

Early Adolescent Skills for Emotions (EASE)



Group psychological help for young adolescents
affected by distress in communities exposed to adversity

Generic field-trial version 1.0, 2023
Series on Low-Intensity Psychological Interventions – 6



**World Health
Organization**

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Preface

At all stages of life, adverse experiences pose a risk to mental health. But experiencing adversity during developmentally sensitive periods of life, such as early adolescence, is particularly detrimental. Adverse childhood experiences increase the risk of developing mental health conditions and can continue to affect a person's mental health long into adulthood.

Around the world, millions of adolescents are growing up exposed to adverse conditions, including humanitarian emergencies, chronic poverty and community violence. Many are struggling with emotional difficulties. Yet few can access the care they need: in many countries child and adolescent mental health services are not available, lack capacity, or are inaccessible or unaffordable. Most people who have mental health conditions do not receive evidence-based care globally, but this is especially true among adolescents and in low- and middle-income countries, where the majority of the world's adolescents reside.

Through Early Adolescent Skills for Emotions (EASE), WHO and UNICEF aim to fill this gap. EASE is the first in WHO's series of low-intensity psychological interventions to target adolescents with emotional distress and their caregivers. Like other manuals in the series, EASE is based on established psychological strategies that can be delivered by trained non-specialists, making it particularly relevant for resource-limited settings, including humanitarian emergencies.

EASE has been tried and tested in communities exposed to adversity. Analysis of the effects across studies indicates EASE to be safe and effective in reducing distress in adolescents aged 10–15 years. A next step is to increase the availability and reach of EASE, to increase its impact through improving the well-being of more adolescents. We hope that EASE will support governments and civil society to make available evidence-based care for young adolescents and their families all over the world.



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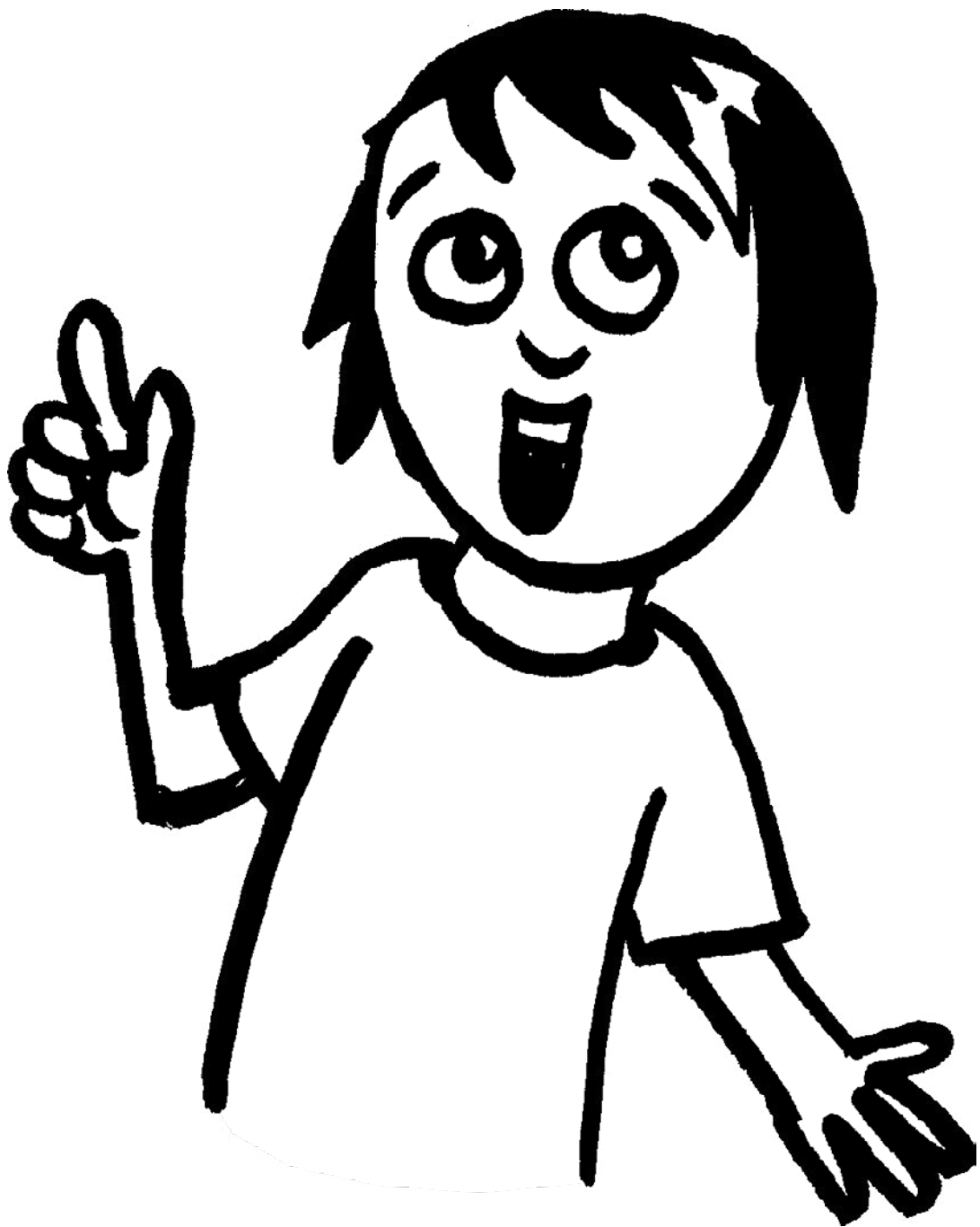
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Part A: Essential information



Chapter 1. Introduction

1.1 About EASE

Mental health and psychosocial problems are common among young people worldwide. Children and adolescents living in settings exposed to chronic adversity (e.g. poverty, community violence, humanitarian emergencies) are even more vulnerable to experiencing such problems, usually without access to evidence-based care.

The World Health Organization (WHO) has developed this brief, transdiagnostic psychological intervention to help young people who are affected by internalizing problems¹ (for example by symptoms of depression, anxiety and stress). The intervention is called Early Adolescent Skills for Emotions (referred to as EASE throughout the manual). 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 can be used in a wide range of settings. Ideally, it should be connected with services that are already working with young adolescents (e.g. in schools or other learning centres) or that operate in young adolescent-friendly spaces (e.g. youth clubs), so that referral pathways are already established. The intervention also aims to align with established standards for child protection in humanitarian settings.²

EASE comprises seven group sessions for young adolescents and three group sessions for the adolescents' caregivers.³ It has been designed to be delivered by non-specialist providers (called "helpers" in this manual) who complete EASE training and are supervised when delivering EASE.

EASE best coincides with services that the Inter-Agency Standing Committee (IASC) describes as focused non-specialized supports (layer 3).⁴ Although EASE is developed specifically for adolescents affected by situational adversity, it can also be used with adolescents in other contexts where situational adversity is not a primary driver of distress.

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 (RCTs) in community settings for Syrian refugees in Jordan,⁵ and in public schools of a rural sub-district of Pakistan.⁶

1 Dawson KS, Watts S, Carswell K, Harper Shehadeh M, Jordans MJD et al. Improving access to evidence-based interventions for young adolescents: Early Adolescent Skills for Emotions (EASE). *World Psychiatry* 2019; 18: 1. doi.org/10.1002/wps.20594.

2 Child Protection Working Group. Minimum standards for child protection in humanitarian action. New York: Global Protection Cluster; 2019 (<https://emergency.unhcr.org/entry/80339/minimum-standards-for-child-protection-in-humanitarian-action>, accessed 16 February 2023).

3 The term "caregiver" refers to both parents and other caregivers. The terms "young adolescent", "adolescent" or "child" are used throughout this manual.

4 Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC; 2007. (<https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>, accessed 16 February 2023).

5 Bryant RA, Malik A, Aqel IS, Ghatasheh M, Habashneh R, Dawson KS et al. Effectiveness of a brief group behavioural intervention on psychological distress in young adolescent Syrian refugees: a randomized controlled trial. *PLoS Med.* 2022;19:e1004046. doi.org/10.1371/journal.pmed.1004046.

6 Hamdani SU, Huma Z, Malik A, Tamizuddin-Nizami A, ul Baneen U, Suleman N et al. Improving psychosocial distress for young adolescents in rural schools of Pakistan: study protocol of a cluster randomised controlled trial. *BMJ Open.* 2022;12:e063607. doi.org/10.1136/bmjopen-2022-063607.

1.2 Who is this manual for?

This manual is for helpers, trainers, supervisors and organizations implementing EASE. When we refer to “you” in the manual, we are addressing helpers.

It is aimed at (a) mental health professionals who have not previously been trained in the strategies described in EASE; (b) people without professional training in mental health care (ranging from people with a degree in psychology, but without formal training and supervision in psychological interventions, to community workers and other non-specialist helpers); and (c) trainers and supervisors of helpers who will offer EASE.

1.3 Structure of this manual

The manual has three main parts.

Part A. Essential information

- **Chapters 1 and 2** give essential information on preparing to deliver EASE. They must be read by all those involved in delivering EASE, including helpers, trainers, supervisors and programme managers.
- **Chapter 3** gives information about basic helping skills for helpers.
- **Chapter 4** gives information on conducting the pre- and post-intervention assessments.

Part B. The intervention

- **Chapter 5** instructs EASE helpers on delivering each of the seven EASE adolescent sessions.
- **Chapter 6** instructs EASE helpers on delivering each of three caregiver sessions.
- All of the sessions are divided into separate activities.
- Each activity describes what a helper needs to do to complete a specific session.
- The manual guides the helper in leading the group, for example when and how to begin group discussions or start an activity, etc.
- A checklist of materials needed for each session is included at the beginning of each session. Programme managers or supervisors should ensure that all EASE helpers can access the materials they need to lead the sessions.

Annexes 1-18

- Each annex provides essential information to support helpers delivering EASE. EASE helpers must read and understand these before they start leading sessions.
- Each session also includes a checklist of which annexes helpers should read to prepare for the session.

1.4 Who is EASE for?

EASE is for adolescents aged approximately 10–15 years old who are affected by adversity. It has been designed to help adolescents cope with internalizing problems (such as feelings of intense sadness, anxiety or stress, etc.). It is for adolescents whose emotional distress could be at a level that is interfering with their functioning.

EASE is also for the caregivers of these adolescents. In EASE, caregivers are given skills to support their child.

EASE is not suitable for:

- adolescents who are at imminent risk of self-harm or suicide;
- 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
- 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).

If EASE is not suitable for an adolescent because they are at imminent risk of suicide, or display behaviours that would disrupt the group, or have severe impairments related to mental, neurological or substance use disorders, then it is vital that these adolescents are referred to services and support that are available to meet their needs.

Reasonable accommodations should be made for children or caregivers with disabilities to join EASE, where possible. This is provided that their participation is safe and communication is possible. It is recommended to consult with someone who specializes in working with children and adults with disabilities to help provide the proper accommodations.

Adolescents with acute protection risks (e.g. family violence), should be referred to child protection support. These adolescents may receive EASE once they are receiving protection support and the protection professional and an EASE supervisor recommends they re-engage in EASE. These adolescents need to be reassessed to ensure they meet EASE criteria and that they agree to participate in EASE (see Annex 1. Managing disclosures of abuse and suicide risk).

1.5 Before running the intervention

Before EASE can be offered, the following must be done:

- helpers, trainers and supervisors (organizations may wish to choose their supervisors after observing the training) must be selected and complete classroom and in-field training (see section 1.6);
- functioning and safe referral pathways and processes to suitable child and adult protection 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 (e.g. family violence, child labour, child marriage, substance use problems, out-of-school or other related concerns);
- the organization offering EASE must ensure that adequate resources are available to support helpers to follow up on high-risk cases and facilitate referrals; and
- health and social care services, including mental health services, must be available to support adolescents or caregivers who require more intensive support or who have additional needs.

1.6 Training and supervision in EASE

The forthcoming EASE training manual will provide further details on training and supervising EASE helpers and conducting the EASE training.

EASE training involves classroom and in-field training (see Box 1). These should both be conducted by a mental health professional who has been trained in EASE. Ideally trainers will have facilitated EASE groups or will have previously supervised groups. People without a mental health background but with experience in delivering or supervising EASE can potentially deliver the EASE trainings, as long as these are conducted in collaboration with a mental health professional (for example to carry out competency-based assessments⁷). See Box 1 if you think EASE training might be for you.

EASE supervisors should be trained in EASE and be able to manage safety issues (see Box 2). Depending on the context, they may not necessarily need to have a mental health background, but such a background is strongly recommended. 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.

7 See Ensuring quality in psychological support (EQUIP): <https://equipcompetency.org/en-gb>.

Box 1. Training

Training for helpers who are not mental health professionals should include classroom training and in-field training. The classroom training should be at least 80 hours (for example, up to 10 full days). This should be conducted by a mental health professional who is competent and experienced in all of the strategies included in EASE.

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.

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 preferably happen with participants who have less severe presentations (i.e. not be experiencing elevated distress). Helpers must be under close supervision during in-field practice (2–3 hours of supervision per week).

After training, EASE should be implemented under **routine supervision** (see below). 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.

EASE training may be for you if you:

1. have a genuine motivation to help others
2. have ability or experience in working with young people and their caregivers
3. have preferably completed at least a high school education
4. have access to continuing support and supervision from a trained supervisor
5. work in an organization that helps people affected by adversity
6. work in an organization that allows you to spend enough time with your participants
7. work in a team with others.

Training of helpers who have previous experience of providing psychological interventions (for example 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, assuming that they already have a good understanding of basic helping skills (see Chapter 3), and of how to identify and respond to safety issues. Ongoing supervision with a person or persons experienced in running EASE groups is still recommended.

Box 2. Supervision

Supervision is essential to ensure adherence to EASE, maintain quality of the intervention, and for providing staff care to helpers. After successfully completing classroom and in-field training, EASE must be implemented under routine supervision. No matter how experienced a helper is, routine supervision should always be provided.

- The frequency of supervision depends on helpers' skills, which may change over time. For example, as helpers become more experienced and confident (after leading more than five groups), the frequency of supervision may change from weekly to every two weeks.
- 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 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 to discuss urgent participant issues or crises.

Supervision involves:

- supporting helpers to run the groups;
- discussions about any difficulties with 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, responding to additional support requests, supporting distressed adolescents and caregivers and responding to safety issues; and
- providing staff care and, where relevant, encouraging self-care for helpers.

I.7 Considerations for where to implement EASE groups

- EASE can be implemented in settings that adolescents access, such as community, health, protection or educational settings. It could also be part of child protection case management plans.
- Wherever EASE is implemented, it is critical that referral pathways are in place to ensure that support is available to address holistic needs and risk issues such as child protection needs or suicide risk.
- It is also important to consider the implementation setting's accessibility and safety, including whether it is safe for adolescents and their caregivers to travel to, and whether participants with mobility needs find it accessible.
- The physical space where EASE is actually offered should be considered. There must be sufficient comfortable space for all members of each group to attend, and enough space for conducting activities.
- It is important to mitigate potential issues of stigma and discrimination for families accessing EASE. For example, organizations may choose to implement EASE within education settings. If doing so, preparation work is needed to:
 - ensure that children are not removed from usual educational activities when participating in EASE;
 - sensitively communicate the purpose of the EASE group, for example explaining it as a skills development group, so that people do not stigmatize adolescents and caregivers who attend;
 - ensure that confidentiality is maintained, and teachers are not given information about adolescents' or caregivers' progress in the groups, even if they persist in asking; and
 - to ensure these processes, it will be necessary for programme managers to plan for community sensitization work with teachers, without removing them from their usual teaching commitments; and to have cooperative agreements with sites implementing EASE.
- We advise against teachers becoming EASE helpers in order to safeguard the relationship between teacher and student, ensure adequate boundaries within the teacher's primary job and safeguard the time-consuming role that teachers already play. As an alternative, school counsellors or helpers who are not working as teachers can deliver EASE within an educational setting.
- Other important implementation considerations for organizations may include addressing:
 - legal considerations when reporting suicide and family violence; and
 - mapping of locally available resources (formal and informal) to protect participants who are at acute risk of sexual violence; and for participants to access social services, health services, including access to care for mental, neurological and substance use problems in the general and specialist health-care systems.

I.8 Adapting this manual

This manual is the generic version of EASE. Organizations planning to implement EASE are advised to culturally and contextually adapt EASE. Adapting the intervention is necessary to ensure that it is understandable, acceptable and relevant for participants.

Adaptation must be carried out in consultation with mental health professionals familiar with the context and the delivery of psychological interventions. We recommend including community stakeholders in the adaptation process to strengthen community driven approaches. Guidance on adapting psychological interventions is in WHO's forthcoming *Psychological intervention implementation manual: integrating evidence-based psychological interventions into existing services*.

In general, one can change how the EASE groups are delivered to ensure it is culturally and contextually relevant (such as the format of an activity or the pictures used on posters), but not what will be delivered (i.e. the EASE skills). This is because changing the content too much may make EASE less effective.

For example, adaptation may be needed to address:

- Translation to the language used by the participants which includes local expressions and metaphors or expressions of distress.
 - Note that it may not be necessary to translate the whole manual. Implementing organizations may first explore what needs to be translated (such as verbatim sections for helpers to say to participants) and what may not be necessary to translate (such as instructions for helpers who understand the language in which the manual is written).
- Information may need adapting according to participants' gender or age. For example, 10–11-year-olds may need information to be presented in a different way to that for 14–15-year-olds.
- The appropriateness of some skills can vary with settings. For example, helpers should not select activities from Changing My Actions that put an adolescent at risk of harm.
- The pictures and images that accompany this manual in the EASE materials may need adapting to suit the local context where EASE will be delivered.
- Scheduling of sessions could need adapting. For example, in some contexts the three caregiver sessions would be better delivered through a one-day workshop.
- Adaptation of the storybook. Implementing organizations who wish to adapt the storybook can refer to section 1.8.1 below for further guidance.

Helpers should, in general, follow the instructions in the intervention manual to ensure effective delivery of the skills for the benefit of participants' learning.

These include adaptations you make in the moment to respond to what is happening in the group, for example:

- when adolescents are bored, and you introduce an extra energizer; or
- when your participants did not understand an activity, using alternative methods to teach a skill.

We recommend discussing ways in which you can be flexible with an EASE supervisor.

1.8.1 Adaptation example (the EASE storybook)

For some contexts or target groups it may be helpful to adapt EASE material. To highlight an example of possible adaptations, we will use the EASE storybook.

What aspects of the storybook can be adapted?

- **Language.** The language of the storybook should be the same (local) language or dialect of the young adolescents attending EASE.
- **Characters' name and (appearance of) age.** The name and (appearance of) age of Kian and of other characters (e.g. family members) can be changed to match the local context. If it is resource intensive to have different storybooks for different EASE groups (i.e. one storybook for younger adolescents, and one storybook for 14–15-year-olds), consider how to adapt the main character to be relatable to all participants (from 10–15 years of age).
 - The main character has been designed to be as neutral as possible to avoid implementers requiring different storybooks for different genders. However, if it is important for your context to have a specific storybook for specific genders, then this can also be an adaptation.
- **Context of the story.** The story describes several difficulties (e.g. father lost job, seen in Text 2 of the storybook) and situations (e.g. Kian meets birds, seen in Text 3 of the storybook). These aspects can be changed to make them more relevant and acceptable to the adolescents attending EASE.
- **Activities characters like to do.** The story describes several activities Kian likes to do (e.g. bird watching, seen in Text 2 of the storybook). The activities can be changed to activities that are more acceptable or relevant to the adolescents attending EASE.
- **Lay-out and pictures.** The lay-out and pictures can be changed to match your adapted story and the context which is familiar to adolescents attending EASE. Pictures should not be removed, because pictures support the storytelling.
- **Delivery method.** This storybook has been designed to be printed and read aloud by the EASE helpers. However, it is also possible to use other methods to deliver the story to better engage adolescents attending EASE, e.g. if resources are available through video.

Below are examples of what potential changes to the storybook could be while retaining a link to the EASE skill of the corresponding EASE session.

Text 3 in the storybook: Kian meets three birds

- The story of Kian meeting three birds in different colours depending on their emotion can be changed into another situation, such as Kian interacting with people who wear t-shirts in a colour matching their emotion. However, ensure that the adapted story refers to at least three emotions that are associated with different colours. This is important, because the situation is used as a "hook" for helpers to teach young adolescents about identifying emotions (e.g. in session 1).

Text 15 in the storybook: Kian makes a plan to change his actions

- In the original story, Kian likes to go bird spotting with his friend. This pleasant activity can be changed into another pleasant activity, such as playing soccer or drawing comic books. Make sure that the activity is used to illustrate how Kian can make a plan for Changing My Actions. This is important, because the situation is used as an example of how to carry out the Changing My Actions skill (e.g. in session 3).

There are aspects of the story that should not change because they are important and needed to support the learning of the EASE skills.

What aspects of the storybook should not be adapted?

- **EASE skills.** The storybook is used to introduce and support learning of the EASE skills. The EASE skills cannot be changed or removed from the storybook.
- **EASE activities and practice.** The storybook refers to some of the skills that are used in the EASE groups. These activities are for practising the EASE skills. For example, the Feelings Pot is introduced in Text 5 in the storybook. Helpers use this story to introduce the Feelings Pot activity during session 1.7 (Identifying personal feelings).

1.9 About EASE adolescent sessions

1.9.1 Aim

EASE adolescent sessions aim to improve an adolescent's capacity to better manage or cope with internalizing problems. Specifically, these sessions help adolescents to:

- Improve identifying their feelings (called "Understanding My Feelings" in this manual).
- Improve stress management (called "Calming My Body" in this manual).
- Increase behavioural activation (called "Changing My Actions" in this manual).
- Use problem solving (called "Managing My Problems" in this manual).

1.9.2 Structure

EASE adolescent sessions include:

- one pre-intervention assessment;
- seven group sessions (for adolescents only, led by an EASE helper and a co-helper); and
- one post-intervention assessment.

1.9.3 Frequency and duration

- EASE adolescent sessions are delivered once a week.
- We recommend no more than 6 days between sessions and no less than 4 days between sessions – to allow time for participants to complete their home practice.
- Sessions last approximately 1 hour and 30 minutes.

1.9.4 Content

Each adolescent session includes:

1. A group welcome and closing activity.
 - Introduce the session to participants.
 - Do a starting activity (as recommended in this manual or chosen by the helper).
 - Do the same recommended closing activity at the end of every session.
2. Group teaching, activities and discussions.
 - Introduce a strategy or skill (in this manual the adolescent-friendly word “skill” will be used), including:
 - education about the skill and why each skill is important;
 - steps to learn the skill;
 - activities (such as role plays, rehearsals, pair and group activities);
 - discussions to help participants apply each skill to their life; and
 - practising the skill as a group and individually.
 - Using the storybook, which is provided as a separate document to this manual:
 - to tell a story of a young adolescent; and
 - to demonstrate how each skill can be applied in one’s life.
3. Setting and reviewing home practice.
 - Provide structured home practice for participants to practise skills in their daily life.
 - Recording of home practice using the EASE workbook (provided separately to this manual).
 - Sharing of personal stories and experiences of using each skill.
 - Discussion about common problems faced with the skill and how to overcome these.

I.10 About EASE caregiver sessions

1.10.1 Aim

EASE caregiver sessions aim to improve the caregiver-child relationship and enable caregivers to better support their child who is experiencing emotional distress. Specifically, these sessions help caregivers to:

- improve active listening skills
- better identify their own feelings and those of their child
- spend more quality time with their child
- give their child more praise
- use more self-care strategies.

1.10.2 Structure

EASE caregiver sessions include:

- one pre-intervention assessment
- three group sessions (for caregivers only, led by an EASE helper and a co-helper)
- one post-intervention assessment.

1.10.3 Frequency and duration

- Caregiver sessions are spread out over the course of the adolescent sessions (see section 1.11 on the timing of EASE adolescent and caregiver sessions for recommendations of when caregiver sessions should occur). EASE caregiver sessions last approximately 1 hour and 30 minutes.⁸

1.10.4 Content

Each session includes:

1. A group welcome and closing activity.
 - Introduce the session to participants.
 - There is no recommended starting activity for caregiver sessions.
 - Do the same recommended closing activity at the end of each session.
2. Group teaching and activities.
 - Introduce a skill:
 - educate caregivers about the skills and why each skill is important
 - do activities (such as role plays and group activities)
 - have discussions to help caregivers apply each skill to their lives
 - practise the skill as a group and individually.

⁸ Please allow up to two hours for delivery of Caregiver session 1.

3. Setting and reviewing home practice.
 - Suggest home practice for participants to practise skills in their daily life.
 - Share personal stories and experiences of using each skill.
 - Discuss common problems faced with the skill and how to overcome these.

1.11 Timing of EASE adolescent and caregiver sessions

Adolescent and caregiver sessions complement each other. Caregiver sessions are spread out over the course of the adolescent sessions (see Table 1).

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.

Caregiver sessions should be adapted to reduce demands on the caregivers and encourage attendance. Options include:

- The first caregiver session is delivered before the third adolescent session (and ideally before the first adolescent session to better engage participants and their caregivers in the intervention); then
- the second caregiver session is delivered before the fifth adolescent session; finally
- the third caregiver session is delivered before the last (seventh) adolescent session (see Table 1).
- Alternatively, caregiver sessions can also be delivered once a week, three weeks in a row.
- Or, it may be better to deliver all three caregiver sessions at once, as a one-day workshop (for example if caregivers cannot join three separate sessions). In such cases, deliver the workshop before the third adolescent session.

Table 1. Example timeline of caregiver and adolescent assessments and sessions.

TIMELINE	SESSION
Week 1	Caregiver pre-intervention assessment
	Adolescent pre-intervention assessment
Week 2	Caregiver session 1
	Adolescent session 1
Week 3	Adolescent session 2
Week 4	Caregiver session 2
	Adolescent session 3
Week 5	Adolescent session 4
Week 6	Caregiver session 3
	Adolescent session 5
Week 7	Adolescent session 6
Week 8	Adolescent session 7
Week 9	Caregiver post -intervention assessment
	Adolescent post -intervention assessment

Chapter 2. How to use this manual and how to work with groups

2.1 How to use this manual

This manual helps helpers to:

- describe EASE skills and how to use them (by reading the storybook for adolescent sessions, providing instructions for the skills and activities and providing scripts);
- encourage group discussion (by suggesting questions and prompts);
- facilitate active learning (by describing how to lead group activities); and
- manage time (by giving estimated time limits for each session).

EASE helpers should use this manual before and during each EASE session to:

- familiarize themselves with what will happen in the session before they lead it;
- check what materials they will need, and prepare for the session (for example, gather storybook, posters, workbooks, handouts); and
- remind themselves of what to do during the session, reading the suggested questions, prompts or scripts.

2.2 EASE materials

As well as this manual, EASE helpers will need to use a range of other materials, as detailed below. The materials required for each session are described in the tables at the start of each session and under each activity. All EASE materials are also available on the WHO website.

2.2.1 EASE storybook (adolescent sessions only)

- One copy of the storybook should be provided to each helper.
- Participants should not be given their own copy of the storybook during the intervention.
- However, if resources are available, participants can be given their own storybook at the end of the intervention.
- If feasible, we encourage the storybook to be printed in colour.
- Helpers read from the storybook in every adolescent session.
- Each chapter of this manual includes instructions on which part of the storybook to read and when to read it.

- The word “picture” or “text” followed by a number indicates which picture or text to show/read to the adolescents. For example, “Picture 4” means show the participants the picture labelled Picture 4 in the storybook, and “Text 4” means read the text labelled Text 4.
- Kian, the main character in the story, can be presented as any gender. For example, if participants prefer, you can make Kian a girl.
- Please note, to make writing this manual consistent, Kian is referred to as a boy (i.e., the pronouns he, him, his etc. are used). For participants who prefer a different gender for Kian, different pronouns can be used by the helper.

2.2.2 EASE workbooks (adolescent sessions only)

- Each adolescent should receive one copy of the workbook in the first session.
- Adolescents will use their workbook during the sessions and for home practice.
- All adolescents can keep their workbook after completing EASE.
- The workbook does not need to be printed in colour.
- Adolescents should have their workbook with them in each session.
- Ideally, adolescents should take their workbooks home to complete their home practice. But some adolescents can forget or lose their workbooks. So it is important to ask participants at the end of each session whether they want to take their workbook home or leave it with the helper.
- If any participant decides to leave their workbook with the helper, then helpers should discuss with them ways adolescents can remember to do their home practice and record what they did.

2.2.3 EASE posters (adolescent and caregiver sessions)

- Posters are used in both adolescent and caregiver sessions.
- Posters are for display only and are for the helper to keep, not the participants.
- If feasible, posters should be printed in colour on a large piece of paper (such as A3 or larger).
- All posters are provided in a single book or document.
- Each poster has a name (found at the top of the poster) and clearly states whether it is to be used in an adolescent or caregiver session (at the bottom of the poster).
- They can be cut out for display during a session; or they can be printed and bound in such a way that helpers can flip the pages for display.
- Each chapter of this manual includes instructions on when and how to use relevant posters.

2.2.4 EASE caregiver handouts (caregiver sessions only)

- Handouts can be printed and given to caregivers to keep (in which case make sure to print enough copies for the whole group).
- Alternatively, handouts may be used like posters by printing just one large copy and displaying it in the session.
- Handouts do not need to be printed in colour.
- All handouts are provided in a single book, with their name clearly given at the top of the page.
- Each chapter of this manual includes instructions on when and how to use the relevant handouts.

2.2.5 Additional materials

- Other materials needed for EASE sessions include large pieces of paper and pens or pencils.
- There should be enough of these other materials for both helpers and participants to use.
- Each session in Part B of this manual includes instructions on how and when to use these other materials.

Confidentially storing participants' materials

- Helpers should think where participants' materials (i.e. workbooks, papers which they have worked on in the sessions and strengths activity materials) can be safely stored.
- For example, this can be in boxes in a locked cupboard.
- Participants' belongings should always be kept securely behind locked doors to maintain confidentiality.

2.3 Preparing to deliver EASE

2.3.1 Number of helpers

- Having two helpers is recommended.
 - When you have two helpers, one helper can lead the session, or the session can be divided, where one helper delivers half the session and the other helper delivers the remaining half.
 - The other helper, the co-helper, can watch the time, monitor the group relationships, identify participants who might be having difficulties understanding the information or support an individual one-to-one if they have an adverse reaction, and ensure the key points of discussion have been covered.
 - Many organizations follow the two-adults rule which requires at least two adults to be present when working with children, in line with organizations' child safeguarding policies.
- The helper who leads adolescent sessions should preferably not be the same helper leading caregiver sessions. This is to help minimize the likelihood that helpers accidentally breach adolescents' or caregivers' confidentiality.
- These roles can be swapped for different EASE groups, but the helpers should stay the same, with the same group of participants.

2.3.2 Group size

We recommend having small groups.

- Groups of eight are ideal.
- We suggest a maximum of 12 participants per group for both the adolescent and the caregiver sessions.
- If there are more than 12 participants, for example if more than one caregiver attends for an adolescent, you may have to split into two smaller groups. If this is not possible, see Annex 11 for helpful hints for running a large group.

2.3.3 Gender

- Organize groups by gender according to your context. In some contexts, grouping by gender may be preferred. In other contexts, mixed gender groups may be feasible.

2.3.4 Preparing for the session

Preparing the room

- Take the time to think about what you will need to set the room up for the groups.
- Choose a comfortable seating arrangement that suits the group activities (such as sitting in a semi-circle, sitting on the floor, having mats or cushions, chairs and tables, etc.).
- Try to make sure the room does not look like a school room.
- Consider the room's temperature and any external noises that might disrupt the session.
- Temporarily remove things that might cause distraction (such as toys).
- Create a quiet space that participants can use if they feel distressed (a place where they can go to feel calmer).
- Make sure you can access a separate room or space to have one-to-one conversations with distressed participants.
- Always ensure privacy from members of the public. Special considerations for privacy will be needed if EASE is delivered in an outdoor space.

Preparing to deliver sessions

- It is essential that helpers prepare in advance of delivering sessions.
- Time can be very difficult to monitor, and activities can take longer than expected to set up and conduct.
- Therefore, prepare or imagine how to deliver each activity in advance. How will you break participants into small groups or pairs? How will you remember the key points of a discussion etc.?
- Have all the materials ready ahead of time.
- If helpers have delivered several EASE groups and have largely memorized the content, they may use the summary session sheets during the sessions instead of reading from the manual (see Annexes 10 and 16).

Refreshments, drinks and breaks

- You can choose to include additional time to share a meal or drink with the participants before or after each session, if this is feasible.
- You can choose to add brief breaks into the sessions (e.g. 5–10 minutes).

Planning for one-to-one discussions between a helper and participant

- Tell participants at the start of the intervention they can speak to you alone if they need to.
- There are times when it is necessary for a helper or co-helper to have a one to one conversation with a participant (either adolescent or caregiver), for example:
 - If a participant needs more support to understand a skill (e.g. they do not understand or they missed a session).
 - If they are very distressed or if they wish to disclose that they are experiencing a risk such as violence from others.

- It is important that helpers do this privately (e.g. do it after the group has finished, or during a break or speak to several participants individually) and use their basic helping skills (see Chapter 3).
- If there is time, helpers can aim to speak individually to all participants across the EASE sessions. This will help helpers find out how participants are individually progressing.

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.

Chapter 3. Basic helping skills and group management skills

To promote a healthy relationship with participants and support the effectiveness of EASE, EASE helpers need to use a range of basic helping skills when running groups. Basic helping skills are taught during EASE training. Using basic helping skills shows participants that you are listening and willing to support them.

3.1 Basic helping skills

3.1.1 Confidentiality

Ensuring participants' confidentiality is a very important part of building trust. Participants need to understand that although they are encouraged to talk to trusted adults or friends about what they learn in the sessions, they should not share other participants' identities or problems, as this information is private.

- Participants should not talk about each other outside of the group – what is said in the group needs to remain in the group.
- In a group setting, confidentiality is everyone's responsibility.
- Participants need to know that when they speak openly about personal things, this information will remain private.
- This is especially true for adolescents, who worry that their caregivers or friends will find out about their problems; and for people who have had adverse experiences (even more so when there is stigma about those events, such as around sexual assault).

In general, EASE helpers must keep information about participants and their families confidential. However, participants should be aware that information will be shared with your supervisor so that the supervisor can ensure that EASE participants are being well looked after and receiving the best care from the EASE helpers.

- Do not talk to others about your participants and their families.
- If you deliver EASE in school, teachers may be interested to understand the progress of students and their families. But it remains important not to break confidentiality to teachers. Do not talk about specific participants. However, you can share general information, such as how many participants attended the sessions, how many said EASE has helped them, etc.
- Explain confidentiality to participants during their first session.

During supervision you can talk about your participants and their families.

- Try to only share what is necessary.
- Share the information in an anonymous way, without using participants' names and avoiding identifying characteristics, such as the location of where a person lives, what their caregiver does for work etc.

While protecting confidentiality is important, you must also help keep participants safe. So, there are three situations when you are allowed to break confidentiality. In these three circumstances, you must talk to your supervisor even if the participant asks you not to tell anyone.

- Immediately tell your supervisor if you believe one of your participants, or someone they tell you about (for example, a sibling, or a child not in EASE) is:
 1. at imminent risk of self-harm or suicide (for example, if a participant has told you they are thinking about ending their life);
 2. is likely to seriously harm someone else; and
 3. is being harmed or abused, in any way, by another adolescent or adult.

For example, say this:

"My job is to make sure you are safe. Right now, I am worried you are not safe because you told me [repeat what the participant told you]. So, I need to talk with [give name of your supervisor], who is really good at caring for people with these kinds of problems. My supervisor will be able to help us keep you safe."

- Then tell the participant exactly what you are going to do: who you will call, what you will say to them, and what will happen next. For example, you might say an external agency will be contacted, that you will talk to a trusted caregiver, or that the participant will be asked to see a specialized health professional.

As part of confidentiality, it is important that all information about participants are kept securely behind locked doors. This includes any EASE materials they work on (e.g. workbooks, papers, strengths activity materials).

- Make sure participants' personal data, EASE materials, assessment results, workbooks, papers, strengths activity materials, etc. are safely stored (for example in a locked cupboard or filing cabinet).

3.1.2 Communicating concern (empathy)

- Try to understand, as best you can, each participant's situation, including the emotions they are experiencing.
- Do not get too involved in a participant's feelings and take them on as your own. This can cause you to feel stressed and over-burdened by your work. If you feel like this is happening to you, talk to your supervisor.

For example, say this:

"That sounds like it was very challenging/upsetting/frightening (and so on) 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/frightening this was for you."

3.1.3 Non-verbal skills

Non-verbal skills communicate to the participant that you are listening to them and can also be a way of communicating concern.

- Use culturally appropriate ways for making eye contact, nodding your head and using brief verbal indications that you are listening, such as "uh-huh", "ok", "I see" and "mmm".
- For most cultures, keep your posture open and welcoming. Avoid crossing your arms, sitting in a stiff position, or turning your back on participants.
- Sometimes, showing similar emotions to your participants shows that you are hearing what they are saying and are sympathizing with how they are feeling. This can mean expressing sadness on your face when they express sadness.

3.1.4 Praising openness

- Try to thank or genuinely praise participants for being open so that they feel comfortable talking about personal, difficult or embarrassing topics.
- Praise participants' efforts to engage in the EASE skills and engage in the EASE sessions.

For example, say this:

"Thank you for telling that to the group/me."

"You were very brave in sharing those feelings with the group/me."

"It may have been hard to talk about that with me but I think it will be very helpful for your recovery."

"I can see that you are really trying to practise Calming My Body regularly."

- Use local proverbs that foster openness. Many cultures have a saying along the lines of "You double happiness and half sorrow by sharing what's on your mind".

3.1.5 Validating (normalizing)

Participants may feel embarrassed talking about their problems with strangers or in a group setting. They may think no one else feels the same way or that talking about personal problems is a sign of weakness. Some might worry about being teased or laughed at. Some might even blame themselves for how they feel. You need to validate, or normalize, the participants' experiences.

- Help participants understand that many other people experience the same reactions and difficulties that they do.
- But when validating, take care not to belittle or diminish the person's reactions, for example by telling them everyone feels the same way. Choose your words carefully and watch your tone of voice to avoid doing this.
- Validating often happens naturally in a group setting because group members often share similar feelings and problems.

For example, say this:

"You have been through a very difficult experience and it's not surprising that you feel stressed."

"What you have just described is a common reaction young people/caregivers have in these situations so it's very understandable that you feel this way."

"Have other people in the group experienced similar reactions/problems?"

"Many people I have worked with have also described feeling this way."

"I am not surprised that you feel so scared."

