intervention assessments. Helpers can also be trained as EASE assessors.

1.2 Overview of EASE training and supervision

Before the EASE training can be conducted, the following must be done:

- Trainees, trainers and supervisors (organizations may wish to choose their supervisors after observing the training) must be selected and must complete classroom and in-field training (see [Box 1](#)).
- Organizations should decide whether EASE pre-intervention and post-interventions assessments will be carried out by helpers and/or by different people trained as EASE assessors (see Day 8 of this training manual and Chapter 4 of the EASE intervention manual to help inform this decision).
- Referral pathways to child and adult protection services (and other health and social care services) must be established in advance of delivering EASE, so that adolescents and families can be appropriately referred for support in the case of protection concerns or additional needs (e.g. family violence, child labour, child marriage, substance use problems, out-of-school or other related concerns).
- EASE supervisors and EASE helpers must be available to provide and receive routine supportive supervision during in-field training (practice groups) and throughout the implementation of the intervention. This is critical to ensure the quality of non-specialist delivery of EASE, and for the protection of the welfare of EASE helpers.

Box 1. EASE training

The EASE training involves classroom training and in-field training. The classroom training covers 80 hours of training on the EASE intervention (e.g. 10 full days). This should be conducted by mental health professionals competent and experienced in all the skills included in EASE.

The recommended number of trainees is 10–12 people.

Classroom training includes:

- information about common mental health conditions (i.e. depression, anxiety, stress);
- basic helping skills;
- the rationale of each EASE skill;
- demonstrations and role-plays on delivering EASE skills and using basic helping skills (towards the end of the training, trainees will role-play EASE sessions);
- helpful hints for EASE delivery and managing difficulties that may arise;
- self-care; and
- assessment of trainees' competence in facilitation skills (4).

In-field training is required. Knowing the theory of EASE does not make someone skilled in delivering it. Supervised practice strengthens helpers' knowledge of and skills in EASE and is essential to build the necessary confidence. Following classroom training, trainees should run at least two practice groups. The in-field practice groups should take place with participants who have less severe presentations (i.e. not with elevated distress) and under close supervision (2–3 hours of supervision per week).

After training in the intervention, EASE should be implemented under **routine supervision**. The frequency of supervision (e.g. weekly or fortnightly) depends on the skill levels of the helpers, which may change over the course of time.

Training of people who have previous experience of providing psychological interventions (e.g. mental health professionals): EASE was developed to be delivered by trained, non-specialist helpers, but individuals with previous experience of providing other psychological or mental health interventions can also learn to run EASE groups. Such individuals should still complete all training activities. However, they will probably be able to complete the EASE classroom training in a shorter period of time. For example, EASE requires the use of basic helping skills with two populations: adolescents and caregivers. Therefore, if trainees are experienced in basic helping skills with adults, it may be decided to shorten or adapt the EASE basic helping skills training by focusing the theory and experiential exercises on adolescents. Ongoing supervision with a person or persons experienced in running EASE groups continues to be recommended, regardless of a person's specialist experience.

Even the most experienced trainees will benefit from going through the full training – i.e. not shortened training. If trainees have mixed abilities, it is recommended to deliver the content to accommodate those in the room who have the least knowledge. Finally, if trainees are being taught to become trainers, it is advised that they complete the entire training programme, regardless of whether they are or are not mental health professionals. The competencies needed to deliver an intervention differ from those needed to train others. Observing the training being modelled for them over the course of 10 days and having the chance to practice delivering the intervention can provide future trainers with a wealth of knowledge.

Box 2. Training of trainers

This EASE training manual can be used to train people to become EASE trainers. The training of trainers (ToT) covers the full 10 training days (with an additional day for supervisors) and incorporates activities to support trainees to become EASE trainers. This includes future EASE trainers conducting:

- **teaching practice** – some of the training activities in Part B of this manual can be delivered as teaching practices where trainees practice delivering the training to others;
- **assessing EASE competencies and fidelity to the intervention** – when other trainees do facilitation practice; and
- **giving helpful feedback** to other trainees.

Box 3. Supervision

Supervision is essential to ensure adherence to EASE, maintain the quality of the intervention and provide staff care to helpers. After classroom and in-field training has been completed successfully, EASE must be implemented under routine supervision.

- The frequency of supervision depends on helpers' skills, which may change over time. For example, as helpers become more experienced and confident (i.e. after leading more than five groups), the frequency of supervision may change from weekly to every two weeks. However, no matter how experienced a helper is, routine supervision should always be provided.
- Group supervision, in which a supervisor meets two to six helpers for 2–3 hours per week, is a good model for ongoing supervision. At the minimum, group supervision should be 1.5 hours.
- If resources allow individual supervision through one-to-one meetings between supervisors and helpers is preferable for the first month (as well as, or instead of, group supervision).
- Supervisors should be available to helpers outside of supervision meetings in order to discuss urgent participant issues or crises.

Supervision involves:

- supporting helpers to run the groups;
- discussing any difficulties in running the groups;
- supporting adolescents and caregivers who may have additional needs, including any safety concerns;
- conducting role-plays in supervision, as needed, to support helpers further develop their skills in facilitating EASE groups, as well as responding to additional support requests, supporting distressed adolescents and caregivers and responding to safety issues; and
- providing staff care and encouraging self-care for helpers.

1.3 EASE trainers

The role of a trainer is to help improve the skills and knowledge of trainees so they can deliver EASE competently. There is no formal process or certification to become an EASE trainer or supervisor. Although guidance is provided on who should train and supervise EASE, ultimately, you and your organization must decide whether you are ready to train or supervise.

Desired profile of a trainer

- You are a mental health professional who is competent and experienced in all of the strategies included in EASE.
 - Depending on local policies and laws, you should have qualifications (e.g. being a licensed psychologist) to be a trainer in psychological interventions.
- Ideally, you should first complete the EASE classroom training and the additional training day for supervisors before training others on EASE.
 - Note that trainers may not be the same persons as those who would deliver supervision, but they often are. Participating in the supervisor training allows future EASE trainers to deliver this part of the training. See [Box 2](#) for more information about the training of trainers.
 - In the case you have not completed the EASE classroom training, you should have an in-depth understanding of how to facilitate the EASE intervention and be able to competently demonstrate EASE facilitation skills. More experienced trainers may be able to train EASE without direct experience of delivering EASE groups (e.g. they may have supervised EASE).
- You should have experience delivering mental health and psychosocial support services to adolescents and caregivers.
 - Trainers who do not have direct experience in delivering mental health and psychosocial support services should conduct the classroom training together with someone with a background in mental health (e.g. a mental health professional or social worker) who can provide information and training on addressing the imminent risk of suicide and other immediate safety issues (see Chapter 4 of the EASE intervention manual).
- You should be experienced and competent in training and delivering EASE or other non-specialist psychological interventions.
- You should possess excellent interpersonal and organizational abilities, and should be able to organize role-plays, manage group discussions, provide feedback and present information in a clear and simple manner.
- You should share a common language with trainees or be prepared to use interpretation during the training.

1.4 EASE supervisors

Helpers running EASE groups should receive routine supervision as well as on-demand support (e.g. if they require urgent supervision regarding a participant's safety). Weekly supervision will comprise discussing the progress of participants, challenges they are experiencing in the EASE sessions, continued focus on training to improve their competency and confidence in delivering EASE, and self-care.

Desired profile of a supervisor

- Ideally, you should first complete the EASE classroom training and the additional training day for supervisors before supervising helpers to deliver EASE.
- You should be able to manage safety issues.
- You should be a mental health professional trained in cognitive behavioural therapy (CBT), with experience of supervising manualized psychological interventions in a related culture or context.
 - Supervisors who do not have a mental health background should have experience of running EASE groups and should be supervised by a mental health professional.

Extra training day for supervisors

The extra training day for supervisors is included at the end of Part B and focuses on:

- providing guidance on supervisory activities, supervision structure and how to identify potential challenges;
- assisting EASE supervisors to offer appropriate and consistent supervision;
- providing guidance to supervisors regarding expectations and responsibilities within the EASE supervisory relationship; and
- assisting EASE supervisors to recognize the multiple purposes of supervision.

1.5 EASE trainees

All EASE trainees must first complete the EASE classroom and in-field training and should receive routine supervision in order to deliver the EASE intervention to adolescents and caregivers. Trainees can include non-specialists (e.g. community workers, volunteers and university graduates in psychology without clinical training) and trained mental health professionals (e.g. psychologists, psychiatrists, social workers).

Requirements for trainees

- Have a genuine motivation to help others.
- Have experience in or the ability to work with adolescents and their caregivers.
- Preferably completed at least a high school education or the ability to read and write.
- Have access to continuing support and supervision from a trained supervisor.
- Work in an organization that helps children, youth and families affected by adversity.

See [Box 1](#) for a summary of training requirements.

1.6 Competency-based assessments in EASE

The use of competency-based assessments in EASE is to help trainees develop the attitudes, knowledge and skills they need to deliver the intervention effectively. For the EASE training, a subset of competencies from Ensuring Quality in Psychosocial and Mental Health Care (EQUIP) are used (5). A competency checklist is the assessment tool that an EASE trainer uses during brief structured role-plays and during facilitation practice to observe and rate trainees' competencies in delivering EASE. The EASE competency assessment can be found in Part D as [Training form 4. EASE competency assessment](#).

In this approach, assessments are not used to pass or fail trainees but instead to help trainers monitor trainees' progress, identify areas where they need more practice, and to guide feedback. Rather than viewing competency as something that can be achieved, we recognize that a person's competency continually evolves and is something to be maintained and continuously developed through assessment and support, including after training, through ongoing supervision (6).

Two sets of competencies are used during EASE (see [Box 4](#)) – competencies related to the delivery of the adolescent sessions and to the delivery of the caregiver sessions (see [Training form 4. EASE competency assessment](#)). These competencies have been selected from three different EQUIP competency assessment tools: ENhancing Assessment of Common Therapeutic factors (ENACT), Working with Children – Assessment of Competencies Tool (WeACT), and Group facilitation Assessment of Competencies Tool (GroupACT).

Box 4. Competencies related to the adolescent and caregiver sessions

Competencies related to the adolescent sessions:

- non-verbal communication
- verbal communication
- rapport & relationship building
- empathy, warmth & genuineness
- safe identification of child abuse, exploitation, neglect, violence, & self-harm
- organises group work effectively
- ability to be inclusive
- explain & promote confidentiality.

Competencies related to the caregiver sessions:

- non-verbal communication
- verbal communication
- rapport building & self-disclosure
- exploration & normalisation of feelings
- demonstrate empathy, warmth & genuineness
- explain & promote confidentiality
- group participation.

When and how to do EASE competency assessments

Competency assessment is a continuous process. EASE competency assessments are carried out in training and supervision. The competencies will be assessed throughout the training using structured role-plays and during facilitation practice.

- During classroom training:
 - Trainers should use the EASE competency assessment throughout the training, during trainee facilitation practices, and as a tool to provide feedback. The instructions for leading facilitation practice in [Annex 2](#) provide further details on how to assess competencies throughout training. Trainees should be informed that they will be assessed on the competencies listed in [Box 4](#) and which relate to the basic helping skills that are taught throughout the training. During facilitation practice, use the competencies for working with adolescents if a trainee is running (part of) an adolescent session, and use the competencies for working with caregivers if the trainee is running (part of) a caregiver session.
 - Day 3, training activity 3.2.2: trainers will observe trainees during the confidentiality role-play and give participants constructive feedback using the “explain & promote confidentiality” competency.
 - Day 8, training activity 8.3: trainers will observe trainees during the managing disclosures of abuse role-play and give participants constructive feedback using the “Safe identification of child abuse, exploitation, neglect, violence, & self-harm” adolescent competency.

- During full facilitation practice on days 9–10: each trainee should be assessed on the competencies related to the session they are delivering (either the competencies related to the adolescent sessions or the competencies related to the caregiver sessions).
Note that the “explain & promote confidentiality” competency will be assessed only during the full facilitation practice for those delivering adolescent session 1 and caregiver session 1, or if confidentiality naturally arises during role-plays.
- It is valuable for trainers to note any “red flags” or warning signs of “unhelpful or potentially harmful behaviours” following the training competency assessments and to highlight the competency(ies) to be strengthened.
- During in-field training and routine supervision:
 - Supervisors can continue to use EASE competency assessments to support trainees to strengthen their EASE competencies.
 - Supervisors can monitor trainees’ progress and tailor supervision and practice plans on the basis of the assessments’ results. It is valuable for trainers to note any “red flags” or warning signs of “unhelpful or potentially harmful behaviours” following the training competency assessments and highlight the competency(ies) that supervisors should aim to strengthen in the trainees.

Trainees should be informed that they will be assessed on the competencies listed in [Box 4](#) which relate to the basic helping skills that are taught throughout the training. During facilitation practice, use the competencies for working with adolescents if a trainee is running (part of) an adolescent session, and use the competencies for working with caregivers if the trainee is running (part of) a caregiver session.

How to score the EASE competency assessment

Following EQUIP (8), each competency in the EASE competency assessment ([Training form 4. EASE competency assessment](#)) is defined by a set of specific helpful and unhelpful behaviours that trainees might display during a facilitation practice. Each competency can be scored on four levels (see [Figure 1. Competency scoring and criteria for each level](#)).

- **Level 1.** The trainee shows any one or more unhelpful or potentially harmful behaviours. It is particularly important to correct these during training and supervision.
- **Level 2.** The trainee shows some but not all basic helping skills.
- **Level 3.** The trainee shows all of the basic helping skills.
- **Level 4.** The trainee shows all of the basic skills and at least one advanced helping skill.
 - Note that, in this training, trainees are unlikely (and not expected) to reach level 4 of the competency assessment.

The competency assessment can be used to rate trainees on paper. Trainers can also use the EQUIP platform¹ which includes tools for scoring the EASE competency assessment (and other tools), and for analysing and displaying the results. This can help trainers to assess progress for their group of trainees as a whole, as well as guiding feedback for individuals.

¹ <https://equipcompetency.org/>

Figure 1. Competency scoring and criteria for each level

9. NON-VERBAL COMMUNICATION & ACTIVE LISTENING

Check all behaviours that are demonstrated in each category.

	Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills	
Unhelpful behaviours	<input type="checkbox"/> Engages in other activities (e.g., answers mobile, completes paperwork) <input type="checkbox"/> Laughs at client <input type="checkbox"/> Uses inappropriate facial expressions <input type="checkbox"/> Inappropriate physical contact	<input type="checkbox"/> Allows for silences <input type="checkbox"/> Maintains appropriate eye contact <input type="checkbox"/> Maintains open posture (body turned toward client) <input type="checkbox"/> Continuously uses supportive body language (head nod) and utterances (uh huh) <input type="checkbox"/> None of the above	<input type="checkbox"/> Completes all Basic Helping Skills <input type="checkbox"/> Varies body language during the session in relation to client's content and expressions	Helpful behaviours
Potential behaviours (select all that apply)				

Check the level that best applies (only one level should be checked)

Level 1	Level 2	Level 3	Level 4	
<input type="checkbox"/> any unhelpful behaviour	<input type="checkbox"/> no basic skills, or some but not all basic skills	<input type="checkbox"/> all basic skills	<input type="checkbox"/> all basic helping skills plus any advanced skill	Competency levels (select one)

Notes:

Providing feedback

Feedback is central to EASE competency assessments (see [Training form 4. EASE competency assessment](#)). To be useful, feedback must provide specific, supportive and personalized information on a trainee's performance or progress so that trainees can improve and reach their competency goals.

Feedback can be given to individuals or groups.

- **Individual feedback.** When providing feedback to individuals, focus on what they did well before highlighting anything they could improve on. When discussing areas for improvement, link back to why that skill is important and give the trainee concrete suggestions for how to improve, and opportunities to practise. Always end feedback on something positive. This is similar to the three steps of giving feedback ([Trainee handout 2. Steps for helpful feedback](#)).
- **Group feedback.** The principles for individual feedback also apply to group feedback, although you should not identify individuals. Instead, focus on trends observed across the group.

In both cases, remember to check in with trainees throughout the feedback session to hear them reflect on the feedback and ask questions.

How to use this manual

2.1 How to use this manual

Training schedule

Section 2.5 provides an overview of the full training programme. A day-to-day schedule is provided in Part B of this training manual. Complete the classroom training according to the local hours. Trainers can do shorter days over a long period of time (e.g. 20 half-days versus 10 full days). It is important to not have too much of a gap between any days of training (e.g. no more than 3–4 days is ideal). If there is a gap, then it is important that time is added for a recap of previous days before continuing with the training. Similarly, it is important to not have too much of a gap between the classroom training and in-field training practice; or between classroom training and full implementation.

Key points for training

- It is recommended that at least two trainers should lead the classroom training days.
- Do not spend more than 20 minutes talking or teaching at one time. After 20 minutes introduce a role-play, activity, discussion or energizer.
- Time spent on each activity will largely depend on the group (e.g. group size, how talkative the trainees are, how quickly trainees learn the material and concepts).
- Avoid using complicated technical terms as many non-specialists may not understand these.

Training approach

This training manual includes varied training approaches, including presentations, active discussions, role-plays, and group and individual activities. As the trainer, you may choose which approaches you prefer. It is recommended that you regularly change the teaching approach to cater for all types of learners and to keep the training active and interesting. This training is based on experiential learning ([Box 5](#) to [Box 7](#)). During training, trainees obtain first-hand experience with the EASE intervention as a helper and as a participant (adolescent and caregiver).

For a ToT, teaching practices are used for trainees to practice delivering the training to others ([Box 8](#)).

Box 5. Trainer demonstrations

In trainer demonstrations the trainers act as helpers to demonstrate how to deliver an EASE skill. For each demonstration role-play the co-trainer will take the role of the participant and the trainees will take the role of a group of either adolescent or caregiver participants.

Further instructions can be found in [Annex 3. Instructions for trainer demonstrations](#).

Box 6. All trainee role-plays

All trainees practise a particular EASE skill. Trainers move around the room and give feedback as necessary. Encourage trainees role-playing participants to imagine they are experiencing the situation and the reactions described in the case examples so that they can respond to any questions and suggestions more realistically. Instruct the trainees who are role-playing as EASE participants not to provide answers too easily to their helpers. They should try to pretend to forget what they know about EASE. On the other hand, they should also not be too difficult for their helper. This can be frustrating and may interfere with their learning.

Box 7. Facilitation practice

Throughout the training, trainees will practise delivering activities of the EASE intervention. On Day 1, trainees will be allocated to facilitation practices for the 10 days of training. The aims of adopting this format are:

- to give trainees the opportunity to experience delivering small sections of the EASE intervention and to gradually develop their skills and confidence in delivering the full intervention;
- to give trainees the opportunity to experience the intervention as participants;
- to give trainees the opportunity to learn from each other – normalizing the situation in which different trainees may have different approaches, styles, etc.;
- to increase their motivation for being a helper.

On Days 9 and 10, trainees will be doing a “full facilitation practice” of the seven adolescent sessions and the three caregiver sessions – i.e. each trainee (plus a second trainee as a co-helper) will be allocated to do one EASE session.

Box 8. Teaching practices (only if ToT)

In a ToT, trainees will practise delivering short segments of the training content, taking on the role of the trainer. On Day 1, trainees will be allocated teaching practices ([Training form 3. Teaching practice allocation form](#)) which start on Day 4 of training. Trainees are given the section of the training manual they are allocated to train. Depending on the size of the training group, some training demonstrations may be facilitated by two to three trainees. Nine 20–50-minute activities are allocated to training demonstrations.

Energizers and group work

Energizers are recommended at least twice a day to keep the training active and the trainees engaged. On Day 1, all trainees register to run energizers throughout the training. Ask the trainees at the beginning of the training to indicate when an energizer is needed during the day. Energizers can also be used during delivery of EASE groups to participants; therefore energizers during training can be an opportunity to practise these.

There are many times throughout the training when trainees are divided into groups. These are great opportunities to energize the trainees as well. Below are some examples of how to split the trainees into groups in an interactive way:

- Write the names of different animals on small pieces of paper (depending on how many groups you need) and hand them out randomly to the trainees. Ask the trainees to make the sound of the animal written on their paper and find their group members who are making a similar sound.
- Hand out written notes prior to the activity with some terms on it (e.g. "Changing My Actions") and tell the trainees they have to find other people in the group who have a note with which they have something in common. For instance, members of one group will find each other because they all have an EASE skill on their note; members of another group will find each other because they all have principles of giving constructive feedback; members of another group will find each other because they all have a basic helping skill. Add a group that has nothing in common with EASE (e.g. all have the name of a fruit on their note).
- All trainees have to form a line from the tallest to the shortest person; or form a line from the person living furthest away from the venue versus the person living closest to the venue. You can then divide them into groups according to the order in which they stand.
- Give out shapes that fit together and ask trainees to find the people with whom they can make a square, for example.

EASE materials

As described in detail in the EASE intervention manual, EASE is delivered to groups of participants (i.e. adolescents and caregivers) by trained and supervised helpers. In addition to the intervention manual, the helpers will use other materials when running EASE groups. These additional materials include:

- a storybook (adolescent sessions only)
- workbooks (adolescent sessions only)
- posters (eight for adolescents, three for caregivers) and
- caregiver handouts (caregiver sessions only).

Materials (in particular, the EASE intervention manual) should be shared with trainees at least one week before the classroom training so that trainees can familiarize themselves with the intervention.

During the training, you will also be using additional materials, such as pens, paper, etc. See section 2.4 for a checklist of materials you need to bring to the training.

For a ToT, you do not necessarily need to share the training manual with participants in advance of the training, but you can share it after the training. Teaching practices are extracts of this training manual and need to be printed for the trainees (see section 2.4).

2.2 Language used in training and supervision

- Trainers, supervisors and trainees ideally share a common language. If they do not, it is possible to conduct a training or supervision using interpreters. However, depending on the quality of interpretation, working with interpreters may lengthen the duration of the training and supervision sessions. Interpretation will also limit the trainer's ability to walk around the room and listen to all trainee role-plays.
- If working with interpreters or sign language interpreters in training, the following points may be helpful to consider:
 - Use simultaneous interpretation, if possible.
 - Make sure interpreters receive all of the training materials in advance, including the EASE training manual, the EASE intervention manual and the associated intervention materials (e.g. storybook), and an overview of the EASE training days.
 - Review with the interpreter the key terms you will be using throughout the training (and in the EASE intervention manual) and discuss any questions or concerns.
- The EASE intervention manual and EASE materials need to be available in both the language of trainers and the language of trainees.

2.3 Adapting the training

This training has been designed to provide trainers with all the information they need. In general, you can modify the proposed schedule (the “when”) and the suggested training methods for different activities (the “how”). However, it is important that the content (the “what”) remains the same in order to strengthen reliability and fidelity to the intervention.

Possible adaptations to the EASE training include:

- Modify the proposed training schedule (see section 2.5 and day-by-day schedules in Part B).
- Spend more or less time on a section than the recommended duration, depending on the needs of trainees. This may also include repeating activities.
- Use (or do not use) PowerPoint slides. PowerPoint slides can be helpful but risk disengaging trainees. This training does not rely on the use of PowerPoint slides.
- Change the format of an activity (e.g. set up one-on-one role-plays versus role-plays in front of a group).
- Change the training approach. This training manual includes varied training approaches, including presentations, active discussions, role-plays and group activities. You may choose which approaches your trainees prefer.
- If organizations/trainers plan on recommending specific cultural or contextual adaptations to the EASE intervention (see section 1.8 in the EASE intervention manual for examples of potential adaptations to the intervention), this may also necessitate changes to the training.
- This training was developed to be delivered in person and is based on experiential learning and competency-based training. Therefore, holding this training online would require significant adaptations.

2.4 Preparing for the training

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

Checklist for preparing for the training

Venue

- Access to the venue, including nearby bus or train stations, parking, washroom facilities, etc.
- Suitable temperature, ventilation and lighting in the training room with opportunity to darken the room if using a projector or screen.

Setting up the room

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

Materials

- EASE training manual (this document, one for each trainer).
- EASE intervention manual (one for each trainee).
- EASE storybook (one for each trainee).
- EASE workbook (one for each trainee).
- EASE posters (one set for each trainee).
- EASE handouts (one set for each trainee).
- **If this is a ToT:** Copies of training activities for teaching practices (see list in [Training form 3. Teaching practice allocation form](#)).
- Separately printed copies of training forms (see Part D of this manual).²
- Separately printed copies of trainee handouts (see Part E of this manual).
- Pens or pencils.
- Whiteboard or flipchart paper with stand.
- Markers.
- Computer and projector if using PowerPoint slides and videos.
- Prepare what you need in advance for that day of training. For example, you may wish to prepare certain materials in advance such as writing out the learning objectives.
- If using interpretation, the equipment needed for this and any additional copies of materials that may be helpful for the interpreters to have (e.g. a copy of the storybook).

Breaks

- Trainers should arrange for various breaks to suit their training day. If doing a full day of training, there should be one break in the morning and one in the afternoon (approximately 15 minutes each) and ample time for lunch.

Trainers

- It is recommended that at least two trainers should lead the training. Advanced planning and communication are essential to decide how you will conduct the training together (e.g. preparing the delivery of specific sessions).
- Group management skills, communication and rapport between trainer and co-trainer need to be excellent so that everything runs smoothly and on time.
- For trainer demonstrations it may be helpful to practise ahead of time with the co-trainer.
- If you do not have a co-trainer, think through how to adapt the trainer demonstrations.

Trainees

- Ask trainees to prepare for the training by reading the EASE intervention manual in advance.
- Inform trainees about the importance of attending the full training, and advise them not to take any other appointments or calls during the training days.

Other

- Preparation of drinks or meals if these will be provided.
- If resources are available, strongly consider including an administrative support person to lead the logistics of the training – such as organization of printing, mealtimes, etc.

² You may wish to consider not printing all the forms but instead putting them online (e.g. [Trainee handout 4. Daily reflection and feedback form](#), and [Trainee handout 8. Supervision activity](#)).

2.5 Training schedule at a glance

This is the schedule of the full training that trainers can adapt for their setting. Part B of this training manual is aligned with the following training schedule and provides a more detailed day-by-day schedule.

Key topics covered		
Day	Morning	Afternoon
1	Welcome and introduction Adolescent mental health	Overview of EASE structure, materials and training methods Communication and group management skills
2	Basic helping skills	Basic helping skills EASE competency assessment (for ToT only)
3	Introducing adolescent session 1 Understanding My Feelings	Introducing adolescent session 2 Calming My Body
4	Introducing adolescent session 3 Changing My Actions	Introducing adolescent session 4 Changing My Actions (continued)
5	Introducing adolescent session 5 Managing My Problems	Introducing adolescent session 6 Managing My Problems (continued)
6	Introducing adolescent session 7 Brighter futures	Introducing caregiver session 1 Responding to feelings, quality time and Slow Breathing
7	Introducing caregiver session 2 The power of praise	Introducing caregiver session 3 Caregiver self-care and brighter futures
8	Assessment and monitoring of suicide risk and managing disclosure of abuse	EASE assessments Review of the whole intervention
9	Full facilitation practice of adolescent sessions 1–4 with EASE competency assessments	Full facilitation practice of adolescent sessions 5–7 with EASE competency assessments
10	Full facilitation practice of caregiver sessions 1–3 with EASE competency assessments	Helper self-care, supervision, end of training (evaluation)

Key topics covered		
<i>Only for select group of trainees who will become EASE supervisors:</i>		
Day	Morning	Afternoon
11	Training day for EASE supervisors Supervision overview, structure and tools	Training day for EASE supervisors Competency assessments, supervision challenges and mock supervision

Part B:

Training days

Day 1: Introduction to EASE

Day 1. Learning objectives:

1. Understand the overall training structure.
2. Become familiar with the EASE materials.
3. Understand causes of and reactions to problems.
4. Understand the training methods and know how to provide helpful feedback.
5. Understand the role of an EASE helper.
6. Know how to communicate with young adolescents.
7. Know how to improve group participation.

Time (minutes)	Training activity	Materials	Link to EASE intervention manual
30	1.1: Introductions	Flipchart paper and pen for the learning objectives <i>Optional for introduction activity:</i> Trainee handout 1 . Bingo card	
25	1.2: Introduction to training	Flipchart paper and pen	
30	1.3: Overview of EASE structure and materials	EASE intervention manual (and annexes) EASE storybook EASE workbook EASE posters EASE caregiver handouts	
15	Break		
50	1.4: Adolescent mental health problems: causes and contributors	Flipchart and markers	
60	1.5: Adolescent reactions to problems	Flipchart paper and pen (for trainer)	

Time (minutes)	Training activity	Materials	Link to EASE intervention manual
30	1.6: Case study exercise	Training form 1. Case studies Paper and pens (for small groups)	
60	Lunch		
55	1.7: Training methods and providing feedback	Training form 2. Facilitation practice allocation form Training form 3. Teaching practice allocation form Training form 4. EASE competency assessment Trainee handout 2. Steps for helpful feedback Trainee handout 3. Steps for facilitation practice	Annex 2. Activities and games
20	1.8: Role of an EASE helper	Flipchart paper and pens (two groups)	
15	1.9: Communication with young adolescents		Chapter 3. Basic helping skills and group management skills
15	Break		
15	1.10: Inclusive adaptations to the material	Flipchart paper and pen (for trainer)	Chapter 3, section 3.5.1 Inclusive adaptations to the material
20	1.11: Group management skills to improve group participation		Chapter 3. Basic helping skills and group management skills
20	1.12: Ending	Trainee handout 4. Daily reflection and feedback form	



Trainers' preparation for Day 1

Training activity 1.7:

- To save time, allocate trainees to the facilitation practice before starting the activity.
 - Ensure equality in the number (and amount of time) of practices between trainees.
 - It is important that trainees are allocated to facilitation practice time slots that do not overlap too much (e.g. the same trainee should not be allocated to do all the “Managing My Problems” practices).
 - It is important that trainees get a chance to run at least one facilitation practice from an adolescent session and at least one facilitation practice from a caregiver session.
- **If this is a ToT:** Allocate trainees to teaching practices and print and hand out the relevant training activity sections for each teaching practice.

Training activity 1.1: Introductions

Objective	Time	Materials	Link with intervention manual
To enable trainers and trainees to get to know each other	30 minutes	<ul style="list-style-type: none"> • Flipchart, pen and paper for the learning objectives • <i>Optional for introduction activity:</i> Trainee handout 1. Bingo card 	

1. Welcome trainees.
 - Acknowledge the efforts made in attending the training – e.g. taking time away from other work responsibilities, family and other commitments.
 - Highlight that, by attending this training, the trainees are making an important commitment towards improving the emotional well-being of their community.
2. Trainers introduce themselves.
 - E.g. Mention your background in mental health, your background with EASE and, if you wish, you may share some personal information.

3. Conduct an introductory activity:

- Example activity 1: Bingo.

All trainees are given a Bingo card that has 25 squares arranged 5 × 5 (see [Trainee handout 1. Bingo card](#)). Each box is filled with a statement, such as “has a son”, “likes to sing”, “wears glasses”, etc. Trainees will go around the room and find other trainees who have the characteristics written on the Bingo card. Once the trainee identifies someone with one of the characteristics, the trainee asks that person to sign the box. You are allowed to receive only one signature per trainee. The first trainee with a completed line (horizontally, vertically or diagonally) wins the game. Ask the winner to read out the statements and say who signed their Bingo card.

- Example activity 2: Three things in common.

Ask trainees to find someone they do not know at all, or only know a little about. The two partners should talk and find three things they have in common. After 5 minutes they will be asked to introduce their partner – name, background, and any other personal information they wish (e.g. country of origin, hobbies/interests, etc.). Each person will also be asked to share one of the things they had in common.

4. Give information about meals, location of amenities and any other logistics.

5. Introduce the learning objectives for the day.

- Display them on a flipchart (write them out beforehand). Read them aloud at the beginning and review at the end of each day.

Training activity 1.2: Introduction to training

Objective	Time	Materials	Link with intervention manual
To orient trainees to the training process	25 minutes	Flipchart paper and pen	

1.2.1 Introduction to overall objectives of training (5 minutes)

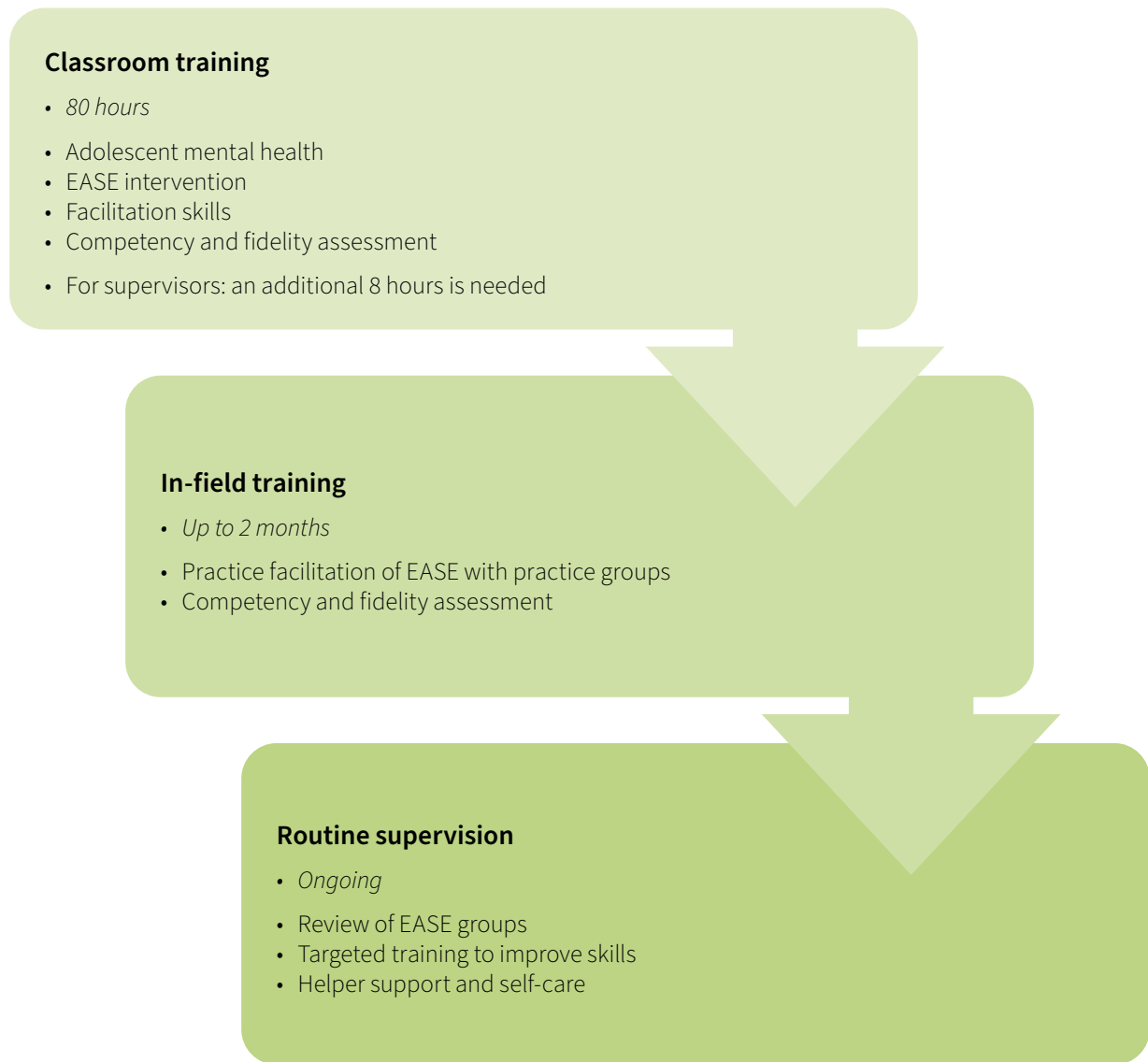
1. Explain the purpose of the training:

- To acquire the necessary skills and knowledge to be able to deliver the EASE intervention competently to young adolescents and their caregivers.

1.2.2 Review training (10 minutes)

1. Draw the training format on a flipchart. See example [Figure 2](#).

Figure 2. Training format



2. Explain that trainees will learn about the skills in EASE and then practise delivering these skills during the training.

- **If this is a ToT:** Explain that this training is about learning EASE first. In addition to practising the delivery of EASE, trainees will also practise delivering segments of the training content to other trainees.

3. Explain the three components of training:

- Classroom training:
 - 80 hours (or 10 full days) for trainees. This is what they are participating in now.
 - It covers core elements of EASE and the necessary skills to deliver the intervention.
 - It includes EASE competency assessments to support the development of attitudes, knowledge and skills needed to deliver the intervention effectively to adolescents and their caregivers, and for managing groups of people.
- In-field training (practice groups):
 - In-field training is a crucial part of the EASE training and is a continuation of building skills and competencies.
 - It is an opportunity to deliver EASE with a practice group of adolescents and their caregivers (ideally adolescents with minimal distress, or other trainees or actors) and with routine supervision.
 - It will help trainees to prepare for delivering the EASE intervention to distressed adolescents and their caregivers.
 - Two trainees are needed to run the practice groups. One will be the lead helper delivering EASE, the other will act as a co-helper supporting their colleague with logistics and small group discussions and helping to manage the group. The co-helper will also be expected to observe their colleague and give them helpful feedback at the end of each session. Roles will be reversed for the caregiver sessions (i.e. the co-helper becomes the lead helper and the lead helper becomes the co-helper).
 - Each trainee will be expected to lead at least one group and co-facilitate one group.
 - In-field training will be supported by routine supervision. It also includes EASE competency assessments.
 - During in-field training, individual supervision through one-on-one meetings between supervisors and helpers is preferable (either alongside or instead of group supervision). If individual supervision is not feasible due to resource constraints, extend group supervision time to compensate or increase the frequency of group supervision.
 - If resources allow, supervisors are encouraged to observe helpers as they deliver EASE sessions.
- Routine supervision:
 - This begins during in-field training and is ongoing throughout the implementation of EASE sessions in the community.
 - It focuses on challenges that helpers may face and on further development and building skills and competencies.
 - It encourages self-care to support helpers' own emotional well-being.

4. Introduce the Parking Lot:

- Explain that there will be one flipchart paper on which the trainer will write down any questions which need to be addressed during the training, but which might be too complex to answer when the trainee asks them.
- It is the trainers' and trainees' responsibility to ensure that these questions are addressed by the last day of training.

5. Introduce reflection and evaluation forms:

- Inform trainees that at the end of each training day they will be asked to complete reflection and feedback forms.
- Explain the purpose of these forms:
 - Forms can be handed in anonymously at the end of each day.
 - Trainers will use the feedback to make any necessary adaptations to the following days of training. For instance, if trainees would like to learn more about a topic, this could be added to the Parking Lot or could be addressed during the recap. If trainees would like the trainer to speak more loudly, aim to increase your speaking volume during the training, etc.

1.2.3 Group rules (10 minutes)

1. Discuss and agree on rules and expectations during the training.
2. Write these rules on a flipchart paper and keep it displayed throughout the training.
3. It is important to include the following four items in the list and to explain them further:
 - **Confidentiality** regarding what is disclosed in the group. Explain what is meant by confidentiality or ask trainees what they think is important to maintain confidentiality during the training.

For example, say:

“It is important that during this training, everybody feels safe to practise the EASE skills and learn from each other, or to make mistakes. During this training, we may also be sharing experiences from our work or personal lives. It is important that such information will be kept between us and not shared with others outside of this group. Are there any other considerations you have regarding confidentiality in this training?”

- **Everyone is an expert.**
 - Emphasize that everyone in the room brings their own expertise and this is important in the training.
 - Let them know that they will be learning a lot from each other during the training, and that we will respect the experience and knowledge of what everyone brings, even if this experience and knowledge is different from our own.
- **Commitment to being an active trainee** (including during role-plays and facilitation practice).
 - Explain what role-plays are and that they are used a lot in the training because they are one of the best ways to learn how to become an EASE helper.
 - Role-plays are also one of the best and safest ways for trainees to experiment with new skills and ideas.

- **Trainees must ensure that they attend all the training days.**
 - Explain that you understand that there might be circumstances where this is not possible (e.g. a family emergency).
 - If a trainee misses too much of the training, or an important part of training, then it may not be possible to continue as a helper (or trainer if this is a ToT).
 - Suggest limiting phone or email use during the training.
4. Allow time for questions.

Training activity 1.3: Overview of EASE structure and materials

Objective	Time	Materials	Link with intervention manual
To understand the structure and materials used in EASE	30 minutes	<ul style="list-style-type: none"> • EASE intervention manual • EASE storybook • EASE workbook • EASE posters • EASE caregiver handouts 	

1.3.1 Introduction to EASE

1. Present the following key points about EASE:
 - EASE is a group intervention. It has seven group sessions for adolescents and three separate group sessions for their caregivers.
 - It is for 10–15-year-olds who are experiencing high distress at a level that may affect their daily functioning.
 - The adolescents and their caregiver are assessed to determine whether EASE will be suitable for the adolescent. This is because EASE may not be suitable for adolescents who are not experiencing high distress.
 - EASE assessments with adolescents and caregivers will be discussed on Day 8 of this training.
 - In short, the EASE pre-intervention assessment consists of questionnaires for the adolescent and questionnaires for the caregivers. Based on both their answers, we will be able to tell if EASE might be suitable for the adolescent, and/or whether there is a need for other kinds of support (e.g. child protection, specialist services).

- EASE does not address *externalizing* problems (e.g. severely oppositional or hyperactive behaviours, etc.), psychosis, neurodevelopmental difficulties, intellectual disabilities or imminent suicide risk. When adolescents report or display such problems in the EASE assessment, they may not benefit from EASE and will need to be referred.
- To join the EASE group, both the adolescent and the caregiver will have given their permission to be participants in EASE.
- Participation is voluntary. Adolescents and/or caregivers should be encouraged to attend all sessions to get the most out of the intervention.

2. Explain the evidence base of EASE:

- EASE has been developed for adolescents and their caregivers living in adversity to help them manage high distress and practical problems.
- EASE includes evidence-based skills that are helpful for adolescents and their caregivers.
- The first two scientific studies on EASE found that EASE was well received and effective in reducing internalizing problems. One study was completed in Pakistan and another was completed with Syrian refugees in Jordan.
- Research participants' experiences were collected during the trials and contributed to the development and adaptation of the EASE intervention version 1.0.
 - Optionally: Trainers can share the scientific articles on the first research trials on EASE with trainees.
- Emphasize that helpers need to follow the EASE intervention manual as closely as possible. The intervention was found to be effective when conducted according to the manual. See also the EASE intervention manual, Chapter 1, section 1.8.
- During this training, trainers will be following the intervention manual to make sure that fidelity to the intervention is upheld.
- **If this is a ToT:** Tell trainees that they will also be involved in reviewing fidelity to the intervention manual when other trainees are delivering segments of the EASE sessions (called facilitation practice, explained later).

1.3.2 Introduction to the adolescent sessions

1. Adolescent sessions aim to teach skills that will help adolescents better manage high distress as well as practical problems. Adolescents will practise skills in the session and at home.
2. There are seven weekly sessions, each of approximately 90 minutes in duration.
3. There will be approximately 6–12 adolescents per group.
4. Two helpers should be running the group together. One helper will be the lead helper and the other helper will be the co-helper.
5. Summarize the content of the sessions:

Session	Skill	Content
1	Understanding My Feelings	This skill is about adolescents learning to identify their own feelings. The better they are at identifying their feelings, the better they will be at choosing a skill to manage each feeling.
2	Calming My Body	This skill is about adolescents learning how to help calm their bodies using slow breathing to improve difficult feelings.
3 and 4	Changing My Actions	This skill is about adolescents learning how activities (or changing how they engage in activities) can improve their feelings.
5 and 6	Managing My Problems	This skill is about adolescents learning how to solve their practical problems, such as disagreements with their friends or difficulties in completing their schoolwork.
7	Brighter futures	This session is about adolescents preparing to manage big feelings in the future if they experience these again.

1.3.3 Introduction to the caregiver sessions

- Caregiver sessions aim to teach caregivers skills to help improve the caregivers' ability to support their child.
- There are three sessions of approximately 90 minutes duration.
 - The sessions can be scheduled to fit the circumstances, but there will be approximately 6–12 caregivers per group, with at least one primary caregiver (e.g. parent, another relative or another caregiver such as a foster parent) for each adolescent.
- Like in the adolescent sessions, two helpers should be running the group together. One helper will be the lead helper and the other helper will be the co-helper.
 - The helpers who lead the adolescent sessions should preferably not be the same helpers leading the caregiver sessions. This will help minimize the likelihood that helpers accidentally breach adolescents' or caregivers' confidentiality.
- It is not recommended that older siblings attend the caregiver sessions. If you have an adolescent without a caregiver (e.g. an unaccompanied minor), adolescents can still attend the adolescent sessions. In addition, it is strongly advised that the spouse of an adolescent not attend the caregiver session.
- Care for dependents, such as babies and other children during the caregiver sessions: It is preferable for caregivers to attend the sessions without dependents (e.g. their additional children) to enable them the opportunity to gain the most out of the intervention. However, it

may be necessary to arrange care for other children (e.g. by setting up a safe supervised play area) to ensure that caregivers can attend. Alternatively, caregivers with babies under two years old may need to keep their children with them. In these circumstances, it would be useful to include a mat and toys to support these participants.

6. Summarize the content of the sessions:

Session	Skill	Content
1	Understanding big feelings	Caregivers will learn about identifying feelings in their adolescents and will learn to calm their own bodies using Slow Breathing.
2	The power of praise	Caregivers will learn skills to improve their interactions with their child.
3	Caregiver self-care and brighter futures	Caregivers will learn about looking after themselves and supporting their child to prepare for managing difficult feelings in the future.

1.3.4 Introduction to the EASE materials

1. Provide an overview of the materials used in EASE:
 - EASE intervention manual (and annexes)
 - storybook
 - workbook
 - posters
 - caregiver handouts.
2. Each trainee should receive/have received a copy of each of the materials.
3. Remind trainees that they should bring to the training any materials from EASE, and those given out during training. If possible, give trainees the opportunity to leave their training materials at the training venue.

1.3.5 Introduction to the EASE intervention manual (and annexes)

1. The EASE intervention manual has three sections:
 - Part A provides a useful background to the intervention and covers foundational skills, e.g. basic helping and group management skills, and EASE assessments.
 - Part B provides details on the content of each session, and how the sessions should be delivered.
 - The last section contains the annexes which provide helpful hints to support helpers in the delivery of EASE.

1.3.6 Introduction to the storybook

1. Explain that helpers will read sections of the story in the adolescent sessions (the EASE intervention manual identifies which texts are to be read and which pictures are to be shown).
 - To demonstrate how the storybook works, the trainer can show *Picture 1* and read *Text 1* to the trainees.
2. The storybook is not provided for the adolescents to keep. However, depending on your organization's resources, you may consider providing a copy of the storybook to adolescents after they complete EASE.
3. Explain the rationale for using a storybook.

For example, say:

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

4. Explain that in the manual, the main character of the book (Kian) is referred to as a boy, but Kian can represent any gender depending on (the preferences of) the EASE group.

1.3.7 Introduction to the workbook

1. Explain that each adolescent will be given a workbook in which to complete their home practice. This is something for adolescents to keep so they can be reminded of the EASE skills in future.
2. Each organization may need to prepare to have some back-up copies of the workbook if adolescents lose them. It is important to emphasize that adolescents should bring their workbooks with them to each session. You may need to give adolescents the option of leaving the workbooks with the helper to prevent them from being lost.
3. Helpers might need to read aloud parts of the workbook for adolescents with low literacy or educational levels. This will be discussed later in the training.

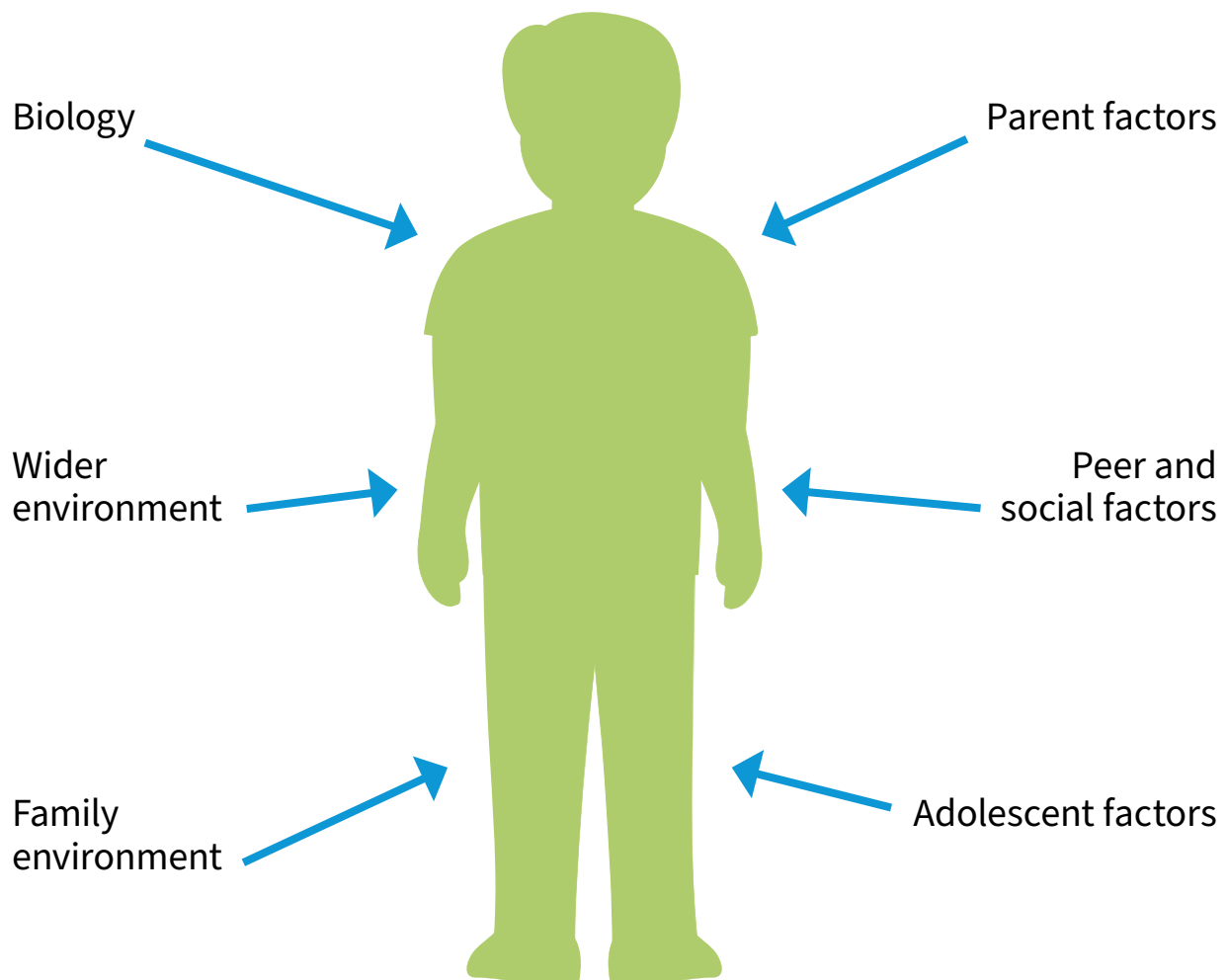
1.3.8 Introduction to the posters and caregiver handouts:

1. Tell trainees that posters will be used in both adolescent and caregiver sessions.
2. Instructions are included in the manual for when helpers need to display posters.
3. Posters are for display in the group sessions only (not for keeping). Where resources are available, posters for the adolescent and caregiver sessions should be printed in colour and large size (e.g. A3 or larger).
4. Caregiver handouts are given for caregivers to keep. These can be printed in size A4, with enough copies for each caregiver attending the group.

Training activity 1.4: Adolescent mental health problems: causes and contributors

Objective	Time	Materials	Link with intervention manual
To understand causes of and contributors to common mental health problems in adolescents	60 minutes	Flipchart and markers	

1. Draw the image in [Figure 3](#) on a flipchart or print it as a handout for each trainee to make notes.

Figure 3. Common causes

2. Divide the trainees into groups of two or three.
3. Ask the groups to discuss examples of contributors to adolescent mental health problems from each category listed in the picture. Tell them they have 20 minutes to complete this activity.
4. If a prompt is needed:

For example, say:

“Many of you may know people who are experiencing strong emotional problems such as sadness, worry, tension, etc. Think about the young people, including adolescents, in your community, your social networks, and your families. Without naming anyone, can you describe some of the contributors to these emotional problems you have seen young adolescents experiencing?”

5. Invite different groups to respond to each of the categories (25 minutes).

You can use the examples below to help trainees consider contributors they had not identified.

- **Biology:** puberty, family history, physical health problems, disabilities, person's temperament (e.g. sensitive, anxious, reactive, etc.).
- **Wider environment:** exposure to adverse or traumatic events (e.g. community violence), living in poor conditions (e.g. refugee camp, informal or underserved neighbourhood), isolation (e.g. being displaced from one's home country, belonging to a minority group, or living in a setting with different cultural values), food insecurity, environmental stressors (e.g. extreme weather, pollution), stigma associated with emotional problems.
- **Family environment:** violence in the family, harsh parenting practices, withdrawn or neglectful parenting, beliefs/customs that have negative impact on emotional well-being, missing parents, bereavement, family literacy/education level (can increase parental stress), family understanding of emotional well-being, little interaction between family members due to employment or care of others, poverty, quality of home life, increased need for independence from family during adolescence.
- **Caregiver factors:** mental health problems in the caregiver, stress due to unemployment, unhelpful or problematic coping strategies, poor understanding or acceptance of mental health, stress related to caregiving role.
- **Peer and social factors:** problems at school, problems with peers or being bullied, difficulties making friends, pressure to conform with peers and exploration of identity, media influences, increased need for independence from family, gender norms, and relationships with peers, increasing importance of peer influences during adolescence.
- **Adolescent factors:** possible lack of understanding of their emotions, lack of skills to manage big feelings, thoughts and problems, heightened emotions and risk-taking behaviour due to changes during adolescence.

6. Explain that it is helpful for trainees to be aware of the many contributors to adolescent mental health problems because helpers will be discussing these with caregivers.

For example, say:

"We have identified a number of different contributors to adolescent mental health problems. Which of these contributors and causes do you think we can influence or change through interventions like EASE?"

- **If this is a ToT:** instead ask trainees to reflect on why it is important to do this activity with trainees?

7. Examples of answers:

- Caregiver factors and family environment through caregiver sessions.
- Although we cannot change many factors in the wider environment, we can support adolescent factors such as adolescents' capacity to help themselves through learning skills, and adolescents' capacity to seek support from other trusted people in their life.

