OFFICE FOR REPARATIONS

SUPPORT PROGRAMMES FOR AGGRIEVED PERSONS

MANUAL FOR TRAINING OF CASE MANAGERS DELIVERING PSYCHOSOCIAL SUPPORT

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Cover photo: Empathy is key to better understanding © [2021]/[Sharmini SHADAGOPAN]

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SUPPORTED BY THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM) - UN MIGRATION

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MESSAGE FROM THE CHAIRPERSON OF OFFICE FOR REPARATIONS

The Members of the Office for Reparations recognise the importance of psychosocial support as an integral component of reparations in order to assist aggrieved persons.

It is accepted that exposure to conflict and civil disturbances of any kind results in the loss and/or separation from loved ones and the deterioration of living conditions, all of which cause emotional distress to persons impacted by such incidents. The Office for Reparations has identified the need to support aggrieved persons to deal with such emotional distress as an urgent and vital intervention.

An important first step in this programme is to identify the real needs of the persons aggrieved. Case Management provides for an efficient approach towards providing effective and meaningful relief in a sustainable manner.

This Training Manual is developed to equip Case Managers with the necessary tools and skills to carry out OR's psychosocial support programmes. We hope you will find this manual useful in supporting aggrieved persons.

I take this opportunity to place on record the appreciation of the Office for Reparations to the International Organization for Migration (IOM) for their ready assistance in this important endeavour and to the Resource Persons who have contributed to the Manual.

DHARA WIJAYATILAKE
(Chairperson, Office for Reparations)

MESSAGE FROM THE CHIEF OF MISSION OF INTERNATIONAL ORGANIZATION FOR MIGRATION

The consequences of the protracted armed conflict, Easter Sunday attacks and now the outbreak of COVID–19 have adversely affected the lives of many people in Sri Lanka. Being exposed to unsettling events as such can result in social, cultural disintegration and loss of economic resources. This disrupts psychosocial wellbeing leaving communities to deal with complex emotions. Indeed, the damage is not limited to the physical aspects but also impacts mental health and wellbeing. The International Organization for Migration (IOM) – UN Migration appreciates that the Office for Reparations has given prominence and priority to Mental Health and Psychosocial aspects of affected communities.

Since opening its first office in 2002, IOM continues to extend technical support to the Government in addressing these pressing and complex challenges. IOM recognizes the importance of addressing these mental health and psychosocial issues through the Case Management Approach adopted by the Office for Reparations. IOM is confident that this training manual would serve as a guiding tool for the Government officials in supporting the aggrieved persons/communities.

I wish the Office for Reparations all the very best in the successful implementation of this very important step in providing psychosocial support to aggrieved persons.

SARAT DASH
(Chief of Mission, International Organization for Migration – UN Migration, Sri Lanka)

MESSAGE FROM THE AUTHORS

Conflicts are linked to psychosocial consequences that disproportionately affect vulnerable populations such as women and children. Conflicts not only affect individuals and communities, but rupture the entire social fabric and leave behind immeasurable pain and suffering.

Not all wounds are visible. Psychological wounds, if left unaddressed, can have a far-reaching and long-term impact on individuals, their families, their communities, and society as a whole.

The 'social' cannot be separated from the 'psychological'. Effective psychosocial support interventions must go beyond psychotherapy and counselling, and attend to issues of poverty, vulnerability and exclusion.

In designing psychosocial reparations programmes for aggrieved persons, the Office for Reparations (OR) gave due consideration to the following:

- Psychosocial support programmes should be participatory and survivor-centric. Empowering the aggrieved persons to engage in the process, itself, can serve as a psychosocial intervention, since it enables them to channel their emotions and address them in a focused and specific way. It becomes a part of the grieving process, and helps in their recovery.
- Psychosocial support programmes should be long-term and accessible to aggrieved persons within their own communities.
- Psychosocial support programmes should be holistic, and address the diverse needs that affect the wellbeing of aggrieved persons and their families.
- Psychosocial support programmes should not undermine the coping abilities and resilience factors of aggrieved persons, including family and social support, relationships, and a sense of community.
- Psychosocial support programmes should be gender-sensitive and empower aggrieved persons in rebuilding and restoring their lives.

Taking the above considerations into account, a Case Management approach was felt to be the most appropriate methodology to fine-tune OR's response to meet the individual and family needs based on a detailed assessment of the current issues they face.

We hope that this manual, and the associated training course, will benefit the Case Managers who will carry out the assessments and help implement a detailed, customized case-plan jointly with the aggrieved persons and their families over a period of time. We further hope that this manual will be helpful to create an understanding of and develop the necessary skills required that can guide the Case Managers to empower aggrieved persons and address their psychosocial needs effectively.

DR MAHESAN GANESAN, SARALA FERNANDO AND SACHINI AKURETIYA

ACKNOWLEDGEMENTS

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The Office for Reparations extends its gratitude towards the following persons for their contributions to this training manual.

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INTRODUCTION

AIMS OF THE TRAINING PROGRAMME

This training is designed to meet the overarching objective of enhancing the knowledge and competencies of Case Managers in providing psychosocial support to aggrieved persons while following the guidelines of the Office for Reparations.

COMPETENCIES	RELEVANT MODULE(S)
PERSONAL COMPETENCIES	
Know and question yourself	7.2) Reflective Practice
Manage Stress and Emotions	3.1) Stress and Coping 7.1) Debriefing 7.3) Self-care and Burnout Prevention 7.4) Peer Support System 7.5) Deep Breathing and Relaxing Techniques
Be flexible and open to change, adapt to cultural differences	1.3) Basic Principles 5.5) Being Assertive
Analyse, think critically and creatively, and make decisions	5.6) Problem-solving and Decision Making 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing
Be accountable and work with integrity	1.3) Basic Principles 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing
SOCIAL COMPETENCIES	
Negotiate, manage problems/ conflicts (including advocacy)	5.1) Qualities of an Effective Helper 5.2) Empowerment 5.3) Dealing with Resistance 5.4) Working in Groups 5.5) Being Assertive 5.6) Problem-solving and Decision Making 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing
Work and coordinate within a team or network	5.4) Working in Groups 5.6) Problem-solving and Decision Making 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing 6.3.1) Networking Skills 7.4) Peer Support System
Show empathy, warmth and genuineness	5.1) Qualities of an Effective Helper 5.2) Empowerment

Support and motivate a person/ a group	3.4) Storytelling 5.1) Qualities of an Effective Helper 5.2) Empowerment 5.4) Working in Groups 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing 7.4) Peer Support System
Communicate and listen to others	5.1.1) Listening Skills 5.1.2) Questioning Skills
METHODOLOGICAL COMPETENCIES	
Promote participation and cooperation in Case Management	6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing
Plan, implement, and review the intervention	6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing
TECHNICAL COMPETENCIES	
Know the theoretical framework needed for working with aggrieved persons	1.1) Introduction to Psychosocial Support 1.2) Understanding Reparations 1.4) Types of Crises and How People React to Crises 1.5) Introduction to Transitional Justice Mechanisms 2.1) Types of Loss and Understanding Grief Processes 3.2) Impact and Long-term Consequences of Experiencing Disruptive Events 3.3) Resilience and Healing 4.1) Sexual and Gender-based violence 4.2) Behavioural Issues and Substance and Alcohol Use 4.3) Economic Security 4.4) Child Well-being 4.5) Mental Health Consequences 6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing 6.3.2) State and Non-state Psychosocial Support Service Providers in Sri Lanka
Provide specific tools for Case Management	6.1) Introduction to Case Management 6.2) Introduction to Case Conferencing

WHO IS THIS MANUAL FOR?

This manual aims to facilitate mental health and psychosocial support (MHPSS) experts and trainers in building capacities of the Case Managers (as outlined above) selected by the Office for Reparations to roll out its psychosocial support programmes for aggrieved persons affected by armed conflict and other circumstances as identified in the *Office for Reparations. Act, No. 34 of 2018.*

HOW TO USE THE MANUAL

The manual contains instructions on how trainers can build personal, social, methodological and technical competencies of Case Managers in supporting aggrieved persons. Before using them, make sure participants are in a calm and relaxing environment. Each module has an aim and a set of instructions before each activity that can be followed. However, do not force participants to go through any of these activities if they do not want to.

Use the activities and notes provided in this manual to talk about issues faced by aggrieved persons and how to support them. Enable participants to express their emotions freely. The training should be adapted to the local context using examples and case studies that are relevant. The training should be delivered by trainers who possess the knowledge, skills and experience in psychosocial support trainings. Please note that this manual is only a part of a comprehensive training which includes supervision, long-term ongoing support, follow up training, monitoring and evaluation.

CONTENTS

WELCOME AND INTRODUCTION TO THE TRAINING

SESSION AIM

- To introduce the participants and facilitators
- To raise and clear all expectations of the training
- To explain the overall objective of the training

MATERIALS REQUIRED

Coloured cards, flipchart paper and markers

SESSION TIME

1 hour

SESSION TASK

- Each participant (including facilitators) is requested to write on a coloured card their name and three statements about themselves, of which one is false. After 5 minutes, ask each participant to read out their statements and ask the other participants to vote on which fact is false.
- The facilitator then asks participants to write about their expectations for the training. Once this is done, the facilitator then shares their expectations with the participants and addresses their expectations and explains the objectives of this training.
- The facilitator, before beginning the training, asks participants to set a few ground rules for the training. S/he then requests participants to come up with some ground rules for the whole training and agrees with the ground rules.
- The facilitator informs participants of the concept of a store-room and sets aside a flipchart for participants to add questions during the training – these questions will be addressed as and when time permits.