3.1.6 Putting aside your personal values

It may be challenging if you do not agree with participants' values or beliefs. But you should not judge your participants, no matter what they say to you.

- Always respect participants' personal values and beliefs.
- Don't allow your own beliefs or values to influence how you respond to participants.
- Don't try to change participants' values or beliefs to suit your own.
- Putting aside personal values is particularly important with adolescents, as they are very impressionable.
- The experience of having someone listen without judgment can help participants to trust you.
- See section 3.3 on challenging particular cultural beliefs or practices that are clearly harmful.

3.1.7 Not giving direct advice

- All helpers will feel tempted to give advice (e.g. if a participant is finding the Managing My Problems skill challenging, it may be tempting to suggest ideas to solve the problem).
- But you should avoid giving direct advice. If a participant has been relying on your advice, they are unlikely to be able to manage their own problems after EASE ends.
- In general, don't tell participants what to do or not to do (for example, do not say "don't talk to your caregivers about this problem", or "you should do this to solve your problem").
- This is different from giving participants important or helpful information (e.g. about services in the community), which is important.

- Instead, ask the participant what they would suggest or say to a friend in a similar situation. For example, if a participant is not seeking out social support because they do not want to burden others, you might say “What would you say to a friend who was thinking the same? Would you want them to be alone with their problems or to ask you for help? And would you feel burdened by that?”
- This approach can help the participant think about things from a different viewpoint, without you telling them to do something specific.
- Inviting other participants in the group to suggest ideas is also a helpful way of avoiding giving direct advice.
- See Annex 8 for further suggestions on how to support participants without telling them the answer.

3.2 Respecting participants

EASE helpers should be motivated to help others, be open to new ideas, and have an interest in listening to other people.

- Always provide help in a way that:
 - respects participants’ dignity;
 - is culturally sensitive and appropriate; and
 - is free from discrimination on the basis of race, colour, gender, age, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, sexual orientation, birth, or other status.
- These attitudes are important in building relationships with your participants.
- Without a good relationship, the intervention is unlikely to benefit participants.

3.3 Cultural, gender and linguistic understanding

EASE helpers need a good understanding of the local cultures in which they will be working. This is usually not a problem if you are from the local community yourself or have a similar cultural background.

- Remember that there can be enormous differences within countries, regions and communities. Even if you are from the same community or region, you may not always be familiar with participants’ cultures (including gender roles and expectations and religious beliefs and practices).
- Ask participants about their beliefs and customs. Doing this will help you express respect for any differences and help reduce the chances of offending participants or missing important information.
- Sometimes you may decide (with support from your supervisor) that it is important to challenge particular cultural beliefs or practices that are clearly harmful. Examples are: “rape is the victim’s fault”, or “beating the spirit out heals mental illness”.

- Be extremely sensitive when challenging beliefs or practices so that participants are still willing to continue with the intervention.
- Some participants may feel more comfortable working with a helper of the same gender. Arrange this where possible.
- Similarly, where possible, participants should be matched with helpers who are confident speaking the relevant language or dialect.

3.4 How to manage a group

Managing groups requires specific helper competencies to ensure that each participant is understanding the concepts and skills being shared. These skills are covered in the EASE training. Sometimes, helpers may also encounter challenges in managing a group's dynamics. Below are some tips for preventing and responding to some common challenges.

3.4.1 Supporting small group activities

Some activities in this manual are preferably done in pairs or small groups. There are benefits to working this way, for example:

- participants can make new friends and learn from each another;
- quiet or less confident participants may talk more than in whole group discussions; and
- helpers can better gauge participants' understanding of skills by listening to them explain things in their own way.

During activities, keep all participants nearby so they can hear verbal instructions before you divide participants into pairs or groups. Work out how you will divide participants beforehand (see Box 3). This will save time. Remember that:

- group sizes do not have to be even;
- in the first few sessions, participants may prefer to work with people they know and this is okay;
- sometimes it can be good for participants to work with people they are less familiar with; and
- participants may prefer to do some activities on their own, which is okay if it's their choice.

Box 3. Example method for dividing participants into pairs or groups

- Go around the room and give each participant a number.
- Then get all the participants with the same number to form groups.

For example, if there are three groups:

- count 1, 2, 3, 1, 2, 3...while pointing to each participant in turn;
- make sure every participant has been given a number from one to three;
- get everyone given the number one to form a group;
- get those with number two form a group; and
- get those given the number three to form the third group.

The same method can be used for pairs (count 1, 2, 1, 2 ... etc). If there is an odd number in the group, you can have one group of three.

Participants do not always understand what it means to work in a pair, or work in a group. If you are managing a group with another EASE helper, you can demonstrate working in a pair. It is also important that you explain that working in pairs or small groups:

- means that two or more participants will work together on the activity;
- is a chance to support other people and receive support or advice in return;
- means talking to each other; and
- means participants can ask each other questions such as "What is your plan?" "What do you think I should do?" "Can you help me – I am stuck on this part?" "What do you think about this idea?"

Use other strategies to further support participants during small group activities.

- Ask participants to repeat instructions back to you so that you know they understand the activity that they will do in pairs or the small group.
- Leave participants alone for the first few minutes so they can build confidence to get started.
- If you notice participants who are working individually or quietly, encourage them to start talking. You can say, "It is so quiet in here! I want to hear you talking to each other about the activity."
- Move around the room and visit each pair or group to support them in the activities.

3.4.2 Activities and discussions

- Read the activities for each session in advance. This will help you:
 - avoid reading from the manual and losing participants' attention; and
 - complete the activity in a timely and engaging manner.
- Think about whether each activity will be suitable for your groups' age and level of education. It might be too childish or too complex.
- Alternative activities are suggested throughout this manual.
- Or you can adjust the activities in a way that you believe better suits the group. But you must check any adjustments with your supervisor first so that you do not change crucial content. It is important that the activity still demonstrates the concept it is trying to teach.
- Generally, younger participants will enjoy being active more than having discussions.
- Generally, older participants may prefer group discussions over games.
- Some topics of discussion will not be appropriate for young participants, for example, drug and alcohol use, or sexual activity.
- Distressing or graphic stories about adverse events may also be inappropriate for some participants.
- See section 3.6 for ideas on how to manage these discussions.

3.4.3 Leading group discussions

Every EASE session includes opportunities for discussion.

- Discussions should involve the whole group.
- Try to ensure that all participants have had a chance to contribute. For example, praise participants' openness for their contribution and then ask questions to the whole group:
 - "Has anyone else had a similar or different experience?"
 - "What do you all think about this idea?"
- Avoid one-to-one conversations or you may lose the attention of other participants. However, there are times when you need to sensitively talk to individuals. See section 3.4.4 on managing these conversations.
- Co-helpers are extremely useful during discussions. While one EASE helper leads the discussion, the other can check the manual to ensure key points have been discussed.

3.4.4 One-to-one discussions

There are times when an EASE helper will have one-to-one conversations with participants, for example if a participant:

- needs more support to complete a skill (perhaps because they do not understand, or they missed a session);
- is very distressed; or
- wishes to disclose very personal information or safety and protection issues.

When delivering EASE:

- tell participants at the start of the intervention that they can speak to you alone if they need to;
- take care not to embarrass participants during one-to-one discussions (for example, do it after the group has finished, or during a break, away from the rest of the group); and
- if there is time, aim to speak individually to all participants. This will help you find out how each participant is progressing.

3.4.5 Promoting social support in the group

Encourage participants to share experiences and learn from each other.

- When a problem arises in the group (e.g. a participant is struggling with a skill, there is disagreement within the group or participants are not abiding by group rules), try to use this as a learning opportunity for the whole group.
- For example, ask other participants if they have experienced similar difficulties and have any ideas on how to solve the problem.
- This will promote social support within the group.

3.4.6 Addressing cultural, religious and political issues in the group

Participants' cultural, religious, and political backgrounds, as well as the differences among members of the group, should be taken into account by EASE helpers.

- Consider how such differences might interfere with the group dynamics and how you will address them. For example, you may need to:
 - discuss these differences openly with the group during the group rules discussion in session 1 for adolescents and caregivers;
 - get participants from the same background to not always sit together; and
 - monitor group discussions to make sure that participants are respecting others from different backgrounds or with different beliefs.

3.5 How to support inclusion

People can differ from one another both physically and cognitively. The literacy and educational levels of EASE participants can also vary. EASE is designed to be flexible to promote inclusion.

EASE helpers can adapt how they deliver sessions to suit different development ages, literacy, educational levels and physical needs, as suggested below. It is recommended to consult with someone who specializes in adapting content to match the group's literacy and educational level.

3.5.1 Inclusive adaptations to the material

Be aware of your language. Try to communicate in a way that matches the group's literacy and educational level:

- Use simple words and avoid difficult examples. Some of the examples and stories used in EASE may sometimes need to be simplified to be more understandable. But you must check any adjustments with your supervisor first, so that you do not change crucial content. It is important that the example still demonstrates the concept it is trying to teach.
- For participants with literacy or understanding difficulties:
 - Use as little writing as possible when explaining concepts to participants (e.g. use pictures instead of words to present concepts on a large paper or, if this is not possible, just describe the concepts verbally using simple words).
 - Ask questions to check participants' understanding (e.g. "How could we explain this to your younger brother/sister?").
 - If participants are drawing as part of their activities in the group (rather than writing), encourage them to not spend too much time on making perfect drawings (you could encourage them to finish any drawings at home or in a break).
- For participants with disabilities:
 - Physical barriers (e.g. access to the building, toilets and transportation) should be considered and addressed when deciding on the physical space to hold 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.

3.5.2 Practising and teaching time

Some participants, such as younger participants, or those with literacy or educational difficulties, may require more practice or explanation to understand skills fully.

- Wherever possible look for opportunities to repeat key messages.
- Consider whether you need to increase the length of sessions to allow for extra practice or repetition (such as reading the storybook again). If possible, discuss this with your supervisor first.
- In general, keep the time you spend explaining concepts (i.e. your teaching time) to no more than ten minutes at a time. The timings for the activities will help you follow this.
- After ten minutes, ask the group a question to encourage discussion. Or start the related activity.
- Younger participants usually have a shorter attention span than older ones. You may need to reduce your teaching time for these participants.
- Always be aware of your participants' attention.
 - If they are starting to look around the room, fidget or talk to each other, you are losing their attention and should do something to re-engage them.
 - Ask them a question, such as "Can someone give me an example from their life that relates to this?". Or lead the group in an energizer (see Annex 2 for ideas).

3.6 How to manage challenging group situations

Leading groups in a psychological intervention is very different from working with individuals. Two key areas of skill are required:

- First, it is essential for helpers to be able to use basic helping skills (see section 3.1) when managing a group.
- Second, the skills outlined in section 3.6 are necessary skills that helpers should feel confident in when working with groups of adolescents and caregivers.

3.6.1 Keeping to time without cutting short valuable group discussion

- Remind participants about time schedules in each session.
- Encourage participants to use break time to keep talking if they want to.
- If a discussion is very important you may decide to keep it going and then shorten another part of the session later. For example, you might be discussing how to manage one participant's problem with a skill, and you can see that the discussion might help the whole group learn more.
- If you decide to do this, you must think about when you can make time to cover the topic you are shortening or skipping. You might ask the group to stay longer, ask the group to arrive early for the next session, or make breaks shorter.
- Always talk to your supervisor about these decisions to make sure you don't leave out important information.

For example, say this:

"You have raised some important points that would be great to discuss more. But we only have ten minutes left. Should we start on the next topic or would you like to shorten the break so we have more time for this discussion? Or shall we finish the group late today? Or should we start earlier for the next session?"

3.6.2 Managing dominant participants

A dominant participant is someone who talks too much in the discussion, does not let other participants share their stories, talks over other participants, or rejects other participants' opinions. Dominant participants include caregivers who want to focus exclusively or extensively on their own child's problems.

- In front of the group, thank the dominant participant for their contribution and then invite others to share.

For example, say this:

"Thank you [name]. What you are saying is very interesting but I would also like to hear from others in the group. Has anyone else had a similar or different experience?"

- You can also give the participant a role to help with an activity. This way they are involved and may be less dominant in discussions. Be careful not to show favouritism to any participants.
- Do not criticize participants in front of their peers.
- If a participant is causing problems in the group and not responding to your management in front of the group, speak to them privately at the end of a session or in a break.
- Start with a positive approach. They may not listen to your suggestion if you say something negative straightaway.

For example, say this:

“You have been very engaged in the sessions which is good. But it is important that everyone in the group has an opportunity to speak. And I have noticed this is not happening at the moment. So I will ask you to respect everyone in the group, not talk over others and give everyone a chance to talk. That might mean waiting and letting someone else talk first when there is a discussion. Does this sound okay to you?”

- Try to find out why the participant is dominating discussions. It may be that they do not like people from different backgrounds, that they believe they need the most help in the group, or they (or others in the group) feel they need to speak for people because of their position in the community or because of their age.
- Once you know what the reasons are, try to help the participant and the group to manage these.

For example, say this:

“Would it be possible for us to meet at the end of today to see how else I might be able to help you?”
 “Are you having any problems in the group that is making you talk over other group members? I would like to help you manage these if I can.”

3.6.3 Encouraging discussion with a quiet group or participant

- It is important to respect that some participants will be quiet and often may not wish to be vocal (e.g. answer questions, give suggestions, or discuss their situation).
- Many people feel more comfortable talking about other people’s problems instead of their own. Help such people speak up by asking questions about the character in the storybook, or “other people in the local area” rather than asking participants directly about themselves.
- Share other examples you know, perhaps from the community or from your previous groups, to help participants feel more comfortable in discussions. But be sure not to use people’s names or tell stories that might easily identify them.
- If possible, split participants into smaller groups. Some quiet participants may feel more confident talking to fewer people.
- Talk to the quiet participant privately to help them participate in the group.

For example, say this:

"I have noticed you are very quiet in the group. Is there anything I can do to help you engage more in the discussions?"

- If none of these strategies work, respect the participant's wish to remain quiet.

3.6.4 Supporting distressed individuals

- Communicating concern and validating a participant's distress is the best first response to supporting distressed individuals.
- Giving the participant time to feel calmer, for example, by being quiet and not rushing to continue a discussion.
- Other group members will often help the distressed person, for example, by putting an arm around them, and acknowledging their distress.
- If the participant finds it hard to calm down by themselves, you can ask them if they would find it helpful to do the Calming My Body (slow breathing) skill together.
- If a participant's distress is very strong, ask the co-helper to take the participant out of the group and support the participant separately in a one-to-one conversation. This way you can continue leading the group.
- If you are on your own, you can ask the group to take a ten-minute break and use that time to sit with the participant on their own. After ten minutes the participant might decide to re-join the group. If they decide to take some time away from the group, check on them after five minutes and encourage them to come back to the group.
- If most or all of the group participants are distressed, stop the discussion and help participants manage their distress by practising any of the EASE skills.

3.6.5 Managing group discussions that go off topic

Sometimes discussions go off topic or shift focus towards unhelpful skills or skills outside of EASE.

- Be firm when re-directing group discussions. But use your basic helping skills too.

For example, say this:

"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."

3.6.6 Managing conflicts and behaviour which challenge helpers

- Respond early to signs of anger or conflict between participants and use basic helping skills.
- Use a range of strategies.
 - Acknowledge the differences of experience or opinion. Tell the group that everyone's experiences and opinions are important.
 - Say that it is okay to feel angry or frustrated but that it is not okay to act on those feelings in the group.
 - Remind all participants of the group rules.
 - Have the participants sit apart from each other.
 - If necessary, stop the discussion that is causing conflict and do an activity (see Annex 2 for ideas).
 - Talk to individual participants involved in the argument at the end of the group. Find out what caused the argument and see if this can be resolved. Ask the participants to respect each other, and others in the group, in the remaining sessions.

3.6.7 Managing a participant who drops out, or attends late or irregularly

- As best we can, helpers should try to prevent anyone from dropping out of the group (without forcing them to stay against their will).
- If participants are regularly showing up late, leaving early or missing sessions, talk to them (and possibly also their caregivers, if appropriate).
- Find out why the participant has disengaged and see if there is anything you can do to help them re-engage.
- If a participant has missed two or more sessions, discuss what to do with your supervisor. Helpers should follow their organization's protocols for managing participants who miss sessions or appear to drop out.
- Options for catching up might include asking other adolescents or caregivers to summarize content from previous session at the start of each new session, getting a co-helper to spend one-to-one time with the participant during the next session or organizing to meet the participant individually after the group to do this.
- If participants drop out, this is okay. The group will not suit everyone, and participants should not be forced to stay if they do not want to.
- Write the reason for their dropping out in your notes. Try to get them to complete the post-intervention assessment and give them information about other available support services.
- You should not ask a participant to leave the group. If you believe a participant is disrupting the group a lot, talk with your supervisor about this.

3.6.8 Managing participants who disclose too much information

Sometimes participants will share very personal information with the group (for example, about drug use or sexual activity). This might make other participants feel uncomfortable or upset.

- You need to decide whether the information being shared in the group is not appropriate for the EASE group context.
- Talk to your supervisor if you are not sure what content is okay or not okay for your group to discuss.
- If a participant is sharing too much information, you can do one or all of the following, ideally in a private conversation with the person.
 - Ask the participant to limit how much they are sharing and to try to reduce it by themselves. Agree that you will gently cut them off when they start sharing too much information.

For example, say this:

“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.”

- You could also agree on a discreet sign you can give the participant if they start sharing too much information (such as raising your hand).
- Agree with the group that any participants who wish to discuss these topics may talk to you privately.

3.6.9 Managing disclosures of abuse

If a participant discloses a problem that suggests they are being abused (for example, physically hurt by someone, sexually abused etc.) or neglected (for example, if they are left unsupervised for long periods of time and this might be posing a danger risk for them), you should:

- Respond to the participant using your basic helping skills, especially communicating concern.
- Tell the participant and the group: “It is never okay for someone to hurt you. And we do not expect you to be able to solve these kinds of problems on your own. Instead, we will help you get some support to manage these problems.”
- Support the participant if they are distressed in the group.
- Tell the participant that you will speak to them individually at the end of the group.
- When you talk to the participant individually, ask them to share more information if they are willing. If they are unwilling to talk further you must respect their choice.
- Tell them that you need to speak to your supervisor (tell them the name of this person) to better help them manage this problem.
- See Annex 1 for further guidance on managing disclosures of abuse.

3.6.10 Managing cliques and exclusion

Adolescents and caregivers can often form small groups or cliques. While these groups can be good sources of social support, they may also lead to the exclusion, or bullying of other participants. This can be very detrimental to group cohesion.

- Sometimes participants will have already been friends before joining the group and so cliques may be established from the first session.
- If you notice a clique, you can respond by:
 - moving participants around so they do not sit next to the same person every session;
 - changing the members of small groups or pairs for different activities;
 - including a rule about not teasing or excluding other participants in your group rules.

3.6.11 Managing doubt or criticism about EASE skills

Sometimes participants may express doubt or criticism about EASE skills and be reluctant to try them.

- Communicating your concern and validating their view is the best first response.

For example, say this:

“The reactions you have described are very common. All I can do is ask that you try the skills in this intervention and see if they work for you and your family. Think of it as an experiment if you can.”

Chapter 4.

Assessments

EASE is for adolescents aged 10–15 years old who are affected by internalizing problems (for example by symptoms of depression, anxiety and stress). 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. To evaluate whether or not EASE was beneficial for the adolescent, the adolescent and their caregiver should complete an assessment again after the intervention. This is called the post-intervention assessment.

As only adolescents who have internalizing problems should participate in EASE, implementing organizations should at the minimum include a measure of internalizing problems in the pre-intervention assessment. The pre-intervention assessment can also be used to find out if EASE is not suitable for the adolescent and their caregiver, for example, if another service would be more suitable.

The organization implementing EASE will need to select which measures to use for the assessments of adolescents and their caregivers. It may be necessary for organizations to translate, culturally adapt and validate any measures used, and for all measures, a locally validated cut-off score should be used.⁹ The assessment measures are ideally the same for the pre-intervention and post-intervention assessments.

Organizations may also choose to add other measures at their discretion, for example a measure of functioning, a measure of externalizing behaviours, or a measure of parenting behaviours.

The pre-intervention assessment is usually completed 1-2 weeks before the start of the intervention. Similarly, the post-intervention assessment should be completed within 1-2 weeks after the end of EASE.

The assessment may be delivered by an assessor (e.g. a trained enumerator) or by a helper who has been trained in EASE. The assessments with adolescents and their caregiver can be completed in one visit. To ensure confidentiality, the caregiver should ideally not be present during the adolescent's assessment, and vice versa, unless the adolescent gives permission to this. However, for child safeguarding, there should be another adult present during the assessment with the adolescent. An adolescent may prefer their caregiver or another relative as the second adult, instead of someone from your organization they do not know.

9 Guidance on adapting questionnaires: van Ommeren M, Sharma B, Thapa S, Makaju R, Prasain D, Bhattarai R, et al. Preparing instruments for transcultural research: use of the Translation Monitoring Form with Nepali-speaking Bhutanese refugees. *Transcultural Psychiatry*. 1999; 36(3): 285–301. doi:10.1177/136346159903600304.

4.1 About the assessments

Summary of the pre-intervention assessment

- It happens before the intervention starts (usually 1-2 weeks before).
- It helps you decide if EASE is a suitable intervention for the adolescent, because EASE should only be delivered to adolescents who have internalizing problems.
- It also helps to monitor the caregiver's wellbeing.

Summary of the post-intervention assessment

- This happens after the intervention has finished (usually within 1-2 weeks).
- It helps you review the changes the adolescent has made after completing EASE.
- It helps to monitor the caregiver's wellbeing.
- It helps you understand what the caregiver feels has changed for their child.

Checklist of materials needed during the assessments

- The assessment protocol (see sections 4.2 and 4.3).
- Contact information of supervisor and local referral services for both adolescents and adults.

4.1.1 Why do assessments?

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.

Doing an assessment with adolescents and their caregivers before the EASE intervention is very important. It gives you an opportunity to:

- meet adolescents and their caregiver(s) individually;
- hear an adolescent's story; and
- decide if EASE is a suitable intervention for the adolescent – remember EASE is designed to help adolescents who are experiencing internalizing problems (for example by symptoms of depression, anxiety and stress).

The post-intervention assessment ideally includes the same measures you used in the pre-intervention assessment. This way the results can be compared with the pre-intervention assessment to see if the adolescent and caregiver have experienced any changes.

4.1.2 How to do the assessments

Basic helping skills are very important for conducting assessments, so that adolescents and caregivers feel comfortable to share their experiences with the assessor (see Chapter 3). Some important things to consider include:

- using simple and clear language;
- making sure you speak appropriately for the participant's age, gender, culture and language differences;
- being friendly, respectful, and non-judgmental at all times; and
- responding sensitively to private and distressing information (e.g. about sexual assault or self-harm).

4.1.3 How to address common challenges during an assessment

When a participant is shy or reluctant to share information

It is important to always respect the needs of the adolescent and their caregiver. If they appear to be nervous or uncomfortable about sharing information, do not pressure them to tell you personal information. At the start of the assessment, it can be helpful to let the adolescent and caregiver know that they do not have to answer your questions if they do not wish to. It is important for them to feel in charge of the session and not be forced to provide information if they feel uncomfortable.

For example, say this:

"If you don't feel comfortable answering any question I ask you, you don't have to answer. Just share with me what you are comfortable with."

When you need to stop a participant

There will be times when you need to redirect an adolescent or caregiver who might be talking a lot about a topic that is not relevant to the assessment. It is important that you display basic helping skills such as communicating concern, when encouraging a participant to focus on the assessment.

For example, say this:

"It sounds like you are faced with a lot of difficulties at the moment. I am interested to know if there are other things affecting you right now such as, [ask next question]".

Sometimes you may need to be more direct, especially if you are running out of time. It is important to still communicate concern when doing this.

For example, say this:

"I am very interested in hearing about this, but I do not want to run out of time. I have more questions I need to ask you. Would it be okay if we went through those now, and with any time we have left we can talk about the other concerns you have?"

When an adolescent or caregiver asks to know what the other has said

It is important that adolescents and caregivers can speak with you in confidence. That means that you should not share personal information that either has told you during the assessment. However, you will need to share some limited and general information about the outcome of the assessment. Therefore, it is important that both adolescent and caregiver give you permission to do this. For example, you can tell the caregiver that you think EASE will or will not be a suitable intervention for their child. See Step 4a (pre) and 4b (pre) in section 4.2 for guidance on what to say to caregivers after the assessment.

For example, say this to the caregiver:

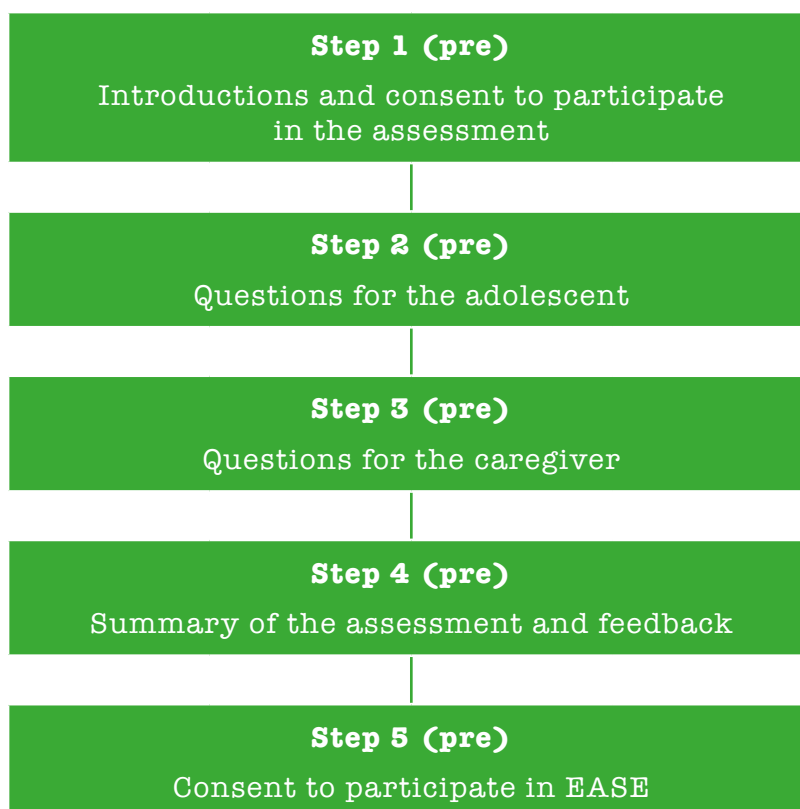
“Your child indicated feeling [sad / scared / ...]. This means that EASE will be a suitable intervention for your child. That is because EASE provides adolescents and their caregivers who are dealing with similar problems with the skills to learn to better cope with these problems.”

4.2 The pre-intervention assessment protocol

Figure 1 shows the pre-intervention assessment steps to follow with the adolescent and their caregiver. The text following then describes the stages in detail.

- Both adolescents and caregivers should be assessed before making a decision on whether EASE is suitable for the adolescent.
- Please note that adolescents and caregivers should be assessed individually. However, adolescents may give permission to have their caregiver join their assessment.
- It is best if the adolescent and caregiver assessments happen on the same day.

Fig. 1. Steps to follow for the pre-intervention assessment.



PRE-INTERVENTION ASSESSMENT

Step 1 (pre): introductions and consent

The adolescent and the caregiver will be together for Step 1 (pre). Provide information to the adolescent and their caregiver about EASE and obtain permission from the adolescent and consent from the caregiver to participate in the pre-intervention assessment only.

1. Introduce yourself.

- Give your name, your role and the name of your organization.

2. Let the family introduce themselves.

- Ask the caregiver and adolescent to briefly introduce themselves.

3. Explain the purpose of the assessment.

- This will facilitate trust in you and reduce any concerns the adolescent and caregiver may have about the assessment.
- Tell them:
 - the assessment is to find out if EASE might be helpful for the types of problems they are having;
 - you will be asking the adolescent questions about their feelings;
 - you will be asking their caregiver questions about their feelings and about the adolescent's feelings;
 - how long the assessment will take (this will depend on the assessment measures you choose to use); and
 - they should not feel forced to share personal information if this makes them feel uncomfortable.

For example, say this:

"I will ask you some questions and I hope that you will feel free to answer. Please answer only what you feel most comfortable with. I recognize that it can be difficult to speak to a new person about your problems and experiences. I am asking you these questions to better understand if EASE can be helpful for you, or if another service can be helpful for you."

4. Explain confidentiality.

- Make sure the adolescent and caregiver understand what information will be kept confidential and who this information will be shared with (see section 3.1.1):
- All information is kept confidential unless the adolescent or caregiver gives you permission to share it with someone else.
- There are three exceptions to this confidentiality. When someone:
 - is at imminent risk of self-harm or suicide;
 - is likely to seriously harm someone else; or
 - is at risk of being harmed or abused.
- In such circumstances, you will need to inform your supervisor or someone else, even if the adolescent does not give you permission or caregiver does not consent to this, in order to ensure their or other people's safety.

For example, say this:

“What you say will be kept confidential. I [or ‘we’ in case other adult from organization for safeguarding is present] cannot tell anyone else what you tell me, unless you tell me something that I believe means you are at risk of ending your life, harming someone else, or if you are at risk of being harmed by someone else. If this is the case, I will tell you. Then I will need to talk to my supervisor. Their name is [name supervisor] and they are very experienced in these kinds of problems. It is very important for us to keep you both safe. What questions or concerns do you have about confidentiality of the assessment?”

- Explain to the caregiver that:
 - you will also ask the adolescent questions about risk of self-harm or suicide;
 - this is important to make sure their child is safe;
 - thoughts about self-harm or suicide are not uncommon when children face challenges;
 - having such thoughts does not mean adolescents will plan or take action to end their life, and asking questions does not increase the risk of suicide;
 - asking questions will help you to make sure their child gets the help they need; and
 - the EASE intervention will not focus on this topic.

5. Give brief information about EASE.

- Tell adolescents and their caregivers that this intervention:
 - can help adolescents with emotional problems such as sadness, anxiety and stress;
 - is a group intervention (there will be other adolescents with similar problems);
 - happens once a week for seven weeks;
 - involves caregivers, who are encouraged to attend three sessions with other caregivers; and
 - provide information about when and where the sessions will take place.
- Make sure the adolescent and their caregiver know what EASE is not.
 - In this intervention the adolescent and caregiver will not get materials or money or receive medication.
 - The intervention will not be able to solve all of the problems families may be facing, but will support with referrals to other services when possible.
- Be very honest about what the adolescent and caregiver will and will not receive from this intervention.
- Tell the caregiver that you will talk to them more about the intervention after the assessment.

6. Tell the adolescent and their caregiver what will happen in the assessment.**For example, say this:**

“The questions I have for you both will be about how you are both feeling. It will take about one hour in total. First, me and my colleague [name colleague] will speak to [name of adolescent] without [name of caregiver] and then I will speak to [name of caregiver]. [Name of adolescent], my colleague [name colleague] will be in the room with us. Is that okay with you, or would like your [name of caregiver] to stay in the room while I ask you the questions? I hope that you will feel free to answer. Please answer only what you feel most comfortable with. I recognize that it can be difficult to speak to a new person about your problems and experiences.”

7. Get permission from the adolescent and consent from their caregiver to complete the assessment.

- Give the adolescent and their caregiver an opportunity to ask questions about the assessment and/or the intervention.
- You must obtain permission to do the assessment from the adolescent and consent from their caregiver, before conducting the assessment.
- Written consent is preferred if feasible and safe to ensure there is proper documentation. In cases where it is not possible, verbal consent is sufficient.
- Consenting to the assessment does not mean they have to join EASE (you will request their consent to join EASE separately, only if EASE is suitable).
- It is okay for the adolescent and caregiver to have time to consider their participation. For example, you can arrange to come back or call at another time if they wish to think about participating or discuss it with another caregiver.

For example, say this to the adolescent:

"Do you have any questions about today's assessment, the intervention or anything else?"

"Do you give permission to do the assessment to find out if EASE can be useful for you? Giving permission to do the assessment does not mean you have to participate in EASE if you do not want to. You can also stop with the assessment if you do not want to continue."

For example, say this to the caregiver:

"Do you have any questions about today's assessment, the intervention or anything else?"

"As caregiver, do you give consent for your child and yourself to participate in the assessment to find out if EASE can be useful for you? Giving consent to do the assessment does not mean you or your child have to participate in EASE if you or your child do not want to. You can revoke your consent at any time."

8. Start the assessment after the adolescent has given permission to participate in the assessment and the caregiver has given consent for both of them to participate in the assessment.

Step 2 (pre): questions for the adolescent

- Remember that, for child safeguarding, there should be another adult present during the assessment with the adolescent. This would normally be another person from the implementing organization.
- However, an adolescent may prefer the second adult to be their caregiver or another relative. If the adolescent has not indicated this, invite the caregiver to leave the room while you conduct the assessment.

1. Demographic information.

- Start the assessment with questions on demographic information, as suggested below (see Table 2).
- Implementing organizations can add questions they need, such as an emergency contact person, whether the adolescent has a disability or another health issue, or whether the child is involved in work inside or outside the home.

For example, say this:

“Thank you for participating in the assessment. Let me ask you the questions now. Please note that there are no right or wrong answers to these questions. Just be honest about how things are right now. I will start with some background questions.”

Table 2. Demographic information of the adolescent.

1.	What is your gender?	
2.	How old are you?	___ years
3.	Are you currently attending school?	Yes
		No
4.	How many years of school have you completed?	___ years

2. Measure of internalizing problems.

- A measure of internalizing problems should be included. You may use a questionnaire such as the Pediatric Symptom Checklists (PSC-17 or PSC-35), particularly the internalizing subscale.^{10,11}
- Or you could use the WHO mhGAP assessment of emotional disorders tool.¹²

10 Gardner W, Murphy JM, Childs G. The PSC-17: a brief pediatric symptom checklist with psychosocial problem subscales. *Ambul Child Health*. 1999;5:225–236.

11 Jellinek MS, Murphy JM, Little M, Pagano ME, Comer DM, Kelleher KJ. Use of the pediatric symptom checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study. *Arch Pediatr Adolesc Med*. 1999;153(3): 254–260. doi:10.1001/archpedi.153.3.254.

12 World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP), version 2.0. World Health Organization; 2016 (<https://iris.who.int/handle/10665/250239>, accessed 6 September 2023).

3. Assessment of imminent risk of self-harm/suicide.

- Helpers should follow their organization’s procedures for assessing imminent risk of suicide. Alternatively, organizations can also adapt the example protocol below for their own contexts (see Table 3).¹³
- Ask the adolescent both Question 1 and Question 2 and record the answers on the form. If the adolescent has already clearly provided enough information to answer a question, you do not need to ask the question again. First introduce the topic.

For example, say this:

“Sometimes when people are very distressed, upset or feel hopeless, they may have thoughts about putting an end to their emotional pain, not wanting to live, or ending their own life. These thoughts are not uncommon, and you should not feel ashamed about having such thoughts if you do. I would like to ask you some more questions to better understand how things are for you. Is that okay? Can we continue?”

Table 3. Assessment of imminent risk of self-harm or suicide.

<p>Question 1: In the past month, have you had thoughts of ending your life, or a plan to end your life? Or have you taken any actions to end your life in the past year?</p>	YES	NO	
	<p>If the answer is “no”, circle “no”.</p> <p>If the answer is “yes”, ask the adolescent to describe their thoughts, plans or actions taken. Write details here:</p>		
<p>Question 2: Are you currently thinking of ending your life, do you have a plan of ending your life, or are you currently taking any steps to end your life?</p>	YES	NO	UNSURE
	<p>If the answer is “yes” or the adolescent is “unsure”, ask the adolescent to describe their thoughts, plan, or actions to you. Write details here:</p>		

13 Adapted from: Self-Help Plus (SH+): group-based stress management course for adults. Generic field-trial version 1.0, 2021. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/345349>, accessed 6 September 2023).

Table 3 (cont.)**Decision options**

- If the adolescent answers “yes” or “unsure” to Question 2, they may end their life in the near future. Follow the imminent risk steps below.
- If the adolescent answers “yes” to Question 1 and “no” or “unsure” to Question 2 but is extremely agitated, violent, distressed or not communicating, they may end their life in the near future. Follow the imminent risk steps below.
- If the adolescent answers “yes” to Question 1 and “no” to Question 2 and they are NOT extremely agitated, violent, distressed or not communicating, they are unlikely to be at imminent risk of self-harm/suicide, but there may still be a risk (see Annex 1). You do not need to follow the steps below, but tell the person you will inform your supervisor to discuss any additional support that may be helpful. For example, say this: “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.” When you next see the person for EASE, make sure to privately ask whether they still have thoughts about ending their life and ask Question 2 accordingly.
- If the adolescent answers “no” to both Question 1 and Question 2, thank them for answering your questions and continue with the remainder of the pre-intervention assessment.
- **In case of any doubt about an adolescent’s safety, talk to your supervisor.**

Imminent risk: Steps to immediately take if the person may end their life in the near future:

- **You must always contact your supervisor immediately.** Please see Step 4c (pre) “The adolescent is at imminent risk of suicide” for a script on how to respond to the adolescent if they indicate they are at imminent risk of suicide, and discuss any concerns with the adolescent sharing this with their caregiver. For example, say this: “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?”
- Stay with the adolescent at all times, or have another helper stay with the adolescent.
- Contact someone the adolescent trusts. For example, you could say: “I would also like to contact someone in your community to ensure that you can be kept safe. Who would that be?”
- Create a secure and supportive environment. If possible, offer a quiet space while waiting for a supervisor or trusted person to arrive.
- Use your basic helping skills to give the adolescent support while you wait for instructions from your supervisor.
- Ask the adolescent if they have access to any means of self-harm. Discuss ways to remove these items from their home environment.
- Explore reasons and ways to stay alive.
- Focus on the adolescent’s strengths by encouraging them to talk about how earlier problems have been resolved.

Guidance for asking about self-harm or suicide.

Ask direct, clear questions:

- When asking adolescents about suicide, avoid using indirect questions or vague words that could be misunderstood.
- Direct questions help the adolescent feel that they are not being judged for having thoughts or plans of suicide or for having made suicide attempts or self-harmed in the past.
- Some people may feel uncomfortable talking with you about suicide, but you can tell them that it is very important for you to clearly understand their level of safety.
- Asking questions about suicide will not cause the person to take action to end their life, but often helps them feel understood and less distressed.

4. Impairments due to severe mental, neurological or substance use disorders.

- A measure to assess significant mental, neurological or substance use disorders should be included.
- To promote inclusivity, adolescents and caregivers should be included in the intervention where reasonable accommodations are possible to safely engage them.
- Exceptions to this include where these disorders: 1) significantly impair their ability to engage in the group; 2) affect immediate safety and require specialized support; or 3) mean that they have high needs for individualized support.