Training activity 1.5: Adolescent reactions to problems

Objective	Time	Materials	Link with intervention manual
To understand common reactions to problems in adolescents	50 minutes	Flipchart paper and pen (for trainer)	

1.5.1 Introduce adolescent reactions to problems (20 minutes)

1. On a flipchart, draw a line down the centre of a page.
2. Ask about the kinds of common reactions adolescents have to adversity (e.g. to exposure to war, displacement, family problems, difficulties at school, loss of loved ones, etc.):

For example, say:

“What kinds of reactions do adolescents in their community have to the different causes listed earlier?”

3. Write examples of **external reactions on the left**, and examples of **internal reactions on the right**. At this point do not reveal what the differences between the two columns are.
4. If reactions fit into both categories, write the problem in both lists/columns.
5. When trainees have no more responses, ask about the differences between the two lists/columns. See [Box 9](#) for an explanation of the difference between internal and external reactions.

Box 9. Examples of external and internal reactions

External reactions:

- Reactions that are external and that others can see, e.g. through behaviour and interaction with others.
- Some people with external reactions find it hard to control their behaviour.
- Examples of external reactions are aggressive behaviour, being hyperactive, bullying, using drugs or alcohol.
- In many cultures, it is less acceptable for boys to show internal reactions of fear or grief. External reactions like aggression might be the way someone shows they are anxious about something.
- A child with external reactions may seem “louder” than other children.

Internal reactions:

- Reactions to challenges or problems that are inside us, e.g. thoughts, feelings, mood, or bodily and physical sensations.
- They are sometimes difficult to see as these reactions happen inside the person’s mind (e.g. thoughts) or body (e.g. physical sensations or feelings).
- Examples of internal reactions are social withdrawal, sadness, fear, disliking yourself, loss of interest in things.
- A person with these internal reactions may seem “more quiet” than other children; other persons might not notice they are having difficulties.

6. Explain that external and internal reactions are normal responses to big problems.
7. Explain that the EASE intervention focuses on helping adolescents manage big internal reactions. As internal reactions also influence external behaviour, this may also lead to a change in external reactions.

1.5.2 Interference with functioning (10 minutes)

For example, say:

“How might adolescents participating in EASE differ from those who do not need EASE?”

1. Possible answers:
 - Their internal reactions are very strong or more severe.
 - Their reactions significantly interfere with their life or everyday functioning.
 - Their caregivers have decided their reactions are significantly interfering with their child’s life or family.
 - The adolescent feels very distressed, upset or unhappy for longer than would be expected, i.e. it is normal to be distressed after a challenging experience, but it can be a problem if distress is experienced for so long that it interferes with a person’s life.

- The adolescents no longer do things they would like to do, or used to do, or what most other adolescents their age are doing.
2. Tell trainees that EASE is for adolescents who have such strong internal reactions that it is causing them a lot of distress at a level that may interfere with their everyday functioning.
 3. Invite trainees to suggest examples of how an adolescent's functioning might be affected. Examples might include:
 - academic/school problems (e.g. difficulties concentrating, completing their work);
 - relationship problems (e.g. frequent arguments with friends, family);
 - self-care problems (e.g. difficulties getting dressed, getting out of bed, problems with their appetite);
 - social problems (e.g. no longer socializing with friends or doing things they enjoy).

1.5.3 Internalizing reactions (20 minutes)

1. Say that we will now talk a bit more about internalizing reactions (point at the right column of the flipchart).
2. Explain that these reactions are common. Most children and adults experience internalizing reactions from time to time. These become a concern when they are more severe, more persistent, and interfere with an individual's functioning, as we discussed earlier.
 - Some people may experience more reactions of low mood – such as sadness, withdrawal or loss of interest in things they usually liked – while others may experience more anxious reactions such as fear, feeling nervous, and worrying thoughts.
 - **If this is a ToT:** explain that in EASE we are avoiding using diagnostic terminology such as “depression/depressive disorder” or “anxiety disorder”. It is not a helper's role to label adolescents specifically as having anxiety and/or depression. This would be unethical. However, it is helpful for helpers to understand the presentation of internalizing reactions.
3. On a large flipchart, draw four columns with the following headings: Thoughts, Feelings (or Emotions), Physical sensations, and Behaviours (or Actions) and explain what they are.
4. Explain the link between these by using an example (your own or below) to illustrate how they can reciprocally affect each other. Write the example in the appropriate categories on the flipchart, e.g. “Adolescent has a mathematics examination tomorrow”.

Thoughts	Feelings/Emotions	Physical sensations	Behaviours/Actions
“I’m going to fail!” “I won’t remember what I’ve learned because I can’t sleep”	Feeling anxious	Racing heart, feeling sick in the stomach, tense muscles in shoulders	Not sleeping well, irritability, eating less, study more than usual.

5. The behavioural changes can increase anxious thoughts, and this in turn can increase the anxious feelings and physical sensations.
6. Invite trainees to give new examples that relate to adolescents.
7. Invite trainees to give examples that relate to caregivers (or adults):
 - Caregivers can be affected by their adolescent's big feelings (e.g. caregiver feels helpless when their adolescent feels anxious about their mathematics examination).
 - Caregivers can also have their own stressors that cause them to have big feelings (e.g. caregiver has financial problems which causes them to feel stressed).
8. Acknowledge that it is important that for difficult physical sensations, medical explanations (such as sickness) are ruled out. Emphasize that it may be important for helpers to explain this during caregiver session 1.
9. Ask trainees to go back to the list of internal reactions they created earlier (see training activity 1.4.1) and to fit them into each of the categories (Thoughts, Feelings/Emotions, Physical sensations, and Behaviour/Actions).
10. Tell trainees which skills in EASE aim to address each category:

Category	EASE skill
Feelings	Understanding My Feelings
Physical/body sensations, particularly those caused by stress or arousal	Calming My Body
Behaviours/actions, particularly problems with inactivity	Changing My Actions
Thoughts, particularly thinking about how to solve and cope with practical problems	Managing My Problems

Training activity 1.6: Case study exercise

Objective	Time	Materials	Link with intervention manual
To apply learning about common reactions to problems to case examples	30 minutes	<ul style="list-style-type: none"> • Training form 1. Case studies • Paper and pens (for small groups) 	

1. Divide the trainees into groups.
2. Give each group one of the two case studies (Asma & Asim in [Training form 1. Case studies](#))
3. Each group will have 15 minutes to read the case study and identify potential contributors to mental health problems (e.g. father was killed = family interactions, environment) and identify category of expression of symptoms (e.g. headaches = body sensations).
4. Trainees should write their responses on a piece paper. After 15 minutes, one person from each group will present their group's poster (two minutes each).
5. Allow time to provide feedback and validate the trainees' responses (5 minutes).

Training activity 1.7: Training methods and providing feedback

Objective	Time	Materials	Link with intervention manual
To orient trainees to the different types of role-plays and to giving helpful feedback to their peers	55 minutes	<ul style="list-style-type: none"> • Training form 2. Facilitation practice allocation form • Training form 3. Teaching practice allocation form • Training form 4. EASE competency assessment • Trainee handout 2. Steps for helpful feedback • Trainee handout 3. Steps for facilitation practice 	Annex 2. Activities and games

1.7.1 Explanation of different types of role-plays and giving feedback (30 minutes)

1. Explain that during the training there will be many opportunities for trainees to practise the skills in EASE. This will be through different role-plays:
 - trainer demonstrations;
 - all trainee role-plays to practise various skills;
 - facilitation practice to practise delivering short parts of the EASE sessions; and
 - full facilitation practice on Days 9 and 10 to practise delivering at least one full EASE session per trainee.
2. Explain that when one trainee facilitates part of an EASE session, the rest of trainees will engage in the role-play by acting as adolescents or caregivers. It is important to observe and learn from each other during these practices.
3. At the end of each facilitation practice, there is time for trainers and trainees to reflect and give feedback on the person's facilitation practice. Explain that trainers will use a competency-assessment form (discussed at the end of this training activity) to help them give helpful feedback.

4. Feedback is used as a basis for supportive learning and improvement. It is expected that trainers and trainees will give constructive and helpful feedback to one another to help improve their skills.
5. Review the steps for giving helpful feedback of [Trainee handout 2. Steps for helpful feedback](#) with trainees. Explain that trainees should follow these steps when they give feedback to their peers. Trainers should ensure that the steps are followed.
6. Inform trainees that there is also a structure for facilitation practices that should be followed. Ask trainees to review [Trainee handout 3. Steps for facilitation practice](#) after the training day.
7. Then inform trainees about their facilitation practices using [Training form 2. Facilitation practice allocation form](#) (section 2.1 only).

Note to trainer: If you have not yet allocated trainees to facilitation practice time slots, you may do this at the end of the day and hand out the schedule at the beginning of Day 2.

- Ensure equality in the number (and amount of time) of practices between trainees.
 - It is important that trainees are allocated to facilitation practice time slots that do not overlap too much (e.g. the same trainee should not be allocated to do all the “Managing My Problems” practices).
 - It is important that trainees get a chance to run at least one facilitation practice from an adolescent session and at least one facilitation practice from a caregiver session.
 - If you know the trainees in your group, you may like to allocate more experienced or confident trainees to the first facilitation practices.
8. **If this is a ToT:** Explain that during this training, everyone will also have a chance to deliver segments of the training as if they are training a group of trainees.
 - Explain that the teaching practices will start only on Day 3 of this training.
 - Inform trainees about their teaching practice using [Training form 3. Teaching practice allocation form](#).

Note to trainer: If you have not yet allocated trainees to teaching practice time slots, you may do this at the end of the day and hand out the schedule at the beginning of Day 2

 - Once trainees are allocated to their teaching practices, make sure to give them a copy of the training activity in advance so that they can prepare.
 9. Explain that trainees who will engage in facilitation practices (and teaching practices if this is a ToT) that day have the option of arriving earlier or at the end of the previous day to discuss their practice in advance with the trainer.
 10. Explain that the first facilitation practice will be done by one of the trainers to demonstrate how a facilitation practice goes in order to give trainees an idea of the setting, use of materials and duration of the facilitation practice.
 11. Trainers should take note that the number of trainees required to conduct the facilitation practice varies. Some facilitation practice slots require multiple trainees who all play a part.

1.7.2 Explanation of competency-based training (10 minutes)

1. Share copies of [Training form 4. EASE competency assessment](#) with the trainees.
 - Explain that the EASE competency assessment will be used by trainers during facilitation practice to help structure the feedback and support the learning. These may also be used during supervision.
 - Tell trainees that competency-based assessments completed during EASE training are not being used to “pass” or “fail” trainees but to ensure that they and their supervisor are aware of which elements of the EASE intervention they are more comfortable delivering (areas of strength) and areas where more practise is needed.
2. Ensure that trainees understand the competency assessment and do not feel pressured by it. They should view the assessments as ways they can learn about their own strengths and areas for improvement, and therefore refine their skills when needed.
 - **Note to trainer:** Trainees might be nervous about these assessments. Emphasize that the training will be adequate preparation for the assessments and that the purpose is to support trainees to develop the skills needed to deliver EASE safely and effectively.
 - Allow time for questions and discussion.
3. **If this is a ToT:** Tell trainees that they will also be involved in doing EASE competency assessments and they will be trained on using the competency assessment tool on Day 2.

1.7.3 Ice breakers and energizers (15 minutes)

1. Conduct one of the energizers from the list in EASE intervention manual Annex 2 with the group as an example.
2. After the energizer, explain the use of energizers and highlight that from the next training day at least two trainees will be asked to lead an energizer (or demonstrate an energizer first).
3. Energizers will not be delivered at specific times during training. Instead, trainees can be asked to deliver an energizer when the group’s energy level is low, or when trainees feel like moving around, etc. Tell the group to take responsibility for telling the trainers when an energizer is needed.
4. Tell trainees to prepare one or two energizers to deliver to the rest of the group at some point during the training. Trainees can look up ideas for energizers in Annex 2 of the EASE intervention manual.

Training activity 1.8: Role of an EASE helper

Objective	Time	Materials	Link with intervention manual
To define the roles and responsibilities of an EASE helper	20 minutes	Flipchart paper and pens (two groups)	

1. Lead a group discussion on the following two questions:

1) "What are important characteristics an EASE helper should demonstrate?"

- Tell trainees to consider how they might behave or dress, what they say or do not say, their attitudes towards young adolescents and their caregivers.
- Make sure the following are included (particularly the point in bold):
 - **Be caring and non-judgemental.**
 - Dress appropriately for the context.
 - Have good communication skills (speak clearly and use simple language).
 - Able to talk to young adolescents and caregivers in a way that engages them and gets their respect.
 - Be passionate about their work.
 - Respect young adolescents and their caregivers.

2) "What is the role of an EASE helper?"

- Tell trainees to consider the goals and purposes of an EASE helper.
- Make sure the following are included (particularly the points in bold):
 - **Teach EASE skills to adolescents and their caregivers.**
 - **Support and encourage adolescents to practise EASE skills.**
 - Support caregivers in their roles.

2. Highlight characteristics that might not be appropriate for helpers to demonstrate and give reasons why. For instance:

- inappropriate characteristics are untrustworthiness and judging a participant's behaviour;
- inappropriate roles include trying to fix problems for participants and attempting to provide therapy (or treatment) that the helper is not qualified to provide.

Training activity 1.9: Communication with young adolescents

Objective	Time	Materials	Link with intervention manual
To learn how to adjust communication to different (young) ages	15 minutes		Chapter 3. Basic helping skills and group management skills

1. Ask a trainee to volunteer to explain to you (the trainer) what they liked about going to school.
2. Now, ask another trainee to volunteer to explain to a young adolescent why they liked going to school (i.e. to adapt the explanation for a young adolescent).

For example, say:

“Now imagine I am a young adolescent. Can someone else tell me why it is important to go to school?”

3. Ask the group for reflections on how this explanation to a young adolescent was different from explaining it to an adult. Ask for concrete examples of what the trainee did to adjust their communication.
4. Examples of what to consider when speaking to young adolescents in EASE include:
 - Simplify your language or use language that is appropriate for the culture and age group.
 - Utilize active listening skills (this skill will be discussed in more detail on Day 2).
 - Talk *with* and not *at* an adolescent (e.g. instead of saying “*You are feeling misunderstood,*” say “*It sounds like you felt misunderstood in that situation. Is that right?*”).
 - Use pictures to explain concepts.
 - Have patience – it may take time for adolescents to build trust and share with the helper or group.
5. Explain that although EASE is for adolescents of 10–15 years of age, you may not have adolescents of all ages in one group.
6. When delivering the intervention to adolescents of mainly 10–12 years of age, your communication may differ from when delivering the intervention to adolescents of mainly 13–15 years of age.
 - Speak in a way which matches the adolescents’ learning ability (e.g. while a 10-year-old may benefit from using more pictures to explain the concepts, this may be perceived as too juvenile for a 15-year-old).

- Adjust activities (e.g. types of energizers or games) to suit the different interests of younger versus older adolescents.
 - Repeat information or practise the skills more with younger adolescents.
7. Say that you will continue to discuss and practise how to adapt your communication to young adolescents during the training.

Training activity 1.10: Inclusive adaptations to the material

Objective	Time	Materials	Link with intervention manual
To learn how to support inclusion in a group setting	15 minutes	Flipchart, paper and pen (for trainer)	Chapter 3, section 3.5.1 Inclusive adaptations to the material

1. Explain that EASE can be adapted to be flexible to promote inclusion of people with different needs.
2. EASE helpers (or the organizations recruiting EASE helpers) should adapt how they deliver sessions to suit different levels of literacy and education as well as physical needs (such as visual, hearing or other sensory needs).
 - It is important to consult with someone who specializes in adapting content to match the group's literacy and educational levels and physical needs, if needed.

For example, say:

"How would adolescents or caregivers with lower literacy or educational levels present in the group?"

3. Responses to be elicited:
 - They may be **quieter** during the sessions (which may be a sign they are not understanding, or they may not feel confident to articulate their ideas). Remember that being quiet is OK; we are not trying to change a person's quietness. However, it is important for EASE helpers to attend to the needs of their participants in case it is a sign that someone is not understanding.
 - They may **feel anxious** about completing the activities in the session or their workbook (they may take longer to understand the concepts because of how these have been communicated; or they may not be able to read the text in the workbook).

- They may be **more disruptive in the group**. This is often done to hide their shame or anxiety about not understanding or it might be their way of expressing boredom or disinterest.
4. Then ask how you can adapt the session and/or material to participants who are quieter, anxious or disruptive. Responses to be elicited:
 - **Quiet participants:** Encourage (but do not force) them to participate; speak to them one-to-one; if they do not understand the session ask them what you can change to help them understand better (we will cover quiet participants in group management role-plays). Use basic helping skills (validation) to reinforce the importance of the contributions they do make in the group.
 - **Anxious participants:**
 - Participants may be anxious about doing activities in the session:
Helpers can use drawings to communicate any ideas or notes they make in the session rather than writing instructions. When adolescents are practicing EASE skills during the session (i.e. Changing My Actions or Managing My Problems), helpers can move around the room and check in with participants who may need additional support to understand. Helpers can also reassure participants by explaining that activities in the session are a chance to practise in a supported safe space.
 - Participants may be anxious about using their workbook:
Activities in the workbook are about drawing and do not require any writing. However, there is a lot of text in the workbook which some participants may not understand. At the end of each session, when setting home practice, helpers can show participants the page in the workbook that they will be using and verbally explain it.
 - **Disruptive participants:** Helpers should be careful to be sensitive to these participants' underlying feelings, rather than responding harshly to the disruptive behaviour.
 5. Say that it is important not to inadvertently make participants feel stigmatized when providing additional support.
 6. Ask trainees about other adaptations that may be required in EASE.

For example, say:

“Other than literacy and education levels, can you think of any needs you might need to accommodate?”

(For instance: differences in attentiveness, young adolescents with physical disabilities, including vision/visual impairment or hearing impairment.)

7. Discuss with trainees whether adaptations for participants with disabilities should be made in order to ensure inclusion, including:
 - Physical barriers (e.g. access to the building, toilets and transportation) should be considered and addressed when deciding on the physical space for holding EASE groups.
 - Activities during the EASE sessions can be adapted to be inclusive (e.g. activities that require movement can be planned in advance to consider everyone's active participation).
 - If available, International Sign or Braille transcription should be provided to support children with vision/visual impairment or hearing impairment.
 - Consider conducting an accessibility checklist to mitigate possible risks before the delivery of EASE.

Training activity 1.11: Group management skills to improve group participation

Objective	Time	Materials	Link with intervention manual
To learn different techniques to improve group participation	20 minutes		Chapter 3. Basic helping skills and group management skills

1. Tell the group you will now introduce two key communication skills for to improve group participation, namely:
 - the use of closed and open questions; and
 - the use of “bounce-back” questions.

1.11.1 Using closed and open questions (10 minutes)

1. Discuss “closed” and “open” questions:
 - Ask trainees to define “closed” and “open” questions.
 - Answers to be elicited:
 - Closed questions: These questions can be answered by very short responses, often just one word, often just “yes” or “no”. Examples: “Do you agree with this?”, “Do you want things to change in your life?”
 - Open questions: These questions require a longer, more thoughtful answer. Examples: “How would you manage this situation?”, “What would you like to change in your life?”

2. Practise using “closed” versus “open” questions:
 - Tell trainees to form pairs.
 - One person will interview the other about what they have previously done for work or study.
 - In the first round the interviewer will only use closed questions.
 - In the second round the interviewer will only use open questions.
 - Each round will last for two minutes.
3. Discuss experiences in using “closed” versus “open” questions:
 - Ask trainees to reflect on the role-play by asking the following questions:
 - What happened when closed questions were asked?
 - What happened when open questions were asked?
 - What were the differences in the quality of your conversation when using the two types of questions?
4. Summarize “closed” versus “open” questions:
 - Closed and open questions are equally important, but they have different uses.
 - Closed questions are good to use if you need to have specific answers.
 - Open questions will provide you with richer information and also require trainees to think about their answers.

1.11.2 Using bounce-back questions (10 minutes)

1. One goal of EASE is for participants (adolescents and caregivers) to learn how to help themselves. This means the helper’s role is to facilitate or help with their learning.
2. When adolescents and caregivers have questions about skills in the intervention, or questions that apply to their personal lives, it is tempting to answer them immediately.
3. Discuss “bounce-back” questions:
 - Ask the group to identify some disadvantages of directly answering participant’s questions.
 - Possible answers:
 - It can lead to a 1:1 conversation between the helper and participant which might exclude other participants.
 - It does not promote problem-solving or independent learning (because they have always been told the answer).
 - It does not respect the fact that one question may have a number of possible answers or solutions.
 - It may not encourage other participants to disagree with your response.
 - It does not encourage discussion from other participants.
4. Ask trainees to think about the training they are receiving now. Ask them to recall a time when they or another trainee asked a question and how the trainer responded. Invite trainees to share their memories. Possible responses:
 - The trainer gave a direct answer.
 - The trainer referred back to previous material covered in the training, e.g. “*Can you remember what we discussed yesterday?*”

- The trainer bounced the question back to the trainee or the rest of the group, e.g. *“What do you think?”*, *“Does anyone have any ideas?”*.

5. Summarize bounce-back questions.

For example, say:

“Sometimes directly answering the participant’s question is necessary. For instance, if it is a simple question that has one answer – e.g. ‘What do I write on this paper?’ – or if it is a closed question – e.g. ‘Am I meant to write on more than one paper?’ Sometimes there is not enough time to start a conversation about the particular topic that the participant is asking a question about, so you might decide that you need to answer the question directly instead.

However, whenever possible (and if it makes sense), encouraging the whole group to answer the participant’s question is ideal. Using what we call bounce-back questions is an easy way to do this. Essentially, you are bouncing back the participant’s question to them or, even better, to the whole group. Your aim is to facilitate the learning of the whole group.”

6. Brainstorm some general bounce-back questions. Possible examples:

- *“What do you think?”*
- *“What do others think?”*
- *“Does anyone have any ideas?”*
- *“How do you think you would manage this?”*
- *“Has anyone else experienced this before? How did you manage it?”*

Training activity 1.12: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (15 minutes):

- Review the learning objectives and make sure that all trainees are confident they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Encourage trainees to read Part A (except Chapter 4 on Assessment) of the EASE intervention manual.
- Distribute [Trainee handout 3. Steps for facilitation practice](#) to each trainee and ask them to review.

Day 2: Basic helping skills and EASE competencies

Day 2. Learning objectives:

1. Understand and be able to use basic helping skills.
2. Manage challenging group situations.
3. **If this is a ToT:** Learn how to use the EASE competency assessment and give feedback after facilitation practice.

Time (minutes)	Training activity	Materials	Link to intervention manual
30	2.1: Recap	<p>Flipchart paper and pen for the learning objectives</p> <p>Group rules poster (from Day 1)</p> <p>Annex 1. Activities to review previous day</p>	
90	2.2: Basic helping skills	<p>Flipchart paper and pen (for trainer)</p> <p>Training form 1. Case studies</p>	Chapter 3. Basic helping skills and group management skills
15	Break		
120	2.2: Basic helping skills (<i>continued</i>)	<p>Flipchart paper and pen (for trainer)</p> <p>Training form 1. Case studies</p>	Chapter 3. Basic helping skills and group management skills
60	Lunch		
35	2.2: Basic helping skills (<i>continued</i>)	<p>Flipchart paper and pen (for trainer)</p> <p>Training form 1. Case studies</p>	Chapter 3. Basic helping skills and group management skills

Time (minutes)	Training activity	Materials	Link to intervention manual
50	If this is a ToT: 2.3: Using the EASE competency assessment and providing feedback	Training form 4. EASE competency assessment	
15	Break		
85	2.4: Group management skills – dealing with challenging situations in groups	Flipchart paper and pen (for trainer)	Chapter 3, sections 3.4 (How to manage a group) and 3.6 (How to manage challenging group situations)
20	2.5: Ending	Trainee handout 4. Daily reflection and feedback form	



Trainers' preparation for Day 2

Training activity 2.2.2: Putting aside your personal values

Write out the four examples on large pieces of paper.

Training activity 2.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 1 and introduce Day 2	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - a. Invite trainees to share with the group the **key concepts, content or exercises** from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - b. Remind trainees about any **important topics that have not yet been reviewed**.
3. **Review trainees' home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.
4. **Learning objectives** for today:
 - a. Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
 - b. The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
5. Provide an **opportunity for questions** (If there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 2.2: Basic helping skills

Objective	Time	Materials	Link with intervention manual
To learn the different basic helping skills required for EASE	245 minutes	<ul style="list-style-type: none"> Flipchart paper and pen (for trainer) Training form 1. Case studies 	Chapter 3. Basic helping skills and group management skills

2.2.1 Introduce basic helping skills (10 minutes)

1. Explain that the group discussed some of the important characteristics needed to be an EASE helper on Day 1. Some of the ideas listed fall under the category of basic helping skills.

For example, say:

“Basic helping skills refer to the communication skills used to build a healthy relationship with adolescents and caregivers, which contributes to building trust and offers them support and comfort. Basic helping skills include verbal and non-verbal communication and should be the foundation of every EASE session with adolescents and caregivers.

Basic helping skills include:

- confidentiality
- non-verbal skills
- communicating concern (empathy)
- praising openness
- validating (normalizing)
- putting aside your personal values (non-judgemental)
- not giving direct advice.”

2. Explain that basic helping skills are a necessary foundation for providing the EASE intervention and are critical to the intervention’s success.
3. Explain that basic helping skills help to:
 - a. build rapport with the adolescents and caregivers;
 - b. make participants feel more comfortable in a potentially uncomfortable situation (i.e. talking with a stranger and in front of others (e.g. their group) about personal things);
 - c. build trust in the relationship;
 - d. make participants who might feel ashamed or who lack trust due to previous experiences feel more comfortable; and
 - e. improve the chances of the participant engaging with the EASE skills and being motivated to stay in the intervention.

4. Tell the group that you will now explain each of the seven basic helping skills.

2.2.2 Confidentiality (10 minutes)

1. Confidentiality is keeping everything an adolescent or caregiver tells you private.
2. Ask the group what confidentiality means in their context, and what words they use to explain and emphasize its importance to others.
3. There are three limits to confidentiality:
 - if an adolescent or caregiver is at risk of hurting themselves or ending their life;
 - if an adolescent or caregiver is at risk of hurting someone else; and
 - if an adolescent or caregiver is being harmed by someone else.
4. Confidentiality promotes trust.
5. We will cover confidentiality in detail in Day 3, training activity 3.2.2.

2.2.3 Non-verbal skills (15 minutes)

1. Non-verbal skills communicate to the adolescent and caregiver that you are listening to them.
2. They are another way of communicating concern.
3. Examples might include:
 - keeping culturally appropriate eye contact and space;
 - culturally appropriate movement of your head, such as nodding;
 - keeping your posture open (e.g. avoid crossing your arms and sitting with a stiff position or turning away from them);
 - showing similar emotions to those of your participants (e.g. expressing sadness on your face when an adolescent or caregiver cries);
 - brief verbal indications that you are listening (e.g. “uh-huh”, “ok”, “I see” and “mmm”).
4. Complete the following exercise to demonstrate the effect of using appropriate versus inappropriate non-verbal communication:
 - Ask the trainees to name a favourite food (e.g. a trainee may say “falafel”).
 - You and the co-trainer will demonstrate a role-play. One of you will take on the role of the helper, and the other will act as the adolescent. The adolescent will only say one word repeatedly: “falafel, falafel, falafel...”
 - During the demonstration the helper demonstrates poor non-verbal skills, e.g. by looking at their watch, checking their phone, looking away from the other person).
 - Perform the role-play and briefly discuss as a group.
5. Repeat the role-play, this time with the same helper communicating concern using good non-verbal skills. Briefly discuss as a group.
 - The lesson learned is that it does not matter what a person is saying (such as “falafel”), but that non-verbal communication can still be demonstrated.

2.2.4 Communicating concern (empathy) (30 minutes)

1. Introduce communicating concern (also called “empathy”) (10 minutes):
 - Try to understand, as best you can, adolescents’ and caregivers’ situations, including the emotions they are experiencing.
 - Our job is not to solve adolescents’ and caregivers’ problems. Communicating concern and showing empathy can make a huge difference to a person’s well-being.
 - The first step is to be able to identify the possible emotion they are experiencing, and then to show empathy by communicating concern.

For example, say:

“Empathy involves seeing a situation from someone else’s point of view, including their thoughts and feelings. It means perceiving and experiencing the world through their eyes and heart.

Emotions can be contagious. Imagine another person laughing. It may make you laugh, even when you don’t know what the person is laughing about. Or think about facial expressions, such as smiles, frowns and eyes opened wide with surprise. You may start making the same facial expressions without even thinking about it.

One of the most important basic helping skills is being able to see and feel an experience from another person’s perspective so that we can help to reduce their distress. To do this, we need to be able to ‘catch’ their emotional experience.”

2. When working with adolescents or caregivers who are experiencing distress, it is important to acknowledge their emotions. This can be done by naming emotions that you think a person is experiencing, based on what they have shared with us.
3. Statements that communicate concern include the following (you can say these to the trainees in the style that you would communicate with an adolescent or caregiver):
 - “*That sounds as if it was very challenging for you.*”
 - “*I can see in your face how painful this was for you.*”
 - “*You have experienced many difficulties.*”
 - “*You went through a lot.*”
 - “*I can hear how sad this time has been for you.*”
4. It is also important that you do not get too involved in the adolescent’s or caregiver’s feelings and take them on as your own. This can cause you to feel stressed and overburdened by your work. Remind trainees that, if they start to feel this way, it is important to discuss in supervision.
5. **If this is a ToT:** remind future supervisors always to discuss helpers’ well-being in supervision sessions.

For example, say:

“Why do you think we should avoid saying: ‘I understand how you feel/I know how you feel’?”

[[**Answer:** Saying this statement might cause a negative reaction (especially if someone is angry) such as, ‘How can you know how I feel?!’]]

“And what could we use as an alternative?”

[[**Answer:** Instead, use phrases such as, ‘I can see this is...’ or ‘This seems really hard for you...’ as they show empathy but do not suggest that you know how the participant is feeling.]]

6. Group exercise: Identifying emotions in a story (10 minutes)

- Explain that in EASE it is important that helpers can identify emotions in their participants.
- Often this can be done even without the participant using words to name their emotions or feelings.
- Tell trainees that in the next exercise, you will read them a story and will ask them at different points during the story to imagine how Clara feels.

Case study: Clara

“One day Clara would have her friend Deepa over for dinner. She was planning to cook rice, lentils, vegetables and chicken. Unfortunately, that day she had to work late. She was now rushing to get to the market to get home in time to cook. The market was very crowded. She looked at her watch and it was already late. She looked around, unable to decide which ingredients to buy first. She kept looking at her watch.”

[Questions the trainer asks trainees:]

“How do you think Clara felt at this time?”

“What made you think she was feeling this way?”

“In a rush, Clara eventually bought her ingredients and got home. She started cooking dinner but when she opened her grocery bag, she saw that the chicken wasn’t there and it was goat instead. Her friend Deepa does not eat goat. She threw the goat meat into the garbage. She cooked the food she did have, but in her rush some things were undercooked and some were burned.”

[Questions the trainer asks trainees:]

“How do you think Clara felt at this time?”

“What made you think she was feeling this way?”

“She couldn’t believe that she was going to serve this food to Deepa. She wanted to go and hide. Clara apologized to Deepa and explained what had happened with her evening. Deepa put her hand on Clara’s arm and said she should not worry about it at all. Clara should not feel

embarrassed. Deepa said the same thing had happened to her a few weeks ago when she had planned a dinner party. Deepa said that a new dumpling [or refer to local food] shop had just opened nearby, which she'd be excited to try. Clara's shoulders felt lighter at this suggestion, and she said to Deepa, 'Grab your coat, we're going out!'"

[Questions the trainer asks trainees:]

"How do you think Clara felt at this time?"

"What made you think she was feeling this way?"

7. Reflect on the take-away from the exercise.

For example, say:

"In this story, we never hear what Clara's emotions are but, by paying attention to her actions and by looking at things from her perspective, we can imagine the emotions she might be feeling. We often need to do this as a helper. When listening to Clara's story, you were likely able to identify what Clara might be feeling by listening to her story. During EASE groups, you will also be observing participants, which can help you identify how they might be feeling on the basis of their body language, facial expressions and overall mood.

You will not always be able to name the emotion(s) a participant is feeling, but you can show empathy by communicating concern."

8. Group activity (10 minutes):

- Divide trainees into three groups and ask each group to come up with a statement that communicates concern for Clara.
- Ask each group to share their statements and support the trainees in revising any statements as needed.

2.2.5 Praising openness (10 minutes)

1. To help an adolescent or caregiver feel comfortable talking about personal, difficult or embarrassing topics, try to thank or even genuinely praise them for being so open.
2. Explain that you will now read an example of an adolescent telling the helper about difficulties they are having.
3. An adolescent tells the helper that they were unable to do their slow breathing home practice because it made them feel dizzy.
 - Response A: *"That sounds difficult. I want you to know that these feelings are safe. I would encourage you to keep practising by focusing on blowing all the air out and letting the breathing come in by itself."*

- Response B: *“Thank you so much for sharing with us that you have been unable to do Slow Breathing. I can see that you are really trying to practise. When you learn new skills there are often difficulties when practising them.”*
4. Ask trainees which response clearly demonstrates praising openness.
[**Note to trainer:** although response A validates the adolescent’s experience, it does not praise the adolescent for sharing this experience.]
 5. Ask trainees to think about how the adolescent in response A is going to feel and how the adolescent in response B is going to feel.
 6. Also ask which response is likely to make the adolescent continue to go to the helper when having difficulties.
 7. If time allows, share other examples of praising openness with the group:
 - *“Thank you for telling that to me.”*
 - *“You were very courageous in sharing those intimate feelings with me.”*
 - *“Although it may have been hard to talk about that with me, I think it will be very helpful in making you feel better.”*
 - Use local proverbs: e.g. *“You double happiness and halve sorrow by sharing what’s on your mind”*, *“A problem shared is a problem half solved.”*

2.2.6 Validating (normalizing) (10 minutes)

1. Validating means to communicate to the adolescent or caregiver that you are supportive, understanding and accepting of how they are feeling, even if you don’t agree.
2. Some adolescents and caregivers can feel embarrassed or reluctant talking about their problems with a stranger.
3. They might think no one else feels the same way as them.
4. They may also think that talking about emotions or personal problems is a sign that they are becoming ill, going crazy or that they are weak.
5. Some adolescents and caregivers might even blame themselves for how they feel.
6. It is important that throughout the programme you help the participant to dispel these myths.
7. Some examples of validating type statements are:
 - *“You have been through a very difficult experience and it’s not surprising that you would be feeling stressed.”*
 - *“I can hear how difficult that feels for you.”*
 - *“That must be very hard for you.”*
 - *“I can understand why you may be feeling so angry/sad/upset.”*
 - *“I am not surprised that you are so scared.”*

2.2.7 Demonstrating communicating concern, praising openness and validating (35 minutes)

1. Complete a small group activity to demonstrate how to communicate concern, praise openness and validate an adolescent.
2. Divide the trainees into three groups.
3. Assign each group one of the following basic helping skills: “Communicating concern”, “Praising openness” or “Validating”.
4. Give each group a flipchart paper and marker and ask them to label it with their basic helping skill.
5. Ask the groups to look at the case study of Asma (case study 1.1 in [Training form 1. Case studies](#))
6. Instruct each group to write as many examples of communicating concern/praising openness/validating as they can to the extent that these terms relate to the case study of Asma. Allow the groups 10 minutes to do this.
7. When completed, post these statements on the wall and confirm that the statements appropriately represent the relevant basic helping skills, correcting any that may fall under another basic helping skill.
8. Inform the trainees that these statements will be useful references for them as they continue learning and practising their basic helping skills throughout the training. They may like to note some of these down during a break.

2.2.8 Putting aside your personal values (non-judgemental) (40 minutes)

1. You will need to respect adolescents’ and caregivers’ personal values and beliefs.
2. This means not allowing your personal beliefs or values to influence how you respond to adolescents and caregivers.

For example, say:

“What types of issues might come up when a participant challenges your personal beliefs and values? Think about adolescents and caregiver participants.”

3. Common examples include (5 minutes):
 - religious or political beliefs;
 - value of education;
 - parenting styles or disciplinary techniques;
 - when a caregiver does or does not want to leave a marriage partner (e.g. in cases of domestic violence);
 - abortion;
 - identity, such as sexual orientation or gender identity;
 - choices parents make for their children (e.g. not allowing their daughter to go to school).
 - adolescent communicating disrespectfully about others (e.g. caregivers, teacher, siblings, peers, or to you, the helper);
 - adolescent condoning risk-taking behaviour (e.g. communicating positively about the use of drugs or alcohol use);
 - adolescent communicating disregard for available educational opportunities.
4. If adolescents or their caregivers raise protection concerns (e.g. female mutilation, cutting, child labor, child marriage), the helper must take action by consulting their supervisor, as these issues constitute protection concerns.
5. How do you do this? (5 minutes)
 - Possible suggestions include:
 - Notice your personal values or beliefs being triggered when an adolescent or caregiver says something which challenges your values or beliefs.
 - Resist/refrain from allowing this value to interfere with what you say next to the adolescent or caregiver.
 - Respond by communicating concern: how you say it and what you say will influence whether a person feels judged by you, and therefore whether they feel they can trust you.
 - If there are values or beliefs that are stated by the adolescent or caregivers that are harmful, the helper should inform the supervisor who may decide that further follow-up is needed (e.g. in line with local child protection policies).
6. Complete the following small group activity to help trainees consider their personal values and how they might feel when these values are challenged by an adolescent or caregiver.
7. Divide the trainees into four groups.
8. Write four of the following examples on large pieces of paper (trainers can choose the ones most relevant or adapt examples to the issues which can affect their local community or members of minority groups in the community):
 - I am having an affair with a woman outside of my marriage. I am stressed because I love her but I do not want to hurt or upset my family.
 - Shouting at my children is the only way they will learn to be better behaved. I have to compare them so they will compete against each other and become excellent in their school and home life. Nothing else works.

- I am a young girl and I hope to become a doctor or teacher someday, but my parents want me to get married when I finish school. I wish I could rebel somehow and follow my dream.
 - I often drink alcohol with my friends, even though my parents don't allow it.
 - I don't believe that my religion is true. I talk to God but he does not listen to me. I feel alone.
9. Each group gets one statement and is asked to write down how they would respond by communicating concern in this situation (10 minutes).
10. When groups have finished, groups 1 and 2 will exchange their responses to their statements, and at the same time groups 3 and 4 will exchange theirs (10 minutes in total).
11. After all groups have exchanged their responses, have a general reflection on “putting aside your personal values” by asking the group as a whole the following (i.e. not related to a specific statement) (10 minutes):

For example, say:

“What would happen if you expressed judgement in (any of) these scenarios?”

[[**Answers can be:** It may make a participant more distressed or feel ashamed, or it will affect a participant's trust in the helper.]]

"How might it have an impact on your ability to support the participant with her/his difficulties?"

[[**Answers can be:** A participant may stop being open to you and disengage with EASE; a participant may lose trust in you and is less willing to work with you.]]

"It can be challenging to work with people whose behaviour goes against our values and beliefs. What can you do to manage the feelings that will experience?"

[[**Answers can be:** Remind yourself that you are here to support the participant and that it is not your job to change participants' values or beliefs to suit your own. Bring this up in supervision to discuss your feelings about the situation.]]

"If you feel that you are not able to provide the best support for this participant on the basis of a conflict of values, what should you do?"

[[**Answers can be:** Discuss the situation in supervision, ask your co-helper to support you in helping the participant.]]

2.2.9 Not giving direct advice (35 minutes)

1. This is one of the most common challenges that helpers have.
2. The desire to assist another person by offering them direct advice about what to do, or not to do, to improve their situation always comes from a genuine desire to help. However, there are potential problems when we provide direct advice to adolescents and caregivers.
3. In the plenary (or if the group needs to move about, you could divide them to smaller groups to discuss these questions in pairs), explore common ideas linked to giving advice.

For example, say:

“Why might it be tempting to give direct advice to an adolescent or caregiver?”

4. Common responses are:
 - It is expected of helpers or health and social care workers in the community.
 - EASE helpers might feel that talking together or providing emotional support is not enough to help the adolescent or caregiver.
 - You feel pressure to give advice (e.g. the adolescent or caregiver directly asks you what to do, or you feel as if you are being asked for advice, even when you are not asked directly).
 - EASE helpers believe they know what is best for the participant (often based on what has worked for them personally or others they know).
5. Discuss risks for participants when giving direct advice.

For example, say:

“What are the risks to the adolescent or caregiver if you give them direct advice?”

6. Common risks include:
 - What has worked for us or others may not work for this participant.
 - If the advice given does not work, this could affect the participant–helper relationship. For instance, the adolescent or caregiver may lose trust in the helper, or they may be put off seeking mental health support in the future.
 - The participant could become dependent on others to solve their problems. They never learn how to make changes for themselves, or they may not gain internal motivation to make a change themselves.
 - The participant fails to learn strategies for future problem-solving and emotional coping.

7. Discuss risks for helpers when giving direct advice.

For example, say:

“What are the risks to the EASE helpers if you give adolescents or caregivers direct advice?”

8. Common risks include:

- If the proposed solution creates more problems for the adolescent or caregiver, the helper may be blamed for things going wrong in their life.
- EASE helpers become overwhelmed and feel ineffective because trying to solve all problems is an impossible task.
- If the participant–helper relationship is affected, it will be very difficult for ongoing engagement in the EASE sessions.

9. In summary, you should generally not give advice to adolescents or caregivers – that is, telling a participant what to do or not to do (e.g. *“Don’t talk to your religious leader about this”*).

10. Giving advice is different from giving adolescents and caregivers important or helpful information (e.g. about legal services, or about other community organizations that might be helpful or who you can talk to in order to help you solve this problem, or about psychoeducation).

Optional: Give the following example to improve trainees’ understanding of their role as helper

- A helper’s role is similar to that of a coach on a sports team. The coach can give the athletes a training programme and a game strategy. However, it is ultimately up to the team to attend the training programme and follow the game strategy and to adjust their game as the coach supports them in taking new or different approaches.
- EASE helpers are like emotion coaches.
- They can support adolescents and caregivers by encouraging them to use the EASE skills.
- Using your basic helping skills can also help adolescents and caregivers to trust you and to feel supported when using the EASE skills.
- Ultimately, adolescents and caregivers will need to practise the skills on their own.

11. Ask the group how not to give direct advice:

- Ideas include:
 - Similar to how to put aside your personal values.
 - Resist/refrain from giving direct advice.
 - Become comfortable with “staying with the emotion” and using all your basic helping skills – especially communicating concern, praising openness, validation and non-verbal skills.

- There are also three exceptions to this rule about giving advice.
 - If there is a risk to the adolescent, caregiver, helper or another person's safety, you may need to "take charge" of a situation, with the support of a supervisor. (This will be discussed more in Day 8, training activity 8.3.)
 - When delivering this intervention, you will be advising adolescents and caregivers to use EASE skills and to seek support from others when needed. This is part of helpful information-giving.
 - During Managing My Problems, when an adolescent's or caregiver's solutions are obviously unhelpful (e.g. solutions that cause them extra problems for their emotional or physical health, harmful or illegal acts and so on), you may be direct and may identify reasons why these solutions are unhelpful.

12. Round robin role-play (10 minutes):

- Tell trainees that one trainer will play the role of an adolescent.
- The adolescent has a challenging problem (the adolescent is being bullied by an older student at school and the bully has threatened the participant if they tell anyone about it).
- Trainees will take turns to play the role of the helper for this participant. The helper will use their basic helping skills to support the adolescent but they are not allowed to give advice to the adolescent. The helper is permitted to use techniques to help the participant to think of ways to manage the problem.
- Ask for a trainee to volunteer as helper and to begin talking with the adolescent about this problem.
- Once the trainee feels unable to go further, wishes to stop, or after three minutes have passed, the trainee will nominate another trainee to replace them as the helper.
- The role-play should continue for no more than 10 minutes.

2.2.10 Putting it all together: basic helping skills (50 minutes)



All- trainee role-play: Putting it all together

1. Ask trainees to open their EASE intervention manual at Chapter 3 – Basic helping skills.
2. Divide trainees into pairs and allocate each pair one basic helping skill.
3. Explain they have 10 minutes to prepare a two-minute role-play between a helper and a participant or small group of EASE participants (adolescents or caregivers) that demonstrates the basic helping skill. They should try their best to demonstrate appropriate use of the skill or poor use of the skill. If group members decide to demonstrate poor use of the skill, they must show appropriate use of the skill afterwards.

4. Trainees then demonstrate the role-plays to the whole group.
5. At the end of each role-play the trainees from the group will have one minute to explain why this skill is important and the whole group will have another two minutes to discuss the skill further and reflect briefly on the role-play (e.g. “*What did it feel like to have ‘the helper’ behave in this manner when the participants were trying to share something personal?*”).
6. After all the role-plays have been completed, ensure that the trainees can recall the seven basic helping skills and define each one.
7. Remind trainees that the basic helping skills should be always demonstrated throughout the facilitation practices in training and when delivering the EASE intervention.

Training activity 2.3: Using the EASE competency assessment and providing feedback (for ToT only)

Objective	Time	Materials	Link with intervention manual
To understand how to use competency assessments during supervision	50 minutes	Training form 4. EASE competency assessment	

*Please note this training activity is only for trainees becoming EASE trainers or supervisors (e.g. when doing a ToT).

2.3.1 Using the EASE competency assessment (30 minutes)

1. Explain that, as part of EASE training, trainees will be assessed on key competencies related to the delivery of EASE. Assessment of these competencies will show the trainer know if the trainee is safely delivering the EASE intervention.
2. EASE competencies will also be assessed during routine supervision. This will be discussed further during the extra day for supervisors.
3. Introduce EASE competencies.

For example, say:

“Competencies are observable and combine knowledge, skills and attitudes. A competency-based approach to training involves assessing trainees’ competencies and ensuring that your feedback is more centred on trainees’ needs. This approach to training is likely to increase the competency of trainees and improve the quality of care.”

4. Hand out the competency assessments for EASE ([Training form 4. EASE competency assessment](#)) and review the competencies (see also [Box 10](#)).
5. Highlight that there are two sets of competencies assessed during the EASE training, namely:
 - competencies related to the delivery of the adolescent sessions; and
 - competencies related to the caregiver sessions.

Box 10. EASE competencies

Competencies related to the adolescent sessions:

- non-verbal communication
- verbal communication
- rapport & relationship building
- empathy, warmth & genuineness
- safe identification of child abuse, exploitation, neglect, violence, & self-harm
- organises group work effectively
- ability to be inclusive
- explain & promote confidentiality.

Competencies related to the caregiver sessions:

- non-verbal communication
- verbal communication
- rapport building & self-disclosure
- exploration & normalisation of feelings
- demonstrate empathy, warmth & genuineness
- explain & promote confidentiality
- group participation.

6. Then, show the competency assessment tool.

For example, say:

“Competency assessment tools are designed to record specific behaviours (unhelpful and helpful) grouped under different levels of competency rated 1 to 4.

Level 1 indicates unhelpful or potentially harmful behaviours. Demonstrating such behaviours automatically means the trainee is at this level. It is particularly important to correct these behaviours during training or supervision using the aforementioned supervision tools.

Level 2 indicates some but not all basic skills.

Level 3 indicates all the basic helping skills.

Level 4 indicates that all the basic skills are displayed, as well as at least one advanced helping skill.”

7. When training people on EASE, the goal is not that they need to reach level 3 or 4 behaviours by the end of the training. The tool is used by trainers to make sure that no harmful or level 1 behaviours are displayed. If a trainee does display harmful or level 1 behaviours, this is an indication that the trainee needs continued support before safely delivering EASE. So the emphasis is that there should be no level 1 "unhelpful or potentially harmful behaviours"; but not that trainees should be aiming for level 4. If a trainee has all level 2's this is very good.
8. Explain that during this training the trainers will be modelling how to use the EASE competency assessment during facilitation practice and how to give helpful feedback based on your scoring.
9. As the training progresses, trainees will be invited to take turns in practising the assessment of competencies during facilitation practice and giving feedback alongside the trainer.
10. Explain that you will now practise assessing the EASE competency "verbal communication", which is a competency related to both adolescent and caregiver sessions.
11. Take a moment to look at both the adolescent and the caregiver competencies and highlight the differences.
12. Point out to trainees that the EASE competencies are based on the basic helping skills. When speaking about competencies with helpers, it is best to use the term "basic helping skills" to mirror the language used in the training manual.
13. Introduce the competency verbal communication.

For example, say:

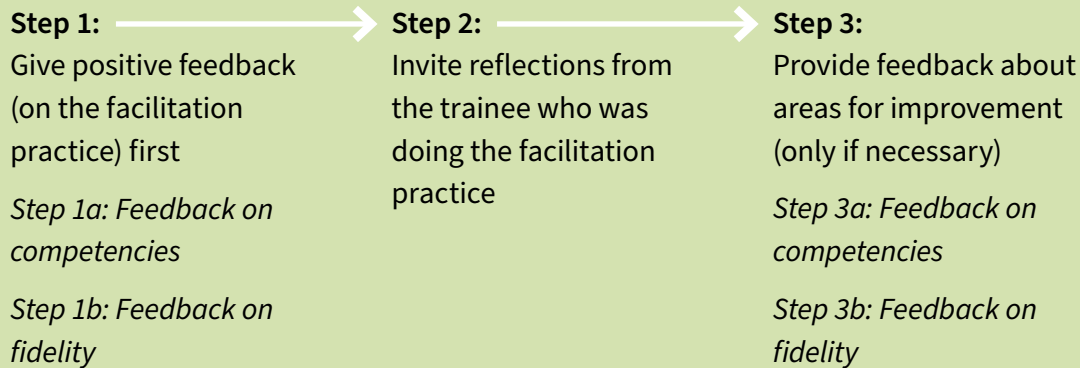
"Verbal communication helps to build warm, trusting interactions and relationships. Helpful verbal communication skills support clear, respectful communication."

14. Conduct a three-minute role-play or show a role-play video from the EQUIP platform displaying *unhelpful* verbal communication and let the group score the EQUIP competency. Do not indicate if you are role-playing helpful or unhelpful behaviours.
Before having a discussion on the results, conduct another three-minute role-play or show a role-play video from the EQUIP platform displaying *helpful* verbal communication and let the group score the EQUIP competency.
15. Following the two role-plays, discuss how the trainees scored the EASE competency verbal communication. There might be differences in the levels that trainees ticked for the two role-plays, and this is OK.
However, for the *unhelpful* verbal communication role-play, it is important that all trainees recognize the potentially harmful or level 1 behaviours. Have a discussion about these specific behaviours.

2.3.2 Giving feedback on competencies and fidelity (20 minutes)

1. After each facilitation practice and during the full facilitation practice days, trainers give feedback on the EASE competencies, focussing on what went well (anything that is scored from levels 2 to 4), correcting unhelpful behaviours (anything that is scored level 1) and offer suggestions on how to improve competency delivery.
2. In addition, trainers give feedback on fidelity to the EASE manual. Assessing for fidelity helps to determine if the EASE intervention is delivered as intended.
3. It is easiest if one person gives feedback on the EASE competencies while another person gives feedback on fidelity.
4. Giving feedback on competencies and fidelity follows the same structure of [Trainee handout 2. Steps for helpful feedback](#).
5. Briefly review [Box 11](#) to go over how the three feedback steps are used when giving feedback on competencies and fidelity.

Box 11. Giving helpful feedback on EASE competencies and fidelity



Examples of giving specific praise:

- “You used the basic helping skills appropriately; you had good eye contact and you were able to reflect back what the participant was saying in a way that normalized their feelings.”
- “When the participant was reluctant to complete the Feelings Pot exercise, you reflected back her concerns in a gentle and understanding way. Then you revisited the reason for doing this skill in a way that made sense to her and helped her see that this skill would be helpful for her. You then reassured her that you would help her to identify her feelings and that she did not need to show anyone else her Feelings Pot.”

Ask trainees to reflect on the following questions after you have given positive praise.

- What did they believe they did well (in the session or in the role-play)?
- What would they change if they could (e.g. what would they have done differently or included)?

- If there is an area in which you believe the trainee needs improvement, or you need to make a correction of some kind, do so gently and using your basic helping skills.
- As with praise, be specific, give an example and discuss how this may have negatively affected the participant (or is not how EASE should be delivered).
- Invite the trainee to respond. For example you can say: “What do you think? Would you agree or disagree with this comment?”
- You can follow this up with a wider group discussion or a role-play with the trainer modelling the skill or trainees practising the improved/correct way of delivering the skill.

Example of describing how this positively affected the adolescent in the role-play:

- *“By demonstrating basic helping skills and discussing the reasons for doing the Feelings Pot the adolescent felt their concerns were valid and listened to. It also helped them to understand and engage in the skill.”*

- Recap on positive points and remind the trainee to keep doing those.

Training activity 2.4: Group management skills – dealing with challenging situations in groups

Objective	Time	Materials	Link with intervention manual
To learn group management skills to deal with challenging situations that may arise	85 minutes	Flipchart paper and pen (for trainer)	Chapter 3, sections 3.4 (How to manage a group) and 3.6 (How to manage challenging group situations)

1. Explain that, along with basic helping skills, managing a group is a critical foundation of EASE.

For example, say:

“The success of the EASE intervention will rely on your skills in managing the group in adolescent and caregiver sessions.”

2. Helpers might be very effective in teaching the different skills to adolescents and caregivers, but if they cannot manage the group, including any concerns which arise with a person in the group, participants might not learn anything.

3. Point out that helpers will meet different people from various backgrounds and with different personalities in their groups.

For example, say:

“What are some examples of participants’ differences that might require good management by the helper? Consider adolescent and caregiver participants.”

4. Responses could include:
- personality differences, e.g. quiet or louder people;
 - cultural and political differences;
 - differences in adverse experiences (participants might judge or minimize other participant’s problems, or participants may not wish to share their problems because they feel they are small compared to those of other people);
 - marital status;
 - age (participants from different generations may not respect each other’s points of view).