Ground rules could include:

- Mobile phones should be on silent mode out of respect for each other.
- Punctuality is important. The training can start and end on time, as long as everyone returns promptly from breaks and lunch.
- Respect the person who is speaking. Do not speak when someone else is speaking.
- Everybody is invited to share their experiences; in this way, participants will feel they have a say in the process. However, no one is obliged to share their experiences.
- When others share experiences, even if you do not agree, respect their right to share.
- Questions are encouraged. They help to clarify confusion and deepen understanding.
- Agree on the level of confidentiality.

MODULE 1

REPARATIONS AND PSYCHOSOCIAL SUPPORT

1.1) INTRODUCTION TO PSYCHOSOCIAL SUPPORT

SESSION AIM

Understand the terms 'psychosocial wellbeing' and 'psychosocial support', and elements of 'psychosocial support'

MATERIALS REQUIRED

Pen, paper

SESSION TIME

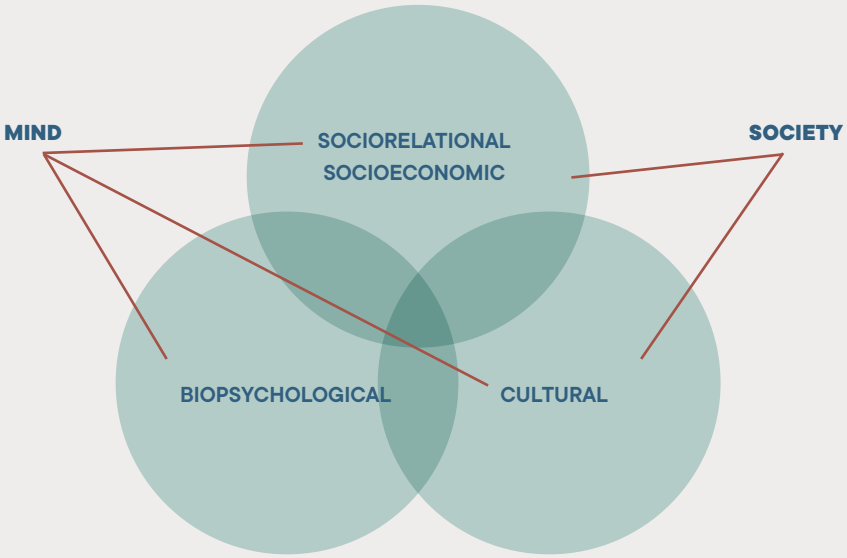
1 hour

FACILITATORS' NOTES

The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimensions of an individual's life. These two dimensions influence one another and are very closely linked.

- Psychological dimension: internal, emotional and thought processes, feelings and reactions
- Social dimension: relationships, family and community networks, social values and cultural practices.

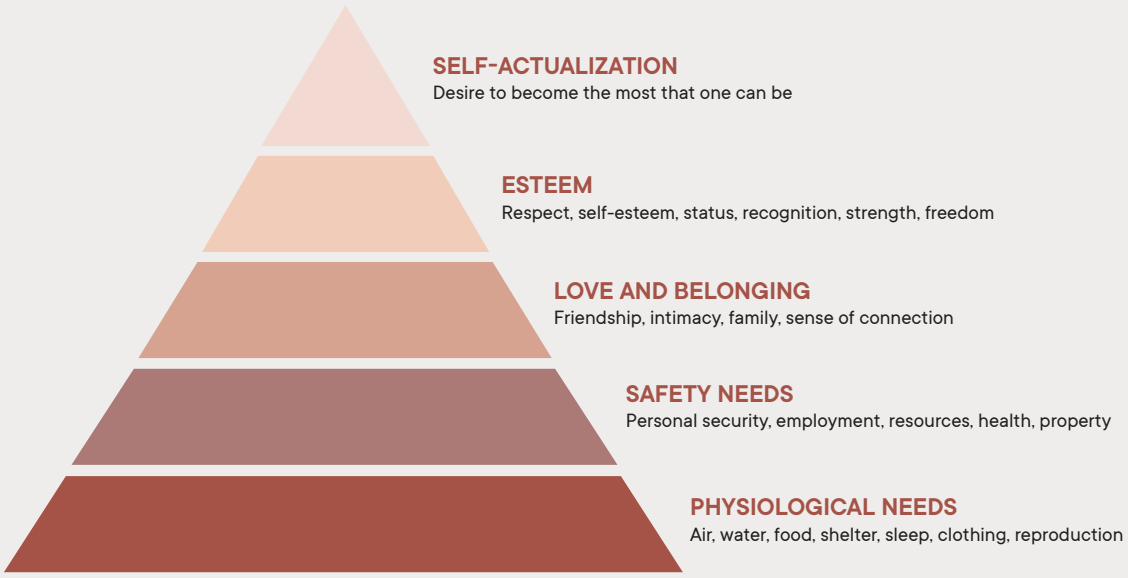
Just as "psychological" and "social" processes in human beings are interrelated and interdependent, most of our needs are also interrelated. When one important need is met (or not), this can affect all other aspects of life. Psychosocial support is the process of facilitating resilience within individuals, families and communities by addressing both their psychological and social needs.



Source: IOM (2019)

The facilitator can also draw Maslow's hierarchy of needs pyramid and demonstrate to participants how various needs should be met for an individual to achieve a sense of psychosocial wellbeing.

MASLOW'S HIERARCHY OF NEEDS



Maslow's hierarchy of needs (1943) suggests that people are motivated to fulfil basic needs before moving on to other, more advanced needs.

- Physiological: food, drink, shelter, warmth and sleep (the most basic/fundamental needs for individuals to survive)
- Safety: the need for security; protection; stability; and freedom from harm, fear, or constant anxiety
- Belongingness: friendship, intimacy, relationships and love
- Esteem: need to feel a sense of adequacy and self-enhancement, gain respect and recognition from others, and the need for self-esteem
- Self-actualization: Need for growth to develop one's common and unique potential or talent; to find one's mission, purpose, or vocation in life; the need for fulfilment

SESSION TASK

Each participant is asked to write on a paper in her/his own words what psychosocial wellbeing means to her/him.

Once the task is complete, a discussion on what psychosocial wellbeing is and the various factors that affect one's psychosocial wellbeing is conducted.

After the facilitator explains Maslow's Hierarchy of Needs, the facilitator can ask participants to apply Maslow's theory to the following situations:

- Someone who steals a loaf of bread to feed his children
- Someone who broke off a relationship because her/his parents opposed the relationship
- Someone staying in a job s/he is unhappy about

1.2) UNDERSTANDING REPARATIONS

SESSION AIM

To understand the types of reparations and the importance of reparations in addressing the needs of aggrieved persons.

MATERIALS REQUIRED

Flip chart, paper, pens

SESSION TIME

1 hour

SESSION TASK

The facilitator explains the concept of 'reparations', the history and mandate of the Office for Reparations, the importance of reparations, current activities being conducted by the Office for Reparations, and how psychosocial support is linked to the concept of 'reparations'.

The participants are formed into groups.

Using the case study, discuss the following with group members

- How is Sandhya's psychosocial wellbeing impacted?
- What are her current needs?
- If she had approached you for support, what would you have done?
- What sort of reparations would benefit Sandhya and her family?

CASE STUDY

Sandhya (70 years old) became the primary caretaker of her granddaughter (Gayathri) when her daughter, Rani, set out to find food for the family amidst heavy shelling during the war. Rani never returned home. Sandhya went from hospital to hospital, to various Police stations, and other commissions on missing persons to inquire about Rani, but Rani was never found.

Sandhya is the sole bread-winner of the family. Her husband was injured when he accidentally stepped on a landmine, and was paralyzed. She runs a small string-hopper selling business to bring an income to the family. The money is barely enough to get by. Gayathri is thinking of dropping out of school to support the family's expenses.

Sandhya borrowed a loan of Rs. 25,000 from various relatives to pay off some of her husband's medical bills, and has been unable to pay them back. As a result, her relatives are no longer speaking with Sandhya.

Interaction session: The facilitator asks participants to work in their groups to answer the above questions and to identify factors that may influence psychosocial wellbeing. The groups present their findings to all participants.

NOTE ON UNDERSTANDING REPARATIONS	
Reparations are:	Remedies or relief given to 'aggrieved persons' who have suffered grievances under specific circumstances, to assist and support such persons to rebuild and restore their lives.
Aggrieved Persons	**An Aggrieved Person can be** 1. one who has suffered 'loss or damage' due to any of the following circumstances: • the armed conflict which took place in the Northern and Eastern Provinces or the aftermath of that conflict; or • political unrest; or • civil disturbances; or • enforced disappearance of a family member 2. relatives of a deceased person or, a person missing under the above-noted circumstances (e.g.: spouse, children, parents, brothers or sisters, parents-in-law, brothers/sisters-in-law, sons/daughters-in-law, grandchildren and grandparents)
Elements of Reparations	According to the UN Principles and Guidelines on the Right to Remedy and Reparations (as aligned with the *Office for Reparations Act No. 34 of 2018*), the elements of reparations are 1. **Restitution:** restore the aggrieved person to the original situation before the incident occurred (E.g.: land restitution) 2. **Compensation:** to be provided for any economically assessable damage, as appropriate and proportional to the gravity of the incident and the circumstances of each case 3. **Rehabilitation:** including medical, psychological and other care and services, as well as measures to restore dignity and reputation. 4. **Satisfaction:** symbolic forms of reparations (E.g.: means of remembrance including memorials, search for the disappeared) 5. **Guarantees of Non-Repetition:** measures aimed at preventing future occurrences
Reparations can be:	1. **Individual:** aims at recognizing specific harm to an individual 2. **Collective:** aims at recognizing collective harms as well as harms to social cohesion in order to re-establish social solidarity 3. **Symbolic:** (e.g.: means of remembrance, religious activities)
Psychosocial Reparations:	Aim to understand the psychosocial needs of aggrieved persons and provide relief to them. Psychosocial reparations are not limited to counselling or psychotherapy. They include any action that aims at addressing elements of psychosocial wellbeing (biological, psychological, relational, socio-economical, cultural, spiritual, material and safety and safety needs)

1.3) BASIC PRINCIPLES

SESSION AIM

To understand and apply basic principles to follow when working with aggrieved persons.