5. Disruptive behaviours.

- EASE may not be suitable for adolescents who display behaviours that would be disruptive in the group (e.g. violent or aggressive behaviours, or who would not be able to follow instructions).
- If you observe behaviours in the adolescent that would likely significantly disrupt the EASE group, discuss with your supervisor whether there are other (individual) supports the adolescent can be referred to.

6. Indications of immediate risk for acute protection needs.

- Adolescents with acute protection risks (e.g. family violence) should be referred to child protection support. These adolescents may receive EASE once they are receiving specialized support and the treating professional and/or an EASE supervisor recommend they re-engage in EASE.
- Adolescents need to be reassessed to ensure they still meet EASE criteria (see Annex 1).
- Organizations should determine their means for assessing for protection risks and where available, follow national protocols.
- If conducting assessments in the home environment, you may refer to the child and adolescent mental and behavioural disorders module in the mhGAP intervention guide to assess the warning signs of protection risks within the home environment.¹⁴

14 World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP), version 2.0. World Health Organization; 2016 (<https://iris.who.int/handle/10665/250239>, accessed 6 September 2023).

7. End assessment with the adolescent.

- Thank the adolescent for their responses.
- Tell them you will now ask their caregiver some questions to understand what is happening from their perspective.
- The results of the adolescent assessment can be summarized in Step 4 (pre): summarizing the assessments and giving feedback.

Step 3 (pre): questions for the caregiver

- Invite the caregiver to do the assessment.
- If feasible and safe for them to do so, let the adolescent wait in another room with another adult or leave the door open so the adolescent is not entirely alone but the assessment can be done privately (so the adolescent cannot hear their caregiver's responses to questions).
- Then introduce the assessment.

For example, say this:

"Thank you for participating in the assessment. Let me ask you the questions now. Please note that there are no right or wrong answers to these questions. Just be honest about how things are right now. I will start with some background questions."

1. Demographic information.

- Start the assessment by gathering demographic information, as suggested below (see Table 4).
- Implementing organizations can add questions they need, such as whether the caregiver has a disability or another health issue, or more information about the family situation.

Table 4. Demographic information of the caregiver.

1.	What is your gender?	
2.	How old are you?	____ years
3.	How many years of school have you completed?	____ years
4.	What is your <u>current marital status</u> ? <i>Select the single best option.</i>	Never married
		Currently married
		Separated
		Divorced
		Widowed
		Cohabiting
5.	Which describes your main work status best? <i>Select the single best option.</i>	Paid work (see 6)
		Self-employed, such as own business or farming (see 6)
		Non-paid work, such as volunteer or charity
		Student
		Keeping house/ homemaker
		Retired
		Unemployed (health reasons)
		Unemployed (other reasons)
		Other (specify)
6.	If they are in paid work or self-employed, ask: "What is your job? (What do you do for work?)"	_____ _____

2. Measure of emotional distress.

- Include a measure of the caregiver's emotional distress. You may use a broad measure of emotional distress (such as the Self-Reporting Questionnaire-20 (SRQ-20)¹⁵ or the General Health Questionnaire-12 (GHQ-12)¹⁶ or measures of depression and anxiety (such as the Hospital Depression and Anxiety Scale (HADS),¹⁷ the Patient Health Questionnaire-9 (PHQ-9) and the General Anxiety Disorder-7 (GAD-7)).¹⁸

3. Measure of caregiver report on child internalizing problems.

- Include a measure of how the caregiver perceives the adolescent's emotional distress.
- You may use a questionnaire to assess internalizing problems (such as the Pediatric Symptom Checklist – caregiver version).¹⁹

4. End of assessment with the caregiver.

- Thank the caregiver for their responses.
- Summarize the results of the caregiver assessment in the next step (see Step 4 (pre): summarizing the assessments and giving feedback).

Step 4 (pre): summarizing the assessments and giving feedback

- Summarize the results of the adolescent and caregiver assessments in the summary table (see Table 5).
- Use the summary to decide whether EASE is a suitable intervention for the adolescent.

15 The SRQ-20 is available from <https://apps.who.int/iris/handle/10665/61113>.

16 Goldberg DP and Williams P. A User's Guide to the General Health Questionnaire (GHQ). Windsor (UK): NFER Nelson Publishing Company; 1988.

17 Zigmond AS, Snaith RP. The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica*. 1983; 67: 361-370. doi.org/10.1111/j.1600-0447.1983.tb09716.x1983;67:361-370.

18 The PHQ-9 and GAD-7 are available in numerous languages from <http://www.phqscreeners.com/select-screener>.

19 Jellinek MS, Murphy JM, Little M, Pagano ME, Comer DM, Kelleher KJ. Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study. *Arch Pediatr Adolesc Med*. 1999;153(3):254-260. doi:10.1001/archpedi.153.3.254.

Table 5. Summary of the pre-intervention assessments.

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 / 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 / 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 / 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 shows that it would be difficult for them to follow instructions?	Yes / No	Link with appropriate care.
5. Are there indications of acute and severe protection needs?	Yes / No	Link with appropriate care.
Adolescent internalizing problems		
6. What is the total score on the measure of internalizing problems reported by the adolescent ?	Score = ___	NA
7. What is the total score on the measure of caregiver report on adolescent internalizing problems?	Score = ___	
Caregiver emotional distress		
8. What is the total score on the measure of emotional distress?	Score = ___	NA

If any of the questions 1 to 5 in Table 5 are answered YES, then EASE is not suitable:

- Link the adolescent with appropriate services.
- Go to Step 4c (pre): What to say if EASE is not suitable.

If both questions 6 and 7 in Table 5 are below cut-off (i.e. the adolescent does not appear to have significant internalizing problems), then EASE is not suitable:

- Go to Step 4c (pre): What to say if EASE is not suitable.
- The assessment may also indicate that the caregiver is experiencing emotional distress (question 8 in Table 5). You may decide with your supervisor to refer the caregiver for support for their mental health.

If all of the questions 1 to 5 in Table 5 are answered NO and if either question 6 or 7 are above cut-off (i.e. the adolescent does appear to have significant internalizing problems), then EASE may be suitable:

- If both the adolescent **and** the caregiver score above cut-off on child internalizing problems: **Invite the adolescent and caregiver to participate in EASE.**
 - Go to Step 4a (pre): information to share with the caregiver when EASE is suitable.
- If the adolescent scores above cut-off on internalizing problems **but** the caregiver report does not: **Invite the adolescent and caregiver to participate in EASE.**
 - Go to Step 4a (pre): information to share with the caregiver when EASE is suitable.
- If the caregiver scores above cut-off on child internalizing problems **but** the adolescent does not: discuss the difference before deciding whether or not EASE might be suitable.
 - Go to Step 4b (pre): what to say and do when adolescent and caregiver reports are different.

Step 4a (pre): information to share with the caregiver when EASE is suitable

1. Briefly explain the adolescent session content.

Materials: Adolescents' workbook; Vicious Cycle poster; Stop, Think, Go poster; and Adolescent Skills handout.

- It is helpful for caregivers to know what their child will be taught, so that they can support and encourage their child to use the skills at home. The adolescents will learn four specific skills that are commonly used with children and adults to help manage overwhelming sadness and worry. These four skills are taught using a variety of activities and games.
- Give the caregiver the Adolescent Skills handout.
- Describe briefly the four skills.

Skill 1: Understanding My Feelings.

This skill is all about the adolescents learning to identify their own feelings. This will help them decide what the best skill will be to manage each feeling. The adolescents will be asked to think about their day and identify all the feelings they experienced during the day. In EASE, we will pay particular attention to the big feelings that tend to overwhelm adolescents, and interfere with their well-being, their relationships with family or friends, or their learning.

- Show the workbook page with the Feelings Pot.

The adolescents will be asked to draw in the pot with different colours or, if colours are not available, different symbols or characters, to show the different emotions they had on a particular day.

Skill 2: Calming My Body.

This skill is all about the adolescents learning how to help calm their bodies when they are feeling big feelings like stress, worry or anger. It is called Slow Breathing. The adolescents will be taught how to breathe slowly from their stomachs and will be asked to practise this every day using the image of blowing up a balloon.

- Show the workbook page with seven balloons.

Skill 3: Changing My Actions.

Often when adolescents are experiencing big emotions, it can affect their behaviour, which can in turn sometimes make the emotions even worse. This skill is all about the adolescents learning how doing activities can improve their big feelings and break this vicious cycle. The adolescents will be asked to select one activity that gives them joy or meaning. They will plan how they can start doing that activity again or do it more often. Activities might include seeing their friends, helping someone, listening to music, doing craft, playing sport, or doing some form of work, such as household chores or school work. Once they have selected their activity, they will be asked to break this activity down into very small steps and then make a plan to practise the steps until gradually they are back to doing the activity regularly again.

- Show the Vicious Cycle poster.

Explain that adolescents might ask their caregivers' permission or for help to carry out their activity. Remind caregivers that they are the adult and if they have reason to refuse to allow their child to do an activity then helpers will support this and an alternate activity will need to be selected. For example, an adolescent might ask for permission to meet their friend at night when it is not safe, or might ask for permission to go to a social event at night when they have a school test the next day.

Skill 4: Managing My Problems.

This skill is all about the adolescents learning how to solve their practical problems, such as conflicts with their friends or difficulties completing their schoolwork. The adolescents will be encouraged to consider possible ideas that might solve the problem which is causing them the most concern. They will choose the solution that is most helpful for influencing the problem and then plan a skill to carry out this solution.

- Show the Stop, Think, Go poster.

2. Briefly explain the caregiver session content.

- These sessions aim to help caregivers help their child to feel better. They will cover learning skills on listening, recognizing and responding to feelings, how to boost a child's confidence and how to make sure caregivers look after themselves.

3. Explain the benefits of attending the sessions.

- Say that each of the sessions will cover something new and important that caregivers can do to help their child – so it is critical for caregivers to come to all sessions.
- Explain that [insert local community voice such as a well-regarded doctor that endorses intervention] strongly asks you to attend these sessions because with every session the caregivers come to, the more likely it is that they will be able to help their child.
- Reiterate that it is the same for the adolescents – the more they come to their sessions, the better able they will be to cope. Many adolescents have reported being better able to manage big emotions, feeling more positive in their daily life, having better relationships with friends and family, dealing better with problems, and learning better at school. These things can help set adolescents up in the best way for moving into adulthood.

4. Explain that adolescents and adults experiencing emotional distress such as internalizing problems (and people caring for those experiencing distress) can often feel stigmatized by others.

- Ask the caregiver how they felt coming to the session today (wait for response then communicate concern as appropriate).
- Ask caregivers how their child might have felt coming in for the assessment (wait for response then communicate concern as appropriate).
- If caregiver tells you they feel stigmatized or have a fear of being stigmatized, explain that emotional distress is not uncommon. Praise them for seeking support by coming to this assessment.

For example, say this:

“It is a common belief that experiencing emotional distress means that there is something ‘wrong’ with the child, or with the caregiver. In fact, these kinds of difficulties are very common, and seeking support doesn’t mean that there is anything wrong with you or your child. These sessions are not about looking at what is wrong with anyone. Instead, they are about building extra skills that can help you and your child to cope better with these challenges.”

Step 4b (pre): what to say and do when adolescent and caregiver reports are different

It is possible that the adolescent and caregiver have different pre-intervention assessment results. For example, when the adolescent reports low emotional distress but the caregiver reports high child emotional distress.

- Without sharing very detailed information about the responses of the other (to keep confidentiality), you can explain to both the adolescent and caregiver that their assessment responses were different, and you would like to discuss with them more about this to learn if EASE might be a suitable intervention.

For example, say this:

"Thank you both for being so open with me.

Sometimes families have different perspectives on what is happening – this is very normal. For example, some adolescents tell me they are feeling okay. But their caregiver may think that their child is feeling sad. Or it could be the other way around. Sometimes adolescents may say they are feeling very sad, but their caregiver says their child seems okay.

Based on my conversations with you both, I would like to invite you participate in EASE, but first I want to check whether you would agree to this.

Shall I first start to explain a bit more about EASE and see if you would like to try it?"

- Then share some basic information about EASE, for example that the adolescent will learn skills to better cope with problems that people their age can sometimes experience; that the EASE sessions are together with other children their age; that their caregiver can go to three separate groups to learn more about supporting their child etc.
- Both adolescent and caregiver will need to consent to participate in EASE (see Step 5 (pre)).

Step 4c (pre): what to say if EASE is not suitable

Below there are different scripts provided for the different reasons that a person could be excluded from EASE. Refer to the applicable script. Be honest with the adolescent and their caregiver by giving the reason EASE is not suitable for the adolescent.

1. The adolescent is not experiencing internalizing problems that could be at a level that is interfering with their functioning.

- If the assessment suggests that the adolescent is not experiencing significant internalizing problems, EASE isn't required.
- Encourage these adolescents to continue using their own helpful supports and coping skills.

For example, say this:

"Thank you for answering my questions. It seems that you and your caregiver both agree that you are coping well with things at the moment, and so this intervention is not really something you need. Keep looking after yourselves, as you are already doing, and thank you for giving me your time and for being so honest with your answers."

2. The adolescent is at imminent risk of suicide.

- If you are concerned about an adolescent's safety, the first step is to get them the support that they need to keep themselves safe. Once the adolescent is not at imminent risk of suicide, it might be a good time to think about joining an EASE group.
- Even if the adolescent does not want you to tell anyone about their intent to end their life you are obliged to. You should explain the reasons for informing their caregivers²⁰ and your supervisor again.

For example, say this:

"Thank you for answering my questions honestly. It sounds like you are having a very difficult time and I am concerned about your safety at the moment, because [repeat what adolescent said regarding suicide, for example, "you said you had a plan to end your life"; "you wanted to end your life in the near future"]. I would like to organize some support to help ensure that we keep you safe, as that is our number one priority. First I need to tell your caregivers [or name alternative caregiver] what you have told me. Do you have any concerns about me doing this?

I will also have to talk with my supervisor so we can arrange the best care for you. My supervisor's name is [name supervisor] and he/she has helped many people who have had similar thoughts."

- Be sure to connect them with appropriate specialists or services.

3. Adolescents with severe mental, neurological, substance use or behavioural disorders.

- The adolescent may require individualized support and need to be referred to suitable services.

For example, say this:

"Thank you for answering my questions honestly. It sounds like you are experiencing some difficulties and could benefit from some support with them. However, this intervention would not help with the problems you have mentioned [name the problems, for example problems with alcohol]. I would like to help link you in with a service that specializes in these kinds of things. To do this I would need to talk with your caregivers [or name alternative caregiver]. Would you like to be present when I do this?"

- Give the caregivers the same information you have given the adolescent. State the specific reason why the intervention is not suitable for them.
- Be sure to connect them with appropriate specialists or services.

²⁰ There may be some exceptional circumstances where it is not possible to tell caregivers. This also depends on local laws, customs and obligations.

4. Risk of violence in family or household.

- If you are concerned about an adolescent's safety, then your priority must be to make sure they are safe. Once the adolescent or family is safe and in contact with an organization that can provide support (such as child protection services), the adolescent may be re-assessed for EASE.
- You are obliged to report risks of violence to your supervisor, even if the adolescent does not want you to tell anyone. You should explain the reasons for telling your supervisor again.
- If available, organizations should follow national protocols for protection risks.

For example, say this:

"Thank you for answering my questions honestly. It sounds like you are having a very difficult time at home and I am concerned about your safety at the moment, because you said [repeat what adolescent said regarding family violence]. I would like to organize some help for you and your family. To do this, I need to call my supervisor. My supervisor's name is [say the name of your supervisor] and [supervisor's name] has worked with many people who have similar experiences. Do you have any concerns about me doing this?"

Step 5 (pre): obtain consent to participate in EASE

1. When you decide the adolescent can participate in EASE, invite the adolescent and their caregiver to join the group.

- You should speak to the adolescent and the caregiver together.

2. Remind them of the information about EASE that you shared in Step 1 (pre): introductions and consent.

- EASE can help adolescents with internalizing problems such as sadness, anxiety and stress.
- It is a group intervention with other adolescents who experience similar problems.
- It happens once a week for seven weeks.
- The caregiver will join another group with other caregivers who will meet three times.
- In EASE adolescents and caregivers will not get materials or money or receive medication.
- The intervention will not be able to solve all of the problems families may be facing but will support with referrals to other services when possible.

3. Get permission from the adolescent and consent from their caregiver to join an EASE group.

- Give the adolescent and their caregiver an opportunity to ask questions about the intervention.
- Obtain consent from the caregiver. Written consent is preferred if feasible and safe to ensure there is proper documentation. In cases where it is not possible, verbal consent is sufficient.
- It is okay for the adolescent and caregiver to have time to consider their participation. For example, you can arrange to come back or call at another time if they wish to think about participating or discuss it with another caregiver.

For example, say this to the adolescent:

“Do you have any questions about the intervention or anything else?”

Do you give permission to participate in EASE? Please know that giving permission now does not mean that you cannot change your mind. You can always stop with EASE if you do not want to continue.”

For example, say this to the caregiver:

“Do you have any questions about the intervention or anything else?”

As caregiver, do you give consent for your child and yourself to participate in EASE? Participating is voluntary and you can revoke your consent at any time.”

4. Tell the adolescent and caregiver what will happen next.

- Provide information on where and when the EASE sessions will take place, or, if this is not yet decided, explain that they will be contacted with further information about the location and dates of the sessions.

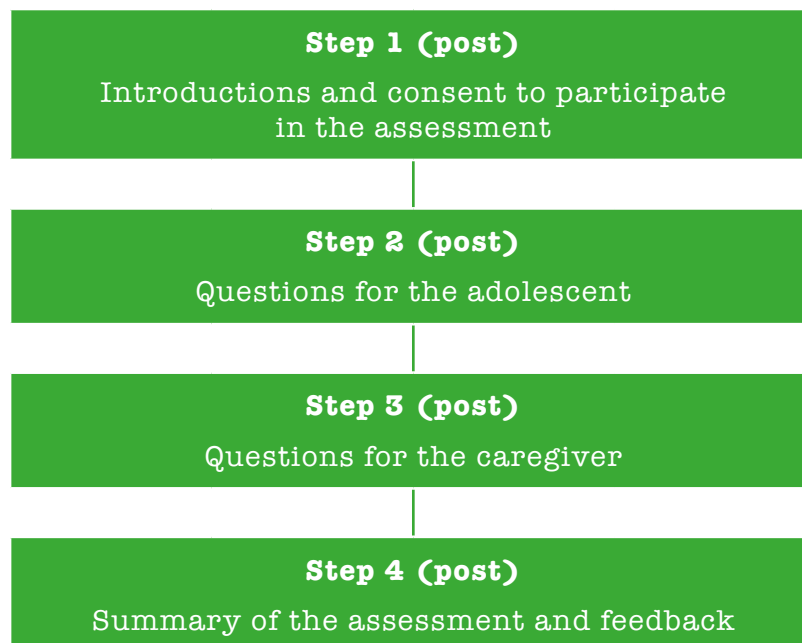
5. Thank the adolescent and the caregiver for their time.

4.3. The post-intervention assessment protocol

Figure 2 shows the post-intervention assessment steps to follow with the adolescent and their caregiver. The text then describes the stages in detail.

- Complete the post-intervention assessment within 1–2 weeks of completing EASE.
- Please note that adolescents and caregivers should be assessed individually. However, adolescents may give permission to have their caregiver join their assessment.
- Tell the adolescent and their caregiver that it is important that they give you honest answers, not just what they think you want to hear. Sometimes people will want to give positive answers because they believe they should have improved. Or they might think you will be upset with them if they have not improved.
- If feasible, it is best if the helper completing the post-intervention assessment is not the helper who led on delivering EASE. This may help adolescents or caregivers to speak more openly and give honest answers about how they feel after the intervention. It is important for organizations to be able to learn if things are not going well, or if there are any concerns with individual helpers.

Fig. 2. Steps to follow for the post-intervention assessment.



POST-INTERVENTION ASSESSMENT

Step 1 (post): introductions and consent

The adolescent and the caregiver will be together for Step 1 (post): introductions and verbal consent. Provide information to the adolescent and their caregiver about the purpose of the assessment and obtain permission from the adolescent and consent from the caregiver to participate in the post-intervention assessment.

1. Introduce yourself.

- If the family does not yet know you, give your name and your role in the organization.

2. Let the family introduce themselves.

- If you do not yet know the family, ask the caregiver and adolescent to briefly introduce themselves.

3. Explain the purpose of the assessment.

For example, say this:

“Over the past few weeks, [adolescent’s name] has come to EASE sessions. The purpose of this visit is to ask you both some questions to find out how [adolescent’s name] is feeling after having completed EASE. It is important to answer honestly, even if you think I might not like your answer. This is because EASE may not help everyone. We need to monitor when it works, but also when it doesn’t. Or if there are any problems with the group.”

4. Explain confidentiality.

- Make sure the adolescent and caregiver understand what information will be kept confidential and who this information will be shared with (see section 3.1.1).
- All information is kept confidential unless the adolescent or caregiver gives you permission to share it with someone else.
- There are three exceptions to this confidentiality. When someone:
 - is at imminent risk of self-harm or suicide;
 - is likely to seriously harm someone else; or
 - is at risk of being harmed or abused.
- In such circumstances, you will need to inform your supervisor or someone else, even if the adolescent does not give you permission and/or caregiver does not consent to this, in order to ensure their or other people’s safety.

For example, say this:

“What you say will be kept confidential. I [or ‘we’ in case other adult from organization for safeguarding is present] cannot tell anyone else what you tell me, unless you tell me something that I believe means you are at risk of ending your life, harming someone else, or if you are at risk of being harmed by someone else. If this is the case, I will tell you. Then I will need to talk to my supervisor. Their name is [supervisor’s name] and they are very experienced in these kinds of problems. It is very important for us to keep you both safe. What questions or concerns do you have about confidentiality of the assessment?”

5. Tell the adolescent and their caregiver what will happen in the assessment.

For example, say this:

“The questions I have for you today will sound familiar, as they are the same questions you were both asked before the intervention started. However, now we are interested in how you and your child are doing after completing EASE. “

6. Get permission from the adolescent and consent from their caregiver to complete the assessment.

- Give the adolescent and their caregiver an opportunity to ask questions about the assessment.
- You must obtain permission to do the assessment from the adolescent and consent from their caregiver, before conducting the assessment.
- It is recommended to get consent from the caregiver. Written consent is preferred if feasible and safe to ensure there is proper documentation. In cases where it is not possible, verbal consent is sufficient.
- It is okay for the adolescent and caregiver to have time to consider their participation. For example, you can arrange to come back or call at another time if they wish to think about participating or discuss it with another caregiver.

For example, say this to the adolescent:

“Do you have any questions about today’s assessment or anything else?
Do you give permission to do the assessment to find out how you have been feeling lately? You can always stop with the assessment if you do not want to continue.”

For example, say this to the caregiver:

“Do you have any questions about today’s assessment or anything else?
As caregiver, do you give consent for your child and yourself to participate in the assessment to find out how your child has been feeling lately? You can revoke your consent at any time.”

7. Start the assessment after the adolescent has given permission to participate in the assessment and the caregiver has given consent for both of them to participate in the assessments.

Step 2 (post): questions for the adolescent

- Remember that, for child safeguarding, there should be another adult present during the assessment with the adolescent. This would normally be another person from the implementing organization.
- However, an adolescent may prefer the second adult to be their caregiver or another relative. If the adolescent has not indicated this, invite the caregiver to leave the room while you conduct the assessment.

1. Measure of internalizing problems.

- The same measure should be used as during the pre-intervention assessment.

2. Assessment of imminent risk of self-harm/suicide.

- Reassess participants for imminent risk of self-harm/suicide if a) they indicated a risk of suicide at the pre-intervention assessment, b) they experience mental, neurological or substance use disorders, or c) they report acute emotional distress (e.g. indicated by high scores on the internalizing problems measure at the post-intervention assessment).
- In line with mhGAP Intervention Guide, it is also recommended to reassess participants who report:
 - “extreme hopelessness and despair, current thoughts/plan/act of self-harm suicide or history thereof, act of self-harm with signs of poisoning/intoxication, bleeding from self-inflicted wound, loss of consciousness and/or extreme lethargy; or
 - any of the priority mental, neurological or substance use conditions, chronic pain or extreme emotional distress”.²¹
- In case of risk of suicide, follow the protocol in Annex 1.

3. Indications of immediate risk of acute protection needs.

- Adolescents with acute protection risks (e.g. family violence) should be referred to child protection support. Organizations should determine their means for assessing for protection risks and where available, follow national protocols.
- If conducting assessments in the home environment, you may refer to the child and adolescent mental and behavioural disorders module in the mhGAP Intervention Guide to assess the warning signs of protection risks within the home environment.¹⁹

²¹ World Health Organization. mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP), version 2.0. World Health Organization; 2016 (<https://iris.who.int/handle/10665/250239>, accessed 6 September 2023).

4. Evaluation of the intervention.

- Find out about the adolescent's experiences of EASE, such as by asking:
 - "How do you feel EASE has been beneficial, neutral or unhelpful for you?"
 - "What did you like or find most helpful about EASE?"
 - "What would you change about EASE?"
 - "Do you have any other feedback about EASE?"
 - "Do you have any other concerns or questions?"
- Organizations implementing EASE may wish to add their own questions.

5. End assessment with the adolescent.

- Thank the adolescent for their responses.
- Tell them you will now ask their caregiver some questions.
- The results of the adolescent assessment can be summarized in Step 4 (post): summarizing the assessments and giving feedback.

Step 3 (post): questions for the caregiver

- Invite the caregiver to do the assessment.
- If feasible and safe for them to do so, let the adolescent wait in another room with another family member or leave the door open so the adolescent is not entirely alone but the assessment can be done privately (so the adolescent cannot hear their caregiver's responses to questions).
- Then introduce the assessment.

For example, say this:

"Thank you for participating in this assessment, which is to see how you and [name adolescent] experienced the EASE sessions. Please note that there are no right or wrong answers to these questions."

1. Measure of emotional distress.

- The same measure should be used as during the pre-intervention assessment.

2. Measure of caregiver report on child internalizing problems.

- The same measure should be used as during the pre-intervention assessment.

3. Evaluation of the intervention.

- Find out about the caregiver’s experience of EASE, such as by asking:
 - “What did you like or find most helpful about EASE?”
 - “How do you feel EASE has been beneficial, neutral or unhelpful for you?”
 - “How do you feel EASE has been beneficial, neutral or unhelpful for your child?”
 - “What would you change about EASE?”
 - “Do you have any other feedback about EASE?”
 - “Do you have any concerns or questions about your child?”
- Organizations implementing EASE may wish to add their own questions.

4. End of assessment with the caregiver.

- Thank the caregiver for their responses.
- Summarize the results of the caregiver assessment in the next step (Step 4 (post): summarizing the assessments and giving feedback).

Step 4 (post): summarizing the assessments and giving feedback

- Summarize the results of the adolescent and caregiver assessments in the summary table (see Table 6).

Table 6. Summary of the post-intervention assessments.

MEASURE	SCORE	RESPONSE IF THE RESULT IS “YES”
1. Is the adolescent at imminent risk of suicide?	Yes / No	Call your supervisor. Link with appropriate care.
Adolescent internalizing problems		
2. What is the total score on the measure of internalizing problems reported by the adolescent?	Score = ___	NA
3. What is the total score on the measure of caregiver report on child internalizing problems?	Score = ___	NA
Caregiver emotional distress		
What is the total score on the measure of emotional distress?	Score = ___	NA

- If an adolescent and caregiver report fewer internalizing problems for the adolescent (e.g. below cut-off), thank them for participating in the post-intervention assessment.

For example, say this:

“Thank you for answering my questions. It seems that you and your caregiver both agree that you are coping well with things at the moment. Well done for practising your EASE skills over these past weeks. Keep looking after yourselves and keep using the EASE skills you learned in the group. Thank you for giving me your time today.”

- If the adolescent continues to report internalizing problems that could be at a level that is interfering with their functioning, consider offering the adolescent and/or their caregiver further support.
 - You may need to refer the adolescent on to a specialist (ideally a pediatrician or a mental health professional).
 - If your organization provides counselling sessions, you can also consider offering one or two individual counselling sessions. This option is best for adolescents and caregivers who were motivated during the group and have put in effort to practise skills between sessions. These sessions might focus on strengthening their skills by discussing how they can continue to apply the EASE and caregiver skills in their lives; and be very practical and focus on practising the learned skills in the sessions.

For example, say this:

“Thank you for answering my questions. It sounds like you are experiencing some difficulties and I would like to propose that we look into some alternative services that may offer some support. What would you say about that?”

- Sometimes adolescents have shown improvements but continue to experience mild internalizing problems. This is common.
 - Encourage these participants to keep practising their EASE skills.
 - If feasible, you can consider to call them in two to three months' time so you can re-assess them to see if they require further support (e.g. specialized care).
- Some caregivers may be experiencing their own mental health problems. If that is the case, you and your supervisor may decide to refer them to a mental health care professional.
- Also suggest any appropriate non-specialist services you may know of, for either the adolescent or the caregiver, such as community support groups.

Part B: The intervention



Chapter 5.

Adolescent sessions



Adolescent session 1.

Understanding My Feelings

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
	<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. 			
Adolescent activity 1.1. Welcome and introductions	<ul style="list-style-type: none"> Get to know each other Help participants relax 	<ul style="list-style-type: none"> Any materials needed for introductory activity 	<ul style="list-style-type: none"> Annex 2. Activities and games (if needed) 	15 minutes
Adolescent activity 1.2. Review of EASE	<ul style="list-style-type: none"> Give an overview of the aims of EASE 			5 minutes
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 	<ul style="list-style-type: none"> Large paper Pen 		5 minutes
Adolescent activity 1.4. Introducing the story	<ul style="list-style-type: none"> Introduce participants to the story 	<ul style="list-style-type: none"> Storybook 		5 minutes
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 	<ul style="list-style-type: none"> Feelings Chart poster Storybook 		10 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 1.6. Externalizing feelings	<ul style="list-style-type: none"> • Learn to separate feelings • Improve knowledge about different feelings 	<ul style="list-style-type: none"> • Sadness poster • Large papers • Pens or pencils (preferably coloured) 		25 minutes
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 	<ul style="list-style-type: none"> • Feelings Pot poster • Workbooks • Pens or pencils (coloured pencils optional) • Storybook 	<ul style="list-style-type: none"> • Annex 4: Helpful hints for Understanding My Feelings 	25 minutes
Adolescent activity 1.8. Ending the session	<ul style="list-style-type: none"> • Summarize the session • Introduce and set home practice • Identify strengths 	<ul style="list-style-type: none"> • Workbooks • One square paper for each participant • Pens or pencils 		10 minutes

Adolescent activity 1.1.

Welcome and introductions

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Get to know each other ● Help participants relax 	<ul style="list-style-type: none"> ● Any materials needed for introductory activity 	<ul style="list-style-type: none"> ● Annex 2. Activities and games (if needed)

1. Welcome the group.

2. Helpers introduce themselves.

- Say your name, something about yourself which you are comfortable to share.
- Describe your role as an EASE helper.
- Explain that your job is to listen to children's and adolescents' difficulties and help them to cope better.

3. Do an introductory activity.

- Do the introductory activity described below.
- Or, if this activity is not appropriate (for example, if it is not age-appropriate), choose an alternative activity or game from Annex 2, or choose an activity yourself (e.g. any activity which is fun, involves movement, and where participants learn each other's names).
- Helpers should join the participants in the activity to learn everyone's names.

Example introductory activity

- Ask participants to form two lines and stand opposite each other in pairs.
- They have one minute to introduce themselves to the person opposite them.
- You can suggest some questions, such as: "What is your name? Who do you live with? What kind of music do you like? What do you like doing with friends?"
- After one minute ring a bell or yell "change". One line should not move.
- In the other line, ask each person to move down one place so they are opposite a new person.
- Continue to do this until everyone has introduced themselves to everyone in the line.

Adolescent activity 1.2.

Review of EASE

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Give an overview of the aims of EASE	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Briefly describe the aims of EASE.

- Say we will learn skills to help cope with emotional and practical problems.
- Explain that it can be uncomfortable to discuss big emotions at first, but the more we do this the more comfortable it becomes.

2. Briefly explain the structure of the intervention.

- Say we will meet together for the next seven weeks.
- Say we will be helping each other to practise new skills in the real world.
- Explain:
 - The intervention includes a mixture of activities, discussion, listening, and a story.
 - Participants will work as a big group, in small groups, in pairs and individually to help each other get better at the skills they learn in EASE.
 - EASE sessions will be different from school.
- Explain that participants' caregivers will also be meeting together to learn some skills to help the participants as well.

3. Allow a brief time for participants to ask questions about EASE.

- For example, ask: "Does anyone have a question about EASE?"

Adolescent activity 1.3.

Group rules

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Set rules and expectations for how to behave in the group ● Promote cohesion within the group 	<ul style="list-style-type: none"> ● Large paper ● Pen 	<ul style="list-style-type: none"> ● None

1. Explain that we need to create a safe environment.

2. Invite participants to identify group rules.

For example, say this:

“Rules for our group can help to create a safe environment. We can make these rules together. What rules do we need to have to make sure that every person feels safe and comfortable to talk in this group?”

3. Create a large paper for the group rules.

- Write or draw the rules on a large paper and display this in every session.
- If participants are reluctant to share, give examples and invite more ideas.
- Ensure the following rules are included:
 - listen to one another;
 - respect each other’s stories and ideas; and
 - keep everything talked about in this group private.
- Ensure participants agree with the group rules.

4. Explain confidentiality.

Notes for helper before explaining confidentiality

- Confidentiality is about privacy. Everyone is responsible for keeping what is discussed in the group private.
- Privacy means that adolescents can talk to others about the skills they have learned and their own experiences, but they should not share who the other adolescents are, or what the other adolescents say.

- Confidentiality will only be broken by the helper to help keep people safe if 1) they are at risk of hurting themselves 2) there is a risk of them hurting someone else or 3) they are at risk of being hurt by another person.
- The helper's supervisor will have knowledge of what happens in the group. They are a knowledgeable person who cares for the participants' safety.
- **Read the confidentiality script to participants.**

For example, say this:

"I want to tell you about confidentiality. This means everyone here must agree to keep what is discussed at these meetings private. We must not talk to people outside of this group about the other people who are in this group. But you can talk about what you yourself are doing here. For example, you can tell your caregivers what you discussed and learned today, but you should not say what the others in this group have discussed.

This is because some topics that are not private for you can be private for other people in this group. So we should respect each other's privacy at all times.

As your helper, I must also keep what is said in this group private. I cannot talk to anyone else, other than my supervisor, about what you discuss in this group. This means I cannot tell your caregiver any personal information which you discuss.

But there are three times when I will need to break confidentiality even when you do not want me to.

The first time is if you are at risk of hurting yourself or ending your life.

Sometimes people have thoughts that their life is not worth living or they wish they would fall sleep and not wake up [or use another culturally appropriate phrase to describe suicidal thinking]. These thoughts are not uncommon. You do not need to feel ashamed if you are experiencing these thoughts. Please feel safe to talk to me if you are feeling this way at any time during EASE. Only if I become very worried about you, would I then have to speak to my supervisor, even if you do not want me to.

The second time for breaking confidentiality is if you are at risk of seriously hurting another person.

The third time is if you are at risk of being hurt by someone else, such as a person in your family or the community.

This also includes if you tell me that another person is at risk of hurting themselves, hurting someone else or being hurt by someone else, for example a sibling or another family member.

I have to break privacy in these three situations because it is my job to keep you and other people safe.

To help keep you safe I would first talk to you to let you know what I am doing. Then I would talk to my supervisor. My supervisor is called [say the name of your supervisor]. My supervisor is very knowledgeable in helping people and cares a lot for your safety and well-being."

5. Discuss which topics are not appropriate for the whole group.

For example, say this:

"We will be talking about our personal experiences in this group. We want everyone to feel comfortable talking about any experiences. But there are some things that can make you or others feel uncomfortable or upset. Because of this, there are a few topics that you should talk with helpers about individually. Please do not feel worried or ashamed about sharing your difficult experiences with us as we are here to support you. We are experienced in hearing these difficult stories. Examples are sex or experiences of abuse. Are there any other topics that you prefer not to talk about in the whole group?"

Adolescent activity 1.4. Introducing the story

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Introduce participants to the story	<ul style="list-style-type: none">● Storybook	<ul style="list-style-type: none">● None

1. Read story: show Picture 1 and read Text 1.

- Ask participants to help create the story, by asking the questions in the storybook (see Text 1).

Adolescent activity 1.5.

Understanding My Feelings

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn about different feelings that arise from problems● Learn how to accurately identify feelings	<ul style="list-style-type: none">● Feelings Chart poster● Storybook	<ul style="list-style-type: none">● None

1. Introduce the activity.

For example, say this:

"We experience different feelings every day. They can be pleasant feelings, like happiness or excitement, or they can be unpleasant feelings, like sadness or anger. Our feelings are often linked to what is happening to us. We are going to read a bit more about Kian to help us understand this better."

2. Read story: show Picture 2 and read Text 2.

- Hang the Feelings Chart poster and direct participants' attention to it.

Ask participants to identify feelings from the story.

- Ask how the different situations in the story make Kian feel (e.g. how does Kian feel when he is with his sister, listening to music, or with friends?).
- Participants can look at the Feelings Chart poster for ideas of different feelings.
- Prompt with questions if they are having difficulty identifying feelings.

For example, say this:

"Kian did not want to sing with his sister. What did he feel about this?"

Ask participants about different feelings for the same event.

- It is okay for participants to choose different feelings for the same event (e.g. happy, excited and relaxed when Kian listens to music).
- If participants do not suggest different feelings for the same event, the helper should suggest this:

For example, say this:

"Kian enjoyed listening to music. What else could Kian feel when listening to music? Could Kian feel relaxed and happy as well?"

Summarize.

- Ask participants if there is an example of Kian experiencing very different or opposite feelings during the same event? (**Answer:** with his friends.)

For example, say this:

"Sometimes we can feel very different or opposite feelings at the same time. For Kian, this happened when he was with his friends. Although he felt happy being with them, he also felt embarrassed because they might find out about his problems at home. This might happen for you sometimes too. I know it can happen to me."

Adolescent activity 1.6.

Externalizing feelings

25 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn to separate feelings● Improve knowledge about different feelings	<ul style="list-style-type: none">● Sadness poster● Large papers● Pens or pencils (preferably coloured)	<ul style="list-style-type: none">● None

1. Externalizing feelings: group activity (10 minutes)

Introduce activity.

For example, say this:

"We are going to explore what different feelings can look and act like if they were creatures or characters."

Identify features of the Sadness poster.