Tips for trainers

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



All-trainee role-play: Group management skills

5. Explain that the group will now engage in a series of role-plays to help practise group management skills.
6. Divide the trainees into small groups. Use the same groups for each role-play to avoid losing time re-organizing the groups.
7. Each group will role-play how to manage the five challenging situations listed in [Table 1](#).
8. In five rounds, all groups are given a specific challenge that may arise in a group situation. They should follow the instructions when the “helper” comes back to the group, so that she or he has to handle this challenging situation.
9. Before each challenging situation is given to the group, nominate who will be the helper from each group (this should change for each role-play).
10. Ask all the “elected helpers” to leave the room while you give instructions to the rest of the trainees who will be role-playing participants ([Table 1](#)).
11. If you have a co-trainer, she/he can go outside to give instructions to the trainees who will be the helpers ([Table 1](#)).
12. The role-plays should take a maximum of 5 minutes (you do not need to use the full 5 minutes if the helper has completed their task).
13. After all the role-plays have been conducted, gather everyone in one group again.

Table 1. Case examples for challenging group situations

Case example A: Keeping to time without cutting short valuable group discussion	
Instructions to be read to the group participants	In your group you will discuss your favourite television programme. The facilitator will be asked to shift the discussion to your favourite sports. However, your role is to be very talkative about your favourite television programme. You should try to keep discussing this topic as much as possible.
Instructions to be read to the helpers	<p>Your role is to introduce the first topic – you will ask the group to discuss their favourite television programme.</p> <p>After one minute you must make sure that you move to the second topic – you should then ask the group to talk about their favourite sport.</p>
Notes for trainer to help lead discussion after the exercise	<ul style="list-style-type: none"> • Tell participants that this may be a particular issue in the caregiver groups. • Remind participants about time schedules throughout the programme. • Encourage participants to use break times for further group discussions. • If a discussion is very important you may decide to continue with it and shorten another section of the session. Always talk with your supervisor about these decisions to make sure that you have not skipped important information. • You could say: <i>“You have raised some important points which would be great to discuss further but we only have 10 minutes left. Should we start on the next topic or would you like to shorten the break to half an hour so that we have more time for this? Or should we finish later today or arrive earlier tomorrow to make sure we cover the topic?”</i>

Case example B: Managing dominant participants

Instructions to be read to the group participants

You will be discussing whether single-gender schools are better than mixed-gender schools. Half of the group should be in favour of single-gender schools and half of the group should be in favour of mixed-gender schools. Only one participant should be a very dominant participant, e.g. this person should speak more often than the other participants, talk over other participants, and speak in a louder voice.

Instructions to be read to the helpers

Your role is to facilitate a discussion on whether single-gender schools are better than mixed-gender schools and to ensure that everyone participates and feels included

Notes for trainer to help lead discussion after the exercise

- A dominant participant might be someone who talks a lot in the discussion, does not let other participants share their stories, talks over the top of others or rejects other participants' opinions. A dominant participant might force the group to manage their personal problems too.
- Use basic helping skills when managing dominant participants. You may need to manage them in them in front of the group and talk to them on their own.
- In front of the group, you can thank the person for their contribution and then invite others to share:
"Thank you (name). What you are saying is very interesting but I'd also like to hear from others in the group. Has anyone else had a similar or different experience?"
- You may also give them a role to help with an activity or something similar. This way they are involved and may be less dominant in discussions. However, be careful not to show favouritism to any participants.
- If you talk to a dominant participant on their own during a break or at the end of a session, always use a positive approach (it is important to not criticize them in front of their peers):
"You have been very engaged in the intervention which is good. But it is very important that everyone in the group has an opportunity to speak. And I have noticed this is not happening at the moment. So I ask you to make sure that you are respecting everyone in the group, not talking over the top of others but giving everyone a chance to talk. This might mean waiting and letting someone else talk first when there is a discussion. Does this sound OK to you?"

- Try to find out why the person is dominating and, once you know what the reasons are, try to help the participant and the group to manage these. Reasons may include that they do not like other participants from different backgrounds, they believe they need the most help in the group, or the group believes they should be dominant or speak for others because of their position in the community or age. You can say: *“Are there any problems you are having in the group that are causing you to talk over the top of other participants? I would like to be able to help you manage these if this is possible.”*

Case example C: Encouraging discussion with a quiet group

Instructions to be read to the group participants

You will be discussing which EASE skill you like the most. You will act as a quiet group, e.g. one participant should act as a quiet participant – they do not speak at all unless they are specifically invited to by the helper. They may nod their head to show they agree with the others but say nothing at all.

Instructions to be read to the helpers

Your role is to discuss with participants which EASE skill they like the most and to ensure that everyone participates and feels included.

Notes for trainer to help lead discussion after the exercise

- Case examples are good for encouraging group discussion. Many people feel more comfortable talking about cases rather than their own personal experiences or problems. For instance, you could ask questions about Kian in the storybook, rather than asking adolescents directly about themselves.
- Share examples you are familiar with from the community or previous groups that you have led or that relate to the group you are leading. This can help to make the group participants feel more comfortable because you already know a little about their situation. Be sure not to include people's real names or stories that might easily identify who they are. This will break confidentiality.
- If possible, divide into smaller groups. With fewer people in the group, participants might talk with more confidence.
- Talk privately to quiet participants to help them become more comfortable. You can say: *“I have noticed you are very quiet in the group. Is there anything I can do to help you engage more readily in the discussions?”*

**Case example D:
Managing distressed individuals****Instructions to be
read to the group
participants**

You will be discussing problems faced by people in your community. One participant in the group should act as a distressed participant. After one minute this participant should talk about a problem that they or someone else they know has faced and which causes them to become very upset.

**Instructions to be
read to the helpers**

Your role is to facilitate a discussion on problems faced by people in the participants' community.

**Notes for trainer to
help lead discussion
after the exercise**

- Communicate concern and validate that the participant is in distress.
- Give the participant time to find calm. Being quiet and not moving the discussion to another topic is one way to allow space for this to happen. Other participants will often help the distressed person (e.g. by putting an arm around them, acknowledging their distress).
- If the participant is having difficulties calming, you can ask them if would be helpful if the members of the group practise the Slow Breathing activity together.
- If a participant's distress is very strong and interferes with the group and you have a co-helper, ask him or her to take the participant out of the group and manage the distress separately. This way you can continue leading the group. If you are on your own, you might ask the group to take a 10-minute break and sit with the participant on their own. After 10 minutes the participant might decide to re-join the group or take some time away from the group. If you do this, be sure to encourage him/her to come back to the group, or check on the person after 5 minutes if she/he has not returned.
- If the majority or entire group is distressed, stop the discussion and help participants to manage their distress (e.g. by practising any of the exercises of the intervention).

Case example E: Managing arguments between participants or expressions of anger

Instructions to be read to the group participants

Two participants in the group should be chosen to argue with each other about a topic. One participant should argue that women should not go to university and should stay at home to look after their family and the other participant should argue that women should be educated even if they are mothers.

The two should argue, saying that the other person's ideas are silly, and they should become very disruptive in the group.

Note: Make sure that the participants acting out the argument reconcile after the role-play. They should remind each other that they were acting and did not mean any of the things they said to the other person when they were acting their role.

Instructions to be read to the helpers

Your role is to ask participants to discuss whether women should study at university or not.

Notes for trainer to help lead discussion after the exercise

Respond to early signs of anger or conflict between participants.

You can do the following as a way to prevent arguments:

- Acknowledge the differences of experience or opinion. Tell the group that everyone's experiences and opinions are important.
 - Acknowledge that experiencing the feeling (e.g. of anger, frustration) is OK but tell participants that acting on the anger in the group is not OK.
 - Remind all participants of the group rules.
 - Have the participants sit apart from each other.
 - If necessary, stop the discussion that is causing the conflict and do an energizer activity.
 - At the end of the group session, talk individually to the participants involved in the argument. Find out what caused the argument and see if this can be resolved. Ask them to respect each other and other participants in the group in the remaining sessions.
-

14. Discussion (25 minutes)

- As a large group, discuss the scenarios of [Table 1](#) (5 minutes each).

15. [Box 12](#) describes other challenges not listed as scenarios above that may also arise in a group. You may refer to this table when trainees ask how to handle these situations.

Box 12. Other challenges that may arise in a group

Managing group discussions that go off-topic and examples of unhelpful strategies or those outside of EASE

- Be firm when re-directing group discussions but also use your basic helping skills!
- You can say: *“I can see this is an interesting discussion but we have moved away from the focus. Let’s come back and we can discuss this topic later if we have time.”*

Participants disclosing too much information

- Sometimes participants will share very personal information. This might make other participants uncomfortable (i.e. the content might cause others distress, be too graphic or not age-appropriate for younger participants, such as discussions about drug use or sexual activity). Facilitators need to decide if the information being shared in the group is too much or too personal. If a participant is sharing too much information or it is too personal, facilitators can do one or all of the following:
 - Ask participants not to share very personal details in the group.
 - Agree that you will gently cut them off when they are sharing too much information.
 - For example, say:

“Thank you (name) for sharing this. It sounds like it has been very difficult for you. I wonder whether others would like to share their experiences.”
 - Decide on a secret sign that you can give participants if they are sharing too much information so they can stop (e.g. raising your hand).
 - Agree that if any participants wish to discuss these concerns, they can do so with the facilitator privately.

What to do if a participant drops out, attends late or irregularly, etc.

- Speak with participants who are not engaging in the intervention. They might regularly arrive late or leave early or be missing sessions.
- Remind helpers that they cannot force participants to attend or stay in a group.
- Find out what the reason is for their disconnection and see if there is anything you can do to help them re-engage.
- If participants drop out, this is OK. The group will not be suitable for everyone. If this happens, be sure to write down in your notes the reason for their dropping out. Also try to get them to complete the post-treatment assessment as soon as possible. This information will be very important.

Participants forming cliques or excluding others

- Young adolescents can often form small groups or cliques. While these groups can be good means of support, helpers need to be watchful in case these groups exclude other participants. This can be very detrimental to group cohesion.
- Sometimes these groups may also bully or tease other participants.
- Sometimes participants will have already been friends prior to the group and so cliques may be established from the first session

- If you notice that a clique has been established, you can respond by:
 - moving participants around so they are not seated next to the same person in each session;
 - changing the participants when forming small groups or pairs for different activities.
- Be sure to include a rule about not teasing or excluding other participants in your group guidelines.



Trainers' tips for group management

During the delivery of EASE, helpers may experience situations related to group management that require a one-to-one conversation between the helper and participant. The helper should always work with their supervisor to discuss the best way forward.

The table below provides initial ideas of how helpers can address this. Although the table does not cover every possible situation, the common strategy for many issues is to use basic helping skills; consider how to communicate with adolescents; discuss in supervision or, where applicable, follow the incident reporting procedures of your organization.

Helpers are not expected to be able to solve every situation. They should not go beyond their training capacity when supporting an adolescent in a one-to-one conversation. Further support can always be obtained from supervision or, if urgent, by contacting the supervisor directly.

Issue	How to address this:
Adolescent not following rules	Remind them of the group rules.
	Use basic helping skills and ask if there is anything that is making it difficult to follow the rules or that can the helper reasonably do to help the adolescent follow the rules.
	Resolve the issue with the adolescent.
	Seek support in supervision.

Issue	How to address this:
Adolescent hurting another group member	<p>Remind them of the group rules.</p> <p>Use basic helping skills and patience to explain that hurting other group members is not OK.</p> <p>Remind the participant that you still want them to benefit from EASE, so resolve the issue with the adolescent as to how they can manage their behaviour in the room.</p> <p>Seek support in supervision.</p> <p>Follow reporting procedures if significant harm is caused to others.</p>
Adolescent bullied when doing activity or reports problems with bullying in the community	<p>Managing My Problems (in sessions 5 and 6) can support adolescents to manage the problem of bullying.</p> <p>Use basic helping skills if an adolescent discloses these issues to you.</p> <p>If the issue of bullying is raised before sessions 5 and 6, a helper can ask the adolescent if there is a trusted person in their life who could support them.</p> <p>If you are seriously concerned about the safety or well-being of the adolescent because of bullying, you should discuss with your supervisor how to proceed.</p>
Very distressed adolescent	<p>Use basic helping skills to support the adolescent while they express distress (there will be further discussion of supporting distressed trainees in the training).</p> <p>If you are concerned, discuss with your supervisor.</p> <p>If the adolescent expresses a wish to end her/his life, follow the protocol for addressing suicide. Take action immediately if there is an imminent risk of suicide.</p>

Training activity 2.5: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (15 minutes):

- Review the learning objectives and make sure all trainees are confident they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to the questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Ask all trainees to familiarize themselves with EASE Chapter 3 on Basic helping skills and EASE Chapter 5, Adolescent sessions 1 and 2, including the annexes associated with sessions 1 and 2:
 - Annex 1. Managing disclosures of abuse and managing suicide risk
 - Annex 3. Helpful hints for home practice
 - Annex 4. Helpful hints for Understanding My Feelings
 - Annex 5. Helpful hints for Calming My Body
 - Annex 6. Two alternatives to Slow Breathing
- Remind trainees who will be doing facilitation practice on the next training day.
- **If this is a ToT:** Remind trainees who will be doing a teaching practice on the next training day.

Day 3: Adolescent sessions 1 and 2

Day 3. Learning objectives:

1. Understand how to implement key activities in adolescent sessions 1 and 2.
2. Understand the importance of explaining confidentiality.
3. Know the steps for teaching Slow Breathing.
4. Understand the importance of home practice.
5. Understand the importance of breathing.

Time (minutes)	Training activity	Materials	Link to intervention manual
15 (before training day)	Preparing “helpers for the day”	Trainee handout 3. Steps for facilitation practice	
30	3.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day	
30	3.2: Introduce EASE session 1 and confidentiality (trainer demonstration)	Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 1 Annex 1. Managing disclosures of abuse and managing suicide risk
20	3.3: Introduce Understanding My Feelings (trainer demonstration)	Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 1

Time (minutes)	Training activity	Materials	Link to intervention manual
45	3.4: Externalizing feelings (facilitation practice 1 and 2)	<p>Large pieces of blank paper and markers (preferably coloured)</p> <p>Sadness poster</p> <p>Annex 2. Instructions for leading facilitation practice</p> <p>Annex 3. Instructions for trainer demonstrations</p> <p>Trainee handout 3. Steps for facilitation practice</p> <p>Training form 4. EASE competency assessment</p>	Chapter 5, Adolescent session 1
15	Break		
45	3.5: Identifying personal feelings (trainer demonstration and facilitation practice 3)	<p>Coloured pencils (optional)</p> <p>Annex 2. Instructions for leading facilitation practice</p> <p>Annex 3. Instructions for trainer demonstrations</p> <p>Trainee handout 3. Steps for facilitation practice</p> <p>Training form 4. EASE competency assessment</p>	<p>Chapter 5, Adolescent session 1</p> <p>Annex 4. Helpful hints for Understanding My Feelings</p>
20	3.6: Importance of home practice		<p>Chapter 5, Adolescent session 1</p> <p>Annex 3. Helpful hints for home practice</p>

Time (minutes)	Training activity	Materials	Link to intervention manual
20	3.7: Ending session 1 (facilitation practice 4)	Square paper and pens Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 1
60	Lunch		
20	3.8: Starting session 2 (facilitation practice 5)	A ball or other object you can throw (e.g. sock, paper ball) Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 2
35	3.9: Session 2 – Feelings and my body (facilitation practice 6)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 2
30 (if ToT: + 10 for feedback)	3.10: Calming My Body – part 1 (if ToT: teaching practice 1)		Chapter 5, Adolescent session 2
15	Break		

Time (minutes)	Training activity	Materials	Link to intervention manual
50	3.11: Calming My Body – part 2 (trainer demonstration)	Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 2 Annex 5. Helpful hints for Calming My Body Annex 6. Two alternatives to Slow Breathing
20	3.13: Ending	Trainee handout 4. Daily reflection and feedback form	



Trainers' preparation for Day 3

Trainees start facilitation practice on Day 3.

- To prepare, please read [Annex 2. Instructions for leading facilitation practice](#).
- If the training room allows, set up a “facilitation practice corner” to which the group can move during the facilitation practice.
 - Put chairs in a half-circle where all “adolescents” can see the helper.
 - Make sure that all materials needed for the facilitation practice of today (e.g. flipchart, paper/pens, posters) are in place.

Preparing “helpers for the day” (before training day)

1. Encourage the “helpers for the day” to review the instructions in the EASE intervention manual that are relevant to their activity.
 - To prepare for their facilitation practice, refer the trainees to [Trainee handout 3. Steps for facilitation practice](#).
2. Support the “helpers for the day” by reminding them that this is a practice and is a chance to learn. Use basic helping skills to manage any worries or concerns that these helpers may have.
3. Ensure that the “helpers for the day” have all the necessary materials for their activity.
4. Support these helpers by responding to any questions they may have about their practice.
5. **If this is a ToT:** Support the “trainers for the day” by answering any questions they may have or providing materials they need for their training demonstration.

Training activity 3.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 2 and introduce Day 3	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind trainees of any important topics that have not yet been reviewed.
3. **Review trainees’ home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.

4. Learning objectives for today:

- Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
- The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.

5. Provide an opportunity for questions (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 3.2: Introduce EASE session 1 and confidentiality (trainer demonstration)

Objective	Time	Materials	Link with intervention manual
To learn how to start session 1 and talk about confidentiality	30 minutes	<ul style="list-style-type: none"> • Annex 3. Instructions for trainer demonstrations 	<ul style="list-style-type: none"> • Chapter 5. Adolescent session 1 • Annex 1. Managing disclosures of abuse and managing suicide risk

3.2.1 Introduce adolescent session 1 (5 minutes)

1. Tell trainees we will now move onto training the EASE intervention sessions.
2. Briefly review Adolescent activities 1.1. Welcome and introductions; 1.2. Review of EASE; and 1.3. Group rules. Encourage trainees to open their EASE intervention manual and follow as you briefly review.

3.2.2 Confidentiality (10 minutes)

1. Explain that a crucial part of the introduction of session 1 (in Adolescent activity 1.3.) is to explain what confidentiality is to the adolescents. Confidentiality will also be explained to the caregivers. This will be discussed later in the training.
2. Explain that it is important to explain confidentiality clearly and use simple language.



Training of mental health professionals

This activity can be shortened when training a group of experienced mental health professionals. Instead of doing the trainer demonstration and trainee role-plays, you can have a discussion to check your trainees' understanding of what confidentiality is, the limits to their confidentiality, and the expectations of participants in group interventions for maintaining confidentiality. Then complete this activity with a discussion on 'special considerations for confidentiality'.



Trainer demonstration: Confidentiality (5 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 1.3. Group rules: 4. *Explain confidentiality only*

3. Explain that you will now role-play a helper and the trainees will role-play a group of adolescents sitting in a (half) circle on chairs or on the floor.
4. During the role-play, invite trainees to ask any questions they think a group of adolescents would have.
5. If the following questions are not asked, then the co-trainer should ask the trainer who is doing the role-play:
 - “What if I do not want you to tell someone else?”
 [[**Answer:** It is understandable that, when you tell me something private, you do not want me to share it with someone else. I will not do that unless I think you or someone else is not safe. If that is the case, I will need to talk with my supervisor who can help me in keeping you safe.]]
 - “Will your supervisor tell anyone else?”
 [[**Answer:** My supervisor will keep what you have shared with me confidential. When I think you or someone else is not safe, my supervisor can decide that it is important to talk with someone else, such as with your caregiver or another organization. We will always tell you when we will do this and what will happen.]]

Note for trainer: If there are questions during the role-play about breaking confidentiality with the supervisor, the trainer can also describe the supervisor as: *“Someone who has your best interests at heart and someone who works to protect children.”*



All-trainee role-play: Confidentiality (10 minutes)

Link to intervention manual: Adolescent activity 1.3. Group rules: 4. *Explain confidentiality only*

6. Ask trainees to form pairs and to take turns explaining confidentiality to each other using the confidentiality script.
7. Trainers should move around the pairs to ensure that trainees are explaining appropriately:
 - what confidentiality is;
 - why confidentiality is important in the EASE group; and
 - the three times when confidentiality can be broken.
 - **Note for trainer:** Keep the EASE competency assessment for adolescents (explain & promote confidentiality [ENACT]) with you when you move around the room to give participants constructive feedback.
8. Allow time for questions.
9. If needed – for instance if the role-plays are not conducted well or are confusing for trainees – the trainer should demonstrate the activity again.
10. Ask trainees to summarize what confidentiality is, why it is important in EASE, and when it can be broken.
 - Discuss with the group what to do in case the caregiver asks what the adolescent has said (also refer to this in respect to assessments; see the EASE intervention manual, Chapter 4, section 4.1.3).

3.2.3 Discussion: Special considerations for confidentiality (10 minutes)

1. Ask the group the following questions:
 - Why might adolescents (or caregivers) find it difficult to trust an EASE helper?
 - For which adolescents (or caregivers) might confidentiality be extremely important?
2. There may be a number of suggestions. It is important to highlight:
 - Many individuals may take time to trust an EASE helper or to trust other members of the group.

- Individuals may be from cultures which do not discuss private matters outside of the home. This might mean that some adolescents may be quieter during discussions or activities in the first few EASE sessions. Using your basic helping skills and ensuring that confidentiality and the group rules are upheld will help to support participants to gain the helper's and the group's trust. Participants should never be forced to share information with the group or helper if they do not want to.
 - Individuals who have experienced sexual abuse or who have experienced adversity that has left them feeling a lot of fear, mistrust or shame may find it difficult to trust an EASE helper.
3. The trainer should read out the text from the EASE intervention manual, Adolescent activity 1.3. Group rules: 5. *Discuss which topics are not appropriate for the whole group only.*
 4. Explain that, in EASE, adolescents will be encouraged to have one-to-one conversations with the helper for these particular difficulties, rather than discussing them in the group.
 5. It can seem confusing as to why the helper might exclude some topics from being discussed in the group. Ask trainees why they think this instruction is given in EASE. **[[Answers could include:** to protect the privacy of the person disclosing so as not to create further distress or shame; sharing very distressing information can distress others in the group; a helper will need to give more time to the person, so a one-to-one conversation is better so that time management of the group session is not affected, etc.]]
 6. Instruct trainees that if an adolescent/caregiver discloses this information in the group, helpers must speak with that adolescent or caregiver individually that same day. The conversation should be private and should cover the following:
 - **Is the situation disclosed currently happening** (e.g. physical/sexual/verbal abuse or witnessing of this abuse, exploitation, neglect, violence or self-harm)?
 - **If “yes”:** break confidentiality and speak with your supervisor and follow adverse event and child safeguarding procedures. Use basic helping skills to support the participant.
 - **If “no”:** use your basic helping skills to support the participant at that moment and encourage them to continue attending the group so they can learn exercises that might help them cope with life after going through such difficult circumstances.
 - Depending on the laws of the country, you may need to break confidentiality even if the abuse, exploitation, neglect, violence or self-harm has stopped. This is because the alleged abuser may have access to other children and their protection may need to be guaranteed.
 - Inform helpers that, where appropriate, they should ask very basic details about the incident to assist with completing any incident reporting forms. For example, to record the frequency of the incident or who was involved in the incident.
 - It is important not to obtain very detailed information or to pressure participants for more information. This is the role of the local or organization's protection focal points who are trained to do this.
 - Refer trainees to EASE intervention manual Annex 1: Managing disclosures of abuse and managing suicide risk.

Training activity 3.3: Introduce Understanding My Feelings (trainer demonstration)

Objective	Time	Materials	Link with intervention manual
To learn how to teach young adolescents the first EASE skill	20 minutes	Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 1

1. Introduce Understanding My Feelings.

For example, say:

“Adolescents can feel overwhelmed by big feelings. Understanding My Feelings is a skill which aims to improve the awareness of feelings and accurate naming of feelings so that adolescents can better understand what they are feeling and then be able to use the most helpful coping strategy. We will now go through the activities you will complete in adolescents session 1.”

2. Explain that we have previously discussed some of the big feelings that adolescents experience (e.g. sadness, worry, stress, anxiety, depression/low mood, anger, grief).
3. Ask trainees about the importance of identifying feelings.

For example, say:

“Why might it be important for adolescents to learn how to identify their feelings?”

4. Suggested answer:
 - Adolescents need to be able to identify feelings accurately so they can respond to big feelings earlier.
 - The sooner adolescents can identify a feeling, the sooner they can use the best coping strategy – i.e. before the feelings get too big and cause the person to feel overwhelmed.
 - You may use a culturally appropriate analogy that illustrates how, with the right tools, we can respond to something more easily and quickly when we grasp it better and/or sooner (e.g. with a flashlight [our tool] it is easier to find a missing object in the dark [the problem]).



Trainer demonstration: Understanding My Feelings (10 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 1.5. Understanding My Feelings

5. Notes to the trainer:

- Explain that this demonstration will also model facilitation practice that will be carried out by trainees during this training.
- Make sure to include one mistake in the trainer demonstration. This will allow you to reflect with trainees on what to do in case you make a mistake and will normalize the fact that mistakes will happen. The mistake could be a basic helping skills mistake and/or a fidelity mistake.



Inviting trainees to give feedback

This demonstration of a section of adolescent session 1 is an opportunity for trainers to show how feedback will be provided after the facilitation practices. Use this opportunity to show that it is normal to receive feedback from the co-trainer and other trainees.

The steps that would be followed are (also refer to [Trainee handout 2. Steps for helpful feedback](#)):

Step 1: The co-trainer provides positive feedback first.

Step 2: The co-trainer invites reflections from the trainer who did the demonstration role-play.

Step 3: The co-trainer provides feedback about areas to improve (only if necessary), and recaps positive points

Following these steps, the co-trainer also invites (two) other trainees to give feedback

Training activity 3.4: Externalizing feelings (facilitation practice 1 and 2)

Objective	Time	Materials	Link with intervention manual
To practise how to deliver the first EASE skill	45 minutes	<ul style="list-style-type: none"> • Large pieces of blank paper and pens or pencils (preferably coloured) • Sadness poster • Annex 2. Instructions for leading facilitation practice • Annex 3. Instructions for trainer demonstrations • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 1

1. Tell the group that the first two facilitation practices will now be conducted. Cover the following:
 - Introduce the trainees who will conduct the facilitation practice.
 - Inform the rest of the trainees that they will act as adolescents.
 - The two facilitation practices will be conducted one after the other, and feedback by the trainers will be given after both facilitation practices have been completed.
 - If not done already, put enough chairs in a half circle in the “facilitation corner” so that all trainees playing adolescents can see the trainee playing the helper. Make sure all the materials needed for the facilitation practice are in place.
2. Ground trainees into their role of adolescents:
 - Ask all trainees to stand up and (if they want to) close their eyes and take a minute to “settle into” their role as an adolescent. Trainees can think of someone they know or have worked with before.
 - Optionally, ask trainees to “shake out” their “adult selves”.

- Tell trainees that it is most helpful for the helper's learning if the adolescents show decent behaviour during the facilitation practice, e.g. by asking reasonable questions, being attentive, and using simple language that adolescents are likely to use.
- Do not go to an extreme when role-playing (such as role-playing challenging group situations). It is not helpful or fair to the trainee who is doing the facilitation practice or for other trainees' who are learning.

3. Introduce the facilitation practice.

For example, say:

"In EASE adolescent session 1, adolescents will do Adolescent activity 1.6 on Externalizing feelings. This activity helps to introduce adolescents to one creative way of identifying and describing feelings."



**Facilitation practice 1 (10 minutes) and 2 (15 minutes):
Externalizing feelings (25 minutes in total)**

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual:

- Trainee 1: Adolescent activity 1.6. Externalizing feelings: 1. *Group activity* only
- Trainee 2: Adolescent Activity 1.6. Externalizing feelings: 2. *Pair or individual activity* only

4. Feedback and reflection (10 minutes).

- **Notes for the trainer on reflection:** Refer to the footnotes in this activity which indicate:
 - that helpers can use the names that the adolescents have created for each emotion during the EASE intervention (e.g. if an adolescent has called sadness "Mr Unhappy" the helper can choose to use this in future sessions); and
 - that the Sadness poster does not need to be used if it is not appropriate for the context.

Training activity 3.5: Identifying personal feelings (trainer demonstration and facilitation practice 3)

Objective	Time	Materials	Link with intervention manual
To practise how to deliver the first EASE skill	45 minutes	<ul style="list-style-type: none"> • Coloured pencils (optional) • Annex 2. Instructions for leading facilitation practice • Annex 3. Instructions for trainer demonstrations • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	<ul style="list-style-type: none"> • Chapter 5, Adolescent session 1 • Annex 4. Helpful hints for Understanding My Feelings

1. Introduce the Feelings Pot.

For example, say:

“As part of Adolescent activity 1.7 on Identifying personal feelings, adolescents will use a “Feelings Pot”. This is in their workbooks. They will be introduced to the Feelings Pot in session 1 and will complete their Feelings Pot as part of home practice through the seven sessions. Adolescents will use the Feelings Pot to identify different feelings that they experience throughout the day.”



Trainer demonstration: Identifying personal feelings – Feelings Pot (15 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 1.7. Identifying personal feelings: 1. *Feelings Pot: individual activity only*

2. During reflection, additionally ask trainees to reflect on the following:
 - potential difficulties that adolescents or helpers might experience when doing this activity (e.g. managing very difficult feelings disclosed by adolescents);
 - how to help adolescents who have difficulty identifying feelings (see EASE intervention manual Annex 4. Helpful hints for Understanding My Feelings);
 - how older adolescents might view this activity and how they could adapt it (e.g. if older trainees are literate, they can write the feeling word in the pot and draw a border around the word); and
 - how to divide the Feelings Pot for adolescents who struggle to think about what different feelings they have had in their whole day (e.g. by dividing the pot into three sections – for morning, daytime and evening – and asking adolescents what their feelings were in the morning, the daytime and the evening).
3. Introduce the next facilitation practice.

For example, say:

“The big feelings discussion of Adolescent activity 1.7 summarizes how these feelings can cause problems in adolescents’ lives.”



Facilitation practice 3: Identifying personal feelings – Big feelings (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 1.7. Identifying personal feelings: 2. *Big feelings: discussion only*

4. Feedback and reflection (10 minutes).
5. During reflection, additionally ask trainees to reflect on potential difficulties that adolescents or helpers might experience when doing this activity.

Training activity 3.6: Importance of home practice

Objective	Time	Materials	Link with intervention manual
To learn how to support adolescents' home practice	20 minutes		<ul style="list-style-type: none">• Chapter 5, Adolescent session 1• Annex 3. Helpful hints for home practice

1. Explain that the end of each adolescent session follows a similar structure:
 - summarizing the session;
 - setting home practice; and
 - an activity to end each session.
2. Explain that at the end of each EASE session, adolescents will be given home practice tasks to complete using their workbooks before the next session. At the beginning of each session, helpers will review the home practice with the participants.
3. Discuss the importance of home practice.

For example, say:

“What do you think the purpose of home practice tasks are, and why might home practice be important?”

4. Responses to be elicited:
 - Just like learning any new skill, the more we practise something, the better we become and the more natural it feels. And the easier it is to do in a difficult situation.
 - We can practice new skills in the sessions with adolescents, but they have the most effect when adolescents practice them in everyday situations.

- Many of the skills we are teaching adolescents are likely to be helpful in stressful situations. Practising the skills when not necessarily in a stressful situation is essential so that adolescents can be ready to use these skills in stressful situations – just as you do not learn how to drive a car for the first time on busy roads in the rain at night!
- With home practice, adolescents are guiding their own use of the skills at home. This helps to increase their confidence in using the skill on their own and enables them to feel more empowered to use the skill in their lives without relying on helpers.
- Home practice helps adolescents make these skills part of their routine.
- It is essential that adolescents learn how to use the skills themselves, outside of sessions. Otherwise, once the sessions stop, so too will the use of the skills.
- The same applies for home practice that the caregivers will do.

5. Explain the rationale.

For example, say:

“For any skill to be effective, people need to practise it regularly. This is important for trainers, (trainee) helpers, adolescents and caregivers.”

6. Explain that home practice in EASE is not the same as home practice in school (e.g. adolescents should not be forced to complete the home practice). However, as we have just discussed above, we know that there are benefits to completing home practice. Remind adolescents that they can still attend the next session even if they have not had a chance to complete home practice.
7. Explain that adolescents should be encouraged to complete home practice and should be praised for any efforts they have made, no matter how small (e.g. just thinking about doing the home practice) even if they have not completed it. Or choosing to do one activity instead of all activities set for homework each day.
8. Discuss what helpers can do to encourage adolescents to complete their home practice.

For example, say:

“There are certain things we can do that make it more likely that adolescents will be encouraged to complete home practice. What are some things you can do to encourage adolescents and increase the chance that they complete the homework?”

Responses to be elicited:

- Give very clear instructions for the home practice tasks and how to use the workbook.
- Check for their understanding of the tasks.
- Where possible, ask adolescents to specify when they will do the task and how they will remember when to do it.
- Emphasizing that the practice can be very brief (e.g. a few minutes).

9. Discuss how adolescents can be reminded to do their home practice.

For example, say:

“How might adolescents remember to do their home practice?”

10. Responses to be elicited:

- Ask caregivers to remind them.
- Remind each other.
- Open the workbook as soon as they wake up or before going to sleep

11. Explain that in EASE, setting home practice follows a structure:

- Show the adolescents where they will complete the home practice in the workbook.
- Explain which skill they will practise.
- Ask adolescents to think about how they will remember to do the home practice.

12. Briefly review Adolescent activity 1.8. Ending the session. Review whole activity except 3.
Activity to end the session.

13. Explain that in the next sessions, home practice will be reviewed at the start of each session.

14. Discuss the importance of home practice.

For example, say:

“Why is reviewing home practice important?”

15. Responses to be elicited:

- It shows that home practice is important.
- It supports efforts made and encourages efforts to continue.
- It provides an opportunity to resolve any difficulties that adolescents have.
- It gives adolescents the opportunity to help each other identify ways to overcome the challenges they experienced with home practice.
- It enables the setting of new goals for the coming week (e.g. to use ideas for overcoming challenges with home practice).

16. Discuss potential challenges with home practice.

For example, say:

“What kind of challenges do you expect adolescents to have in doing home practice?”

17. Responses to be elicited:
 - They may forget to do their home practice.
 - They are too busy.
 - Their caregivers did not let them do it.
 - They did not understand how to do it.
 - They tried to do it but found it overwhelming.
18. Guide participants to think about solutions to the potential problems they have identified using the table from the EASE intervention manual, Annex 3: Helpful hints for home practice.
19. Allow time for questions.

Training activity 3.7: Ending session 1 (facilitation practice 4)

Objective	Time	Materials	Link with intervention manual
To practise the strengths activity to end the session	20 minutes	<ul style="list-style-type: none"> • Square paper and pens • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 1

1. Introduce the ending activity of the adolescent sessions.

For example, say:

“Adolescents will be led through a strength’s activity at the end of each session. This activity helps participants to identify their personal strengths and is a positive activity to end each session. The positive ending to the adolescent sessions can be further emphasized by praising them for their efforts in engaging in the strengths activity as well as their efforts in the session.”



Facilitation practice 4: Ending the session (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 1.8. Ending the session: 3. *Activity to end the session* only

2. Feedback and reflection (10 minutes).
3. During reflection, additionally ask trainees to reflect on the following:
 - potential difficulties that adolescents or helpers might experience doing this activity; and
 - tips for eliciting “strength words” from adolescents if they struggle to think of their own. For example:
 - Give them examples if needed (e.g. friendly, helpful, caring, funny, courageous, patient, kind, etc.).
 - Helpers could also think of a strength word to describe each participant in case a participant cannot think of one (e.g. you were a good listener in today’s session).
 - Helpers could ask participants to think about what their friend might say they like about them.

Training activity 3.8: Starting session 2 (facilitation practice 5)

Objective	Time	Materials	Link with intervention manual
To practise starting adolescent session 2	20 minutes	<ul style="list-style-type: none"> A ball or other object you can throw (e.g. sock, paper ball) Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 2

1. Explain that the start of each session includes a brief welcome, usually some form of opening or recap activity, and then a review of home practice.
2. Introduce the facilitation practice.

For example, say:

“A ‘showing our feelings’ activity happens at the beginning of adolescent session 2. It can build on adolescents’ understanding of feelings as well as act as a good welcoming game to liven up the group.”



Facilitation practice 5: Opening activity (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 2.1. Welcome: 2. *Opening activity: the Showing Our Feelings game* only

3. Feedback and reflection (10 minutes).
4. If time allows, briefly review Adolescent activity 2.2. Review session 1 and review home practice (10 minutes).

Training activity 3.9: Session 2 – Feelings and my body (facilitation practice 6)

Objective	Time	Materials	Link with intervention manual
To understand how big feelings affect the body	35 minutes	<ul style="list-style-type: none">• Annex 2. Instructions for leading facilitation practice• Trainee handout 3. Steps for facilitation practice• Training form 4. EASE competency assessment	Chapter 5, Adolescent session 2

1. Introduce how big feeling affect the body (5 minutes).

For example, say:

“Big feelings can cause an individual to feel unpleasant physical sensations in their body. Calming My Body in session 2 helps adolescents to manage physical sensations of distress (i.e. strong, unpleasant body sensations related to feeling very sad, anxious or stressed etc.) through a slow breathing exercise.”

2. Then, introduce Adolescent activity 2.3: Feelings and my body.

For example, say:

“We have previously identified some physical or body sensations that accompany big feelings. Can anyone remember some of these?”

3. Responses to be elicited:
 - racing heart, tight chest, palpitations, difficulty in breathing, pain in the body, tingling sensations such as in the hands, hot or cold sensations, etc.
4. Remind trainees of the internalizing reactions discussed on Day 1.
5. Then introduce the adolescent skill Calming My Body:

For example, say:

“Calming My Body is a skill that focuses on improving these body sensations. We will now turn to a facilitation practice of Feelings and my body.”

6. Introduce the next facilitation practice.

For example, say:

“As part of Feelings and my body in session 2, adolescents will learn that big feelings can cause unpleasant physical sensations in the body.”



Facilitation practice 6: Feelings and my body (20 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 2.3. Feelings and my body

7. Feedback and reflection (10 minutes).
8. During reflection, additionally ask trainees to reflect on the following:
 - “What do you think adolescents will learn from this exercise?”
 - Responses to be elicited:
 - The activity will show adolescents that these sensations are common and not always a sign that something is seriously physically wrong.
 - Although physical sensations are common when doing the slow breathing exercise, if the participant reports persistent difficulties (symptoms) the participant may need to be checked by a medical provider to see if there is a medical condition that may cause breathing difficulties such as asthma.
 - It will show that other adolescents experience sensations that are similar to and different from theirs.
 - Remind trainees that there are no right or wrong ways for the Body Map to be completed because feelings can be different for different people and different for the same person on different days.
 - It will help with increasing their ability to identify body sensations.
 - This is an example of an activity where it may not always be possible to get responses from each adolescent in the group because of pressure of time management.

Training activity 3.10: Calming My Body – part 1 (if ToT: teaching practice 1)

Objective	Time	Materials	Link with intervention manual
To learn about helpful and unhelpful coping strategies	30 minutes If ToT: + 10 for feedback		Chapter 5, Adolescent session 2

3.10.1 Group activity: Helpful and unhelpful coping strategies (20 minutes)

1. Explain what a coping strategy is.

For example, say:

“Coping strategies are ways to deal with problems and to reduce big feelings. People can have helpful and unhelpful coping strategies. I will now describe some common strategies people use to cope with problems and big feelings”

2. Ask the group members to stand up and place their hands on their heads if they think it is a helpful coping strategy, and to place their hands on their hips if they think it is an unhelpful coping strategy.
3. Randomly give examples of helpful and unhelpful coping strategies (see examples below and adapt these to your local setting).
 - Examples of helpful coping strategies: talking to someone you trust, asking for help, doing something physically active, relaxation exercises, using humour.
 - Examples of unhelpful coping strategies: drinking alcohol or using recreational drugs, pushing away or suppressing feelings or thoughts about problems, running away, lying to others, avoiding people, sleeping too much, over-eating.
4. As the group answers, ask trainees why they think some coping strategies are helpful or unhelpful.
 - Helpful coping strategies:
 - reduce big feelings;
 - do not cause harm, they are accessible and do not cost any money;
 - do not always have to work immediately in order for them to be helpful; and
 - can be things that we do over a long period of time to help us feel better.

- Unhelpful coping strategies:
 - can cause additional problems or can cause harm; or
 - can feel good to start with, but in the long-term they can cause more harm.
 - For example, it may feel good to miss one day of school if it causes an adolescent anxiety, but in the long-term missing too much school may lead to poorer social support and difficulties with schoolwork.
- 5. Be sure to explain that some strategies can be both helpful and unhelpful depending on how they are used.
 - For example, if a person who is stressed and tired may use sleep to cope. This is a helpful coping strategy. But if they sleep too much and miss school or miss their job, this would be unhelpful.
- 6. Acknowledge that everyone copes in different ways. Different coping strategies might be helpful or unhelpful depending on how they are used. EASE aims to provide new helpful strategies for young adolescents and their caregivers.

3.10.2 Discussion: Helpful and unhelpful coping strategies (10 minutes)

1. Introduce Calming My Body done in adolescent session 2.

For example, say:

“As part of Calming My Body in adolescent session 2, adolescents will first learn about helpful and unhelpful coping strategies.”

2. Review Adolescent activity 2.4. Calming My Body: 1. Discuss participants' helpful coping strategies only.
3. Adolescents might see benefits in certain coping strategies that adults do not, and adolescents may not know alternative (helpful) coping strategies that adults may know.
4. It is important for helpers to consider carefully whether a certain coping strategy is helpful or not *for that adolescent in that situation* (rather than labelling a strategy in general as helpful or unhelpful).
5. Ask trainees to reflect on potential difficulties that adolescents or helpers might experience while doing this activity.
6. Invite questions from trainees.

Training activity 3.11: Calming My Body – part 2 (trainer demonstration)

Objective	Time	Materials	Link with intervention manual
To understand the rationale for and to practise how to deliver the Calming My Body skill	50 minutes	Annex 3. Instructions for trainer demonstrations	<ul style="list-style-type: none"> • Chapter 5, Adolescent session 2 • Annex 5. Helpful hints for Calming My Body • Annex 6. Two alternatives to Slow Breathing

1. Explain that we will now talk about the importance of slow breathing to cope with big feelings (5 minutes).

For example, say:

“It is normal to feel distressed when we are in situations of threat, war or adverse conditions, or when life demands tremendous efforts in order to cope with abrupt and sometimes violent change outside our control. It is also normal to feel distressed in situations where there is no physical threat, such as when parents divorce, a person experiences bullying or an adolescent has an examination at school.

When we feel distressed, our brain tells our body there is danger. At this time, our breathing increases and becomes shallow, our heart beats harder and faster. This can cause unpleasant physical sensations throughout our body. One way to calm the body is to focus on slow breathing. This helps to reduce the unpleasant sensations that are created in our body when we are distressed. The more we repeat slow breathing, the more relaxed and calm we feel.”

2. Tell group members that we will now practice the slow breathing activity which is part of both adolescent and caregiver sessions. Both adolescents and caregivers will be encouraged to practise slow breathing as part of home practice. Adolescents will document their home practice in their workbooks.



Trainer demonstration: Slow Breathing – group activity (15 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 2.4. Calming My Body: 2. *Slow breathing: group activity only*



All-trainee role-play: Slow Breathing – group activity (15 minutes)

Link to intervention manual

Adolescent activity 2.4. Calming My Body: 2. *Slow Breathing: group activity only*

3. Ask trainees to form pairs to take turns explaining Slow Breathing to each other using their EASE intervention manual.
4. Trainers should move around the pairs to ensure that trainees are explaining this appropriately.
5. The trainer should use the *Helpful hints for Calming My Body* (EASE intervention manual Annex 5) to support participants with any difficulties during the breathing exercise.
6. Allow time for questions.
7. If needed, the trainer should demonstrate the activity again (e.g. if the role-plays were not conducted well or were confusing for the other trainees).
8. Discussion (15 minutes):
 - Emphasize that there are many different ways that Slow Breathing can be taught and that trainees may have learned their own way to do this before this training (e.g. trainees may have noticed that closing their eyes is helpful). However this is not emphasized in the EASE intervention manual because, for safety reasons, it is important to not force adolescents to close their eyes.
 - It is important to breathe from the belly and to breathe slowly. This might look different for different trainees, which is why we say “You do not have to do it perfectly”.
 - Remind trainees about the trainer demonstration and emphasize that it is important that instructions are given in a similar step-by-step manner, making sure that the EASE participants understand each step before moving on to the next one.
 - Explain that it is common for adolescents or adults to have some difficulties when they first start Slow Breathing. Explain that this will be covered in more detail in the next day of training.

- Only when there is tremendous difficulty with Slow Breathing – e.g. if the child or adult has a pre-existing breathing or health problem, or if Slow Breathing is causing significant distress – should helpers use the two alternatives to Slow Breathing in the EASE intervention manual, Annex 6.
- Explain that these alternative activities can seem more fun for adolescents and adults. However they should be used only on rare situations. Slow Breathing is the main Calming My Body activity for EASE, as it can be more easily used by participants in different situations and will therefore be more beneficial. However, the alternatives are more beneficial than the participant not having skills to use.
- Say that the helper can let participants choose whether to sit on a chair or on the floor, depending on the participant's preference. This ensures that everyone can participate comfortably, including children with physical disabilities.

Training activity 3.12: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	<ul style="list-style-type: none"> • Trainee handout 4. Daily reflection and feedback form 	

1. Recap training day (15 minutes):

- Explain that adolescent session 2 ends the same way as adolescent session 1, with a summary, home practice and an activity to end the session.
- Review learning objectives and make sure that all trainees are confident that they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Ask all trainees to familiarize themselves with adolescent sessions 3 and 4, including the following annexes associated with sessions 3 and 4:
 - Helpful hints for Calming My Body.
 - Helpful hints for Changing My Actions.
- Home practice for trainees: complete one Feelings Pot and 5 minutes of Slow Breathing.
- Remind trainees who will be doing facilitation practice on the next training day.
- **If this is a ToT:** Remind trainees who will be doing a teaching practice on the next training day.

Day 4: Adolescent sessions 3 and 4

Day 4. Learning objectives:

1. Understand how to implement key activities in adolescent sessions 3 and 4.
2. Know how to respond to home practice difficulties for Calming My Body.
3. Understand the key concepts for the Changing My Actions skill.
4. Know the steps to teaching adolescents Changing My Actions.
5. Be able to identify anxious avoidance or anger and adapt the Changing My Actions skill accordingly.
6. Know how to respond to home practice difficulties for Changing My Actions.

Time (minutes)	Training activity	Materials	Link to intervention manual
15 (before training day)	Preparing “helpers for the day”	Trainee handout 3. Steps for facilitation practice	
30	4.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day Trainee handout 3. Steps for facilitation practice	
20	4.2: Session 3 – Opening activity (facilitation practice 7)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 3

Time (minutes)	Training activity	Materials	Link to intervention manual
30	4.3: Responding to home practice difficulties for Calming My Body	Paper, pens (for trainees) EASE workbook	Chapter 5, Adolescent session 3 Annex 5. Helpful hints for Calming My Body
15	Break		
55	4.4: Introduce the vicious cycle (trainer demonstration)	Training form 1. Case studies Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 3
90	4.5: Introduce Changing My Actions in session 3 (trainer demonstration)	Flipchart paper and pens (for pairs) Training form 1. Case studies Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 3
60	Lunch		
50	4.6: Changing My Actions in session 4 (facilitation practice 8 and 9)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5. Adolescent session 4
30 (if ToT: + 10 for feedback)	4.7: Responding to home practice difficulties for Changing My Actions (if ToT: teaching practice 2)	Paper, pens (3 groups) EASE workbook	Annex 7. Helpful hints for Changing My Actions
15	Break		
45	4.8: Anxious avoidance and Changing My Actions	Flipchart paper and pen (for trainer) Training form 1. Case studies	Annex 7. Helpful hints for Changing My Actions

Time (minutes)	Training activity	Materials	Link to intervention manual
20	4.9: Anger and Changing My Actions	Flipchart paper and pen (for trainer)	Training form 1. Case studies
20	4.10: Ending		Trainee handout 4. Daily reflection and feedback form

Preparing “helpers for the day” (before training day)

1. Encourage “helpers for the day” to review the instructions in the EASE intervention manual, relevant to their activity.
 - To prepare for their facilitation practice, refer the trainees to [Trainee handout 3. Steps for facilitation practice](#).
2. Support “helpers for the day” by reminding them that this is a practice and a chance to learn. Use basic helping skills to manage any worries or concerns that the “helpers for the day” may have.
3. Ensure that the “helpers for the day” have all the necessary materials for their activity.
4. Support “helpers for the day” by answering any questions they may have about their practice.
5. **If this is a ToT:** Support “trainers for the day” by answering any questions they may have or providing materials they need for their training demonstration.

Training activity 4.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 3 and introduce Day 4	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day • Trainee handout 4. Daily reflection and feedback form • Annex 3. Instructions for trainer demonstrations 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind them about any important topics that have not yet been reviewed.
3. **Review trainees' home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.
 - Ask trainees to each share their completed Feelings Pot from home practice.
4. **Learning objectives** for today:
 - Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
 - The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
5. Provide an **opportunity for questions** (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 4.2: Session 3 – Opening activity (facilitation practice 7)

Objective	Time	Materials	Link with intervention manual
To practise how to deliver the opening activity of adolescent session 3	20 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 3

1. Introduce adolescent session 3.

For example, say:

“At the beginning of session 3, there is a review activity for adolescents to help them recap their learning from sessions 1 and 2. Specifically, they learn how problems can cause changes in their feelings and body.”



Facilitation practice 7: Welcome (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 3.1. Welcome: 2. *Opening activity* only

2. Feedback and reflection (10 minutes).

- **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

Training activity 4.3: Responding to home practice difficulties for Calming My Body

Objective	Time	Materials	Link with intervention manual
To learn how to manage problems participants encounter with Calming My Body practice	30 minutes	<ul style="list-style-type: none"> Paper, pens (for trainees) EASE workbook 	<ul style="list-style-type: none"> Chapter 5, Adolescent session 3 Annex 5. Helpful hints for Calming My Body

4.3.1 Slow Breathing home practice (5 minutes)

1. Tell trainees that adolescents will be encouraged to practice Slow Breathing once a day as part of their home practice.
2. Home practice for Slow Breathing will first be reviewed starting from session 3. Helpers will need to support participants with any difficulties they experience.
3. Explain and show that the EASE workbook has a page with a balloon for each day. Adolescents will be encouraged to colour or fill in the balloon to mark each time they have practised Slow Breathing.
4. Give a rationale for the importance of practising Slow Breathing regularly:
 - For any skill to be effective, people need to practise it regularly. This is important for helpers too.
 - When practising Slow Breathing on their own, adolescents are likely to experience difficulties. These difficulties are great learning opportunities that will be managed together in sessions during home practice reviews and can help participants to improve their ability to use Slow Breathing to manage big feelings and body sensations.

4.3.2 Challenges with Slow Breathing activity (25 minutes)

1. Divide trainees into small groups or pairs and give each group one of the common difficulties from the “Helpful hints for Calming My Body” in Annex 5 of the EASE intervention manual without giving them the solutions.
2. Ask them to brainstorm as many reasonable ways as they can think of to respond to the problem the participant had with the Slow Breathing practice.
 - Groups write their responses on a flipchart paper.
 - After 5 minutes, trainees will return to the larger group and one trainee from each small group will read out their problem and the solutions they suggested to manage it.

- You will give feedback to each group's list of solutions by referring to the solutions listed in the Helpful hints table.
 - For solutions that are not included in the Helpful hints table:
 - If you decide it is a reasonable way to respond to this problem (i.e. it is in accordance with the aims of EASE and meets the principles for adherence to the manual), you can suggest trainees also use this option.
 - If you decide it is not a reasonable way of responding to this problem (i.e. it is not in accordance with the aims of EASE or introduces skills or techniques that are outside of EASE, or may be unhelpful), you should state why this would not be a good option for this intervention.
 - Make sure that you cover the solutions which are addressed in EASE intervention manual Annex 5 on Helpful hints for Calming My Body.
3. Invite questions on responding to home practice difficulties with Slow Breathing.
4. Briefly review Adolescent activity 3.2.

Training activity 4.4: Introduce the vicious cycle (trainer demonstration)

Objective	Time	Materials	Link with intervention manual
To understand the rationale behind Changing My Actions	55 minutes	<ul style="list-style-type: none">• Training form 1. Case studies• Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 3

4.4.1 Introduce the vicious cycle (10 minutes)

1. Explain what the vicious cycle is.

For example, say:

“Big feelings can affect people’s activity. Big feelings might mean the person finds it hard to do their usual activities or does fewer things that give them a sense of meaning. We expect that most adolescents participating in EASE will have reduced or changed their activity in a way that is negatively affecting their well-being. For instance, they may not be socializing as much as they used to, not doing the things that give them pleasure, or they may not be doing the things they need to do, such as schoolwork or chores in the home, or engaging in other meaningful activities.

Adolescents might also be engaging in activities that are causing them more problems or not giving them a sense of meaning, such as being aggressive or irritable in social situations with others.”

2. Ask trainees some of the ways that big feelings can change adolescents’ behaviours.
Example answers:
 - reduce their activity;
 - become slower or lethargic when doing things;
 - isolate themselves;
 - engage in risky behaviours such as drinking alcohol, or harmful behaviours like becoming aggressive;
 - avoid situations they are afraid of including social situations or reminders of stressful events.
 - Link back to internalizing reactions in adolescents during Day 1.
3. Optional: The trainer may discuss why EASE does not address externalizing problems. There are different kinds of externalizing behaviours:
 - There are the more common outward or externalizing behaviours such as attention problems, hyperactivity, oppositional defiant behaviour, etc. These are not the focus of this intervention (see training activity 1.5) but may be improved through the use of EASE skills.
 - There are also risky behaviours such as problematic drinking, sexual activity or overt aggression that are not common across most contexts and cultural groups. Risky behavioural problems often require several intervention techniques over a longer period of time and should be addressed through other services (e.g. child protection) and specific interventions.
 - The developers of EASE decided to focus on behavioural symptoms associated with low mood or feeling anxious because it was expected that most adolescents in this age group and across different cultural groups will experience these reactions.

4.4.2 Case studies about the vicious cycle (15 minutes)

1. Divide the trainees into two groups and give each one of the case studies (Asma or Asim) from [Training form 1. Case studies](#).

2. Give the groups 5 minutes to read their case study and prepare answers to the questions below. The questions should be visible to all trainees (e.g. written on large flipchart).
 - Question 1: What meaningful activities have Asma and Asim reduced or stopped doing?
[[**Answers:**
 - Asma: missing school, not finishing homework, stopped seeing her friends, not finishing her house chores.
 - Asim: not making friends at new school, avoids the neighbourhood areas where children play, isolates himself at lunchtime.]]
 - Question 2: How have big feelings caused this change in meaningful activities for Asma and Asim?
[[**Answers:**
 - Asma: lost interest in activities such as school and seeing friends; she finds her chores too difficult or overwhelming as she feels too tired to do these things.
 - Asim: feels overwhelmed by anxiety leading to avoidance of other adolescents.]]
 - Question 3: How do you think Asma and Asim feel after stopping these activities?
[**Answers:** Sadder, worse mood, feel more anxious, etc.]
 - 3. After 5 minutes, discuss their responses and make sure the answers above are included.
 - 4. Summarize.