MATERIALS REQUIRED

Flip chart, paper, pens

SESSION TIME

1 hour

FACILITATORS' NOTES

Encourage the participants to reflect on the principles mentioned in the Note on Basic Principles, and also reflect on cultural competencies

SESSION TASK

The facilitator discusses basic principles to follow when working with aggrieved persons (see Note on Basic Principles).

The participants are formed into groups.

They are requested to discuss the Case Study given below and answer the following questions.

1. What did Latha do correctly?
2. What went wrong and why?
3. If you were Latha, how would you have handled things differently?

CASE STUDY

Latha is a social worker. She is asked to visit Maya (35 years old) and her family and assess what measures can be taken to support the family. Maya lives with her husband, daughter (5 years old), mother-in-law and father-in-law. On the first day she visits Maya, she gets scolded by Maya. Maya says, "Government officers are only interested in filling forms and paperwork. You don't care about us. I'm getting tired of people coming and filling forms, and then doing nothing to help us afterwards". Latha tries to explain "I'm here to listen to you and see what I can do in my capacity", but Maya shuts the door in her face. Latha leaves her contact details at the door and asks Maya to call her if she changes her mind. A few days later, Maya calls and schedules a time for Latha to visit. When Latha visits the next time, Maya invites her in. Latha explains why she is visiting Maya and her family, answers their questions and is open with them about the limitations of her job scope, but says that she will try her best to support Maya and her family. Slowly, Maya and her family become friendly and confide their concerns with Latha.

In one of Latha's later visits, Latha notices bruises on Maya's arm. When Latha asks what happened, Maya tells Latha that her husband is an Alcoholic, and sometimes abusive. Latha starts to judge Maya, she thinks Maya does not want to leave her husband because she is from a very traditional and religious family. Latha tries to convince Maya to leave her husband. Maya also confides in Latha that her husband has on several occasions physically hurt her.

But Maya says that she loves her husband, her daughter needs a father, she doesn't want to abandon her family and she has no way of living if she leaves her husband. Her parents are encouraging her to stay with her husband as well. Maya tells Latha not to tell anyone about this, but she told this to Latha only because she needed someone to talk to.

Latha excuses herself and leaves the house abruptly as she has another client meeting. The next day, Latha starts thinking of how to support Maya. She thinks of various solutions: calling the Police, speaking to the husband directly, speaking to the in-laws and seeing if they can intervene. Latha feels that doing so would disrespect Maya's request not to tell anyone. Running out of options, Latha decides to ask the neighbours for more information about the family without disclosing any of the personal information Maya told her. Several days later, one of the neighbours tells Maya's husband that Latha was asking questions about them, and the husband gets suspicious of Maya and confronts Maya. Maya admits that she told Latha about their family situation. Raging with anger, the husband hits Maya and later kicks her out of the house. Now Maya is homeless and without any means of supporting herself. Maya also blames Latha for making things worse and does not want to talk with Latha anymore.

NOTE ON BASIC PRINCIPLES	
Do No Harm	No action should be taken that would worsen the situation of an aggrieved person.
Confidentiality	Strict adherence to confidentiality about the aggrieved person's identity and other identifying information in every aspect of case handling. This also means information about an aggrieved person should not be shared with her/his family members, co-workers, doctors, media, religious leaders etc. without her/his consent. Disclosure of confidential information about someone can expose her or him to social stigma. For example, in some societies, people affected by sexual and gender-based violence are stigmatized. Case Managers must always inform those they are supporting that no information will be shared unless consent is given. The fact that a person has shared her/his story with you as a service provider is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. There are certain exceptions to the principle of confidentiality that are about the safety of the person, her/his immediate family or others. These include: • When an aggrieved person tries to hurt herself or himself • When there is a risk that the aggrieved person may hurt others • When a child is in danger In such situations, Case Managers must inform relevant authorities and seek support
Victim-Centric/ Survivor-Centric Approach	The needs and priorities of aggrieved persons must be placed at the forefront of any response.
Inclusion/ Participatory Approach	Consulting aggrieved persons about their needs before designing initiatives to support them. This also includes providing access to appropriate information and enabling aggrieved persons to make informed choices.
Respect & Being Non-Judgmental	All actions taken must be guided by respect for the choices, wishes, rights and dignity of the aggrieved person. The role of the Case Managers is to facilitate recovery and provide resources for problem-solving. The failure to respect the aggrieved persons' right to find their own solutions can increase their feelings of helplessness and dependency on others. Aggrieved persons should, therefore, be in control of the process and their wishes should determine the actions taken.

Safety	The safety and security of the aggrieved person is the number one priority. Case Managers must assess safety risks and minimize the risks for aggrieved persons and their immediate family members. Case Managers should also be aware of potential risks in engaging with clients and take necessary precautions to minimize the risks and ensure their own personal safety.
Non-Discrimination	All aggrieved persons have the right to the best possible assistance that is equal and fair, without discrimination based on gender, age, disability, ethnicity, race, language, religious or political beliefs, sexual orientation, status or social class, etc.
Cultural Competencies	Case Managers work with aggrieved persons from diverse cultures, sometimes different from their own. Hence, it is important for Case Managers to familiarize themselves with the local context and different cultural practices, and adjust their work strategies and behaviour accordingly (e.g.: dress appropriately, remove shoes when entering a house).

1.4) TYPES OF CRISES AND HOW PEOPLE REACT TO CRISES

SESSION AIM

The aim of this session is for participants to:

- Understand different crises, and how people respond to crises during, immediately after, and after crisis events.

MATERIALS REQUIRED

Flipchart, paper

SESSION TIME

1 hour

FACILITATORS' NOTES

A crisis can be defined as a catastrophic event or a series of life stresses that build rapidly and accumulate such that a person's sense of balance is disturbed and creates a vulnerable state (Golan, 1978).

THERE ARE MANY DIFFERENT TYPES OF CRISES:

PERSONAL CRISIS

We all encounter situations in our lives that can be classified as personal crises. These could include: the death of a loved one, loss of employment, and getting injured in a car accident. Common reactions to personal crises include: shock, fear, sadness, confusion, anger, and inability to carry out day-to-day functions.

HEALTH CHALLENGES

Illnesses of persons or their family members and the consequent lifestyle changes can cause distress to individuals. It can also lead to family members feeling frustrated and sad about not being able to take the illness away. There may also be issues related to fears about how to cope with insecurities about the future (e.g.: financial concerns due to illness of the breadwinner in the family or increased medical expenses). Illness in the family can also lead to social exclusion and loneliness.

NATURAL DISASTERS

Natural disasters such as tsunami, landslides, floods and fires can affect many groups of people and communities at the same time, and can often result in large-scale devastation, loss of lives, loss of property/homes, and loss of livelihoods. Natural disasters can be frightening, and can cause chaos and panic.

HUMAN-MADE DISASTERS

These may include: fires, explosions in factories, massive accidents. Human-made disasters can be just as frightening as natural disasters, and can result in devastating consequences. Since human-made disasters are related to human behaviour, they may negatively impact affected persons' trust in others.

VIOLENCE

People can witness or experience violence in the form of domestic violence, sexual and gender-based violence, hate-crimes targeting particular communities. Experiencing violence is frightening, and can lead to various physical and emotional reactions. These reactions may vary depending on several factors such as the severity of violence, who the perpetrator was, how prolonged violence was, how others reacted, what support was given to the victims of violence.

ARMED CONFLICT

Living in a situation of armed conflict can lead to various social and emotional reactions including: fear about safety, anger, confusion or sadness, inability to trust others, loss of solidarity and feelings of betrayal, aggressive behaviour, feelings of self-blame and guilt, and social isolation. These reactions may sometimes persist even after armed conflict ends.

Individuals may also be forced to leave their homes due to conflict, often leaving behind the life they knew. They may then face new financial, social and emotional struggles adapting to their new environments, and may find themselves without friends, family or support systems.

HOW DO WE REACT TO CRISES?