- Show the Sadness poster, or choose another image that is more appropriate for your group, or draw your own version of this character.
- Invite participants to identify different features of the character (e.g. colour, height, shape, facial expression, hair etc.)
- Ask participants to say how they would change the character if they were asked to describe the feeling of sadness.
- Ask if it would be the same colour, shape, size... etc. as the character in the poster.

Create a happy character.

- Ask participants to create a character for the feeling happy.
- The helper should draw the character on a large paper as the participants describe it.
- Ask questions to help participants create this character, for example:
 - What should it look like?
 - Is it a person or a shape or a creature?
 - How large or small should it be?
- When finished, ask the participants to give a name to the character.

2. Externalizing feelings: pair or individual activity (15 minutes)

Organize the group into pairs or individuals.

- Tell each pair or each individual participant one feeling from the Feelings Chart poster.
- Do this quietly, so that the other participants do not overhear.

Give five minutes to create a character.

- Tell pairs or participants to create a character for the feeling they have been given.
- Tell pairs or participants that they can choose to:
 - draw the feelings character on paper, or
 - act a “feelings statue” using their bodies and facial expressions.
- Tell them to give a name to the character (as you will use this name again later).²²

Demonstrate the characters.

- Each pair or participant shows their character to everyone.
- Ask the other participants to guess which feeling is being shown.
- After each presentation, the helper can comment positively on the creative features of each character.

Summarize.

For example, say this:

“We all have feelings living inside of us. Some feelings are nice to have, such as feeling excited or proud or relaxed. And some feelings can be more difficult, such as sadness, anger, fear or embarrassment. Actually, these feelings are normal to experience in some situations. And they can sometimes be helpful for us.

For example, sometimes feeling scared can keep us safe, for example by stopping us from walking through a dangerous area at night. Sometimes, feeling sad can tell us how important someone is to us, such as when we miss someone who has died. Sometimes, feeling angry might show that we think something is not fair, such as when our friend is being bullied.

But when these feelings grow too big, and when they last for a long time, they can overwhelm us. This is a sign that we need to manage the big feelings so that they do not mess things up for us.

Understanding our feelings and learning how to notice them is the first step to managing the big feelings. Now we will talk about how we can learn to notice our feelings.”

²² In the forthcoming EASE sessions, helpers will discuss big feelings with the participants on numerous occasions. Helpers are encouraged to use the names of the characters that participants have created in this activity, when describing specific feelings. Alternatively, you may choose to use words adolescents in your group are using to describe “big feelings”, such as strong, messy, interfering, uncomfortable etc.

Adolescent activity 1.7.

Identifying personal feelings

25 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn to identify feelings adolescents are experiencing● Learn how to identify feelings that are causing interference	<ul style="list-style-type: none">● Feelings Pot poster● Workbooks● Pens or pencils (coloured pencils optional)● Storybook	<ul style="list-style-type: none">● Annex 4. Helpful hints for Understanding My Feelings

1. Feelings Pot: individual activity (15 minutes)

Introduce the activity.

For example, say this:

“Now we are going to learn how to identify different feelings. We will use this Feelings Pot [show Feelings Pot poster] to help us do this. Let’s look at an example from Kian first.”

Read story: show Picture 3 (read Text 3) and Picture 4 (read Text 4) and Picture 5 (read Text 5) (15 minutes).

- Give participants time to ask questions.
- Emphasize that, like Kian, we can all experience many different and opposite feelings in one day.

Demonstrate the Feelings Pot.

- Use the Feelings Pot poster to demonstrate how to complete the Feelings Pot.
- Tell participants about one event from your day and what feeling you had because of it.
- Then explain that you will choose either a colour, a shape, a pattern, or draw a character to represent the feeling.
- Draw your choice next to the Feelings Pot (but not in it).
- Next draw the feeling in the Feelings Pot.
- Explain that you have made it big or small in the Feelings Pot because you either felt it a lot, or very little today.
- Repeat this with another feeling from your day. Make sure you show a mix of positive and negative feelings and a mix of big or small feelings.

Demonstrate the Feelings Pot with one participant.

- Ask one participant to share one thing from their day and what feeling they had because of it.
- Ask the participant how they will choose to represent it: either as a colour, a shape, a pattern, or by drawing a character to represent the feeling.
- Draw the participant's choice next to the Feelings Pot (use the same poster).
- Ask the participant how much they experienced the feeling (very big, medium, little).
- Then draw the participant's feeling in the Feelings Pot.
- If needed, repeat with one more participant.

Use the workbooks.

- Invite each participant to open their workbook to the Feelings Pot titled, "Week 1: Feelings Pot practice in session 1".
- Ask them to think about their day today, especially the main events.
- Then ask them to think about all the feelings they experienced during the day, including the feelings associated with the main events.
- Tell participants that the page before their Feelings Pot includes the Feelings Chart. It will help remind them of many different feelings they can experience.

Choose how to represent feelings in the pot.

- Ask participants to choose how they will represent their feelings in the Feelings Pot.
- Ask them to write or draw their choices next to the Feelings Pot in their workbook.
- For example, they could choose to use:
 - different colours, like Kian (for example, blue for sad, green for worry, yellow for happy etc.); or
 - if participants do not have coloured pencils, they can use different shapes (for example, squares for sad or triangles for happy), or use different patterns (such as shading or a short twisting line); or
 - they can use different characters, like those they made during the Externalizing Feelings activity.
- Older or more literate participants can alternatively choose to write the feeling in the Feelings Pot and draw a border around the word.

Fill the Feelings Pot.

- Then ask them to fill the Feelings Pot with their different feelings today.
- Explain that the more or the bigger the colours, shapes, patterns, characters or words are, the more they experienced that feeling today.
- Similarly, the less or the smaller they draw their feeling, the less they experienced that feeling today.

Share with the group.

- Invite participants to share their Feelings Pot with the group, but only if they would like to.
- Ask them to talk about what happened today which made them feel each different feeling.
- Start by asking them first to share pleasant feelings and then discuss more difficult feelings.

Summarize.

For example, say this:

"We all experience different feelings even in one day. And each day these feelings can be different sizes. One day we might feel lots of sadness, but on another day we might not feel sad at all. So our feelings are always changing. That is why it is helpful to notice them using the Feelings Pot. The more we practise it, the better we will be at noticing our feelings and using new skills to cope with the feelings, before they get too big."

2. Big feelings: discussion (10 minutes)

Introduce big feelings.

For example, say this:

"Everyone in this room will experience big feelings. It is important to know that even though these feelings can be uncomfortable, they will not hurt you. But sometimes big feelings can mess things up in our lives. For instance, if I feel very angry the big feeling can make me say impolite words to my sibling which upsets them. Or if I feel very scared of something, I can avoid it and stay home with my family, and miss out on something really enjoyable."

Read story: show Picture 6 and read Text 6.

Identify big feelings which messed up Kian's day.

- Ask participants to identify which feelings were very big and messed up Kian's day.
- For example, worry made it hard for Kian to concentrate on schoolwork.

Participants identify their big feelings.

- Ask participants which big feelings mess things up for them.
- If they do not mention them, suggest: sadness, anger, fear or grief.

Participants identify how big feelings mess up their lives.

- Ask participants which feelings from their Feelings Pot messed up their day today.
- Then ask **how** this big feeling messed things up.
- If they do not mention them, give examples where big feelings can make it hard to:
 - concentrate
 - play with friends
 - do chores or schoolwork
 - not fight with others
 - not run away from situations.

Summarize.

Explain that when feelings mess up things for us, we need to manage them.

For example, say this:

"In this group we are going to focus on these big feelings and learn better ways to cope with them. These feelings can happen because of problems you and other young people experience, such as problems at home like Kian has. Or you might have problems with your friends, or you might experience bullying. Maybe some of you are dealing with problems like the death of someone close to you, or living in a dangerous area.

There are lots of different problems everyone in this group is experiencing. Some of you may be experiencing the same kinds of problems. There will be times later in our meetings when we can talk about these problems together. But today I want you to know that everyone will experience problems that cause them to have big feelings."

Adolescent activity 1.8.

Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Summarize the session● Introduce and set home practice● Identify strengths	<ul style="list-style-type: none">● Workbooks● One square paper for each participant● Pens or pencils	<ul style="list-style-type: none">● None

1. Brief summary

For example, say this:

“Today we have learned a lot about different types of feelings. We have practised how to identify them with our Feelings Pot. We want you to become really good at noticing different feelings, especially the big ones that can make things difficult in your life, because we are going to learn some ways to manage them.”

2. Home practice

- Show the participants the pages for this week’s home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- **Understanding My Feelings home practice.** Participants should try to identify as many feelings as they can each day and put them in the Feelings Pots in their workbooks.

Remembering to do home practice

- Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session

- End each session in the following way.

Sit in a circle, explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, something positive they demonstrated in the session today.

- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants fold their paper.

- Give participants a square piece of paper (you may have to cut a piece of paper into a square) and a pen or pencil.
- Ask them to fold the paper in half, then in half again, then in half again.
- Ask them to open the piece of the paper so that the creases remain and there are now eight sections on the paper.

Participants decorate their paper with their strength.

- Explain that this will be called their Strengths paper, and at the end of every session, they will be asked to write or decorate one section of the paper with a new strength word (or picture or symbol representing that word).
- Ask them to write or draw their strength word for this session on one section.

Collect the papers.

- Ask participants to write their name on the back of the paper (or you can help to write the name if participants are not able to).
- Collect the papers and store them safely for the next session.

Adolescent session 2. Calming My Body

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • A ball or other object to throw (e.g. a clean sock, paper ball, etc.) 		10 minutes
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 say they did not understand • Participants share home practice • Manage any problems participants had completing their home practice 	<ul style="list-style-type: none"> • Feelings Chart poster • Storybook • Feelings Pot poster (from session 1) • Workbooks 	<ul style="list-style-type: none"> • Annex 3. Helpful hints for home practice • Annex 4. Helpful hints for Understanding My Feelings 	15 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 2.3. Feelings and my body	<ul style="list-style-type: none"> Learn how the body is affected by problems and feelings 	<ul style="list-style-type: none"> Storybook Feelings Chart poster Body Map poster Pens or pencils 		20 minutes
Adolescent activity 2.4. Calming My Body	<ul style="list-style-type: none"> Learn a skill to calm the body 		<ul style="list-style-type: none"> Annex 1. Managing disclosures of abuse and managing suicide risk Annex 5. Helpful hints for Calming My Body Annex 6. Two alternatives to Slow Breathing 	30 minutes
Adolescent activity 2.5. Ending the session	<ul style="list-style-type: none"> Summarize the session Introduce and set home practice Identify strengths 	<ul style="list-style-type: none"> Workbooks Strengths papers (from previous session) Pens or pencils 		15 minutes

Adolescent activity 2.1.

Welcome

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Group rules poster (from session 1)● A ball or other object to throw (such as a clean sock, paper ball, etc.)	<ul style="list-style-type: none">● None

1. Welcome

- Display the group rules poster.

2. Opening activity: the Showing Our Feelings game

Introduce the activity.

- Ask the participants to stand in a circle.
- Explain you will do an activity about showing different feelings.
- You have a ball (or other object to throw).
- There are two options for the activity, for younger and older participants.

For younger participants.

- Throw the ball to a participant and say “show me how you look or behave when you feel [say a feeling word such as sad/happy/excited etc.]”
- The participant acts out the feeling with their whole body.

For older participants.

- The helper throws the ball to a participant and says “act out a feeling with your face or body but do not tell us what the feeling is.”
- The participant acts out the feeling with their whole body.
- The other participants have to guess the feeling.

Continue (for younger and older participants).

- Then the participant throws the ball to another participant and repeats the question.
- Repeat until all participants have a minimum of one turn.
- It is okay to use the same feeling that another participant has mentioned.
- This helps to show that different people express the same feeling in different ways.

End.

- End the activity with expressions of positive feelings.
- For example, ask everyone to show how they look when they are happy, or excited, or relaxed.

Adolescent activity 2.2.

Review session 1 and review home practice

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Feelings Chart poster● Storybook● Feelings Pot poster (from session 1)● Workbooks	<ul style="list-style-type: none">● Annex 3. Helpful hints for home practice● Annex 4. Helpful hints for Understanding My Feelings

1. Give a summary of session 1.

For example, say this:

"Last time we met we talked about how each day we experience many different feelings [briefly refer to the Feelings Chart poster]. These feelings can be pleasant or unpleasant. Sometimes, problems, such as being bullied or having problems at home, can cause us to feel big feelings. These big feelings can mess up things in our lives. First I will read from the storybook. Then let's look at some of the feelings that you identified over the past week."

2. Read story: show Picture 7 (read Text 7), Picture 8 (read Text 8), and Picture 9 (read text 9).

3. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see Annexes 3 and 4).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between you and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, privately ask the participants if they had any problems and help them solve the problems, if needed.

- If a participant was absent for the last session, invite a participant who was present to describe what the Feelings Pot is and how to use it in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time or if the participant is unable to follow the instructions, arrange to meet them individually to help them learn the skill.

Start home practice review.

- Ask the question in the storybook.
- Then ask the following questions to both review the story and help participants to share their home practice.

Invite participants to share any difficulties they had.

For example, say this:

“Initially Kian found it hard to remember to do his home practice. Did anyone have similar difficulties? Would you be able to share with us?”

Invite participants to share their Feelings Pots.

For example, say this:

“Kian drew some pleasant and difficult feelings in his Feelings Pot. Would anyone like to share what they drew in one of their Feelings Pots?”

- Invite participants to share **one** example (i.e. one day) of their Feelings Pot.
- Ask them to identify the biggest feeling for that day’s Feelings Pot.
- Ask them to identify what was happening that day that caused them to have those feelings.

Invite participants to demonstrate their feelings.

For example, say this:

“Worry was Kian’s strongest feeling. What might someone look like if they were feeling worried?”

- Invite participants to demonstrate their face and body expressions for the feeling worry.
- The helper should identify the specific features that are demonstrated (such as a turned down mouth, pursed or tightened lips, creases in forehead, etc.).

Invite participants to think about how their big feelings messed things up.

For example, say this:

“What did Kian stop doing when he felt worried? [**Answer:** He avoided his friends].
Did you experience something similar to Kian, where a big feeling messed things up for you?”

Adolescent activity 2.3. Feelings and my body

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn how the body is affected by problems and feelings	<ul style="list-style-type: none">● Storybook● Feelings Chart poster● Body Map poster● Pens or pencils	<ul style="list-style-type: none">● None

1. Introduce activity.

For example, say this:

“So far, we have learned how problems can affect our feelings. Today we are going to learn about how problems and feelings can affect our bodies.”

2. Read story: show **Picture 10 (read Text 10)**, **Picture 11 (read Text 11)** and **Picture 12 (read Text 12)**.

3. Do the **Body Map poster activity for Kian’s feelings**.

- Show the Body Map poster.
- Explain that this is an outline of Kian’s body.
- Explain that you want participants’ help to draw the different sensations Kian noticed when he had different feelings.
- Ask the participants how you should draw the sensations when Kian felt worry (e.g. stomach twisting and turning, warm face, about to cry).
- You can draw the sensations on the Body Map poster, or ask a volunteer to do this.
- Repeat for Kian’s two other feelings: happy and angry.

4. Do the **Body Map poster activity for participants’ feelings**.

- Ask one participant to choose a feeling from the Feelings Chart poster.
- Ask everyone to think of a time when they felt this feeling.
- Ask them to describe what sensations they had in their body with this feeling.
- You can draw the sensations on the Body Map poster, or ask a volunteer to do this.
- If participants are reluctant, refer back to Kian’s examples.

- Or prompt them by referring to different parts of the body, for example asking, “How did your stomach feel? How did your heart feel? How did your face feel? Were you hot or cold?”.
- Repeat for maximum five feelings on the Feelings Chart poster.
- Make sure to include pleasant and unpleasant feelings.

Summarize.

For example, say this:

“Our feelings affect our body in many different ways. It is important to be aware of this when trying to manage big feelings.”

Adolescent activity 2.4. Calming My Body

30 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn a skill to calm the body	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● Annex 1. Managing disclosures of abuse and managing suicide risk● Annex 5. Helpful hints for Calming My Body● Annex 6. Two alternatives to Slow Breathing

1. Discuss participants' helpful coping strategies (15 minutes).

Notes for helper before discussing coping strategies.

- In this discussion, participants may identify and discuss unhelpful coping strategies.
- Throughout this discussion helpers should be alert to suggestions that a participant is having thoughts of suicide, harming themselves, or being abused or neglected. However, helpers should not specifically ask about these safety and protection issues during the group discussion.
- Instead, helpers should follow the instructions below.
- Refer to Annex 1 for guidelines on how to respond when a participant discloses these types of problems.

Introduce coping with big feelings.

For example, say this:

"Feeling stressed, sad, scared or angry can affect our bodies and make us feel uncomfortable. So, we need to learn ways to relax our bodies. Imagine if you were feeling really scared about something bad happening in the future. You start to notice your heart beating very fast and tingling sensations in your arms and legs. What would you do to calm your body and manage your fear?"

- Ask the same question with up to three other emotions, such as sadness, anger, grief etc.

Encourage using helpful coping strategies.

- After participants have given their responses, identify examples of **helpful** coping strategies.
- Encourage participants to continue practising these strategies.
- Briefly give other examples of helpful coping strategies such as:
 - talking to someone you trust
 - asking for help
 - doing something physically active
 - relaxation skills, and
 - using humour.

Explain the difference between helpful and unhelpful coping strategies.**For example, say this:**

“Helpful coping strategies reduce big feelings. They do not cause harm to you or anyone else. An example is saying something positive to yourself [or give an example identified by a participant]. Helpful coping strategies do not have to always work immediately in order for them to be helpful. They 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 to you or someone else. At first, such strategies can seem effective, but they are harmful in the longer term.

For example, some kids get aggressive with their friends or siblings. It might help them feel in control. This can feel really good. But fighting can cause more problems, like losing your friendships, hurting others or even yourself. And it may not make you feel better in the end.

Can you think of any other unhelpful coping strategies?

[Examples of unhelpful coping strategies: drinking alcohol; pushing away thoughts about problems; running away; lying to others; or avoiding making new friends because of feeling nervous or scared – but then unintentionally becoming more lonely].

EASE will help you use your strengths and learn new coping skills to help manage big feelings and problems.”

2. Slow Breathing: group activity (15 minutes)**Notes for helper before starting the Slow Breathing activity.**

- Read Annex 5 to help you support participants during this activity. It is advised that you use the Slow Breathing activity as the main Calming My Body activity.
- Two alternative activities are described in Annex 6. Decide ahead of time whether you will teach Slow Breathing or the two alternative activities.
- Do not worry about participants doing Slow Breathing perfectly.
- It is normal for participants to find it difficult at first.
- Have one helper demonstrate Slow Breathing, and the co-helper count “one, two, three” for each breath in and “one, two, three” for each breath out.
- Following the instructions too perfectly can cause some people to feel more stressed.
- The most important aim is to ensure participants feel relaxed, rather than to get participants to do the activity perfectly.

Introduce Slow Breathing activity.

For example, say this:

“We are learning that big feelings can affect our bodies. One way this can happen is to affect our breathing: by making us breathe faster. Breathing fast can make us feel more uncomfortable sensations in our bodies, such as dizziness.

One helpful method of calming the body is to focus on breathing. It is one of the quickest ways of calming the body when we feel big feelings, such as fear or anger. But it can be a little difficult to do, so we need to practise.”

Teach the steps for Slow Breathing.

Step 1: breathing from your belly.

- Ask participants to sit on a chair, with their feet flat on the floor. (Or, if no chairs are available, to stand or sit on the floor, comfortably.)
- Ask participants to release tension from their body (shaking their arms and legs gently, rolling their shoulders back, or gently moving their neck side to side).
- Ask participants to put one hand on their chest and the other hand on their belly.
- Tell them to take a deep breath and notice which hand rises.

- Explain that we mostly breathe with our chest.
- Explain that when we breathe to calm our bodies we should try to breathe into our belly.
- Ask them to imagine they have a balloon in their belly.
- When they breathe in, the balloon fills with air and their belly gets big.
- When they breathe out, they push the air out of the balloon, so their belly will get small.
- Ask them to practise this for two minutes, by keeping their hand on their belly, and feeling it push out when they breathe in, and push in when they breathe out.
- Explain that they should feel the hand on their belly moving more than the hand on their chest.

- [This instruction should be given, only if needed or if appropriate for the context]: If participants need more help to understand breathing from the belly, the helper can suggest that participants lie down on the floor, balance a piece of paper or pencil on their belly, and watch the object go up and down as they breathe.

Step 2: breathing slowly.

- Explain that breathing slowly also helps to calm our bodies.
- Invite participants to breathe from their bellies again and match your counting.
- This time you slowly count “one, two, three” for each breath in and “one, two, three” for breath out.
- Repeat this counting so that participants practise breathing slowly from their belly for two minutes.
- Explain that they can imagine breathing in the smell of a flower and blowing out a candle, or provide a different, culturally relevant way to envisage Slow Breathing.
- At this stage, do not correct participants if they cannot breathe at exactly your rate.

Practise Slow Breathing.

- Explain that you will now stop counting and you would like participants to practise breathing slowly and from their bellies, on their own, for a further two minutes.
- Encourage participants to count (one, two, three) in their heads, or to gently tap their foot (one, two, three), or follow the sound of a ticking clock (if there is one available).
- Roam the room to support each participant.
- Support them to 1) breathe from their belly and 2) breathe slowly.
- Remember, Slow Breathing does not need to be perfect.
- The most important aim is for participants to feel relaxed and calm.

Adolescent activity 2.5. Ending the session

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Summarize the session ● Introduce and set home practice ● Identify strengths 	<ul style="list-style-type: none"> ● Workbooks ● Strengths papers (from previous session) ● Pens or pencils 	<ul style="list-style-type: none"> ● None

1. Brief summary

For example, say this:

“Today we have talked about how our problems and feelings can cause changes in our bodies. This week we are all going to notice the different body sensations when we feel different feelings, particularly fear and anger. If you decide your body needs to calm down, because those sensations are very big and uncomfortable, practise your Slow Breathing.”

2. Home practice

- Show the participants the pages for this week’s home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- **Understanding My Feelings home practice.** Tell the participants to keep identifying as many feelings as they can and to put them in the Feelings Pot in their workbooks.
- **Body Map home practice.** Tell participants to choose the feeling that was strongest and draw the body sensations they noticed in the Body map in their workbooks.
- **Calming My Body home practice.** Tell participants to practise Slow Breathing once a day. They should shade or colour the balloon after they have practised the Slow Breathing, in their workbooks.

Remembering to do home practice

- Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- One section will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.
- When they have finished collect the papers and store them safely for the next session.

Collect the papers.

- Collect the papers and store them safely for the next session.

Adolescent session 3. Changing My Actions part I

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 3.1. Welcome	<ul style="list-style-type: none"> • Help participants relax and get to know each other 	<ul style="list-style-type: none"> • Group rules poster (from session 1) 		10 minutes
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 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • Feelings Chart poster • Feelings Pot poster (from session 1) • Body Map poster (from session 1) • Storybook • Workbooks 	<ul style="list-style-type: none"> • 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 	15 minutes
Adolescent activity 3.3. Feelings and actions	<ul style="list-style-type: none"> • Learn how problems and feelings can change actions or behaviours 	<ul style="list-style-type: none"> • Storybook • The Vicious Cycle poster 		20 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 3.4. Changing My Actions	<ul style="list-style-type: none"> • Learn how to gradually engage in activities to help improve mood 	<ul style="list-style-type: none"> • Storybook • Large papers • Pens or pencils • Workbooks 	<ul style="list-style-type: none"> • Annex 7: Helpful hints for Changing My Actions • Annex 8: Support participants without telling them the answer 	40 minutes
Adolescent activity 3.5. Ending the session	<ul style="list-style-type: none"> • Summarize the session • Introduce and set home practice • Identify strengths 	<ul style="list-style-type: none"> • Workbooks • Strengths papers (from previous session) • Pens or pencils 		10 minutes

Adolescent activity 3.1.

Welcome

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Help participants relax and get to know each other	<ul style="list-style-type: none">● Group rules poster (from session 1)	<ul style="list-style-type: none">● None

1. Welcome

- Display the group rules poster.

2. Opening activity

Introduce the activity.

- Ask participants to sit in a circle.
- Explain that you will read one scenario at a time (see examples below, or you can develop your own examples).
- Ask for one participant to act how they would feel in one scenario, but without using spoken words.
- The other participants have to guess what feeling the participant is showing.
- When they identify the feeling, ask participants what body sensations link with this feeling (for example, “heavy” in the body when feeling sad).
- It is okay for participants to give different body sensations for the same feeling.
- Then choose the next participant to act a different feeling for the same scenario or read a new scenario.

Possible scenarios to read:²³

- Your younger sibling has broken your favourite toy (or other belonging).
- You did very well on your school test.
- Your father shouted at you for doing something wrong.
- You are going on a trip with your family next week.
- Your older brother has been hurt in an accident.
- You are going to play with your best friend.

23 Please revise scenarios so they are appropriate for the culture and context.

Adolescent activity 3.2.

Review session 2 and review home practice

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Group rules poster (from session 1) ● Feelings Chart poster ● Feelings Pot poster ● Body Map poster ● Storybook ● Workbooks 	<ul style="list-style-type: none"> ● 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

1. Give a summary of session 2.

For example, say this:

"So far, we have learned how problems can affect our feelings and bodies. For example, when someone close to us has to move away, we can feel sad and this can make our bodies ache or feel heavy [briefly refer to Feelings Chart poster, Feelings Pot poster and Body Map poster]."

2. Read story: show Picture 13 and read Text 13.

3. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see Annexes 3, 4 and 5).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between the helper and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, you should privately ask the participants if they had any problems and help them solve the problems, if needed.

- If a participant was not present last session, invite a participant who was present to briefly teach Slow Breathing in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time, or if the participant is unable to follow the instructions, arrange to meet them individually to help them learn the skill.

Start home practice review.

- Ask the question in the storybook.
- Then ask the following questions to both review the story and help participants to share their home practice.

4. Invite participants to share their Calming My Body home practice.

For example, say this:

“Who was able to practise their Slow Breathing? When did you do it? What happened? What helped you to remember to do it?”

- If participants have had a common problem with Slow Breathing, ask only one participant to demonstrate what happened.
- This will help the helper understand what the problem was and how to support the participant to breathe slowly and from their belly.
- If a participant is having tremendous difficulty with Slow Breathing, then teach the alternative activities (see Annex 6).

5. Invite participants to share how they felt after Calming My Body.

For example, say this:

“Kian noticed that he was feeling more relaxed after calming his body. Did anyone else notice their body calm down or feel relaxed after their practice?”

6. Invite participants to share their other home practice.

- If there is time, ask participants to share one example of their Feelings Pot or Body Map from the past week.

Adolescent activity 3.3.

Feelings and actions

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Learn how problems and feelings can change actions or behaviours 	<ul style="list-style-type: none"> ● Storybook ● The Vicious Cycle poster 	<ul style="list-style-type: none"> ● None

1. Introduce feelings and actions.

For example, say this:

“So far, we have learned that problems can sometimes cause us to feel big feelings. And that problems and big feelings can affect our bodies. Today we are going to learn how these feelings can also change our actions and behaviours. Let’s hear about Kian first.”

2. Read story: show Picture 14 and read Text 14.

- Ask participants this question about the story:

For example, say this:

“How did Kian’s feeling of sadness change his actions or behaviour? **[Answer:** sadness made Kian stop doing things he found enjoyable and meaningful, such as being with his friends].”

3. Explain the vicious cycle.

- Show the Vicious Cycle poster and explain what it is.

For example, say this:

“Big feelings like sadness, fear or worry, and anger, can outsmart us into behaving in ways that do not make us feel very good. For example, when Kian felt sadness [point to image at the top of the cycle] he did not join his friends [point to image on the right side of the cycle].

But this only made Kian feel more sadness [point to image at the bottom of the cycle].

And because Kian felt more sadness he fully stopped seeing his friends, and felt worse [point to image on the left side of the cycle].

Big feelings can outsmart us into thinking that stopping fun or meaningful activities will make us feel better. But it only keeps us feeling worse and stuck in this vicious cycle [move your finger around the whole of the cycle].”

4. Role-play the Vicious Cycle activity.

Helper’s notes before starting the activity.

- You will lead the participants through an activity to understand how feelings affect their actions.
- It is crucial to manage the time so that the role play is no more than five minutes.
- Ensure that the activity is silly or fun or exaggerated, so as to not worsen participants’ moods.

Give roles to the participants.

- Ask everybody to stand up.
- Ask for three volunteers and ask one to choose to act as a person with sadness, one to act as fear or worry, and one to act as anger (they will be called the “big feelings actors” in these instructions).
- Instruct the big feelings actors to act their chosen feeling.
- Explain to the group (or ask them to guess) which big feelings actor is which feeling (such as, sadness, fear or worry, anger).
- Ask for the remaining participants to play the role of enjoyable activity actors.
- Ask the enjoyable activity actors to decide on an enjoyable activity that they like, such as drawing, dancing, playing a sport etc.
- Send them to the opposite side of the room to the big feelings actors.

Explain the rules.

- Explain to participants that the enjoyable activity actors will act their activity, but that for every step that the big feelings actors take towards them, the slower their enjoyable activity will become.
- Explain that if the big feelings actors reach the enjoyable activity actors, then the enjoyable activity actors will have to totally stop what they are doing.
- The helper can make this more fun such as by sometimes suggesting that the big feelings actors take steps away from the enjoyable activity actors and sometimes towards (so that the enjoyable activity actors have to speed up or slow down their actions).

During the activity.

- You can say: as the big feelings get bigger/closer the harder it is to do our enjoyable activities.
- Or you can say: the big feelings actors really do not want you to do the [enjoyable activity] etc.

Close the activity with questions.

- Make the big feelings actors go right up to the enjoyable activity actors.
- The enjoyable activity actors should completely stop what they are doing e.g. lie down on the floor or still like a statue.
- Ask the enjoyable activity actors how they feel (prompt them by pointing out how close the big feelings actors are to them).
- Elicit answers of: not very good, worse, too much fear/sadness/anger.
- Ask them how easy it is for them to get going again.
- Elicit answers of 'not very'.

Summarize.**For example, say this:**

"As we saw in the Vicious Cycle, big feelings make it hard for us to do enjoyable activities. When we stop activities we enjoy we feel worse. Big feeling can make it harder to do these actions, or make them seem more scary to start, or make us feel too angry to do fun or meaningful things. But don't worry because we will learn a way to make sure big feelings do not outsmart us."

Discuss participants' examples.

- Ask participants if they can relate to the vicious cycle.

For example, say this:

Has anyone experienced one big feeling that has outsmarted them into stopping fun or meaningful actions or behaviours? How did the feeling do this?

For those of you who do not relate to the role play we practised, what other ways have big feelings changed your actions?

Participants may struggle to answer these questions.

- If this happens then provide examples such as:
 - stopping playing with friends;
 - stopping helping others;
 - stopping doing a personal activity such as drawing or singing;
 - stopping doing things that they fear but which are otherwise safe to do, such as schoolwork or homework for school; or
 - stopping looking after themselves such as not cleaning themselves even when they have the resources to do so.

Adolescent activity 3.4. Changing My Actions

40 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn how to gradually engage in activities to help improve mood	<ul style="list-style-type: none">● Storybook● Large papers● Pens or pencils● Workbooks	<ul style="list-style-type: none">● Annex 7. Helpful hints for Changing My Actions● Annex 8. Support participants without telling them the answer

1. Introduce the aim of Changing My Actions.

For example, say this:

"So the big feelings try to outsmart us to behave in ways that make us feel worse. But we can outsmart the big feelings too! This helps us to break the vicious cycle. It is called Changing My Actions. I will show you how to do this, but first, let's listen to Kian."

2. Read story: show Picture 15 and read Text 15.

3. Teach the steps to Changing My Actions (20 minutes).

Step 1: choose the activity.

- On large paper, draw a simple staircase with four steps.
- On the highest step, draw or write "bird spotting with friends".
- Introduce step 1.

For example, say this:

"To outsmart the big feelings, we have to start doing our activities again! Kian chose an activity that he knew used to give him pleasure in the past. This was spotting birds with his friends.

So the best way to outsmart the big feeling is to choose an activity that is meaningful or enjoyable to us. This can be any activity which makes us feel pleasure or achievement.

Just like Kian, what activities would you choose to outsmart the big feelings? It can be any activity that you used to do or something new."

- Check that participants' suggestions are activities that will be enjoyable or meaningful for them.
- You can draw or write the participants' responses next to the "bird spotting with friends" on the highest step of the staircase.
- Encourage participants to think of a mix of personal activities, social activities and physical activities. Examples are:
 - listening to music
 - helping someone
 - seeing friends
 - playing with a sibling
 - playing a sport
 - doing something in the community
 - making a new friend
 - trying a new activity they have felt too scared to do previously
 - practising Calming My Body or another EASE activity.

Step 2: break down this activity into very small and easy steps.

- On the bottom step of the staircase, draw or write, "imagining bird spotting with friends".
- On the next step, draw or write "getting clothes ready for bird spotting".
- On the next step, draw or write "go to watch friends do bird spotting".

For example, say this:

"One way to make sure we are successful in outsmarting the big feelings is to slowly do some easy steps first [point to each of the steps on the staircase]. Doing these steps helps us to reach our chosen activity [point to the fourth step]. Just like climbing a staircase to get to the top. These are Kian's steps [point to the staircase drawing]."

- Explain breaking down steps, further:

For example, say this:

"It was not easy for Kian to immediately go and join his friends for bird spotting. He had to think of easy steps to keep outsmarting the big feelings and reach his goal.

This is Kian's easiest first step. [Point to the first step.] All he has to do is imagine.

This is Kian's next step. [Point to the second step.] Kian has to do a bit more work than just imagining. But it is still easy for him to do.

Then this is Kian's third step. [Point to the third step.] This step is a bit harder because he had to leave his house and go watch his friends. But it is getting him closer to his goal.

Finally Kian's fourth step is to do his chosen activity! [Point to the highest step.]

Each step Kian did built his confidence for his chosen activity and gave him enjoyment. Each step helped him prepare to do his chosen activity. Each step was a little bit harder than the step before. Every step Kian did outsmarted the big feelings and led him to his chosen activity."

Step 3: plan.

For example, say this:

“For Kian to make sure that he practised each step, he needed to plan when he would do it. Otherwise he might forget to do his steps!”

- Ask if participants remember when Kian decided to do each step. Answers are:
 - First step – imagine bird spotting: Everyday
 - Second step – getting clothes ready: Friday night
 - Third step – go and watch friends: Saturday
 - Fourth (highest) step – join friends for bird spotting: Sunday
 - Under each step, draw (using symbols or pictures to represent each day) or write the day.

Step 4: repeat!

For example, say this:

“The last thing Kian had to do was to keep repeating these steps again and again. Kian did this until he was regularly joining his friends again. By repeating the steps, Kian built his confidence to keep outsmarting the big feelings so that he could reach his goal.”

4. Individual activity: participants follow Changing My Actions steps (20 minutes)

Notes for helper before starting activity.

- It is normal for participants to find Changing My Actions hard to do.
- Be prepared to support participants during this activity, especially when they break down their activity into steps (see Annexes 7 and 8).
- This activity can be done individually, however participants are encouraged to talk to each other if they need help.
- You should ensure that participants have chosen an easy activity and have chosen easy steps and have made a plan.

Introduce the activity.

For example, say this:

“Just like Kian, we will now think of our own activities to outsmart big feelings. Let’s do Changing My Actions.”

- Ask participants to open their workbook to the blank pages titled “Week 3: Changing my Actions in session 3”.
- Instruct participants to follow the Changing My Actions steps individually.

Step 1: choose the activity.

- Instruct participants to choose an enjoyable or meaningful activity.
- It can be something they used to enjoy or something new.
- Tell participants that they can choose one of the ideas they thought of in the previous activity. Point to the drawings on the highest step.
- Tell participants to draw or write this activity on the highest step of their staircase.
- Ask each participant to share their chosen activity and check that the activity is appropriate.

Step 2: break down this activity into very small and easy steps.

- Instruct participants to think of three small and easy steps to lead them to their chosen activity.
- Tell participants that the steps should be related to the final chosen activity (like Kian's steps).
- Tell the participants to think of the other three steps as a first (beginning), second (middle) and (third) last step that will lead them to the fourth (highest) step (their chosen activity).
- Support participants to order their steps by difficulty. The easiest is the bottom step and each step after is gradually a little bit harder.
- Instruct participants to draw or write their ideas on each step of their staircase.
- Emphasize that some of their steps could include having someone they trust to help them do the activity, such as a friend or caregiver.
- If it is too difficult for participants to think of three steps, then ensure that participants have at least two steps completed (in addition to their final chosen activity).

Step 3: plan when the participant can practise each step.

- Ask participants to think of when they will practise each step.
- Tell participants they do not need to do all the steps on the same day.
- Explain that they can repeat each step a few times before moving to the next step.
- Instruct participants to draw or write in their workbooks when they will do each step underneath each step of their staircase.

Step 4: repeat the steps or the actual activity.

- Remind participants to repeat the steps or the activity until it becomes something they regularly do.

Ending the activity.

- Only if there is time – ask one or two participants to explain their Changing My Actions steps and plan to the whole group (two minutes per participant).

Adolescent activity 3.5. Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Summarize the session● Introduce and set home practice● Identify strengths	<ul style="list-style-type: none">● Workbooks● Strengths papers (from previous session)● Pens or pencils	<ul style="list-style-type: none">● None

1. Brief summary.

For example, say this:

“Today we talked about how big feelings can change our actions and make us feel worse. We learned how we can plan to do meaningful things to improve our feelings. I hope you enjoy your home practice this week!”

2. Home practice.

- Show the participants the pages for this week’s home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- **Understanding My Feelings and Body Map home practice.** Keep identifying their feelings and body sensations and put them in the Feelings Pot and Body Map in their workbooks.
- **Calming My Body home practice.** Whenever they notice a big feeling or body sensation, they can practise Slow Breathing. Shade or colour the balloon after they have practised the Slow Breathing, in their workbooks. This skill now helps participants to learn how to use Slow Breathing to calm their bodies down when they need to.
- **Changing My Actions home practice.** Complete their first planned step for Changing My Actions using their staircase drawing. (If they are able to do more steps that is okay too.) They do not need to write or draw anything for this in the workbook.

Remembering to do home practice.

- Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session.

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- Two sections will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.
- When they have finished collect the papers and store them safely for the next session.

Collect the papers.

- Collect the papers and store them safely for the next session.