For example, say:

“Adolescents can get caught in a vicious cycle, where withdrawing from pleasurable activities such as socializing or necessary tasks such as school or house chores, can make them feel worse.

In some contexts, adolescents may be experiencing big feelings that are difficult, but they manage to continue doing their usual activities. In this situation, helpers encourage adolescents to identify meaningful activities, reflect on their feelings before and after they complete the meaningful activity, and, if possible, encourage them to engage in them more often.”

5. As part of feelings and actions in adolescent session 3, adolescents will first be introduced to the vicious cycle:



Trainer demonstration: Feelings and actions (20 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 3.3. Feelings and actions

6. Reflection (10 minutes).

- Explain that we will address potential problems with understanding the steps of Changing My Actions for the adolescents and helpers later in today's session.

Training activity 4.5: Introduce Changing My Actions in session 3 (trainer demonstration)

Objective	Time	Materials	Link with intervention manual
To practise how to deliver the Changing My Actions skill	90 minutes	<ul style="list-style-type: none"> • Flipchart paper and pens (for pairs) • Training form 1. Case studies • Annex 3. Instructions for trainer demonstrations 	Chapter 5, Adolescent session 4

4.5.1 Introduce the Changing My Actions skill (30 minutes)

1. Introduce the skill Changing My Actions.

For example, say:

“In EASE, we teach adolescents a skill called Changing My Actions to help them gradually improve their activity in meaningful ways (e.g. through social, enjoyable and rewarding activities). This is a quick and simple way to have an impact on their mood.

We achieve a personal sense of meaning and fulfilment through engaging in meaningful activities. Whether an activity is meaningful or not is personal and not something for helpers to decide for an adolescent. Activities that would give me a sense of meaning and fulfilment may not be meaningful to someone else.”



Trainer demonstration: Changing My Actions (but not the individual activity) (20 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Adolescent activity 3.4. Changing My Actions (whole activity except 4. *Individual activity: participants follow Changing My Actions steps*)

2. Reflection (10 minutes).

- Explain that later in today's session we will address potential problems with understanding the steps of Changing My Actions for the adolescents and helpers;
- Explain that in session 3 the skill focuses on a pleasurable event (this is easier and more enjoyable to do) and in session 4 it will focus on an important task (e.g. schoolwork, household chore, activity to support the community). Both activities should also be meaningful to adolescents.

4.5.2 Gradual engagement (30 minutes)

1. Explain the importance of gradually engaging in activities.

For example, say:

"The most important part of Changing My Actions is gradual engagement in the activity."

2. Divide the trainees into pairs.

3. Tell the trainees that they will help Denys begin playing his guitar again. Refer to Denys's case study in [Training form 1. Case studies](#) – case study 1.2).

4. Pairs have 10 minutes to write/draw the vicious cycle of Denys and to help Denys gradually engage with playing his guitar again. On a flipchart paper:

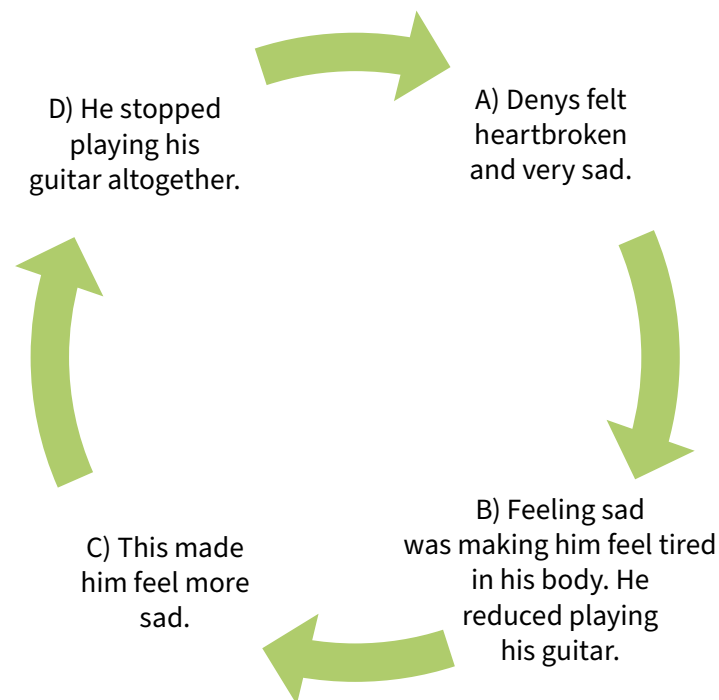
- first, think of how to describe the vicious cycle to Denys – and draw it;
- second: think of three (staircase) steps leading to gradual re-engagement with playing the guitar again, using a staircase drawing like the one in the workbook.

The steps should:

- be very simple and manageable for Denys to complete;
- be gradual (i.e. with an increase in effort or difficulty/complexity); and
- should help Denys to reach his goal of engaging in the chosen activity, even if this happens over several weeks.

5. Summarize the vicious cycle for Denys ([Figure 4](#)) and check whether the pairs have a similar summary.

Figure 4. Vicious cycle for Denys



6. Now ask the pairs to return to the large group and ask each pair to hang up their paper with the steps they drew or wrote down.
7. Ask for one person from each pair to present their staircase steps.
8. When all steps have been read aloud, ask the big group to choose which list of steps is the most helpful for Denys. Ask trainees to justify their choice.
9. To recap: Remind trainees that the order for the Changing My Actions steps is:
 - **Choose** the activity: It is important not to choose the activity for the adolescent, although some support may be needed to help them think of an activity.
If there is no obvious activity they have withdrawn from, you can ask, for instance: *“Is there anything that you like to do with friends? Or with your siblings? Is there anything that you used to enjoy doing but that you have not done for some time?”*
 - **Break** the activity into small and easy steps.
 - **Plan** when to do these steps (e.g. we would ask Denys to think about exactly when, on which day and at which time he would do his first step).
 - **Repeat** the steps (e.g. we might even tell Denys to repeat each step a few times before going to the next step because this can help the activity to become more regular in his life).

4.5.3 Practice Changing My Actions (30 minutes)

1. Introduce the last activity of Changing My Actions in session 3.

For example, say:

“We will now role-play the last activity of Changing My Actions in session 3. This is an individual activity. After explaining the vicious cycle and explaining the steps to Changing My Actions, helpers will support adolescents in an individual activity, to think about their own Changing My Actions steps to help adolescents engage in their chosen meaningful activity.”

2. Complete the all-trainee role-play in pairs (one helper and one adolescent). Rotate the roles so each trainee gets to be a helper.
 - Explain that this activity is done in the larger group but adolescents complete the activity individually.
 - During this role-play, trainees playing the helper go through the Changing My Actions steps with one adolescent only.
 - Trainees have 10 minutes to complete each role-play (which is shorter than the activity in the intervention manual, but that is normally done with a group of adolescents).
 - Ask trainees to use real personal examples of an activity they would like to engage in. The activity should be something that they can do over the next week (trainees will be encouraged to complete their chosen activity as home practice).
 - The activity can be something they used to do or something they have never done before.
 - In session 3, the chosen activity should be enjoyable.
 - Before going into the all-trainee role-play, review the steps to lead the group through each Changing My Actions step for their individual activities.



All-trainee role-play: Changing My Actions (individual activity only) (20 minutes)

Link to intervention manual: Adolescent activity 3.4. Changing My Actions: 4. *Individual activity: participants follow Changing My Actions steps only*

3. Reflection (10 minutes).
 - Do a reflection after everyone has had the opportunity to be a helper. Make sure you cover the following points:
 - What do you have to think about when managing time? (This is an activity where the helper needs to check that all adolescents understand it.)
 - Emphasize that this is where the co-helper can provide support.

Training activity 4.6: Changing My Actions in session 4 (facilitation practice 8 and 9)

Objective	Time	Materials	Link with intervention manual
To practise how to deliver the Changing My Actions skill	50 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 4

1. Tell the group that after the individual activity comes the end of session 3. Now we will continue with Changing My Actions in session 4.

For example, say:

“In session 3, adolescents learned about Changing My Actions for a pleasurable activity. In session 4, adolescents will learn about Changing My Actions for meaningful tasks or chores.”



Facilitation practice 8 (15 minutes) and 9 (15 minutes): Changing My Actions (30 minutes in total)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual:

- Trainee 1: Adolescent activity 4.3. Changing My Actions: 1. *Linking feelings and behaviours*, 2. *Introduce the second aim of Changing My Actions*; and 3. *Read story: show Picture 17 and read Text 17 only*.
- Trainee 2: Adolescent activity 4.3. Changing My Actions: 5. *Do a pairs or small groups activity only*

2. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
3. Next, review Adolescent activity 4.3. Changing My Actions: 4. *Do the group activity* only.
4. Explain that adolescents will have the option in session 4 of continuing their work from session 3. For instance:
 - They may complete the steps of their staircase from session 3 (if they did not do this already).
 - They may add new steps in case three steps were not enough. With adults, it is often said that the more steps there are, the more successful they will be. However, in EASE, three steps were chosen because it can be difficult for adolescents to think of more. If an adolescent is struggling with a step, this is often a useful opportunity to further break down the step into smaller parts.
 - They may think of a plan for the new steps, or they may choose to do a new activity (either an enjoyable activity as in session 3 or an important task as they learn in session 4).

Training activity 4.7: Responding to home practice difficulties for Changing My Actions (if ToT: teaching practice 2)

Objective	Time	Materials	Link with intervention manual
To learn how to manage problems participants encounter with Changing My Actions practice	30 minutes (if ToT: + 10 for feedback)	<ul style="list-style-type: none"> • Paper, pens (three groups) • EASE workbook 	Annex 7. Helpful hints for Changing My Actions

1. Tell trainees that the adolescents will be encouraged to practice Changing My Actions as part of their home practice. This will be reviewed from the beginning of session 4.
2. Explain that the EASE workbook reminds the adolescents to do their Changing My Actions home practice in weeks 3–6.

3. Give a rationale for the importance of practising Changing My Actions:
 - Remind trainees that Changing My Actions has four parts (Choose, Break down, Plan, Repeat). Some of these parts will need to be repeated.
 - By reminding adolescents to practice Changing My Actions, they can progress through their steps with the support of helpers.
 - When practising Changing My Actions on their own, adolescents will no doubt experience difficulties. These difficulties are great learning opportunities.
4. Divide trainees into three small groups or pairs and give each group 2–3 of the problems from the Helpful hints for Changing My Actions problems and solutions table.
 - Ask them to think of as many reasonable ways as they can in which they could respond to the problems.
 - Groups will have 10 minutes to think of their responses and write them down.
 - After 10 minutes, trainees will return to the larger group and one trainee from each group will read their problem and the solutions they suggested to manage it.
 - You will give feedback to each group's list of solutions, considering whether these are reasonable or not reasonable solutions.
 - Make sure that you cover the solutions which are addressed in EASE intervention manual, Annex 7 (Helpful hints for Changing My Actions – problems and solutions table).
 - Remind trainees that helpers should not always just give the solutions to adolescents. This is because adolescents may not learn how to think of solutions for themselves in the future if they always rely on a helper. Explain that the EASE manual contains suggestions for how to do this, e.g. by encouraging other adolescents to think of ideas, and use bounce-back questions.
 - Allow time for questions.
5. Briefly review Adolescent activity 4.2. Review home practice: 4. *Invite participants to discuss Changing My Actions home practice only.*

Training activity 4.8: Anxious avoidance and Changing My Actions

Objective	Time	Materials	Link with intervention manual
To understand how to use Changing My Actions to support a participant who is avoiding activities due to feelings of fear and anxiety	45 minutes	<ul style="list-style-type: none"> Flipchart paper and pen (for trainer) Training form 1. Case studies 	Annex 7. Helpful hints for Changing My Actions

4.8.1 Anxious avoidance (15 minutes)

1. Explain that you will now talk about different situations that can affect adolescents' engagement in doing an activity in Changing My Actions.
2. Explain that this is also addressed in the EASE intervention manual (Annex 7. Helpful hints for Changing My Actions).
3. Read Fatima's case study ([Training form 1. Case studies](#), see case study 1.3).
4. Discuss the differences between Denys' and Fatima's case examples (10 minutes).

For example, say:

"We have heard about Denys (from the vicious cycle activity) and now Fatima. Both adolescents have reduced their activity in something. For Denys it was playing the guitar and for Fatima it was helping her mother at the market. But the reasons for their reduction in these activities are very different."

5. Ask the following questions to help them differentiate the two examples.

For example, say:

"What feelings accompany each adolescent's reduction in activity?"

- Denys: overwhelming sadness, lack of energy, playing the guitar feels too difficult; Fatima: fear or anxiety.

For example, say:

“What are the differences between the two adolescents in how they might feel about doing their activity again?”

- Denys: is still interested in the activity; Fatima: is fearful of doing the activity.

6. Link Fatima’s avoidance to the vicious cycle that the Changing My Actions skill can help with.

For example, say:

“Some adolescents will have stopped doing some things because they are scared or worried about something bad happening if they do engage in that activity.”

4.8.2 Helpful versus unhelpful avoidance (15 minutes)

1. Introduce helpful and unhelpful avoidance:

For example, say:

“There are some situations in which a participant avoids doing something, and they should not be encouraged to do that activity anymore. This is because the activity is dangerous or has a high chance of causing harm so avoiding it is actually helpful. Let’s consider the case of Lola.”

2. Read Lola’s case study ([Training form 1. Case studies](#) – case study 1.3).
3. Ask trainees what they think helpful avoidance is.
Include the examples below:
 - Other people of a similar age, gender and/or ethnicity are also avoiding the same activity or place.
 - There is a risk that the activity or place is unsafe.
 - The adolescents’ caregivers do not give them permission to engage in the activity.
4. To help understand unhelpful avoidance, ask trainees if they think the case of Fatima, who was avoiding going to the market with her mother, is a case of helpful or unhelpful avoidance and why.

[Answer: It is unhelpful avoidance].

Rationale for why it is unhelpful:

- Other people of a similar age, gender and/or ethnicity are not avoiding the same activity or place.
- Although it is never possible to guarantee that something is 100% safe, the risk is low.
- The adolescent’s parents have given her permission to engage in the activity.

5. Now explain that you will read out some different examples of situations and the trainees should decide which ones they think are either helpful or unhelpful avoidance (see [Table 2](#)). If they think a situation is an example of helpful avoidance they should move to the left side of the room and if they think it is an example of unhelpful avoidance they should move to the right side of the room.

Table 2. Helpful versus unhelpful avoidance

Situation	Helpful or unhelpful avoidance
A young girl started to think her friends did not like her anymore, so she stopped spending time with them. One day her friends asked her to play with them, but she said “no” because she was still worried that they might not include her.	Unhelpful avoidance
A boy who used to walk alone to visit his uncle was chased by a group of older boys one day. Since then, he has stopped walking to his uncle’s house without an adult. Other kids his age have also stopped walking around this area.	Helpful avoidance
A boy who used to sleep without a lamp/light on at night began to feel too scared to sleep in the dark. He started avoiding sleeping in the dark after he had a bad dream.	Unhelpful avoidance
A girl used to play down by the river with her friends. She used to really enjoy it but has not been there in a month because her mother said she could no longer go.	Helpful avoidance

4.8.3 Amending Changing My Actions to address anxious avoidance (15 minutes)

1. Explain that you will now discuss how to use Changing My Actions for anxious avoidance, which is “unhelpful avoidance”.
2. Only if a participant wants to start doing an activity again and you also believe it is safe for them to do, but they feel fearful, will you help them gradually face it again.
Emphasize that participants should never feel pressured into doing an activity that they do not want to do.
3. If helpers are unsure whether an activity is safe for the adolescent to do, they should tell the adolescent that they need to check this with their supervisor before the adolescent starts doing it again. Ask the adolescent to choose a different activity for this session. Before your next session, you should discuss the activity with your supervisor who will help you to decide whether it is safe or not. Helpers should be encouraged to discuss with their supervisors all the circumstances of anxious avoidance in their EASE participants.
4. Steps for amending Changing My Actions: The steps to help a participant face a feared activity are the same as previously described for Changing My Actions.
 - Choose the specific activity they would like to be able to do again (e.g. walk to school by myself, ask the teacher a question in class, go to the market with my mother).
 - Make sure the activity is safe for the participant to engage in again (i.e. the chances of them being harmed is very low – consider their age and gender and what has happened in the past when they have done this activity; also consider whether their parents will object to the activity or not).
 - Gradually help participants to do the activity: break the activity down into very small and easy steps for them to complete. The first step to re-engaging in the activity should be something they feel only a little bit nervous about. Things you can vary to make the step less or more scary or difficult:
 - Having someone do the activity with them initially (e.g. sibling, friend, caregiver).
 - Consider the time of day when they can do the activity (e.g. daylight when there are a lot of people around).
 - Discuss how long they have to stay in the situation (e.g. shorter time to begin with).
 - Consider their level of participation in the activity (e.g. just watching others do the activity first). Have them repeat that same step a few times until they are no longer scared of it before moving on to the next step.
5. Return to discussion about the case example: Ask trainees to share ideas with the larger group of how they might support Fatima (case study above) with her anxious avoidance.
6. Write each answer down on a flipchart paper. Place each answer in order of smallest step to biggest step, until enough answers have been provided to create a plan which leads to Fatima going to the market with her mother. The trainer can present the following example to help prompt trainees if needed:

- Step 1: Fatima getting out her clothes that she will wear for a walk.
 - Step 2: Fatima going for a walk with her mother during daylight hours.
 - Step 3: Fatima getting out her clothes that she will wear for the walk to the market.
 - Step 4: Fatima walking to the market with her mother and helping for 10 minutes.
 - Step 5: Fatima walking to the market with her mother and helping her for 30 minutes.
 - Step 6: Fatima walking to the market alone and helping for one hour.
7. Explain why this list of suggested steps is the most helpful in terms of the Changing My Actions skill for anxious avoidance.
[[**Answer:** Fatima is breaking the activity down into small steps; she is choosing to go to the market during daytime; she is gradually re-engaging with the activity, etc.]]
8. Repeat the main message: whenever helpers are unsure whether an activity is safe or appropriate for an adolescent, they should not proceed before speaking with their supervisor. (Explain that this is covered in the Helpful hints in Annex 7 for Changing My Actions in the box. See: Note for helpers on responding to participants that may be avoiding an activity due to feeling scared, worried or fearful).

Training activity 4.9: Anger and Changing My Actions

Objective	Time	Materials	Link with intervention manual
To understand how to use Changing My Actions to support a participant whose behaviours have changed due to anger	20 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen (for trainer) • Training form 1. Case studies 	

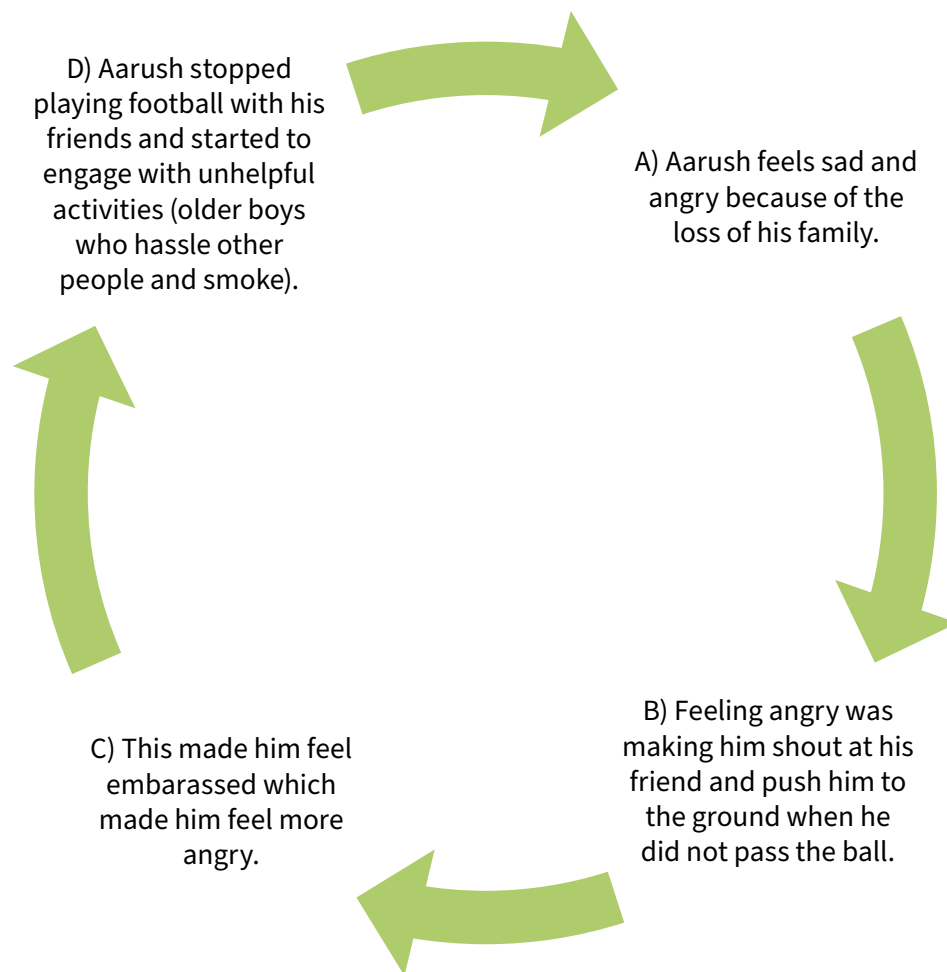
1. Explain that we will continue talking about different situations that can affect adolescents' engagement in activities. Now we shall consider anger.

For example, say:

“Some people stop doing things because they feel angry. Sometimes, feeling angry can lead some people to being aggressive, which can damage friendships or other social connections. Anger can also make people stop doing things that were fun and meaningful to them. Alternatively, when some people feel angry, they try to cope by doing unhelpful things, like drinking alcohol or smoking.”

2. Read Aarush's case study ([Training form 1. Case studies](#) – case study 1.4)
3. Ask trainees to describe how they think Aarush might be in a vicious cycle. Make sure that the whole cycle is described. Fill out the cycle ([Figure 5](#)) on a flipchart as trainees provide answers.

Figure 5. Vicious cycle for Aarush



4. Emphasize that with EASE we will not work to reduce unhelpful activities such as smoking; however that Changing My Actions can help to increase participation in meaningful activities.
5. This can still be helpful for adolescents who have increased unhelpful activities such as aggressive behaviour, smoking, alcohol or drugs; as it is hoped that increasing the meaningful activity may have an effect on improving the adolescent's mood, and therefore reducing the need to engage in an unhelpful activity.
6. Ask trainees how they think they could encourage Aarush to use Changing My Actions to manage his anger? [**Answer:** in the same way that Changing My Actions is taught in EASE].

For example:

Step 1	Choose:	Aarush would like to play football with his friends.
Step 2	Break:	<p>Aarush walks by and smiles at his friends.</p> <p>He says hello to his friends.</p> <p>He has a short conversation with his friends.</p> <p>He has a short conversation and makes a joke with his friends.</p> <p>He has a short conversation, makes a joke with his friends and asks his friends if he can play football with them on Friday evening.</p> <p>He plays football with his friends</p>
Step 3	Plan:	Aarush will walk by and smile at his friends tomorrow morning
Step 4	Repeat:	Aarush may need to repeat this step a number of times before moving on to the next one

- Summarize the fact that the steps for Changing My Actions are the same, whether the main mood is sadness, anxious avoidance or anger. This activity is always about increasing participation in meaningful activities (pleasurable or task-oriented) in a gradual way.

Training activity 4.10: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (15 minutes):

- Review learning objectives and make sure all trainees are confident that they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Ask all trainees to familiarize themselves with EASE adolescent sessions 5 and 6, including the following annexes associated with sessions 5 and 6:
 - Annex 1. Managing disclosures of abuse and managing suicide risk.
 - Annex 2. Activities and games.
 - Annex 3. Helpful hints for home practice.
 - Annex 4. Helpful hints for Understanding My Feelings
 - Annex 5. Helpful hints for Calming My Body
 - Annex 7. Helpful hints for Changing My Actions
 - Annex 8. Support participants without telling them the answer
 - Annex 9. Helpful hints for Managing My Problems
- Ask all trainees to complete Changing My Actions action plan over the next few days (this is the activity they chose in facilitation practice 9 when playing the role of a participant for facilitation practice of Changing My Actions [Adolescent activity 4.3. Changing My Actions: 5. *Do a pairs or small groups activity*]).
- Ask all trainees to continue to practice Slow Breathing daily for 5 minutes.

4. Remind trainees who will be doing facilitation practice on the next training day.**5. If this is a ToT:** Remind trainees who will be doing a teaching practice on the next training day.

Day 5: Adolescent sessions 5 and 6

Day 5. Learning objectives:

1. Understand how to implement key activities in adolescent sessions 5 and 6.
2. Understand the key concepts for the Managing My Problems skill.
3. Know the steps to teaching adolescents Managing My Problems.
4. Be able to help adolescents to think of solutions without giving direct advice.
5. Know how to respond to home practice difficulties for Managing My Problems.

Time (minutes)	Training activity	Materials	Link to intervention manual
15 (before training day)	Preparing “helpers for the day”	Trainee handout 3. Steps for facilitation practice	
30	5.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day	
30	5.2: Review home practice in session 5 (facilitation practice 10 and 11)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 5 Annex 5. Helpful hints for Calming my body Annex 7. Helpful hints for Changing My Actions

Time (minutes)	Training activity	Materials	Link to intervention manual
35	5.3: Understanding common problems (facilitation practice 12)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 5
15	Break		
80	5.4: Introduce Stop, Think, Go	EASE Stop, Think, Go poster Flipchart paper and pens (three for the trainer)	Chapter 5, Adolescent session 5 Annex 8. Support participants without telling them the answer Annex 9: Helpful hints for Managing My Problems
60	Lunch		
105	5.5: Managing My Problems in session 5 (facilitation practice 13)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 5
15	Break		
100	5.6: Managing My Problems home practice review in session 6 and managing a new problem		Chapter 5, Adolescent session 6

Time (minutes)	Training activity	Materials	Link to intervention manual
20	5.7: Preparing participants for the end of the intervention (facilitation practice 14)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 6
20	5.8: Ending	Trainee handout 4. Daily reflection and feedback form	

Preparing “helpers for the day” (before training day)

1. Encourage “helpers for the day” to review the instructions in the EASE intervention manual, relevant to their activity.
 - To prepare for their facilitation practice, refer the trainees to [Trainee handout 3. Steps for facilitation practice](#).
2. Support “helpers for the day” by reminding them that this is a practice and chance to learn. Use basic helping skills to manage any worries or concerns that “helpers for the day” may have.
3. Ensure that the “helpers for the day” have all the necessary materials for their activity.
4. Support “helpers for the day” by answering any questions they may have about their practice.

Training activity 5.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 4 and to introduce Day 5	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind them about any important topics that have not yet been reviewed.
3. **Review trainees’ home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.
4. **Learning objectives** for today:
 - Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).

- The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
5. Provide an **opportunity for questions** (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 5.2: Review home practice in session 5 (facilitation practice 10 and 11)

Objective	Time	Materials	Link with intervention manual
To practise how to review participants' home practice and manage difficulties appropriately	30 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	<ul style="list-style-type: none"> • Chapter 5, Adolescent session 5 • Annex 5. Helpful hints for Calming My Body • Annex 7. Helpful hints for Changing My Actions

1. Introduce adolescent session 5.

For example, say:

"Adolescent session 5 starts with a home practice review of Calming My Body and Changing My Actions."



Facilitation practice 10 (5 minutes) and 11 (15 minutes): Review session 4 and review home practice (20 minutes in total)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual

- Trainee 1: Adolescent activity 5.2. Review session 4 and review home practice: 3. *Invite participants to discuss Calming My Body home practice only*
- Trainee 2: Adolescent activity 5.2. Review session 4 and review home practice: 3. *Invite participants to discuss Changing My Actions home practice only*

2. Feedback and reflection (10 minutes).

- **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
- Remind trainees about the EASE intervention manual annexes:
 - Annex 5. Helpful hints for Calming My Body
 - Annex 7. Helpful hints for Changing My Actions
 - Annex 8. Support participants without telling them the answer

Training activity 5.3: Understanding common problems (facilitation practice 12)

Objective	Time	Materials	Link with intervention manual
To understand how problems can affect adolescents' problem management abilities, and to practise how to educate participants about common practical problems	35 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 5

1. Introduce Managing My Problems.

For example, say:

“Big feelings can affect adolescents’ capacity to manage everyday problems. Managing My Problems aims to improve adolescents’ ability to identify problems that they can influence, to improve flexibility in their thinking and creativity in order to help them manage these problems, and to enable them to learn how to find ways to support themselves when facing a problem.

We have talked about how big feelings can have an impact on an adolescent’s thinking. One common concern for adolescents is that they no longer feel equipped to deal with everyday problems such as arguments with friends, difficulties with school, or problems in the home.

This may be because big feelings can influence a person to think that they no longer have control over the problem or because they cannot think of effective ways to manage the problem. This can leave them feeling helpless, stressed or overwhelmed. Not surprisingly, this can also worsen their big feelings.”

2. Introduce the maze activity.

For example, say:

“As part of Managing My Problems in session 5, adolescents will first be introduced to the aims of this skill using a maze activity.”



**Facilitation practice 12: Understanding common problems
(15 minutes)**

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 5.3. Understanding common problems.

3. Feedback and reflection (10 minutes).

- **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

4. During reflection, also ask trainees to reflect on potential difficulties that adolescents or helpers might experience when doing this activity. For instance:

- what if the adolescents do not reach the end of the maze (this is OK as the purpose is to

demonstrate that adolescents may not completely solve their problems during EASE, but they can make progress in different ways and have a plan for managing the problem in the future);

- how can you encourage adolescents to ask for help if they are having trouble with the maze (e.g. ask for help from other adolescents in the group); and
- what if adolescents report problems with abuse (refer to Annex 1 of the EASE intervention manual for guidelines, discuss with the supervisor and follow protocols on adverse events and child safeguarding).



Discuss potential adaptations of the maze with trainees

There may be times when it is helpful to adapt the maze game to suit your EASE participants. For instance, for adolescents who are energetic, like to move around and may be easily distracted, you may choose to set up a physical maze with objects in the room or use tape on the floor. You may choose to have all the participants move through the maze at the same time or you may tell them to work in pairs. Whenever you adapt an exercise, be sure to review the key concepts and ensure that you demonstrate them all through the exercise.

Training activity 5.4: Introduce Stop, Think, Go

Objective	Time	Materials	Link with intervention manual
To learn the skill to help participants adaptively manage their practical problems	80 minutes	<ul style="list-style-type: none"> • Stop, Think, Go poster • Flipchart paper and pens (three for the trainer) 	<ul style="list-style-type: none"> • Chapter 5, Adolescent session 5 • Annex 8. Support participants without telling them the answer • Annex 9. Helpful hints for Managing My Problems

5.4.1. Introduce the Stop, Think, Go poster (15 minutes)

1. Refer to the Stop, Think, Go poster. Explain that the skill taught in Managing My Problems encourages adolescents to:
 - stop and consider which problems they have and which problem they should choose to manage first;
 - think about the different ideas for solving the problem; and
 - go and try the best idea.
2. Tell the trainees they will first practice doing these three steps in small groups before the trainees practice facilitating the Managing My Problems activity.
3. Tell the trainees who will do the facilitation practice afterwards (facilitation practice 13) that it is OK that the information from here is being repeated in their practice.
4. For Stop – explain that we can sometimes experience many different problems at once.
5. Refer to the list of different problems trainees identified in the previous facilitation practice (facilitation practice 12) and ask trainees to think of any further problems that might be common in their community.
6. Explain that the first step of Managing My Problems is to choose one problem to solve.
7. Use three pieces of flipchart paper and label one with “too big”, one with “not solvable” one with “too vague” (see [Table 3](#)).

Table 3. Labelling problems

Too big	Not solvable	Too vague
<i>e.g. problems with poverty, mental health of parents, etc.</i>	<i>e.g. changing other people's behaviours, caregivers fighting, mental health problems in others, financial problems in families, caregiver's unemployment, problems in the community such as poverty or violence</i>	<i>e.g. school problems or problems with friends</i>

8. Ask trainees to review the list of common problems. Go through each problem and ask them to identify any problems that might be too big, not solvable or too vague.
 - The trainer should write down the responses and correct any that are not labelled correctly.
 - If there are not enough examples, you should add additional ones to the sheets in order to facilitate the next training activity.
9. After all problems have been labelled, explain that in order to choose one problem to solve in Managing My Problems it is important for the problem to be:

- **Small:**
 - Choose a problem that is small, such as Kian's sleeping problem.
 - If adolescents have described only big problems, you will need to find a way to simplify the big problem so that it can be solved more easily.
 - For example, managing a recent argument with a sibling is an easier problem to solve than managing a bad relationship with a sibling.
- **Solvable:**
 - Choose a problem that a participant can control or influence.
 - Choose a problem which adolescents are realistically able to influence.
 - For example, you cannot change your friend's behaviour when they said something hurtful to you but you can control how you respond to them.
- **Specific:**
 - Choose a problem that can be clearly defined.
 - Adolescents should be able to describe the problem in detail.
 - To make problems specific, adolescents can describe what would be different in their life if this problem were solved.
 - For example, "problems with schoolwork" is not specific, but "problems completing my mathematics work in the time given to me by the teacher" is more specific.

5.4.2. Practicing the Stop, Think, Go steps (45 minutes)

Stop (15 minutes)

1. Point to the Stop step on the Stop, Think, Go poster.
 - Explain that sometimes people cannot easily state their problems in a small, solvable and specific way. So it is the helper's job to help them to do this.
 - Divide trainees into three groups.
 - Choose one problem from the list. Tell the groups that they will all work on the same problem.
2. Each group completes the Stop step with the problem.
 - The trainees should discuss how they would help an adolescent to make the problem small, solvable and specific and discuss which aspects of the problem meet these criteria.
 - After 10 minutes, return to the larger group to discuss each of the three groups' ideas.
3. Draw a large tree trunk with branches (but no leaves) and write or draw the problem inside the tree trunk. Ask the groups how they made the problem small, solvable and specific.
 - There will be differences between how groups made the problem small, solvable and specific.
4. Agree with the whole group on one example that can be used by all groups going forward.
 - Give each group a sheet of flipchart paper and instruct them to draw a large tree trunk like the one you have showed them and ask them to write or draw the problem inside the tree trunk.

Think (15 minutes)

1. Explain that, for the Think step, trainees should try to think of as many ideas as possible that might help to solve the problem.
 - They should think about what they can do on their own or who they could talk to for help with the problem.
 - It does not matter if it is a good idea or a bad one, whether it is creative or silly, or if the idea seems as if it will not work or will solve the whole problem. This takes the pressure off the search for a “good” idea and helps participants to be more creative and think of different ideas.

For example, say:

“What can you do on your own to change the problem? Are there any people you trust who you can talk to or get help from to change the problem?”

2. In their groups of three, ask trainees to complete the Think step for the chosen problem.
 - They should try to think of as many potential solutions to the chosen problem as possible.
 - Remind them that there are no right or wrong answers.
 - For each potential solution they should draw a leaf coming on a branch of their tree. They can write or draw each solution on a leaf.
3. After 10 minutes, return to the larger group. Give trainees the opportunity to read the potential solutions that each group came up with.
4. Ask the trainees to give feedback on solutions from any of the groups. Encourage all the trainees to think about whether the idea is easy or hard to implement, or what is good or less good about each idea.

Go (15 minutes)

1. Tell the trainees that adolescents will now be told how to then pick the best solution. The best solution:
 - is the most helpful solution to implement; and
 - is feasible (possible) to implement.
2. Ask everyone to agree on what they think are the best solutions for adolescents to try out.
 - Highlight the best solution on the tree (e.g. by drawing another leaf around it) or choose any other creative way to highlight it
3. Tell trainees that they will also encourage adolescents to think about a plan for when they will implement their chosen idea. This is because a person is more likely to act on their chosen idea if they have a plan for when they will do it.
 - Tell trainees they will have an opportunity to learn how to support effective action plans for all skills on Day 6 of this training.

4. Tell trainees that the helper is responsible for ensuring that the ideas adolescents have selected are:
 - easy;
 - safe (i.e. they will not harm the participant or anyone else); and
 - feasible (i.e. the adolescent should have access to any materials that they need to implement the idea. If they do not, then the adolescent should choose another best idea).

5.4.3. Supporting adolescents in doing the Stop, Think, Go activity (20 minutes)

1. Briefly review EASE intervention manual Annex 9. Helpful hints for Managing My Problems to show helpers what they need to be aware of when supporting adolescents during this activity. **Note:** do not review the problem and solution table yet (it will be reviewed in training activity 5.6).
2. Explain that there is another key annex in the EASE intervention manual for helpers to support the adolescents during Managing My Problems: Annex 8. Support participants without telling them the answer.

For example, say:

“Why do you think it is important that we do not give adolescents the answers, for example when they are thinking of solutions?”

3. Elicit responses such as:
 - Because the adolescents will not learn to think of solutions themselves.
 - Because the helper may not understand the situation fully and may not give helpful advice.
 - Link this discussion to the concept of bounce-back questions and group management skills to improve group participation.
4. Say that it is important for helpers to learn how to encourage adolescents to think of solutions themselves.
 - One way to do this is to ask the adolescents questions such as “*What do you think?*” or “*What would your friend do in this situation?*”.
5. Explain that it is possible to give direct advice if the adolescent has chosen something that is harmful or unsafe to themselves or others.

Training activity 5.5: Managing My Problems in session 5 (facilitation practice 13)

Objective	Time	Materials	Link with intervention manual
To practice how to deliver Stop, Think, Go	105 minutes	<ul style="list-style-type: none">• Annex 2. Instructions for leading facilitation practice• Trainee handout 3. Steps for facilitation practice• Training form 4. EASE competency assessment	Annex 9. Helpful hints for Managing My Problems

1. Introduce the next facilitation practice.

For example, say:

“After learning about understanding common problems, adolescents are introduced to the Managing My Problems skill using Stop, Think, Go.”

2. Explain that, in session 5, the adolescents will first do Stop, Think, Go for Kian’s problem. Then they will do Stop, Think, Go for a common problem (as trainees just did in the training), and then they will do it for each adolescent’s individual problem.

5.5.1. Managing My Problems with a common problem (30 minutes)



Facilitation practice 13 (Trainee 1: 7 minutes, Trainee 2: 6 minutes, Trainee 3: 7 minutes): Managing My Problems (20 minutes in total)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual

Adolescent activity 5.4. Managing My Problems:

- Trainee 1: 1. *Read story*; and 2. *Do the Managing My Problems group activity, Step 1 (Stop) only*
- Trainee 2: 2. *Do the Managing My Problems group activity, Step 2 (Think) only*
- Trainee 3: 2. *Do the Managing My Problems group activity, Step 3 (Go) only*

Note: Trainees should prepare together to limit confusion and to help create a smoother transition between facilitation practices.

1. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

5.5.2. Apply Managing My Problems to your own problem (individual activity) (75 minutes)



All-trainee role-play: Applying Managing My Problems –Solving your own problem (60 minutes)

Link to intervention manual: Adolescent activity 5.5. Applying Managing My Problems: 2. *Do the Managing My Problems individual activity only*

1. Ask trainees to form groups of three.
2. Instruct trainees that one of them will be the helper, one trainee will help/observe the helper in case they “get stuck” and cannot continue, and one trainee will be the adolescent. The roles will be swapped throughout the role-play.
3. The helper should lead the adolescent through *Do the Managing My Problems individual activity* (Adolescent activity 5.5.) and ask for help if they “get stuck”.
4. Trainees will need to complete the activity in a shortened time and will swap roles every 20 minutes so that each trainee in the group has a chance to lead.

5. Feedback and reflection (15 minutes):

- Make sure to reflect on how to support adolescents with each of their steps in a group situation (rather than two people) and how this might require further support from the helpers (e.g. both helpers should be moving around the room and checking in with each adolescent while managing time).

Training activity 5.6: Managing My Problems home practice review in session 6 and managing a new problem

Objective	Time	Materials	Link with intervention manual
To learn how to use the “role-play method” to review participants’ Managing My Problems home practice	100 minutes	Annex 3. Instructions for trainer demonstrations	Chapter 5, Adolescent session 6

5.6.1 Group activity: Managing My Problems home practice review (50 minutes)



Trainers tip

Write each scenario from [Table 4](#) on a separate piece of paper.

Also prepare 5 flipchart papers and write one outcome from [Table 4](#) on each flipchart paper.

Table 4. Different outcomes to the problem “An adolescent had a verbal argument with their sibling when playing a game together”

Scenario (to be read to trainees by trainer)	Outcome (answers for trainer only)	Helper’s response
The adolescent talked to their sibling and agreed on a way to play the game without arguing. The adolescent asked their mother for help and she suggested what the adolescent could say to their sibling to improve their relationship after the fight.	The problem was solved in a positive way	<ul style="list-style-type: none"> • Praise the adolescent for succeeding in solving the problem. • Encourage them to think of a new problem to manage in the coming week. • Asking how they felt before and after they solved the problem.
The adolescent thinks that they solved the problem because they hit their sibling so that their sibling would be forced to play the game with them.	The problem was solved but in a problematic way	<ul style="list-style-type: none"> • For example, the solution will lead to more problems later (e.g. hitting their sibling to get them to do what they want, etc.) • If the solution did not hurt anyone, praise the participant for trying their idea. If the solution did hurt someone, do not praise their choice. Instead validate the participant’s feelings at the time of making the choice (e.g. <i>“It’s understandable that you would feel angry at that moment.”</i>) • Help the adolescent to understand why this idea may lead to more problems, even though the problem was solved.

Scenario (to be read to trainees by trainer)	Outcome (answers for trainer only)	Helper's response
The adolescent talked to their sibling but had not prepared what to say and the talk did not go well, and so their sibling still seems upset with them.	The problem was partially solved	<ul style="list-style-type: none"> • Invite the adolescent and others to think of other ways this problem can be solved. If appropriate, use the role-play method for this. • Help the adolescent to plan trying out this idea in the coming week. <hr/> <ul style="list-style-type: none"> • If the solution did not hurt anyone, praise the adolescent for trying their idea. If the solution did hurt someone, do not praise their choice. Instead validate the participant's feelings at the time of making their choice (e.g. <i>"It's understandable that you would feel angry at that moment."</i>). • Teach the group that, in this circumstance, you can go back to the orange circle (step 2) to think of ideas that might now solve the problem. • Invite the whole group to help the adolescent to review the original ideas on the leaves as well as to think of new ideas (e.g. new leaves). If appropriate, use the role-play method for this.

Scenario (to be read to trainees by trainer)	Outcome (answers for trainer only)	Helper's response
		<ul style="list-style-type: none"> • The adolescent then chooses the best idea. • Help the adolescent plan when they will try out this idea in the coming week.
<p>The adolescent did prepare what to say to their sibling and checked it with their mother who approved. But their sibling is still not happy with them.</p>	<p>The problem was not solved</p>	<ul style="list-style-type: none"> • Discuss what actually happened in order to identify the reasons why the idea did not work. For example: <ul style="list-style-type: none"> ◦ The problem was not well defined. ◦ The idea was too unsafe or difficult to carry out. ◦ The idea needed too many resources, etc. • Tell the group that it is OK when our first idea does not work. • Explain that this helps us to learn more about what other ideas can be used to solve the problem. • As an example, remind them of having to go back in the maze. • Teach the group that, in this circumstance, go back to: <ul style="list-style-type: none"> ◦ the red circle (step 1) if the problem needs to be defined better; or ◦ the orange circle (step 2) to think of more ideas to solve the problem again.

Scenario (to be read to trainees by trainer)	Outcome (answers for trainer only)	Helper's response
		<ul style="list-style-type: none"> • Invite the whole group to help the adolescent think of new ideas. If appropriate, use the role-play method for this. • The adolescent then chooses the best idea. • Help the adolescent to plan when they will implement this idea in the coming week.
<p>The adolescent thought they could make a drawing for their sibling. Unfortunately, they did not have a pen or paper to do this, so they gave up.</p>	<p>The adolescent did not try to solve the problem</p>	<ul style="list-style-type: none"> • Help the adolescent to identify why they did not try the idea out. Help the adolescent to think of ways they could make sure they can do it this week.

1. Introduce the activity.

For example, say:

“In session 6 the adolescents will be led through activities to strengthen their skills in problem management. After the home practice review of Calming My Body and Changing My Actions, you will need to lead the adolescents through a review of their Managing My Problems home practice.”

2. Tell the group that you will discuss several possible outcomes that an adolescent may have after trying out their idea. In this activity, we use the example problem, namely “an adolescent had a verbal argument with their sibling when they were playing a game together”.
3. Ask for five volunteers. Give each volunteer one of the prepared sheets of paper describing one of the scenarios of [Table 4](#). Give each volunteer a chance to read their scenario to the group.
4. The trainer reads the outcomes in [Table 4](#) (in a different order than listed) to the whole group and asks the volunteers to identify which outcome their scenario fits. The volunteers can ask other trainees for support or the trainer can provide support.
5. Next, divide the trainees into five groups and give each group one of the flipchart papers with one of the statements written on it. Ask each group to think about adequate responses the helper could give in this situation.
 - Remind trainees to use their basic helping skills and tell them they can consult their manuals (session 6: Managing My Problems review).
 - Give each group 2–3 minutes to present their responses to the main group and discuss their answers.
 - Use the ideas listed in [Table 4](#) to support trainees’ responses.

5.6.2. Using the role-play method to review Managing My Problems home practice (40 minutes)



All-trainee role-play: Using the role-play method for a Managing My Problems review (40 minutes)

Link to intervention manual: Adolescent activity 6.3. Managing My Problems review: 2.
Participants role-play their Managing My Problems home practice

1. Explain the role-play method that will be used to review Managing My Problems home practice:
 - In Adolescent activity 6.3, step 2 *Managing My Problems home practice*, read:
 - Participants role-play their Managing My Problems home practice: Notes for helpers before starting the activity and Instructions for the participants; and
 - Box 4. Role-play.
2. Divide trainees into three groups. Tell the trainees they will practise using the role-play method during the Managing My Problems home practice.
3. The trainer should provide trainees with an example of a problem (e.g. “I broke up a friendship, but now I want to be friends again.”)
4. Participants have 10 minutes to write a case example that they can role-play and that demonstrates how helpers can use the role-play method to respond adequately to one of the three scenarios:
 - Group 1: the adolescent solved it problematically.
 - Group 2: the adolescent solved it partially.
 - Group 3: the adolescent did not solve the problem.
5. Encourage groups to start the role-play with the trainee playing the participant and sharing their experience in using Managing My Problems (about 1–2 minutes), so that there is enough time for the trainee playing the helper to demonstrate how to respond to the scenario.
6. Groups will have 5 minutes to show their role-plays to the rest of the group. If you are running out of time, ask only one group to present its role-play.
7. Provide feedback and support after each role-play (10 minutes).
8. Remind participants that there are helpful hints in the EASE intervention manual (Annex 9. Helpful hints for Managing My Problems).
9. Invite questions on responding to reviewing home practice for Managing My Problems.
10. Discuss the key points to the role-play method that the trainees learned.
 - Prompt trainees to consider any difficulties they might experience in leading participants through the role-play method. Brainstorm potential solutions to identified difficulties.
 - Discuss with trainers the language used when talking to adolescents about problems that are resolved in different ways. **Note:** When explaining the role-play method to adolescents, helpers should avoid using terms like “solved problematically,” “partially solved,” or “unsolved”, as these terms are intended for helpers to guide their support and provide them with responses rather than for direct use with adolescents.

5.6.3. Group discussion: Managing My Problems with a new problem (10 minutes)

1. Tell trainees that they will guide pairs of adolescents to support each other in completing Managing My Problems with a new problem.
2. Have a trainee read the instructions in the manual to complete Managing My Problems with a new problem (Adolescent activity 6.4. Managing My Problems with a new problem).
3. Brainstorm potential difficulties that helpers might face when completing this activity with adolescents.
4. For every potential problem identified by the group, brainstorm solutions to it.
 - Solutions can be preventative measures that helpers can take to avoid the problem or can be responses to problems after they have occurred.
 - For example, if a participant is shy, reluctant, or appears not to understand the role-play method, the co-helper can sit with that adolescent to support her/him individually or could divide participants into pairs or small groups according to age, gender or the types of problems they propose to work on.

Training activity 5.7: Preparing participants for the end of the intervention (facilitation practice 14)

Objective	Time	Materials	Link with intervention manual
To practise preparing participants for the end of the intervention	20 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 6

1. Introduce the next facilitation practice as the last activity in adolescent session 6 which covers preparing adolescents for the end of the intervention.



Facilitation practice 14: Preparing for the end of the intervention (5 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual

Adolescent activity 6.5. Preparing for the end of the intervention

2. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
3. During reflection, also ask trainees to reflect on identifying some of the different reactions adolescents might have as the intervention is coming to an end. Invite trainees to consider:
 - How might the adolescent exhibit this reaction in the group and how could that have an impact on the group dynamics (e.g. an adolescent who is feeling angry about the intervention finishing might begin to be disruptive in the group or refuse to follow the helper's instructions)?
 - What might be the reason for an adolescent having a particular reaction (e.g. the adolescent might be feeling angry because they do not want the group to finish. This might mean they have to return to working in the afternoons or they are hiding feelings of sadness about no longer seeing the helper or other group participants)?
 - How could the helper manage these reactions (e.g. use their basic helping skills to help the adolescent understand that these reactions are normal, and support the adolescent in managing their reaction by using any of the EASE skills)?

Training activity 5.8: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (15 minutes):

- Review the learning objectives and make sure all trainees are confident they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Ask all trainees to familiarize themselves with adolescent session 7 and caregiver session 1, including the following annexes associated with these sessions:
 - Annex 2. Activities and games
 - Annex 3. Helpful hints for home practice
 - Annex 4. Helpful hints for Understanding My Feelings
 - Annex 5. Helpful hints for Calming My Body
 - Annex 7. Helpful hints for Changing My Actions
 - Annex 9. Helpful hints for Managing My Problems
 - Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills
 - Annex 13. Helpful hints for quality time
- Ask all trainees to complete the Changing My Actions and Managing My Problems action plan.
- Remind trainees who will be doing facilitation practice on the next training day.
- **If this is a ToT:** Remind trainees who will be doing a teaching practice on the next training day.

Day 6: Adolescent session 7 and caregiver session 1

Day 6. Learning objectives:

1. Be able to use the role-play method in Managing My Problems home practice review.
2. Understand how to implement key activities in adolescent session 7.
3. Understand how to end the adolescent sessions.
4. Understand the overview of the caregiver sessions.
5. Understand how to implement key activities in caregiver session 1.
6. Understand how to demonstrate active listening.
7. Understand the key concepts for and be able to teach Slow Breathing to caregivers.

Time (minutes)	Training activity	Materials	Link to intervention manual
15 (before training day)	Preparing “helpers for the day”	Trainee handout 3. Steps for facilitation practice	
30	6.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day	
30	6.2: Supporting effective action plans for Changing My Actions and Managing My Problems	Flipchart paper and pen	

Time (minutes)	Training activity	Materials	Link to intervention manual
45	6.3: Introduce Brighter futures in session 7 (facilitation practice 15)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 5, Adolescent session 7
15	Break		
30 (if ToT: + 10 for feedback)	6.4: Introduce the caregiver sessions (if ToT: teaching practice 3)	Flipchart paper and pens (three groups)	
20 (if ToT: + 10 for feedback)	6.5: Communication with caregivers (if ToT: teaching practice 4)		
30	6.6: Group management skills for caregiver sessions	Flipchart paper and pens (two groups)	Annex 11. Helpful hints for running a large group
60	Lunch		
50	6.7: Introduce activities in caregiver session 1 (facilitation practice 16 and 17)	Paper, pens or pencils. Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 6, Caregiver session 1 Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills

Time (minutes)	Training activity	Materials	Link to intervention manual
40	6.8: Responding to feelings in caregiver session 1 (facilitation practice 18 and 19)	<p>Large flipchart and marker (for noting ideas from discussion)</p> <p>Annex 2. Instructions for leading facilitation practice</p> <p>Trainee handout 3. Steps for facilitation practice</p> <p>Training form 4. EASE competency assessment</p>	Chapter 6. Caregiver session 1
35	6.9: Quality time in caregiver session 1 (facilitation practice 20)	<p>Annex 2. Instructions for leading facilitation practice</p> <p>Trainee handout 3. Steps for facilitation practice</p> <p>Training form 4. EASE competency assessment</p>	<p>Chapter 6. Caregiver session 1</p> <p>Annex 13. Helpful hints for quality time</p>
15	Break		
20	6.10: Slow Breathing for caregivers (facilitation practice 21)	<p>Annex 2. Instructions for leading facilitation practice</p> <p>Trainee handout 3. Steps for facilitation practice</p> <p>Training form 4. EASE competency assessment</p>	<p>Annex 5. Helpful hints for Calming My Body</p> <p>Annex 6. Two alternatives to Slow Breathing</p>
20	6.11: Ending	Trainee handout 4. Daily reflection and feedback form	



Trainers' preparation for Day 6

Training activity 6.2: Supporting effective action plans

Review the appropriateness of prepared examples/problems. Adapt if needed or write a new list.

Preparing “helpers for the day” (before training day)

1. Encourage “helpers for the day” to review the instructions in the EASE intervention manual, relevant to their activity.
 - To prepare for their facilitation practice, refer the trainees to [Trainee handout 3. Steps for facilitation practice](#).
2. Support “helpers for the day” by reminding them that this is a practice and a chance to learn. Use basic helping skills to manage any worries or concerns that “helpers for the day” may have.
3. Ensure that the “helpers for the day” have all the necessary materials for their activity.
4. Support “helpers for the day” by answering any questions they may have about their practice.
5. **If this is a ToT:** Support “trainers for the day” by answering any questions they may have or materials they need for their training demonstration.

Training activity 6.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 5 and introduce Day 6	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind them about any important topics that have not yet been reviewed.
3. **Review trainees’ home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.

4. Learning objectives for today:

- Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
- The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.

5. Provide an opportunity for questions (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).



Note for trainer

- The beginning of adolescent session 7 includes a review of Managing My Problems home practice. There is no specific training activity on this.
- In your recap of today, you may want to review the steps for reviewing the Managing My Problems home practice which has also been covered in training activity 5.6.2 on Day 5.