During and Immediately After	Days and weeks after	Weeks and months after	Years After
State of shock, feeling numb, and feeling that everything is unreal	Feelings of relief to have survived	Most people accept changes in their lives and slowly start adapting	Most people recover and adapt to changes.
Sweating, shaking, trembling, shortness of breath	Grief and profound sadness over what has been lost.	Reoccurring moments where they feel fear or anxiety, anger and irritability or sadness and hopelessness.	Some situations and events can trigger strong memories and reactions (e.g.: anniversaries, experiencing a similar incident)
Dizziness, nausea	Sad, guilt or angry that others were hurt, killed and they were unable to prevent this	Trying to keep busy to avoid thinking about their losses, experiences or grief	
	Afraid such incidents will happen again	Some find it hard to get out of bed and be with others.	
	Difficulty communicating with others	Overly vigilant and nervous.	
	Sense of helplessness or hopelessness	Become overprotective of their loved ones	
	Unable to carry out day-to-day activities	Appetite changes	
	Withdrawal from and avoiding others, feeling that no one understands what they're going through	Sleeping difficulties	
	Loss of interest in things they used to like		

SESSION TASK

The facilitator discusses different types of crises and how people respond to crises (See Facilitators' Notes). Facilitators should encourage the active participation of participants in the discussion.

1.5) INTRODUCTION TO TRANSITIONAL JUSTICE MECHANISMS

SESSION AIM

The aim of this session is for participants to learn the findings of the Consultations Task Force and the duties and functions of the Office on Missing Persons.

SESSION TIME

1.5 hours

SESSION TASK

This session will consist of guest lecture(s).

The guest speaker(s) will discuss the following points in detail:

- Brief introduction to the consultations process carried out by the Consultations Task Force
- Findings of the Consultations Task Force
- Recommendations of the Consultations Task Force pertaining to reparations
- Recommendations of the Consultations Task Force pertaining to psychosocial considerations
- The mandate of the Office on Missing Persons
- Common issues faced by families of missing persons
- Current activities conducted by the Office on Missing Persons
- Future activities to be conducted by the Office on Missing Persons

MODULE 2

LOSS AND GRIEF

2.1) TYPES OF LOSS AND UNDERSTANDING GRIEF PROCESSES

SESSION AIM

After this session, the participants will be able to understand:

- Different types of losses
- The grieving processes

MATERIALS REQUIRED

Flipchart, paper and markers

SESSION TIME

1 hour

FACILITATORS' NOTES

Be aware that this is a sensitive topic and can cause strong emotional reactions among participants. If someone shows strong emotional reactions, facilitators are advised to talk to the person privately during breaks and provide support.

SESSION TASK

- The facilitator divides the participants into groups and requests each group to discuss among the groups and note down the different types of losses after a devastating event.
- After 15 minutes, participants are asked to share their answers with the wider group.
- The facilitator discusses different types of losses during and after a devastating event.
- The facilitator asks participants to go back to their groups and think of someone they know/met who had a recent loss and share some features, behaviours and emotions they displayed and asks, 'how would you support a grieving person?'
- After 15 minutes, the participants are asked to share their answers with the wider groups and the facilitator discusses grief processes.
- The facilitator also discusses the rituals practised in different cultures around death and how they help in the grieving process.

NOTE ON LOSS AND GRIEF

LOSS

In life, loss is inevitable. These can occur day-to-day or after a disaster (human-made or natural). A disaster such as conflict or civil disturbances can result in loss of life and property. Let's explore the different types of loss, the process of grief and how you can support as a helper.

Different types of loss:

- Property loss
- Loss of a loved one – the death of a loved one, the breakup of a relationship, the loss of a friendship etc.
- Ambiguous loss

AMBIGUOUS LOSS

Dr Pauline Boss (2004) defines 'ambiguous loss' as an unclear loss - a loved one missing either physically or psychologically. It results from various situations of not knowing if a person is dead or alive, absent or present, permanently lost or coming back. For example, a mother of a missing soldier may fluctuate between the hope he may be alive and the hopelessness of him not returning after many years. Another example would be living with a parent with Alzheimer's/Dementia who is psychologically absent but physically present. With death, there are verification (a body) and mourning rituals that allow us to say goodbye. When the loss is ambiguous, this grieving process is halted, making it difficult for closure. Effects of ambiguous loss include: freezing the grieving process, blocking coping, hindering relationships, confusion in decision-making processes etc.

What **not to say** to a person experiencing ambiguous loss
"It's been so long since the disappearance/loss, it's time you move on" **OR**
"It's time you find closure and move on with your life" – *do not pressure the person to move on*

"It's been so long since the disappearance/loss, s/he is probably no longer alive now"
- Be mindful when referring to their loss – Remember s/he is missing not dead

GRIEF

Grief is a natural reaction to the loss of somebody or something we love. It's a process that takes time, and the period of grief varies from one individual to another. One of the theories of grief is by **Kübler-Ross (1969)**, (*see image below)* who suggests that those experiencing grief go through a series of five emotions: denial, anger, bargaining, depression, and acceptance. In this process, we learn to accept the loss, cope with the emotions and the changes that are brought about by the loss, and learn to go on with our lives. Grief may be brief or last many years, but generally lasts at least one year.

HOW TO HELP A GRIEVING PERSON

- Express your concern (say you are sorry for their loss).
- Listen to the grieving person.
- Be fully present with the grieving person (give the person your full attention).
- Offer practical support (ask how you can support the person).
- Encourage the person to continue to do the activities/ hobbies they enjoy.
- Encourage the person not to isolate her/himself all of the time, but rather to continue to be with loved ones.
- Encourage the person to take breaks from painful emotions (e.g., suggest and encourage activities now and then to get a break and not dwell on the emotions all of the time).
- Help the person to accept the situation, and encourage her/him that there will be happy moments and days again in the future.
- Support the person during anniversaries and commemoration days.

Remember - **Do not judge** the person or take her/his grief reactions personally (grief may involve extreme emotions and behaviours). **Do not pressure the person to 'move on'** or make him/her feel like s/he have been grieving too long.

REACTIONS/RESPONSES TO GRIEF

Emotional symptoms –Shock, Anger, Denial, Bargaining, Acceptance, Depression

Physical Symptoms –sleeplessness, sadness, decreased appetite, tearfulness, fatigue, upset stomach, anxiety, dreams/nightmares, lack of concentration

PATHOLOGICAL GRIEF

Grief becomes pathological when:

- Grief is more intense & meet the criteria for depression.
- Grief is prolonged and lasts longer than six months
- The onset of grief is delayed
- A sudden/ unexpected death occurs
- The bereaved person was very close & dependent on the deceased
- The bereaved person is insecure
- The bereaved person has difficulty in expressing feelings
- The bereaved person has previously suffered from a mental disorder
- The bereaved person must care for dependent children and cannot show grief

Note: Grief is a normal reaction, as mentioned in the module. A person with 'pathological grief' exhibits the same signs as individuals during a 'normal' grieving process, but the symptoms are more prolonged, debilitating, intense, and result in the person being unable to participate in day-to-day activities. Pathological grief occurs when persons are unable to work through their grief despite the passage of time. When grief is pathological, it is important to refer her/him to professional help.

MODULE 3

DISTRESS AND RESILIENCE

3.1) STRESS AND COPING

SESSION AIM

After this session, the participants will be able to:

- Explain stress and stress reactions
- Be aware of the positive and negative coping skills that people use.
- Know when to refer for professional help

MATERIALS REQUIRED

Flipchart paper and markers

SESSION TIME

1 hour

FACILITATORS' NOTES

Stress is unavoidable. Everybody encounters stress at some point in their lives – some more than others.

Often, the term "stress" is used to describe negative situations. This leads many people to believe that all stress is bad, which is not true. There is a difference between **eustress**, which is a term for positive stress, and **distress**, which refers to negative stress (Selye, 1974).

Eustress has the following characteristics:

- Motivates and focuses energy.
- Is short-term.
- Is perceived as within one's coping abilities.
- Feels exciting.
- Improves performance.

Distress, on the other hand, has some of the following characteristics:

- Causes anxiety or concern.
- Can be short- or long-term.
- Is perceived as outside of one's coping abilities.
- Feels unpleasant.
- Decreases performance.
- Can lead to mental and physical problems.

According to Lazarus and Folkman (1984), upon encountering a stressor, a person goes through:

1. Primary appraisal - determining whether the stressor poses a threat.
2. Secondary appraisal - evaluation of the resources or coping strategies at one's disposal for addressing any perceived threats.

Distress occurs when a stressor is perceived as threatening and few or no effective coping options are available.

This means that the stressor type itself does not lead to eustress or distress, but a person may interpret a stressor as a positive challenge or a negative threat.

Therefore, eustress and distress are not mutually exclusive, and stress can be lifesaving - for example in a situation where you are in danger or feeling unsafe, your brain interprets the situation as dangerous and activates either the fight (protect yourself) or flight (run away from the danger) response.

Source: https://deathtobob.wordpress.com/2018/09/04/fight-or-flight/

Distress that is protracted or too intense can be harmful.

People use different coping mechanisms according to their personalities, experiences and environments. Encourage positive coping. Discourage negative coping mechanisms while encouraging to find alternatives that suit the person.

SESSION TASK

- The facilitator explains the objective of the session and initiates a discussion on stress (*see Facilitators' Notes*)
- The facilitator divides the participants into groups and explains the scenario below.

CASE SCENARIO

Your supervisor has handed you a load of paperwork and documentation to be processed within a week. You are already behind with work, and worried about not being able to complete the processing before the deadline. While you are working, you get a call from home saying your child is sick. Your spouse is requesting you to drop all the work in Colombo and come home to Batticaloa immediately. You're worried about approaching your supervisor to request a few days leave.