Adolescent session 4. Changing My Actions part 2

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 4.1. Welcome	<ul style="list-style-type: none"> • Help participants relax and get to know each other 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • Any materials needed for opening activity 	<ul style="list-style-type: none"> • Annex 2. Activities and games 	10 minutes
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 	<ul style="list-style-type: none"> • Workbooks • Storybook 	<ul style="list-style-type: none"> • 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 	25 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 	<ul style="list-style-type: none"> Storybook Workbooks 	<ul style="list-style-type: none"> Annex 7. Helpful hints for Changing My Actions Annex 8. Support participants without telling them the answer 	45 minutes
Adolescent activity 4.4. Ending the session	<ul style="list-style-type: none"> Summarize the session Introduce and set home practice Identify strengths 	<ul style="list-style-type: none"> Workbooks Strengths papers (from previous session) Pens or pencils 		10 minutes

Adolescent activity 4.1.

Welcome

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Help participants relax and get to know each other	<ul style="list-style-type: none">● Group rules poster (from session 1)● Any materials needed for opening activity	<ul style="list-style-type: none">● Annex 2. Activities and games

1. Welcome group.

- Display group rules poster.

2. Opening activity

- Play an activity or game or sing a song to promote group cohesion (see Annex 2 for ideas).
- Or briefly practise Slow Breathing as an opening activity for the group.

Adolescent activity 4.2.

Review session 3 and review home practice

25 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Workbooks ● Storybook 	<ul style="list-style-type: none"> ● 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

1. Give a summary of session 3.

2. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see Annexes 3, 4, 5 and 7).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between you and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, you should privately ask the participants if they had any problems and help them solve the problems, if needed.
- If a participant was not present last session, invite a participant who was present to briefly teach Changing My Actions in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time or if the participant is unable to follow the instructions, arrange to meet them individually to help them learn the skill or inform them that they will learn the steps again in today's session.

3. Invite participants to share how they felt after Calming My Body (10 minutes).

- Invite participants to share a time they practised Slow Breathing in response to a big feeling or body sensation.
 - Ask them to describe how they felt before and after practising Slow Breathing (their feelings and body sensations).
 - Encourage participants to tell you the Slow Breathing steps. This helps to check their understanding.
- If there are any problems see Annex 5, and:
 - rehearse the Slow Breathing steps with the group or in pairs;
 - ask participants if they want to role-play the problem for you; or
 - get the participant to tell you how to act, to show the group the problem they had with Slow Breathing (such as, looking scared, breathing fast from their chest).

4. Invite participants to discuss Changing My Actions home practice (15 minutes).

Read story: show Picture 16 and read Text 16.

- Ask the following questions to both review the story and help participants to share their home practice.

Invite participants to identify Kian's feelings.

For example, say this:

"How was Kian feeling about looking for birds with his friends? [**Answer:** feeling better, sad or nervous]."

Invite participants to identify what Kian did to help his feelings.

For example, say this:

"It was hard for Kian to meet with his friends. What did he do to help himself? [**Answer:** Asked his sister to join him]."

Invite participants to identify Kian's body sensations after doing Changing My Actions.

For example, say this:

"What sensations did Kian notice inside his body after he played with his friends? [**Answer:** light, buzzing sensations]."

Invite participants to share their Changing My Actions experience.

For example, say this:

“Did others remember to complete their activities or any of their planned steps this week?”

- When did you do it?
- Did anyone ask someone to do the activity with them or ask for help?
- What happened?
- How did you feel afterwards?
- Did you notice any sensations in your body?”

- Be aware that participants will have a chance to revise their plan from session 3 or to start a new plan in today's session.
- Therefore, if there is not enough time to manage all the participants' problems with home practice, tell participants that these can be addressed during today's session.

Invite participants to share their other home practice.

- If there is time, ask participants to share one example of their Feelings Pot or Body Map from the past week.

Adolescent activity 4.3. Changing My Actions

45 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Storybook● Workbooks	<ul style="list-style-type: none">● Annex 7. Helpful hints for Changing My Actions● Annex 8. Support participants without telling them the answer

1. Linking feelings and behaviours (15 minutes).

- Ask participants to stand up.
- Explain that you are going to read out a behaviour and participants have to imagine they have done this.
- Tell participants to show the feeling they would feel if they did this behaviour.
- They can do this by showing it on their face, in their posture or by making any noises or saying something.
- Read out the following behaviours and allow participants a few seconds to show their feelings:²⁴
 - "Your caregivers asked you to do chores in your home and you have not done it."
 - "You have not completed your schoolwork for one week."
 - "You have stopped helping your elderly neighbour carry her things to her home."

2. Introduce the second aim of Changing My Actions.

For example, say this:

"Last session we talked about how big feelings outsmart us into behaving in ways that make us feel worse. Kian outsmarted his feeling of sadness by using Changing My Actions to start joining his friends again. Kian chose this activity because it was something he enjoyed.

But sometimes big feelings also stop us from doing things we need to do, or important tasks, like household chores, school work or other tasks, like helping others. When we do these activities we can feel achievement. But if big feelings stop us from doing them, we can feel worse – as we saw in the activity we just did.

Today you have a choice. You can continue doing the activities you started last week. Or you can see how Changing My Actions can help you to start doing important tasks that could help you to feel pride or achievement. First, let's hear about Kian."

24 Please revise so they are appropriate for the culture and context.

3. Read story: show Picture 17 and read Text 17.²⁵

4. Do the group activity (15 minutes).

Introduce activity.

- Ask the question in the storybook.
- Tell the group that they will use Changing My Actions to help Kian start sweeping the floor again.
- Divide the whole group into four small groups (they do not need to be equally numbered groups – some groups may only have one person).
- Tell each group which step they will represent: the first step, the second step, the third step, or fourth step, Kian's chosen activity.

Step 1: choose the activity.

For example, say this:

"In Changing My Actions the first thing we do is choose an activity. Which activity has Kian chosen?
[Answer: sweeping the floor]."

- Instruct the participants acting Kian's chosen activity to briefly act excellent sweeping.

Step 2: break this activity down into very small and easy steps.

For example, say this:

"Now we have to think of what small easy steps can Kian do, which will lead him to his chosen activity. Kian needs all of your help to think of some easy steps."

- Ask the participants who will act the first step. What is the very first thing Kian can do? What is the easiest thing Kian can do to help him achieve his goal?
- If the participants can think of an answer, encourage them to start acting it.
- If not, support them to find an answer. Ideas can be:
 - sweep for a very small amount of time
 - sweep a very small area
 - imagine sweeping
 - prepare for sweeping (find the broom)
 - only sweep gently
 - ask his sister to help him sweep.
- Instruct the participants in the first step to act the chosen idea.

²⁵ Sweeping the floor is an example that can be adapted to the local context. Alternatively, you can ask the participants for another example of a task, if sweeping is not relevant for the group.

- Ask the participants who will act the second step. What can Kian do next?
- If the participants can think of an answer, encourage them to start acting it.
- If not, support them to find an answer. Ideas can be:
 - sweep for a bit more time
 - sweep a bigger area
 - prepare for sweeping (find the broom)
 - sweep with more effort
 - ask his sister to help him sweep.
- Instruct the participants in the second step to act the chosen idea.
- Ask the participants who will act the third step. What is the next thing Kian can do?
- If the participants can think of an answer, encourage them to start acting it.
- Or if not, support them to find an answer. Ideas can be:
 - sweep for more time
 - sweep an even bigger area
 - sweep with a lot of effort.
- Instruct the participants in the last step to act the fourth step, the chosen idea.
- Ask all the participants to stand in order of the steps.
- Instruct participants to stay where they are standing.

Step 3: plan when he can practise the first step.

- Ask each group what day Kian can practise the step for their group.
- Start with the first step, then second, then third, then the fourth, Kian's chosen activity.
- You also can also ask them to think about whether Kian will do it in the morning, middle of the day, or evening.

Step 4: repeat!

- Ask participants if they remember what the fourth step is.

5. Do a pairs or small groups activity (15 minutes).

Notes for helper before starting this activity.

- It is normal for participants to find Changing My Actions hard to do.
- Be prepared to support participants during this activity, particularly when they break down their activity into steps (see Annexes 7 and 8).
- The helper should ensure that participants have chosen an easy activity and have chosen easy steps and have made a plan.

Give instructions for the activity.**For example, say this:**

“Remember that I said today you have the choice to continue doing the enjoyable activities you started last week. Or you can use Changing My Actions to choose a new activity. It can be an enjoyable activity, like Kian joining his friends. Or it can be an important task which makes you feel achievement, such as Kian’s sweeping.”

- Ask participants to open their workbook to the blank pages titled “Week 4: Changing My Actions in session 4”.
- Ask participants if they would like to:
 - work more on the activity they chose in session 3;
 - work on a new activity that is enjoyable; or
 - choose a new activity that is an important task and gives them a sense of achievement.
- Organize participants into pairs (or two or three large groups if working in pairs is too difficult).
- Match the pairs or groups according to whether participants will:
 - work more on the activity they chose in session 3 or
 - work on a new activity (either enjoyable or an important task).
- Instruct pairs or groups that participants can help each other to use Changing My Actions.

For participants doing the same activity as session 3.

- Instruct participants to work on one or all of the following points, to continue completing the activity:
 - the next steps on the staircase they drew in session 3;
 - new steps, for example they may need to add more than three steps to their staircase;
 - a new plan for the new steps.

For participants who are doing a new activity (an enjoyable activity or an important task).

- Instruct participants to complete all of Changing My Actions:
 - choose
 - break down
 - plan
 - repeat.

Ending the activity

- Only if there is time – ask one or two participants to explain their Changing My Actions steps and plan to the whole group (two minutes per participant).

Adolescent activity 4.4.

Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Summarize the session● Introduce and set home practice● Identify strengths	<ul style="list-style-type: none">● Workbooks● Strengths papers (from previous session)● Pens or pencils	<ul style="list-style-type: none">● None

1. Brief summary

For example, say this:

“Today we continued to practise Changing My Actions. So, this week, you will keep noticing your feelings, calming your body and changing your actions!”

2. Home practice

- Show the participants the pages for this week’s home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- **Understanding My Feelings and Body Map home practice.** Keep identifying their feelings and body sensations and put them in the Feelings Pot and Body Map in their workbooks.
- **Calming My Body home practice.** Whenever they notice a big feeling or body sensation, they can practise Slow Breathing. Shade or colour the balloon after they have practised the Slow Breathing, in their workbooks. This skill now helps participants to learn how to use Slow Breathing to calm their bodies down when they need to.
- **Changing My Actions home practice.** Complete their planned steps for Changing My Actions using their staircase drawing. They do not need to write or draw anything for this in the workbook.

Remembering to do home practice

- Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session.

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- Three sections will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.
- When they have finished collect the papers and store them safely for the next session.

Collect the papers

- Collect the papers and store them safely for the next session.

Adolescent session 5. Managing My Problems part 1

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 5.1. Welcome	<ul style="list-style-type: none"> • Help participants relax and get to know each other 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • Any materials needed for opening activity 	<ul style="list-style-type: none"> • Annex 2. Activities and games 	5 minutes
Adolescent activity 5.2. 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 	<ul style="list-style-type: none"> • Workbooks • Storybook 	<ul style="list-style-type: none"> • 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 	20 minutes
Adolescent activity 5.3. Understanding common problems	<ul style="list-style-type: none"> • Share ideas of common problems adolescents experience 	<ul style="list-style-type: none"> • Maze poster • Pens or pencils • Storybook • Large paper 	<ul style="list-style-type: none"> • Annex 1. Managing disclosures of abuse and managing suicide risk 	15 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 5.4. Managing My Problems	<ul style="list-style-type: none"> Learn a skill to help solve problems 	<ul style="list-style-type: none"> Stop, Think, Go poster Storybook Large papers Pen or pencil Adhesive tape 	<ul style="list-style-type: none"> Annex 9. Helpful hints for Managing My Problems 	20 minutes
Adolescent activity 5.5. Applying Managing My Problems	<ul style="list-style-type: none"> Learn how to apply Stop, Think, Go to common problems Learn how to apply Stop, Think, Go for a personal problem 	<ul style="list-style-type: none"> Large papers Pens or pencils 	<ul style="list-style-type: none"> Annex 8. Support participants without telling them the answer Annex 9. Helpful hints for Managing My Problems 	35 minutes
Adolescent activity 5.6. Ending the session	<ul style="list-style-type: none"> Summarize the session Introduce and set home practice Identify strengths 	<ul style="list-style-type: none"> Workbooks Strengths papers (from previous session) Pens or pencils 		10 minutes

Adolescent activity 5.1.

Welcome

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Help participants relax and get to know each other	<ul style="list-style-type: none">● Group rules poster (from session 1)● Any materials needed for opening activity	<ul style="list-style-type: none">● Annex 2. Activities and games

1. Welcome.

- Display group rules poster..

2. Opening activity

- Play an activity or game, or sing a song to promote social cohesion (see Annex 2 for ideas).
- Or briefly practise Slow Breathing as an opening activity for the group.

Adolescent activity 5.2.

Review session 4 and review home practice

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Workbooks ● Storybook 	<ul style="list-style-type: none"> ● 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

1. Give a summary of session 4.

2. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (See Annexes 3, 4, 5 and 7).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between you and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, you should privately ask the participants if they had any problems and help them solve the problems, if needed.
- If a participant was not present last session, invite a participant who was present to briefly teach Changing My Actions for an important task in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time or if the participant is unable to follow the instructions, arrange to meet them individually to help them learn the skill.

3. Invite participants to discuss Calming My Body home practice (5 minutes).

- Briefly invite participants to share a time they practised Slow Breathing in response to a difficult feeling or body sensation:
 - Ask them how they felt before and after practising Slow Breathing (their feelings and body sensations).
 - Encourage participants to tell you the Slow Breathing steps. This helps to check their understanding.
- If there are any problems, use Annex 5 and:
 - rehearse the Slow Breathing steps with the group or in pairs;
 - ask participants if they want to role-play the problem for you; or
 - get the participant to tell you how to act, to show the group the problem they had with Slow Breathing (such as looking scared, breathing fast from their chest).

4. Invite participants to discuss Changing My Actions home practice (15 minutes).

Read story: show Picture 18 and read Text 18.

- Invite participants to share what activities or steps they completed for home practice.
- Ask participants how they felt before and after doing the activity or step (their feelings and body sensations).
- Discuss the difficulties they experienced in completing the activity or step.
- Encourage other participants to help them manage these difficulties (see Annex 7).

Invite participants to share their other home practice.

- If there is time, ask participants to share one example of their Feelings Pot or Body Map from the past week.

Adolescent activity 5.3.

Understanding common problems

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Share ideas of common problems adolescents experience 	<ul style="list-style-type: none"> ● Maze poster ● Pens or pencils ● Storybook ● Large paper 	<ul style="list-style-type: none"> ● Annex 1. Managing disclosures of abuse and managing suicide risk

Introduce the aim of Managing My Problems.

For example, say this:

"We have learned how to manage our bodies and our actions when we experience big feelings. But big feelings can affect our thinking abilities too.

Big feelings, like sadness, grief, fear or anger can make it hard to manage everyday problems, like resolving a fight with a sibling. These feelings can make it hard to manage big problems as well, like how to respond to a bully.

This is because big feelings can affect our abilities to think clearly and imaginatively. And we need these abilities to manage our problems. Managing our problems is an important skill in many areas of our life.

Let's learn more about managing problems by completing a maze game together."

2. Do the maze activity.

Introduce the activity.

- Display the Maze poster.
- Tell the group that solving problems uses the same thinking skills as finding your way through a maze.
- Explain the instructions and the rules for the game (below).
- Ask for a volunteer to start.

Instructions.

- Aim to complete the maze within five minutes.
- The first participant will begin at the 'start'.
- Each participant will have 10 seconds to get as far as they can through the maze using a pen.
- The next person will start where the previous person finished.

- The goal is to reach the end of the maze.
- The helper should encourage participants to ask for help from the helper when they need it.
- The helper can support participants to complete the maze.

Rules for the game.

- Participants must only travel through openings and not touch the lines.
- When participants meet a roadblock (dead end), they will have to turn around and find another way through the maze.

Summarize when the game finishes.

For example, say this:

"Managing a problem is like finding our way through a maze. We have to try lots of different routes to get to the end. We might try one route but find that it goes to a dead end. So we have to go back and try another way. Sometimes the problem is very hard – just like this maze – so we try our best to reach the end, and sometimes we need to ask for help to do this. Although we may not reach it quickly, we have made a lot of progress since leaving the start.

So, when we try to manage our problems, we sometimes have to try lots of solutions before finding one that helps manage the problem. Sometimes managing our problems can take a long time. But each route we try brings us closer to managing the problem.

Let's learn about Kian's problems and see if we can help him manage them."

3. Read story: show Picture 19 and read Text 19.

4. Have a common problems group discussion.

Notes for helper before starting discussion.

- In this discussion, participants can sometimes raise problems that suggest they are being abused or neglected.
- Refer to Annex 1 for guidelines on how to respond when a participant discloses these types of problems.

Invite participants to share problems.

- Ask the question in the storybook.
- Write or draw participants' responses on a large paper.
- If they are reluctant to share, you can:
 - refer to Kian's problems and ask participants if they have experienced similar problems; or
 - give examples, such as having arguments with parents, problems with schoolwork or attending school, social or friendship problems, financial problems.

Summarize.

For example, say this:

“We all experience practical problems. Sometimes we have the same problems as others [give an example of common problems] but sometimes they are unique to our experience [give an example of individual problems].

Now I am going to teach you an activity called Managing My Problems that will help you manage practical problems you are having. We are going to learn how to use Managing My Problems to solve one of these problems.”

Adolescent activity 5.4. Managing My Problems

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn a skill to help manage problems	<ul style="list-style-type: none">● Stop, Think, Go poster● Storybook● Large papers● Pen or pencil● Adhesive tape	<ul style="list-style-type: none">● Annex 9. Helpful hints for Managing My Problems

1. Read story: show Picture 20 and read Text 20.²⁶

2. Do the Managing My Problems group activity.

Notes for helper before starting activity.

- You will lead the participants through the Stop, Think, Go steps.
- Use Kian's problems as an example for each step.
- Write or draw participants' responses for each step on large paper. Or ask a volunteer to draw or write the responses.

Introduce the activity.

For example, say this:

"Now we are going to use our thinking skills to help Kian manage his problem."

- Display the Stop, Think, Go poster.
- Explain you will now go through each step.

26 The problems listed in the storybook can be adapted to the local context. Alternatively, you can ask participants for other examples of common problems.

Step 1: Stop.

Introduce the step.

For example, say this:

"We can sometimes experience many different problems at once.

Kian had many problems. These included his parents arguing, the possibility of moving, sleep problems, and the bully at school.

The red circle tells us to stop and decide 'what is the problem?'"

Instructions for the step.

- Explain that the first step is to stop and choose **one problem** to manage.
- Ask participants which problem Kian chose. (**Answer:** sleep problem.)
- Explain that the first step is also about choosing the **easiest problem** to manage.
- Remind participants that Kian did not choose the bully problem yet because it is not as easy to manage.
- Explain it is helpful to focus on problems that we can do something about – as Kian does.
- Acknowledge that not all problems can be easily managed.
- Draw a large trunk of a tree with branches (but do not draw any leaves on the tree).
- Draw or write something representing Kian's chosen problem (his sleep) inside the tree trunk.

Step 2: Think

- Conduct this short activity (for no more than three minutes) before introducing the step.

For example, say this:

"The orange circle tells us to think of as many ideas as possible.

Before we help Kian, I want you to help me with my problem first!"

- Prepare a piece of paper with a funny message or drawing on it.
- Use adhesive tape to stick this piece of paper on the helper's back.
- This is intended to be a funny example, so the helper should have a fun manner.
- Explain that you have a piece of paper stuck to your back and you need participants' help to get it off.
- Ask participants to call out suggestions to help you (e.g. try to reach for it, try to shake it off etc.)
- Try to act out some of the suggestions, but without solving the problem. For example, if a participant suggests shaking it off, try to act this and pretend that you cannot do it.
- Suggest that you may need one of the participants to help you at the end of the activity, if appropriate.

Introduce the step.

- Explain that the second step is to think of **as many ideas as possible** to manage Kian's problem.

For example, say this:

"Thank you for helping me with my problem! You all thought of so many creative ideas to help me manage the problem.

Now we have to do the same thing for Kian's sleep problem and think of many different ideas to help him.

We have to think, what can Kian do about it and who does he trust that he can he talk to for help? (Like I trusted you to help take off the paper.)

They can be any idea which could manage the problem. There are no right or wrong answers. They can be: big ideas, or small ideas, or creative ideas and even silly ideas.

Do not worry if you think the idea will not work. We will decide on the best ideas in the next step.

Our job now is just to think of as many ideas as we can."

- Ask participants to provide as many ideas as possible for Kian.
- You or a volunteer will draw or write the participants' ideas inside each leaf on the tree branches. (Hint: better to draw the solution first and then draw the leaf around it).
- You can ask the following questions:
 - "What can Kian can do on his own to manage the problem?"
 - "Are there any people Kian trusts who he can talk to or get help from to manage the problem?"
- You must validate every idea that participants provide.
- You should keep asking "tell me more ideas, what else can Kian do?" to encourage participants to keep thinking of solutions.
- Remind participants that the ideas:
 - can be good or bad
 - can be creative, silly or funny
 - do not need to manage the whole problem
 - can involve other people (e.g. asking someone you trust for help)
 - can be ideas that Kian could do on his own.
- If participants need more help, you can give examples such as:
 - Kian can practise Slow Breathing
 - Kian can turn the light off after his sister has fallen asleep
 - Kian can talk to his mum about his problems.

Step 3: Go.

Introduce the step.

For example, say this:

“The green circle tells us to go choose the best idea, decide when to do it, and then do it.

The best ideas are those we think might help manage the problem. They are often things that we can do ourselves or that Kian can do himself.

Sometimes we need to try one idea first. If it does not manage the problem, then we can choose another idea and try it. We keep trying ideas until we have made progress with managing our problem.”

Instructions for the step.

- Explain that the first part of the third step is to go and **choose the best idea**.
- Ask every participant to choose which leaf could be the best solution for Kian to try first.
- To help participants choose the best idea: help them to think about which idea is the most helpful and the easiest for Kian to do first.
- Participants can have different opinions. This is okay.
- You should support participants to decide as a group which idea Kian could try first.
- Ask participants how they would like to bring attention to the chosen leaf (the chosen idea) for example, by drawing another leaf around it, drawing a hand choosing that leaf, or drawing stars near the chosen leaf.
- Explain that the third step is also for **deciding when to do the best idea**.
- Ask participants to suggest when Kian can try the idea.
- Near the chosen leaf, write or draw when the participants have chosen to try out the idea.
- End by reminding participants that the last part of the Go step is to **do it!**

Adolescent activity 5.5.

Applying Managing My Problems

35 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn how to apply Stop, Think, Go to common problems● Learn how to apply Stop, Think, Go for a personal problem	<ul style="list-style-type: none">● Large papers● Pens or pencils	<ul style="list-style-type: none">● Annex 8. Support participants without telling them the answer● Annex 9. Helpful hints for Managing My Problems

1. Group activity: managing common problems (15 minutes)

Note for helpers before starting this activity.

- It is normal for participants to find Managing My Problems hard to do.
- Be prepared to support each group during this activity, particularly during the Think step (see Annexes 8 and 9).
- For this activity, you will choose one problem for participants to manage (from the earlier common problems group discussion).
- It is best to choose a problem that is most relevant for all in the group.
- Remember that you should choose an easy problem, which is small, solvable and specific.
- You should make this decision before starting the activity.

Note for helpers: small, solvable, specific.

- **Small**
 - Choose a simple problem such as Kian's sleeping problem.
 - If participants have only described 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 participants are able to realistically influence.
 - Unsolvable problems are things like 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.

- **Specific**

- Choose a problem where it is clear exactly what the problem is or a problem where participants know exactly what they want to change.
- Participants should be able to describe the problem in detail.
- Participants should be able to describe what would be different in their lives if the problem was solved.

Start the activity.

Introduce the activity (Stop).

- Divide the group into two evenly numbered groups.
- Give each group a large piece of paper and pens or pencils.
- Ask one volunteer in each group to draw an outline of a big tree on their paper.
- Explain they should only draw the trunk of the tree and branches, but not draw the leaves.
- Tell both groups the common problem you have selected.
- Ask one person from each group to draw or write the problem inside the tree trunk.
- Explain that this completes the Stop step (by choosing and defining a problem).

Think of ideas (Think).

- Remind everyone that the Think step involves thinking of as many ideas as possible.
- Remind them that ideas can be good or bad, creative, silly or funny.
- To help them think of ideas, ask:
 - "What can you do on your own to solve the problem?"
 - "Are there any people you trust who you can talk to, or get help from, to solve the problem?"
- Give the groups about five minutes to think of ideas to solve the problem.
- Tell each group to aim for a minimum of five ideas.
- Tell the groups to write or draw their solution ideas inside leaves of their tree.
- After five minutes, ask both groups to take turns in sharing their ideas.
- The helper should make sure to manage time during this part of the activity, as there may only be time to discuss two or three ideas.
- As they share each idea, ask participants to discuss whether the idea is easy or hard to do or what is good or less good about each idea.
- Invite the other group to join in on discussing the ideas.

Choose the best idea (Go).

- Tell everyone that they will now do the Go step.
- Ask the groups to discuss all the ideas from both groups and to jointly choose the one idea they think is best (which is the idea that they think is easiest and most helpful to do).
- They can choose an idea from the other group.
- Both groups will therefore have the same chosen idea.

- Ask them to bring attention to their best idea, for example, by drawing a second leaf around the chosen idea.
- Finally, ask both groups to tell you when they would do this best idea (this is not something they actually have to do, it is just an example).
- Ask them to draw or write a reminder of when they might do this, in any way they like, on their tree.

Summarize.

For example, say this:

“As you can see there are many different possible solutions to a problem. There are not any right or wrong ideas. We have to choose the solution that we think is the easiest to do and will help the most. Then we need to try it and see if it helps solve our problem. Let’s use Managing My Problems with a problem you would like to solve for yourselves.”

2. Do the Managing My problems individual activity (20 minutes).

Notes for helper before starting the activity.

- This activity can be done individually however participants talk to each other if they need help.
- It is normal for participants to find Managing My Problems hard to do.
- Be prepared to support each group during this activity, particularly during the Think step (see Annexes 8 and 9).

Introduce the activity.

- Ask participants to open their workbook to the blank pages titled “Week 5: Managing My Problems in session 5”.
- Explain they will now complete Stop, Think, Go.
- You should support participants and check that each step has been completed before participants continue to the next step.

Step 1: Stop.

- Ask each participant to choose a personal problem they are currently experiencing.
- Remind them it must be an easy problem for them to solve.
- Helpers must check that each participant has selected an appropriate problem that is small, solvable and specific.
- Tell participants to draw a tree trunk with branches (but no leaves) and write or draw the problem inside the tree trunk.

Step 2: Think.

- Ask participants to think of as many ideas as possible to solve the problem.
- Tell participants to aim for a minimum of five ideas for each problem.
- Encourage participants to ask each other for help or ideas during this activity.

- Remind participants to think of as many ideas as possible.
- Remind participants that ideas can be good or bad, creative, silly or funny.
- To help them think of ideas, ask:
 - “Are there any activities you can do on your own to solve the problem?”
 - “Are there any people you trust who you can talk to or get help from to solve the problem?”
- Emphasize that asking for help or support is an important part of the Think step.
- Ask participants who are some people they trust that they could talk to about their problems (e.g. their family members, a teacher, the EASE helper, their friends or other adolescents in the EASE group).

- Tell participants to add their ideas onto the tree by writing or drawing it, then drawing a leaf around it.

Step 3: Go!

- Ask participants to think about which ideas are the best for managing the problem (the easiest and most helpful idea).
- Encourage participants to ask each other for help to select their best idea.

- Ask each participant to choose only one best idea that they would like to try first.
- Ask them to bring attention to their best idea, for example, by drawing another leaf around the first leaf.

- Helpers must check that each participant has selected an appropriate best idea, using these principles:
 - the idea is safe and easy;
 - the idea will not harm the participant or anyone else; and
 - the participant has access to any materials they need to conduct the idea. If they do not, then the participant should choose another best idea.

- Ask participants to discuss, in pairs, when they will try their best idea.
- Ask participants to draw or write a reminder of when they will do this, in any way they like, on their tree.

End the activity.

- Only if there is time – ask one or two participants to explain their problem and the chosen best idea to the whole group (two minutes per participant).

Adolescent activity 5.6.

Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> Summarize the session Introduce and set home practice Identify strengths 	<ul style="list-style-type: none"> Workbooks Strengths papers (from previous session) Pens or pencils 	<ul style="list-style-type: none"> None

1. Brief summary

For example, say this:

"Today we learned how big feelings can affect our thinking, particularly our ability to manage problems. Managing My Problems is a new skill that helps us manage problems. This is the last skill in EASE. So next time we are going to do lots of practice so you can be better in managing practical problems!"

2. Home practice

- Show the participants the pages for this week's home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- Understanding My Feelings and Body Map home practice.** Keep identifying their feelings and body sensations and put them in the Feelings Pot and Body Map in their workbooks.
- Calming My Body home practice.** Whenever they notice a big feeling or body sensation, they can practise Slow Breathing. Shade or colour the balloon after they have practised the Slow Breathing, in their workbooks. This skill now helps participants to learn how to use Slow Breathing to calm their bodies down when they need to.
- Changing My Actions home practice.** Complete their planned steps for Changing My Actions. They do not need to write or draw anything for this in the workbook.
- Managing My Problems home practice.** Complete their action plan for their best idea in Managing My Problems. They do not need to write or draw anything for this in the workbook.

Remembering to do home practice

- Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- Four sections will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.
- When they have finished collect the papers and store them safely for the next session.

Collect the papers.

- Collect the papers and store them safely for the next session.

Adolescent session 6. Managing My Problems part 2

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 6.1. Welcome	<ul style="list-style-type: none"> • Help participants relax and get to know each other 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • Any materials needed for opening activity 	<ul style="list-style-type: none"> • Annex 2. Activities and games 	5 minutes
Adolescent activity 6.2. 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 	<ul style="list-style-type: none"> • Workbooks 	<ul style="list-style-type: none"> • 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 	15 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
Adolescent activity 6.3. Managing My Problems review	<ul style="list-style-type: none"> Strengthen participants' skills in problem management 	<ul style="list-style-type: none"> Storybook 	<ul style="list-style-type: none"> Annex 3. Helpful hints for home practice Annex 8. Support participants without telling them the answer Annex 9. Helpful hints for Managing My Problems 	30 minutes
Adolescent activity 6.4. Managing My Problems with a new problem	<ul style="list-style-type: none"> Continue applying Stop, Think, Go to a new problem Empower participants to learn from each other 	<ul style="list-style-type: none"> Storybook Paper and pens or pencils 	<ul style="list-style-type: none"> Annex 8. Support participants without telling them the answer Annex 9. Helpful hints for Managing My Problems 	25 minutes
Adolescent activity 6.5. Preparing for the end of the intervention	<ul style="list-style-type: none"> Prepare participants for the end of EASE Allow participants to share reactions to EASE finishing 			5 minutes
Adolescent activity 6.6. Ending session	<ul style="list-style-type: none"> Summarize the session Introduce and set home practice Identify strengths 	<ul style="list-style-type: none"> Workbooks Strengths apers (from previous session) Pens or pencils 		10 minutes

Adolescent activity 6.1.

Welcome

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Help participants relax and get to know each other	<ul style="list-style-type: none">● Group rules poster (from session 1)● Any materials needed for opening activity	<ul style="list-style-type: none">● Annex 2. Activities and games

1. Welcome

- Display group rules poster.

2. Opening activity

- Play an activity or game, or sing a song to promote social cohesion (see Annex 2 for ideas).
- Or briefly practise Slow Breathing as an opening activity for the group.

Adolescent activity 6.2.

Review session 5 and review home practice

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Workbooks 	<ul style="list-style-type: none"> ● 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

1. Give a summary of session 5.

2. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (See Annexes 3, 4, 5 and 7).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between you and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, you should privately ask the participants if they had any problems and help them solve the problems, if needed.
- If a participant was not present last session, invite a participant who was present to briefly teach Managing My Problems for an important task in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time or if the participant is unable to follow the instructions, arrange to meet them individually to help them learn the skill.

3. Invite participants to discuss Calming My Body home practice (5 minutes).

- If participants have been able to do Slow Breathing without difficulty, move to reviewing Changing My Actions home practice.
- If needed, briefly problem-solve any difficulties participants had with practising Calming My Body.

4. Invite participants to discuss their Changing My Actions home practice (15 minutes).

- Invite participants to share what activities or steps they completed for home practice.
- Ask participants how they felt before and after doing the activity or step (their feelings and body sensations).
- Discuss the difficulties they experienced in completing the activity or step.
- Encourage other participants to help them manage these difficulties (see Annex 7).

Invite participants to share their other home practice.

- If there is time, ask participants to share one example of their Feelings Pot or Body Map from the past week.

Adolescent activity 6.3.

Managing My Problems review

30 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Strengthen participants' skills in problem management 	<ul style="list-style-type: none"> ● Storybook 	<ul style="list-style-type: none"> ● Annex 3. Helpful hints for home practice ● Annex 8. Support participants without telling them the answer ● Annex 9. Helpful hints for Managing My Problems

1. Read story: show Picture 21 and read Text 21 (5 minutes).

- Ask the question in the storybook.
- Ask participants to think of some ideas to help Kian solve his problems.

2. Participants role-play their Managing My Problems home practice (25 minutes).

Notes for helper before starting the activity.

- You will now hear the participants' experiences of their home practice.
- You must be prepared to support the participants by reading Annex 9.
- Be prepared to choose a few of the participant's experiences to use in role play (see Box 4 at the end of this activity).
- Be prepared and read the "Guide for helper to respond to participants" below.
- If participants do not wish to share their experience this is okay.
- You can talk with the participant privately at the end of the session to check their understanding of Managing My Problems.

Instructions for the participants.

- Explain you will take some time to hear participants' experience of Managing My Problems home practice.
- Highlight that not everyone will have been able to solve their problem, and that is okay.
- Explain that no one should judge each other's experiences.
- Ask participants to take turns sharing their experiences of trying to solve problems.

- When participants share their experience, ask them to focus on:
 - the idea they planned to try;
 - what happened when they tried that idea; and
 - what has happened with their problem (i.e. has it been solved partially or completely or not at all?).

Guide for helpers to respond to participants.

- Below are five common circumstances which the participants could describe. You should familiarize yourself with how to respond to each circumstance.

1. If the problem was solved in a positive way:

- Praise the participant for succeeding in managing their problem.
- Encourage them to think of a new problem to manage in the next week.

2. If the problem was solved, but in a problematic way:

- For example, the solution will lead to more problems later e.g. hitting their sibling to get them to do what they want etc.
- Help the participant understand why this idea may lead to more problems, even though the problem was solved.
- Invite the participant and others to think of other ways this problem can be solved. **If appropriate, use role play for this.**
- Help the participant plan when they will try this idea in the next week.

3. If the problem was partially solved:

- Praise the participant for trying their idea.
- Teach the group that in this circumstance, you can go back to the Think step to think of ideas that might now solve the problem.
- Invite the whole group to help the participant review their original ideas on the leaves as well as think of new ideas (i.e. new leaves). **If appropriate use role play for this** (see Box 4).
- Ask the participant to choose the best idea.
- Help the participant plan when they will do this in the next week.

4. If the problem was not solved:

- Praise the participant for trying out the idea.
- Discuss what actually happened in order to identify the reasons the idea did not work. For example:
 - the idea was not well defined
 - the idea was too unsafe or hard to carry out
 - the idea needed too many resources etc.
- Tell the group that it is okay when our first idea does not work.
- Explain that this helps us learn more about what other ideas can be used to solve the problem.
- Remind them of having to go back in the maze, as an example of this.

- Teach the group that in this circumstance, to go back to:
 - the Stop step if the problem needs to be defined better; or
 - the Think step to think of more ideas to solve the problem.
- Invite the whole group to help the participant think of new ideas. **If appropriate use role play for this.**
- Ask the participant to choose the best idea.
- Help the participant plan when they will do this in the next week.

5. If the participant did not try to solve the problem:

- Help the participant to identify why they did not try the idea out.
- Help the participant to think of ways they could make sure they can do it this week.

Box 4. Role play

Choose experiences that you think will be appropriate for a role play.

- Avoid role-playing problems that involve forms of severe conflict, violence or other potentially distressing material.
- Tell participants the rules of the role play are that they should not touch each other, in case it makes the other person feel uncomfortable, and that they should keep their language appropriate (i.e. no swearing).

Follow these instructions:

- Invite the participant sharing their experience to be the director of the role play.
- Invite other participants to volunteer to be actors for the people involved in the problem (e.g. the participant and siblings, if the problem is that he fights with his brothers).
- Ask the director to instruct the actors so they act out what the participant did to try to solve the problem.
- Allow the role play to continue until it reaches the point where the participant has got to with managing the problem (problematically managed, partially managed or not managed).

Then highlight that the participant needs to go back to either Stop (step 1), or Think (step 2).

- Ask all participants to suggest new ideas for managing the problem.
- Ask the director to choose a few examples of ideas and instruct the actors to act different endings to the role play.

Adolescent activity 6.4. Managing My Problems with a new problem

25 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Continue applying Stop, Think, Go to a new problem● Empower participants to learn from each other	<ul style="list-style-type: none">● Storybook● Paper and pens or pencils	<ul style="list-style-type: none">● Annex 8. Support participants without telling them the answer● Annex 9. Helpful hints for Managing My Problems

1. Read story: show Picture 22 read Text 22.

- Summarize.

For example, say this:

“Kian faced a new problem. Just like Kian we will all experience different problems in our lives. Now we will do Stop, Think, Go for a new problem.”

2. Do a new problems activity: participants act as the helper.

Notes for helper before starting activity.

- Helpers should familiarize themselves with the principles of Managing My Problems, as described in session 5 and in Annex 9.
- It is normal for participants to find Managing My Problems hard to do.
- Be prepared to support participants during this activity, particularly during the Think step (see Annex 8).
- Before starting the activity, decide whether you will follow in the instructions for the participants or whether you will use the adapted instructions for younger participants.

Instructions for the helper during the activity.

- To start the activity, you should say when it is time to do Stop (do this for two minutes), when it is time to do Think (do this for six minutes), and when it is time to do Go (do this for four minutes), and when it is time to swap (do this after the Go step) and repeat for the next partner.
- It is better for you to leave the participants for a few minutes to get started, so that they have the confidence to do it on their own.
- Then you should go around the pairs and provide support or correction where needed.
- You must check that each participant has selected an appropriate problem that is small, solvable and specific.

Instructions for the participants.