Training activity 6.2: Supporting effective action plans for Changing My Actions and Managing My Problems

Objective	Time	Materials	Link with intervention manual
To learn how to use effective plans for Changing My Actions and Managing My Problems	30 minutes	Flipchart paper and pen	



Note for trainer

In EASE, adolescents will benefit from making effective action plans to support:

- the “Plan” step in Changing My Actions; and
- the “Go” step in Managing My Problems.

To prepare, write the following questions on a flipchart to support the verbal instruction:

- **What** will the adolescent do?
- **When** will the adolescent complete it?
- **How** will the adolescent complete it and what resources might the adolescent need?

1. On a blank flipchart, make two columns and write Changing My Actions in the left column and Managing My Problems in the right column. **Note:** do not yet write the steps of each skill.
2. Ask the group what the different steps of each skill are and write them on the flipchart (see example in [Figure 6](#)).
3. Then, draw a circle around the third step of both skills (Plan and Go), and explain that in both EASE skills, action plans are required.

Figure 6. The steps required for Changing My Actions and Managing My Problems

Changing My Actions	Managing My Problems
Choose	Stop
Break	Think
Plan	Go
Repeat	

For example, say:

“Both Changing My Actions and Managing My Problems require participants to develop an action plan.

In Changing My Actions, in the Plan step [[point to Plan on the flipchart]], participants are encouraged to try out three small and easy steps (of the staircase) to re-engage with a pleasurable or task-oriented activity again.

In Managing My Problems, in the Go step [[point to Go on the flipchart]], participants are encouraged to try out an idea from the leaf that they chose.

Action plans specify what, when and how the adolescent will complete the Plan and Go steps in Changing My Actions and in Managing My Problems.

A detailed action plan will increase the chance of the adolescent completing and succeeding with their home practice.”

4. Divide trainees into groups of 3–4 persons.
5. Give each group either the activity statement from Changing My Actions (see example in [Box 13](#)) or the problem statement from Managing My Problems (see example in [Box 14](#)).

Box 13. Example of an action plan for the Changing My Actions “Plan” step

Activity statement: Playing soccer with my friends

Plan:

Staircase step 1:

- **What:** Asking my sister to join me in watching soccer the next day.
- **When:** After the EASE group when I get home.
- **How:** Will ask her if she would like to join me on Friday to watch my friends playing soccer.

Staircase step 2:

- **What:** Watch my friends playing soccer.
- **When:** Friday afternoon.
- **How:** Go after lunch to the field with my sister. Tell my friend Salam after the game that I would like to join them tomorrow.

Staircase step 3:

- **What:** Join my friends to play soccer.
- **When:** Saturday afternoon.
- **How:** Walk with my friend Salam to the field.

Box 14. Example of an action plan for the Managing My Problems “Go” step**Problem statement:** I broke up a friendship but would like to be friends again**Go:****Chosen idea:**

- **What:** Talk to my friend and apologize for breaking up the friendship and tell her I would like to be friends again.
- **When:** Tomorrow in the lunch break at school.
- **How:** During the lunch break, walk up to my friend and talk to her.

- Each group answers the three questions below for each of the three staircase steps in Changing My Actions or the chosen idea in Managing My Problems to support a detailed action plan:
 - **What** will the adolescent do?
 - **When** will the adolescent complete it?
 - **How** will the adolescent complete it and what resources might the adolescent need?
- After 10 minutes, one person from each group will have three minutes to present their action plan.
- Discuss the key points for effective action plans that the trainees learned.

Training activity 6.3: Introduce Brighter futures in session 7 (facilitation practice 15)

Objective	Time	Materials	Link with intervention manual
To learn how to teach Brighter futures and practice delivering the craft activity to adolescents	45 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 5, Adolescent session 7

1. Introduce Brighter futures.

For example, say:

“Adolescents will experience practical problems and unpleasant feelings and body sensations in the future. Practising the EASE skills after the intervention is finished can support adolescents to manage these problems so they do not become too big again and interfere with their daily functioning and well-being in the future.”

2. Ask trainees if they have been physically injured in the past and what their recovery was like.
 - Elicit ideas about recovery being up and down, unpredictable, having setbacks, episodes of fast progress, etc.
3. Ask trainees to identify any setbacks in their physical recovery and to say what caused the setbacks.
 - For instance, individual factors, environmental factors, unknown factors.
4. Invite trainees to share how they responded to the setbacks during their physical recovery and whether their response was effective or not.
5. Link key discussion points to the expectations of an adolescent managing their emotional well-being following EASE – there will be setbacks, and adolescents are not failing by having setbacks, but adolescents need to continue practising the skills to minimize the impact on their emotional well-being.
6. Explain that the last adolescent session introduces the concept of having a brighter future.



Facilitation practice 15: Brighter futures (25 minutes)
(this can be divided between two trainees)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Adolescent activity 7.3. Brighter futures (whole activity except 4. *Do a craft activity*)

7. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

8. Tell trainees that a craft activity follows this group activity for responding to future problems. The intention is to enable the adolescents to make something creative that they will be able to keep with them to help remind them about EASE. But we will not do this in the facilitation practice.
9. Briefly review:
 - a. Adolescent activity 7.3. Brighter futures: 4. *Do a craft activity*; and
 - b. Adolescent activity 7.4. Ending the intervention.

Training activity 6.4: Introduce the caregiver sessions (if ToT: teaching practice 3)

Objective	Time	Materials	Link with intervention manual
To become familiar with the three caregiver sessions in EASE	30 minutes (if ToT: + 10 for feedback)	Flipchart paper and pens (three groups)	

1. Congratulate the group that we have now gone through the content of all adolescent sessions and we will continue for the next 1.5 days with the content of all three caregiver sessions.
2. Introduce the caregiver sessions. Explain that:
 - The term “caregiver” means any primary person caring for the adolescent. A caregiver could be a parent, grandparent, other adult family member, or a non-biological caregiver such as a foster parent.
 - The caregiver sessions aim to teach the caregivers skills to help improve caregivers’ ability to support their child.
 - It is strongly recommended that at least one primary caregiver for each adolescent (parent, other relative or other caregiver such as a foster parent) attends these sessions (approximately 6–24 caregivers per group). If a caregiver is involved, it is expected that the intervention will better support the adolescent and facilitate positive changes in their emotional well-being.
 - There are three sessions, each approximately 90 minutes in duration.
 - **Note:** Caregiver session 1 is very full and will probably take up to two hours.
 - Caregiver session 1 is delivered before the third adolescent session (and ideally before the first adolescent session to better engage participants and their caregivers in the intervention).
 - Caregiver session 2 is delivered before the fifth adolescent session.
 - Caregiver session 3 is delivered before the last (seventh) adolescent session.

- The helper who leads adolescent sessions should preferably not be the same as the helper leading caregiver sessions. This is to help minimize the likelihood that helpers accidentally breach adolescents' or caregivers' confidentiality.
 - For instance, if there are only two helpers in your team, it is recommended that one helper will lead the adolescent group, while the second helper acts as co-helper, and they will swap roles for the caregiver sessions. If there are more helpers in your team, you can also decide that one pair of helpers should facilitate the adolescent sessions and a different pair of helpers should facilitate the caregiver sessions.
3. Divide the trainees into groups of three.
 4. Ask the groups to consider in what ways caregivers promote, protect and support their child's mental health.
Example responses are:
 - developing a favourable relationship between the adolescent and caregiver;
 - communicating care and support by listening;
 - showing interest and having quality time together;
 - having open conversations about mental health;
 - helping their child to improve their confidence and self-esteem;
 - role modelling the practising of self-care (looking after oneself).
 5. Ask the groups to discuss ways in which caregivers promote, protect and support their child's mental health and write down as many ideas as possible that the group members can think of.
 6. Invite the groups to share their responses.
 7. Discuss caregivers' actions that may lead to risk factors for children's mental health.

For example, say:

"When caregivers are living under stress, it can be harder for them to influence their children's mental health positively."

8. Ask the group to name some things that caregivers under stress might or might not do that can be risk factors for a child's mental health (see [Box 15](#)).

Box 15. Examples of caregiver actions that may lead to risk factors for children's mental health

- Poor mental health of caregivers.
- Family history of poor mental health.
- Lack of supervision.
- Overburdened caregivers (e.g. with long working hours, other commitments, large families).
- Marital conflict.
- Family dysfunction.
- Caregiver distress (e.g. caregivers and families having experienced or living in humanitarian crises, living in poverty, little money for food, work stress, lack of social support).
- Caregiver use of drugs and/or alcohol.
- Limited caregiver resources such as education, experience of relationships with others, own health.
- Caregivers with limited emotional responsiveness to their children.
- Unfavourable relationship between adolescent and caregiver.

9. Reflect on the above.

For example, say:

“As you may now have considered, caregivers most often will influence their child’s emotional health both positively and negatively. In most cases, caregivers are doing the best they can to parent and support their children. During EASE, it is important that we work with caregivers without judgement and blame to support them to improve caregiver–child relationships, boost those factors that we know have positive influences on adolescents, and increase their understanding of how to support their child as she/he grows into adolescence and faces these emotional and behavioural difficulties.”

10. Ask trainees to tell you what they know of the content of the three caregiver sessions and add information as needed (see [Table 5](#)).

Table 5. Content of the caregiver sessions

Caregiver session	Content	Caregiver skill taught
Session 1: Understanding big feelings	Caregivers are provided with information and skills to better equip them to respond and provide comfort to their child when they are overwhelmed by feelings of distress. Caregivers are taught how to identify emotions in their children, use active listening skills and practise Slow Breathing.	1. Active listening 2. Quality time
Session 2: The power of praise	The second session focuses on boosting the child's confidence with the use of positive communication and the discontinuation of physical discipline.	3. Giving praise
Session 3: Caregiver self-care and brighter futures	Finally, caregiver self-care (e.g. sleep, nutrition, stress reduction strategies) is covered in session 3. This session aims to enhance a caregiver's capacity to cope with challenges related to the environment and to parenting an adolescent who is experiencing significant distress.	4. Self-care

11. Note that, as in the adolescent sessions, practice and application of skills are encouraged between sessions. In addition, across all sessions, caregivers are informed of the skills being taught in the adolescent sessions.
12. Explain that the structure of the caregiver sessions is the same for each session:
 - Review the adolescent skills and their home practice. Provide support to the caregivers about how they can support their children as they practise the EASE skills.
 - Learn skills to support their child's mental health.
 - Set home practice for the caregivers.
 - Give a summary of what will be taught in the next session to encourage caregivers to come to the next session.
 - Practice slow breathing together.

Training activity 6.5: Communication with caregivers (if ToT: teaching practice 4)

Objective	Time	Materials	Link with intervention manual
To learn how to adjust communication with caregivers	20 minutes (if ToT: + 10 for feedback)		

1. Explain that caregivers may feel stressed or worried about their child when coming to the caregiver sessions.
2. Ask them to imagine what the caregiver might be feeling before, during or after coming to these sessions?

Examples are:

- worried about how to care for their child with mental health problems;
- worried about what it might mean for their future;
- feeling ashamed, embarrassed or guilty about their caregiving;
- feeling annoyed or misunderstood about efforts they make to help their child;
- feeling misunderstood if the helper is not also a caregiver;
- feeling stressed about practical commitments in order to attend caregiver session;
- feeling defensive and that they are going to be lectured about how to parent;
- feeling stigma from others or from self;
- feeling ashamed and reluctant to share.

3. Discuss communication with caregivers.

For example, say:

“What should you consider when communicating with caregivers?”

4. Responses to be elicited:
 - showing respect that they are also knowledgeable and are experts in their own right;
 - offering empathy and kindness;
 - acknowledging difficulties they may face with their child as well as the potential causes and consequences of these difficulties; and
 - being non-judgemental.
5. Emphasize that using basic helping skills – especially putting aside your own values – will help caregivers to feel supported and safe. Remind trainees that caregivers will be doing the best

they can, with what they know, in the circumstances they are in. It is important that helpers acknowledge this and offer the caregivers a chance to discuss and consider some alternative approaches (e.g. alternatives to physical punishment):

For example, say:

“How might you acknowledge and support the expertise of caregivers?”

6. Examples might include:
 - Enquire and ask about caregiver experiences.
 - State that helpers are here as guides, but that caregivers are the experts with regard to their children.
 - When a caregiver asks a question about parenting, helpers can welcome responses from other caregivers about what has worked well for them in the past by using bounce-back questions and avoiding giving direct advice.
 - Encourage problem-solving from the caregivers rather than giving direct advice.
 - Use the caregiver group as a source of support, knowledge and experience for sharing.
7. Divide trainees into groups of three and give them five minutes to think about how helpers should respond to the two helper situations ([Table 6](#)). Ask them to consider how the helper may respond in this situation.

Table 6. Helper situations

Situation	Example response
A helper faces resistance from caregivers who question their guidance, believing that only those with firsthand caregiving experience can truly understand their challenges.	It is OK for helpers to be honest about this. A helper may choose to say something like: <i>“I have expertise in the skills that are presented in this intervention and these have been found to be effective with many other families. However, I have not had the opportunity to put these into practice in my own life because I don’t have children under my care. I welcome your expertise so that together we can think about the best way to help your children.”</i>
A helper has strong views against the use of shouting, and a caregiver shares that they think this is helpful to get their adolescent to listen to them.	It is important that the helper can respond without judgement and can show compassion to the caregiver. A helper may choose to say something like: <i>“Thank you for your honesty with how you handle this situation. I can tell you care very much for your child. I wonder if together we could consider some alternatives to try and navigate this stressful situation differently?”</i>

8. Give the groups time to present their responses.

Training activity 6.6: Group management skills for caregiver sessions

Objective	Time	Materials	Link with intervention manual
To learn group management skills for the caregiver sessions	30 minutes	Flipchart paper and pens (two groups)	Annex 11. Helpful hints for running a large group

1. Explain that participants will now discuss caregiver group management skills.
2. Divide trainees into three groups.
3. Ask each group to think about how they would handle each of the scenarios listed in [Box 16](#), and ask them to write their responses on a flipchart paper (10 minutes).
4. Then, ask trainees to present their ideas to the larger group (15 minutes).
5. When giving feedback, make sure the information in [Box 16](#) is included.
 - Help to correct any ideas that you believe are unhelpful for managing the situations.
 - If there is time and if needed, invite trainees to role-play how they would manage each situation (allocate up to 15 minutes if doing the role-plays.)

Box 16. Group management skills for caregiver sessions

Scenario 1. Managing confidentiality between adolescent and caregiver sessions

- Adolescents will always be encouraged to share information about what they have learned in their group with their caregivers if they feel comfortable. There may be many reasons why an adolescent does not feel comfortable and this should be respected.
- Caregivers should be made aware from the beginning that adolescent sessions are confidential and the helpers will respect this.
- Information that can be shared with caregivers:
 - Very general information about the types of problems the group is working on (e.g. problems with friends, difficulties completing household chores or schoolwork). This information must not be specific to one child but rather information must be about the group as a whole.
 - A caregiver will be informed privately if their child is at significant risk of harming themselves, others or if someone else is harming them.
 - If the caregiver wants more specific information about their child, the helper must first obtain permission from the child.

Scenario 2. What to do when a caregiver expresses doubt or criticism about a skill

- Communicating your concern and validating their view is the best first response (see EASE intervention manual, Chapter 3, on how to do this).

For example, say:

“The reactions you have described are very common in caregivers. All I can do is ask that you try the (insert name of skill) and see if it works for you and your family. Think of it as an experiment if you can, or just give it a try and see what happens.”

Scenario 3. What to do in group discussion when a caregiver wants to keep talking about their child

- Be sure always to use your basic helping skills.
- Communicate your concern (see EASE intervention manual Chapter 3 on how to do this).

For example, say:

“That sounds as if it must be very challenging/upsetting/frightening (use appropriate description) for you and for your child.”

- In front of the group, you can thank the person for their contribution and then invite others to share.

For example, say:

“Thank you (name). What you are saying is very important but I would also like to hear from others in the group. Has anyone else had a similar or different experience?”

- It may also be appropriate to follow up with the person individually.

For example, say:

“Would it be possible for us to meet at the end of today to see how else I might be able to help you?”

6. Briefly review EASE intervention manual Annex 11 on Helpful hints for running a large group, in order to check whether there are any issues that have not yet been covered.

Training activity 6.7: Introduce activities in caregiver session 1 (facilitation practice 16 and 17)

Objective	Time	Materials	Link with intervention manual
To learn how to start caregiver session 1 and talk about confidentiality, and learn how to review the adolescent skills with caregivers	50 minutes	<ul style="list-style-type: none"> Paper, pens or pencils. Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment 	<ul style="list-style-type: none"> Chapter 6, Caregiver session 1 Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent exercises

1. Review the introduction activities of session 1 for the caregivers: Caregiver activity 1.1 to 1.3.
2. Use this opportunity to recap on confidentiality for the caregivers.
3. Note that helpers will not share personal information from the adolescent sessions with caregivers (remember that this would break confidentiality).
4. Introduce the next facilitation practice.
5. Explain that in the caregiver sessions, caregivers will be informed about the EASE adolescent skills.
6. In the caregivers' first session they will learn about adolescent sessions 1 and 2.



Facilitation practice 16: EASE adolescent skills review (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Caregiver activity 1.4. EASE adolescent skills review

7. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
8. During reflection, additionally:
 - Tell trainees that caregivers are likely to have questions and be interested in what their children are learning.
 - Review EASE intervention manual Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills:
 - child does not want to talk about their practice;
 - child did not understand;
 - child does not have time; and
 - child lacks motivation.
 - Remind trainees about confidentiality; and inform them that different helpers for adolescents and caregivers should help with this.
9. Introduce the next facilitation practice:
 - In caregiver session 1, caregivers will learn to recognize signs of distress in their children. The helper will also provide guidance on suicidal behaviours in adolescents and will address common myths about suicide. **Note:** this facilitation practice will likely take more than 15 minutes to deliver, encourage trainees to complete as much as they can within the 15 minutes. If guidance on children's thoughts to end their life is not covered, have a discussion about it as a group.



Facilitation practice 17: Understanding big feelings in adolescents (15 minutes) (this can be divided between two trainees)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Link to intervention manual: Caregiver activity 1.5. Understanding big feelings in adolescents

10. Feedback and reflection (10 minutes).

- **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

11. During reflection, additionally:

- Emphasize that during this caregiver activity, helpers should use open-ended questions and encourage group discussion.
- If there is any confusion during 5. *Provide guidance on children's thoughts to end their life*, remind trainees that this does not encourage caregivers to discuss suicide with their children. Rather, it provides suggestions for what to do if they are concerned about a change in mood in their child and the risk of suicide.
- Tell trainees that caregivers may be worried about the helper speaking with their children about suicide. Remind them of the discussion earlier in the training: it is important to tell caregivers that helpers are trained to discuss and manage situations where adolescents have suicidal thoughts or intentions.
- Reassure caregivers that talking to adolescents about suicide, when trained to do so, does not increase the likelihood of it occurring. Rather, it helps to identify if an adolescent is suffering and provides the support needed.

Training activity 6.8: Responding to feelings in caregiver session 1 (facilitation practice 18 & 19)

Objective	Time	Materials	Link with intervention manual
To practise how to teach active listening to caregivers	40 minutes	<ul style="list-style-type: none"> • Large flipchart and marker (for noting ideas from discussion) • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 6. Caregiver session 1

1. Introduce the active listening.

For example, say:

“We are going to learn about an important skill called active listening. This is a type of communication that can be used to show attention, care and compassion and is helpful when responding initially to an adolescent who is experiencing distress.”

2. Inform trainees that caregivers learn about active listening in the first caregiver session and explain how it can be a tool for them to use with their child.
3. Explain that the next two facilitation practices introduce active listening to caregivers through a group activity and a role-play exercise.



**Facilitation practice 18 (10 minutes) and 19 (10 minutes):
Responding to feelings (20 minutes in total)**

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual:

- Trainee 1: Caregiver activity 1.6. Responding to feelings: 1. *Group activity: identifying and soothing big feelings* only
- Trainee 2: Caregiver activity 1.6. Responding to feelings: 2. *Role-play: active listening* only

4. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
5. During reflection, additionally:
 - ask trainees to review good examples of active listening by, for example:
 - keeping eye contact;
 - nodding of your head or other culturally relevant head gesture;
 - welcome body posture;
 - sharing similar face feelings;
 - brief verbal indications; and
 - expressing concern.
 - Also ask trainees to reflect on using the role-play method with caregivers.
 - Ask trainees how caregivers might feel about doing a role-play exercise with each other. Remind trainees this is the first time caregivers are invited to do a role-play.

- Discuss (and write down ideas on a large flipchart) what helpers could do to support caregivers who feel hesitant about role-playing.
 - The helper could perform a role-play for the group to demonstrate what is expected of caregivers.
 - Suggest that caregivers discuss what they will do in their role-play before performing it.
 - A helper could act out a role while the caregiver instructs them what to do.

Training activity 6.9: Quality time in caregiver session 1 (facilitation practice 20)

Objective	Time	Materials	Link with intervention manual
To practise how to teach quality time to caregivers	35 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	<ul style="list-style-type: none"> • Chapter 6. Caregiver session 1 • Annex 13. Helpful hints for quality time

1. Introduce quality time.

For example, say:

“Spending quality time together is important for healthy caregiver–adolescent relationships. Quality time means caregivers give their full attention to their child.”

2. Give trainees one minute to remember a time when they were a child and they had quality time with their caregiver (or another adult). For example, playing their favourite game, sharing stories, drawing together, reading together, having a cuddle, going for a walk, etc.
3. If they cannot recall a time when they were a child, ask them to think about quality time they shared with a partner, friend or relative as an adult.

- Invite trainees to share their experiences by asking them the following:
 - What made this time so special?
(Help trainees to consider that they had their parent's full attention, they were doing their favourite activity, they had fun).
 - How did quality time make them feel (e.g. special, happy, important, relaxed etc)?
 - Do they remember if the time or activity cost their caregiver a lot of money?
(Quality time with a child often does not need to cost anything).
 - How often did they have quality time with their caregivers? Would they have liked to have it more often? What were the barriers to quality time for their caregiver?
- How might quality time benefit children with big feelings?
 - Example answers:
 - Quality time signals to the adolescent that their caregiver is available for support.
 - Quality time may provide more opportunities for the adolescent to disclose their problems without being asked directly.
 - Quality time provides an opportunity for shared positive experiences between the adolescent and caregiver.



Facilitation practice 20: Quality time (20 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Caregiver activity 1.7. Quality time

4. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
5. During reflection, additionally:
 - explain that if barriers make it impossible for a caregiver to give a child their full attention, then they should be encouraged to give as much attention as they can in a brief moment; and
 - review EASE intervention manual Annex 13: Helpful hints for quality time. Ask trainees to think of solutions to each of the problems listed in the annex. Remind trainees that they do not always need to provide the solutions for caregivers.

Training activity 6.10: Slow Breathing for caregivers (facilitation practice 21)

Objective	Time	Materials	Link with intervention manual
To practise doing Slow Breathing with caregivers	20 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	<ul style="list-style-type: none"> • Annex 5. Calming my Body • Annex 6. Two alternatives to Slow Breathing

1. Explain that:
 - At the end of each caregiver session, you will lead caregivers in practising Slow Breathing.
 - This is slightly different from how you will do it with adolescents.
 - The focus is to let the caregivers experience Slow Breathing rather than teaching the full steps as you do with the adolescents.
 - Remember that if any caregiver has tremendous difficulties with Slow Breathing, you can use the two alternative activities.
2. Explain the reason for teaching caregivers Slow Breathing.

For example, say:

“Caregiving is challenging and even more so when you might be worried or stressed about your child. Slow Breathing can help to alleviate stress and can be a helpful skill to use, especially during stressful interactions with your child. It is also something your child is learning and can be practised together.”

3. Explain that the ending of the caregiver sessions is structured in a similar way to the end of the adolescent sessions, i.e.:
 - a summary of the session.
 - setting home practice (including discussion on how caregivers can remember to do this); and
 - Slow Breathing.



Facilitation practice 21: Ending the session (5 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Caregiver activity 1.8. Ending the session: 3. *Slow Breathing activity to end the session only*

4. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

Training activity 6.11: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. **Recap training day (15 minutes):**
 - Review learning objectives and make sure that all trainees are confident they have been met.
 - Answer any questions or clarify information about the modules taught today.
 - Tell trainees what they will be doing on the next day of training.
2. **Reflection and evaluation activity (5 minutes):**
 - Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).
3. **Home practice tasks:**
 - Ask all trainees to familiarize themselves with caregiver sessions 2 and 3, including the following annexes associated with sessions 2 and 3:
 - Annex 5. Helpful hints for Calming My Body
 - Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills
 - Annex 13. Helpful hints for quality time

- Annex 14. Helpful hints for caregiver home practice
- Annex 15. Helpful hints for alternatives to harsh punishment
- Remind trainees who will be doing facilitation practice on the next training day.
- **If this is a ToT:** Remind trainees who will be doing a teaching practice on the next training day.

Day 7: Caregiver sessions 2 and 3

Day 7. Learning objectives:

1. Understand how to implement key activities in caregiver sessions 2 and 3.
2. Understand how to discuss barriers to quality time.
3. Understand how caregivers can show a genuine interest in their adolescent to boost their confidence.
4. Understand how to give praise and teach this to caregivers.
5. Know how to support caregivers to improve their self-care.
6. Be able to discuss brighter futures, alternatives to physical punishment and self-care with caregivers.

Time (minutes)	Training activity	Materials	Link to intervention manual
15 (before training day)	Preparing “helpers for the day”	Trainee handout 3. Steps for facilitation practice	
30	7.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day	
20	7.2: Children’s strengths (facilitation practice 22)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 6, Caregiver session 2

Time (minutes)	Training activity	Materials	Link to intervention manual
85	7.3: The power of praise (facilitation practice 23, 24 & 25)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 6, Caregiver session 2
15	Break		
20 (if ToT: + 10 for feedback)	7.4: Managing caregivers' resistance to praise (if ToT: teaching practice 5)		
60 (if ToT: + 10 for feedback)	7.5: Importance of alternatives to harsh punishment in caregiver session 2 (trainer demonstration & if ToT: teaching practice 6)	Flipchart paper and pens (for trainer) Paper and pens (for trainees) Annex 3. Instructions for trainer demonstrations	Chapter 6, Caregiver session 2 Annex 15. Helpful hints for alternatives to harsh punishment
25	7.6: Introduce caregiver session 3 (facilitation practice 26)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Annex 14. Helpful hints for caregiver home practice
60	Lunch		
20	7.7: Caregiver strengths in caregiver session 3 (facilitation practice 27)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 6, Caregiver session 3
30	7.8: Caregiver self-care in caregiver session 3	Flipchart paper and pens (two groups)	Chapter 6. Caregiver session 3

Time (minutes)	Training activity	Materials	Link to intervention manual
20 (if ToT: + 10 for feedback)	7.9: Helping caregivers to overcome obstacles to practise the caregiver skills (if ToT: teaching practice 7)	Flipchart paper and pen (for trainer)	Annex 8. Support trainees without telling them the answer Annex 14. Helpful hints for caregiver home practice
30	7.10: Brighter futures in caregiver session 3 (facilitation practice 28)	Annex 2. Instructions for leading facilitation practice Trainee handout 3. Steps for facilitation practice Training form 4. EASE competency assessment	Chapter 6, Caregiver session 3
15	Break		
15	7.11: Prepare for full facilitation practice	Training form 2. Facilitation practice allocation form	
20	7.12: Ending	Trainee handout 4. Daily reflection and feedback form	

Preparing “helpers for the day” (before training day)

1. Encourage “helpers for the day” to review the instructions in the EASE intervention manual relevant to their activity.
 - To prepare for their facilitation practice, refer the trainees to [Trainee handout 3. Steps for facilitation practice](#).
2. Support “helpers for the day” by reminding them that this is a practice and a chance to learn. Use basic helping skills to manage any worries or concerns that “helpers for the day” may have.
3. Ensure that the “helpers for the day” have all the necessary materials for their activity.
4. Support “helpers for the day” by answering any questions they may have about their practice.
5. **If this is a ToT:** Support “trainers for the day” by answering any questions they may have or providing materials they need for their training demonstration.

Training activity 7.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 6 and introduce Day 7	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind them about any important topics that have not yet been reviewed.
3. **Review trainees' home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.
4. **Learning objectives** for today:
 - Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
 - The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
5. Provide an **opportunity for questions** (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 7.2: Children's strengths (facilitation practice 22)

Objective	Time	Materials	Link with intervention manual
To practise supporting caregivers to think about their child's strengths	20 minutes	<ul style="list-style-type: none">• Annex 2. Instructions for leading facilitation practice• Trainee handout 3. Steps for facilitation practice• Training form 4. EASE competency assessment	Chapter 6, Caregiver session 2

1. Introduce caregiver session 2.

For example, say:

“Caregiver session 2 begins with reviews of the caregiver’s home practice and EASE adolescent skills. Home practice review for caregivers relies on discussion and caregivers supporting each other with any difficulties experienced. Helpers should familiarise themselves with the relevant annexes to help facilitate these discussions.”

2. Introduce Caregiver activity 2.3. Children's strengths.

For example, say:

“In session 2, caregivers will be introduced to thinking about their child’s strengths.”

3. Ask trainees to think of a family member and name one strength about that person.
 - Ask some trainees to share their thoughts with the group.
 - Try to elicit a range of action-based strengths or personality/characteristic strengths.
4. Explain that in EASE, children demonstrate strength both in learning and practising the coping strategies and in their own independent personal strengths. The helper’s role is to identify and encourage these strengths in the adolescents. In the same way, helpers will support caregivers in thinking about and identifying their child’s strengths.

5. Ask trainees why it might be important to get caregivers to think about their child's strengths (e.g. to remind them that their child is a person with strengths and not only a person with difficult emotions). This helps to provide a sense of hope.



Facilitation practice 22: Children's strengths (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual: Caregiver activity 2.3. Children's strengths

6. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

Training activity 7.3: The power of praise in caregiver session 2 (facilitation practice 23, 24 & 25)

Objective	Time	Materials	Link with intervention manual
To practise how to teach the power of praise to caregivers	85 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Chapter 6, Caregiver session 2

7.3.1 Introduce the power of praise (15 minutes)

1. Explain what praise is.

For example, say:

“Praise is describing behaviour or efforts in a positive way. Praise encourages a favourable behaviour and can help with improving mood. Children and adolescents love their caregivers to show genuine praise.”

2. Define praise.

For example, say:

“Praise is showing admiration or approval of a person’s efforts or behaviour. It has the effect of encouraging good behaviour in adolescents. That means, the more a caregiver praises a child for a specific behaviour, the more likely it is they will continue doing it. The child does not have to succeed in what they are trying to do in order to receive praise. Caregivers can praise a child’s efforts to do something, as well as their accomplishments.”

3. Explain there are key ingredients to giving praise:
 - Clearly describe the behaviour and show approval (e.g. “I love it when...”, “It’s great to see you...”).
 - Praise a child’s efforts and not just their accomplishments or what they achieve.
 - Give praise as soon as possible and phrase the praise positively.
4. Give an example of giving effective praise (or role-play this) for the following scenario: an adolescent has just helped their younger sister to put on her sandals before the family goes out.
 - Example 1: *“It is great to see you help your sister tie her shoes and help us to get out of the house.”*
 - Example 2: *“That was kind and helpful of you to help your sister. I really love to see this.”*
5. Give examples of ineffective praise for same scenario as above.
 - Example 1: *“Good girl, thanks!”*
 - Example 2: *“It’s good you did this because often you don’t help your sister.”*
6. Ask trainees to identify the differences between the examples of praise.
7. Ask what impact effective praise may have on the adolescent and why it is important to be specific and to express approval.
 - For example, effective praise:
 - helps to support an adolescent’s confidence and sense of self;
 - models how to talk positively and kindly to others, so that adolescents learn to think positively about themselves;

- helps an adolescent to recognize feelings of being proud or satisfied in themselves;
- communicates that the caregiver is attentive and responsive to the adolescent, helping to strengthen feelings of trust; and
- helps adolescents understand exactly what they did well.

7.3.2 Trainees practising giving praise (15 minutes)

1. The trainers will act out these scenarios one by one:
 - one trainer is drawing a picture;
 - one trainer is helping the other to tie their shoelace;
 - the trainers are quietly playing a game together.
2. Explain that, for each scenario, trainees should observe the behaviour for a minute and think about one aspect of the behaviour they can praise the trainer for.
3. Tell the trainees that for each scenario there might be several things that can be praised so you will invite two to three trainees to give their examples of praise for each scenario.
4. Remind trainees that they can praise the person's efforts to do something and not just their accomplishments.
5. Give feedback on the trainees' praise statements.
6. Review the activity with the trainees to check understanding.

7.3.3 The power of praise in caregiver session 2 (55 minutes)

1. Introduce the next facilitation practice on the power of praise.

For example, say:

"In the second session with caregivers, helpers will first explain what praise is and will discuss caregivers' experiences of using praise. The caregivers will be invited to share stories of when they have been praised for something. This will help caregivers to understand how they feel about praise and to be curious about how it can potentially benefit self-esteem."



Facilitation practice 23 (5 minutes), 24 (10 minutes), and 25 (20 minutes): The power of praise (35 minutes in total)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice](#)

Link to intervention manual

- Trainee 1: Caregiver activity 2.4. The power of praise: 1. *Discuss caregivers' experience of receiving praise only.*
- Trainee 2: Caregiver activity 2.4. The power of praise: 2. *Explain the three key points when giving praise only.*
- Trainee 3: Caregiver activity 2.4. The power of praise: 3. *Do a role-play group activity and 4. Have a group discussion only.*

2. Feedback and reflection (20 minutes).

- **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

3. During reflection, additionally:

- Be sure to ask why some caregivers may have difficulties with this activity.
- Cover the points in the *Notes for helper before starting discussion*:
 - Worry that child will become more disruptive or spoilt.
 - Worry that child will do something only to receive praise from another and not because they really want to do it.
 - It is difficult to give praise if you have not received it.
 - Children may find the activity is strange.

Training activity 7.4: Managing caregivers' resistance to praise (if ToT: teaching practice 5)

Objective	Time	Materials	Link with intervention manual
To reflect on and practise how to respond to caregivers who display resistance to giving their children praise	20 minutes (if ToT: + 10 for feedback)		

1. Introduce caregivers' resistance to praise.

For example, say:

"Some caregivers might show resistance to praising their children's efforts. These include reasons that have previously been discussed but can also include cultural and familial differences in parenting."

2. Tell the group you will now read out a response a caregiver might give when talking about giving praise: *"Praise is not something we do in our culture. It is very foreign and not good for our children. It is important for our children to work hard so they do not end up in poverty. So, it is our job to push them hard to stay in school, study and do well in life. If we praise them, they will become lazy."*
3. Reflect on this situation:
 - Discuss the potential reasons for this caregiver's resistance.
 - Using your basic helping skills, how could the helper initially respond to this caregiver? Brainstorm ideas for how to manage the caregiver's resistance to help them possibly try out the skill. Examples include:
 - Invite the caregiver to try out this alternative way of praise and report back on motivation of their child.
 - Gently enquire with open questions whether the caregiver would be willing to learn and try out some alternatives to see if they work well for their family. Then they can then choose which skills they would like to use.
 - Base your knowledge on research: *"We know from research that, if this type of praise is applied consistently, it can make a big difference to the well-being of children. They are more likely to keep trying, they are more likely to repeat the behaviour you want them to repeat. So it is an idea that I am sharing with you, and it is up to you how you would like to use this idea."*

- Option to role-play some of the trainees' ideas.
- Provide a summary that includes the following key information:
 - It is important to respect the caregiver's perspective.
 - Do not force any views on a caregiver.
 - Validate their perspective and offer them your alternative perspective (i.e. why trying this skill could be helpful and would not result in their feared outcome).
 - Invite the caregiver to try out the skill and report back on their experience.

Training activity 7.5: Importance of alternatives to harsh punishment in caregiver session 2 (trainer demonstration & if ToT: teaching practice 7)

Objective	Time	Materials	Link with intervention manual
To practise how to teach the importance of using alternatives to harsh punishment	60 minutes (if ToT: + 10 for feedback)	<ul style="list-style-type: none"> • Flipchart paper and pens (for trainer) • Paper and pens (for trainees) • Annex 3. Instructions for trainer demonstrations 	<ul style="list-style-type: none"> • Chapter 6, Caregiver session 2 • Annex 15. Helpful hints for alternatives to harsh punishment

7.5.1 Alternative to harsh punishment (25 minutes)

1. Introduce alternatives to harsh punishment.

For example, say:

"In the second caregiver session, helpers will discuss alternatives to the use of discipline that involves refraining from hitting, threatening, beating up, locking up a child or yelling, screaming or calling the child insulting names."

2. Invite trainees to try to notice privately how they feel as we discuss this topic (but there is no need to share it with the group now as we shall reflect on this later). Acknowledge that for many people, and probably for many caregivers, talking about this topic may bring up some strong feelings.

3. Ask trainees to form pairs with the person sitting beside them and together think about the different feelings that caregivers may have when discussing this topic during the second caregiver session.
 - Ask the pairs to write down as many possible feelings and thoughts that a caregiver may have in response to discussing this topic.
 - Invite the pairs to share one possibility each.
 - If not covered by the trainees, ensure that the feelings below are covered:
 - anger (towards the helper for talking about this subject, or anger felt towards another person etc);
 - fear (of having done the wrong thing, or harming their child, or of getting into trouble from the helper); and
 - shame (about how they have been disciplining their child).
4. Close this activity by reinforcing the idea that this topic is likely to evoke strong feelings among caregivers and needs to be undertaken sensitively.
5. Ask trainees to consider why caregivers might use this type of discipline?
6. Invite a volunteer to write the answers provided by the group on a flipchart. If the following examples are not covered, try to ask the trainees some further questions to help cover these points:
 - This is how caregivers were parented (see trainer's tip below).
 - Harsh discipline can appear to work. In the short term it can stop certain behaviours in the child.
 - Caregivers feel they need to do something to address their child's misbehaviour.
 - Caregivers are stressed and respond to help manage their own strong emotions.
 - Caregivers do not know other strategies.
 - Caregivers believe that it will lead to better behaviour in their children.
 - Caregivers believe that it will not lead to negative consequences or harm.
 - Caregivers view these kinds of discipline as acceptable within their own community, educational, social and family networks.



Trainer's tip

What do you do if a caregiver says that they experienced this type of discipline when growing up and “they turned out alright”:

Tell trainees not to disagree.

Instead, use this as an opportunity to build trust between the caregivers and helpers.

Respond without judgement, saying something like: *“Yes, for some people, it was very common to experience this. I think it’s very likely that your caregivers were trying to do the best for you, just as I think you are for your child.”*

Remind trainees to discuss this with their supervisor, ensuring that concerns or worries about an acute protection issue are covered.

You can also use an analogy, saying: *“In our community we used to use horse and wagon to get around and now we use motorbikes and cars. Things evolve and change over time.”*

7. Given the possible reasons that might explain why caregivers may use harsh discipline, ask trainees to think of as many ways as possible for a helper to support caregivers when talking about this topic.

Make sure that the following examples are covered:

- the helper does not communicate negative judgement (verbally or non-verbally);
- the helper does not force their view;
- the helper invites caregivers to think about different ways of doing things;
- the helper acknowledges the caregiver’s view, and gently inquires whether they would be willing to learn and try out some alternatives, providing the caregiver with choices about how they can parent in different situations;
- the helper tries to support and motivate caregivers to keep in mind the benefits of trying out these different ways of parenting (e.g. trying out and practising active listening, quality time, praise and alternatives to misbehaviour); and
- the helper reassures caregivers that they will need to allow time and repeated practice before they may notice any changes.



Trainer's tip

Some trainees may have different opinions about the use of physical discipline and some caregivers may also have different opinions. It is important for trainers to model how to be non-judgemental when a trainee shares their opinions.

Trainers might need to emphasize the importance of helpers putting aside their own opinions and values and adhering to the message that EASE presents about discipline. If there are concerns, trainers can speak to trainees privately about this.

7.5.2 Possible long-term impacts on adolescents (20 minutes)

1. Ask trainees to come up with possible long-term impacts on the adolescent when a caregiver uses these forms of discipline.
 - Write down the headings “physical”, “emotional”, “behavioural”, “social/relationships” and “education”.
 - Invite a volunteer to write the group’s answers under these headings.
2. If the following examples are not included, then please add:
 - Physical: bruising, lacerations, fractures, brain damage, disability.
 - Emotional: greater emotional difficulties including depression, anxiety, anger, feelings of shame and guilt (in both child and caregiver), poor self-esteem.
 - Behavioural: difficulties with eating, sleeping, behaviour the caregiver wants the child to do may continue (e.g. the child continues to not help with chores), adolescent may engage in risky behaviours (drinking alcohol, drug use, being aggressive or violent towards others).
 - Social/relationships: adolescent may fear the caregiver and may find it difficult to feel safe with others, adolescent may use these same forms of discipline (yelling, hitting, etc.) when communicating with peers/others.
 - Education: poor school performance.
3. Ask trainees to brainstorm alternative methods of discipline that do not involve physical or harsh punishment.
4. If the following examples are not included, then please add:
 - Try to connect with the child. Encourage caregivers to be curious about what the child is feeling and what is happening to them. This provides an opportunity for the child to feel understood by their caregiver and the misbehaviour may reduce.
 - Help the child to consider their own feelings and behaviour. Encourage caregivers to be curious about why the child has done the misbehaviour and how they feel about it. Try to understand if the adolescent can come up with an alternative that would be more acceptable to both the caregiver and adolescent.

- Find a strategy to feel better able to speak with the child calmly. It is common for caregivers to feel big and strong feelings in response to their child's behaviour, and it is important that they allow themselves space for noticing their feelings and then managing them in a way that helps them respond to their child more calmly.
 - Calmly state what you want the child to stop doing, what to do and why. Use a neutral voice (e.g. *"Please stop hitting your brother, it is not OK to hurt other people. Can you please continue to play the game without hurting him? If you don't feel this is possible, then keep some space from each other"*).
 - Devise home rules with the child and make sure the child and caregiver understand the rules. The rules should be reasonable given the child's age and should be consistently enforced.
 - If the behaviour continues even when the above ideas have been used, then ignore repetitions of silly or harmless behaviours by the child (e.g. this could be the child talking too loudly or speaking without using manners).
 - Caregivers can model appropriate behaviour that they wish to see in their child (e.g. speaking nicely to others, tidying up).
 - Use of logical consequences (e.g. the child has to help clean up or fix something that they damaged once they are feeling calm enough to do so).
5. Go through the examples in [Box 17](#) and ask what suggestions trainees may have for caregivers to respond.

Box 17. Examples of adolescent behaviours and possible caregiver responses

Example	Example suggestion to include if not covered by the trainees
Your child is playing with a group of friends at your house. She is becoming increasingly aggressive, yelling with her friends, and playing games involving rough play. You have asked her to stop, but she seems to be continuing. What can the caregiver do?	<p>Try to start with a conversation.</p> <p>The caregiver may calmly ask to speak with their child privately, and then asks how the child is feeling and what is happening while she is with her friends.</p> <p>The caregiver may also decide to share their own feeling of worry about what might happen if the child continues to play aggressively (e.g. she may get hurt, her friends may not want to come over for a play again).</p>

Example	Example suggestion to include if not covered by the trainees
Your child has not been doing his household chores after school. What could the caregiver do?	<p>Try to start with a conversation.</p> <p>The caregiver may calmly ask their child how he is feeling when he comes home from school (e.g. perhaps the child has had some difficult experiences at school and is feeling tired, annoyed or sad). The caregiver could ask the child if he remembers the household chores he has been asked to do, and if he feels able to manage doing this. The caregiver and the child may decide to consider ways for the child to feel that the household chores are manageable.</p>
Your child is out with friends and is not home at the time that was agreed. What could the caregiver do?	<p>Try to start with a conversation.</p> <p>The caregiver may calmly phone their child to ask if they are OK, or if they are experiencing any difficulties with getting home.</p> <p>Once the child is home, the caregiver could have a more in-depth conversation to try to understand what their child is feeling now (that they are home late) and also how they were feeling when they were out with their friends, and what was happening that may have led to their child coming home late (e.g. did they forget, were they worried about what their friends might think, were they angry about the time agreed and did not want to come home at this time, etc.). The caregiver and the child may decide to resolve the issue jointly so that the child is able to come home on time the next time they are out with friends.</p>

6. Explain that there may be situations where a caregiver disagrees about stopping the use of physical or harsh discipline.
7. Different countries and cultures have different rules about acceptable caregiver practices. In some countries, it may still be socially acceptable and legal for corporal punishment or harsh punishment to continue in the home. Corporal punishment refers to hitting, punching, kicking or beating a child.

8. Tell trainees that, if they are ever concerned as a helper, they should discuss this with their supervisor.
9. Tell trainees that, in these circumstances, they should respond firmly and kindly and state that EASE will always recommend alternative forms of discipline to these examples.
 - For instance: *"I have heard that you have found hitting your child an effective form of discipline. However, in this intervention we will always encourage caregivers use alternative nurturing forms of discipline. This is because a lot of research has shown us that these forms of discipline are more effective."*
10. Briefly review EASE intervention manual Annex 15 – Helpful hints for alternatives to harsh punishment. Cover the following:
 - What to do if a caregiver disagrees with you and thinks harsh discipline is acceptable?
 - What to suggest if a caregiver asks about other ways to discipline their child?

7.5.3 Trainer demonstration on Caregiver activity 2.5 Alternatives to harsh punishment (15 minutes)



Trainer demonstration: Alternatives to harsh punishment (10 minutes, or they can do this in pairs)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

Link to intervention manual: Caregiver activity 2.5. Alternatives to harsh punishment (whole activity except 5. *Invite caregivers to ask any questions and problem solve challenges as a group*)

1. Explain to trainees that this whole caregiver activity lasts 20 minutes. However, to allow caregivers 10 minutes to ask any questions and resolve challenges as a group at the end, the first part of the activity should be 10 minutes only.

Training activity 7.6: Introduce caregiver session 3 (facilitation practice 26)

Objective	Time	Materials	Link with intervention manual
To practice delivering the home practice review with caregivers	25 minutes	<ul style="list-style-type: none"> • Annex 2. Instructions for leading facilitation practice • Trainee handout 3. Steps for facilitation practice • Training form 4. EASE competency assessment 	Annex 14. Helpful hints for caregiver home practice

1. Introduce caregiver session 3.

For example, say:

“Like session 2, caregiver session 3 begins with a review of the caregiver’s home practice and the recent EASE adolescent skills.”

2. Explain that there will now be a facilitation practice of the home practice review of caregiver session 3, which is similar to the review of home practice of caregiver session.



Facilitation practice 26: Review home practice (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice.](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice.](#)

Link to intervention manual: Caregivers activity 3.1. Welcome and review home practice: 2. *Review home practice only.*

3. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.
4. During reflection, additionally:
 - Remind trainees about EASE intervention manual Annex 14: Helpful hints for caregiver home practice.

Training activity 7.7: Caregiver strengths in caregiver session 3 (facilitation practice 27)

Objective	Time	Materials	Link with intervention manual
To practice how to deliver caregiver strengths to caregivers	20 minutes	<ul style="list-style-type: none">• Annex 2. Instructions for leading facilitation practice• Trainee handout 3. Steps for facilitation practice• Training form 4. EASE competency assessment	Chapter 6, Caregiver session 3

1. Introduce caregiver strengths.

For example, say:

“EASE seeks to support and enhance the existing strengths in adolescents and caregivers to help people identify their own inner resources that they can draw upon in adverse or difficult circumstances. In session 3, caregivers will learn about personal strengths and will begin to identify their own personal strengths.”



Facilitation practice 27: Caregiver strengths (10 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice.](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice.](#)

Link to intervention manual: Caregiver activity 3.3. Caregiver strengths.

2. Feedback and reflection (10 minutes)
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

Training activity 7.8: Caregiver self-care in caregiver session 3

Objective	Time	Materials	Link with intervention manual
To learn how to teach caregiver self-care	30 minutes	Flipchart paper and pens (two groups)	Chapter 6. Caregiver session 3

1. Introduce caregiver self-care.

For example, say:

“To enable caregivers to support their child’s well-being, caregivers need to look after their own emotional and physical health.”

2. Explain that the state of a caregiver’s mental health has a strong impact on their capacity to look after and support their child and can also affect the child’s well-being.
3. Caregiver session 3 acknowledges this and lays the foundations for supporting caregivers to look after themselves.
4. Discuss caregiver distress.

For example, say:

“What are some signs that a caregiver is stressed or not coping and therefore may not be able to support their adolescent?”

5. Ask trainees to think about what their own signs of stress are when considering answers.
Answers might include:
 - changes in their sleep and eating patterns (either an increase or decrease);
 - stopping exercising or engaging in usual activities without reason;
 - reduced socializing;
 - anxiety;
 - anger or sadness;
 - body sensations that are not caused by medical or physical problems (e.g. headaches); and
 - increased irritability and having arguments with others (e.g. children).
6. Divide trainees into two groups (group 1 and group 2).
7. The trainer reads the story from Caregiver activity 3.4. Caregiver challenges and self-care: 2.
Read and discuss story.
8. Highlight the fact that looking after one’s emotional and physical health is an important part of caregiver self-care. Explain that they will now brainstorm ideas to support Fatima’s and Aban’s health.
9. Tell group 1 to brainstorm ideas that could be helpful to support Fatima’s and Aban’s physical health.
10. Tell group 2 to brainstorm ideas that could be helpful to support Fatima’s and Aban’s emotional health.
11. Give them 5 minutes to consider their ideas and write their responses on a flipchart paper.
12. Then return to the larger group. One person from each group will present their ideas. Ensure that the following self-care skills are covered if not mentioned by the trainees:
 - sleep/rest (e.g. trying to have a good night’s sleep);
 - diet (e.g. trying to eat healthy meals when food is available);
 - social activity (e.g. talking and listening to friends or family);
 - enjoyable/rewarding activity (e.g. sitting to slowly drink a cup of tea);
 - calming/soothing activity (e.g. Slow Breathing or other relaxation exercises);
 - saying something to themselves to encourage coping and strength (e.g. “*I will get through this*”);
 - use of humour or other personal strengths (e.g. trying to see a funny or bright side, taking a moment to pause and think before acting or speaking when feeling stressed in a care-giving situation);
 - spiritual practices (e.g. praying).

13. Review step-by-step caregiver activity 3.4 on “Caregiver challenges and self-care” with the whole group or ask trainees to role-play section 3 in pairs.
 - Introduce the need for caregivers to practised self-care.
 - Read and discuss the story.
 - Discuss personal challenges.
14. Provide an opportunity for trainees to ask questions, including about any concerns they may have in delivering this topic.
 - Remind trainees that they will need to pay attention to any unhelpful coping strategies that caregivers mention.
 - If the trainees think any caregivers may benefit from additional support, highlight that the trainees should talk to their supervisor first about what services might be needed and how they could be offered.



Trainer's tip

Highlight how helpers can support caregivers with practicing self-care:

- Ask caregivers how they plan to include self-care in their daily routine.
- Motivate caregivers by explaining that caregivers are role models to their children. When caregivers look after themselves, this encourages their children also to learn how to do this.
- Invite caregivers to give themselves permission to take care of themselves.

Training activity 7.9: Helping caregivers overcoming obstacles to practise the caregiver skills (if ToT: teaching practice 7)

Objective	Time	Materials	Link with intervention manual
To learn how to support caregivers in overcoming obstacles in home practice	20 minutes (if ToT: + 10 for feedback)	Flipchart paper and pen (for trainer)	<ul style="list-style-type: none"> Annex 8. Support participants without telling them the answer Annex 14. Helpful hints for caregiver home practice

1. Introduce not giving direct advice.

For example, say:

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

2. Explain that sessions 2 and 3 start with reviewing home practice.
3. Explain that many caregivers will find it difficult to practice regularly the skills they learn in the caregiver sessions (active listening; quality time; slow breathing; and praise).
4. After teaching each skill, helpers should ask caregivers to consider some difficulties associated with regularly practicing these skills.
5. Explain that helpers should lead discussions that help caregivers to brainstorm some potential solutions to these obstacles.
6. Discuss the importance of not giving direct advice to caregivers:

For example, say:

“The most common mistake helpers make is **giving caregivers direct advice** on how to overcome an obstacle. Caregivers are more likely to change their behaviour if they believe they have come up with an ideal solution. So, it is very important that helpers are good at using questions and statements that help caregivers think of their own solutions.”

(Refer to EASE intervention manual Annex 8: Support trainees without telling them the answer)

7. Discussion: Identifying obstacles (10 minutes)
 - Write the four caregiver skills for home practice on a flipchart and display: active listening; quality time; slow breathing; and giving praise.
8. Discuss caregiver difficulties in practicing skills with their child.

For example, say:

“What are some obstacles or difficulties caregivers might have in practising the skills regularly with their children?”

Write their responses on a new flipchart. For example:

- time (caregivers are too busy);
- forgetfulness;
- they might feel too tired;
- the caregiver’s mental health problems (e.g. depression);
- they might feel uncomfortable because they have never practised these skills before;
- they might think their adolescent will not like them practising these skills;
- the caregiver might think their child does not deserve the caregiver to act positively towards them.

9. Review (in a few minutes) EASE intervention manual Annex 14: Helpful hints for caregiver home practice.

Training activity 7.10: Brighter futures in caregiver session 3 (facilitation practice 28)

Objective	Time	Materials	Link with intervention manual
To practice delivery of Brighter futures to caregivers	30 minutes	<ul style="list-style-type: none">• Annex 2. Instructions for leading facilitation practice• Trainee handout 3. Steps for facilitation practice• Training form 4. EASE competency assessment	Chapter 6, Caregiver session 3

1. Ask trainees to recall the key ideas of Brighter futures during the adolescent session 7 (the final session).
2. Answers should reflect the following key concepts:
 - Adolescents will experience practical problems and unpleasant feelings and physical sensations in the future.
 - If adolescents practise the EASE skills after the intervention has finished, this can support them in managing these problems, so that the problems do not become too strong and interfere with daily functioning and well-being in the future.
3. Ask why it might be important for caregivers also to discuss the idea of Brighter futures for their child and themselves at the end of EASE. Cover the following if not mentioned by the trainees:
 - for caregivers to feel prepared to help their child to stay well now and in the future;
 - to learn what to expect in the future with their child's emotional health and well-being (e.g. adolescents are likely to experience big feelings and body sensations in future);
 - to learn important warning signs that their adolescent is not coping well with emotional or practical problems;
 - to improve the caregiver's confidence in managing problems that may arise in the future (e.g. problems their adolescent encounters or problems the caregiver has).