- The facilitator then asks the groups to discuss and note down how this stress will affect
  - mind
  - body
  - behaviour
  - relationships.
- The groups are then asked to present their findings and discuss further.
- The facilitator explains the term 'coping' and requests each participant to write down their coping mechanisms on a card.
- The facilitator then asks if the participants would be interested in sharing with the group their methods of coping. The facilitator then makes a list of the responses and discusses negative and positive coping mechanisms *(Note: Emphasize that negative coping styles need to be discouraged and substituted with positive ones)*

RECAP

Reflect with the participants the importance of understanding stress and coping and looking after their own well-being.

Case Managers often approach people from the communities who may have additional stress or are experiencing ongoing situations of distress and it is important to identify and understand when to refer for professional help.

Case Managers also have a responsibility to first care for their own wellbeing to be able to assist others. Being a Case Manager carries stresses – such as hearing stories of people's pain and suffering and feeling guilty about not being able to "help" or "save" affected people. Emphasize that Case Managers need to keep realistic expectations of what they can and cannot do and remember that their role is to help people help themselves.

Note: Mention that self-care strategies will be covered at a latter part of the training.

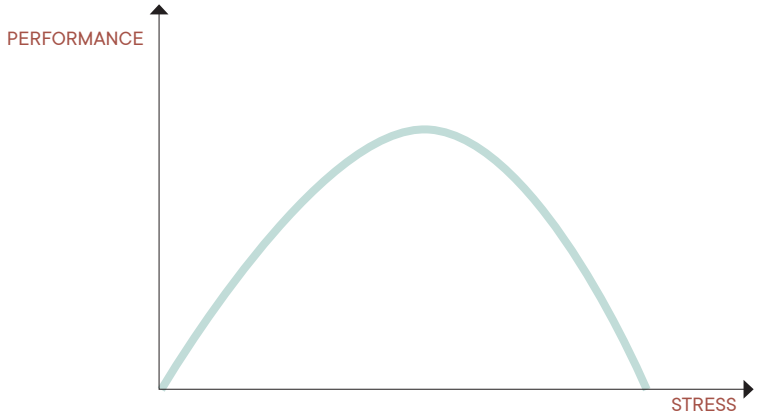
<table>
<tr><th colspan="2">NOTE ON STRESS AND COPING</th></tr>
<tr><td>STRESS</td><td>When people feel threatened, they have a natural tendency to defend and protect themselves or to run away. These reactions can be seen by an increase in muscle tension, quicker breathing, or a faster heartbeat. Examples of stressors include: exams, being in debt, a loved one's illness, or an emotionally devastating event such as the death of a loved one or being fired from work.
 

Figure 1: Stress and Performance - Yerkes & Dodson (1908)

Stress in small doses can be considered good and is called eustress. Stress facilitates the release of certain chemicals that give you the motivation to complete your task, enhance creativity, solve problems, and stay alert and focused. For example, stress in small doses will help you stay motivated when preparing for an exam/presentation. This 'good' stress is called 'eustress'. However, if your ability to cope is so stretched, stress becomes a threat to both your physical and emotional wellbeing.
Stress can be day-to-day stress, cumulative stress or critical stress. Day to day stress (baseline) represents those challenges in life that keep us alert. Cumulative stress (strain), however, occurs when the sources of stress continue over time and interfere with regular patterns of living. Critical stress (shock) represents situations where individuals are unable to meet the demands upon them and suffer a physical or psychological breakdown. Carrying continuous stress over a long period of time can affect your health (your body, your mind, your behaviour and your relationships).</td></tr>
<tr><td>DISTRESS CAN AFFECT</td><td>Your body - Poor appetite, tiredness (fatigue), palpitations, nausea, headaches and body aches, disturbances in sleeping, loss of sex drive, gastrointestinal problems such as ulcers etc

Your mind - Sadness, mood changes, poor concentration, constantly thinking of the same thing (clouded mind), guilt, fear, self-doubt, helplessness etc.

Your behaviour – Feeling restless, irritable, or agitated easily, reducing day to day activities, abusing substances etc.

Your relationships – Being over-dependent, abusive to people that are close to you, not showing emotion, apathy etc.</td></tr>
</table>

COPING	Coping skills are tools or techniques an individual uses to deal with a stressful situation. As mentioned previously, stress affects individuals in various ways and how people handle stress also differs from one person to another. Each person has a tolerance level/threshold level for stress. For example, a change in career path will cause stress to some, whereas there may be others who would find the change refreshing. How the person deals with the stress caused is called 'coping'

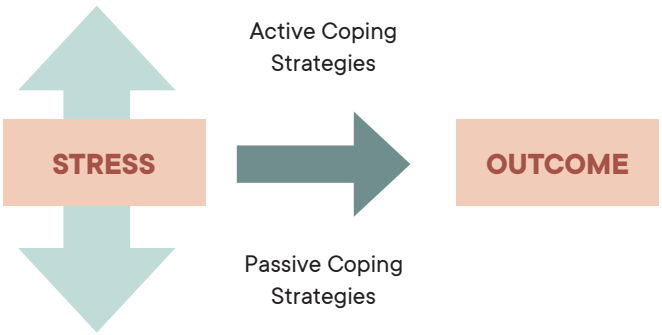


Figure 2: Coping with Stress

Some examples of positive/active coping: sharing your feelings with trusted others, hobbies, listening to music, exercise, meditation, religious practices, relaxation exercises, involved in cultural activities, managing time.

Some examples of negative/passive coping: substance use, carrying work stress home, avoiding a problem, binge eating or not eating at all, projecting anger and frustration to others, criticizing, adopting a victim identity.

3.2) IMPACT AND LONG-TERM CONSEQUENCES OF EXPERIENCING DISRUPTIVE EVENTS

SESSION AIM

After this session, the participants will be able to understand:

- The impact and long-term consequences of experiencing a disrupting event

MATERIALS REQUIRED

Flipchart, paper and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator gives an example to the participants. 'Your glass of water falls on the floor and you accidentally cut your feet with the broken glass.'
- The facilitator asks participants to discuss in pairs – "What is your immediate response to the wound? What happens if you do not take care of the wound?"
- The facilitator requests participants to share their responses.
- The facilitator then explains psychological wounds and relates them to physical wounds.
- Essence to capture: Unlike physical wounds, psychological wounds cannot be seen at first glance. Similar to physical wounds, psychological wounds (if not taken care of) will lead to long-term consequences such as depression, anxiety or PTSD etc.
- The facilitator then conducts a lecture on psychological reactions to disruptive events

NOTE ON IMPACT AND LONG-TERM CONSEQUENCES OF EXPERIENCING DISRUPTIVE EVENTS

In life, people go through disruptive events such as:

- *One-time events* (e.g.: accident, injury, assault, or violent attack)
- *Ongoing events* that happen over a period of time (e.g.: domestic violence, living in a neighbourhood with high crime rates, bullying, or battling a life-threatening illness)
- Other events (e.g.: the death of a loved one, or breakup of a relationship)

These events, individually or in combination, can take a toll on the mental wellbeing of people over the long term. While most people are able to go on with their lives and recover, others will continue experiencing negative psychological reactions to varying degrees.

It must be noted that the reactions vary from individual to individual even for the same events, and are determined by various factors, including pre-existing vulnerabilities before the events, the nature, duration, and severity of the events, social support and networks, access to services and others. In some cases, negative psychological reactions can develop into forms of mental disorders. In most cases, these will be mild forms and the person will be able to continue with her/his life. In some instances, they may be more severe. The most prevalent mental disorders for people who experienced disruptive events and direct violence are depression and anxiety. A very few may develop Post-Traumatic Stress Disorder and psychotic reactions or Maladaptive Disorder.

Impact of experiencing disruptive events

PHYSICAL REACTIONS	PSYCHOLOGICAL REACTIONS
Sleeping difficulties or nightmares	Shock, denial, or disbelief
Fatigue	Confusion, difficulty concentrating
Being startled easily	Anger, irritability, mood swings
Difficulty concentrating	Anxiety and fear
Racing heartbeat	Guilt, shame, self-blame
Edginess and agitation	Withdrawing from others
Aches and pains	Feeling sad or a sense of hopelessness
Muscle tension	Feeling disconnected or numb

(Note: Psychological reactions when experiencing disruptive events can lead to depression, anxiety, grief disorder etc. The topics on grief, stress, depression, anxiety, self-harm and suicidal behaviour are covered under 4.5) Mental Health Consequences)).

3.3) RESILIENCE AND HEALING

SESSION AIM

After this session, the participants will be able to understand:

- The meaning of resilience and healing
- Personal and culture-based resilience
- Self-healing approaches

ACTIVITY 1

MATERIALS REQUIRED

Flipchart paper, colour pens and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator gives a brief explanation of resilience, protective factors at individual, family and community level and risk factors.
- To explain resilience, the facilitator takes the example of a tree — A tree stands tall despite challenges (weather changes, pests etc.) and relates it to resilience.
- The facilitator asks the participants to draw themselves as a tree, and write down their individual/personal aspects for resilience as the roots; family aspects as the branches and community aspects as the leaves
- The facilitator then opens a discussion about the physical and psychological wounds discussed in 3.2.
- The facilitator asks the participants – 'What do you do when you have a psychological wound?'
- The facilitator discusses about healing.

ACTIVITY 2

MATERIAL REQUIRED

Meta cards and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator asks participants to write in their own words the meaning of a safe space.
- After 5 minutes, the facilitator asks participants to share their meaning with the wider group.
- The facilitator asks participants where they feel the safest and why.
- The facilitator leads a discussion on safe spaces and their importance in the healing process.