- Ask participants to form pairs (ideally with someone they know well and trust).
- Ask participants to open their workbook to the blank pages titled “Week 6: Managing My Problems in session 6”.
- Explain they will now complete Stop, Think, Go steps for a new problem (even if they have not solved the problem selected in session 5).

- Explain that one person in each pair will act as the helper.
- This means that the participant acting as the helper will teach and guide their partner to do Stop, Think, Go.
- Then they will swap the role half way during the activity.
- (You should remember to ask participants to swap roles half way through the activity, making sure that the first person has completed Stop, Think, Go).
- Now tell each pair who will act as the helper first.

- Explain that the participant who is acting as the helper should help their partner to:
 - Stop and choose a new personal problem that they are currently experiencing that is easy to solve (and different to the one selected in previous session);
 - Think: help the participant to think of at least 5 ideas; and
 - Go: help the participant to choose a best idea and decide when they will do it.
- Remind the participant acting as the helper to encourage their partner to use their tree.
- Encourage the participants who are acting as the helper to ask for help if they get stuck.

Instructions for younger participants.

- Younger adolescents will likely require a lot of support during this activity.
- The helper can choose one of these options if they think the main activity will not work for younger participants.
 - Ask two participants to support each other to act as the helper for the whole group. This could include two different participants to act as the helper for each of the Stop, Think, Go steps (e.g. six participants have a turn). You can support the participants as they do this.
 - Another option is where you keep the participants in the pairs or in small groups and provide more support to the participants acting as helpers.
 - Or another option is where you lead the participants through the activity (e.g. similar to the ‘Managing your own problem: Individual activity’ described in session 5).

Ending the activity

- Only if there is time – ask one or two participants to explain their problem and the chosen best idea to the whole group (two minutes per participant).

Adolescent activity 6.5.

Preparing for the end of the intervention

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Prepare participants for the end of EASE● Allow participants to share reactions to the intervention finishing	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Discuss the end of the intervention.

- Remind participants the next session is the final one.
- Spend some time talking about common feelings associated with finishing the intervention, such as sadness, worry, excitement, relief, a sense of achievement.
- Tell participants that all feelings are understandable.
- Invite participants to identify the different feelings they have about finishing.
- If possible, invite them to identify any body sensations associated with these feelings.
- Build their confidence by telling participants:
 - that they know all the skills really well and can practise them on their own; and
 - that the next session will focus on helping them continue these skills after the group ends.
- Ask participants to think of ideas to help them manage these feelings, such as continuing to see or support each other after the group has finished.

Adolescent activity 6.6.

Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Summarize the session ● Introduce and set home practice ● Identify strengths 	<ul style="list-style-type: none"> ● Workbooks ● Strengths papers (from previous sessions) ● Pens or pencils 	<ul style="list-style-type: none"> ● None

1. Brief summary

For example, say this:

“Today we practised managing problems again. Hopefully you will be able to keep managing your problems this week.”

2. Home practice

- Show the participants the pages for this week’s home practice in the workbook.
- Tell participants they should try to do home practice every day until the next EASE session.
- **Understanding My Feelings and Body Map home practice.** Keep identifying their feelings and body sensations and put them in the Feelings Pot and Body Map in their workbooks.
- **Calming My Body home practice.** Whenever they notice a big feeling or body sensation, they can practise Slow Breathing. Shade or colour the balloon after they have practised the Slow Breathing, in their workbooks. This skill now helps participants to learn how to use Slow Breathing to calm their bodies down when they need to.
- **Changing My Actions home practice.** Complete their planned steps for Changing My Actions. They do not need to write or draw anything for this in the Workbook.
- **Managing My Problems home practice.** Complete their action plan for their new best idea in Managing My Problems. They do not need to write or draw anything for this in the workbook.
- **Remembering to do home practice.** Discuss how participants can remember to do this. For example, they could ask caregivers to remind them, remind each other, or open the workbook when they wake up or before sleeping and do it then.

3. Activity to end the session

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.
- Note: participants should not be forced to share if they do not want to. These words will be used in the following activity.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- Five sections will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.
- When they have finished collect the papers and store them safely for the next session.

Collect the papers.

- Collect the papers and store them safely for the next session.

Adolescent session 7. Brighter futures

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
	<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. 			
Adolescent activity 7.1. Welcome	<ul style="list-style-type: none"> • Help participants relax and get to know each other 	<ul style="list-style-type: none"> • Group rules poster (from session 1) • Any materials needed for opening activity 	<ul style="list-style-type: none"> • Annex 2. Activities and games 	10 minutes
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 	<ul style="list-style-type: none"> • Workbooks 	<ul style="list-style-type: none"> • 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 	30 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 	<ul style="list-style-type: none"> • Storybook • EASE Adolescent Skills poster • Large papers • Pens or pencils • Any other materials for the craft activity 		40 minutes
Adolescent activity 7.4: Ending the intervention	<ul style="list-style-type: none"> • Closing activity or graduating ceremony 	<ul style="list-style-type: none"> • Workbooks • Strengths papers (from previous session) • Pens or pencils • Certificates (optional) 		20 minutes

Adolescent activity 7.1.

Welcome

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Help participants relax and get to know each other 	<ul style="list-style-type: none"> ● Group rules poster (from session 1) ● Any materials needed for opening activity 	<ul style="list-style-type: none"> ● Annex 2. Activities and games

1. Welcome

- Display the group rules poster.
- Remind participants that this is the last session.

2. Opening activity

- Play an activity or game, or sing a song to promote social cohesion (see Annex 2 for ideas).
- Or briefly practise Slow Breathing as an opening activity for the group.

Adolescent activity 7.2.

Review home practice

30 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Workbooks 	<ul style="list-style-type: none"> ● 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

1. Give a summary of session 6.

2. Participants discuss their home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see Annexes 3, 4, 5, 7 and 9).
- Encourage the whole group to help manage a participant's problem. This will help to manage the time by avoiding too many one-to-one conversations between you and participants during the group activity.
- If there are some participants who are unwilling to share their home practice, at the end of the session, the helper should privately ask the participants if they had any problems and help them solve the problems, if needed.
- If a participant was not present last session, inform them that the group continued to work on Managing My Problems with a new problem.

3. Invite participants to share how they felt after Calming My Body home practice (5 minutes).

- If participants have been able to do Slow Breathing without difficulty, move to reviewing Changing My Actions home practice.
- If needed, briefly problem-solve any difficulties participants had with practising Calming My Body.

4. Invite participant to discuss Changing My Actions home practice (5 minutes).

- Invite participants to share what activities or steps they completed for home practice.
 - Ask participants how they felt before and after doing the activity or step (their feelings and body sensations).
- Discuss the difficulties they experienced in completing the activity or step.
 - Encourage other participants to help them manage these difficulties (see Annex 7).

5. Invite participants to discuss Managing My Problems home practice (20 minutes).

Notes for helper before starting the activity.

- These instructions are the same as those from activity 6.3 (Managing My Problems Review).
- The helper will now hear the participants' experiences of their home practice.
- You must be prepared to support the participants by reading Annex 9
- Be prepared to choose a few of the participant's experiences to use in role play (see Box 4).
- Be prepared and read the "Guide for helper to respond to participants" below.
- If participants do not wish to share their experience this is okay.
- Helpers can talk with the participant privately at the end of the session to checking their understanding of Managing My Problems.

Instructions for the participants.

- Explain that you will take some time to hear participants' experience of Managing My Problems home practice.
 - Highlight that not everyone will have been able to solve their problem, and that is okay.
 - Explain that no one should judge each other's experiences.
- Ask participants to take turns sharing their experiences of trying to solve problems.
- When participants share their experiences ask them to focus on:
 - the idea they planned to try
 - what happened when they tried that idea
 - what has happened with their problem (has it been solved partially or completely or not at all?).

Guide for helper to respond to participants.

- Below are five possible circumstances which the participants may describe.
- You should become familiar with how to respond to each circumstance.

1. If the problem was solved in a positive way:

- Praise the participant for succeeding in managing their problem.
- Encourage them to think of a new problem to manage in the next week.

2. If the problem was solved BUT in a problematic way:

- For example, the solution will lead to more problems later e.g. hitting their sibling to get them to do what they want etc.
- Validate the participant's feelings in response to the problem.
- Help the participant understand why this idea may lead to more problems, even though the problem was solved.
- Invite the participant and others to think of other ways this problem can be solved. **If appropriate, use role play for this.**
- Help the participant plan when they will try this idea in the next week.

3. If the problem was partially solved:

- Praise the participant for trying their idea.
- Teach the group that in this circumstance, you can go back to the Think step to think of all the ideas that might now solve the problem.
- Invite the whole group to help the participant review their original ideas on the leaves as well as think of new ideas (e.g. new leaves). **If appropriate use role play for this** (see Box 5).
- Participant then chooses the best idea.
- Help the participant plan when they will do this in the next week.

4. If the problem was not solved:

- Praise the participant for trying out the idea
- Discuss what actually happened to identify the reasons the idea did not work. For example:
 - the problem was not well defined
 - the idea was too unsafe or hard to carry out
 - the idea needed too many resources etc.
- Tell the group that it is okay when our first idea does not work.
- Explain this helps us learn more about what other ideas can be used to solve the problem.
- Remind them of having to go back in the maze, as an example of this.
- Teach the group that in this circumstance, go back to:
 - Stop (step 1) if the problem needs to be defined better; or
 - Think (step 2) to think of more ideas to solve the problem again.
- Invite the whole group to help the participant think of new ideas. **If appropriate use role play for this.**
- Participant then chooses the best idea.
- Help the participant plan when they will do this in the next week.

5. If the participant did not try to solve the problem:

- Help the participant to identify why they did not try the idea out.
- Help the participant to think of ways they could make sure they can do it this week.

Box 5. Role-play method

- Choose experiences that you think will be appropriate for a role-play.
- Avoid role-playing problems that involve forms of severe conflict, violence or other potentially distressing material.
- Note: Tell participants the rules of the role-play are they should not touch each other in case it makes the other person feel uncomfortable and they should keep their language appropriate (i.e. no swearing).

Follow these instructions:

- Invite the participant sharing their experience to be the director of the role-play.
- Invite other participants to volunteer to be actors for the people involved in the problem (for example: the participant and his siblings, if the problem is that he fights with his brothers).
- Ask the director to instruct the actors so they act out what the participant did to try to solve the problem.
- Allow the role-play to continue until it reaches the point where the participant has got to with managing the problem (problematically managed, partially managed or not managed).

Then highlight that the participant needs to go back to either Stop (step 1), or Think (step 2).

- Ask all participants to suggest new ideas for managing the problem.
- Ask the director to choose a few examples of ideas and instruct the actors to act different endings to the role play.

Adolescent activity 7.3.

Brighter futures

40 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> Storybook EASE Adolescent Skills poster Large papers Pens or pencils Any other materials for the craft activity 	<ul style="list-style-type: none"> None

1. Read story: show Picture 23 and read Text 23.

- Ask the question in the storybook.
- Invite participants to think of ideas for how Kian can manage his feelings.

2. Read story: show Picture 24 (read Text 24) and show Picture 25 (read Text 25).

3. Do group activity: responding to future problems (20 minutes)

Note for helper before starting this activity.

- During this activity, participants can suggest helpful coping strategies that are different to the strategies taught in the EASE intervention.
- This is okay. It is good to encourage participants to practise these also.
- However, you must decide whether or not the suggested strategies are actually helpful:
 - Remember **helpful coping strategies** reduce big feelings. They do not cause harm to the participant or anyone else. Examples are talking to someone you trust, asking for help, doing something physically active, relaxation skills, using humour, continuing to meet with others from this group.
 - Remember **unhelpful coping strategies** can cause additional problems or can cause harm to the participant or someone else. At first, such strategies can seem effective, but they are harmful in the longer term. Examples are drinking alcohol, suppressing thoughts about problems, running away, lying to others, or avoiding making new friends because you feel nervous or scared (but this makes you more lonely).

Introduce the activity.

- Ask the group what Kian did when he started experiencing problems and big feelings after he had learned all the EASE skills.
 - Look for answers that identify skills learned in this intervention.
- Ask participants what will they do if they encounter problems in future.
 - Emphasize responses that suggest applying the intervention skills or helpful coping strategies.

Remember the skills.**For example, say this:**

“Just like Kian, in the future after this group, sometimes you can experience big feelings or problems.

Remember that it is normal to have some of these feelings in some situations, like feeling sad if we have to move away from friends or family. But sometimes the feeling gets too big and lasts a long time and starts to affect other things in our life, such as Kian not wanting to see his friend again.

When we have these experiences it is a good reminder to use the skills we have learned in this intervention.

The Feelings Pot in session 1 helps us to notice big feelings. This is an important skill because the more we practise it, the better we will be at noticing our feelings before they get too big.

Can you remember the other skills we have learned in this intervention and what they can help us with?”

If participants do not remember the skills, use questions to help them to tell you the answers.

- Ensure that you provide participants with the answers, if they are not able to recall these.
- For example, ask these questions:
 - “What was the skill we learned to help you calm your body? What does it help to do?”
 - **Answer:** Calming My Body or Slow Breathing calms the body or reduces unpleasant body sensations by using Slow Breathing (or alternative). It is helpful for feelings such as fear, worry and anger.
 - “What was the skill we learned to outsmart big feelings? What does it help to do?”
 - **Answer:** Changing My Actions is when we plan to do meaningful or enjoyable activities that improve our mood.
 - “What was the skill we learned to cope with problems? What does it help to do?”
 - **Answer:** Managing My Problems helps us to solve problems using Stop, Think, Go.
- Tell participants that they can use their workbooks to remember these skills in the future.
- Show them the pages at the end of the workbook titled “For future problems...”.

Manage big feelings or problems in the future.

- Read out the list of example problems, below.
- Ask participants to suggest which skills from EASE will be most helpful for the problem.
- The helper can choose to add other problems that participants mentioned in previous sessions.
- List of problems in bold text:
 - **Fighting with a friend:** Managing My Problems
 - **Fast heart beat at night-time:** Calming My Body (Slow Breathing)
 - **Having problems doing school work:** Managing My Problems
 - **Stopped playing with friends:** Changing My Actions
 - **Feeling sad:** Understanding My Feelings (Feelings Pot) and/or Changing My Actions
 - **Stopped listening to music:** Changing My Actions
 - **No energy to see friends anymore:** Changing My Actions
 - **Getting headaches:** Calming My Body (Slow Breathing)
 - **Feeling angry:** Understanding My Feelings (Feelings Pot) and/or Calming My Body

Identify social support

- Ask participants to identify at least one person they can ask for help in the future.
- If participants struggle to think of someone, suggest:
 - caregivers who have participated in the intervention; or
 - other adolescents who have done EASE, such as the people in this group.

4. Do a craft activity: making reminders of the EASE skills (15 minutes).

- Display the EASE Adolescent Skills poster to help participants remember the EASE skills.
- Explain to participants that they will each make something to help remind them about the EASE skills in the future.
- Explain that these will be personal reminders for them to keep, so they can be as creative as they wish to.
- Give each participant materials to make, draw or write the reminder.
- Ideas can include making small reminder cards they can easily carry with them, designing a poster they can hang in their home, drawing the four skills in their workbook etc.

Adolescent activity 7.4.

Ending the intervention

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Closing activity or graduating ceremony 	<ul style="list-style-type: none"> ● Workbooks ● Strengths papers (from previous sessions) ● Pens or pencils ● Certificates (optional) 	<ul style="list-style-type: none"> ● None

1. Closing summary

- Tell the participants that they have now finished the intervention.
- Share your thoughts about the participants, for example:
 - how well they worked through the intervention
 - how well they supported each other
 - how challenging it was for some participants
 - how much they have changed or improved etc.
- Remind them that it is okay to experience different emotions about EASE finishing (being sad, worried, excited, proud etc.).
- You can also share how you are feeling about the intervention finishing.
- Tell them that they are now experts in the four skills and that they can keep helping themselves and others when they experience problems or big feelings

2. Sharing activity

- Tell participants to sit in a circle (if they are not already).
- Ask them to share:
 - **One positive thing** about EASE (e.g. "It helped me manage my anger better") or one positive thing about the other participants (e.g. "I found the people in this group supportive").
 - **One goal** they have for the future. This could be something they would like to be able to continue working on, or something they would like to be able to achieve for themselves or others.

3. Activity to end the session

- End each session in the same way.

Sit in a circle to explain and identify strengths.

- Ask participants to sit in a circle.
- Explain that a strength is something they are good at, something positive about their personality, or something positive they demonstrated in the session today.
- Give them examples if needed, such as being friendly, helpful, caring, funny, courageous, patient, or kind.
- Give them one minute to think of a word that describes a strength they have.
- Invite participants to tell the group their chosen strength.
- Suggest a strength word in case a participant cannot think of one.

Participants decorate their Strengths papers.

- Give participants their Strengths papers and a pen or pencil.
- Ask them to open the paper so they can see the eight sections of the paper.
- Six sections will be complete from the previous session.
- Ask them to write or draw their new strength word on another section.

Decorate the last blank section.

- Now there should be one blank section left on their Strengths papers.
- Explain to participants what they will do with this:

For example, say this:

"In your blank section, I would like you to write or draw something which represents "supportive".

This word describes a strength for each one of you. This is because everyone has completed this intervention together and helped each other complete it. It is also a word to encourage everyone to continue to support each other after this group and remind each other of the skills that they have learned."

4. Saying goodbye

- Give participants time to say goodbye to each other and the helpers.
- Suggest they write or draw their names or an encouraging message in each other's workbook.
- If resources are available, you could provide participants with a graduation certificate.
- If resources are available, you could provide participants with their own copy of the Storybook.

Chapter 6.

Caregiver sessions



Caregiver session 1.

Understanding big feelings

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME ²⁷
	<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. 			
Caregiver activity 1.1. Welcome and introductions	<ul style="list-style-type: none"> Get to know each other Help participants relax 			10 minutes
Caregiver activity 1.2. Review of EASE	<ul style="list-style-type: none"> Give an overview of the aims of EASE 			5 minutes
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 	<ul style="list-style-type: none"> Large paper Pen 		5 minutes
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 	<ul style="list-style-type: none"> Adolescent Skills handout (enough copies for each caregiver or one copy as a poster) 	<ul style="list-style-type: none"> Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills 	10 minutes

27 Please allow up to two hours for delivery of caregiver session 1.

TOPIC	AIMS	MATERIALS	ANNEX	TIME ²⁷
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 accurately identify feelings in their child 	<ul style="list-style-type: none"> • Possible Causes poster • Understanding Big Feelings poster • Body Map poster • Pens or pencils 		15 minutes
Caregiver activity 1.6. Responding to feelings	<ul style="list-style-type: none"> • Improve skills in soothing their child when they are distressed 			20 minutes
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 		<ul style="list-style-type: none"> • Annex 13. Helpful hints for quality time 	20 minutes
Caregiver activity 1.8. Ending the session	<ul style="list-style-type: none"> • Summarize the session • Set home practice • Slow Breathing activity 		<ul style="list-style-type: none"> • Annex 5. Helpful hints for Calming My Body 	10 minutes

Caregiver activity 1.1.

Welcome and introductions

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Get to know each other● Help participants relax	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Welcome group.

2. Introduce yourself.

- Give your name, and something about yourself that you are comfortable to share.
- Explain your role as an EASE helper.
- Emphasize that caregivers are the experts in their children and your role as a helper is to support the group to help each other.

3. Invite caregivers to introduce themselves.

- Ask caregivers to say their name and spend just one minute describing something they like to do with their child/children (limit the time because you want to avoid caregivers sharing their story and/or problems with the group).
- Be clear that caregivers should only share what they feel comfortable with.

Caregiver activity 1.2.

Review of EASE

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Give an overview of the aims of EASE 	<ul style="list-style-type: none"> ● None 	<ul style="list-style-type: none"> ● None

1. Briefly describe the aims of EASE.

- Acknowledge that the caregivers' children have been experiencing emotional problems.
- If needed, refer to the main emotional difficulties that adolescents in the culture and context experience, such as sadness, worry, stress and anger etc.
- Explain that their children will learn skills to help cope with emotional and practical problems.
- Say that caregivers will learn skills to help support their child to cope better.

2. Briefly explain the structure of the caregiver sessions.

- The group will be meeting together for three sessions.
- Provide information about the duration and timing (day and time) of the sessions.
- Explain that each session will:
 - provide information about what the children are learning in their sessions; and
 - teach skills to help caregivers support their child.
- Explain that:
 - the intervention includes a mixture of activities, discussion, and listening; and that
 - participants will work as a big group, small groups, and in pairs to help each other.

3. Briefly describe the aims for today's session.

- To learn about:
 - how to respond to children when they are experiencing big feelings; and
 - the importance of using active listening and spending quality time with their child.

Caregiver activity 1.3.

Group rules

5 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Set rules and expectations for how to behave in the group● Promote cohesion within the group	<ul style="list-style-type: none">● Large paper● Pen	<ul style="list-style-type: none">● None

1. Explain that we need to create a safe environment.

2. Invite caregivers to identify group rules.

For example, say this:

“Rules for our group can help to create a safe environment. We can make these rules together. What rules do we need to have to make sure that every person feels safe and comfortable to talk in this group?”

3. Create a large paper for the group rules.

- Write or draw the rules on a large paper and display this in every session.
- If participants are reluctant to share, give examples and invite more ideas.
- Ensure the following rules are included:
 - listen to one another;
 - respect each other's stories and ideas; and
 - keep everything talked about private.
- Encourage caregivers to decide a rule on what they should do if they see each other outside of the group.

4. Explain confidentiality.

Notes for helper before explaining confidentiality.

- If a caregiver is concerned about information being shared with the supervisor or information about their child that is withheld from them, they can speak with you about this at any time.
- The key points of confidentiality are:
 - Confidentiality is about privacy. Everyone is responsible to keep what is discussed in the group private.
 - Confidentiality will only be broken by the helper to help keep people safe if they are 1) at risk of hurting themselves 2) if there is a risk of the person hurting someone else or 3) at risk of being hurt by another person.
 - The same rules of confidentiality are given to the children during their first session.
 - Your supervisor will have knowledge of what happens in the group. They are a knowledgeable person who cares for the participants' safety.

Read confidentiality script to caregivers.

For example, say this:

"I want to tell you about confidentiality. This means everyone here must agree to keep what is discussed at these meetings private. We must not talk to people outside of this group about the other people who are in this group. But you can talk about what you yourself are doing here. For example, you can tell your family what you discussed today, but you should not say what the others in this group have discussed.

This is because some topics which are not private for you, can be private for other people in this group. So we should respect each other's privacy at all times.

As your helper, I must also keep what is said in this group private. I cannot talk to anyone else, other than my supervisor, about what you discuss in this group. This means I cannot tell your children any personal information which you discuss.

But there are three times when I will need to break confidentiality even if you do not want me to.

The first time is if you are at risk of hurting yourself or ending your life.

The second time for breaking confidentiality is if you are at risk of seriously hurting another person.

The third is if you are at risk of being hurt by someone else, such as a person in your family or the community.

This also includes if you tell me that another person is at risk of hurting themselves, hurting someone else or is being hurt by someone else, for example another child or another family member.

I have to break privacy in these three situations because it is my job to keep you, your children and other people safe.

These are the same rules of confidentiality for your children. However, in some situations, where the child is at risk of harm, we may have to break confidentiality by speaking to you as their caregiver, even if a child does not want us to.

To help keep you safe I would first talk to you to let you know what I am doing. Then I would talk to my supervisor. My supervisor is called [say the name of your supervisor]. My supervisor is very knowledgeable in helping people and cares a lot for you and your children."

Caregiver activity 1.4.

EASE adolescent skills review

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Adolescent Skills handout (enough copies for each caregiver or one copy as a poster)	<ul style="list-style-type: none">● Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills

1. Summarize the adolescent sessions.

- Remind caregivers that their child has been invited to attend seven group sessions.
- Give caregivers the Adolescent Skills handout or choose to display one copy as a poster.
- Explain that the adolescents will learn four skills:
 - how to identify their feelings.
 - how to calm their body with Slow Breathing.
 - how doing more activity can improve big feelings.
 - how to solve practical problems.
- Tell caregivers you will provide more details about two of the skills now.

2. Provide a brief review about EASE adolescent sessions 1 and 2.

For example, say this:

In session 1, your children will learn about different feelings and how to identify these feelings. Your children will be encouraged to notice their feelings and to record them in their workbooks. They will do this by colouring, drawing or writing these feelings in a Feelings Pot. The more your children learn to identify feelings, the better they will be at learning how to manage the big feelings.

In session 2, your children will learn that big feelings can affect how their body physically feels. Your children will learn how to do Slow Breathing. The more they practise Slow Breathing the better they will be at calming their bodies. As caregivers, you will also practise Slow Breathing.

3. Explain home practice.

- Say that children will be given home practice after each EASE session.
- Explain it is important for caregivers to support their child to do their home practice.
- Emphasize that if children do not do the home practice, caregivers must not pressure or punish their child.

4. Invite caregivers to ask questions or to share ideas about how to support children's home practice.

- Encourage the whole group to help manage any problems or questions. This will avoid a series of one-to-one conversations between you and participants.
- If needed, help caregivers with any problems (see Annex 12).

Caregiver activity 1.5.

Understanding big feelings in adolescents

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn the common causes and signs of big feelings in childhood● Learn to accurately identify feelings in their child	<ul style="list-style-type: none">● Possible Causes poster● Understanding Big Feelings poster● Body Map poster● Pens or pencils	<ul style="list-style-type: none">● None

1. Describe common “growing up” changes.

For example, say this:

“Adolescents experience a lot of normal changes in their bodies and minds to prepare them to become adults. For example: girls are beginning to develop breasts, boys’ voices are lowering, some children want to be more independent, or some want to spend more time with their peers.

All of these changes can affect adolescents’ feelings. This is very normal.

But some children, like yours, will experience big feelings. These difficulties are more than common “growing up” changes. There are many reasons why this can happen.”

2. Explain the common causes of big feelings in children.

Bring caregivers’ attention to the Possible Causes poster.

- Briefly describe the four possible causes of big feelings in children:
 - The child’s environment (e.g. exposure to stressful events like violence, conflict, loss of a loved one, or poverty).
 - The child’s biology (e.g. their gender, or stage of puberty development).
 - How the caregiver and child interact (the quality of their relationship).
 - Caregiver factors (e.g. whether the caregiver is very stressed, or is exposed to poverty or conflict).

Explain these key points:

- These causes can affect children, even when caregivers have been caring for their child.
- The biology and environment cannot be changed so the intervention will not focus on these.
- The caregiver and child interaction is the focus of this intervention because it can be changed.
- Good caregiver and child interactions are one of the best protective factors for children’s well-being.
- Emphasize that with help, most children will get better and go on to have bright futures.

3. Explain the common signs of big feelings in children.

For example, say this:

"I will now explain the common signs of big feelings. Many of these signs are normal responses to difficult experiences. For example, it is normal to feel sad when someone we love has died. Or it is normal to be scared when walking through a dangerous area at night. Or it is normal to feel angry if we have experienced injustice.

But, when these signs become very big and last for a long time, they can interfere with a child's life. For example, a child who is very sad, scared or angry most of the time can suffer in their family life or at school. This is when we know that a child needs more support because they are experiencing big feelings."

Explain the feeling changes.

For example, say this:

"When your child is feeling overwhelmed with big feelings of sadness, worry, stress or anger, you can notice changes in how they are feeling or behaving."

- Display the Understanding Big Feelings poster.
- Point to each character and explain the differences between sadness, worry, stress and anger.
- Highlight that often anger, aggression or challenging behaviour is displayed by a child, but in fact they can be feeling sadness, worry or stress.

Explain the physical changes.

- Display the Body Map poster.

For example, say this:

"There are physical changes happening in a person's body when they are experiencing big feelings. These physical changes are a normal body response to big feelings. Often these sensations can occur when there is nothing physically wrong with the child. These sensations can include:

- fast heart rate [draw a heart]
- fast breathing [draw lines coming out of mouth]
- headaches [draw a line across the forehead]
- stomach pains or sickness [draw a circle over the stomach]
- sweating [draw circles over the armpits]
- feeling tired or sleepy [draw closed eyes]."

Explain the behaviour changes.

For example, say this:

“Big feelings affect how a person acts or behaves. Common behaviour changes include sleeping more or finding it difficult to sleep, eating less or more than usual, having problems concentrating during an activity, doing less of their usual enjoyable activities, for example not seeing their friends.”

Explain the thinking changes.

For example, say this:

“When your child is feeling overwhelmed with sadness, worry, stress or anger they can experience changes in how they think about themselves, others and the world around them. For example, they can think: ‘I am worthless,’ ‘everybody thinks I’m stupid,’ ‘my life is hopeless’.²⁸

It is often difficult to know what children are thinking. We can notice clues by listening to what a child is saying.

For example, a child who is feeling worried can repeatedly ask for reassurance and say things such as: ‘Am I doing this right?’.

Or a child with thoughts that they are not good enough can say things such as ‘I cannot do this,’ or ‘no one cares about me.’”

4. Have a group discussion.

- Invite caregivers to discuss their observations of their own child’s signs of big feelings.
- Support caregivers to identify whether they have observed a change in feelings, a change in behaviour or a thinking change.

5. Provide guidance on children’s thoughts to end their life.

For example, say this:

“Sometimes when a child is feeling extremely sad and hopeless it is possible they can have thoughts such as ‘My life is not worth living’, ‘I do not want to be here anymore’ or ‘I wish I would fall asleep and not wake up’. These thoughts can be very scary. If this happens, it is important that you know how to help your child in the best way possible.”

28 Adapt example thoughts to culture and context.

Break the myths.

- Emphasize that talking about suicide will not cause suicide to happen.
- Explain that 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.
- Explain that talking about suicide more openly with their child, only when caregivers are worried that there is a risk, can be helpful.
- Explain that it can help to increase the child's trust to share big feelings with the caregiver and importantly can help to reduce the risk of suicide.

Explain what caregivers can do if a caregiver thinks their child feels very sad or hopeless.

- The caregiver must ask:
 - "Have you ever felt you cannot go on any more?"
 - "Does it feel like life is not worth living?"
 - "Does that mean you might be thinking about ending your life?"
 - "Are you thinking about killing yourself?"
- If a caregiver is worried that their child is at risk of suicide, for example because their child does or say things that suggest they feel hopeless currently or hopeless about the future, instruct caregivers to contact the helper or a health clinic.²⁹ This includes children who have thoughts about not being alive but without having an intent to end their life.
- If a caregiver is worried that their child will imminently end their life (for example, they have a plan to end their life), instruct caregivers to contact an emergency service.³⁰
- Emphasize that in the case of imminent risk the child should not be left alone, and anything that could be dangerous to the child should be removed.

Provide a summary and opportunity for questions.**For example, say this:**

"Your child can seem overwhelmed by sadness, or by their worries, or more angry than usual. They can be experiencing physical signs such as having headaches. Or they can be finding it hard to do any of their usual activities. Sometimes there are more arguments between you and your child. These sessions aim to help you to become more skilled in helping your child cope. Does anyone have any questions?"

29 Please adapt "health clinic" to the local context.

30 Please adapt "emergency services" to the local context.

Caregiver activity 1.6.

Responding to feelings

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Improve skills in soothing their child when they are distressed	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Group activity: identifying and soothing big feelings (10 minutes).

Introduce activity.

For example, say this:

“Try to remember back to when your child was a baby, they were first learning to walk and had a little fall and started crying. You probably scooped them up with a cuddle and a soothing word. Slowly their tears would stop, and they would feel calm again. Your baby needed you to help soothe them and as adolescents they still need you just as much now.

Your children are learning to identify their feelings. It is also helpful for you, the caregivers, to understand your own feelings, so that you can help your child to understand their own feelings too. Identifying your child’s feelings means that you will be better able to soothe them when they feel distressed.”

Instructions for the activity.

- Ask caregivers to form pairs or small groups of three or four. Or, if preferred, adapt this activity to be conducted in the whole group.
- Tell caregivers they have five minutes to think of one recent example of when their child was either:
 - very sad or crying
 - shouting or very angry
 - very quiet and barely speaking
 - very scared.
- Invite the pairs or small groups to identify:
 - what feelings the caregivers experienced in that situation; and
 - ideas for how to comfort and soothe the child in this situation.

Discuss the activity.

- After five minutes, invite caregivers to share their ideas with the whole group.
- Ensure that caregivers explain:
 - what feeling their child experienced
 - what feeling the caregiver experienced
 - their idea for soothing.
- Validate caregivers' ideas for soothing, particularly if they include examples of active listening (as described in the next activity).

2. Role play: active listening (10 minutes).

Introduce activity.

For example, say this:

"We all have different ways that help to soothe children. Communicating with children in a calm and caring way and showing them that we are truly listening can help to soothe children when they are feeling distressed. We will now learn how to do this through active listening."

Instructions for the activity.

- Divide the group into pairs.
- In each pair, designate one caregiver as Person A and one caregiver as Person B.
- Give Person A in each pair, one of the Person A active listening (bad) examples below.
- Do this quietly so that each Person B does not hear.
- Instruct Person B to talk about a recent situation (ideally a problem they or their child has).
- Instruct Person A to listen and communicate with Person B by acting the behaviour they have been given.
- After one minute stop the activity.
- Ask Person B to briefly share their reactions to Person A's behaviour.
- Repeat the skill and this time give Person B in each pair one of the Person B active listening (good) examples below.
- Follow the same instructions as described above, for one minute.
- Then, swap roles and repeat the skill, so that Person A also practises an active listening (good) example.
- This is the first activity in which caregivers are asked to do a role play or demonstration. If caregivers seem hesitant to role-play active listening, consider the helper demonstrating the role play first.

Person A: active listening (bad examples)

- Give minimal eye contact to the person (look away from them).
- Look at the person but have your face angled downwards or away from them.
- Sit in a stiff and upright position with arms folded.
- Show dissimilar feelings on your face (e.g. happiness when the other person is sad).
- Do not use brief verbal indications, such as “uh-huh”, “ok”, “I see” and “mmm”, and instead start talking about another topic.
- Do not communicate concern with the use of language, e.g. “I cannot really understand why you are feeling this way, it sounds silly to me.”

Person B: active listening (good examples)

- Keep eye contact. For example, do not stare too long at the person and do not give minimal eye contact.
- Nod your head or use any other culturally relevant head gesture/ or head position. Nodding your head shows you are listening to the other person.
- Keep your body posture welcoming. For example, sit with your arms uncrossed, facing the person, sit a comfortable distance next to the person i.e. not too close or too far.
- Show similar feelings on your face to that of the child. For example, express sadness on your face when the other person expresses sadness.
- Use brief verbal indications. For example, saying “uh-huh”, “ok”, “I see” and “mmm” shows you are listening to the other person.
- Express concern about how hard it must be for the other person to be feeling that way. For example, “I can see you are feeling really upset right now, it must not be very nice to be feeling that way.”

Group discussion.

- As a whole group, discuss:
 - What behaviour did caregivers notice their partner doing?
 - How did they feel when their partner behaved in this manner?
 - Did they feel that their partner was listening to them?
- At the end of the discussion, summarize.

For example, say this:

“When we use good active listening it shows our children that we are truly listening to them. This can be very helpful when your child feels distressed. Active listening includes simple behaviours such as keeping eye contact, nodding your head, keeping your posture open, showing similar feelings on your face, using brief verbal indications and expressing concern.”

Caregiver activity 1.7.

Quality time

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> Better understand the importance of spending quality time with their child Overcome barriers to spending quality time together 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Annex 13. Helpful hints for quality time

1. Ask caregivers what quality time with their child means to them.

- If caregivers do not mention these, then say quality time can be:
 - time spent with just the child/children and their caregiver(s);
 - time together as a family when attention is given to each child, individually;
 - any time when the child has their caregiver's total attention, including brief moments if other family members are present;
 - incorporated into everyday activities simply by giving full attention to the child (for example, while preparing a meal, a caregiver might focus on speaking with the child about an activity the child enjoys);
 - short – it does not need to be a long time – short and frequent amounts are beneficial;
 - doing an activity together, but not necessarily a big activity or a fun activity;
 - does not need to cost any money; and
 - adapted to the child's age, for example, a 10-year-old might want to play a game with their caregiver, whereas a 15-year-old might want to go to watch a community event.³¹

2. Ask caregivers to share one benefit of spending quality time with their child.

- If caregivers do not mention these, then say that quality time:
 - demonstrates interest in a child and helps the child feel special;
 - can increase the bond and improve their relationship between child and caregiver;
 - can help the child feel comfortable to come to the caregiver if they have a problem;
 - can be enjoyable for the child and for the caregiver; and
 - can help caregivers notice changes, both a child's normal growing up changes, but also changes indicating problems.

31 Please adapt activities to suit setting and context.

- Ask caregivers to describe activities that their child enjoys, that the caregivers could do with their child as part of quality time.
 - If it is difficult for caregivers to identify an activity, then suggest activities or times the caregiver and child already spend together. For example, during home or family chores, the caregiver could talk with child about their child's interests.

3. Ask caregivers about barriers to quality time.

- Ask caregivers if they have any questions or worries about how to spend quality time with their child. For example:
 - not having enough time;
 - how to manage quality time with other children's needs;
 - being uncertain what to do if their child wants to do an activity that they are uncomfortable with; and
 - if their child is overwhelmed with big feelings and does not want to do any activities at all.

4. As a group, problem solve the barriers for quality time.

- Invite caregivers to problem solve the barriers that were identified in the previous discussion.
- If needed, support caregivers in problem management (see Annex 13).

5. Summarize.

For example, say this:

"Sometimes, caregivers can feel that they do not have time. It is important to remember that quality time can be small, brief moments. It can be stroking your child's hair, a cuddle, a chat before bedtime, or listening to your child's favourite song with them. Even if it is small, there are benefits for both children and for caregivers in having quality time together."

Caregiver activity 1.8.

Ending the session

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Summarize the session ● Set home practice ● Slow Breathing activity 	<ul style="list-style-type: none"> ● None 	<ul style="list-style-type: none"> ● Annex 5. Helpful hints for Calming My Body

1. Brief summary

- Remind caregivers that they have two more sessions.
- Invite one or two caregivers to share the most important thing they learned today.
- Provide a summary (if it is needed).

For example, say this:

“Today we learned about how important caregivers are for helping their child. We learned about the common causes and signs of big feelings. Understanding these signs can help you to support your child when they need it most. Using active listening and quality time can help to show interest in your child. These skills are especially important for your child right now.”

2. Home practice

- **Active listening home practice.** Ask caregivers to practise their active listening skills with their child whenever they get an opportunity.
- **Quality time home practice.** Ask caregivers to try spending some quality time with their child between now and the next session.
- **Remembering to do home practice.** Discuss how caregivers can remember to do this, for example by making a reminder, putting an alert in their mobile phone, telling their child to remind them, or have quality time immediately after another regular event such as prayers, a meal etc.