Facilitation practice 28: Brighter futures (15 minutes)

Instructions for trainees: [Trainee handout 3. Steps for facilitation practice.](#)

Instructions for trainers: [Annex 2. Instructions for leading facilitation practice.](#)

Link to intervention manual: Caregiver activity 3.5. Brighter futures.

4. Feedback and reflection (10 minutes).
 - **If this is a ToT:** Invite one trainee to provide feedback on EASE competencies and one trainee to provide feedback on fidelity.

Training activity 7.11: Prepare for full facilitation practice

Objective	Time	Materials	Link with intervention manual
To prepare for full facilitation practice	15 minutes	Training form 2. Facilitation practice allocation form	

1. Congratulate the group for having gone through the full EASE intervention together.
2. Explain how full facilitation practice works on days 9 and 10 of training, using the guidance below:
 - The full facilitation practice days are dedicated to doing facilitation practices of entire sessions in EASE. This enables trainees to experience running a whole session before they conduct the in-field practice cycles, and allows them to experience how much preparation is involved.
 - The full facilitation practice days are also an opportunity for trainers to review sections of EASE (e.g. parts that were missed, not highlighted sufficiently or that need to be revisited).
 - The practices can be conducted with one helper or you may wish for trainees to practise having a lead helper with a co-helper who supports with logistics and helps with small group discussions and managing the group.
 - Make sure at the end of the training that every trainee has facilitated (sections of) a session for adolescents and caregivers. This can be covered in the facilitation practices on training days 3 to 7 and in the full facilitation practices on training days 9 and 10.

3. **Note for the trainer:** The full facilitation practice can cause confusion as it may be quite different from anything that trainees may have experienced before. It is your job as the trainer to prepare trainees for the full facilitation practice and support them to get as much out of the experience as possible.
4. Introduce the full facilitation practice and share [Training form 2. Facilitation practice allocation form](#), section 2.2.
5. Ask trainees to sign up for the full facilitation practice or allocate the trainees to the full facilitation practice and inform them about the schedule.



Trainer's tip

Assigning trainees to the full facilitation practice:

1. Be deliberate with the sessions you assign to trainees for the full facilitation on the basis of the trainees' needs. Assign a session that will help the trainees to advance if they need additional practice (e.g. leading a certain adolescent skill or communicating with caregivers).
2. Assign a co-helper to support the helper. The co-helper can provide support by:
 - drawing on the flipchart as needed and supporting with EASE material;
 - keeping track of the time;
 - monitoring the group relationships; and
 - identifying participants who might be having difficulties understanding the information.

Organizing the time:

1. It is not necessary to use 90 minutes for each facilitation practice. Running through a whole adolescent or caregiver session in 45 minutes might already be sufficient for the trainee to demonstrate the skills and run through the protocol.
2. This can be achieved by keeping any activities or discussions in EASE to a minimum where possible – e.g. if a discussion is for 20 minutes, the helper could do it for 10 minutes. Trainers may need to give support by keeping activities or discussions to time without interrupting the facilitation practice too much.
3. If there are more than 10 trainees (and multiple trainees have to facilitate the same session), the sessions are divided into 45-minute segments.

4. As with the facilitation practices on days 1 to 7, trainers (and pairs of trainees if this is a ToT) should use the EASE competency assessment ([Training form 4. EASE competency assessment](#)) during the full facilitation practice.
 - For background, see Part A, section 1.6: Competency-based assessments in EASE.
 - It is recommended that one trainer conducts the EASE competency assessment and another trainer conducts the fidelity checklist during each full facilitation practice. Feedback should be provided to the trainee using the EASE competency assessment and the fidelity checklist.
 - The purpose of the fidelity checklist is to assess accurate delivery of intervention components for EASE (a manualized intervention) by trainees. The checklist also provides a framework for providing feedback to trainees as they practice delivering EASE.
5. Full facilitation practice is also an opportunity for trainers to review specific sections (e.g. when it seems that a specific section in the manual or a specific EASE skill is unclear).

Training activity 7.12: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	20 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (5 minutes):

- Review the learning objectives and make sure all trainees are confident they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to the questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Review EASE intervention manual Chapter 4 on Assessments.
- Review EASE intervention manual Annex 1 on Managing disclosures of abuse and managing suicide risk.

Day 8: Determining risk and doing EASE assessments

Notes for trainer:

- If organizations decide that assessors will conduct the pre- and post-intervention assessments and helpers will not take on this role, trainees need to complete only sections 8.1, 8.2, 8.3 and 8.5. Enumerators/assessors (referred to as assessors in this document) must be trained on section 8.4 before conducting the pre- and post-intervention assessment.
- If organizations decide that assessors will conduct the pre- and post-intervention assessments, they need first to be trained in basic helping skills.

Day 8. Learning objectives:

1. Identify how to assess and monitor thoughts of self-harm and suicide.
2. Identify how to manage disclosures of abuse and how to respond safely.
3. Understand how to conduct EASE assessments.
4. Use the knowledge learned thus far on EASE during a full review of the content.

Time (minutes)	Training activity	Materials	Link to intervention manual
30	8.1: Recap	Flipchart paper and pen for the learning objectives Group rules poster (from Day 1) Annex 1. Activities to review previous day	
65	8.2: EASE assessment and assessing and monitoring thoughts of self-harm and suicide	Training form 4. EASE competency assessment (Safe identification of child abuse, exploitation, neglect, violence & self-harm)	Annex 1. Managing disclosures of abuse and managing suicide risk Chapter 4, Table 3. Assessment of imminent risk of self-harm or suicide
15	Break		

Time (minutes)	Training activity	Materials	Link to intervention manual
85	8.3: Managing disclosure of abuse	Training form 4. EASE competency assessment (EASE adolescent competency: Safe identification of child abuse, exploitation, neglect, violence & self-harm) Trainee handout 5. Case studies for safe identification of abuse, exploitation, neglect, violence & self-harm	Annex 1. Managing disclosures of abuse and managing suicide risk
60	Lunch		
265	8.4: EASE assessments	Extra copies of the Paediatric Symptom Checklist (PSC-17) ³	Chapter 4. Assessments
15	Break		
60	8.5: Review of whole intervention	Annex 4. Jeopardy game Optional: projector Timer	
10	8.6: Ending	Trainee handout 4. Daily reflection and feedback form	

3 Or you could use another measure selected by the organization for which you are training.

Training activity 8.1: Recap

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of Day 7 and introduce Day 8	30 minutes	<ul style="list-style-type: none"> • Flipchart paper and pen for the learning objectives • Group rules poster (from Day 1) • Annex 1. Activities to review previous day 	

1. **Welcome** trainees.
2. **Review previous day:**
 - Invite trainees to share with the group the key concepts, content or exercises from the previous day. Use [Annex 1. Activities to review previous day](#) for ideas on how to review.
 - Remind them about any important topics that have not yet been reviewed.
3. **Review trainees' home practice** from the previous day and invite volunteers to briefly share their reflections, key takeaways, and examples of how they applied the EASE skills.
4. **Learning objectives** for today:
 - Introduce the learning objectives for today. Display them on a flipchart (write them out beforehand).
 - The learning objectives should be displayed to the group and read aloud at the beginning of each day and then reviewed at the end of each day.
5. Provide an **opportunity for questions** (if there is sufficient time, conduct role-plays to demonstrate or rehearse skills if this is appropriate, as opposed to giving direct answers).

Training activity 8.2: EASE assessment and assessing and monitoring thoughts, plans, and acts of self-harm and suicide

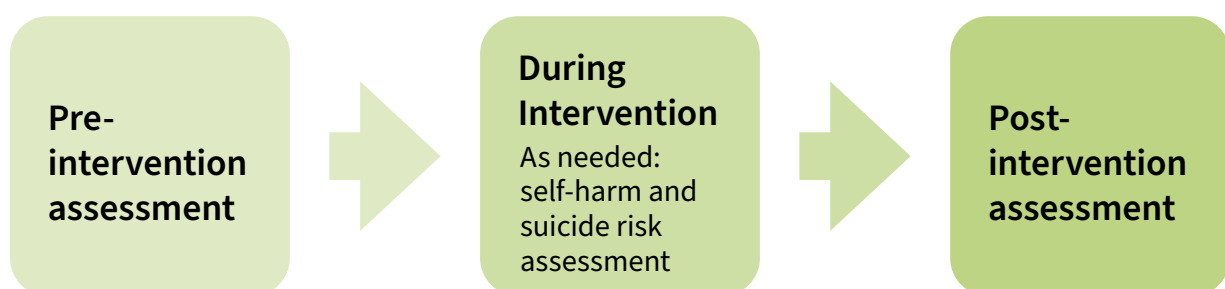
Objective	Time	Materials	Link with intervention manual
To identify how to assess and monitor thoughts, plans, and acts of self-harm and suicide	65 minutes	Training form 4. EASE competency assessment (Safe identification of child abuse, exploitation, neglect, violence & self-harm)	<ul style="list-style-type: none"> Annex 1. Managing disclosures of abuse and managing suicide risk Chapter 4, Table 3. Assessment of imminent risk of self-harm or suicide

1. Let trainees know that the upcoming activity covers a potentially distressing topic and that it is OK for trainees to step out from the training to go for a short walk, get a glass of water, etc., if they feel distressed.

8.2.1 Assessments in EASE (5 minutes)

1. Draw the order of assessments and sessions on a flipchart paper (see an example in [Figure 7](#)).

Figure 7. Order of EASE assessments



2. Explain that Chapter 4 of the EASE intervention manual covers EASE assessments.
3. To decide whether EASE is a suitable intervention for an adolescent, the adolescent and their caregiver should complete an assessment before taking part in the intervention. This is called the pre-intervention assessment.

4. While delivering EASE sessions, assessments are not conducted. However, if a situation arises where a participant shows signs of self-harm or suicidal risk, the helper may need to conduct a risk assessment. Later in the training, you will review when and how to carry out this assessment.
5. To evaluate whether or not EASE was beneficial for the adolescent, the adolescent and their caregiver should again complete an assessment after the intervention. This is called the post-intervention assessment.
6. Continue by saying that adolescents may be referred to EASE through different pathways, depending on the setting. For instance, health professionals, social workers, teachers or people in the community may be able to refer adolescents to EASE.

8.2.2 Assessing and monitoring thoughts of self-harm and suicide (20 minutes)

1. As part of the pre-intervention assessment, adolescents will complete an assessment of imminent risk of self-harm or suicide.⁴
2. Before discussing the EASE pre-intervention assessment in full, we will first cover the assessment and monitoring of thoughts of self-harm and suicide and how to respond to disclosures of abuse.
3. Adolescents or caregivers may disclose suicidal thoughts or intentions during EASE sessions. Helpers must be prepared to assess for imminent risk of self-harm or suicide.
4. **Note:** An assessment of the imminent risk of self-harm or suicide is not given to caregivers during the pre-intervention assessment because the intervention is for adolescents. However, even though an assessment is not given to caregivers, helpers still need to be aware that caregivers may disclose suicidal thoughts or intentions during the sessions. Depending on the measure you will use to assess distress in the caregiver, some questionnaires (e.g. the Patient Health Questionnaire (PHQ-9)) include an item on suicidal ideation.
5. Refer trainees to the assessment of imminent risk of self-harm or suicide in Chapter 4 of the EASE intervention manual. Explain that, if it is determined that an adolescent is at imminent risk of self-harm or suicide, the adolescent should be referred to appropriate services because EASE is not suitable for them, until the risk reduces.
6. If an adolescent expresses thoughts of ending their life during the pre-intervention assessment, yet they are not at **imminent** risk (i.e. based on their answers on the Assessment of imminent risk of self-harm or suicide) and can therefore participate in EASE, it is important to check in with them privately before or after EASE sessions and monitor their thoughts, plans or acts of self-harm or suicide using the questions from Assessment of imminent risk of self-harm or suicide.

4 Suicide and self-harm are defined in the mhGAP Intervention Guide – Version 2.0 as follows: “Suicide is the act of deliberately killing oneself and self-harm is a broader term referring to intentional self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome.”

7. We will discuss guidance for asking about self-harm or suicide today.
8. Chapter 4 of the intervention manual includes an assessment for the imminent risk of self-harm and suicide.
 - Organizations may have their own procedures to assess the imminent risk of self-harm and suicide. If an organization does not use their own procedures for assessing the imminent risk of self-harm and suicide, it is strongly recommended to use the questions outlined in Chapter 4 of the intervention manual.
 - Explain that during EASE sessions, if a situation arises where an EASE participant indicates thoughts, plans or acts of self-harm or suicide, it is important that helpers use the same procedures for assessing the imminent risk of self-harm and suicide as are used in the pre-intervention assessment.
9. It is also possible that adolescents or caregivers may express suicidal thoughts or intentions during EASE sessions that were not disclosed during the pre-intervention assessment. This could be due to feelings of stigma or shame.
 - Explain that many people who experience high distress may have thoughts of self-harm or ending their life at some point.
 - Most people do not want to have these thoughts – they just come into their mind – and the thoughts cause them distress.
10. This training activity will focus on determining the risk of self-harm and suicide in participants and how to respond effectively. Both are very important.
11. Discuss the local perceptions of self-harm and suicide.

For example, say:

“Now we will discuss the local perceptions of self-harm and suicide in your context to help support you to respond appropriately if an adolescent or caregiver is at risk. What are people’s views on self-harm or suicide in your community?”

12. Discuss trainees’ experience of working with people with thoughts of suicide or who made a suicide attempt.

For example, say:

“Can anyone share their experiences of working with people who have had thoughts or plans of suicide or made a suicide attempt?”

“How did you [trainee] cope?”

“What did you [trainee] do in response to a disclosure of suicidal thoughts, plan or suicide attempt?”

13. Discuss the importance of being trained on how to respond to thoughts of suicide.

For example, say:

“There may be times when a participant experiences thoughts of suicide. They might wish they could fall asleep and never wake up or that their life would be taken from them. Most participants may not share this with you because they feel ashamed of having these kinds of thoughts or of having made a suicide attempt, for various reasons. But as helpers you need to be prepared in case a participant does tell you this information.”

14. Ask trainees to share how they might feel if a participant talks to them about thoughts of self-harm or suicide or a suicide attempt.
- Normalize trainees’ responses – e.g. *“It’s understandable and common for helpers to feel nervous or uncomfortable when a participant talks about suicide and self-harm”*.
 - Encourage trainees to share a range of reactions. These could include anxiety, fear, worry, discomfort, anger or having judgemental thoughts.
 - Emphasize to trainees that a big part of their role as a helper is to show compassion and support, even when something goes against their personal values. This can be done by using the basic helping skill “putting aside your personal values (non-judgemental)”. Remind trainees always to discuss with their supervisor any difficulties they are having in putting aside their personal values.

8.2.3 Detecting possible risk for suicide (5 minutes)

1. It is possible that an adolescent did not indicate any risk of self-harm or suicide during the pre-intervention assessments.
2. However, if you notice significant changes in a participant’s mood or behaviour that may indicate risk of self-harm or suicide, you should speak to them privately before or after the EASE session to determine any risk.
3. How can you notice if there may be a risk of suicide that warrants assessment?
 - For instance, compared to how the person has usually presented, the person may now present as more withdrawn, with less eye contact, more quiet, more tearful, or saying things that suggest they feel hopeless at present or hopeless about the future. Or they may have shown signs of low mood in previous sessions and **suddenly** now seem very hopeful. This may be because they have decided to end their life soon and can be a sign of imminent risk.
 - An adolescent or caregiver may disclose their own or someone else’s thoughts, feelings or plans about ending their life or suggesting that others may be better off if they were not around anymore.
 - Helpers do not need to ask every adolescent or caregiver about suicide risk, but only as needed..

8.2.4 Raising the topic of suicide with training participants (5 minutes)

1. Explain that a key action is to raise the topic of suicide and make training participants feel as comfortable as possible and not stigmatized.
2. Ask trainees how they would raise the topic of suicide privately with either adolescents or caregivers.
 - Example of what a helper can say: *“Sometimes when people feel very sad and hopeless about their life, they have thoughts about their own death or even ending their own life.”*
3. Highlight that helpers may feel worried about talking about suicide with adolescents or telling caregivers that they may talk about suicide with the adolescents.
4. Helpers might also feel uncomfortable asking caregivers questions to determine their suicide risk.
5. Explain that it is important to tell caregivers that helpers are trained to discuss and manage situations where adolescents (and caregivers) have suicidal thoughts or intentions. Some caregivers may feel uncomfortable about their children talking about suicide. Highlight that asking about self-harm would not provoke acts of self-harm. It often reduces anxiety associated with thoughts or acts of self-harm and helps the person feel understood. However, try to establish a relationship with the person before asking questions about self-harm.



Trainer's tip

When introducing the topic of suicide and asking someone questions to determine whether they are at risk for suicide, helpers must use direct and simple language. Correct trainees when they use metaphors or ambiguous terms that could lead to confusion about the meaning of what they are asking the participant. Examples of vague questions that may lead to confusion include, *“Are there times when you feel so sad that you just want to go away forever?”*, *“Have you wished that you could go to sleep and not feel these feelings anymore?”*

8.2.5 Determining risk (20 minutes)

1. If you are concerned that a participant (adolescent and/or caregiver) is at risk of suicide, you may initiate a one-to-one conversation in private with the participant.
2. Refer trainees to Annex 1, table A1.1. in the intervention manual. (**Note for trainer:** [Table 7](#) below is the same table.)
3. Review the questions in Table 3. Assessment of imminent risk of self-harm and suicide in Chapter 4 of the intervention manual.
4. Review what the helper/assessor has to do during the pre-intervention assessment if a participant is at risk or at imminent risk for suicide.
5. If, during the EASE sessions, the helper determines that the participant is **at risk** (a history of thoughts or plans of self-harm in the past month, or an act of self-harm in the past year), the helper should follow the steps below:
 - Tell your supervisor after the session.
 - Monitor the person during EASE sessions and ask about their thoughts on a one-to-one basis (e.g. by asking them how they are feeling, if they are continuing to have these thoughts, and if they plan to act on the thoughts).
 - Use your basic helping skills when responding to the person.
 - *“It’s very important that you have told me how you are feeling. These thoughts can happen when things are really difficult. If at any time you feel this feeling is getting worse, or you feel a risk of harming yourself or ending your life, then please make sure you speak to me or contact our clinical supervisor.”*
6. If, during the EASE sessions, the helper determines that the participant is **at imminent risk of suicide** (in case of current thoughts or plan of suicide/self-harm, or in case of a history of thoughts or plan of self-harm in the past month or an act of self-harm in the past year and currently extremely agitated, violent, distressed or lacks communication), the helper should follow the steps below:
 - Contact the supervisor immediately.
 - Do not leave the person alone.
 - Create a secure and supportive environment; if possible, offer a separate, quiet room while waiting with a helper.
 - Remove any means of harm (e.g. anything they could hurt themselves with).
 - Follow the relevant procedures for your organization.
 - Use your basic helping skills to give them support while you wait for instructions from the supervisor.
 - *“It’s very important that you have told me how you are feeling. From what you have described to me, I am concerned about your safety. As I mentioned before, if I believe that you are at risk of ending your life, I must contact my supervisor. This is very important, so we can get you the best kind of help for these problems as soon as possible. I also need to tell your caregiver (or name alternative caregiver) what you have told me. Do you have any concerns about me doing this?”*

Table 7. How to respond to participants who disclose thoughts of suicide

Risk	Helper's response	What to say to the person
A person who may be at risk of suicide: with a history of thoughts or plans of self-harm in the past month, or an act of self-harm in the past year.	<p>Tell your supervisor after the session.</p> <p>You will likely be advised to monitor the person during EASE sessions and ask about their thoughts on a one-to-one basis (e.g. by asking them how they are feeling, if they are continuing to have these thoughts, and if they plan to act on the thoughts).</p> <p>Use your basic helping skills when responding to the person.</p>	<p>For example, say:</p> <p><i>"It's very important that you have told me how you are feeling. These thoughts can happen when things are really difficult. If at any time you feel this feeling is getting worse, or you feel a risk of harming yourself or ending your life, then please make sure you speak to me or contact our clinical supervisor."</i></p> <p>[Provide contact details according to the procedures at your site.]</p>
A person who is at imminent risk of suicide: with current thoughts or plan of suicide/self-harm, or a history of thoughts or plan of self-harm in the past month or act of self-harm in the past year and who is now extremely agitated, violent, distressed or lacks communication.	<p>Contact your supervisor immediately.</p> <p>Do not leave the person alone.</p> <p>Create a secure and supportive environment; if possible, offer a separate, quiet room while waiting with a helper.</p> <p>Remove means of harm (e.g. anything they could hurt themselves with).</p> <p>Use your basic helping skills to give them support while you wait for instructions from your supervisor.</p> <p>Your supervisor will support you to follow the relevant procedures for your site. For example, they may assign a named staff member or family member to stay with the person if available. Or ask you to walk the participant to the nearest hospital or primary health care centre.</p>	<p>For example, say:</p> <p><i>"From what you have described to me, I am concerned about your safety. As we mentioned at the beginning of this intervention, if I believe you are at imminent risk of ending your life, I must contact my supervisor. This is very important so we can get you help and keep you safe, as soon as possible. I am going to do this now."</i></p>



Trainer demonstration: Assessing self-harm and suicide (15 minutes)

Instructions for trainer: [Annex 3. Instructions for trainer demonstrations.](#)

1. Conduct a 10-minute demonstration with one trainer acting as an adolescent at imminent risk and one acting as the helper.
2. Demonstrate how to conduct the self-harm and suicide assessment when they suspect possible risk during the delivery of EASE.
3. Following the demonstration, ask the group to reflect on the suggestions for responding to an adolescent with a plan to end their life in the near future. Answer any questions or concerns and explain that the trainees will have an opportunity to practise asking about and monitoring thoughts of suicide.
4. **Note:** Although the manual provides questions for assessing imminent risk of self-harm or suicide, organizations may have their own protocols for risk assessment (EASE intervention manual, Chapter 4, Table 3).
5. Explain that later today, in training activity 8.4, trainees will practice administering the questions about imminent risk for self-harm and suicide.

8.2.6 Grief and substance use (10 minutes)

1. Say there are other common issues that adolescents may present with – including grief and substance use.
 - Remind trainees that EASE is not designed to support these issues specifically.
 - However, if these issues come up then helpers may need to know how to respond.
 - Briefly, use [Box 18](#) below to review the signs of grief and the ways to support a grieving young adolescent.
 - Next, refer trainees to [Box 19](#) below on substance use for tips on signs that an adolescent may be using alcohol or drugs/substances.
 - Ultimately if further support is required, beyond what EASE is able to provide, then helpers should discuss these issues in supervision.

Box 18. Grief

Grief is a normal reaction to a loss. Grief might occur in response to physical losses (e.g. the death of a loved one), a social loss (e.g. a parent moving out of the family home due to divorce), or in a role (e.g. loss of ability to do tasks due to disability, loss of a job, missing school). The following information refers more to grief in response to physical losses.

Children have similar emotional reactions to loss as adults, such as shock, anger, sadness, guilt, anxiety, fear, etc. But how children respond to grief may sometimes look different from adults' responses. Children may switch abruptly from intense grief reactions to play and having fun. Children may also show excessive anxiety when separated from parents or other significant caregivers. Most children exhibit some grief responses, yet seldom all of them. The intensity of their reactions to a loss and its duration varies with each child and is influenced by their age, ability to anticipate loss, understanding the concepts of permanence and death, reaction of the surviving caregivers, and the quality of their relationship with the person who died or left.

Signs of grief can be:

- **Physical:** Sleep difficulty such as sleeping too much, waking in the middle of the night, difficulty falling asleep, nightmares or night terrors, trouble getting back to sleep, difficulty getting up in the morning, bedwetting, headaches, stomach aches, appetite or eating changes, constipation, diarrhoea, extreme fatigue, extreme restlessness.
- **Emotional:** Separation anxiety (from their caregivers), fear of others dying or leaving, shame, guilt, anger, helplessness, hopelessness, fear of being kidnapped, generalized anxiety, death fantasy, suicidal thoughts in the hope of reuniting with the lost loved one.
- **Behavioural:** A child may start to act younger than their age, irritation, agitation, explosive outbursts, withdrawal, overdependence, diminished curiosity, shortened concentration, increase in risky behaviours such as substance abuse, and withdrawal.

All of these reactions are normal and can pass with time.

Ways to support a grieving young adolescent:

- Using basic helping skills to listen to the adolescent, take their concerns and feelings seriously.
- Validate by saying that it is normal to feel grief and react to the loss of a loved one, and reassure them that their feelings will improve over time.
- Encourage the adolescent to spend time with other family members and friends. Encourage adolescents to maintain or re-establish their daily routines such as helping with house chores or going to school.
- Make sure your child has enough rest and sleep or continues playing or engaging with friends.

If you are worried about a child who displays grief reactions that are affecting them so strongly that it is significantly interfering with their daily functioning and well-being, contact your EASE supervisor for guidance. They may discuss with you how best to support the child, or whether referral to specialist services is required.

Sources:

Save the Children Psychological First Aid Training Manual for Child Practitioners. Child Rights Resource Centre; 2013 (<https://resourcecentre.savethechildren.net/document/save-children-psychological-first-aid-training-manual-child-practitioners/>, accessed 12 August 2024).

Di Ciacco JA. The colors of grief: understanding a child's journey through loss from birth to adulthood. London: Jessica Kingsley Publishers; 2008.

Box 19. Substance use

During or after experiencing adversity, some adolescents may engage in unhelpful coping strategies that involve dangerous, risk-taking behaviour such as alcohol or drug use. This is due to a variety of reasons, including lack of things to do, lack of access to schooling and daily routine, peer pressure, or wanting to escape from their difficult reality.

Signs that an adolescent may be using alcohol or drugs/substances include if she/he:

- behaves differently from their normal behaviour;
- shows behaviour that is unusually inappropriate for the context (e.g. laughing for possibly no reason);
- has bloodshot eyes;
- has slurred speech or speaks in a way that is unusual and difficult to understand;
- shows no interest in activities or seems unable to focus and concentrate;
- avoids eye contact;
- smells of smoke or alcohol;
- behaves in a secretive or suspicious way;
- seems paranoid, irritable, anxious or fidgety;
- is unusually tired.

If an adolescent appears to be under the influence of alcohol or drugs in an EASE session, the session should be discontinued for the adolescent. The co-helper can support the adolescent in a one-to-one conversation while the main helper continues with EASE with the remaining participants. The co-helper should use basic helping skills to listen to the adolescent and gently explain that they are worried that the adolescent is using alcohol or drugs, and that it may be difficult for them to benefit from the session if they are under the influence of substances. Contact your EASE supervisor for further guidance on how to support the adolescent.

Training activity 8.3: Managing disclosure of abuse, exploitation, neglect, violence and self-harm

Objective	Time	Materials	Link with intervention manual
To identify how to manage disclosure of abuse, exploitation, neglect, violence and self-harm	85 minutes	<ul style="list-style-type: none"> • Training form 4. EASE competency assessment (Safe identification of child abuse, exploitation, neglect, violence & self-harm) • Trainee handout 5. Case studies for safe identification of abuse, exploitation, neglect, violence & self-harm 	Annex 1. Managing disclosures of abuse and managing suicide risk

8.3.1 How to respond to disclosure of abuse (20 minutes)

1. Explain that participants may disclose abuse during the EASE sessions or may tell the helper individually. The helper might also recognize possible signs of abuse (e.g. physical injuries or signs of neglect such as being left unsupervised for long periods of time and this might be posing a risk to the adolescent). As a helper, one of your roles is to create a safe environment for EASE participants and to take action to safeguard participants from further harm.
2. **Note to trainer:** This training activity is provided as a framework on managing the disclosure of abuse. However, helpers should always follow their organization's policy on how to respond.
3. Instruct trainees that, if participants disclose abuse in the group or there are clear signs of abuse or neglect, you must speak with that person individually that same day. The conversation should be private and based on the participant's answers. Follow the steps below:
 - Tell the participant that you will speak to them individually at the end of the group session.
 - If the participant is distressed (e.g. crying, or sounding very upset or angry) help them manage their feelings (e.g. allow them to leave the room with a co-helper, do Slow Breathing as a group, or another participant might show their support by putting an arm around them, if appropriate, etc.).
 - For the rest of the session, be sure to monitor the participant's distress and respond accordingly.

4. Carefully review the section on managing disclosures of abuse in EASE intervention manual Annex 1 on Managing disclosures of abuse and managing suicide risk.
5. At the end of the session, it is essential that you⁵ speak to the participant to determine more information. Explore in a safe, child-friendly (if an adolescent) and appropriate manner whether harm or high risk of harm is present (e.g. physical/sexual/verbal abuse or witnessing of this abuse).
 - If “yes”, you must break confidentiality and speak with your supervisor and follow their organization’s child safeguarding procedures (see also Day 3, training activity 3.2 on confidentiality). Use basic helping skills to support the participant.
 - If “no”, use your basic helping skills to support the participant at that moment and encourage them to continue attending the group so they can learn exercises that might help them cope with life after having been through such difficult circumstances.
 - Depending on the laws of the country, you may need to break confidentiality even if the abuse has stopped. This is because the alleged abuser may have access to other children and their protection may need to be guaranteed.
 - Inform helpers that, where appropriate, they should ask very basic details about the incident to assist with completing any Incident Reporting Forms (e.g. the frequency of the incident or who was involved in the incident).
 - It is important not to obtain very detailed information nor to pressure participants for more information. This is because this is the role of the protection focal points who are trained to do this.
 - If an adolescent reports that their caregiver is causing abuse or neglect, it is important that the helper does not attempt to initiate a conversation with the caregiver as well. Advice should be sought from the supervisor on appropriate actions to follow.

8.3.2 Group activity: Safe identification of abuse, exploitation, neglect, violence & self-harm (25 minutes)

1. Divide the group into three smaller groups and give each group the background section of one of the three case studies from [Trainee handout 5. Case studies for safe identification of abuse, exploitation, neglect, violence & self-harm](#).
2. Ask each group to spend 10 minutes to answer the following questions:
(**Note to trainer:** write the questions on a flipchart paper so that groups can see them as they answer the questions.)
 - What basic helping skills do you think would be particularly important to use with the adolescent in your case study?
 - What would you expect some of the difficulties to be with an adolescent who has been affected by this type of adversity (e.g. trusting others, stigma, shame, etc.)?

⁵ Depending on organizational policies, disclosure of abuse may require the direct involvement of the supervisor who will further determine the level of risk and whether referral is required.

- As a helper, what may be difficult or uncomfortable about talking to an adolescent who discloses this type of adversity and how could you manage those difficulties (e.g. feeling unsure of how to respond, worried that you may become emotional, etc.)?
3. Ask each group to share one important reflection per question. Once each group has presented, summarize the key reflections from the activity.

8.3.3 Safe identification of self-harm and abuse (40 minutes)



All-trainee role-play: Safe identification of self-harm and abuse (40 minutes)

Instructions for trainer: [Training form 4. EASE competency assessment](#) (Safe identification of child abuse, exploitation, neglect, violence & self-harm).

1. Divide the group into pairs and give each pair the helper and participant prompts of [Trainee handout 5. Case studies for safe identification of abuse, exploitation, neglect, violence & self-harm](#).
 - Make sure that trainees are given a different case study than the one they were given before doing the group work.
 - Trainees should not read each other's prompts.
2. Tell the group that trainees will have 3 minutes to role-play the helper, responding to the adolescent who discloses abuse, exploitation, neglect, violence & self-harm. Helpers should follow the steps outlined in the EASE intervention manual Annex 1 on Managing disclosures of abuse and managing suicide risk. The trainees who are not serving as the helper will role-play the adolescent in the case study.
3. Role-plays should be conducted in a quiet corner of the training room to allow for trainers to give feedback and be fully attentive to the role-play.
4. The trainees who are waiting to conduct the role-play can be preparing for their turn.
5. Explain that you will use the EASE competency form to assess the trainee in managing the disclosure. If needed, remind trainees that they are not required to be competent in doing this but that using this assessment will provide them with specific feedback about how to become competent.
 - Before starting all role-plays, review [Training form 4. EASE competency assessment](#) and EASE competency Safe identification of child abuse, exploitation, neglect, violence & self-harm. Ask if trainees have any questions about how to effectively respond.

6. **Note to trainer:** Pay specific attention to any unhelpful or potentially harmful behaviours and provide feedback following each trainees' three-minute role-play. Review [Trainee handout 2. Steps for helpful feedback](#) and follow the feedback steps outlined.
7. Once each trainee has the opportunity to role-play the helper, bring the whole group back together and reflect on what it was like to serve as the helper. If needed, reiterate the steps on how to manage disclosures of abuse during the session and individually with participants.

Training activity 8.4: EASE assessments

Objective	Time	Materials	Link with intervention manual
To understand why we use assessments in EASE and how to conduct them to determine suitability and improvement following the intervention	265 minutes	Extra copies of the Paediatric Symptom Checklist (PSC-17) ⁶	Chapter 4. Assessments



Trainers' preparation

Before starting this training activity, find out if the organization(s) which will be implementing EASE have determined the following:

- a) who will be conducting the assessments (e.g. helpers or trained assessors);
- b) what measures will be used in the assessments (refer to the EASE intervention manual Chapter 4 for a list of potential measures to use); and
- c) whether informed consent will be obtained verbally or on paper.

Note to trainer: This training content only has to be delivered to people who will be doing EASE pre-intervention and post-intervention assessments. If the group of helpers you are training will not be doing EASE assessments, you can skip training activity 8.5.

6 Or you could use another measure that the organization you are training for has selected.

1. Tell trainees that you have now covered some of the most challenging aspects of assessment with new and existing participants. Now you will lead them through the formal assessments that will be conducted with all participants before and after the EASE groups.

8.4.1 Why use assessments in EASE? (45 minutes)

1. Tell the group that we will now cover the EASE assessments that take place before and after the intervention.
2. Explain that:
 - EASE is for young adolescents who are affected by internalizing problems – such as feelings of intense sadness, anxiety or stress.
 - Assessments are carried out by helpers or by other staff from the organization (i.e. by trained assessors).
 - The pre-intervention assessment is carried out with the young adolescent and their caregiver 1–2 weeks *before* taking part in the EASE intervention. It helps in deciding whether or not EASE is a suitable intervention for the adolescent.
3. Discuss the exclusion criteria for EASE.

For example, say:

“When may EASE not be suitable?”

4. Make sure to elicit the following answers:
 - in adolescents who are at imminent risk of suicide or self-harm;
 - in adolescents who display behaviours that would disrupt the group (e.g. adolescents with violent or aggressive behaviours, or who are not able to follow instructions); and
 - in adolescents with severe impairments related to mental, neurological or substance use disorders (e.g. adolescents with psychosis, severe intellectual disability, alcohol or drug use dependence).
5. Explain that, later in this training activity, we will talk about what to do when EASE is not suitable for an adolescent.
5. Doing an assessment before the start of the EASE intervention is very important because it gives you an opportunity to:
 - decide if EASE is a suitable intervention for the adolescent;
 - meet the adolescent and their caregiver(s) individually;
 - learn more about the adolescent and caregiver;
 - make any necessary referrals.
6. The post-intervention assessment is carried out with the young adolescent and their caregiver within 1–2 weeks *after* the end of the EASE intervention. This is to evaluate whether or not EASE was beneficial for the adolescent.

- The post-intervention assessment includes the same measures as the pre-intervention assessment.
Note: the assessment of imminent risk of self-harm or suicide will not be administered during the post-intervention assessment unless the adolescent: a) indicated a risk of suicide at the pre-intervention assessment; b) experienced mental, neurological or substance use disorders; or c) reported acute emotional distress (e.g. indicated by high scores on the internalizing problems measure at the post-intervention assessment).
- Doing an assessment after the end of the EASE intervention is very important because it gives you an opportunity to:
 - understand any changes reported by the adolescent/caregiver as a result of completing EASE; and
 - gather additional information on practical and emotional problems to understand if any further support or referral is needed.

7. Discuss the importance of using the same measures before and after the intervention.

For example, say:

“Why would we use the same measures again during the post-intervention assessment?”

[[**Answer:** So we can evaluate whether a participant reports any changes in internalizing problems from the pre-intervention assessment to the post-intervention assessment]]

8. Discuss the role of basic helping skills in assessments.

For example, say:

“What role do basic helping skills have in delivering EASE assessments?”

If needed, prompt:

“Are they important to the assessment process and why?”

“If the assessment is your first chance to meet adolescents and their caregiver, do basic helping skills have a role in that meeting? What is that role?”

9. Response to be elicited:

- The pre-intervention assessment can set the tone of the intervention, so it is important to use basic helping skills such as confidentiality, communicating concern, and being aware of non-verbal communication to show respect and concern, praise openness and validate experiences.
- This will create the foundations for a stronger helper–participant relationship.

8.4.2 How to introduce EASE assessments to families (35 minutes)

1. Explain the setting of the assessments (5 minutes):
 - Assessments with adolescents and caregivers should ideally be completed in one visit (i.e. visits can be conducted at the home or in another confidential space).
 - To maintain confidentiality, it is recommended that assessments are completed individually. That means that the caregiver should not be present during the adolescent's assessment unless the adolescent gives permission for this (and vice versa).
 - Other than the helper/assessor conducting the assessment, there should be a second adult present during the assessment with the adolescent for child safeguarding. This can be another person from your organization or, if the adolescent gives permission for this, their caregiver or another relative.
2. Ask trainees to open the pre-intervention assessment protocol of the intervention manual (Chapter 4, section 4.2) and review (in about 5 minutes) the steps of the pre-intervention assessment.



All-trainee role-play: Step 1 (pre) – Introduction and consent
(15 minutes)

Link to intervention manual: Chapter 4, section 4.2. *Step 1 (pre)*

1. Divide the trainees into groups of three:
 - Trainee A will play the helper/assessor.
 - Trainee B will play the adolescent.
 - Trainee C will play the caregiver.
2. Tell trainees that they will now practise introducing the pre-intervention assessment to a family that was referred to EASE.
3. Instruct the groups to role-play step 1 of the pre-intervention assessment. Tell them they will have 5 minutes to complete the role-play.
4. Discussion (10 minutes):
 - After the role-play (every group completes only one role-play and they will not swap roles), prompt trainees to consider any difficulties they might experience in introducing EASE to families. Discuss how helpers/assessors can manage these difficulties.
5. Explain the next steps in the assessment.

For example, say:

“After the adolescent has given you permission and the caregiver has given you consent to continue with the assessment, you can start with Step 2 of the pre-intervention assessment which covers questions for the adolescent. It is up to the adolescent whether their caregiver remains with them in the room during the assessment or that another adult, such as someone from your organization, is present.”

8.4.3 Conducting the pre-intervention assessment (65 minutes)



**All-trainee role-play: Step 2 (pre) – Questions for the adolescent
(20 minutes)**

Link to intervention manual: Chapter 4, section 4.2, step 2 (pre): *measure on internalizing problems only.*

1. Tell the group members that they will now all get a chance to practice Step 2 (pre) – Questions for the adolescent, measure on internalizing problems only.⁷
2. Divide the group into pairs.
3. Instruct one trainee to play the role of the EASE helper/assessor and the other to play the role of the adolescent.

For example, say:

“Although you will be reading this information, try to pay attention to the adolescent, especially if they become distressed (e.g. crying). Use your basic helping skills when needed. This may sometimes require a break from the script.”

4. Give each pair 10 minutes to role-play and then allow them to swap roles.
5. Reflection (10 minutes):
 - After the role-plays, ask the following questions about their experience in role-playing the helper/assessor:
 - How did it feel to ask the series of assessment questions?
 - In what ways could they change the delivery to make it feel more natural?
 - How did it feel to score the adolescent’s distress?

⁷ This can be the Pediatric Symptom Checklist (PSC-17) that was used in the first research trials on EASE or another questionnaire that the organization you are training for has selected.

- What could they do to feel more confident in using the assessments?
- And ask the following questions about the group's experience in role-playing the adolescent:
 - How did it feel to be asked the assessment questions?
 - Learning from this experience, what could be done to improve these questions for future participants (e.g. using basic helping skills, etc.).
- 6. Explain to trainees that, after the internalizing problems measure, you will then assess whether the adolescent is in need of other services:
 - in case of imminent risk of suicide (using the risk of self-harm and suicide assessment discussed earlier);
 - in case of impairments due to severe mental, neurological or substance use disorders;
 - in case of behaviours that would disrupt participating in a group intervention; and
 - in case of indications of risk for acute protection needs.
- 7. Briefly review the rest of the questions for the adolescent in the intervention manual, Chapter 4, section 4.2. Step 2 (pre).
 - Explain that the EASE intervention manual does not prescribe which measures should be used to assess whether referral is needed as this depends on your organization (e.g. internal protocols) and context (e.g. availability of services).
- 8. Switch to reviewing the caregiver assessment.

For example, say:

“Once you have finished all questions for the adolescent, thank them for their responses and tell them that you will now ask their caregiver some questions to understand what is happening from their perspective.”

- 9. Review Step 3 (pre) – questions for the caregiver (about 10 minutes). Explain that caregivers are asked to answer questions about themselves (caregiver emotional distress) and about their child (caregiver report on child internalizing problems).
- 10. Ask the group why it is important to invite caregivers to complete the assessments:
 - Even if adolescents do not report internalizing problems or report internalizing problems below cut-off on the questionnaire, this might be due to social desirability.
 - The questions about caregiver emotional distress are not used to decide whether an adolescent can participate in EASE. But they will help to indicate whether the caregiver might be in need of further support for their own mental health.
- 11. Tell the trainees that the results of the assessments with the adolescent and the caregiver will be summarized only at the end of the visit. Ask trainees to go to Step 4 (pre), Table 5 in Chapter 4 of the intervention manual.

12. Review Table 5 in Chapter 4 on how to summarize the assessment results in the intervention manual. Read out the following case study and ask the group to complete the summary table accordingly:

For example, say:

“Sami and his mother were visited by a helper from [name of organization]. His mother has asked for support because Sami has been refusing to go to school recently. Sami is 13 years old.

During the assessment, Sami reported several internalizing problems at a level that was above cut-off on the questionnaire.

Sami found answering the questions about self-harm and suicide difficult as he sometimes thinks that things might be easier for his mom if he wasn't here. When the helper asked further questions about this, Sami said he has never acted on these thoughts and has no intention to do so in future. The helper decides that Sami is not at imminent risk of suicide.

Sami does not show any signs of a severe mental, neurological or substance use disorder, or any behaviours that may be disruptive during EASE groups. The helper observes there are no indications of acute protection needs.

In the assessment with Sami's mother, the mother reported that Sami has some internalizing problems but not above cut-off. She also indicated that she herself has been experiencing distress about her son's school absenteeism lately.”

13. Ask the group to read the text under Table 5 in the EASE intervention manual and ask whether they think EASE would be suitable or not, and why. Discuss any discrepancies.
- The decision in this case study should be: Invite the adolescent and their caregiver to participate in EASE.
 - See the example of the completed summary table for the case study below ([Table 8](#)).

Table 8. Example of completed summary table case study Sami

Measure	Result	Response if the result is “yes”
Reasons that EASE may not be suitable for the adolescent		
1. Is the child younger than 10 years or older than 15 years?	Yes/ <input checked="" type="radio"/> No	If adolescent shows signs of psychosocial problems, link with a mental health service, social services or community protection network, as appropriate.
2. Is the adolescent at imminent risk of suicide?	Yes/ <input checked="" type="radio"/> No	Call your supervisor. Link with appropriate care.
3. Does the adolescent possibly have a severe mental, neurological or substance use disorder that would impair participation and/or means they require more specialized support?	Yes/ <input checked="" type="radio"/> No	Link with appropriate care.
4. Does the adolescent display behaviours that would be disruptive in the group (such as violent or aggressive behaviours) or show that it would be difficult for them to follow instructions?	Yes/ <input checked="" type="radio"/> No	Link with appropriate care.
5. Are there indications of acute and severe protection needs?	Yes/ <input checked="" type="radio"/> No	Link with appropriate care.

Measure	Result	Response if the result is “yes”
Adolescent internalizing problems		
6. What is the total score on the measure of internalizing problems reported by the adolescent?	Score = <i>above cut-off</i>	NA
7. What is the total score on the measure of caregiver report on adolescent internalizing problems?	Score = <i>below cut-off</i>	
Caregiver emotional distress		
8. What is the total score on the measure of emotional distress?	Score = <i>elevated levels of distress</i>	NA

8.4.4 Giving feedback at the end of the pre-intervention assessment (60 minutes)

1. Divide trainees into four groups.
2. Allocate the tasks as follows:
 - Ask the first group to review Step 4a (“Information to share with the caregiver when an adolescent is eligible to participate in EASE”).
 - Ask the second group to review Step 4b (“What to say and do when adolescent and caregiver reports are different”).
 - Ask the third group to review Step 4c (“What to say if EASE is not suitable”).
 - Ask the fourth group to review Step 5 (“Obtain consent to participate in EASE”).
3. Give the groups 20 minutes to review their step and to prepare a presentation in which they explain and/or demonstrate the type of feedback. Groups can be creative in that they can use a poster, prepare a role-play, or come up with a brief game.
4. Each presentation can take 5–10 minutes. After each role-play, give the larger group 5 minutes to reflect and discuss any potential barriers when giving feedback after the pre-intervention assessment.

8.4.5 The post-intervention assessment (30 minutes)

1. Explain that the post-intervention assessment will be very similar to the pre-intervention assessment in that:
 - Step 1 (post): You have to obtain permission from the adolescent and consent from the caregiver to participate in the assessment.
 - Step 2 (post): You ask the same questions to the adolescent at the post-intervention assessment as you have done at the pre-intervention assessment.
 - Step 3 (post): You ask the same questions to the caregiver at the post-intervention assessment as you have done at the pre-intervention assessment.
 - Step 4 (post): You summarize the assessment results and give feedback to the adolescent and their caregiver.
2. Review Step 4 (post) on what to say to adolescents and their caregiver if:
 - the adolescent has fewer internalizing problems (i.e. below cut-off);
 - the adolescent continues to experience internalizing problems (on the basis of either the adolescent report or caregiver report); or
 - the caregiver reports significant emotional distress.
3. The trainer should discuss the different options that an organization can offer to adolescents and/or caregivers who continue to experience distress. Standard operating procedures and options for referral, extra sessions and other support will depend on the organization that will implement EASE.

8.4.6 Addressing challenges during an assessment (30 minutes)



All-trainee role-play: Common challenges in assessments (30 minutes)

1. Divide trainees into groups of three.
2. Tell trainees that each of them will practise a challenge that may need to be addressed in the assessment. For these role-plays, trainees will administer the measure of internalizing problems.
3. After forming groups, ask the groups to identify one helper/assessor and one adolescent for the first role-play. Then, ask trainees role-playing the helper/assessor to leave the room while the rest of the trainees are presented with the challenge.
4. Let each role-play last for about 3 minutes. After each round of role-play, ask the group (plenary) to discuss the way they (successfully) addressed the challenge. Make sure to cover the way that this situation is addressed in line with the EASE intervention manual, section 4.1.3. (Time estimate: 3 minutes for role-play and 7 minutes for discussion.)

5. Swap roles for each role-play.

Role-play	Challenge (Do not share this with trainees playing the helper/assessor)
1	A participant is shy or reluctant to share information.
2	A participant is very talkative.
3	An adolescent or caregiver asks to know what the other has said.

Training activity 8.5: Review of full intervention

Objective	Time	Materials	Link with intervention manual
To review/consolidate the content of the full EASE intervention	60 minutes	<ul style="list-style-type: none"> • Annex 4. Jeopardy game • Optional: projector • Timer 	

- Before the final facilitation practice on days 9 and 10, conduct a full review of EASE using a participatory activity. This activity should consolidate all the learning so far. The activity can also give the trainers an indication of any topics that might need to be reviewed.
 - Example activity: Jeopardy game ([Annex 4. Jeopardy game](#))
 - Separate the trainees into three groups and ask them to put their EASE intervention manual and any other supporting documents away.
 - There will be five categories of questions and each category will have five questions (for 100 points, 400 points, 600 points, 800 points and 1000 points). The higher the points, the more difficult the questions are.
 - The five question categories include: essential information, basic helping skills, adolescent sessions, caregiver sessions and wild card.
 - Decide which group goes first and allow that group to pick a question from the main question bank (e.g. basic helping skills for 200). If the group gets the question right, the members of the group can choose one more question. If they get it wrong, the question goes to the next group. If a group answers two questions correctly, move to the next group to ensure that each group has the opportunity to answer questions.
 - Each group will have 45 seconds to answer a question. If a group fails to answer the question correctly, it will be passed to the next group.
 - Keep track of the points that each group earns and, at the end, the group with the most points wins. Have fun!



Trainer's tip

If a projector is not available, you can play Jeopardy without displaying the screen. You simply read the questions out loud based on the groups chosen. See [Annex 4. Jeopardy game](#) for questions and answers.

Training activity 8.6: Ending

Objective	Time	Materials	Link with intervention manual
To review today's training and set up home practice tasks	10 minutes	Trainee handout 4. Daily reflection and feedback form	

1. Recap training day (5 minutes):

- Review learning objectives and make sure all trainees are confident they have been met.
- Ask if there are any remaining questions or a need for clarification regarding the full facilitation practice. Encourage trainees to ask for support if needed.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Prepare for the full facilitation practice.

Day 9: Full facilitation practices adolescent sessions

Day 9. Learning objectives:

1. Understand how to implement adolescent sessions 1 to 7.

Time (minutes)	Training activity	Materials	Link to intervention manual
20	Prepare mock participants (if applicable)		
20	Prepare trainees for the full facilitation practice day		
45	Trainee A Role-play session 1	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 1
45	Trainee B Role-play session 2	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 2
15	Break		
45	Trainee C Role-play session 3	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 3
15	Trainees A, B and C Feedback and reflection		
60	Lunch		
45	Trainee D Role-play session 4	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 4
45	Trainee E Role-play session 5	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 5
15	Trainees D and E Feedback and reflection		

Time (minutes)	Training activity	Materials	Link to intervention manual
15	Break		
45	Trainee F Role-play session 6	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 6
45	Trainee G Role-play session 7	Training form 4. EASE competency assessment	Chapter 5, Adolescent session 7
15	Trainees F and G Feedback and reflection		
15	9.1: Overall feedback		
20	9.2: Ending		



Trainers' preparation for Day 9

For each adolescent session, create personas on different sheets of paper to prompt situations requiring the “Helpful hints” annexes in the EASE intervention manual (e.g. to prompt one participant who is acting as an adolescent to have this problem):

- Adolescent session 1: During the Feelings Pot activity, you struggle to identify different feelings and use only happiness.
- Adolescent session 2: You are too concerned about doing Slow Breathing perfectly.
- Adolescent session 3: Your caregiver did not let you do the home practice.
- Adolescent session 4: You mention during the home practice review that the activity was too difficult to complete.
- Adolescent session 5: During Managing My Problems, you are unable to think of ideas for the problem and ask directly for advice.
- Adolescent session 6: During the Managing My Problems home practice review, you let the helper know you were unable to talk to your mother to follow your Managing My Problems idea, because you did not know what to say.
- Adolescent session 7: You do not want the EASE sessions to end, and you ask the helper for more sessions and to call you after the sessions end.

Before each mock session, give one of the trainees acting as adolescents/ mock participants the persona description for that session. Make sure that the trainee doing the facilitation practice is not aware of this.



Prepare mock participants (20 minutes)

Who are mock participants?

Mock participants can be the other trainees when they are not doing their facilitation practice. They are familiar with taking on the roles of adolescents or caregivers. The disadvantage is that they are familiar with EASE and will not necessarily behave like real group participants. They may also be distracted by having to complete (or having just completed) their facilitation practice.

To overcome these disadvantages, other staff from your organization or psychology/ counselling students from the local university could role-play mock participants.

What is their role?

For all mock participants, you should tell them their role and guide them on how best to perform this role.

Their role is to behave like an adolescent or caregiver of an adolescent who is experiencing strong feelings of stress, anxiety or sadness. Encourage mock participants to use examples from their own lives or from the lives of those whom they know who also have strong emotions.

If mock participants require more help to play their role, provide them with some case examples from this training manual.

Invite mock participants to perform in a way that is natural for them. This means that if a person who is naturally quiet or shy should be encouraged to behave this way in the group. Alternatively, someone who is naturally talkative and confident in a group should be encouraged to behave this way in their role-play.

Finally, mock participants should not try to make the trainee's job easy – they do not need to agree with or understand everything the helper says. If they do not understand something or they disagree with it, mock participants are encouraged to speak up. Also, mock participants should not be deliberately difficult for their trainees – they should not misbehave or be argumentative with their helper on purpose.



Prepare mock participants (20 minutes) (continued)

Additional information to share

- Review the schedule for the day. Ensure that mock participants can be involved in all of the sessions required. You may have to arrange substitutes if there are too few participants in a session.
- Give practical information, as relevant.
- Inform them that if they feel uncomfortable for any reason at any time during the role-plays, they can ask to be excused without having to give a reason. Let them know that you or the co-helper can support them and that their comfort is very important to you (e.g. *“While the information in the sessions is not considered distressing, for some of you, there might be topics that cause you to feel strong emotions. Please monitor your own emotions and nurture yourself throughout. If you find you need to leave the session for any reason, please come and let me know. You do not need to give me a reason for doing so, but I will check up on you after the session or at the end of the day.”*).
- Ask if mock trainees have any questions (e.g. *“Is there anything I need to make clearer or help you with?”*).
- Optional: Although there will not be time for mock participants to provide verbal feedback after each session, tell them to write no more than three sentences of feedback for each trainee while you are delivering your feedback. The written feedback can be given to each helper at the end of the day. Ensure that mock participants have a copy of [Trainee handout 2. Steps for helpful feedback](#) to refer to when giving feedback.



Prepare trainees for the full facilitation practice day (20 minutes)

Welcome trainees and review the schedule (5 minutes)

- Welcome trainees.
- If mock participants are not trainees, introduce the group of mock adolescents or caregivers to the trainees.
- Acknowledge any nervousness that trainees feel and remind them that they are not expected to be perfect. Tell them that the aim of today is to learn how to bring together what they have learned so far.
- Remind trainees that trainers will be using the EASE competency assessment during the role-play.



Prepare trainees for the full facilitation practice day (20 minutes) (continued)

- Review the schedule of the day: time allocated to role-play and how feedback will be conducted (see details below).
- Tell trainees how time will be kept for each role-play (decide beforehand whether trainees must manage their own time, how they will be told when there are 5 minutes remaining and when they are out of time).