NOTE ON RESILIENCE AND HEALING

In the previous session, we discussed stress and coping. In this session, we are going to talk about resilience. Resilience is described as an individual's, family's or a community's ability to absorb shock and "bounce back" after experiencing a critical or disruptive event or stresses in such ways that are not only effective, but result in an increased ability to respond to future adversity. Resilience can help protect you from various mental health conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions. If you have an existing mental health condition, being resilient can improve your coping ability.

Resilience does not mean that people do not experience distress from events in their lives, but rather that they can cope with and recover from them using their resources. Everyone has resources, strengths, abilities, and skills to deal with difficult situations and challenges. These are protective factors that promote hardiness and resilience and are important to the way a person copes when confronted with demanding situations.

Protective factors 'protect' people, reducing the impact of hardship and difficulties. These factors make people more resilient and help them respond better during a crisis. **Risk factors** put people 'at risk,' increasing the impact of hardship and difficulties. These factors make people more vulnerable and decrease their resilience during a crisis.

Resilience refers to the capability of individuals or communities to withstand demanding circumstances.

LEVELS	RESILIENCE FACTORS
Individual	Good communication skills, adaptive coping mechanisms, flexibility, self-control, planning for their future, socialization and networking skills, entrepreneurship, good health, self-esteem/self-worth, sense of humour, easy temperament, sense of purpose, social competence
Family	Unity of nuclear families, cohesion, extended family-ties, support system, new relationships, responsibilities among family members, financial security
Community	Rituals, the revival of traditional arts, ceremonies, remembrance observations, monuments, social functions
Societal	Rituals, ceremonies, remembrance observations, social functions, increasing tolerance about others' views, cultures and lifestyles

Somasundaram & Sivayokan (2013)

Note: These resilience factors mentioned may vary from person to person

Healing is a process that promotes the psychological and social health of individuals, families and communities. Healing must occur not only within individuals but also within societies, with society as the healing agent. Feeling safe is important in healing; therefore, it is important to have safe spaces for the healing process. When violence strikes, the body, mind and spirit immediately initiate a self-healing response. All recovery efforts must acknowledge and build upon this healing response. Cultural healing techniques for self-healing can be through positive coping mechanisms such as spirituality, attending religious activities, meditation. The local indigenous healing systems including traditional healers, religious practitioners (E.g., monks and priests), the primary health care system, schools and universities also play a role in healing.

Healing can develop:

- Meaningful peer attachments and social competence
- Trust in others
- Sense of belonging
- Self-esteem
- Empowerment
- Ability to access opportunities
- Hopefulness or optimism about the future
- Responsibility
- Empathy
- Creativity
- Adaptability
- A secure attachment with the caregiver

You as a helper can simply assist in reinforcing positive behaviour, teaching coping techniques or recommending coping strategies beginning with self-care.

It is important to have a safe space to promote healing. A safe space is a place that is physically and psychologically safe. For example, providing safe places for children to play, encouraging children to enrol in healthy activities (E.g.: arts, sports), and providing them with stimulating age-appropriate toys all seem to help them perceive other psychosocially stressful situations as less hostile. Another example would be creating a space in a confidential setting where survivors of gender-based violence can come together and share their experiences.

When to refer to professional help?

Cumulative stress or critical stress could lead to severe psychological problems if no action to resolve the stress is taken. As helpers, we are unable to 'save' everyone. If an individual is experiencing cumulative or critical stress, she/ he may show for example behaviours such as,

- Severe sleep problems
- Talk of suicide/ self-harm - people who are violent or self-harming
- Alcohol or drug use
- People who are not functional (i.e. unable to attend to daily routines)
- People who ask for professional help

If you, as a Case Manager, come across individuals in such situations, with their consent, refer them to professional help such as a Psychologist or Psychiatrist.

3.4) STORYTELLING

SESSION AIM

After this session, the participants will be able to:

- Understand the concept of storytelling
- Relate to storytelling as an avenue for healing

MATERIALS REQUIRED

None

SESSION TIME

1 hour

SESSION TASK

- The facilitator explains the concept of storytelling.
- The facilitator then asks participants to form into groups of two, where one is the storyteller and the other is the listener. The facilitator asks the storytellers to share with their listeners a happy childhood memory.
- This activity will be given 15 minutes and then the facilitator asks the storyteller to share their thoughts and feelings of sharing her/his story with the listener.
- The facilitator then asks the listener to share her/his thoughts and feelings when listening to the story.
- The facilitator then holds a discussion on the purpose of storytelling for healing.

Note: The facilitator can use culturally appropriate folklore or story that emphasizes the importance of storytelling. E.g.

"An old woman is mistreated by her four sons and daughters-in-law. Unable to express herself, she keeps her grievances locked inside her, and soon, over time, these woes turn into heaviness. Now, her family taunts and treats her worse. As a result, she grows heavier and heavier.

One day, she leaves and comes across an old, abandoned, roofless house. She steps inside the house, turns to the first wall and begins speaking of her grievances about her first son. The wall, unable to bear the weight of this woman's grief, collapses. She turns to the second wall, and relates all her complaints with her second son. This wall, too, collapses. And so, she repeats this process to the third wall, and the fourth wall. The whole house comes crashing down. But the old woman is now light, her huge weight has disappeared. She steps out, unburdened and free."

Source: Ramanujan, Dharwadker & Blackburn (2004).

NOTE ON STORYTELLING

Telling a story helps us make sense of what has happened. For example, if you witness a car accident in front of you when driving, when you narrate the story (your experience of witnessing the car accident) to your friend, you set the scene of the car accident and narrate the process step-by-step. This also helps you to make sense of the shocking accident you witnessed. When you narrate the story, you would use both words and actions to convey the message. However, keep in mind that another person who witnessed the same car accident would narrate it differently — the same story, yet containing other aspects.

Everyone who has witnessed or experienced violence or a disruptive event has a story about their experiences. Storytelling is a way of dealing with the emotions caused by experiencing violence or a disruptive event. Narrating a story and sharing one's own experience can help develop new meanings about events. When listening to a story, you may relate and catch a glimpse of yourself in others' story. You may relate to their feelings and emotions. Stories can also create a bond and inspire others to come together to find strength and confront problems. For example, in a support group of women, a woman may share her story about how she had several hardships in her life after losing her husband but she reached out for support and now runs her own business and that has helped her educate her children. Hearing this story can deliver a message of hope to others in the support group: "if she can, I can".

However, telling one's story is not always easy, and hearing painful stories can remind you of your own painful experiences. Therefore, it is important not to push people to share their stories and to know how to respond respectfully in these circumstances.

Sometimes, re-telling stories of distressing events can potentially make the person re-experience or relive the same distressing emotions. As Case Managers, it is extremely important to be sensitive and pay attention to the aggrieved person's physical or emotional boundaries. As much as possible, let the aggrieved person know s/he doesn't have to answer questions that make her/him feel uncomfortable or upset. Don't schedule extensive interviews. Needs assessments and interviews may take several hours. When a person feels uncomfortable or tired from answering questions, they require time to recover before proceeding further. Try scheduling shorter conversations that take place over several days.

RECAP

In this activity, the participants shared a happy story. But people in the communities that Case Managers may work with will have painful and difficult stories to share. Case Managers should be mindful not to push for a story to be told and respond respectfully when a story is shared. Storytelling is a way of dealing with the emotions caused by experiencing violence or a disruptive event. Telling a story helps people heal themselves and leads to affiliative behaviours which can sustain and strengthen their mental and physical health.

MODULE 4

COMMON PSYCHOSOCIAL ISSUES

4.1) SEXUAL AND GENDER-BASED VIOLENCE

SESSION AIM

The aim of this session is for the participants to learn about sexual and gender-based violence, and how to support survivors of sexual and gender-based violence.

SESSION TIME

1.5 hours

FACILITATORS' NOTES

Be aware that this is a sensitive topic and can cause strong emotional reactions among participants. If someone shows strong emotional reactions, facilitators are advised to talk to the person privately during breaks and provide support.

SESSION TASK

This session will consist of a guest lecture. The guest speaker(s) will conduct an informative session on sexual and gender-based violence, and discuss the following points in detail:

- Issues and challenges faced by victims of sexual and gender-based violence
- Current legislation on sexual and gender-based violence
- Support services available in Sri Lanka for survivors of sexual and gender-based violence
- Issues and challenges faced by victims of conflict-related sexual and gender-based violence
- How to support victims of conflict-related sexual and gender-based violence

NOTE ON GENDER-BASED VIOLENCE

Gender-based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms.