3. Slow Breathing activity to end the session

Note for helpers before starting caregivers' Slow Breathing activity.

- You will lead caregivers through a simplified Slow Breathing practice.
- You are not teaching the full version of Slow Breathing (such as in the child sessions).
- Help caregivers with any problems they experience during this activity (see Annex 5).

Introduce the activity.

For example, say this:

"We know that caregivers experience a lot of pressure, particularly when supporting a distressed child. Understandably, caregivers can become angry or worried.

This can make it more difficult for you to help your child, use active listening or spend quality time together. In these times of stress, caregivers can be more likely to shout, hit, or threaten their child. We know that caregivers do not want to act this way.

One important thing for caregivers to do, is to stay calm in these situations. Your child is learning Slow Breathing which is a skill to help calm their bodies. We think that Slow Breathing can help you to feel calm as well. We will try it now."

Steps to follow.

- Instruct caregivers to release tension from their bodies by shaking their arms and legs gently, rolling their shoulders back, or gently moving their neck from side to side.
- Instruct caregivers to breathe from their belly and make sure they are all comfortable to do this.
- It is okay if they do not do this perfectly.
- Instruct caregivers to breathe slowly.
- Begin counting out loud, three seconds for the breathing in and three seconds for breathing out.
- Explain that they can imagine breathing in the smell of a flower and blowing out a candle.³²
- Continue for one minute.
- Then stop counting, and encourage caregivers to count (one, two, three) in their heads, or to gently tap their foot (one, two, three), or follow the sound of a ticking clock (if there is one available).
- Continue for two minutes.
- During this time, gently encourage caregivers to 1) breathe from their belly and 2) breathe slowly.

End the practice.

- Invite caregivers to continue to practise Slow Breathing daily after this session, either independently or with their child.

32 Or provide another culturally relevant way of explaining breathing slowly.

Caregiver session 2. The power of praise

SESSION AIMS

- For caregivers to identify their child's strengths.
- To better understand the importance of giving and receiving praise.
- To improve understanding of alternative to harsh punishment.

TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 	<ul style="list-style-type: none"> • Group rules poster (from session 1) 	<ul style="list-style-type: none"> • Annex 5. Helpful hints for Calming My Body • Annex 13. Helpful hints for quality time • Annex 14. Helpful hints for caregiver home practice 	10 minutes
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 	<ul style="list-style-type: none"> • Adolescent Skills handout (enough copies for each caregiver or one copy as a poster) 	<ul style="list-style-type: none"> • Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills 	10 minutes
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 			10 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 			35 minutes
Caregiver activity 2.5. Alternatives to harsh punishment	<ul style="list-style-type: none"> Strengthen understanding of the alternatives to harsh punishment 		<ul style="list-style-type: none"> Annex 15. Helpful hints for alternatives to harsh punishment 	20 minutes
Caregiver activity 2.6. Ending the session	<ul style="list-style-type: none"> Summarize the session Set home practice Slow Breathing activity 		<ul style="list-style-type: none"> Annex 5. Helpful hints for Calming My Body 	10 minutes

Caregiver activity 2.1.

Welcome and review home practice

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Group rules poster (from session 1) 	<ul style="list-style-type: none"> ● Annex 5. Helpful hints for Calming My Body ● Annex 13. Helpful hints for quality time ● Annex 14. Helpful hints for caregiver home practice

1. Welcome group.

- Display group rules poster.

2. Review home practice.

Notes for helper before starting home practice discussion.³³

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see Annexes 5, 13 and 14).
- Encourage the whole group to help manage any participant's problem. This will avoid the activity becoming a series of one-to-one conversations between you and participants.
- If a participant was absent last session, invite a participant who was present to describe what was learned in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time, or if the caregiver requires more support to understand, arrange to meet them individually to help them learn the skills.

³³ If there are caregivers who are unwilling to share their home practice, at the end of the session, you can privately ask the caregiver if they had any problems and help them solve the problems, if needed.

Introduce home practice review.

For example, say this:

“There are three possible experiences people will have with any home practice. You have successfully completed it. Or more commonly you have tried to do it but it was unsuccessful or you were unable to do it. All experiences are okay and important to share as we can learn from each other.”

- Invite one caregiver to share their experience of the home practice activities – both successes and problems they experienced.
- Repeat so that all home practice activities are discussed at least once.
 - Active listening.
 - Quality time.
 - Slow Breathing.

3. Explain aim of today’s session.

- For caregivers to strengthen their skills in delivering praise.

Caregiver activity 2.2.

EASE adolescent skills review

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Adolescent Skills handout (enough copies for each caregiver or one copy as a poster) 	<ul style="list-style-type: none"> ● Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills

1. Summarize the adolescent intervention.

- Remind caregivers that their child has been invited to attend seven group sessions.
- Give caregivers the Adolescent Skills handout or choose to display one copy as a poster.
- Explain that the adolescents will learn four skills:
 - how to identify their feelings
 - how to calm their body with Slow Breathing
 - how doing more activity can improve difficult feelings
 - how to solve practical problems.

2. Briefly review EASE adolescent sessions 3 and 4.

For example, say this:

"In sessions 3 and 4, your children will learn that doing a more meaningful activity can improve their mood. Just like you learned in session 1, your children will learn that difficult feelings can affect their actions. For example, feeling very sad can stop children from doing activities that they used to enjoy, or that were meaningful to them before, such as not playing with their friends or avoiding house or school work.

The problem with stopping these activities is that it makes the difficult feelings get bigger, not better. In their sessions, adolescents will learn how to plan to do activities that are enjoyable and meaningful to them. The more they practise planning and doing enjoyable activities, the better they will feel."

3. Invite caregivers to ask questions or to share ideas about how to support children's home practice.

- Encourage the whole group to help manage any problems or questions. This will avoid the activity becoming a series of one-to-one conversations between you and participants.
- If needed, help caregivers with any problems (see Annex 12).

Caregiver activity 2.3. Children's strengths

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Explain strengths.

For example, say this:

"Thinking about our children's strengths is one way to remind us how special our children are. All children can demonstrate strengths. Strengths are activities that children are good at or have tried their best to do, or positive actions they have demonstrated in a difficult situation, or something positive about their personality."

2. Invite caregivers to share their observations of their own child's strengths.

- If caregivers find it difficult to think of strengths, then ask them to think about what makes them feel proud of their child, or provide examples.
- Examples of activities or positive actions, that their child may do:
 - going to school even when they are feeling very worried
 - going to the EASE group even when they are feeling very stressed
 - trying their best to complete a task, even if they are not successful
 - listening to music or playing a game to feel better when they feel sad
 - trying to support and comfort their caregiver after a loss or difficulty in the family.
- Examples from personality or unique characteristics, that their child may do:
 - trying their best to display humour even when they are feeling sad
 - trying their best to be kind to their siblings
 - trying their best to be friendly, helpful, caring, funny, courageous or patient.
- Explain that letting children know that we have noticed their strengths or noticed that they are trying to display positive characteristics can help to improve their mood.

Caregiver activity 2.4.

The power of praise

35 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> ● Learn about the importance of giving and receiving praise ● Improve skills in giving and receiving praise 	<ul style="list-style-type: none"> ● None 	<ul style="list-style-type: none"> ● None

1. Discuss caregivers' experience of receiving praise (5 minutes).

Introduce discussion.

For example, say this:

"Praise is when we tell a person that we like what they have done. When you eat someone else's cooking and it tastes delicious, what might you say to them? [Wait for a response]."

Genuine, authentic praise is one of the strongest ways for a caregiver to help their child. But first, it can be helpful to think about our own experiences of praise..."

- Start the activity by sharing an example of when you received praise and what it meant for you.
- In your example, the praise can be from anyone, for example your caregiver, family member, friend, work colleague, etc.

Discuss caregiver's experiences.

- Ask caregivers to think about a recent example of when they received praise.
- Ask them to consider:
 - Who gave the praise?
 - How did they feel receiving the praise?
- Ask caregivers why they think it is important to think about their own experiences of praise. Elicit answers of:
 - It helps caregivers to remember how meaningful praise is.
 - It helps caregivers to remember that praise improves their own confidence and how they feel.
 - Even if caregivers have had little experience of praise themselves, thinking about praise helps caregivers to realize that praise is still important for their child.

Define the importance of praise for children.

- Ask the group to define why praise is important for their children.
- If needed, explain the meaning and importance of praise, including the benefit to the child-caregiver relationship; and how it can motivate the child to repeat that same behaviour.

For example, say this:

“Praising children helps them to know that they are doing something well. This can boost their confidence and strengthen their relationship with you. It also makes your child more likely to repeat the behaviour again in the future. For example, you can praise your child for how they are playing with their brother or sister, for helping with the household chores, or for their efforts in going to the EASE sessions.

The more a child is praised for positive behaviours the less opportunities there are for more challenging behaviours to arise. It is important to let our children know that we are proud of them, that we notice their strengths and the efforts that they put in.”

2. Explain the three key points when giving praise (10 minutes).

A. Explain the importance of clearly describing which behaviour is being praised.

- You should turn to the caregivers and say “You are good people.”
- Ask caregivers if they know why you are praising them.
- The caregivers may be confused or may give lots of guesses. This is okay.
- After they finish guessing, explain the importance of being specific when praising children.

For example, say this:

“When we say ‘good boy or girl’ or ‘well done’ it is unclear to your child. This is because they cannot understand what exactly you are happy about. Instead, it is more helpful to say ‘I liked the way you were trying so hard to: play nicely with your brother or help with the dinner or keep going to the EASE adolescent group sessions.’”

B. Explain the importance of praising their child’s efforts, not just accomplishments.

- Ask caregivers to imagine that they have asked their child to do a task such as cleaning the home.³⁴ The child has worked for some time on this, but has not finished.
- Ask caregivers whether they would praise this child.
- Allow one or two responses before explaining the value of praising efforts not just accomplishments.

34 Cleaning the home is provided as an example. Change this example to suit the culture and context, if needed.

For example, say this:

"Often, it is easy to overlook a child's efforts and only praise their accomplishments. Even if a child does not accomplish something, we must notice their efforts and praise these. This sends the message that whatever the outcome, their efforts are worthwhile.

This helps them to form a positive view of themselves. Even when a child accomplishes something, such as finishing their homework for school, it is still helpful to praise their efforts. So it is better to say 'You worked so hard on this project' than to say 'You are so smart.'

Praising the effort sends a message that it is the child's behaviour, strengths and effort that we value, not only what they achieve. This will help them feel happier now, it will encourage them to keep trying their best, and it will also help them to become happier adults too. It is important to give this praise in a genuine and authentic way, for example say it sincerely and without exaggeration."

C. Explain the importance of giving praise as soon as possible and of phrasing praise positively.

- Ask caregivers to imagine that their children, who usually fight all the time, are finally playing nicely and quietly together.
- Then ask caregivers if they would interrupt their children to praise them, or leave them to play quietly together (allow one or two responses.)
- Explain that it is common for caregivers to not want to interrupt children when they are playing quietly, but that this is a great time to 'interrupt' to praise them.
- Explain that praise is most effective when given close in time to the behaviour, because it helps send the message to the child to do the behaviour again.
- Describe what this interruption looks like:

For example, say this:

"In these situations, it is very important to phrase praise positively. This means we should say something like 'how nice that you are playing together so quietly'.

We should not praise them negatively, such as saying 'I am so glad you are not fighting again.'

By phrasing our praise positively, we bring the child's attention to the positive behaviour that we hope they will repeat again. If we phrase it negatively it only brings attention to the negative behaviour.

After the interruptions, you can even choose to spend some brief time joining your children, to show interest in what they are doing, before leaving them to continue on their own."

3. Do a role play group activity (10 minutes).**Caregivers role-play giving praise.**

- Explain that caregivers will now have opportunities to role-play giving praise.
- Remind caregivers to:
 - praise specific behaviours
 - focus on efforts not just accomplishments
 - give praise as soon as possible and phrase praise positively
 - consider their child's strengths and how these might inform this activity.

- Ask caregivers to form pairs.
- Provide instructions for the first role play.
- During the activity, the helper can roam the room and give feedback to pairs on their use of praise.

First role play (two minutes).

- Invite pairs to tell each other about a behaviour that their child recently did, that they could have praised them for but did not.
- Ask pairs to select which child's behaviour they will choose first to role-play.
- Ask pairs to select their role (caregiver or child).
- Ask caregivers to role-play the behaviour, except this time the caregiver praises the child.

Second role play (two minutes).

- Repeat the first role play, using the other caregiver's example.
- Ensure that caregivers swap roles so that the caregiver in the first role play is now role-playing the child in the second role play.

4. Have a group discussion (10 minutes).

Notes for helper before starting discussion.

- During this discussion, caregivers can raise worries about praising their child.
- Use the following points to help guide the caregivers, if they are not able to problem solve the worries during the discussion.
- Some caregivers can worry that their child will become more disruptive or silly if they receive praise.
 - If this happens, reassure caregivers that rather than causing misbehaviour, praise is likely to improve behaviour over time and will encourage better behaviour more often.
- For caregivers who are not used to receiving praise, it may also feel difficult to give praise.
- If this is discussed, explain that it is important to persevere, even if it feels difficult. Caregivers should focus on making praise genuine.
- Some children may find it strange if they notice their caregiver giving them praise more often.
- If caregivers are worried about this, explain that it can be helpful for caregivers to be honest about what they are doing.

Start discussion.

- Invite the group to discuss:
 - the experience of giving and receiving praise; and
 - any difficulties or discomfort they experienced.
- Ask the group to support each other to problem solve ways to overcome any challenges raised.

Caregiver activity 2.5.

Alternatives to harsh punishment

20 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> Strengthen understanding of the alternatives to harsh punishment 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Annex 15. Helpful hints for alternatives to harsh punishment

1. Introduce challenging behaviours.

For example, say this:

“Active listening, quality time and praise can improve children’s big feelings and improve their behaviour. But even though caregivers and children are doing their best, challenging behaviours can still happen. These can be very difficult for caregivers to manage. When stressful moments occur, caregivers can sometimes find that they are more likely to hit, shout, or threaten their child.”

2. Read story.

For example, say this:

“I would like to share a story of a mother and father that I do not know personally, but their story is very similar to many families that I have seen. They were having such a hard time. Fatima and Aban had two children, one daughter, Sara, and one son, Kian. They were very worried about Kian.

Kian was experiencing big feelings. He seemed very sad one moment, very worried the next moment and also very angry on other days. Fatima and Aban, Kian’s caregivers, were busy and felt that they did not have time to manage Kian’s moods. Kian had stopped helping with the chores, which meant that the family had more work to do.

Aban would have thoughts such as ‘he is doing this on purpose to get attention’, which would make Aban feel frustrated and angry. Fatima felt worried about Kian and would have thoughts such as ‘how is my son going to cope when he’s older?’.

Fatima and Aban felt it was very important for Kian to start doing his chores and get out of his moods. They tried everything they could think of to help him. Talking to him did not seem to do any good. Kian would shout back at his caregivers. So, Fatima would shout at Kian and tell him that he was bringing shame to the family. Aban threatened to hit Kian if he did not help his mother. And sometimes he did hit him.”

3. Have a group discussion.

Notes for helper before starting the discussion.

- Prepare for the discussion by familiarising yourself with the information below and reading Annex 15.

Start discussion.

- Ask the group the following questions as part of a group discussion about the story.

For example, say this:

“What effect do you think shouting, threatening or hitting will have on Kian?” [Wait for response.]

- Bring attention to the suggestions below, if the caregivers do not mention these.
 - Kian’s sadness could get worse.
 - Kian’s worry could get worse.
 - He could become more scared of his parents or other people.
 - This could affect his confidence as he grows up and goes to school or work.
 - Kian’s behaviour could worsen, e.g. Kian may do even less chores at home; or he could stay outside of the home all day; or he could withdraw from his parents and stop speaking with them.
 - Kian could learn that shouting or hitting other people is okay. He might start shouting back at his parents. Or he might start hitting other children, like his sister.

For example, say this:

“Can you share any suggestions of what else Fatima and Aban could try with Kian?” [Wait for response.]

- If caregivers do not mention these then say the following suggestions:
- **Respond calmly and explain what they would like Kian to stop doing, and what they would like him to do instead.**
 - For example, a caregiver could say, “I can see that you are feeling very frustrated right now, but please stop shouting at me. I want you to try and talk to me using a calm voice. If you cannot do that, then please go and practise your Slow Breathing. Come back to me when you are feeling calm and then we can talk more.”
- **Make ‘home’ rules with Kian.**
 - For example, agree a home rule to not call family members bad names. (Note: it is important that both child and caregiver understand the rules).
- **Ignore silly or harmless behaviours.**
 - For example, ignore Kian talking too loudly or speaking without the use of the manners.

- **Use logical consequences.**
 - For example, Kian has to help clean up or fix something that he damaged.
- **Loss of privileges or rewards.**
 - For example, Kian may lose the privilege of using the family phone for one evening.

4. Emphasize these key points

- Remind caregivers that active listening, quality time and praise can improve children's big feelings and their behaviour.
- Explain that caregivers will need to allow time and repeated practice before they notice any changes in their child. Just as when caregivers learn something new, like cooking a new dish or learning to drive a car, caregivers will also have to keep practising to get better.
- Encourage caregivers to stop using all forms of violence as a means to punish their children.
- Reassure caregivers that you understand that they may have used these strategies of harsh punishment in the past, but that EASE helps to suggest an alternative way of managing their child's behaviour for the future.

5. Invite caregivers to ask any questions and problem solve challenges as a group.

Caregiver activity 2.6. Ending the session

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Summarize the session● Set home practice● Slow Breathing activity	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● Annex 5: Helpful hints for Calming My Body

1. Brief summary

- Remind caregivers that they have one more session left.
- Invite one or two caregivers to share the most important thing they learned today.
- Provide a summary – only if still needed.

For example, say this:

“Today we learned about the strengths your children have and about praise. Praise helps your child more than shouting or physical punishment. When you praise your child for their efforts you are sending them an important message. You are telling them that you have noticed and that you are glad about what they are doing. This means so much to your children, especially at this difficult time. These skills are good for caregivers too, as they help build the bond between you and your child.”

2. Home practice

- **Active listening home practice:** Ask caregivers to practise their active listening skills with their child whenever they get an opportunity.
- **Praise home practice:** Ask caregivers to try using praise as often as they genuinely can (aim for three times per day if possible) with their child between now and the next session.
- **Remembering to do home practice:** Discuss how caregivers can remember to do this (e.g. make a reminder, put an alert in their mobile phone, tell their child to remind them, have quality time immediately after another regular event such as prayers, a meal etc.)

3. Slow Breathing activity to end the session

Note for helpers before starting this activity.

- You will lead caregivers through a simplified Slow Breathing practice.
- You are not teaching the full version of Slow Breathing (such as in the child sessions).
- Help caregivers with any problems they experience during this activity (see Annex 5).

Steps to follow.

- Instruct caregivers to release tension from their bodies by shaking their arms and legs gently, rolling their shoulders back, or gently moving their neck from side to side.
- Instruct caregivers to breathe from their belly and make sure they are all comfortable to do this.
- It is okay if they do not do this perfectly.
- Instruct caregivers to breathe slowly.
- Begin counting out loud, three seconds for the breathing in and three seconds for breathing out.
- Explain that they can imagine breathing in the smell of a flower and blowing out a candle.³⁵
- Continue for one minute.
- Then stop counting, and encourage caregivers to count (one, two, three) in their heads, or to gently tap their foot (one, two, three), or follow the sound of a ticking clock (if there is one available).
- Continue for two minutes.
- During this time, gently encourage caregivers to 1) breathe from their belly and 2) breathe slowly.

End the practice.

- Invite caregivers to continue to practise Slow Breathing daily after this session either independently or with their child.

35 Or provide another culturally relevant way of explaining breathing slowly.

Caregiver session 3. Caregiver self-care and brighter futures

SESSION AIMS				
TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 	<ul style="list-style-type: none"> Group rules poster (from session 1) 	<ul style="list-style-type: none"> Annex 5. Helpful hints for Calming My Body Annex 13. Helpful hints for quality time Annex 14. Helpful hints for caregiver home practice 	10 minutes
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 	<ul style="list-style-type: none"> Adolescent Skills handout (enough copies for each caregiver or one copy as a poster) 	<ul style="list-style-type: none"> Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills 	10 minutes
Caregiver activity 3.3. Caregiver strengths	<ul style="list-style-type: none"> Emphasize caregivers' own resilience and strengths 			10 minutes

TOPIC	AIMS	MATERIALS	ANNEX	TIME
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 			30 minutes
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 	<ul style="list-style-type: none"> • Warning Signs Handout (enough copies for each caregiver or one copy as a poster) 		15 minutes
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 	<ul style="list-style-type: none"> • Caregiver Skills Handout 	<ul style="list-style-type: none"> • Annex 5. Helpful hints for Calming My Body 	15 minutes

Caregiver Activity 3.1: Welcome and review home practice

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Group rules poster (from session 1)	<ul style="list-style-type: none">● Annex 5. Helpful hints for Calming My Body● Annex 13. Helpful hints for quality time● Annex 14. Helpful hints for caregiver home practice

1. Welcome group.

- Display group rules poster.

2. Review home practice.

Notes for helper before starting home practice discussion.

- Praise participants for their efforts even if they were unable to complete home practice.
- Help participants manage any problems with home practice (see helpful hints in Annex 14).
- Encourage the whole group to help manage any participant's problem. This will avoid the activity becoming a series of one-to-one conversations between the helper and participants.
- If a participant was absent last session, invite a participant who was present to describe what was learned in two minutes.
- After two minutes, you can correct any misinformation.
- If there is not enough time, or if the caregiver requires more support to understand, arrange to meet them individually to help them learn the skills.

Introduce home practice review.

For example, say this:

"There are three possible experiences people will have with any home practice. You have successfully completed it. Or, more commonly, you have tried to do it but it was unsuccessful or you were unable to do it. All experiences are okay and important to share. Everyone can learn from each other's experience, especially experiences that were unsuccessful."

- Invite one caregiver to share their experience of the praise home practice activities – both successes and problems they experienced.
- If there is time, ask caregivers if they have had a chance to practise the other skills learned during the intervention:
 - active listening
 - quality time
 - Slow Breathing

3. Explain aim of today's last session.

- 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.

Caregiver activity 3.2. EASE adolescent skills review

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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	<ul style="list-style-type: none">● Adolescent Skills handout (enough copies for each caregiver or one copy as a poster)	<ul style="list-style-type: none">● Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills

1. Summarize the adolescent intervention.

- Remind caregivers that their child has been invited to attend seven group sessions.
- Give caregivers the Adolescent Skills handout or choose to display one copy as a poster.
- Explain that the children have learned four skills:
 - how to identify their feelings
 - how to calm their body with Slow Breathing
 - how doing more activity can improve difficult feelings
 - how to manage practical problems.

2. Provide brief review about EASE adolescent sessions 5 and 6.

For example, say this:

"In sessions 5 and 6, your children have been learning how to manage practical problems. Just as you learned in your first session, your children are learning that big feelings can affect their thinking. For example, big feelings can affect our ability to think clearly and imaginatively, and this can make it harder to manage problems.

Your children are learning an activity called Stop, Think, Go. This activity can help your children to identify the problems they are facing. Then, they choose an easy problem to manage first. Then they will try to think of as many ideas as possible to help manage the problem. And finally, they will go and choose the best ideas and try them out. Hopefully they are now trying Stop, Think, Go in their daily lives.

In your children's last session, they will revise what they have learned during the whole intervention and learn about how to prepare for the future if they face similar feelings or problems again."

3. Invite caregivers to ask questions or to share ideas about how to support children's home practice.

- Encourage the whole group to help manage any problems or questions. This will avoid the activity becoming a series of one-to-one conversations between the helper and participants.
- If needed, help caregivers with any problems (see Annex 12. Helpful hints for caregivers assisting their child with EASE adolescent skills).

Caregiver activity 3.3. Caregiver strengths

10 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Emphasize caregivers' own resilience and strengths	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Introduce caregiver strengths.

For example, say this:

"Last session we thought about your children's strengths, to help remind us how special your children are. It is also important to think about the strengths that you as caregivers also have.

All caregivers can demonstrate strengths. Your strengths include the things that you are already doing to help care for your child, for example, making sure your child goes to school. Your strengths are the unique talents that caregivers can have. For example, caregivers can be very good at multi-tasking, such as helping one child with their homework, while preparing the evening meal."

2. Read story.

For example, say this:

"Remember Fatima and Aban? They were still very worried about their son Kian. He was having problems at school. He had stopped seeing his friends, and he was not doing his chores when asked. Perhaps hardest of all, he seemed very angry or sad most of the time. Kian's mood was having a big impact on the whole family.

Fatima and Aban were feeling overwhelmed and wondered if they had done something wrong. Aban was very worried about Kian's future. He was trying to be a good role model for his son, by teaching him respect and kindness towards others, but he was not sure it was enough. Fatima was upset that she had not been able to spend much time with Kian. She was so busy trying to make sure the children went to school each day, had all their meals, had clean clothes to wear... and her list went on. It was exhausting. She was starting to wonder if she was a bad mother. Despite her embarrassment, she decided she was going to ask her older neighbour Amena for help. She was really worried about her son and she knew that Amena had similar problems with her daughter when her daughter was younger."

3. Ask caregivers to identify the strengths of the caregivers in the story.

- If needed, prompt caregivers with questions such as:
 - What qualities does the father show as a caregiver?
 - What activities does the mother do to help her children?
 - What does the mother want to do to help her child?

4. Ask caregivers to identify their own strengths.

- If needed, ask caregivers to think for 1–2 minutes by themselves before sharing with the group.
- If needed, prompt caregivers with questions such as:
 - What are the things that you do for your child?
 - What unique characteristics do you have? (Such as kindness, humour, patience).
- If caregivers find it difficult to think of their own strengths, ask them about other caregivers they know personally and admire, and what qualities they share with those people.

Caregiver activity 3.4. Caregiver challenges and self-care³⁶

30 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none">● Learn about the importance of caregiver self-care● To overcome barriers to caregivers applying self-care	<ul style="list-style-type: none">● None	<ul style="list-style-type: none">● None

1. Introduce the need for caregivers to practise self-care (5 minutes).

For example, say this:

"Just as all caregivers have unique strengths, all caregivers also experience difficulties when caregiving for their families. It is even more difficult and stressful for caregivers who are trying to care for a child that is experiencing difficulties with their feelings. This is even harder when the whole family is living in adversity.

Why do you think it is important for caregivers to look after themselves?" [Wait for response.]

- If caregivers do not mention these, then say the following:
 - A caregiver who takes care of themselves is also helping to take better care of their child – because they will then be able to better support their child.
 - To prevent caregivers from experiencing overwhelming difficult feelings.
 - Just like their children, caregivers need to make sure they are getting enough sleep, eating adequate food when it is available, and managing their stress.
 - Acknowledge that sometimes caregivers can feel that self-care is not important or feel guilty about taking time for themselves.

36 Adapt all references to self-care activities to your context (e.g. if delivering EASE in a setting where food is restricted, such as a refugee camp, do not refer to food or diet).

2. Read and discuss story (10 minutes).

For example, say this:

"Kian was still struggling and Fatima was starting to wonder who she could turn to for help. Fatima found herself lying awake at night worrying about Kian. There were so many other worries she had too. Fatima could not remember when the family last sat and laughed together.

She herself was often skipping meals or eating very little, even when there was food available. She had passed one of her friends on the street and realized it had been some time since she had met with them. "I just do not have the time" she thought. Meanwhile, Aban noticed his irritability was increasing. He felt like he did not have a peaceful moment to himself."

- Guide the caregivers in a discussion about self-care using the story.

For example, say this:

"Imagine these caregivers were your good friends or family. What would you suggest to them to help look after themselves and manage their stress better?"

- If needed, give a prompt. For example, say that some caregivers manage stress by spending time with friends and family, or by taking a little time to themselves, perhaps sitting quietly to drink a cup of tea.
- If caregivers continue to struggle to respond to the question then ask additional questions:
 - What is making it hard for the caregivers to take care of themselves, for their children?
 - What do you think about the caregivers' sleep?
 - What do you think about the caregivers' diet?
 - Do the caregivers have time to relax?
 - Is sleep, diet and time for relaxation important?
 - Can caregivers respond to their children better when they are well rested and calm themselves?

3. Discuss personal challenges (15 minutes).

Notes for helper before starting the discussion.

- Prepare for the discussion by familiarizing yourself with the information below.
- Helpers must pay attention to caregivers who mention unhelpful coping strategies, as a way of managing caregiver stress, for example drinking alcohol, lying (or not being completely honest) or becoming angry or aggressive to others, or avoiding difficult situations by staying longer at work or out of the house.
- Support caregivers to consider alternative helpful strategies.
- If needed, provide this information and adapt according to the unhelpful strategy identified.
 - Unhelpful coping strategies can cause additional problems or can cause harm to you or someone else.
 - At first, such strategies can seem effective, but they are harmful in the longer term.
 - For example, being aggressive with our family (such as using harsh discipline towards a child) can help us feel in control.

- But this can cause more problems. It hurts our children, it can hurt others and it can even hurt the caregiver themselves. It teaches children that it is okay to be aggressive.

Instructions for the discussion.

- Ask caregivers to share one example from each of the following:
 - a sign that they know they are stressed (encourage caregivers to think about a time when they experienced a personal difficulty as a caregiver, or when they experienced stress in a care-giving situation, and the signs of distress in children from session 1, as these are the same for caregivers too); and
 - something they have done that has been helpful when they have felt stressed.

During the discussion.

- During the discussion, if participants do not mention the following self-care strategies, then make sure to ask about each of these:
 - sleep/rest, such as trying to have a good night's sleep;
 - diet, such as trying to eat healthy meals when food is available;
 - social activity, for example talking and listening to friends or family;
 - enjoyable/rewarding activity, such as sitting to slowly drink a cup of tea;
 - calming/soothing activity, such as Slow Breathing or other relaxation skills;
 - saying something to oneself to encourage coping and strength, such as "I will get through this";
 - using humour or other personal strengths, for example trying to see a funny or bright side, taking a moment to pause and think before acting or speaking when feeling stressed.
- During the discussion, ensure that the following key points are mentioned or asked.
 - Ask caregivers how they would include self-care into their daily routines.
 - Explain that caregivers are role models to their children. By caregivers looking after themselves, they encourage their children to also learn how to do this.
 - Invite caregivers to give themselves permission to take care of themselves.
 - Encourage caregivers to seek support from a specialised service if they feel overwhelmed.

Caregiver activity 3.5.

Brighter futures

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<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 	<ul style="list-style-type: none"> ● Warning Signs Handout (enough copies for each caregiver or one copy as a poster) 	<ul style="list-style-type: none"> ● None

1. Explain how caregivers can keep supporting their child.

For example, say this:

"Hopefully there have been some positive changes for your child and perhaps for you too. Caregivers have a very important role in ensuring their children have bright futures.

For any positive changes to continue, it is important that you and your child both keep practising the skills from this intervention. Caregivers can keep doing active listening, spending quality time with their child, giving praise, and practising self-care, while the child keeps working on using the skills they have learned. Hopefully, over time, these will not be effortful – they will feel normal.

We also know that even if caregivers and their children try their best, it is likely that problems will happen again in the future. Problems can often occur when there are times of change or stress, such as moving areas or having to change school classes."

2. Discuss what caregivers can do if they notice changes in their child.

- Explain that big changes in children's signs of big feelings can be a 'warning sign' that their child is having difficulties again and therefore needs more help.
- Ask caregivers to think back to the signs of big feelings from the first session and encourage caregivers to suggest what the warning signs of distress could be.
- If caregivers do not mention these, then say the following:
 - big changes in how children feel, what they do, how they sleep and how they eat;
 - changes in their mood that have lasted for a long time (at least two weeks), such as feeling very sad most of the time, for most of the day;
 - not wanting to do activities that they normally enjoy, or no longer wanting to do these on their own (if they previously did these on their own);
 - appearing more tired or having difficulty with their sleep;
 - changes in their appetite, such as not wanting to eat, or wanting to eat more than usual;
 - appearing more irritable or grumpy than usual;
 - complaining of strong physical sensations that do not have a medical or physical cause (such as nausea, cramping in the stomach, headaches, body aches).

3. Ask how caregivers can remember these signs of distress.

- Validate any ideas the caregivers have that would help them remember.
- Provide the Warning Signs Handout or choose to display one copy as a poster.

4. Explain that it's important to know how and when to get help again.

- Remind caregivers that:
 - children undergo normal changes as part of going through puberty; and
 - It is normal to have big feelings in response to certain situations (e.g. feelings and when someone has died).
- Explain it can sometimes be difficult to detect the difference between warning signs and normal adolescent behaviour.
- Nevertheless, caregivers can:
 - encourage their child to use the EASE skills, and
 - caregivers can use the skills learned in their own sessions.
- If a caregiver and child remain very worried about the child's well-being in the future, they should contact their local health worker.³⁷
- Remind caregivers that there will be an opportunity to discuss any remaining concerns about their child at the caregiver post-assessment session.

37 Please adapt to suit the setting.

Caregiver activity 3.6. Ending the group

15 minutes

AIMS	MATERIALS	TO PREPARE FOR THIS ACTIVITY, READ:
<ul style="list-style-type: none"> To share lessons learned and opportunity to ask questions. Slow Breathing activity 	<ul style="list-style-type: none"> Caregiver Skills Handout 	<ul style="list-style-type: none"> Annex 5. Helpful hints for Calming My Body

1. Invite caregivers to share the most important thing they have learned in the intervention.

- Ask caregivers how they will continue to practice what they learned at home.
- Invite caregivers to form a group that continues to support each other.
- Give the Caregiver Skills Handout or choose to display one copy as a poster.

2. Ask caregivers if they have any final questions.

- Invite others in the group to help manage any challenges raised.
- Ask whether the group has met their expectations.

3. Conduct Slow Breathing with caregivers.

Note for helpers before starting this activity.

- You will lead caregivers through a simplified Slow Breathing practice.
- You are not teaching the full version of Slow Breathing (such as in the child sessions).
- Help caregivers with any problems they experience during this activity (see Annex 5).

Steps to follow.

- Instruct caregivers to release tension from their bodies by shaking their arms and legs gently, rolling their shoulders back, or gently moving their neck from side to side.
- Instruct caregivers to breathe from their belly and make sure they are all comfortable to do this.
- It is okay if they do not do this perfectly.
- Instruct caregivers to breathe slowly.
- Begin counting out loud, three seconds for the breathing in and three seconds for breathing out.

- Explain that they can imagine breathing in the smell of a flower and blowing out a candle.³⁸
- Continue for one minute.
- Then stop counting, and encourage caregivers to count (one, two, three) in their heads, or to gently tap their foot (one, two, three), or follow the sound of a ticking clock (if there is one available).
- Continue for two minutes.
- During this time, gently encourage caregivers to 1) breathe from their belly and 2) breathe slowly.

End the practice.

- Invite caregivers to continue to practise Slow Breathing after the intervention, either independently or with their child.

4. Congratulate and thank caregivers for their participation.

- Give participants time to say goodbye to each other and the helpers.

38 Or provide another culturally relevant way of explaining breathing slowly.

Annexes



Annex I.

Managing disclosures of abuse and managing suicide risk

Disclosures of abuse

If, during EASE, a participant discloses a problem that suggests they are being abused (e.g. being physically hurt by someone, sexually abused, emotionally abused etc.) or neglected (e.g. being left unsupervised for long periods of time and this might be posing a danger risk for them), you should:

- Respond to them using your basic helping skills. Especially communicating concern (also read Chapter 3 of this manual on how to manage the group when someone discloses personal information or discloses that they are being abused).

For example, say this:

“Sometimes people experience very difficult problems that can cause them a lot of harm. It is never okay for someone to physically/sexually/emotionally [say the appropriate term] hurt you. And we do not expect you to be able to solve these kinds of problems. Instead, we will make sure you can get some help to manage these problems.”

- Tell the participant that you will speak to them individually at the end of the group.
- 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.

At the end of the session, it is essential that you talk with the participant.

- Ask them to share more information about the problem if they are willing to. If they are unwilling to talk further, then you must respect this. You must not pressure them to give you more information.
- Tell them that you need to speak with your supervisor (tell them the name of this person) to better help them manage this problem.
- Discuss with your supervisor how best to proceed, for example discuss the referral or protection options for the participant, whether you will need to discuss what has happened with the participant’s caregivers etc.)

Suicide risk

During EASE, some adolescents or caregivers, can have thoughts about ending their life. Table A1.1 below guides helpers in how to respond to people who disclose thoughts of suicide and how they can respond to risk of self-harm/suicide.

Table A1.1. How to respond to people who disclose thoughts of suicide.

RISK	HELPER'S RESPONSE	WHAT TO SAY TO THE PERSON
<p>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>	<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 this:</p> <p>“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.”</p> <p>[Provide contact details according to the procedures at your site.]</p>
<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>	<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 (for example, 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 this:</p> <p>“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.”</p>

Annex 2.

Activities and games

The following are ice breaker or energizer activities that you can include in any of the sessions. It is best to only choose one activity at a time and to include it either at the beginning or the end of the session, or in the middle of a session if you notice participants appear tired, bored or are not concentrating. Towards the end of the intervention, participants may have favourite activities. You can ask participants to choose a favourite activity to play.

As helper, you may also have games and activities that are more culturally appropriate, or that you think will be fun. Whether you use these or your own activities is up to you and depends on the mood of the group you are leading. Some groups may not like activities and games and so you can decide not to include any in your sessions.

1. Two truths and a lie

Materials: none required

Instructions: Each person has to think of two things about themselves that are true and one thing that they have made up. They tell the group the three things in any order. The rest of the group must guess which of the things about them is a lie.

Example: a 12-year-old participant tells the group:

- I am 11 years' old
- I have one older brother
- I love looking for birds.

The first statement is the lie.

2. What this says about me

Materials: you will need a bag/box full of random objects

Instructions: Participants each put their hand in the bag and select one object without looking. Each person has one minute to describe how this object says something about them. They share a memory that includes this object; or they can describe how the object shares qualities that they also have etc.

3. Mirroring

Materials: none required

Instructions: Participants form pairs. Each pair stands facing one another. One person is identified as the leader first and the other as the mirror (these roles are later swapped). The person who is the mirror will try to copy every movement the leader makes. But the trick is to copy them at the same time they are moving. The leader will begin moving slowly, but after 15 seconds the helper will tell the leaders to speed up their movements. The leader and mirror cannot touch each other. One round will last one minute and then the pairs swap roles and repeat.