Providing feedback (15 minutes)

- Explain to trainees that there may not be a lot of time for feedback and they – as well as the mock participants and/or other trainees – may not have limited time to provide verbal feedback on their performance. If time is restricted, invite one trainee to share feedback to support learning.
- Trainers can also choose to manage the time for giving feedback – e.g. instead of reflection and feedback after each facilitation practice, you can do reflection and feedback after two or three trainees have done a facilitation practice.
- Following the role-plays, give direct feedback on no more than five main observations using the EASE competency assessment. Feedback should include:
 - What the trainee did well and what they need to improve.
 - Specific examples for each observation (e.g. “When the participant did not give you the response you intended, you... when it might have been better to...”).
 - If possible, demonstrate how to deliver this section better rather than simply explaining it.
 - Invite the trainees’ thoughts and reflections on this feedback and ask for any additional points they wish to make or questions they have.
- At the conclusion of the day, provide overall feedback to all trainees (15 minutes). Ensure that you have already selected several major topics that most helpers had difficulty with during their role-plays.

Training activity 9.1: Overall feedback

Objective	Time	Materials	Link with intervention manual
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To summarize overall feedback 20 minutes

- Summarize overall feedback of the full facilitation practices of the adolescent sessions into 3–5 key points.

Training activity 9.2: Ending

Objective	Time	Materials	Link with intervention manual
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To review today's training 20 minutes

[Annex 3. Instructions for trainer demonstrations](#)

1. Recap training day (15 minutes):

- Review learning objectives and make sure all trainees are confident they have been met.
- Answer any questions or clarify information about the modules taught today.
- Tell trainees what they will be doing on the next day of training.

2. Reflection and evaluation activity (5 minutes):

- Each trainee is asked to review and respond to the questions in [Trainee handout 4. Daily reflection and feedback form](#).

3. Home practice tasks:

- Prepare for the full facilitation practice.

Day 10: Full facilitation practices caregiver sessions and self-care and supervision

Day 10. Learning objectives:

1. Understand how to implement caregiver sessions 1 to 3.
2. Understand the importance of self-care and supervision.
3. Understand the next steps after this training.

Time (minutes)	Training activity	Materials	Link to intervention manual
20	Prepare mock participants (if applicable)		
45	Trainee H Role-play session 1	Training form 4. EASE competency assessment	Chapter 6, Caregiver session 1
10	Trainee H Feedback and reflection		
15	Break		
45	Trainee I Role-play session 2	Training form 4. EASE competency assessment	Chapter 6, Caregiver session 2
10	Trainee I Feedback and reflection		
45	Trainee J Role-play session 3	Training form 4. EASE competency assessment	Chapter 6, Caregiver session 3
60	Lunch		
10	Trainee J Feedback and reflection		

Time (minutes)	Training activity	Materials	Link to intervention manual
15	10.1: Overall feedback		
30	10.2: Introduction to self-care	Paper and pencil (for each helper) Flipchart paper and pen	
15	Break		
60	10.3: Introduction to supervision	Flipchart paper and pens (two groups) Trainee handout 6. Summary sheets and supervision reflection forms	
20	10.4: Next steps and EASE training evaluation	Trainee handout 9. EASE training evaluation	
60	10.5: Celebration		



Trainers' preparation for Day 10

For each caregiver session, create personas to prompt situations requiring the “Helpful hints” annexes in the EASE intervention manual (e.g. to prompt one participant who is acting as a caregiver to have this problem):

- Caregiver session 1: You are concerned about EASE helpers teaching your child about suicide.
- Caregiver session 2: Your child does not want to tell you about the skills they are learning in EASE.
- Caregiver session 3: You have a lack of motivation or energy to spend quality time with your child.

Training activity 10.1: Overall feedback

Objective	Time	Materials	Link with intervention manual
To summarize overall feedback	20 minutes		

- The trainer summarizes overall feedback of the full facilitation practices of the caregiver sessions into 3–5 key points.

Training activity 10.2: Introduction to self-care

Objective	Time	Materials	Link with intervention manual
To understand the importance of self-care	30 minutes	<ul style="list-style-type: none">• Paper and pencil (for each trainee)• Flipchart paper and pen	

Note to trainer: If all trainees are to do the training day for EASE supervisors (Day 11), you may wish to move this activity to the last session on that training day as it will be a “lighter” activity to end the full training with. However, do not move this activity if there are also trainees who will not do the training day for EASE supervisors, as they will miss this important information.

1. Explain that this activity will focus on teaching trainees about self-care techniques. Practising self-care, just as we ask caregivers to do, is important when working as a helper to protect our well-being. Self-care is something that will be addressed now and during routine supervision.
2. Invite (one of the) trainees to give a brief and basic explanation of self-care.
3. One of the reasons to focus on helper self-care is to prevent burnout.
4. Explain what the term burnout means (or ask trainees to define burnout).

For example, say:

“Burnout can result from stress related to work that is not managed successfully. People with burnout can experience problems such as feeling fatigued, difficulties sleeping, feeling detached from their job, having negative feelings towards their job, etc.”

5. The trainer draws the following picture on a flipchart:
a picture of themselves (e.g. stick figure) holding a large umbrella with different-sized rain drops coming from the clouds and falling around them ([Figure 8](#)).

Figure 8. Stick figure



6. Invite trainees to draw the same picture and explain what the stick figure picture represents.

For example, say:

“Imagine the stick figure is you. The raindrops represent stressors at work – such as having several difficult participants in one EASE group, leading several EASE groups on the same day, having a disagreement with a colleague – or stressors in your personal life – such as physical illness in yourself or family, poor sleep, not having time for relaxation, or financial stress. The umbrella represents your coping strategies and whatever helps to protect you from the stressors in life.”

7. Ask trainees: What are your raindrops?
Invite trainees to label the rain drops on their paper with the kinds of things that are likely to make them feel stressed or burnt out.
8. After the trainees have done this, explain that these raindrops can have an impact on people's well-being, making the rain drops feel bigger on the umbrella.
9. Next, ask trainees: What keeps your umbrella up?
Explain that the umbrella acts as protection from these feelings of stress and help protect people from feeling significantly stressed or burnt out from their job. Ask trainees to write any coping strategies they have used, currently use, or would like to use in their umbrella.
10. Next, ask trainees to identify coping strategies that they use to take care of themselves at work (e.g. write a W next to these rain drops, or draw a circle around them) as opposed to coping strategies that they use in their personal life (e.g. write a P next to these rain drops, or underline these ideas).
11. Invite trainees to share their ideas with the group. Please cover the following suggestions if these are not mentioned by the trainees:
 - scheduling breaks between seeing participants and facilitating EASE groups (work);
 - not seeing the most difficult cases all on the same day (work);
 - leaving work on time (work);
 - not taking work home (work);
 - setting boundaries – saying “no” to requests that cannot be achieved – including with colleagues, supervisors, participants, and family/friends (work and personal life);
 - encouraging helpers to self-apply EASE skills that might be relevant to them personally (e.g. Calming My Body, Changing My Actions) (work and personal life);
 - encourage helpers to talk with colleagues and supervisors about difficult or unusual experiences with EASE and/or participants, including the emotional impact this might have had on them (work);
 - healthy eating habits (personal life);
 - exercise (personal life);
 - engaging in pleasant activities (personal life); and
 - healthy sleeping habits (personal life).
12. End the activity by explaining that you hope they can feel equipped to identify their raindrops, e.g. when their distress is having an impact on their ability to work as a helper. If stress is greatly affecting their work, it is suggested that they speak with their supervisor to consider if there is a way for them to reduce the amount of work they are doing as a helper, or consult a mental health professional for additional support, or take a break from working as a helper to prevent burnout.

Training activity 10.3: Introduction to supervision

Objective	Time	Materials	Link with intervention manual
To review the expectations and aims of EASE supervision	60 minutes	<ul style="list-style-type: none"> Flipchart paper and pens (two groups) Trainee handout 6. Summary sheets and supervision reflection forms 	

- Supervision is an important continuation of training in EASE and is vital for further skill development.
- Explain that the EASE classroom training is almost completed, and that soon (indicate when) they will start delivering EASE practice groups followed by actual EASE groups.
- When running EASE groups (and also practice groups), helpers will receive routine supervision.
- Tell trainees to share what they think are the aims of supervision.
Write responses on large flipchart using two different colours (one colour highlights the points below and a different colour highlights additional aims identified by trainees).
- Be sure to emphasize the following points about supervision before others:
(**Note to trainer:** If some ideas are inappropriate, explain why this is the case, e.g. “socializing”: better suited to time outside of supervision, “discussing organizational problems”: while important, supervision is not the appropriate place to voice these concerns, so tell them how they should voice their complaints and help them feel confident doing so).
 - to monitor and ensure the welfare and rights of EASE participants (adolescents and caregivers);
 - to support helpers who are providing the intervention;
 - to support helpers to feel confident in their abilities to deliver EASE;
 - to ensure quality delivery of and adherence (fidelity) to EASE;
 - to support helpers in managing challenging participant presentations and problems;
 - to support further development and skill-building of helpers; and
 - to monitor and prevent or respond to helpers’ burnout.
- Explain to helpers what EASE supervision involves:
 - EASE helpers will have weekly group supervision (at a minimum, group supervision should be 1.5 hours) which starts during the in-field training/EASE practice groups.
 - The frequency of supervision depends on helpers’ skills, which may change over time. For instance, as helpers become more experienced and confident (e.g. after leading more than five groups), the frequency of supervision may change from weekly to every two weeks.

- EASE supervisors will meet two to six helpers for ongoing supervision.
- If resources allow, individual supervision through one-to-one meetings between supervisors and helpers is preferable for the first month (as well as or instead of group supervision).
- Include other known practical details (e.g. where it will take place, whether all helpers will attend or if they are divided into smaller supervision groups).
- Supervisors are available outside of supervision to provide individual support to helpers when needed (e.g. to manage safeguarding or adverse events).
- Supervision includes frequent role-plays (led by the supervisor or the helper) to continue building and practising skills outside of classroom training, with group discussions to address challenges in the delivery of EASE and refresher trainings.

Explain that EASE supervision is different from other professional settings where meetings with a supervisor are typically for monitoring the employee's work efficiency and quality. EASE supervision is a type of supportive supervision, which is focused on providing effective support to adolescents and caregivers, to ensure the quality delivery of EASE and to boost helpers' well-being. It is not uncommon for supervision to feel uncomfortable at first if a culture of supportive supervision has not been built within an organization.

For example, say:

"Supervision in EASE is very similar to the EASE classroom training where feedback is often given by trainers and other trainees. For example, helpers will present challenges that they might be experiencing during EASE groups, and both the supervisor and other helpers will provide ideas for possible solutions and ways to mitigate these challenges. In addition, supervision will also be a continuation of the EASE classroom training where role-plays are used to practice EASE skills or recreate a challenge that a helper experienced while delivering an EASE group."

7. Supervision documentation:
 - Distribute supervision forms to trainees ([Trainee handout 6. Summary sheets and supervision reflection forms](#)).
 - Review these forms with the trainees, describing what each item means and how to complete it.
 - Explain that helpers must complete the supervision forms before supervision each week and should be prepared to actively participate.
 - Supervision forms should ideally be completed at the end of each session.
8. Ask trainees to think about what the helpers' responsibilities are to make the most out of supervision. Write their responses on a flipchart. Answer any questions that arise and be sure to include the following points on helpers' responsibilities:
 - preparing for supervision by reflecting on sessions and any successes or challenges to be discussed, and formulating questions for discussion;
 - completing summary sheets and supervision reflection forms in advance of supervision;

- actively participating in supervision, including listening and contributing to discussions about the experience of peers;
- setting goals for the upcoming week, and taking an active role in personal learning and professional development;
- to be supported in decision-making on the following:
 - risk management/ safeguarding
 - child protection
 - adverse and serious adverse events
 - referrals.

Training activity 10.4: Next steps and EASE training evaluation

Objective	Time	Materials	Link with intervention manual
To understand what is expected of ongoing training (in-field training and practice cycles)	20 minutes	Trainee handout 9. EASE training evaluation	

1. Remind trainees that the next stage of training is to take part in the in-field practice cycles.
2. Explain that the EASE competency assessment ([Training form 4. EASE competency assessment](#)) will also be used by the trainer/supervisor to observe their practice sessions to check that helpers are ready for delivering EASE.
3. Allow time for questions.
4. Complete the EASE training evaluation ([Trainee handout 9. EASE training evaluation](#))
 - **Note to trainer:** For trainees who will continue the training to be EASE supervisors, you may do the training evaluation after the training day for EASE supervisors.
 - Review the aims of the training and reflect on goals you believe the group has achieved (areas where they have improved, etc.).
 - Highlight those areas that remain a challenge and encourage trainees to monitor their progress with these and to continue to talk with peers and in supervision about these issues. Encourage trainees to focus particularly on these areas when they begin practising their practice cases.

Training activity 10.5: Celebration

Objective	Time	Materials	Link with intervention manual
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To celebrate the end of the EASE classroom training

60 minutes

1. Plan a culturally appropriate celebration with the trainees to acknowledge their achievements and the completion of the EASE training.
2. **Note to trainer:** While there is no EASE helper certification, trainees can receive a “certificate of completion”, including a statement of the number of hours they participated in EASE training.

Day 11: Training day for EASE supervisors

Notes for trainer:

- This day is an additional training day for trainees who will become EASE supervisors.
- This training day builds on the EASE training days 1 to 10 which EASE supervisors must attend as well.
- This training day can be delivered right after the 10 days of EASE classroom training or can be delivered after trainees have gained some in-field experience.
- Refer to section 1.4 for EASE supervisors (in Part A) for guidance on requirements for EASE supervisors.
- In this training day, trainees are referred to as “supervisors”.

Training day for EASE supervisors learning objectives

1. Understand how to facilitate EASE group supervision sessions.
2. Know what tools are needed to run supervision sessions, including the EASE competency assessment.
3. Define ethical dilemmas and how to mitigate risks and address challenges.

Time (minutes)	Training activity	Materials	Link to intervention manual
30	11.1: Introduction	Flipchart paper	Annex 2. Activities and games
30	11.2: EASE supervision overview and aims and supervisor responsibilities	Flipchart paper and pens	
20 (if ToT: + 10 for feedback)	11.3: EASE supervision structure (if ToT: teaching practice 8)	Trainee handout 7. EASE fidelity checklist	
15	Break		

Time (minutes)	Training activity	Materials	Link to intervention manual
40	11.4: Supervision tools	Trainee handout 6. Summary sheets and supervision reflection forms Trainee handout 8. Supervision activity	
30	11.5: Recap of the EASE competency assessment	Training form 4. EASE competency assessment	
60	Lunch		
90	11.6: Potential challenges in supervising helpers	Flipchart paper Ethical dilemmas written out on A3 paper	
15	Break		
30	11.6: Potential challenges in supervising helpers (<i>continued</i>)	Flipchart paper Ethical dilemmas written out on A3 paper	
70	11.7: Mock supervision session	Trainee handout 6. Summary sheets and supervision reflection forms Trainee handout 8. Supervision activity	
20	11.8: Conclusion and next steps		



Trainers' preparation for training day for EASE supervisors

This training day can be adapted to match the skill level of the supervisors, depending on their prior experience in providing clinical supervision.

Training activity 11.6.2: Ethical dilemmas

Before the session, write out the ethical dilemmas on separate sheets of A3 paper, leaving space for supervisors to write notes.

- An EASE helper repeatedly fails to attend supervision sessions but it is well known that they are still providing EASE to participants.
- An EASE helper comes to supervision sessions unprepared (e.g. without having completed the supervision forms).
- An EASE supervisor is also an EASE helper's direct report manager.
- An EASE supervisor develops romantic feelings for an EASE helper in their supervision group.
- An EASE helper is showing signs of burnout.
- An EASE helper knows one of the caregivers in EASE well and becomes involved in their life outside of the group session.
- An EASE helper is struggling to feel any empathy for a caregiver in their group and intensely dislikes the caregiver.
- An EASE helper has been abused by a family member of one of the adolescents in their EASE group.
- An EASE helper is clearly not following the EASE intervention manual.
- An EASE supervisor has a suspicion that an EASE helper is harming an adolescent.
- After many supervision sessions, an EASE helper is unable to use the basic helping skills during EASE sessions.
- An EASE helper is ignoring a request for support from an adolescent who has disclosed abuse in the home.

Note: You can also add ethical dilemmas that came up during the training.

Training activity 11.1: Introduction

Objective	Time	Materials	Link with intervention manual
To introduce EASE supervision	30 minutes	Flipchart paper	Annex 2. Activities and games

1. Begin the day by welcoming the group and outlining learning the objectives of the training on EASE supervision.
2. Highlight that routine supervision is an important continuation of training in EASE and is vital for further development of skills following classroom training and alongside in-field training. The EASE supervision training is intended to:
 - assist EASE supervisors to offer appropriate and consistent supervision to those they supervise (EASE helpers);
 - provide guidance to supervisors regarding expectations and responsibilities within the EASE supervisory relationship; and
 - equip supervisors with the tools they need to carry out supervision.
3. It is likely that future EASE supervisors will already be familiar with each other. However, if they are not familiar with one another or if there are new people joining the training, be sure to include a basic introductory game.
4. Ask supervisors to think about the supervision they have received in their own professional careers and to reflect on what made that supervision effective and supported their growth. Write the answers on a flipchart and highlight the key characteristics of a supervisor that have emerged and connect them to the important role that a supervisor plays. If the points below are not mentioned, you can add them to the flipchart:
 - genuinely cares about the growth of helpers;
 - shows empathy and understanding (uses basic helping skills);
 - builds confidence;
 - gives constructive feedback to support growth; and
 - continually helps to build the skills of helpers.

Training activity 11.2: EASE supervision overview and aims and supervisor responsibilities

Objective	Time	Materials	Link with intervention manual
To understand the aims and purpose of EASE supervision	30 minutes	Flipchart paper and pens	

1. Ask supervisors if they remember from the EASE training – and (if applicable) from their experience of being in supervision as an EASE helper – what the aims of supervision are. Make sure the following points are covered:
 - to monitor and ensure the welfare and rights of EASE participants (adolescents and caregivers);
 - to support helpers who are providing the intervention;
 - to support helpers to feel confident in their abilities to deliver EASE;
 - to ensure quality delivery of and adherence (fidelity) to EASE;
 - to support helpers in managing challenging participant presentations and problems;
 - to support further development and skill-building of helpers; and
 - to monitor and prevent or respond to helper's burnout.
2. Next, divide the supervisors into two groups and provide each group with a sheet of flipchart paper to write down their responses.
3. Give each group one of the following topics:
 - What are the responsibilities of a good supervisor?
 - What are the responsibilities of a good supervisee (i.e. helpers receiving supervision)?
4. Group members will have 10 minutes to brainstorm their ideas and write them on flipchart paper.
5. After 10 minutes, groups will swap their flipcharts. Groups will now have 5 minutes to review the other group's ideas and select three of the most important points they listed.
6. Then return to the larger group. One person from each group will present the top three ideas they selected from the other group's list of ideas.
7. Use the lists below to guide the discussion and add any items that have not been covered, including shared responsibilities (see [Box 20](#), [Box 21](#) and [Box 22](#)).
 - Discuss any responsibilities that are not relevant or appropriate for EASE supervisors or supervisees and explain why (e.g. feedback on job performance).

Box 20. Supervisor responsibilities

- Preparing for supervision by reviewing documentation from previous supervision sessions.
- Encouraging supervisees to engage in self-reflection and independent problem-solving.
- Using guided questioning to encourage independent problem-solving and provide solutions only when a helper requires guidance.
- Using role-plays to encourage skill development or refresher training.
- Documenting supervision discussions thoroughly using supervision forms.
- Supporting helpers in decision making on:
 - risk management/ safeguarding
 - child protection
 - adverse and serious adverse events
 - referrals.
- In case of any of the above situations, the supervisor is responsible for referral, follow-up and reporting.
- Identifying when a helper needs strengthening in their competencies (such as if level 1 behaviours are observed).

Box 21. Supervisee (helper) responsibilities

- Preparing for supervision by reflecting on recent sessions, identifying any successes or challenges to discuss, and formulating questions to bring to the supervision meeting.
- Completing summary sheets and supervision reflection forms in advance of supervision.
- Actively participating in supervision, including listening and contributing to discussions about the experience of peers.
- Setting goals for the upcoming week and taking an active role in personal learning and professional development.
- To be supported in decision-making on the following:
 - risk management/ safeguarding
 - child protection
 - adverse and serious adverse events
 - referrals.

Box 22. Supervisor and supervisee (helper) responsibilities

- Being on time.
- Being constructive.
- Being non-judgemental and supportive.

Training activity 11.3: EASE supervision structure (if ToT: teaching practice 8)

Objective	Time	Materials	Link with intervention manual
To understand the structure of EASE supervision (e.g. frequency, number of helpers per supervisor, etc.)	20 minutes (if ToT: + 10 for feedback)	Trainee handout 7. EASE fidelity checklist	

1. Introduce the structure of EASE supervision.

For example, say:

“Ideally, in-field training and routine supervision should start within a few weeks following the completion of EASE classroom training. The first step following the training for helpers should be to deliver EASE with a group of adolescents and their caregivers, ideally with minimal distress, while receiving one-on-one and/or more frequent group supervision and support. If resources allow, supervisors are encouraged to observe helpers delivering EASE sessions. In-field training and routine supervision will support helpers to deliver EASE to distressed adolescents and their caregivers in the future. While every organization has its own supervision structures, we will discuss the recommended structure for EASE supervision.”

- Ask the group to recap the recommended structure of EASE supervision (as discussed on day 10). Make sure the following points are all covered:
 - Supervision model: weekly supervision with 2–6 helpers for 2–3 hours (at the minimum 1.5 hours). It is preferable to have individual supervision for the first month and/or more frequent group supervision.
 - Frequency: weekly, frequency may reduce over time depending on the skills of the helpers.
 - If resources allow, supervisors are encouraged to observe helpers delivering EASE sessions.
 - During observations, supervisors are encouraged to use the EASE competency assessment ([Training form 4. EASE competency assessment](#)) and the EASE fidelity checklist ([Trainee handout 7. EASE fidelity checklist](#)). Review the fidelity checklist with supervisors, explaining that it serves as a tool to ensure the intervention is being delivered as intended. While supervisors can continue using the EASE intervention manual to assess fidelity, the EASE fidelity checklist offers a more concise format, highlighting the core components of each session.

- Availability: supervisors should be available to helpers outside of scheduled supervision sessions, particularly while helpers are delivering EASE sessions, to provide individualized support as needed, including in response to safeguarding concerns or adverse events.
3. Ask supervisors to provide examples of why they believe routine supervision to be important. Make sure the following points are covered:
 - It is essential for providing effective psychological interventions to adolescents and caregivers.
 - It helps ensure the quality delivery of EASE.
 - It can prevent helper burnout.
 - It aids in supporting helpers of EASE to feel confident when handling challenging situations.
 4. All individuals who are supervising helpers should ideally receive their own supervision from a senior mental health professional who is familiar with EASE and the population that helpers are working with.
 - Invite the group to consider ideas of what alternatives there could be for receiving supervision as a supervisor if senior mental health professionals are not available in their work setting or context.
 5. Discuss with the group what a supervision session may look like. You can present the example structure of [Box 23](#).

Box 23. Example structure of supervision session

1. General check-in with helpers (encourage helpers to practise self-care and discuss if any helper would like to have a one-on-one discussion with the supervisor).
2. Check if any helper has an urgent or challenging issue that requires support.
3. Discuss one (or more depending on time) EASE groups (using [Trainee handout 8. Supervision activity](#)):
 - Address any challenges raised by helpers by using role-plays, bounce-back questions, or reviewing specific EASE skills.
 - Allow helpers to ask questions.
4. If time allows, continue building and practising skills based on the needs of the helpers in your supervision group (e.g. review and role-play Managing My Problems, practice group management skills, conduct a round of EASE competency assessments with the group).
5. Wrap up by discussing the timing and focus of the next supervision session (e.g. assigning helpers to discuss their EASE groups).

Training activity 11.4: Supervision tools and methods

Objective	Time	Materials	Link with intervention manual
To introduce the tools and methods to be used during supervision	40 minutes	<ul style="list-style-type: none"> • Trainee handout 6. Summary sheets and supervision reflection forms • Trainee handout 8. Supervision activity 	

11.4.1 Reviewing supervision tools and methods (25 minutes)

1. Introduce the tools and methods that supervisors can use during the supervision sessions to support the development and skill-building of EASE helpers.

For example, say:

“We will now discuss tools that you are encouraged to use to achieve the aims of supervision. These tools and supervision methods will support the development and skill-building of EASE helpers.”

2. Supervision forms
 - Helpers are responsible for: a) completing summary sheets and supervision reflection forms ([Trainee handout 6. Summary sheets and supervision reflection forms](#)) following each EASE session they facilitate; b) sending a copy of the completed form to their supervisor before the supervision session takes place (using a secure previously agreed-upon channel); and c) having the supervision form ready during every supervision session to facilitate conversations.
 - Supervisors should encourage helpers to complete the summary sheets and supervision reflection forms directly after each EASE adolescent or caregiver session.
 - There is one summary sheet and supervision reflection form ([Trainee handout 6. Summary sheets and supervision reflection forms](#)) per EASE session which includes the following:
 - an introduction which groups information on attendance and timing;
 - a checklist of the session structure;
 - reflection questions; and
 - a space to take notes during supervision.
 - The summary sheets and supervision reflection forms are used during supervision to discuss difficulties and brainstorm potential responses, both by the supervisor and by other helpers.
 - In addition, it provides supervisors with the opportunity to assess helpers' skills and fidelity to EASE.

- Remind helpers never to include information on the summary sheets and supervision reflection forms that can lead to a person's identification.

3. Role-plays

- Explain that, as with the EASE classroom training, role-plays are frequently used in supervision to continue building skills outside of classroom training.
- Role-plays also give the supervisor the opportunity to observe and monitor helpers' skills in delivery and their fidelity to EASE.
- Ask the supervisors to think of different types of role-plays that were used during the EASE classroom training and that can be used in supervision.
- Review the types of role-plays that are used in routine supervision ([Box 24](#)).

Box 24. Types of role plays in routine supervision

- The supervisor models the delivery of an EASE skill through a role-play (similar to the trainer demonstration).
 - Modelling is used to help the supervisor to correct any errors or difficulties in delivering a skill in EASE and to continue training and improving helpers' confidence and fidelity in delivering EASE.
- Helpers role-play a scenario encountered with a participant/group (similar to the trainee role-play).
 - Asking helpers to conduct role-plays helps the supervisor to understand how helpers respond to and manage a situation with a participant and also enables the supervisor to monitor fidelity to EASE.
- Helpers role-play the delivery of an EASE skill (similar to trainee role-play).
 - Asking helpers to role-play an EASE skill helps to build on and confirm skills learned in training. If a common problem is experienced among helpers, conduct a role-play after discussing how best to manage the situation. This will ensure confirmation of what has been verbally "taught" in supervision.

4. Group discussions.

- Encourage group discussion of difficulties raised by helpers.
- As supervision progresses, avoid giving direct answers to helpers' questions when possible (e.g. link this discussion to the use of bounce-back questions to encourage helpers to first consider possible answers to the question).
- Ask supervisors what the benefits are of using bounce-back questions and/or involving other helpers in answering helpers' questions during supervision.

Benefits of bounce-back questions include:

 - They engage all the helpers during supervision and prevent one-to-one conversations between the supervisor and a helper.
 - They show that one question might have a number of possible answers or solutions.

- They encourage discussion among helpers.
- They promote problem-solving and independent learning.
- Supervisors can use guided questioning to encourage group or independent problem-solving and self-reflection. For example, if a helper presents a challenge they are facing, you can say:
 - *“What do you/others think?”*
 - *“What do you think you would have done differently in that situation if it were to happen again?”*
 - *“Has anyone else experienced a similar challenge? If yes, how did you respond to that challenge?”*

5. Refresher training.

- All the above activities are training opportunities for helpers.
- Consider scheduling a quarterly meeting dedicated to refresher training with all helpers and supervisors.
- The monthly refresher training could include a pre-decided topic based on the needs of the supervisees. This might be a common difficulty raised in supervision groups or in an area of work in which supervisors believe helpers require refresher training.
- Various teaching methods are encouraged, including lectures, group discussion, role-plays (both demonstration and where helpers are practising) and other experiential learning approaches.

11.4.2. Group activity: Supervision forms (15 minutes)

1. Divide the supervisors into small groups. Ask each group to briefly review the summary sheets and supervision reflection form ([Trainee handout 6. Summary sheets and supervision reflection forms](#)).
2. Next, hand out [Trainee handout 8. Supervision activity](#) and ask the groups to review the sample summary sheet and supervision reflection form which is an example of a form completed by a helper following the delivery of adolescent session 1.
 - As they review ask them to discuss the following questions and prepare to responses:
 - What concerns do you notice after reading the supervision form?
 - On the basis of the supervision tools (role-plays, group discussions and training), how do you recommend addressing some of the concerns you came across in the supervision form?
 - Which role-play method might you use to continue building helpers’ skills and adherence to EASE?
 - Make sure the following suggestions are covered:
 - The supervisor could use bounce-back questions to encourage reflection and problem-solving by the helpers.
 - The supervisor could ask other supervisees if they have experienced similar challenges when delivering Understanding My Feelings and then brainstorm possible solutions.

- The supervisor and helpers could brainstorm ways to manage time to ensure that all topics are covered during each EASE session.
- The supervisor could model the delivery of Understanding My Feelings through a role-play (specifically Adolescent activity 1.7 Identifying personal feelings).
- Helpers could role-play the delivery of Understanding My Feelings.

Training activity 11.5: Recap of the EASE competency assessment

Objective	Time	Materials	Link with intervention manual
To understand how to use competency assessments during supervision	30 minutes	Training form 4. EASE competency assessment	

Note for trainer: This training activity assumes that all supervisors have participated in training activity 2.3 (Day 2 of the EASE classroom training) and have been involved in assessing EASE competencies and giving feedback during facilitation practice.

1. Emphasize to supervisors that this training activity is confidential because trainees' competencies may be discussed.
2. Briefly recap the EASE competency assessments and use this time to discuss any challenges raised by the supervisors. For example, ask:
 - Do you remember what specific competencies were being assessed during the training and the full facilitation practice (see [Box 10](#) in training activity 2.3)?
 - Do you remember the scoring system?
 - What was your experience when using the competency assessments during training?
 - What did you find challenging about doing EASE competency assessments and giving feedback?
3. Just as in classroom training, competency assessments will continue to be used by supervisors during role-plays in routine supervision.
4. During this activity, it may be mentioned that one of the trainees (helpers) displayed unhelpful or potentially harmful behaviours during facilitation practice or role-plays. Discuss how to support this trainee before they go to in-field practice.

Training activity 11.6: Potential challenges in supervising helpers

Objective	Time	Materials	Link with intervention manual
To review potential challenges that may arise during supervision	120 minutes	<ul style="list-style-type: none"> • Flipchart paper • Ethical dilemmas written out on A3 paper 	

11.6.1 Potential challenges in supervision (30 minutes)

1. Explain that one of the roles of a supervisor is to support helpers in managing challenges and problems that arise during the delivery of EASE.
2. Ask the supervisors to identify potential challenges that might arise when conducting supervision with helpers. Ask them to think about specific challenges that are applicable to their contexts. Write their responses on a flipchart.
 - Examples might include:
 - helpers not being familiar with supervision (see example in [Table 9](#));
 - helpers presenting only what is going well in their EASE groups;
 - helpers becoming defensive about feedback;
 - helpers spending too much time talking about basic demographic information (e.g. background information and presenting problems relating to participants);
 - difficulties gathering information about what is happening in sessions so you can make a judgement on fidelity to the EASE manual; and
 - supervisors' confidence in providing support and advice to helpers who are experiencing challenges with their participants.
3. Invite supervisors to consider methods of preventing and managing the challenges listed by creating a table on a flipchart with challenges on one side and, on the other side, ideas on how to prevent or manage these problems (see an example in [Table 9](#)). Encourage supervisors to raise challenges with their supervisor as the challenges come up, and to keep note of the common challenges and strategies in order to prevent and manage them.

Table 9. Potential challenges in supervision and prevention and management techniques

Potential challenge	Prevention and management
<p>Helpers not being familiar with supervision. For example, in all the EASE trials, supervisors have met the challenge of altering helpers' expectations of supervision. Helpers will typically be guarded initially and repeated questioning from supervisors can be understood as threatening and interrogative. Understandably, helpers thought that supervisors were monitoring the quality of their work and were asking questions to find out what mistakes the helpers may have made.</p>	<p>Explain to helpers that supervision for mental health professionals is a unique experience. In other professional settings, meetings with a supervisor are typically to monitor the efficiency and quality of the employee's work. It is not uncommon for supervision to feel uncomfortable at first because there is no culture of supportive supervision that has been built within their organization.</p> <p>As supervisors, you can say, for instance, <i>"we want all of you to feel empowered and supported in your roles as helpers. And we don't want anyone to leave as you are the most important people in this project."</i></p>
<p>A helper is continually defensive when receiving feedback during supervision sessions. They consistently justify any issues that arise during session delivery, attributing them to external factors. When the supervisor provides feedback, they immediately react by defending themselves rather than reflecting on the input.</p>	<p>Explain to the helper that feedback is a core component of EASE training and supervision. It not only benefits the individual receiving it but also supports other trainees and helpers who may face similar challenges. Remind them that being defensive can signal an unwillingness to improve their skills in delivering EASE. Encourage the helper to approach feedback with an open mind, viewing it not as criticism but as an opportunity for growth and development.</p>

4. Next, discuss how supervisors will need to match their level of supervision and guidance with the helpers' expertise. Explain that there are different stages during the supervision process and helpers will progress and become more confident and skilled at delivering EASE.
 - During the beginning stage, helpers will require a lot more guidance and support. Role-plays will be used to support further learning.
 - As they progress to the middle stage, helpers' confidence and abilities may increase, they may become more familiar with the EASE sessions and materials, but they will still require support when managing adolescents and caregivers who may present with comorbid or complex problems.
 - In the last stage, helpers may feel very confident and familiar with the EASE manual, no longer having to read prepared scripts and able to adjust those scripts to integrate

information relevant to adolescents and caregivers. They might also feel confident in managing many different and more complex problems that adolescents and caregivers present with. In this stage, supervisors may not need to monitor helpers as closely or provide as much training and support as before. However, supervisors should be watchful for times when helpers have deviated too far from the manual, as may happen when they feel more confident with the intervention.

5. Explain that EASE supervisors are responsible for conducting themselves professionally and ethically in their relationships and interactions with helpers. Remind them that they should also protect the welfare of the adolescents and caregivers receiving EASE, the helpers, and the organization they represent (which usually requires people to follow certain policies, rules and regulations).

11.6.2 Ethical dilemmas (90 minutes)

1. An ethical dilemma requires a person to choose an action (or option) even though the possible choices might not be considered ideal.
2. Ethical dilemmas are often described as “grey areas” (as there is usually no “black or white” choice). An ethical dilemma demands thoughtful decisions to be made in the best interests of participants and helpers. Sometimes helpers and their supervisors may need to seek a second opinion (e.g. from their supervisor) about the best course of action.
3. Should an EASE supervisor make a difficult decision about an EASE participant’s or helper’s ethical dilemma, all aspects of that process must be documented (including any resources or other staff consulted).
4. Divide participants into small groups and give each group an equal number of ethical dilemmas (there are 12 in total).

Note to trainer: You can also add ethical dilemmas that came up during the training.

- Present the following ethical dilemmas on separate sheets of A3 paper, leaving space for supervisors to write notes.
 - An EASE helper repeatedly fails to attend supervision sessions, but it is well known that they are still providing EASE to participants.
 - An EASE helper comes to supervision sessions unprepared (e.g. without having completed the supervision forms).
 - An EASE supervisor is also an EASE helper’s direct report manager.
 - An EASE supervisor develops romantic feelings for an EASE helper in their supervision group.
 - An EASE helper is showing signs of burnout.
 - An EASE helper knows one of the caregivers in EASE well and becomes involved in their life outside of the group session.
 - An EASE helper is struggling to feel any empathy for a caregiver in their group and intensely dislikes the caregiver.

- An EASE helper has been abused by a family member of one of the adolescents in their EASE group.
 - An EASE helper is clearly not following the EASE intervention manual.
 - An EASE supervisor has a suspicion that an EASE helper is harming an adolescent.
 - After many supervision sessions, an EASE helper is unable to use the basic helping skills during EASE sessions.
 - An EASE helper is ignoring a request for support from an adolescent who has disclosed abuse in the home.
 - Note to the group that some challenges may not be dilemmas at the beginning but they have the potential to become ethical dilemmas if not addressed.
5. Ask supervisors to discuss the dilemmas and associated risks and to propose steps they would take to mitigate and/or address the dilemmas. Give them 20 minutes.
6. Ask each group to present by first stating the ethical dilemma and the steps they discussed to mitigate and/or address the dilemma. Allow other groups to provide additional ideas or feedback. Allow an open discussion to take place while being cautious of time and the fact that there is rarely one simple answer to an ethical dilemma.
7. Provide feedback on the steps that the supervisors proposed to mitigate and/or address the dilemmas. Ask the group if there are any other ethical dilemmas that they can think of for their context.
8. Key points to highlight:
- There is rarely one answer to an ethical dilemma.
 - The adolescents' and caregivers' welfare must always come first, and then that of the helper (unless there are safety concerns).
 - The best course of action is often determined through discussion with those involved in the dilemma. However, sometimes it might be necessary to seek support from other supervisors.
 - Actions to address ethical dilemmas should always comply with the laws of the country and the policies of the organization.

Training activity 11.7: Mock supervision session

Objective	Time	Materials	Link with intervention manual
To experience an EASE supervision session	70 minutes	<ul style="list-style-type: none"> • Trainee handout 6. Summary sheets and supervision reflection forms • Trainee handout 8. Supervision activity 	

1. Let trainees know they will now practice leading and participating in a supervision session.
2. Divide the group into pairs or small groups. Each supervisor will have a chance to role-play a one-on-one supervision session or small group supervision session (depending on the number of supervisors and time).
3. Encourage trainees who will act as a helper to think of a scenario to discuss with their supervisor after delivering adolescent session 1. This scenario could be a challenge they faced or observed during the facilitation practice, the full facilitation practice, or it may be based on the [Trainee handout 8. Supervision activity](#).
4. Before you divide the trainees into pairs or small groups, ask what methods they will use to run their mock supervision session. Make sure it covers:
 - review the helper's summary sheet ([Trainee handout 6. Summary sheets and supervision reflection forms](#));
 - respond to any questions;
 - role-plays (see [Box 24](#)).
5. Each supervisor should be allowed 20 minutes to run the mock session.
6. Switch roles to ensure that every supervisor has the opportunity to practise as a supervisor.
7. Discuss supervisors' experiences in running a supervision session and in receiving supervision.

Training activity 11.8: Conclusion and next steps

Objective	Time	Materials	Link with intervention manual
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To discuss next steps in the supervision process 20 minutes

1. Discuss with supervisors how they are feeling about becoming EASE supervisors and address any concerns that are raised and answer any remaining questions.
2. Finalize the supervision training day by reviewing the plan for the first supervision meeting and confirming the date for the supervision of supervisors. Ask supervisors if they have any final questions or issues to discuss.

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Part C:

Annexes

Annex 1. Activities to review previous day

For all reviews of the previous day, you can choose to focus on what trainees have learned that day or highlight key learnings from multiple days. Reviewing helps to reinforce and build on trainees' learning throughout the course of the training. We have suggested that the review can be done at the beginning of each day of training. However, it can also be done in the middle of the day, after breaks or lunchtime, or at the end of each day. Reviewing activities can also be a positive energizer for when the group needs a break from learning but when you still want to keep the trainees thinking about the topics of the day. There are many options and variations of ways to review – try thinking of your own!

1.1 Pairs

Trainees form pairs and each discuss four things that they learned from the previous day. Report back to everyone one unique learning from each trainee (not allowing trainees to say something that has been already said).

1.2 Status

In an open space, ask trainees to follow you in strange body movements (e.g. hopping on one leg, walking on tippy-toes, crab-walking, stretching movements) and call out “STOP!” Name a trainee and ask them a question about the previous day's topics.

1.3 Circle

In a circle, ask trainees one thing they learned from the previous day, indicating that they must say something not yet said by anyone else.

1.4 Brainstorming against the clock

This is often best for later in the training when many experiences can be reviewed. Have trainees come together in groups of three or four with large paper and markers. Time them for 5 minutes as they list all the unique and specific things they have been taught. In the plenary, use an honesty system to review which group has come up with the “most unique” (i.e. not covered by other groups) learning(s) and offer a prize to that group (e.g. to lead the next energizer activity or to be first in line for morning tea).

1.5 Snowball fight

Each trainee writes down a question related to previous learning (either the previous day or the learnings so far) and gently crumples the paper into a ball (so it can still be unravelled and read). Form a standing circle. Call out “SNOWBALL FIGHT” and throw the snowballs to others in the circle. Go around the circle with each individual opening and reading out their question – and providing their answer.

1.6 Alphabet

Sitting in a circle, go around the group, starting with “A” (or the equivalent letter of the local alphabet) and ask each trainee to say something they have learned that begins with the corresponding letter of the alphabet. Keep going around the group until the whole alphabet has been said, allowing for wider group input for trainees who may struggle with certain letters (e.g. for the English alphabet- “J”, “K”, “X”, “Z”).

1.7 Learning in images

Around the room, stick an image (e.g. from a newspaper or magazine) on large pieces of flipchart paper. Ask trainees to go to each image and describe what that image reminds them of from the training. For instance, an image of a stressed person could remind people of Understanding My Feelings, or an image of people talking could remind people of basic helping skills. You can make variations of this activity to relate to specific topics (e.g. different images for different EASE strategies or basic helping skills) or keep it more general.

1.8 True/false

Ask all trainees to stand up. Make statements about the learning material, asking participants to place their hands on their head if they believe it to be true (e.g. EASE is a group intervention) – and place their hands on their hips if they believe it to be false – e.g. EASE is for 5-year-olds only. Trainees who answer a statement incorrectly have to sit down. Gradually make the statements harder and more complex until you have an individual winner.

1.9 Imagery

Divide into groups of three or four and provide each group with a topic of something learned so far, breaking down specific topics (e.g. different basic helping skills, different elements of Managing My Problems, different sections of adolescent session 4). Ask the groups to draw a poster about that topic, using only images and/or symbols – no words allowed. Review each group’s poster in the plenary.

Annex 2. Instructions for leading facilitation practice

These instructions are for trainers.

During the facilitation practice

- Invite the trainee doing the facilitation practice to lead facilitation.
- The other trainees take the role of a group of adolescents or a group of caregivers.
- One trainer will observe how the trainee leads the activity (with the EASE intervention manual for time-keeping and to check if the trainee follows the manual) using the EASE intervention manual.
- The other trainer will assess the competencies in delivering the EASE intervention using [Training form 4. EASE competency assessment](#).

After the facilitation practice – Feedback and reflection (10–15 minutes)

- Trainers give feedback using the EASE competency assessment.
- Refer trainees to [Trainee handout 2. Steps for helpful feedback](#)
 - Step 1: Give positive feedback first.
 - Step 2: Invite reflections from the person who was facilitating.
 - Step 3: Provide feedback about areas to improve (only if necessary), and recap positive points.
- Ask trainees to reflect on the activity.
- Ask trainees to reflect on potential difficulties that adolescents, caregivers or helpers might experience while doing this activity.
- Trainers should invite other trainees to give feedback and reflection.
- If needed – e.g. if the facilitation practice was not conducted well or was confusing for the other trainees – the trainer should demonstrate the activity again.

To elicit reflections from the trainee leading the facilitation practice, ask open questions such as:

- What did you feel?
- What was your impression of how well you led the session?
- What did you notice in your group? What behaviours or facial expressions did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- How was it following the protocol but still trying to be attentive to the group?
- Are there any parts of the strategy or session that are unclear?
- When did you notice you needed to use your basic helping skills the most?
- What would you do differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?

Annex 3. Instructions for trainer demonstrations

These instructions are for trainers.

During the trainer demonstrations

- The trainer should demonstrate the facilitation practice.
- Sometimes, the co-trainer will take the role of the participant or trainees will take the role of a group of adolescents or caregivers.
- The trainees should also observe how the trainer conducts the role-play and try to identify as many basic helping skills as they can (they can write them down while watching).

After the trainer demonstration – Reflection (10–15 minutes)

- Ask trainees to reflect on the activity.
- Ask trainees to reflect on potential difficulties that adolescents, caregivers or helpers might experience while doing this activity. The co-trainer should join the trainees to reflect on the trainer demonstration. Giving feedback on the demonstration role-play serves several purposes:
 - It keeps the trainees actively engaged and reflecting on what they learned from the demonstration role-play, rather than just passively observing the trainer do a role-play.
 - It models/demonstrates to trainees how to give feedback to each other during facilitation practice in order to maximize the opportunity for learning.
 - Sometimes it can be helpful to demonstrate a role-play twice in order to demonstrate the differences between poor use of skills and common errors (e.g. giving direct advice to an EASE participant) and good use of skills. This can help trainees to learn what to avoid when delivering a skill.
 - Trainers can also use the feedback to nominate aspects that they could have improved themselves with the role-play.
- At the end of the trainer demonstration, the trainer will ask which basic helping skills were demonstrated and when they were used.

Annex 4. Jeopardy game

Instructions:

- Separate the trainees into three groups and ask them to put their EASE intervention manual and any other supporting documents away.
- There will be five categories of questions and each category will have five questions (for 100 points, 400 points, 600 points, 800 points and 1000 points). The higher the points, the more difficult the questions are.
- The five question categories include: **essential information, basic helping skills, adolescent sessions, caregiver sessions and wild card.**
- Decide which group goes first and allow them to pick a question from the main question bank (e.g. basic helping skills for 200). If they answer the question correctly, they can choose one more question. If they answer the question wrongly, the question goes to the next group. If the group answers two questions correctly, go to the next group to ensure that all groups have the opportunity to answer questions.
- Each group will have 45 seconds to answer a question before it is passed to the next group.
- Keep track of the points that each group earns. At the end, the group with the most points wins. Have fun!

Category 1: Essential information

Points	Question	Answer
100 points	Who is the EASE intervention intended for?	10–15-year-old adolescents and their caregivers.
400 points	What is the suggested maximum number of participants in an EASE adolescent group?	12
600 points	What is the frequency at which EASE adolescent sessions should be given and how flexible can you be with it?	Adolescent sessions are typically given once a week. We recommend no more than six days and no less than four days between sessions to allow time for participants to complete their home practice.
800 points	Name all the EASE materials that accompany the intervention manual that you need to deliver the EASE sessions?	1. storybook 2. workbooks 3. posters 4. caregiver handouts

Points	Question	Answer
1000 points	Your role as a helper delivering EASE has three main parts, what are they?	<ol style="list-style-type: none"> 1. To teach adolescents and their caregivers EASE skills. 2. To support and encourage adolescents to practise EASE skills. 3. To support caregivers in their roles.

Category 2: Basic helping skills

Points	Question	Answer
100 points	A big part of your role as a helper is showing compassion and support, even when something goes against your personal beliefs. What basic helping skill is important to use during this situation?	Putting aside your personal values (non-judgmental).
400 points	An adolescent shared in adolescent session 1 that their whole Feelings Pot was full of sadness. What is the first basic helping skill would you use to respond?	Communicating concern (empathy).
600 points	Name the seven basic helping skills?	<ol style="list-style-type: none"> 1. Confidentiality 2. Non-verbal skills 3. Communicating concern (empathy) 4. Praising openness 5. Validating (normalizing) 6. Putting aside your personal values (non-judgmental) 7. Not giving direct advice
800 points	Name the three limits to confidentiality?	<ol style="list-style-type: none"> 1. If an adolescent or caregiver is at risk of hurting themselves or ending their life. 2. If an adolescent or caregiver is at risk of seriously hurting someone else. 3. If an adolescent or caregiver is being harmed by someone else.

Points	Question	Answer
1000 points	Name two risks to the adolescent or caregiver if the helper gives them direct advice.	<ol style="list-style-type: none"> 1. What has worked for us or others may not work for this participant. 2. If the advice given does not work, this could affect the participant-helper relationship – e.g. the adolescent or caregiver may lose trust in the helper; or they may be put off seeking mental health support in the future. 3. The participant could become dependent on others to solve their problems – they never learn how to make changes for themselves or they may not gain internal motivation to make a change themselves. 4. The participant fails to learn strategies for future problem-solving and emotional coping.

Category 3: Adolescent sessions

Points	Question	Answer
100 points	What skill can be used to manage difficult physical sensations in the body?	Calming my body
400 points	What are two ways to support an adolescent if they feel dizzy while doing the slow breathing exercise?	<ol style="list-style-type: none"> 1. Remind them that these sensations are safe and they are not losing control. 2. Encourage them to focus just on blowing all the air out (just the breathing out) and letting the in-breath come naturally (by itself). Later they can return to focusing on the whole process of breathing (in and out). 3. Help them to focus on a ticking clock and breathe to the count of the clock rather than focusing only on the breathing (or a musical beat in a song).

Points	Question	Answer
600 points	Name the four skills taught to adolescents?	<ol style="list-style-type: none"> 1. Understanding My Feelings 2. Calming My Body 3. Changing My Actions 4. Managing My Problems
800 points	How do we encourage adolescents to complete their home practice? Provide two answers.	<ol style="list-style-type: none"> 1. Where possible, ask adolescents to specify when they will do the task and how they will remember when to do it. 2. Emphasize that the practice can be very brief – e.g. a few minutes. 3. Make a reminder (e.g. by drawing or writing one), asking someone to remind them (a friend from the group, or a caregiver), or plan to do it at a particular time on a particular day, such as after a meal or before sleeping.
1000 points	What issues do Changing My Actions and Managing My Problems address?	<ol style="list-style-type: none"> 1. Changing My Actions addresses behaviours and actions, particularly problems with inactivity. 2. Managing My Problems addresses: thoughts, particularly thinking about how to solve common problems.

Category 4: Caregiver sessions

Points	Question	Answer
100 points	When should the first caregiver session be held?	Ideally before first adolescent session, and always before the third
400 points	Name the three skills taught to caregivers?	<ol style="list-style-type: none"> 1. Active listening 2. Quality time 3. Giving praise 4. Self-care
600 points	Why is caregiver self-care taught in caregiver session 3?	To enable caregivers to support their child's well-being, caregivers need to look after their own emotional and physical health.
800 points	In caregiver session 1, the helper "breaks the myth" surrounding talking about suicide to children. What is the myth?	Many people worry that asking about suicide will increase the chance of suicide or give the child ideas. This is understandable, but it is a myth.

Points	Question	Answer
1000 points	Name the three points taught to caregivers in caregiver session 2 regarding giving praise to their children?	<ol style="list-style-type: none"> 1. Clearly describe which behaviour is being praised. 2. Praise the child's efforts and not just accomplishments. 3. Give praise as soon as possible and of express the praise positively.

Category 5: Wild card

Points	Question	Answer
100 points	What should all adolescents receive during the first session?	Each adolescent should receive one copy of the workbook in the first session.
400 points	What are two key reasons for always having both a helper and a co-helper when delivering the EASE program?	<ol style="list-style-type: none"> 1. The other helper, the co-helper, can watch the time, monitor the group relationships, identify participants who might be having difficulties in understanding the information, support an individual one-to-one if they have an adverse reaction, and ensure that the key points of discussion have been covered. 2. Child safeguarding.
600 points	If participants are regularly arriving late, leaving early or missing sessions, what is the first step to take?	Talk to them (and possibly also their caregivers, if appropriate).
800 points	If you notice a clique, what is one way you can respond?	<ol style="list-style-type: none"> 1. Move participants around so they do not sit next to the same person during every session. 2. Change the members of small groups or pairs for different activities. 3. Include a rule about not teasing or excluding other participants in your group rules.
1000 points	What are the two main aims of the caregiver sessions?	<ol style="list-style-type: none"> 1. To improve the caregiver-child relationship. 2. To enable caregivers to better support their child who is experiencing emotional distress.

Part D:

Training forms

Instruction for printing: One copy for whole training or multiple copies as indicated in the box on the top right.

Training form 1. Case studies

1.1 Asma and Asim

Case studies for:

- Day 1. Training activity 1.5: Case study exercise
- Day 2. Training activity 2.2: Basic helping skills (validating small group exercise)
- Day 4. Training activity 4.4: Introduce the vicious cycle

Asma is a 14-year-old girl who lives with her mother and two younger siblings. Her father died 18 months ago. Asma misses her father very much. His death has also put a strain on the family as her mother now has to find casual work and Asma must look after her two siblings and help her mother more in the house. This has meant she has had to miss school sometimes and she is finding it difficult to keep up with her schoolwork. She feels very stressed about this, but what bothers her the most is that she feels very sad all the time. She has started to lose interest in school and has skipped a few days. She has also stopped seeing her friends. When she does have free time, she often chooses to lie in her bed. She just does not have the energy to do much anymore, and she often feels like crying. She also feels aches throughout her body and often has headaches. She does not know what she can do to help herself feel better. Her mother has noticed that she has not been finishing her housework because Asma is finding it too hard to do. This has caused her and her mother to argue a lot more. She ends up reacting strongly, shouting at her mother and saying bad words to her. Sometimes, when she is angry at her siblings, she might push them aggressively. She feels that no one really understands her – especially her mother.



Asim is an 11-year-old boy who lives with his parents, three siblings and two grandparents. He and his family recently moved because they were living in a dangerous neighbourhood. Students at Asim's old school were beginning to threaten him and his parents were worried about his safety. Asim had to start a new school when they moved. Initially he was happy about this but then he started feeling anxious that the kids would start bullying him again. These worries were stopping him from making friends at his new school. He tries to avoid areas in his neighbourhood where kids from his school play and he spends his lunchtimes at school alone. Two months ago he developed a very bad stomach pain that has kept him away from school. When his mother forces him to go, he gets very angry and has once even become aggressive. He has seen many doctors but there is nothing physically wrong with him. His family want to help him but they do not understand what he is afraid of. Sometimes his father will get frustrated and aggressive with Asim.

1.2 Denys

Case studies for:

- Day 4. Training activity 4.5: Introduce Changing My Actions in session 3 (trainer demonstration)

Denys is a 13-year-old refugee. He lives with his mother, grandparents and three younger siblings in a small apartment. When his father was killed in the war 2 years ago, his family fled. He has noticed recently that he is feeling very tired and without energy most days. He feels sad most days and thoughts about his father and home country occupy his mind. Denys used to be a very good guitar player and playing music used to make him feel relaxed and happy. But since moving to the new country he has hardly played his guitar. He has tried to play numerous times but says he can not do it because it feels too difficult to do or he does not have the energy to play.