Forms of gender-based violence

Physical violence	Physical force that results in bodily injury, pain, or impairment (E.g.: Slapping, shoving, pushing, punching, beating, scratching, choking, biting, grabbing, shaking, burning)
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances. Acts of sexual violence can include: • Rape, or other forms of sexual assault • Unwanted sexual advances or sexual harassment (including demands for sex in exchange for job promotion or advancement or higher school marks or grades) • Forced exposure to pornography • Forced pregnancy • Forced abortion • Forced marriage • Early/child marriage • Female genital mutilation • Incest
Psychological or emotional violence	An action or set of actions that directly impair the person's psychological integrity • Threats of violence and harm against the person or somebody close to her/him, through words or actions (ex. through stalking or displaying weapons) • Harassment • Humiliating and insulting comments • Isolation and restrictions on communication • Use of children by a violent intimate partner to control or hurt the person
Economic violence	Used to deny and control a woman's access to resources, including time, money, transportation, food, or clothing. These include: • Prohibiting a woman from working • Excluding her from financial decision-making in the family • Withholding money or financial information • Refusing to pay bills or maintenance for her or the children

Gender-based violence can result in the following outcomes:

1. Death
2. Reduced life expectancy
3. Physical harm
4. Risky health behaviours (such as alcohol and drug use, smoking, sexual risk-taking, self-injuring behaviour)
5. Psychosomatic consequences (such as chronic pain syndrome, irritable bowel syndrome, gastrointestinal disorders, urinary tract infections, respiratory disorders)
6. Reproductive health consequences (such as sexually transmitted diseases, unwanted pregnancy, pregnancy complications, miscarriage/low birth weight)
7. Psychological consequences (such as Post-Traumatic Stress Disorder, depression, fears, sleeping disorders, eating disorders, suicidal thoughts, and low self-esteem)

NOTE ON HOW TO SUPPORT A SURVIVOR OF SEXUAL AND GENDER-BASED VIOLENCE

Adapted from World Health Organization (2016) and Inter-Agency Standing Committee (2015)

Working with survivors of sexual/ gender-based violence requires extra sensitivity for the following reasons:

1. They may not be safe, and the experiences may reoccur
2. The psychological experience of these events is usually extremely threatening or horrific. They may experience psychological reactions, secondary control and may seek to avoid reminders of the event.
3. These events are often private and culturally taboo, making it difficult for them to share their experiences and get support.
4. They can face stigma and rejection from their family or community if it becomes known what has happened to them

So often survivors don't talk about their experiences for the above reasons, or are pressured to stay quiet and/or are simply not believed. When people don't believe their stories, or make jokes about them, or blame them for it, their dignity is further undermined. Therefore, keep in mind that when survivors share their experiences, they are showing great courage in doing so. Thus, it is very important to show willingness and openness to hear their stories without judgement.

Sometimes you might become aware of information (e.g., rumours in the community) that suggests that your client has faced sexual or gender-based violence. If your client has not shared this information with you, it is very important that you do not immediately assume that sexual assault has taken place. If you are concerned about your client's safety and wish to ask about this, approach her/him in a sensitive manner. Here is one way you can ask about it:

"There is something that I would like to talk with you about. I don't want to make you uncomfortable or embarrassed at all. But I am concerned about your safety and I want to make sure you are okay. It is entirely your decision whether you want to talk to me about it or not, okay? Please don't feel pressured to talk about something you feel uncomfortable about. I am concerned that people have recently done things to you against your will and that you are still at risk of this happening again. This is something that does happen to a lot of women and men and it is not their fault that it happens. I am definitely not going to judge if this has happened to you. Remember that besides my supervisor, I will not tell anyone about this if it has happened to you. But if this has happened and you feel okay talking with me about it, I encourage you to do so. This way I might be able to do something to help you stay safe or cope with having been through something so horrific."

However, in all cases, you should respect the client's decision not to share information about what happened if they do not wish to.

DO'S AND DONT'S OF WORKING WITH SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE

Do's	Don'ts
Let the survivors approach you. Listen to their needs.	Ignore someone who approaches you and shares that they have experienced sexual or gender-based violence.
Ask the survivors if they feel comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	Force help on an unwilling person by being intrusive or pushy.
Check if any immediate needs need to be addressed.	Pressure the survivors into sharing more information beyond what they're comfortable with. You're there to listen to them and provide information on available services.
Provide practical support (e.g.: offer water, a private place to sit, a tissue)	Write anything down, take photos, record the conversation on your phone or other devices.
Treat information shared by the survivors with confidentiality. If you need to seek advice on how to best support a survivor, ask permission to talk to a specialist or colleague, but do so without revealing the personal identifiers of the survivor.	Make comparisons between a person's experience and something that happened to another person.
Manage any expectations of the limits of your confidentiality	Say what happened to them is "not a big deal" or unimportant.
Manage expectations on your role and ability to support them (don't make promises that you can't keep).	Doubt or contradict what a survivor tells you. Remember you're there to support without judgment.
Tell them that what happened to them was not their fault.	Offer your own advice or opinion on the best course of action or what to do next (remember, you don't know what's the best option for them).

Respect the rights of the survivors to make their own decisions.	Assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.
Share information on all services that may be available.	Try to make peace, reconcile or resolve the situation between someone who experienced sexual/ gender-based violence and anyone else (e.g.: the perpetrator, a family member etc.).
Remember that telling their story can be extremely triggering. Give the survivors the time they need.	Ask accusatory questions such as: What were you wearing? How much did you have to drink?
Tell the survivor that s/he does not have to make any decisions now, s/he can change her/his mind and access these services in the future.	Expect each and every victim to act the way you think a victim would act. Disruptive events impact all of us in different ways. There is no “perfect victim” or perfect way to respond to them.
Ask if there is someone (family member or friend) whom the survivor trusts to go to for support.	
Ask for permission from the survivor before taking any action.	

4.2) BEHAVIOURAL ISSUES AND SUBSTANCE AND ALCOHOL USE

SESSION AIM

At the end of this session, the participants will learn about substance use disorders and how to support persons diagnosed with substance and alcohol use disorders.

SESSION TIME

1 hour

SESSION TASK

This session will consist of a guest lecture. The guest speaker will conduct an interactive session and discuss the following points in detail:

- Risk factors for substance abuse
- Effects of substance abuse
- Support services available in Sri Lanka for those diagnosed with substance and alcohol use disorders
- How to support those diagnosed with substance and alcohol use disorders

NOTE ON HOW TO TALK TO SOMEONE WITH SUBSTANCE AND ALCOHOL USE DISORDERS

Source: Schininà (n.d.)

- Establish a good rapport and forge a trusting relationship.
- Don't be discouraged. Keep in mind that a person can recover from an addiction.
- Keep a positive attitude, be nonjudgmental and respectful.
- Remember- preaching, blaming and scolding will not help.
- Genuinely show concern, provide care and emotional support.
- 'Denial' is the major hinderance for help seeking, thus try to break it.
- Teach to avoid high-risk situations (alcohol/drug-using parties, friend circle, bars).
- Teach to refuse offers and say 'NO'.
- Praise any progress or sobriety.

4.3) ECONOMIC SECURITY

SESSION AIM

At the end of this session, the participants will learn about poverty.

SESSION TIME

1 hour

SESSION TASK

This session will consist of a guest lecture. The guest speaker will conduct an interactive session and discuss the following points in detail:

- What is poverty?
- Challenges faced by families below the poverty line?
- How to support families below the poverty line.

4.4) CHILD WELL-BEING

SESSION AIM

At the end of this session, the participants will learn about child protection related issues.

SESSION TIME

1 hour

SESSION TASK

This session will consist of a guest lecture. The guest speaker will conduct an interactive session and discuss the following points in detail:

- What is child abuse?
- Forms of child abuse?
- Legislation on child abuse
- Issues faced by children facing child abuse
- Support services available in Sri Lanka

4.5) MENTAL HEALTH CONSEQUENCES

SESSION AIM

After this session, the participants will be able to understand mental health consequences such as depression, anxiety and suicidal behaviour/ self-harm.

MATERIALS REQUIRED

Whiteboard, markers

SESSION TIME

2 hours

FACILITATORS' NOTES

Be aware that this is a sensitive topic and can cause strong emotional reactions among participants. If someone shows strong emotional reactions, facilitators are advised to talk to the person privately during breaks and provide support.

Emphasize the following points before starting this session (Schininà, n.d.):

- Not all negative psychological reactions are signs of mental disorders.
- Severe mental disorders are relatively rare.
- It is difficult to identify and differentiate between mental disorders and a series of negative psychological reactions.
- Identification of people with mental disorders must be done by mental health professionals.
- Do not stigmatize people based on what you may think is their mental health status.

SESSION TASK

The facilitator holds an interactive discussion on depression, anxiety, PTSD and suicidal behaviour, and how to support persons going through them.

Note: This session will include a series of presentations on the topics mentioned above.

NOTE ON DEPRESSION

Adapted from the World Health Organization (2017)

We all experience a low mood sometimes, especially when we're feeling sad or even miserable about life. Usually, these feelings pass after a while. However, if the feelings are disrupting your life and do not go away even after a few weeks, or if they reappear over and over again for a few days at a time, it could be a sign that you are experiencing depression.

It's important to remember: *depression is an illness – not a character weakness.*
Depression is something that can happen to anybody.

People suffering from depression can experience some of the following: a loss of energy; a change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide. At its most severe, depression can be life-threatening because it can make you feel suicidal.

Depression is treatable through talking therapies or antidepressant medication or a combination of these. What treatment is best and how long depression lasts may depend on the severity of depression.

The support of friends and family can facilitate recovery from depression. Patience and perseverance are necessary, as recovery can take time.

WHAT CAN CAUSE DEPRESSION?

1. **Life events**
   E.g.: the death of a loved one, experiencing disruptive events, long-term unemployment, living in an abusive or uncaring relationship, prolonged exposure to stress at school/work/home.
   Such events or a combination of events can trigger depression in people who are already at risk because of past experiences or personal factors.

2. **Family history**
   Depression can run in families. Some individuals may be at an increased genetic risk. However, this doesn't mean that s/he will automatically experience depression. Life events and other factors will also play a role.