4. Human knot

Materials: none required

Instructions: Participants stand in a large circle. Everyone stretches his or her hands toward the centre of the circle first. With eyes closed people will move into the circle and find another hand to hold. Both left and right hands should be holding one other hand. The group has to work together to untangle the human knot so they form one large circle again. They can step over or under each other, but they cannot let go of any hands. You can put a time limit on this if needed (e.g. five minutes). You should also provide help if needed and make sure no one is

getting hurt. You should also be aware of whether this activity would be appropriate if there is a mixed gender group.

5. Fruit salad

Materials: chairs (one chair per person)

Instructions: Have everyone sit in a chair, arranged in a circle facing inwards. Select one person to be in the middle and remove his or her chair from the circle.

The person in the middle needs to say something that applies to at least two people in the circle. For example, "Anyone who has a pet", "Anyone who is wearing jeans", "Anyone who has a brother or sister", "Anyone wearing the colour purple". If the person's statement applies to someone sitting in the circle, that person has to move from his or her seat and sit in a different chair. If the person says "fruit salad", then everyone needs to move to a different chair. Participants cannot move to the seat next to them (on their immediate left or right).

The person in the middle tries to sit down. There'll be one person left without a chair. This person will be the next person in the middle of the circle. The standing person starts a new round by saying a different statement.

The same game can be played with the person in the middle saying something they have never done before instead. For example, "I have never been in an airplane", "I have never eaten fish", "I have never seen snow" etc.

Brief activities and stretches

The following are activities you can use when you notice participants' attention and concentration reducing. They might be fidgeting, looking around the room, or appear tired and uninterested. You can use these activities if participants have been sitting for a long time and need to move around. Or you can use them to break up the session.

1. Washing the elephant

Say this: "Imagine there is a baby elephant (or another animal) in front of you. It has been playing in the mud and needs a bath. Together, we are going to wash each of our baby elephants. First, we will start with the body. Let's wash the side and the tummy." [Mime the actions of washing an elephant in front of them. For instance, you might move your hands and arms in small and large circles in front of you.] Now let's wash down his front legs and then his back legs."

Continue giving instructions on areas to wash the elephant.

2 Fruit picking

Say this: "Imagine that we are going to pick some fruit today. We are each standing underneath a huge tree with lovely, ripe apples [or other fruit] hanging from it. But the branches are quite high. So, let's stretch up with our right arm to try and pick the fruit."

Stretch your right arm above head, picking left heel off ground. Hold this position for 10 seconds.

"Great. Now let's pick the fruit on our left side. Stretching our left hand all the way up above our heads to get to the fruit."

Stretch your left arm above head, picking right heel off ground. Hold this position for 10 seconds.

Then say: "Oh no! We have dropped some fruit. So, let's bend down with both arms and pick up the fruit."

Tilt your body forward from the hips, allowing your arms to dangle down your body. Hold this position for 10 seconds.

You can repeat the same instructions once more or modify them.

3. **Body stretches**

Stand with feet together or hip width apart (in a circle or spread out in space). Interlock your fingers, palms facing down and stretch both arms downwards. Bring arms up above the head, stretching them towards the sky (keep fingers interlocked, palms facing upwards).

Say: "We are stretching like we are very tall trees. Now, we are going to be trees swaying in the wind. Let your upper body stretch over to the right side and bring it back to the middle. Let your upper body stretch over to the left side and bring it back to the middle."

Softly twist your upper body to the right side (so you are facing the right side) and bring it back to the middle. Softly twist your upper body to the left side (so you are facing the left side) and bring it back to the middle.

Continue by saying, "Now let's dive down to the ground like birds. Let your arms fall in front of you and reach them down to the floor. Reach down as low as you can go without it hurting. And slowly, very slowly, bringing your body back up. Rolling your back up and your arms until you are back standing again."

Finally, keeping both heels on the ground, fingers interlocked and arms stretched out above the head, pretend to sit on a chair while keeping your back straight (your buttocks will stick out backwards). Come back to standing. Repeat the whole sequence two times.

4. **Heart opener**

Participants stand in a circle or with plenty of distance between them and the next person (more than an arm's length). Stand with your legs spread wide apart.

Slowly stretch arms outwards to the side. Have palms facing out, like you are telling someone to stop, and so the wrists are bent.

Slightly arch your back to open your chest. Hold for five seconds and release. Slowly bring the arms back to hug your chest (give yourself big hug). Repeat three times.

Annex 3.

Helpful hints for home practice

The following are common problems participants can have with their home practice. Suggested ways of responding to and managing these problems is provided. However, always discuss participant difficulties with your supervisor.

Many participants might not have done their home practice. Participants should not be forced to do home practice but should be supported as much as possible, as home practice gives them the opportunity to practise the EASE skills outside the group. See Table A3.1 for reasons for this problem and how you can respond.

Table A3.1. Problems with home practice and how to respond.

PROBLEM	SOLUTION
Forgot to do their home practice	<p>It is important participants don't feel like they are in trouble for not doing their home practice.</p> <p>You may need to remind participants of the importance of home practice. If they want to see changes in their problems and how they feel, they have to practise the skills. Practice makes permanent!</p> <p>You could use an analogy of learning to ride a bike or learning a new language. You can only get good at it by practising it as much as possible.</p> <p>Home practice can be hard for many young people to do. It is important to not force participants to do, or to share home practice during the reviews. If you notice that a participant is reluctant to share, then you can discreetly check with them individually to see if they are experiencing any problems with completing the practice at home.</p> <p>Invite the group to think of ideas to help participants to remember to do their home practice. Ideas might include: making a reminder (e.g. drawing or writing one), asking someone to remind them (a friend from the group, or a caregiver), or planning to do it at a particular time on a particular day, such as after a meal, or before sleeping.</p>
Too busy	<p>The solutions suggested for participants who forgot to do their home practice (above) are the same for those who are too busy.</p> <p>Have the group help participants think about how to make time to do the activity. Ideas include: replace or shorten another activity they are doing that is less important so they have time for practice, planning to do it at a particular time on a particular day when they know they have time, doing it with a friend from the group etc.</p>

PROBLEM	SOLUTION
Caregivers didn't let them	<p>Try to find out why the caregivers didn't let them do it.</p> <p>Was it the whole activity or part of it?</p> <p>Did they not want them to do the activity at that time or in the place the participant chose to do it?</p> <p>Would the caregiver let them do it in a different way (e.g. if they were present, at a different time etc.)?</p> <p>Help the participant plan to do the activity again but in a way that respects the caregivers' concerns.</p> <p>You may choose to talk with the caregivers if you think the caregiver has misunderstood the activity.</p>
Didn't understand how to do it	<p>Be sure you do not criticize or embarrass the participant for having this problem.</p> <p>Review the skill in a way that involves the whole group. For example, ask the group to explain the skill, have other participants explain their home practice and how it related to the skill, ask questions about the skill to the whole group.</p> <p>Speak to the participant in the break or at the end of the session to make sure they understand the skill better. This will minimize any embarrassment in front of their peers.</p> <p>When setting home practice, it is very helpful for you to show the pages in the workbook that the participant will use for the home practice. Make sure to support participants to remember this, especially those with literacy or understanding difficulties.</p>

Annex 4.

Helpful hints for Understanding My Feelings

Table A4.1. Problems with Understanding My Feelings and how to respond.

PROBLEM	SOLUTION
Did not notice any feelings or could not identify any or different feelings	<p>Check whether there is a problem in understanding the skill.</p> <ul style="list-style-type: none"> ● Check that the participant understands how to complete the Feelings Pot. ● Check that the participant can identify different feelings (for example, sad, happy, angry, scared etc.) ● Complete the Feelings Pot activity as a group. Ask participants to identify feelings they have experienced after different events or times in the day. This can be especially useful for participants who only report feeling one feeling (usually happiness) in all their Feelings Pots. For example, ask: <ul style="list-style-type: none"> ○ How did you feel when you first woke up? ○ How did you feel in the afternoon or evening? ○ How did you feel before school and after school? ○ How did you feel when you were eating a meal? ○ How did you feel walking to the group today? ○ How do you feel right now? ● Have participants colour in their Feelings Pot to show all the feelings they had today.

Annex 5. Helpful hints for Calming My Body

Calming My Body is one way of breathing that can be helpful for participants. However, it is very important that participants are not pressured to follow the instructions perfectly. This can have the unintended effect of causing the participant to feel more stressed. Always emphasize to participants that the steps are for use as a guide. Over time, the aim is simply to slow their breathing down as much as they can. Table A5.1 shows common problems with Calming My Body and possible solutions.

Table A5.1. Problems with Calming My Body and how to respond.

PROBLEM	SOLUTION
The participant is too concerned about doing it right (e.g. keeping to the three seconds in and out, and breathing from their belly).	Encourage the participant not to be worried about following the instructions exactly. Help them to understand that the main aim is simply to slow their breathing down in the way that best suits them, even if it means they are not keeping to the three counts or even if they are not breathing “from their belly”. Once they have mastered how to slow their breathing down, they can try to use the counting or breathe from their belly.
The participant cannot slow their breathing down when they are at the peak of their anxiety or stress.	Say to the participant that this would be very hard for anyone to do straight way. Spend some time helping the participant to identify early warning signs that they are beginning to feel anxious or stressed, so they can start Slow Breathing earlier. If this is too difficult, help them schedule specific times throughout the day to practise Slow Breathing so they learn how to use it before they get too anxious.
Focusing on breathing makes the participant speed up their breathing and feel more anxious. They might also experience feelings of light-headedness, dizziness or feel they are losing control.	Remind them that these sensations are safe and they are not losing control. 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). Help them focus on a ticking clock and breathe to the count of the clock rather than focus only on the breathing (or a musical beat in a song).

Annex 6.

Two alternatives to Slow Breathing

When to choose alternatives to Slow Breathing

- Some participants can find Slow Breathing very difficult, for example, participants with pre-existing breathing difficulties, like asthma.
- In this circumstance, you can give them one of two alternative body calming activities: The big HA or Shake it out.
- But only use these activities if Slow Breathing is not suitable, for example if a participant is having tremendous difficulties with Slow Breathing, causing them to feel more distressed than relaxed.

1. The big HA

- Stand in a circle or spread out across the space. Stand with feet hip width apart.
- When breathing in, stretch out both arms in front of you and then up above your head.
- When breathing out, make the sound “ha”, and bring arms down, bend your knees and let yourself hang like a doll with your head between your arms, and your hands hanging between your legs.
- Repeat three times.

2. Shake it out

- Stand in a circle or spread out in space. Shake each limb in sequence for one to two seconds.
- Begin by shaking the right foot, the left foot, the right leg, the left leg, hips, pelvis, chest, shoulders, the right arm, wrist and hands, the left arm, wrist and hand, shake the head.
- Jiggle the whole body.
- Slowly bring all the movement to a close or stop and notice different sensations in the body.

Annex 7.

Helpful hints for Changing My Actions

Guidelines for completing Changing My Actions:

1. Choose an activity.

- Activities do not only have to be a physical activity (e.g. playing a sport or a game). They can include many forms of meaningful activity, such as social activities (e.g. spending more time with someone); individual activities (e.g. drawing); or learning a new skill (e.g. learning how to do a new chore); or doing an important task (e.g. completing home work from school).
- Activities can include a) things participants used to enjoy doing or were important to them, but have stopped doing, b) activities they are already doing but would like to do more often, or c) activities they have not done before but think they would enjoy.
- Activities should always be safe, realistic and achievable.
- Activities should not cause the participant or others more problems, nor cause harm to the participant or others.
- Check that the participant will be allowed to do the activity (“Is this something you will be able to get permission to do from your caregiver?”).
- Oftentimes disasters, wars or community violence, or poverty damages the environment or particular places become unsafe etc. Check that the activity chosen is realistically possible for the participant to engage in (i.e. do they need resources they don’t have, do they need to travel when they cannot).
- Ideally, the first activity that they pick should be the easiest, or the most realistic, for them to successfully complete.

2. Break an activity down.

- This step is very important. We want all participants to successfully complete their activity, or part of it.
- Each step should be manageable and very easy for the participant to complete. So it is acceptable if the first step is very small, for example only doing an activity for five minutes, or completing a very small step of the activity.
- Consider what participants need to prepare before doing the activity.
- Consider whether they need to ask permission or ask for help to complete the activity first.
- Ask the participant to imagine they are completing the activity and tell you step by step what they have to do to prepare to do the activity and then complete it. Ask them to describe every step in detail (see Table A7.1 for an example).
- Breaking an activity down could mean breaking it down into different steps (e.g. first complete this action; then the next step is the second action; and the final step helps the participant complete the activity in full).
- Alternatively, breaking an activity down could mean breaking it down by time. For example, the participant could be spending first 10 minutes doing the activity, or doing it once per week; then moving to 20 minutes on the activity, or twice per week; and continuing to increase as needed.

- The staircase example suggests that there are four steps: the first step, the second step, the third step and then the final step, the chosen activity. Some participants may need to add more steps.

3. Plan to do steps.

Help participants to decide exactly when they can do each step in order to complete the activity.

- Help participants to think about how they will remember to do the steps.
- Participants do not have to complete the whole activity in the first week (i.e. they may only complete a few of the steps).

4. Repeat.

- Encourage participants to repeat the steps or the activity as many times as possible during the week.
- It is okay if they have to repeat the same step.
- Use discussion and home practice reviews to support participants who struggle to progress to their next planned step. It may be that the jump from one step to the next step is too big. So to solve this, another smaller step may need to be added.
- Practise makes permanent!

Table A7.1. Example of Changing My Actions: to start singing again.

STEPS:	WHEN I WILL DO THE STEP:
1. Decide on some easy songs I can start singing again. Choose songs I already have or can easily get.	In the group today.
2. Talk about these songs with friends in the group and the helper. Talk about what I like about these songs and anything else I know about them.	In the group today.
3. Ask my father if I can play one of the songs at home.	When we sit down to dinner tonight.
4. Listen to one of the songs I have chosen.	After washing up the dishes tonight. Repeat this the following night if allowed (Thursday night).
5. Sing all or part of the song quietly to myself.	While I am washing the dishes after dinner on Friday night. While I am walking to the market on Sunday. Five minutes before going to bed on Monday.
6. Sing the song while listening to it.	After dinner on Tuesday night.

Table A7.2. describes some common problems and solutions for Changing My Actions.

Table A7.2. Problems for Changing My Actions and how to respond.

PROBLEM	SOLUTION
The participant did not feel like doing the activity even though they planned to do it.	<p>First let participants know that this is a very common problem for people to have when they first start an activity.</p> <p>Then do the following:</p> <ul style="list-style-type: none"> • Show them the Vicious Cycle poster. • Remind them that they will probably never feel like doing the activity while they experience big feelings, but this is what keeps the inactivity cycle going. • Remind them that they have to start doing some activity in order for their mood to improve. Once they do this they will start to feel like doing these things again, but this takes time. • Review the activity that was chosen. • Ask the participant what was difficult about starting this activity. Listen for clues that tell you it is too big an activity or that it wasn't broken down into small enough steps. • You can either break this activity down into a much smaller step to help them get started. • Or you can choose a different easier activity they can do. • Note: the meaningful activity can be something that is completed during the group (e.g. talk to someone in the break time).
The participant forgot to do their activity or were unable to for other reasons (e.g. they became busy, or other problems came up).	<p>Invite the group to suggest ideas for remembering to do the activity (see Annex 3).</p> <ul style="list-style-type: none"> • What did participants who completed their action plans do to remind themselves? • What has worked in the past if they have had to remember to do something? • What might they suggest to a friend who needs to remember to do something? <p>If other things distracted the participant from doing their activity, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> • This is normal and happens to many participants. • But distractions will often come up. • Remind them that in order to feel better they will have to do their best to practise as much as possible between sessions. • Discuss ways they could prioritize practising their activities in their daily lives.
The participant was unable to talk to someone because they did not know what to say or felt nervous.	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p> <p>Then have the participant rehearse this with you or another participant. You may have them do this several times until they feel confident.</p>

PROBLEM	SOLUTION
Participants complain that their mood has not improved.	<p>This is very normal. Participants should not expect their mood to change immediately in one week.</p> <p>Tell participants that feelings can be stubborn and often take some time to change. But they will change eventually if they keep doing the activity over and over again.</p> <p>It is important that you encourage participants to not give up, because this will certainly cause their mood to stay the same or worsen.</p>
The activity was too difficult for the participant to complete (i.e. it required too much help they didn't have, required money or other resources available to them).	<p>Help the participant either break this activity down into an easier step, or a choose a similar activity that does not require so much effort or resources. For example, instead of playing soccer with a large group of kids they could kick a ball around with one or a few friends, watch soccer on a TV or watch other kids or adults play, or practise soccer skills by themselves. You could help them to make a ball out of old materials if they don't have one. This could also form an activity itself.</p>
Participant did not have enough time to complete the activity.	<p>This might be because the activity takes up too much time. If so, help them to break the activity down into smaller steps that do not take so much time. This might mean they only complete part of the activity but this is better than not doing it at all.</p> <p>Or the participant may not have made time for the activity. If this is the case, help them to plan a specific day and time to do the activity and develop reminders so they do not forget.</p>
Participant did not have permission to do the activity (e.g. from their caregivers).	<p>See suggestions for example in Annex 3.</p> <p>Help the participant to think of a different activity they think their caregivers would let them do. You could organize a time to talk with the participant's caregivers and discuss their concerns and help them think of activities their child could participate in.</p>

Note for helpers on responding to participants that may be avoiding an activity due to feeling scared, worried or fearful.

You might notice some participants feel scared or worried about doing an activity. Or some participants might talk about avoiding doing activities because of fear.

This might be because they have had a negative experience with this activity, or a place or person in the past. Sometimes some people will try to avoid doing things because they are worried they will make a mistake or embarrass themselves. And sometimes people have a fear of something even though nothing bad has happened in that situation. Common examples include being afraid of the dark, being afraid of being on their own, being afraid of making friends, doing a new activity or sport, sitting an exam, or talking in front of a group of peers.

When we feel scared it is often because we believe something bad will happen (e.g. we will get hurt, or embarrass ourselves) and our bodies will respond to help protect us.

People often avoid the thing they are scared of to cope with these feelings. In some circumstances this is very helpful. For instance, you probably would not walk alone in the dark in an unsafe area or go into a tall building just after an earthquake. These are examples of **helpful avoidance** that most people would do.

But, sometimes people will avoid situations, places or people that are mostly safe. This would be **unhelpful avoidance**. Of course, not everything is 100% safe, but you need to decide whether the participant's avoidance is helpful or unhelpful. It will be unhelpful avoidance if, for example, most people the participant's age and gender engage in that activity without something terrible happening to them, and if they have their caregivers permission to do the activity. To help make this decision, you can ask participants if any of their friends or siblings would engage in that activity or not.

Only if a participant wants to start doing an activity again but they feel fearful, will you help them gradually face it again. A participant should never feel pressured into doing an activity they do not want to do. The steps to help a participant face a feared activity are the same as previously described for Changing My Actions.

1. 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 markets with my mother).
2. Make sure the activity is relatively safe for the participant to engage in this activity again, such that the chances of them being harmed is very low. Think about their age and gender and what has happened in the past when they have done this activity.
3. Help them to *gradually* do the activity: break the activity down into very small and easy steps for them to complete (see Table A7.3). The first step to re-engaging in the activity should be something they only feel a little bit nervous about. You can vary some things to make the step less or more scary or difficult.
 - Have someone do the activity with the participant initially (such as a sibling, friend, or caregiver).
 - The time of day for the activity (e.g. do it in daylight when there are a lot of people around).
 - Vary how long they should stay in the situation for this step (e.g. just a short time to begin with).
 - Modify their level of participation in the activity. At first they might just watch others do the activity.
4. Have them repeat the same step a few times until they are no longer scared of it, before moving on to the next step.

Table A7.3. Example of Changing My Actions when participant is scared of doing an activity.

ACTIVITY: ASKING KIDS I DON'T KNOW WELL IN MY STREET WHETHER I COULD PLAY WITH THEM. I AM SCARED THEY WILL SAY "NO" AND I WILL FEEL EMBARRASSED.	
STEPS:	WHEN I WILL DO THE STEP:
1. Plan what I can say to them with the group and helper.	In the group today
2. Practise asking this question with friends in the group and my helper.	In the group today
3. Tell my mother about this activity and my plan. Tell her what I plan to say to them.	When I get home from the group this afternoon
4. Go out to the street and watch them play. Smile and say hi to them if they look at me.	The next two afternoons (Thursday and Friday at 4pm)
5. Go out to the street and approach them before they start playing. Say "hi" and ask my question.	Saturday afternoon

Annex 8.

Support participants without telling them the answer

In adolescent sessions 3–6, the EASE skills can be challenging for participants. It is important, as much as possible, that you support participants to learn to do the activities without relying too much on you for answers or without giving too much direct advice.

- During Changing My Actions, participants can have difficulties in thinking about how to break their chosen activity into steps.
- During Managing My Problems, participants can have difficulties thinking of ideas to help manage their problem.

Your job as the helper is to encourage participants to think of their own ideas to break down their activities (Changing My Actions) or their own solution ideas (Managing My Problems) without giving direct advice, i.e. without telling them what their chosen steps should be or without telling them solution ideas.

This is a hard skill for helpers to develop. But it is important, because after the group intervention finishes, the participant needs to be able to do the EASE skills without your help.

- Rather than providing direct advice, use questions to help participants think on their own:

Tip: Cut out or copy this section and bring it to the session.

- What are some of your ideas?
- Can you make your chosen activity shorter?
- What have you already tried to do in the past?
- What would you suggest to a friend who is in a similar situation?
- Do you know someone who has had a similar problem? What did they do to manage the problem?
- Think of someone like a friend or an adult who is really good at managing problems. What do you think they would do to manage this problem?
- Has someone, like a parent or teacher, told you to try something to manage this problem? What was it?
- When you have had a problem in the past what did you do to try to manage it?

- After you have used these questions, if participants are still having difficulties, then you can ask other participants to suggest ideas.
- Only if this does not help, then you can give ideas yourself.
- When offering ideas, you should avoid giving specific advice or solutions such as “You should talk to your aunt.”, “You should do this at four o’clock.”, “You should go to this building to do this.”, “You should do this for your first step.” etc.
- Instead, make general and broad suggestions. Even if you are giving advice, try to frame it as a question, such as: “Can you talk to someone about this problem?”, “Can you change your timetable/schedule to fit this in?”, “Can you go somewhere to do this?”, “Can you think of how to change the time of your step to make it shorter?”.

Annex 9.

Helpful hints for Managing My Problems

It is important for you to know that some participants, particular younger participants, will find it hard to think of solution ideas. Use the suggestions here to support participants as much as possible, without giving too much direct advice.

When supporting participants to develop Managing My Problems in the EASE sessions:

- Be aware that participants can find it difficult to choose the best idea.
- To help participants choose a best idea, you can also ask participants what are the good and less good things about each idea.
- You are responsible for ensuring that the ideas participants select:
 - are safe and easy;
 - will not cause harm for the participant or anyone else; and
 - are actions that the participant has the resources or materials to do (if they do not, then the participant should choose another best idea).

See Table A9.1 for examples of problems and solutions in practicing Managing My Problems. When reviewing Managing My Problems home practice:

- You should know that sometimes problems are not managed, or are only partially managed, because the participant needs to do more preparation before trying their idea.
- If participants have had any problems with their home practice, you should check the following.
 - If the participant had to ask for help from someone, did they prepare what they were going to say?
 - Did the participant have the materials or resources they needed to try their idea? If not, it is better for the participant to choose a new best idea.
 - If the participant had to travel somewhere to try their idea, did they prepare how they would travel?
 - Some of the participants may have needed to ask their caregiver's permission for trying ideas, for example, if they had to travel somewhere. Did the participant prepare what to say to their caregiver?

Table A9.1. Problems with Managing My Problems and how to respond.

PROBLEM	SOLUTION
<p>The participant forgot to carry out their plan, or they were unable to for other reasons (for example, they became busy, they had work, other problems came up)</p>	<p>Invite the group to suggest ideas for remembering to do the activity.</p> <ul style="list-style-type: none"> ● What did participants who completed their action plans do to remind themselves? ● What has worked in the past if they have had to remember to do something? ● What might they suggest to a friend who needs to remember to do something? <p>If other things distracted the participant from doing their activity, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> ● This is normal and happens to many participants. ● But distractions will often come up. ● Remind them that in order to feel better they will have to do their best to practise as much as possible between sessions. ● Discuss ways they could prioritize practising their activities in their daily lives.
<p>The participant was unable to talk to someone because they did not know what to say or felt nervous.</p>	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p>
<p>The participant's problem did not change, or it worsened after they carried out their idea.</p>	<p>First let them know that sometimes this can happen, but that it might not be because they did anything wrong, or because Managing My Problems does not work.</p> <p>Then do the following:</p> <ul style="list-style-type: none"> ● Get as much information as possible about what the participant did and what happened. You might be able to identify what went wrong from listening to the details. ● Invite the participant to first guess what they think went wrong. ● Then invite other participants to suggest what might have gone wrong or what did not go as planned. ● Decide whether the problem is still solvable or unsolvable. ● If you find out that the problem is not solvable, for example if the solution relies on another person changing their behaviour, the participant will need to choose another problem. ● If you decide the problem is still solvable, go back to step 1 and make sure the problem has been defined as specifically as possible. ● Then go to step 2 and ask the group to think of as many possible solutions to the problem. ● Then ask the participant and the group to choose the best solution (step 3). ● Ask the group to develop a new plan to help the participant carry out the idea (be sure to break this plan down into very easy, concrete steps). ● Help the participant decide when they will carry it out.

PROBLEM	SOLUTION
The chosen problem was too big.	Big problems are hard to manage! It is important to help participants choose a problem that is manageable. Sometimes this means breaking down the problem into smaller parts and just choosing one of these parts to work on.

Annex 10.

Adolescent session summary sheets

The following pages summarize the key steps for each session. Follow the steps in the order given by the sheet.

Summary sheet adolescent session 1: Understanding My Feelings

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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

TOPIC	AIMS	DID YOU COMPLETE THIS STEP? (CIRCLE YES OR 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

Summary sheet adolescent session 2: Calming My Body

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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.

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

Summary sheet adolescent session 3: Changing My Actions part 1

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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

Summary sheet adolescent session 4: Changing My Actions part 2

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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

Summary sheet adolescent session 5: Managing My Problems part 1

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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	<ul style="list-style-type: none"> ● Help participants relax and get to know each other 	Yes	No
Adolescent activity 5.2. 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 5.3. Understanding common problems	<ul style="list-style-type: none"> ● Share ideas of common problems adolescents experience 	Yes	No
Adolescent activity 5.4. Managing My Problems	<ul style="list-style-type: none"> ● Learn a skill to help solve problems 	Yes	No
Adolescent activity 5.5. Applying Managing My Problems	<ul style="list-style-type: none"> ● 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 session	<ul style="list-style-type: none"> ● Summarize the session ● Introduce and set home practice ● Identify strengths 	Yes	No

Summary sheet adolescent session 6: Managing My Problems part 2

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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	<ul style="list-style-type: none"> ● Help participants relax and get to know each other 	Yes	No
Adolescent activity 6.2. 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 6.3. Managing My Problems review	<ul style="list-style-type: none"> ● Strengthen participants' skills in problem management 	Yes	No
Adolescent activity 6.4. Managing My Problems with a new problem	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● Summarize the session ● Introduce and set home practice ● Identify strengths 	Yes	No

Summary sheet adolescent session 7: Brighter futures

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- Consolidate learning from session 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● Closing activity or graduating ceremony 	Yes	No

Annex 11. Helpful hints for running a large group

In situations where more than one caregiver attends for a child, this may possibly mean running a group with up to 24 caregivers. In such cases, it may be necessary to consider the points in Table A11.1.

Table A11.1. Points to consider when running a large group.

PROBLEM	SOLUTION
Group size/ additional helper(s)	It may be helpful to consider breaking the group into two smaller sub-groups within each session, with one helper each. Alternatively, you could form another entirely separate group if additional helpers are available.
Group discussions	Even if you continue with a single large group, it may be helpful to break into two smaller groups for the discussions, with one helper facilitating each smaller group.
Gender	Helpers should be aware of and respectful of any gender differences that may affect group participation and dynamics. For example, you may decide that it would be helpful to have different genders in different groups.
Caregiver interactions	Helpers should be aware and respectful of any expectations caregivers have of each other and consider how these might affect the group dynamics. For example, you may decide that it would be helpful to have some caregivers sit separately from each other. Or it may be helpful to have family elders sit together, for example.
Timing	When running a large group, it may be necessary to consider either extending the duration of sessions, even adding an extra session, so there is enough time in discussions and activities for everyone to participate.

Annex 12.

Helpful hints for caregivers assisting their child with EASE adolescent skills

Caregivers may experience common problems when trying to support their child to practise and use the EASE adolescent skills (see Table A12.1).

Table A12.1. Problems in supporting children with EASE, and how to respond.

PROBLEM	SOLUTION
The child doesn't want to talk to their caregiver about the skills	<ul style="list-style-type: none"> ● Invite the group to share ideas about how to manage this problem. ● If needed, suggest caregivers try to use the active listening skills and gently ask their child if they would be willing to share why they don't want to talk. But remind caregivers to respect the child's choice and privacy if they still do not want to talk. ● Ask the caregiver to communicate support for the child and describe their willingness to be there and help if the child would like this. ● Ask the caregiver to show support in other ways, such as by continuing to: <ul style="list-style-type: none"> ○ ask the child to spend quality time together; ○ show interest in the child in other areas of their life; ○ praise their efforts; ○ communicate concern that it must be very difficult for the child to share how they are feeling about the skills; and ○ communicate their love for their child, whatever the outcome.
The child doesn't understand how to do the skill	<ul style="list-style-type: none"> ● Ask the caregiver to communicate support for the child and describe their willingness to be there and help if the child would like this. ● Ask the caregiver to use the active listening skills when asking the child to explain further which part of the skill they don't understand. ● Ask the caregiver to suggest to the child that they speak to their group helper. ● Tell the caregiver to continue to: <ul style="list-style-type: none"> ○ praise their efforts in trying to learn a new skill; ○ communicate concern that it must be very difficult for the child to share their challenges with this skill; and ○ to continue to communicate their love for their child, whatever the outcome.
The child feels like they don't have time to do the skill.	<ul style="list-style-type: none"> ● Have the group help caregivers think about how the child could possibly make time to do the activity. Ideas include: do home practice instead of another activity they are doing that is less important, or plan to do it at a particular time on a particular day when they know they have time.

PROBLEM	SOLUTION
The child appears to lack motivation or energy	<ul style="list-style-type: none">● Remind the caregiver to respect the child's choice and privacy in applying and learning the skills. For example, it is important that the caregiver doesn't communicate any negative judgment if the child has not completed home practice.● Ask the caregiver to communicate support for the child and describe their willingness to help if the child would like this.● Ask the caregiver to show support in other ways such as by continuing to:<ul style="list-style-type: none">○ ask the child to spend quality time together;○ show interest in the child in other areas of their life;○ praise their efforts; and○ communicate their love for their child, whatever the outcome.

Annex 13. Helpful hints for quality time

Caregivers may experience common barriers when trying to spend quality time with their child, or when trying to show interest to the child more often. Suggested ways of responding to and managing these barriers is provided in Table A13.1. However, always discuss any difficulties with your supervisor.

Table A13.1. Problems in spending quality time and how to respond.

PROBLEM	SOLUTION
Too busy	<ul style="list-style-type: none"> ● Have the group help caregivers think about how to make time to do the activity. Ideas include: <ul style="list-style-type: none"> ○ replace another activity with quality time; ○ plan quality time for a particular day or time that is less busy; ○ remembering that quality time can be very brief moments of time such as stroking a child's hair or giving a cuddle.
Forgetting to do it	<ul style="list-style-type: none"> ● You may need to remind caregivers of the importance of showing interest in their child more often through quality time. If they want to see changes in how their child feels, they have to practise the strategies. You could use an analogy of learning to ride a bike. You can only get good at it by practising it as much as possible. Invite the group to think of ideas, which might include: <ul style="list-style-type: none"> ○ making a note or reminder, such as in a phone if one is available, or asking someone to remind them; ○ planning quality time for a particular time on a particular day, perhaps associated with a meal or prayer time.
Lack of motivation or energy (caregiver or child)	<ul style="list-style-type: none"> ● Remind caregivers that quality time will become easier and more enjoyable to do once they start using this skill regularly and the more they use it. ● If a child is overwhelmed with big feelings, they may not have the motivation to spend quality time with their caregiver. If so, the caregiver can: <ul style="list-style-type: none"> ○ encourage their child that it only has to be for a short period; ○ say: "The more we try this, the more motivated you will feel"; ○ express how much they wish to spend time with their child; ○ ask the child to suggest an activity.
How to manage quality time with other children	<ul style="list-style-type: none"> ● If a caregiver has many children, it may be difficult to give full attention to all of them. Encourage caregivers that quality time can be brief. Or that quality time can be with other members of the family present, with brief moments of full attention given to children individually.
The child wants to do an activity that the caregiver is not comfortable with	<ul style="list-style-type: none"> ● If the activity is not safe or may cause harm to the child or caregiver, the caregiver can suggest alternative activities. ● If the activity is safe and not harmful, but the caregiver feels uncomfortably for other reasons, discuss with the group whether there is a way to help the caregiver feel more comfortable. Emphasize that children will highly value their caregivers joining them on activities they enjoy.

Annex 14.

Helpful hints for caregiver home practice

Caregivers may encounter common problems with their home practice. Suggested ways of responding to and managing these problems is provided in Table A14.1. However, always discuss caregiver difficulties with your supervisor.

Table A14.1. Problems with caregiver home practice and how to respond.

PROBLEM	SOLUTION
Forgot to do their home practice	<ul style="list-style-type: none"> ● It is important caregivers do not feel they are in trouble for not doing their home practice. ● You may need to remind caregivers of the importance of home practice. If they want to see changes in their child and themselves, they have to practise the skills. ● You could use an analogy of learning to ride a bike. You can only get good at it by practising it as much as possible. ● Invite the group to think of ideas to help caregivers to remember to do their home practice. Ideas might include: <ul style="list-style-type: none"> ○ writing notes to leave around their room; ○ asking someone to remind them; or ○ planning to do it at a particular time on a particular day, or linking the activity with a meal.
Too busy	<ul style="list-style-type: none"> ● Have the group help caregivers think about how to make time to do the activity. Ideas include: <ul style="list-style-type: none"> ○ replace another less important activity with home practice; or ○ plan to do it at a particular time on a particular day when they know they have more time.
Didn't understand how to do it	<ul style="list-style-type: none"> ● Be sure you do not criticize or embarrass the caregiver for having this problem. ● Review the skill in a way that involves the whole group. For example, ask the group to explain the skill, have other caregivers explain their home practice and how it related to the skill, ask questions about the skill to the whole group. ● Speak to the caregiver at the end of the session to make sure they understand the skill better. This will minimize any embarrassment in front of their peers.

Annex 15. Helpful hints for alternatives to harsh punishment

Always discuss any concerns you may have about this topic with your supervisor.

By harsh punishment we mean harsh physical discipline (such as hitting, threatening, beating or locking up a child) and harsh verbal and emotional discipline (such as yelling or screaming at a child, or calling the child bad words). When discussing the discontinuation of harsh discipline, consider the points in Table A15.1.

Table A15.1. Points to consider in discussing alternatives to harsh punishment.

PROBLEM	SOLUTION
What to do if a caregiver disagrees with you and thinks physical or harsh discipline is acceptable	<ul style="list-style-type: none"> • There may be situations where a caregiver disagrees about stopping the use of physical or harsh discipline. 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 (hitting, punching, kicking or beating a child) or harsh emotional discipline to continue in the home. • In the group, consider asking the caregivers to reflect about the methods of discipline they experienced as children and how this made them feel. It is better for caregivers to have this reflection privately and not share their personal childhood history. • Explain the consequences of continued physical and harsh discipline (see below). • Next, in the group, ask caregivers to share and think of alternative methods used to discipline (ones that do not involve physical or harsh discipline.) Discuss the outcomes of using these alternative methods (see below if needed). • If you remain concerned about any caregivers, talk to them individually and discuss further with your supervisor.
Consequences of continued physical and harsh discipline ³⁹	<ul style="list-style-type: none"> • Physical consequences can include bruising, lacerations, brain damage, fractures, and disability. • Psychological and behavioural consequences can include: greater emotional difficulties, feelings of shame and guilt, poor self-esteem, difficulties with eating and sleeping, difficulties with relationships, problems with school performance, potential use of alcohol and drugs, thinking impairments, and the child becoming violent.

39 Pinheiro PS. Violence against children in the home and family. In: Paulo Sérgio Pinheiro, editor. World report on violence and health. Geneva: United Nations; 2006 (<https://digitallibrary.un.org/record/587334>, accessed 9 November 2023).

PROBLEM	SOLUTION
<p>What to suggest if a caregiver asks about other ways to discipline their child</p>	<ul style="list-style-type: none"> ● Emphasize to caregivers that alternatives to harsh punishment – such as positive discipline- do not mean letting children do whatever they want. Explain that positive discipline helps to develop children’s positive behaviours and builds a mutually respectful relationship between parent/ caregiver and the child. ● Suggestions for practising positive discipline include the following. <ul style="list-style-type: none"> ○ Give attention and praise whenever the caregiver observes the appropriate or desired behaviour. ○ In all instances, avoid labelling children negatively or calling them names. ○ 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 consistently enforced. ○ Ignore silly or harmless behaviours by the child, such as the child talking too loudly or speaking without good manners. ○ Respond calmly to the behaviour and explain what you would like the child to stop doing. Then say what you would like the child to do, for example say “Please stop yelling at me, I want you to try and talk to me using a calm voice.” ○ Caregivers can model appropriate behaviour that they want to see in their child, such as speaking nicely to others, or tidying up. ○ Use of logical consequences such as the child has to help clean up/fix something that they damaged. ○ Take away privileges or rewards in a proportionate way. If the misbehaviour is minor, the caregivers could temporarily take away something that is less valuable, such as one toy. For a major misbehaviour, the loss can be greater, for example loss of play time.

Annex 16.

Caregiver session summary sheets

The following pages summarize the key steps for each session. Follow the steps in the order given by the sheet.

Summary sheet caregiver session 1: Understanding big feelings

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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.

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 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

TOPIC	AIMS	DID YOU COMPLETE THIS STEP? (CIRCLE YES OR 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 accurately identify feelings in their child 	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

Summary sheet caregiver session 2: The power of praise

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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.

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

Summary sheet caregiver session 3: Caregiver self-care and brighter futures

Helpers / EASE group:	
Session date and time:	
Session attendance:	
Session notes:	

SESSION AIMS

- 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

For more information, contact:

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E-mail: psych_interventions@who.int

<https://www.who.int/health-topics/mental-health>

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