1.3 Fatima and Lola

Case studies for:

- Day 4. Training activity 4.8: Anxious avoidance and Changing My Actions

Fatima used to help her mother to sell goods at the market every Saturday morning. Then one day she was walking alone to meet her mother at the market and she heard a loud bang. Somebody had dropped a lot of bricks from a truck. She was immediately scared and started to feel panicked. She thought that the sound was a bomb. There has never been a problem of bombs in this market; however, Fatima remembers that there were bombs in her home country. Since then she has stopped going with her mother. Sometimes she has told her mother that she has too much schoolwork or she must help a friend. This used to work, but recently her mother has become annoyed with her and told her she must help her at the market again. Fatima feels very scared about going.



Lola is an 11-year-old girl living in an area that has recently become occupied by gangs of young men. After school, she used to play at the park with her friends and come home when it began to get dark. However, last month her and her friends were taunted by a group of young men. Since then, she has not gone back to that park and will deliberately avoid walking by it when she is on her own.

1.4 Aarush

Case studies for:

- Day 4. Training activity 4.9: Anger and Changing My Actions

Aarush was living with his father after his mother and younger siblings were killed during an air-strike. Before the air-strike, Aarush used to play football with his friends, and he enjoyed joking around with his siblings and his mother. Soon after his loss, Aarush started having big feelings of sadness and anger. Smaller things would make him angry – the last time he was playing football he shouted at his friend and pushed him to the ground, just for not passing the ball to him. Aarush has not been out to play with his friends since then because he feels embarrassed and he thinks that his friends will not accept him anymore. His football friends used to sometimes call out to him when he walked past – at first they were asking him to come and play again. Aarush would reply in a very angry voice that he did not want to play with them. Recently, they called out to him saying “What’s the matter Aarush, are you too scared you’ll lose? You’re not good enough”, which made him feel more angry, but also upset that his friends seemed to be his friends no longer. So he called back: “I wouldn’t want to play with you losers anyway”. Aarush has now met some older boys who create problems in the neighbourhood by hassling people. He no longer jokes around and spends much of his time feeling angry, hassling people and smoking with this new group of boys.

Training form 2. Facilitation practice allocation form

2.1 Facilitation practices during training days 3 to 7

- Form to be completed on Day 1.
- Make sure that each trainee will be facilitating (at least) one adolescent (during training days 3–6) and one caregiver activity (during training days 6–7).
- For each facilitation practice, about 6 trainees will act as ‘adolescents’ or ‘caregivers’. All other trainees will be observers.
- **If this is a ToT**, two observers will be responsible to give feedback on competencies and fidelity.

PRACTICE TO DELIVER EASE TO ADOLESCENTS AND CAREGIVERS					
Training day	EASE session	Facilitation practice	Intervention manual activity	Time (minutes)	Name of trainee(s) who will facilitate this practice session
Day 3	Adolescent session 1	1	Adolescent activity 1.6. Externalizing feelings: 1. <i>Group activity only</i>	10	
		2	Adolescent activity 1.6. Externalizing feelings: 2. <i>Pair or individual activity only</i>	15	
		3	Adolescent activity 1.7. Identifying personal feelings: 2. <i>Big feelings: discussion only</i>	10	

PRACTICE TO DELIVER EASE TO ADOLESCENTS AND CAREGIVERS					
Training day	EASE session	Facilitation practice	Intervention manual activity	Time (minutes)	Name of trainee(s) who will facilitate this practice session
Day 3	Adolescent session 1	4	Adolescent activity 1.8. Ending the session: 3. <i>Activity to end the session only</i>	10	
	Adolescent session 2	5	Adolescent activity 2.1. Welcome: 2. <i>Opening activity: the Showing oOur Feelings game only</i>	10	
		6	Adolescent activity 2.3. Feelings and my body	20	
Day 4	Adolescent session 3	7	Adolescent activity 3.1. Welcome: 2. <i>Opening activity only</i>	10	
	Adolescent session 4	8	Adolescent activity 4.3. Changing My Actions (whole activity except 4. <i>Do the group activity</i> and 5. <i>Do a pairs or small groups activity</i>)	15	
		9	Adolescent activity 4.3. Changing My Actions: 5. <i>Do a pairs or small groups activity only</i>	15	
Day 5	Adolescent session 5	10	Adolescent activity 5.2. Review session 4 and review home practice: 3. <i>Invite participants to discuss Calming My Body home practice only</i>	5	

PRACTICE TO DELIVER EASE TO ADOLESCENTS AND CAREGIVERS					
Training day	EASE session	Facilitation practice	Intervention manual activity	Time (minutes)	Name of trainee(s) who will facilitate this practice session
Day 5	Adolescent session 5	11	Adolescent activity 5.2. Review session 4 and review home practice: <i>3. Invite participants to discuss Changing My Actions home practice only</i>	15	
		12	Adolescent activity 5.3. Understanding common problems	15	
		13	Adolescent activity 5.4. Managing My Problems Facilitation practice split up in three parts: Part 1: <i>1. Read story and 2. Do the Managing My Problems group activity, Step 1 (Stop) only</i> (7 minutes) Part 2: <i>Step 2 (Think) only</i> (6 minutes) Part 3: <i>Step 3 (Go) only</i> (7 minutes) Note: Trainees should prepare together to limit confusion and to help create a smoother transition between facilitation practices.	20	Three trainees needed for this facilitation practice: Part 1: Part 2: Part 3:

PRACTICE TO DELIVER EASE TO ADOLESCENTS AND CAREGIVERS					
Training day	EASE session	Facilitation practice	Intervention manual activity	Time (minutes)	Name of trainee(s) who will facilitate this practice session
Day 5	Adolescent session 6	14	Adolescent activity 6.5. Preparing for the end of the intervention	5	
Day 6	Adolescent session 7	15	Adolescent activity 7.3. Brighter futures (whole activity except 4. <i>Do a craft activity</i>) *Optional: this facilitation practice can be divided between two trainees	25	
		16	Caregiver activity 1.4. EASE adolescent skills review	10	
	Caregiver session 1	17	Caregiver activity 1.5. Understanding big feelings in adolescents *Optional: this facilitation practice can be divided between two trainees	15	
		18	Caregiver activity 1.6. Responding to feelings: 1. <i>Group activity: identifying and soothing big feelings only</i>	10	
		19	Caregiver activity 1.6. Responding to feelings: 2. <i>Role-play: active listening only</i>	10	

PRACTICE TO DELIVER EASE TO ADOLESCENTS AND CAREGIVERS					
Training day	EASE session	Facilitation practice	Intervention manual activity	Time (minutes)	Name of trainee(s) who will facilitate this practice session
Day 6	Caregiver session 1	20	Caregiver activity 1.7. Quality time	20	
		21	Caregiver activity 1.8. Ending the session: 3. <i>Slow Breathing activity to end the session only</i>	5	
Day 7	Caregiver session 2	22	Caregiver activity 2.3. Children's strengths	10	
		23	Caregiver activity 2.4. The power of praise: 1. <i>Discuss caregivers' experience of receiving praise only</i>	5	
		24	Caregiver activity 2.4. The power of praise: 2. <i>Explain the three key points when giving praise only</i>	10	
		25	Caregiver activity 2.4. The power of praise: 3. <i>Do a role-play group activity and 4. Have a group discussion only</i>	20	
	Caregiver session 3	26	Caregiver activity 3.1. Welcome and review home practice: 2. <i>Review home practice only</i>	10	
		27	Caregiver activity 3.3. Caregiver strengths	10	
		28	Caregiver activity 3.5. Brighter futures	15	

2.2 Full facilitation practices during training days 9 and 10

- Form to be completed on Day 7.
- For the full facilitation practices, co-helpers are assigned to support the session. Advanced preparation is not required for the co-helper but it is suggested to meet with the session lead to determine what support is needed during the session (e.g. monitor the time, identify participants who might be having difficulties understanding the information, etc.).
- For each full facilitation practice, about 6 trainees will act as ‘adolescents’ or ‘caregivers’. All other trainees will be observers.
- **If this is a ToT**, two observers will be responsible to give feedback on competencies and fidelity.

Day 9: Adolescent sessions

Adolescent session	Helper	Co-helper	EASE competencies	Fidelity
1				
2				
3				
4				
5				
6				
7				

Day 10: Caregiver sessions

Caregiver session	Helper	Co-helper	EASE competencies	Fidelity
1				
2				
3				

Training form 3. Teaching practice allocation form (for ToT only)

Note for trainer: Print extracts of the training manual for each teaching practice.

Notes for trainees:

- If you have been allocated to a teaching practice together with another trainee, meet in advance to prepare together.
- Read the training activity you have been assigned in full.
- Ensure you have all the necessary materials to deliver the training activity. If you are unsure, inquire with the trainers.
- If anything about the training activity is unclear, ask your trainer for support (e.g. at the start of a training day during the 'Helpers for the day' time slot).
- You are allowed (but not required) to adapt the training activity to suit your style; but do make sure that the key points are covered.

PRACTICE TO TRAIN FUTURE HELPERS				
Training day	Teaching practice	Training manual activity	Time (minutes)	Name of trainee(s) who will facilitate this teaching practice
Day 3	1	3.10: Calming My Body – part 1	30	
Day 4	2	4.7: Responding to home practice difficulties for Changing My Actions	30	
Day 6	3	6.4: Introduce the caregiver sessions	20	
	4	6.5: Communication with caregivers	20	

Day 7	5	7.4: Managing caregivers' resistance to praise	20
		7.5: Importance of alternatives to harsh punishment in caregiver session 2	
	6	Note: Have two or three trainees (depending on your group size) complete this teaching practice and include the facilitation practice	50
	7	7.9: Helping caregivers overcoming obstacles to practise the caregiver skills	35
Day 11 (Supervision day)	8	11.3: EASE supervision structure	20

Training form 4. EASE competency assessment

4.1 Competencies related to the adolescent sessions

Print as many copies as there are facilitation practices scheduled. Or print one for each trainer and laminate the form for re-use, or use a separate piece of paper for scoring. **If this is a ToT:** print one for each trainee.

1. NON-VERBAL COMMUNICATION [WeACT #1]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills	
<input type="checkbox"/> Aggressive or inappropriate stance, gestures, or intense staring <input type="checkbox"/> Sarcastic, cold, or overly friendly tone of voice <input type="checkbox"/> Inappropriate physical contact (e.g. rigid or overly friendly contact) <input type="checkbox"/> Shows non-verbal expressions of disengagement and lack of interest in the child (e.g. uses their phone, sighs audibly, turns their body away from the child)	<input type="checkbox"/> Maintains an open posture and appropriate eye contact <input type="checkbox"/> Shows expressions of engagement and enthusiasm, e.g. smiling, clapping, nodding, utterances (uh uh) <input type="checkbox"/> Friendly tone of voice, appropriate volume and pace. <input type="checkbox"/> Finds appropriate physical distance (e.g. respects personal space, doesn't stand too far away) <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Uses comforting non-verbal communication (e.g. sympathetic facial expressions, mirroring or reassuring body language) <input type="checkbox"/> Matches rhythm of communication to child, allowing for silences and longer or shorter pauses <input type="checkbox"/> Gets physically on the level of the child to show attention to the child.	
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills	<input type="checkbox"/> Level 3 all basic skills	<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill
Notes:			

2. VERBAL COMMUNICATION [WeACT#2]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Uses harsh, aggressive, or stigmatizing words when talking to the child <input type="checkbox"/> Uses explicit words or language inappropriate to the age of the child <input type="checkbox"/> Repeatedly interrupts the child	<input type="checkbox"/> Uses language appropriate to the age and ability of the child <input type="checkbox"/> Clear communication and presentation of information understandable to the child <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Demonstrates skills to ensure and communicate understanding (e.g. paraphrasing, asking open-ended questions for clarification, and summarizing or reflection) <input type="checkbox"/> Uses familiar and appropriate idioms, stories, or metaphors to explain difficult concepts
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

3. RAPPORT & RELATIONSHIP BUILDING [WeACT #3]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Is overly cold, authoritative or distant with the child <input type="checkbox"/> Is too affectionate or close with the child <input type="checkbox"/> Dominates the conversation or focuses only on their own experiences	<input type="checkbox"/> Uses relationship building techniques (e.g. small talk, introductions, relates with own experiences, informal conversations, or doing activities together with the child) <input type="checkbox"/> Makes sure that the conversation is primarily focused on the child's experiences <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Brings up and discusses topics that are appropriate to the age and ability of the child <input type="checkbox"/> Is responsive to the child's needs in the interaction
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

4. EMPATHY, WARMTH & GENUINENESS [WeACT #4]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Is critical, hostile, or dismissive <input type="checkbox"/> Ignores the child's emotional responses <input type="checkbox"/> Mocks or laughs at the child <input type="checkbox"/> Makes belittling or condescending statements towards the child	<input type="checkbox"/> Gives emotionally supportive responses <input type="checkbox"/> Validates the child's experience from the child's point of view in a clear, confident manner <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Provides hope for improvements in lived experiences on the part of the child, while not overpromising or promoting unrealistic expectations
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

5. ORGANISES GROUP WORK EFFECTIVELY (GROUP) [WeACT #12]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> The session lacks clear structure and becomes chaotic <input type="checkbox"/> Does not help children if they are confused by the activity or purpose of session	<input type="checkbox"/> Has a clear structure for the session, including necessary resources <input type="checkbox"/> Manages time effectively during the session <input type="checkbox"/> Explains activities and session goals to all participants <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Ensures children are familiar with and understand the rules of the session <input type="checkbox"/> Ensures session goals are achieved and planned themes are addressed and planned themes are addressed
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

6. ABILITY TO BE INCLUSIVE (GROUP) [WeACT #13]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Marginalizes a child based on characteristics like ethnicity, religion or gender <input type="checkbox"/> Ignores certain children in the group <input type="checkbox"/> Allows a child to exclude, marginalize or discriminate against their peers <input type="checkbox"/> Chooses activities that could exclude some children	<input type="checkbox"/> Actively encourages children to participate and join the sessions or activities <input type="checkbox"/> Intervenes when a child is marginalized, discriminated against or left out of activities <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Selects, adapts, and conducts activities that allow all children to participate, regardless of their background, identity or abilities <input type="checkbox"/> Finds balance between pushing and being respectful of the child's boundaries
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

7. EXPLAIN & PROMOTE CONFIDENTIALITY [ENACT #3]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Forces client to disclose to helper or others <input type="checkbox"/> Describes confidentiality inaccurately (e.g., 'I will only tell your family') <input type="checkbox"/> Promises all things will be kept confidential without exceptions <input type="checkbox"/> Minimizes client's concerns about confidentiality (e.g., 'it doesn't matter if anyone else hears us')	<input type="checkbox"/> Explains concept of confidentiality <input type="checkbox"/> Lists exceptions for breaking confidentiality for self-harm or harm to others <input type="checkbox"/> Explains why it can be important to break confidentiality <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Details the referral process related to confidentiality and exceptions <input type="checkbox"/> Asks questions to assess client's understanding of confidentiality <input type="checkbox"/> Topics of discussion are appropriate to confidentiality of setting
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

8. SAFE IDENTIFICATION OF CHILD ABUSE, EXPLOITATION, NEGLECT, VIOLENCE, & SELF-HARM [WeACT #8]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills	
<input type="checkbox"/> Threatens to report child's disclosure of abuse to perpetrating party <input type="checkbox"/> Makes dismissive statements about, or blames or punishes child for abuse, exploitation, self-harm, etc. <input type="checkbox"/> Assesses risk of harm in an intrusive manner, or in an unsafe space (e.g. discussing it in front of a group or in a non-private space) <input type="checkbox"/> Does not address clear signs of potential risk of harm	<input type="checkbox"/> Safely points out or verbalizes signs of harm or high risk of harm <input type="checkbox"/> Explores in a safe, child-friendly, and appropriate manner if harm or high risk of harm is present (appropriate to their role and without investigating) <input type="checkbox"/> Promotes and respects confidentiality and its exceptions <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> When necessary, explains referral pathways and process <input type="checkbox"/> When necessary, tries to obtain assent from the child to make appropriate referral <input type="checkbox"/> Manages child's expectations about the follow up in a reassuring way	
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills	<input type="checkbox"/> Level 3 all basic skills	<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill
Notes:			

4.2 Competencies related to the caregiver sessions

9. NON-VERBAL COMMUNICATION [ENACT #1)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills	
<input type="checkbox"/> Engages in other activities (e.g., answers mobile, completes paperwork) <input type="checkbox"/> Laughs at client <input type="checkbox"/> Uses inappropriate facial expressions <input type="checkbox"/> Inappropriate physical contact	<input type="checkbox"/> Allows for silences <input type="checkbox"/> Maintains appropriate eye contact <input type="checkbox"/> Maintains open posture (body turned toward client) <input type="checkbox"/> Continuously uses supportive body language (head nod) and utterances (uh huh) <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Varies body language during the session in relation to client's content and expressions	
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills	<input type="checkbox"/> Level 3 all basic skills	<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill
Notes:			

10. VERBAL COMMUNICATION SKILLS [ENACT #2]

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Interrupts client <input type="checkbox"/> Asks many suggestive or leading closed-ended questions (e.g., 'You didn't really want to do that, right?') <input type="checkbox"/> Corrects client ('What you really mean...') or uses accusatory statements ('You shouldn't have said that to your husband') <input type="checkbox"/> Uses culturally and age-inappropriate language and terms	<input type="checkbox"/> Open ended questions <input type="checkbox"/> Summarizing or paraphrasing statements <input type="checkbox"/> Allows client to complete statements before responding <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Encourages client to continue explaining (e.g. 'Tell me more about...') <input type="checkbox"/> Uses clarifying statements in first person (e.g. 'I heard you say, I understood...') <input type="checkbox"/> Matches rhythm to clients, allowing longer or shorter pauses based on client
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

11. RAPPORT BUILDING & SELF-DISCLOSURE (ENACT #4)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Dominates session describing a personal experience <input type="checkbox"/> Minimizes client's problems by describing how the helper has dealt with this <input type="checkbox"/> Asking unnecessary embarrassing personal questions <input type="checkbox"/> Discusses confidential information of other clients	<input type="checkbox"/> Introduces self and explains role <input type="checkbox"/> Makes casual, informal conversation <input type="checkbox"/> Asks for client's introduction (e.g. what client prefers to be called) <input type="checkbox"/> Shares general experience to relate to the client (e.g., about one's community/region) <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Asks for client's reflection related to helper's information that is shared <input type="checkbox"/> Checks in on client's comfort (e.g. offer seat, preferred language)
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

12. EXPLORATION & NORMALISATION OF FEELINGS (ENACT #5)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Makes statements that client's response is unusual or atypical for others in similar situations (e.g. 'People don't usually react this way') <input type="checkbox"/> Minimizes or dismisses client's feelings or emotions <input type="checkbox"/> Forces client to describe emotions	<input type="checkbox"/> Appropriately encourages client to share feelings <input type="checkbox"/> Explain that others may share similar symptoms, reactions, and concerns, given similar experiences <input type="checkbox"/> Asks client to reflect on the experience of sharing emotions <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Explores potential reasons for hesitation to share emotions <input type="checkbox"/> Comments thoughtfully on client's facial expression to encourage emotional expression <input type="checkbox"/> Validates emotional responses while also reframing potential harmful emotional reactions
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

13. DEMONSTRATE EMPATHY, WARMTH & GENUINENESS (ENACT #6)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Critical of client's concerns <input type="checkbox"/> Dismissive of client's concerns <input type="checkbox"/> Helper's emotional response appears inappropriate, fake or acting	<input type="checkbox"/> Is warm, friendly, and genuine throughout session <input type="checkbox"/> Continuously shows concern or care for the client (e.g., That sounds sad, can you tell me more about it?) <input type="checkbox"/> Asks question to identify what emotions the client was feeling (e.g., I wonder if you felt sad or angry when this happened) <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Asks client to reflect on empathic statements from helper (e.g. 'What did you think when I said you sounded sad?')
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

14. EXPLAIN & PROMOTE CONFIDENTIALITY (ENACT #3)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Forces client to disclose to helper or others <input type="checkbox"/> Describes confidentiality inaccurately (e.g., 'I will only tell your family') <input type="checkbox"/> Promises full confidentiality without exceptions <input type="checkbox"/> Minimizes client's concerns about confidentiality (e.g., 'It doesn't matter if anyone else hears us')	<input type="checkbox"/> Explains concept of confidentiality <input type="checkbox"/> Lists exceptions for breaking confidentiality for self-harm or harm to others <input type="checkbox"/> Explains why it can be important to break confidentiality <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills</i> <input type="checkbox"/> Details the referral process related to confidentiality and exceptions <input type="checkbox"/> Asks questions to assess client's understanding of confidentiality <input type="checkbox"/> Topics of discussion are appropriate to confidentiality of setting
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

GROUP PARTICIPATION (GroupACT #2)

Check all behaviours that are demonstrated in each category.			
Unhelpful or potentially harmful behaviours	Basic helping skills		Advanced helping skills
<input type="checkbox"/> Displays favouritism to specific members <input type="checkbox"/> Excludes other members (e.g., ignores input) <input type="checkbox"/> Forces unwilling participant to join discussion <input type="checkbox"/> Scolds participant(s) for under-or-over sharing	<input type="checkbox"/> Uses timely techniques (e.g., turn taking; 'gentle prompting') to encourage fair participation <input type="checkbox"/> Clarifies discussion points for members struggling with literacy, numeracy, or tech skills <input type="checkbox"/> Addresses participation barriers (e.g., interruptions) <input type="checkbox"/> <i>None of the above</i>		<input type="checkbox"/> <i>Completes all Basic Helping Skills (Level 3)</i> <input type="checkbox"/> Provides reflection on discussion <input type="checkbox"/> Discusses ways members can support one another to participate <input type="checkbox"/> Checks-in on comfort of sharing for all members
Check the level that best applies (only one level should be checked)			
<input type="checkbox"/> Level 1 any unhelpful behaviour	<input type="checkbox"/> Level 2 no basic skills, or some but not all basic skills		<input type="checkbox"/> Level 3 all basic skills
<input type="checkbox"/> Level 4 all basic helping skills plus any advanced skill			
Notes:			

Part E:

Trainee handouts

Instruction for printing: One copy required per trainee or multiple as indicated in the box on the top right.

Trainee handout 1.

Bingo card

Has a son	Likes to sing	Wears glasses	Likes hot weather	Plays sports
Has brown eyes	Likes waking up early	Speaks three languages	Is an artist	Has a sibling
Knows how to swim	Is afraid of flying	Has four letters in their name	Plays an instrument	Wears contact lenses
Likes to sing	Likes to read	Has long hair	Has travelled to another country	Has green eyes
Likes to cook	Speaks two languages	Likes watching movies	Has blue eyes	Has a daughter

Trainee handout 2.

Steps for helpful feedback

2.1 Steps to providing helpful feedback

The following steps are a general guide on how to give feedback to someone after they have facilitated a practice session.

Step 1: Give positive feedback first

- Be specific with your praise.
- Avoid just saying “It was good”.
- Describe what was positive.

For example, say:

“You used the basic helping skills appropriately; you had good eye contact and you were able to reflect back what the participant was saying in a way that normalized their feelings.”

- Give an example of when you noticed that behaviour.

For example, say:

“When the participant was reluctant to complete the Feelings Pot exercise, you reflected back her concerns in a gentle and understanding way. Then you revisited the reason for doing this strategy in a way that made sense to her and helped her see that this strategy would be helpful to her. You then reassured her that you would help her to identify her feelings and explained that she did not need to show anyone else her Feelings Pot.”

- Describe how this positively affected the participant (i.e. in the case of a role-play).

For example, say:

“By demonstrating basic helping skills and discussing the reasons for doing the Feelings Pot the participant felt their concerns were valid and listened to. It also helped them to understand and engage in the skill.”

Step 2: Invite reflections from the person who was facilitating

- Ask the participants to reflect on the following:
 - what they believed they did well (in the session or in the role-play);
 - what they would change if they could (e.g. what they would have done differently or would have included).

Step 3: Provide feedback about areas for improvement (only if necessary)

- If there is an area in which you believe the person needs improvement or you need to make a correction of some kind, do so gently and using your basic helping skills.
- As with praise, be specific, give an example and discuss how this may have negatively affected the participant (or is not how EASE should be delivered).
- Invite the trainee to respond.

For example, say:

“What do you think? Would you agree or disagree with this comment?”

- You can follow this up with a wider group discussion or a role-play with supervisors modelling the skill/strategy or helpers practising the improved/correct way of delivering the skill.
- Recap on positive points and remind the person to keep doing those.

Important note to trainers and trainees: Giving feedback is for learning and for building confidence in future helpers. It is therefore important to always give more positive feedback than feedback about areas for improvement.

2.2 Important points on receiving feedback

Go through the following important points on receiving feedback. You can write them on a flipchart as you go through them.

- **Listen well:** Focus on what is being said as it will most likely be very helpful to you and can help you to improve.
- **Ask questions only to clarify:** Feedback is not a passive exercise; asking clarification questions can be very helpful.
- **Do not justify or find excuses:** Sometimes trying to justify or find excuses may be a sign that we are not listening to the feedback and not thinking about how we can use the feedback to improve our skills next time. If you find yourself tempted to justify or give an excuse, try to pause and take a breath, remembering that the feedback is there to help you and your peers to improve their skills. Try to process the feedback you are given and acknowledge how you might do things differently in the future.

- **Create an action plan:** Feedback can help only if it is useful and is put to good use. Receive the feedback and begin planning how to use it – e.g. by taking notes and reviewing your notes after the end of the training day.
- **Remember that it is not about you:** The feedback is designed to support you and your peers in improving how you practise your skills. It should never be a personal criticism. It is about delivering the best service to our beneficiaries.

Trainee handout 3.

Steps for facilitation practice

Why facilitation practice

- During training you will be asked to demonstrate a small section from the EASE intervention manual.
- It helps to start practising with small parts of the EASE intervention as if you were delivering EASE for real adolescents and caregivers.
- It also helps your fellow trainees to learn about that section.
- Make sure you know which sections you are facilitating (see [Training form 2. Facilitation practice allocation form](#)).

About facilitation practice

- When you do the facilitation practice, your fellow trainees will act as either adolescents or caregivers.
- After you have demonstrated your section, the trainers will guide your colleagues in giving structured feedback and reflection using [Trainee handout 2. Steps for helpful feedback](#). The trainers may also give some feedback and you will be invited to give some feedback too.
- Next, all trainees will reflect on the activity (e.g. considering any difficulties that adolescents, caregivers or helpers might experience while doing this activity).
- If needed, because it was a difficult facilitation practice, the trainer may demonstrate the activity again to expand everyone's learning.

Tips about facilitation practice

- It is more important that you follow the steps for the facilitation practice rather than rushing through the practice as this is your opportunity to practise the activities of the EASE intervention manual.
- When preparing, make sure to read the whole session and not just the facilitation practice activity. This will help you to understand how your activity fits into the whole session.
- There is no need to recap on previous facilitation practices or introduce what your facilitation practice is. It may seem strange not to do this; however, the trainer will do this. You should do only what is in your facilitation practice and not add anything extra. This will help with managing the time.
- When acting as an adolescent or caregiver:
 - You could think of someone you know or who you have worked with before.
 - Or you could choose to respond to questions as yourself (e.g. by thinking about your own experiences or feelings in response to the helper's questions).
 - Do not go to an extreme when role-playing. It is not helpful or fair to the trainee who is doing the facilitation practice or to other trainees who are learning.

One copy per
trainee for each
training day

Trainee handout 4. Daily reflection and feedback form

Training day: _____

- What was the most important thing you learned today?

- What did you find most helpful in the training today?

- Is there anything you think could be improved for tomorrow?

- Is there anything you would like to learn that has not yet been covered?

Trainee handout 5. Case studies for safe identification of abuse, exploitation, neglect, violence & self-harm

5.1 Abbas

Background:

“Abbas is a 12-year-old EASE participant. During adolescent session 5, while going through Managing My Problems, Abbas discloses to the group that a 20-year-old male neighbour who sometimes takes care of him when his mother needs to work late, is physically violent and constantly tells him how worthless he is. Abbas’s mother is not aware of the abuse because when his mother is around, the neighbour is friendly and Abbas feels too ashamed to tell his mother about what is happening. While Abbas is disclosing the abuse, he does not seem to be distressed, but it is clear that he is affected by the abuse that he is experiencing. After Abbas discloses this, the helper tells him that they should speak together one-to-one after the session today and Abbas agrees.”



Prompt for trainee playing Abbas: You tell your helper during the one-to-one meeting following the EASE sessions that your neighbour is physically violent and tells you that you are worthless. Your mother is not aware of the abuse. Role-play features of Abbas describing how he is ashamed of the abuse (e.g. “I’m afraid my mother will not believe me”, “I do not dare to tell my mother because she may feel stressed about it”).



Prompt for trainee playing helper: Abbas will tell you about his neighbour. Your role is to assess for imminent risk of self-harm, serious harm to someone else and harm, neglect or abuse inflicted on Abbas by another adolescent or adult. Remember to be clear and direct and use the basic helping skills, especially communicating concern.

5.2 Sam

Background:

“Sam is a 15-year-old EASE participant. During adolescent session 6, while going through Managing My Problems with a new problem, Sam discloses to the group that his main problem is at work. Since his father hurt his back and can no longer work, Sam has to go to work on the landlord’s farm in order to cover his family’s rent. The days are long – sometimes 12 hours – and he has to work with heavy machines, often in a shed with a lot of harmful chemicals. At the end of each day his entire body hurts and he has a headache from all the fumes. While Sam is talking he seems to be visibly distressed. After Sam discloses this, the helper tells him that they would like to speak with him individually after the session today and Sam agrees.” In the country Sam lives in, the minimum employment age is 16.



Prompt for trainee playing Sam: You tell your helper during the individual meeting following the EASE sessions that your parents are aware that you are working, but you don’t want to tell them how awful it is because you are worried that if you don’t work your family will be kicked out of their house again. You don’t want to worry them. You can’t talk to your boss because you have seen your boss yell and even hit other children who have said that they can’t work so hard. Role-play features of Sam, describing how he feels guilty about disclosing this (e.g. “I really shouldn’t have said anything – I don’t want anyone to get into trouble”, “My parents have enough worries, it’s really fine, it’s not so bad”).



Prompt for trainee playing helper: Sam will tell you about his boss. Your role is to assess for imminent risk of self-harm, serious harm to someone else and harm, abuse or neglect inflicted on Sam by another adolescent or adult. Remember to be clear and direct and use the basic helping skills, especially communicating concern.

5.3 Lara

Background:

“Lara is a 10-year-old EASE participant. During adolescent session 2, while going through Calming My Body, Lara says that she will use the strategy when she is feeling hungry when she is alone at home. Lara does not seem to be distressed about this, but the helpers also notice that her appearance indicates some concerning signs – she is very thin, she often comes to the sessions in clothes that are not clean and are not warm enough, and she has often asked if she could have a snack and water as soon as she arrives, rather than waiting until the end of the session. After hearing Lara mention her hunger, the helper tells her that they would like to speak with her individually after the session today and Lara agrees.”



Prompt for trainee playing Lara: You tell your helper during the individual meeting following the EASE sessions that your parents are out most of the day and night at work, often coming home just to sleep. You are responsible for getting yourself and your little brother ready in the morning, and off to school and home again. There is often only a very small amount of food in the house and you usually allow your little brother to have it. Your parents try their best, but times are very hard. The family gets a food basket each week, but it does not go far enough, and you often stop at stores on the way home from school to ask if anyone can spare any food for you and your brother. The family used to get clothes from an NGO; however the NGO seems to have stopped coming through the area and your parents cannot afford to buy warm clothes for you and your brother now that it is winter. Role-play features of Lara being defensive about her parents (e.g. “They are doing their best to take care of us”, “It’s not their fault, I know things will be better soon”).



Prompt for trainee playing helper: Lara will tell you about her family’s situation. Your role is to assess for imminent risk of self-harm, serious harm to someone else and harm, neglect or abuse inflicted on Lara by another adolescent or adult. Remember to be clear and direct and use the basic helping skills, especially communicating concern.

Trainee handout 6. Summary sheets and supervision reflection forms

6.1 Adolescent session 1: Understanding My Feelings

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 1

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • Promote group cohesion. • Educate participants on EASE and why it will help them. • Build skills to understand and identify emotions accurately. • Identify strengths.

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 1.1. Welcome and introductions	<ul style="list-style-type: none"> - Get to know each other - Help participants relax 	Yes	No
Adolescent activity 1.2. Review of EASE	<ul style="list-style-type: none"> - Give an overview of the aims of EASE 	Yes	No
Adolescent activity 1.3. Group rules	<ul style="list-style-type: none"> - Set rules and expectations for how to behave in the group - Promote cohesion within the group 	Yes	No
Adolescent activity 1.4. Introducing the story	<ul style="list-style-type: none"> - Introduce participants to the story 	Yes	No
Adolescent activity 1.5. Understanding My Feelings	<ul style="list-style-type: none"> - Learn about different feelings that arise from problems - Learn how to accurately identify feelings 	Yes	No
Adolescent activity 1.6. Externalizing feelings	<ul style="list-style-type: none"> - Learn to separate feelings - Improve knowledge about different feelings 	Yes	No
Adolescent activity 1.7. Identifying personal feelings	<ul style="list-style-type: none"> - Learn to identify feelings adolescents are experiencing - Learn how to identify feelings that are causing interference 	Yes	No
Adolescent activity 1.8. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Introduce and set home practice - Identify strengths 	Yes	No

Supervision reflection form adolescent session 1

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.2 Adolescent session 2: Calming My Body

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 2

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

Session aims	<ul style="list-style-type: none"> • Consolidate learning from session 1. • Continue to promote group cohesion and support. • Learn how problems and feelings can affect the body. • Learn a coping skill to help calm the body.
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Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent Activity 2.1. Welcome	<ul style="list-style-type: none"> - Help participants relax and get to know each other - Consolidate learning from session 1 - Learn to express, identify and understand feelings 	Yes	No
Adolescent Activity 2.2. Review session 1 and review home practice	<ul style="list-style-type: none"> - Review any aspects of the previous session that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice 	Yes	No
Adolescent Activity 2.3. Feelings and my body	<ul style="list-style-type: none"> - Learn how the body is affected by problems and feelings 	Yes	No
Adolescent Activity 2.4. Calming My Body	<ul style="list-style-type: none"> - Learn a skill to calm the body 	Yes	No
Adolescent Activity 2.5. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Introduce and set home practice - Identify strengths 	Yes	No

Supervision reflection form adolescent session 2

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.3 Adolescent session 3: Changing My Actions part 1

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 3

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • Consolidate learning from session 1 and 2. • Continue to promote group cohesion and support. • Learn how problems and feelings can affect our actions and behaviours. • Learn how doing enjoyable actions can help improve feelings.

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 3.1. Welcome	<ul style="list-style-type: none"> - Help participants relax and get to know each other 	Yes	No
Adolescent activity 3.2. Review session 2 and review home practice	<ul style="list-style-type: none"> - Consolidate learning from session 1 and 2 - Review any aspects of previous sessions that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice 	Yes	No
Adolescent activity 3.3. Feelings and actions	<ul style="list-style-type: none"> - Learn how problems and feelings can change actions or behaviours 	Yes	No
Adolescent activity 3.4. Changing My Actions	<ul style="list-style-type: none"> - Learn how to gradually engage in activities to help improve mood 	Yes	No
Adolescent activity 3.5. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Introduce and set home practice - Identify strengths 	Yes	No

Supervision reflection form adolescent session 3

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.4 Adolescent session 4: Changing My Actions part 2

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 4

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • Consolidate learning from sessions 1, 2 and 3. • Continue to promote group cohesion and support. • Continue to learn how doing enjoyable actions and important tasks can help improve feelings.

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 4.1. Welcome	<ul style="list-style-type: none"> - Help participants relax and get to know each other 	Yes	No
Adolescent activity 4.2. Review home practice	<ul style="list-style-type: none"> - Review any aspects of previous sessions that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice 	Yes	No
Adolescent activity 4.3. Changing My Actions	<ul style="list-style-type: none"> - Continue learning how to gradually engage in activities to help improve mood - Learn about doing important tasks as a way to improve mood 	Yes	No
Adolescent activity 4.4. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Introduce and set home practice - Identify strengths 	Yes	No

Supervision reflection form adolescent session 4

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.5 Adolescent session 5: Managing My Problems part 1

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 5

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • Consolidate learning from sessions 1 to 4. • Continue to promote group cohesion and support. • Learn a skill to help solve problems.

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 5.1. Welcome	- Help participants relax and get to know each other	Yes	No
Adolescent activity 5.2. Review home practice	- Review any aspects of previous sessions that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice	Yes	No
Adolescent activity 5.3. Understanding common problems	- Share ideas of common problems adolescents experience	Yes	No
Adolescent activity 5.4. Managing My Problems	- Learn a skill to help solve problems	Yes	No
Adolescent activity 5.5. Applying Managing My Problems	- Learn how to apply Stop, Think, Go to common problems - Learn how to apply Stop, Think, Go for a personal problem	Yes	No
Adolescent activity 5.6. Ending the session	- Summarize the session - Introduce and set home practice - Identify strengths	Yes	No

Supervision reflection form adolescent session 5

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.6 Adolescent session 6: Managing My Problems part 2

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 6

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • Consolidate learning from sessions 1 to 5 • Continue to promote group cohesion and support • Practise Managing My Problems with a new problem

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 6.1. Welcome	- Help participants relax and get to know each other	Yes	No
Adolescent activity 6.2. Review home practice	- Review any aspects of previous sessions that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice	Yes	No
Adolescent activity 6.3. Managing My Problems review	- Strengthen participants' skills in problem management	Yes	No
Adolescent activity 6.4. Managing My Problems with a new problem	- Continue applying Stop, Think, Go to a new problem. - Empower participants to learn from each other	Yes	No
Adolescent activity 6.5. Preparing for the end of the intervention	- Prepare participants for the end of the intervention - Allow participants to share reactions to the intervention finishing	Yes	No
Adolescent activity 6.6. Ending the session	- Summarize the session - Introduce and set home practice - Identify strengths	Yes	No

Supervision reflection form adolescent session 6

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.7 Adolescent session 7: Brighter futures

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet adolescent session 7

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

Session aims	<ul style="list-style-type: none"> • Consolidate learning from sessions 1 to 6. • Continue to promote group cohesion and support. • Increase participants confidence in coping after the intervention ends • End the intervention.
---------------------	--

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 7.1. Welcome	- Help participants relax and get to know each other	Yes	No
Adolescent activity 7.2. Review home practice	<ul style="list-style-type: none"> - Review any aspects of previous sessions that participants did not understand - Participants share home practice - Manage any problems participants had completing their home practice 	Yes	No
Adolescent activity 7.3. Brighter futures	<ul style="list-style-type: none"> - Educate participants on what to expect in the future - Improve participants' confidence in responding to future problems and big feelings 	Yes	No
Adolescent activity 7.4. Ending the intervention	- Closing activity or graduating ceremony	Yes	No

Supervision reflection form adolescent session 7

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.8 Caregiver session 1: Understanding big feelings

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet caregiver session 1

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

Session aims	<ul style="list-style-type: none"> • To improve caregivers' knowledge of big feelings in young adolescents. • To improve caregivers' skills in active listening. • For caregivers to overcome barriers to spending quality time with their child. • To introduce caregivers to Slow Breathing.
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Topic	Aims	Did you complete this step? (Circle Yes or No)	
Caregiver activity 1.1. Welcome and introductions	<ul style="list-style-type: none"> - Get to know each other - Help participants relax 	Yes	No
Caregiver activity 1.2. Review of EASE	<ul style="list-style-type: none"> - Give an overview of the aims of EASE 	Yes	No
Caregiver activity 1.3. Group rules	<ul style="list-style-type: none"> - Set rules and expectations for how to behave in the group - Promote cohesion within the group 	Yes	No
Caregiver activity 1.4. EASE adolescent skills review	<ul style="list-style-type: none"> - Learn about the skills being taught to their child in the EASE adolescent group - Improve ability to support their child's use of these skills 	Yes	No
Caregiver activity 1.5. Understanding big feelings in adolescents	<ul style="list-style-type: none"> - Learn the common causes and signs of big feelings in childhood - Learn to identify feelings in their child accurately 	Yes	No
Caregiver activity 1.6. Responding to feelings	<ul style="list-style-type: none"> - Improve skills in soothing their child when they are distressed 	Yes	No
Caregiver activity 1.7. Quality time	<ul style="list-style-type: none"> - Better understand the importance of spending quality time with their child - Overcome barriers to spending quality time together 	Yes	No
Caregiver activity 1.8. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Set home practice - Slow Breathing activity 	Yes	No

Supervision reflection form caregiver session 1

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.9 Caregiver session 2: The power of praise

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet caregiver session 2

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

Session aims	<ul style="list-style-type: none"> • For caregivers to identify their child's strengths. • To better understand the importance of giving and receiving praise. • To better understand alternatives to harsh punishment.
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Topic	Aims	Did you complete this step? (Circle Yes or No)	
Caregiver activity 2.1. Welcome and review home practice	<ul style="list-style-type: none"> - Review any aspects of previous sessions that participants did not understand - For caregivers to feel empowered to support each other with this activity 	Yes	No
Caregiver activity 2.2. EASE adolescent skills review	<ul style="list-style-type: none"> - Learn about the skills being taught to their child in the EASE adolescent group - Improve ability to support their child's use of these skills 	Yes	No
Caregiver activity 2.3. Children's strengths	<ul style="list-style-type: none"> - Emphasize the child's own resilience - For caregivers to reflect on their child's strengths even in times of difficulty 	Yes	No
Caregiver activity 2.4. The power of praise	<ul style="list-style-type: none"> - Learn about the importance of giving and receiving praise - Improve skills in giving and receiving praise 	Yes	No
Caregiver activity 2.5. Alternatives to harsh punishment	<ul style="list-style-type: none"> - Strengthen understanding of the alternatives to harsh punishment 	Yes	No
Caregiver activity 2.6. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Set home practice - Slow Breathing activity 	Yes	No

Supervision reflection form caregiver session 2

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

6.10 Caregiver session 3: Caregiver self-care and brighter futures

The summary sheet and supervision reflection form should be completed before every supervision by the helper.

Summary sheet caregiver session 3

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	
Session aims	<ul style="list-style-type: none"> • For caregivers to practise self-care so that they are better able to help their children cope. • For caregivers to feel prepared to help their child to stay well now and in the future.

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Caregiver activity 3.1. Welcome and review home practice	<ul style="list-style-type: none"> - Review any aspects of previous sessions that participants did not understand - For caregivers to feel empowered to support each other with this activity 	Yes	No
Caregiver activity 3.2. EASE adolescent skills review	<ul style="list-style-type: none"> - Learn about the skills being taught to their child in the EASE adolescent group - Improve caregivers' ability to support their child's use of these skills 	Yes	No
Caregiver activity 3.3. Caregiver strengths	<ul style="list-style-type: none"> - Emphasize caregivers' own resilience and strengths 	Yes	No
Caregiver activity 3.4. Caregiver challenges and self-care	<ul style="list-style-type: none"> - Learn about the importance of caregiver self-care - To overcome barriers to caregivers applying self-care 	Yes	No
Caregiver activity 3.5. Brighter futures	<ul style="list-style-type: none"> - Learn what to expect in the future - Improve caregivers' confidence in managing difficulties with their child in the future 	Yes	No
Caregiver activity 3.6. Ending the group	<ul style="list-style-type: none"> - To share lessons learned and opportunity to ask questions - Slow Breathing activity 	Yes	No

Supervision reflection form caregiver session 3

Starting the session

What went well?

What did not go well?

Delivery of the main EASE skills

What went well?

What did not go well?

Ending the session

What went well?

What did not go well?

Group management

What went well?

What did not go well?

Any specific challenges that arose during the session?

Any other important notes (e.g. participant information or participant progress)

Notes during supervision

Trainee handout 7.

EASE fidelity checklist

Overview

- The EASE fidelity checklist is used during in-field training and supervision.
- The purpose of the fidelity checklist is to assess accurate delivery of intervention components for EASE (a manualized intervention) by trainees. The checklist also provides a framework for providing feedback to helpers as they practise delivering EASE.
- The EASE fidelity checklist is used alongside the EASE competency assessment. Both documents support the quality delivery of EASE. The fidelity checklist helps to determine if the intervention manual is delivered as intended. The competency assessment is used to identify competent delivery of EASE and particularly to identify any unhelpful or harmful behaviours through monitoring of trainees' progress, identifying areas where they need more practice, and providing feedback for improving their performance.

Providing feedback

- When giving feedback, trainers and supervisors should always elaborate on what was missing – whether it was partially done or not done – and should reinforce the importance of delivering EASE as outlined in the manual. The fidelity checklist provides an opportunity for learning for both the trainee practising EASE and the other trainees who are observing.
 - **Done:** all components were completed in accordance with the EASE intervention manual.
 - **Partially done:** some components were completed but not all.
 - **Not done:** none of the components were completed.

7.1 EASE fidelity checklist: Adolescent sessions 1 to 7

1. Did the helper implement the opening activity of that session?

Session 1 Welcome and introduction activity, review of EASE, group rules, confidentiality.
Session 2–7: Opening activity and display the group rules poster.

1. Done	2. Partially done	3. Not done
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2. Did the helper review the previous session and home practice (not applicable for session 1; applicable for sessions 2–7)? Review aspects of the previous session that participants did not understand, participants discuss home practice, manage any problems participants had in completing their home practice.

1. Done	2. Partially done	3. Not done
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3. Did the helper read the storybook, utilize the posters and use the workbook as indicated in the manual?

1. Done	2. Partially done	3. Not done
---------	-------------------	-------------

4. Were the activities that were *introduced* related to the specific skill of the session?

Session 1: Understanding My Feelings: the Feelings Pot; Session 2: Calming My Body: Slow Breathing; Sessions 3–4: Changing My Actions: the vicious cycle; Sessions 5–6: Managing My Problems: Stop, Think, Go; Session 7: Brighter futures.

1. Done	2. Partially done	3. Not done
---------	-------------------	-------------

5. Were the activities related to the specific skill of the session *implemented* according to the manual?

Session 1: Understanding My Feelings: the Feelings Pot; Session 2: Calming My Body: Slow Breathing; Sessions 3–4: Changing My Actions: the vicious cycle; Sessions 5–6: Managing My Problems: Stop, Think, Go; Session 7: Brighter futures.

1. Done	2. Partially done	3. Not done
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6. Did the helper implement the closing activity of the session?

Session 1-7: Provide a brief summary of the session, introduce home practice and conduct activity to identify strengths;

Session 7: Same as above, plus saying goodbye.

1. Done	2. Partially done	3. Not done
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7. Were any elements or activities that are not prescribed in the manual added to the session by the helper?

1. No	2. Yes; please specify:

8. Was the session/activity implemented according to the allocated time in the manual?

1. No	2. Yes; please specify:

7.2 EASE fidelity checklist: Caregiver sessions 1 to 3

1. Did the helper implement the opening activity of that session?

Session 1: Welcome and introductions, review of EASE, group rules, confidentiality.

Session 2–3: Welcome, reminder on group rules and review home practice.

1. Done	2. Partially done	3. Not done
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2. Did the helper review the previous session and home practice [not applicable for session 1, applicable for session 2–3]? Review aspects of the previous session that participants did not understand. Participants can discuss home practice. Manage any problems that participants had while completing their home practice.

1. Done	2. Partially done	3. Not done
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3. Did the helper utilize the posters and handouts as indicated in the manual?

1. Done	2. Partially done	3. Not done
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4. Were the activities *introduced* related to the specific skill of the session and were they *practised*?

Session 1: Understanding big feelings in adolescents and Quality time.

Session 2: The power of praise.

Session 3: Caregiver self-care and brighter futures.

1. Done	2. Partially done	3. Not done
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5. Were the activities related to the specific skill of the session *implemented* according to the manual?

Session 1: Understanding big feelings and Quality time.

Session 2: The power of praise.

Session 3: Caregiver self-care and brighter futures.

1. Done	2. Partially done	3. Not done
---------	-------------------	-------------

6. Did the helper implement the closing activity of the session?

Sessions 1 and 2: Summarize the sessions, set home practice, Slow Breathing activity.

Session 3: Share lessons learned and opportunity to ask questions, Slow Breathing activity.

1. Done	2. Partially done	3. Not done
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7. Were any elements or activities that are not prescribed in the manual added to the session by the helper?

1. No	2. Yes; please specify:
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8. Was the session/activity implemented according to the allocated time in the manual?

1. No	2. Yes; please specify:
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Trainee handout 8.

Supervision activity

Sample summary sheet adolescent session 1

Helpers / EASE group:	<i>Group A - adolescent boys aged 10-11 years</i>
Session date and time:	<i>23 October 2023 13:00-14:30</i>
Session attendance:	<i>AB was absent. All other adolescents were in attendance.</i>
Session notes:	<i>Overall, the session was OK. The participants were shy at the beginning but warmed up throughout the session. I had a difficult time teaching Understanding My Feelings as I felt the participants didn't understand it well. Time ran out at the end of the session, and I was unable to finish the last section and complete the strengths papers.</i>

Session aims	<ul style="list-style-type: none">• Promote group cohesion.• Educate participants on EASE and why it will help them.• Build skills to understand and identify emotions accurately.• Identify strengths.
--------------	--

Topic	Aims	Did you complete this step? (Circle Yes or No)	
Adolescent activity 1.1. Welcome and introductions	<ul style="list-style-type: none"> - Get to know each other - Help participants relax 	Yes	No
Adolescent activity 1.2. Review of EASE	<ul style="list-style-type: none"> - Give an overview of the aims of EASE 	Yes	No
Adolescent activity 1.3. Group rules	<ul style="list-style-type: none"> - Set rules and expectations for how to behave in the group - Promote cohesion within the group 	Yes	No
Adolescent activity 1.4. Introducing the story	<ul style="list-style-type: none"> - Introduce participants to the story 	Yes	No
Adolescent activity 1.5. Understanding My Feelings	<ul style="list-style-type: none"> - Learn about different feelings that arise from problems - Learn how to accurately identify feelings 	Yes	No
Adolescent activity 1.6. Externalizing feelings	<ul style="list-style-type: none"> - Learn to separate feelings - Improve knowledge about different feelings 	Yes	No
Adolescent activity 1.7. Identifying personal feelings	<ul style="list-style-type: none"> - Learn to identify feelings adolescents are experiencing - Learn how to identify feelings that are causing interference 	Yes	No
Adolescent activity 1.8. Ending the session	<ul style="list-style-type: none"> - Summarize the session - Introduce and set home practice - Identify strengths 	Yes	No

Supervision reflection form adolescent session 1

Starting the session

What went well?

The participants were shy at first, which is normal when you join any group. They warmed up throughout the session and the introduction activity helped.

What did not go well?

N/A

Delivery of the main EASE skills

What went well?

I thought I taught this session well and was very clear in reading the scripts.

What did not go well?

It seemed as though the adolescents didn't understand the skill that was being taught. When I asked them to open their workbooks to the Feeling Pot, none of them really knew what to do and didn't want to draw.

Ending the session

What went well?

What did not go well?

I didn't have enough time to end the session because we were already out of time. I spent too much time trying to explain the skill for today and at the end realized there was no time left.

Group management**What went well?**

The group seemed shy today but as the weeks go on, I imagine it will be different.

What did not go well?

N/A

Any specific challenges that arose during the session?

Not being able to get through all the material and feeling that the Feelings Pot was not understood. Since I wasn't able to finish the session, home practice was not assigned.

Any other important notes (e.g. participant information or participant progress)

N/A

Notes during supervision

Trainee handout 9. EASE training evaluation

Please help us to improve future training by filling in this short questionnaire about the training you received. There are five components of the training that we would appreciate your feedback on: 1) General satisfaction, 2) Training style, 3) Content, 4) Training materials, and 5) Trainer(s).

Please draw a circle around your response.

9.1 General satisfaction with training

1. Did you enjoy the training sessions?

Very much	Adequately	Neutral	Not really	I did not enjoy it
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2. How confident do you feel in your ability to deliver EASE adolescent sessions?

Very much	Adequately	Neutral	Not really	I did not enjoy it
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3. How confident do you feel in your ability to deliver EASE caregiver sessions?

Very much	Adequately	Neutral	Not really	I did not enjoy it
-----------	------------	---------	------------	--------------------

9.2 Training style

4. Did the methods of instruction keep you interested in the topic?

Yes	No	Somewhat
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5. Were you given the opportunity to ask questions during the training?

Yes	No	Somewhat
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6. Were your questions adequately answered?

Yes	No	Somewhat
-----	----	----------

7. Did the training methodology allow you to develop new skills and/or knowledge?

Yes	No	Somewhat
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8. Was the size of the group appropriate?

It was too big	It was appropriate	It was too small
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9. Was there a good balance between the different teaching/learning styles (presentation/lecture, role-plays, work in pairs, group discussion, case studies)?

Yes	No	Somewhat
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10. Rank the different teaching/learning styles in your order of preference (1 = favourite, 5 = least favourite):

- Presentation/lecture ----
- Role-plays ----
- Work in pairs ----
- Group discussion ----
- Case studies ----

11. How could the training style be improved?

Please write your response here:

9.3 Content

12. Do you feel that you learned things that are important to your role?

Yes	No	Somewhat
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13. Did you find the information interesting?

Yes	No	Somewhat
-----	----	----------

14. Was the information taught in a way that meant you could easily apply it to your role as a helper?

Yes	No	Somewhat
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15. How did you find the level of difficulty of the content?

Too difficult	Slightly difficult	Appropriate	Slightly easy	Too easy
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16. How could the content be improved?

Please write your response here:

9.4 Training materials

17. Were the materials you received helpful?

Yes	No	Somewhat
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18. How could the training materials be more useful?

Please write your response here:

9.5 Trainer(s)

Please rate the main trainer(s) on the following:

19. Speed of delivery

Too fast	Appropriate	Too slow
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20. Level of knowledge on the content

Very good	Good	Adequate	Poor	Very poor
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21. Organization and preparation

Very good	Good	Adequate	Poor	Very poor
-----------	------	----------	------	-----------

22. Attitude

Very good	Good	Adequate	Poor	Very poor
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23. Ability to keep the group focused

Very good	Good	Adequate	Poor	Very poor
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24. What could the trainer(s) do better next time?

Please write your response here:

25. Do you have any other comments?

Please write your response here:

Thank you.

We appreciate your feedback!

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