3. **Physical health problems**
   Serious illnesses can directly cause depression, or can contribute to depression through stress and worry associated with illness, especially if long-term management of illness and/or chronic pain is involved.

What can you do if you think you are depressed?

- Talk to someone you trust about your feelings.
- Seek professional help.
- Keep up with the activities that you used to enjoy when you were well.
- Stay connected with family and friends.
- Exercise regularly, even if it's just a short walk.
- Stick to regular eating and sleeping habits.
- Accept that you might have depression and adjust your expectations. You may not be able to accomplish as much as you usually do.
- Avoid or restrict alcohol intake and refrain from using illicit drugs; they can worsen depression.
- If you feel suicidal, contact someone for help immediately.

How do you support someone with depression?

- Make it clear that you want to help, listen without judgment, and offer support.
- Encourage her/him to seek professional help when available.
- Encourage her/him to take her/his medication. Be patient; it usually takes a few weeks to feel better.
- Help her/him with everyday tasks and to have regular eating and sleeping patterns.
- Encourage regular exercise and social activities.
- Encourage her/him to focus on the positive, rather than the negative.
- If s/he is thinking about self-harm, or have already intentionally harmed her/himself, do not leave her/him alone. Seek further help from relevant authorities. In the meantime, remove items such as medications and sharp objects.

NOTE ON ANXIETY

Anxiety is a feeling of unease. Everyone experiences anxiety at some point in their lives. For example, it is completely normal to feel anxious before an exam or a job interview. But some may find it difficult to control their worries, and these constant feelings of anxiety can affect their daily lives. A person is usually diagnosed with an anxiety disorder when s/he is unable to function adequately in her/his daily life due to the frequency and severity of the symptoms of anxiety.

ANXIETY CAN AFFECT YOUR:		
BODY	**THOUGHTS**	**BEHAVIOUR**
Causing chest pain, heart palpitations, shortness of breath, dizziness, stomach discomfort, nausea, fatigue, trembling, muscle tension, headaches, tingling in the hands and feet, or trouble sleeping.	Causing exaggerated worry about everyday life, fear of dying, repeated unwanted thoughts, nightmares or flashbacks, irritability, anger, trouble focusing, numbing of emotions, or anticipating the worst outcome to a situation even though it is unlikely	Causing rituals that seem impossible to control, being easily startled, avoidance of people, places and/or things, limiting life experiences, inability to sit still, easily losing one's temper, or being snappy with others.

Tips for tackling anxiety:

1. Call someone you trust. Let her/him know about what you're going through and tell her/him that you need her/his support (For example, ask her/him to stay on the line with you until you've worked through your symptoms, or come over to keep you company and help put your mind at ease).
2. Do something physical. Take a brisk walk, go up and down the stairs, or do some push-ups. Give your body a way to physically use up some of its excess energy.
3. Distract yourself—try painting, listening to a song etc. Repetitive activities can have a calming effect similar to meditation.
4. Meditate or use deep breathing exercises
5. Write it down. Getting thoughts out of your head and onto paper can be helpful. This could be making a to-do list to organize your thoughts if your mind is racing and it's hard to focus, or writing in a journal to express what is bothering you.
6. Focus on things you can control and take action. Pick out your clothes for the week, plan your meals for the next couple of days, organize your desk—taking care of small things empowers you to take charge when it comes to larger tasks.

How to talk to someone suffering from anxiety (Schininà, n.d.):

- Avoid making simplified suggestions like 'calm down' or 'please relax' or 'it's all going to work out' or 'it's all in your head'.
- Avoid saying 'I know how you're feeling' or 'there are people with bigger problems than you'.
- Say things like: 'Is there anything I can do to help you right now?' 'Whatever happens, we'll figure out a way to make it better'.
- 'I wish I could understand how you feel, but I don't. Is there anything that I can do to help?'
- Use positive language, as it bridges trust and empowerment

NOTE ON SELF-HARM

Many people think talking about suicide with someone whom they suspect to be having suicidal thoughts will put ideas in the other person's head, and that if they had not previously considered suicide, they might now. This is a very common but *incorrect* belief (WHO, 2016)

Avoiding talking about suicide means that the person suffering from suicidal thoughts will remain alone and without support. So, as a helper, it is important for you to feel comfortable talking openly about suicide and encourage your client to talk about it.

Suicide warning signs (Schininà, n.d.):

- Talking about wanting to die.
- Talking about wanting to hurt or kill her/himself.
- Communicating feelings of hopelessness or having no purpose.
- Talking about being a burden to others.
- Talking about feeling trapped.
- Talking about feeling unbearable pain.
- Displaying extreme mood swings.
- Talking, writing, or posting on social media about death and suicide when these actions are out of the ordinary for the person.
- Searching for ways to kill her/himself by seeking access to lethal means.

Suicide is a sensitive topic. It is important that you put aside any personal beliefs you might have about suicide and communicate very clearly to the other person that you do not judge the client for her/his thoughts, plans or any previous attempts.

1. **Ask direct, clear questions**

- When asking questions about suicide, avoid using less direct words that could be misunderstood.
- Direct questions help clients feel that they are not being judged for having suicidal thoughts or plans or having made attempts 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 put ideas in a person's head to end her/his life if they had not thought about this before. Talking about suicide can give an individual other options or the time to rethink her/his decision.
- Listen without judgment and convey empathy.
- Avoid statements like "You have so much to live for!" or "How can you possibly be thinking of this?" Remarks like these can trigger feelings of shame and cause further isolation.
- Shift the focus to the source of pain, which can result in discussions on finding other solutions.

2. **Responding to a client with a plan to end her/his life in the near future**

- Always contact your supervisor.
- Create a secure and supportive environment.
- Remove means of self-harm if possible.
- Do not leave the person alone. Have a family member or friend stay with her/him at all times. Attend to the person's mental state and emotional distress with your basic helping skills; however, an urgent and immediate referral is advised.

NOTE ON POST-TRAUMATIC STRESS DISORDER (PTSD)

When a person encounters a disruptive experience (assault, abuse, natural disasters, conflict, or witnessing someone dying), it is natural for her/him to feel afraid during and after the event.

Fear can trigger your body to react in a split-second and protect you from harm. Many will experience a range of reactions after a disruptive event. These are normal reactions to abnormal events and most people overcome these naturally.

Those who continue to experience problems over a long period of time, and react with intense fear, distress and other extreme reactions despite the passage of time may be diagnosed with Post-Traumatic Stress Disorder (PTSD)

PTSD symptoms may start soon after a disruptive event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in social or work situations and relationships. They can also interfere with persons' day-to-day functioning. People with PTSD may feel stressed or frightened even when they are not in danger.

THERE ARE THREE MAIN COMPONENTS OF PTSD:

1. Re-experiencing symptoms:

These include unwillingly reliving the negative experience(s) (e.g.: flashbacks, bad dreams, and frightening thoughts). Re-experiencing symptoms may disrupt an individual's everyday functions. Words, objects, or situations that are reminders of the event(s) can trigger re-experiencing symptoms (startled response).

2. Avoidance symptoms:

These include wanting to forget the incident(s) or staying away from places, events, or objects that are reminders of the disruptive experience(s), and lack of interest in activities and people. These symptoms may cause a person to change her/his personal routine (or example, after a car accident, a person who usually drives may avoid driving a vehicle).

3. Hyper-arousal symptoms:

These include physiological reactions as a result of fear that the incident(s) will happen again such as restlessness, extreme startled response, excessive alertness, difficulty concentrating. Hyper-arousal symptoms can make people feel stressed and angry, and make everyday tasks such as sleeping, eating or concentrating difficult.

Other disorders

Disruptive events can make people more vulnerable to mental health disorders. In addition to PTSD, some other disorders may include:

1. Depression
2. Anxiety
3. Grief disorder
4. Substance and alcohol use
5. Other behavioural responses (E.g.: exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and decreased ability to express emotions)

Children

Children can have extreme reactions to disruptive events, but some of their symptoms may not be the same as that of adults. These may include:

- General and specific fears such as fear of separation (e.g.: being unusually clingy with parents), fear of darkness
- Behavioural problems such as aggression and disobedience
- Wetting the bed (after having learned to use the toilet)
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Problems with social interaction
- Psychosomatic symptoms (e.g.: stomach ache, headache)

How to communicate with someone suffering from PTSD (Rodenburg & Bloemen, 2014)

- Avoid situations that can cause pressure or trigger stress that recalls the disruptive events that caused the PTSD.
- Accept that people experience disruptive events differently and each has their own healing and coping mechanisms.
- Recognize the factors that induce stress and trigger disruptive events, so you are more prepared for it and in anticipation.
- Use positive language, as it bridges trust and empowerment.
- Ask what will make them most comfortable and respect their needs.
- Be tolerant if the stories are repeated.
- In a crisis, remain calm, patient and supportive.
- Ask how you can help.

MODULE 5

HELPING SKILLS

5.1) QUALITIES OF AN EFFECTIVE HELPER

SESSION AIM

After this session, the participants will be able to:

- Understand and develop the characteristics required to be an effective helper

SESSION TIME

1 hour

SESSION TASK

- The facilitator divides the participants into small groups, and asks each participant to think of a time when they went to someone about some difficulty or problem. It is not important whether the experience was helpful or not.
- Each participant is allowed a few minutes to identify for her/himself a particular incident.
- The facilitator then asks the participants to think about the following questions:
    1. To whom did you go?
    2. Why did you go to see that person?
    3. When you met the person, what happened first?
    4. Then what happened? And then? (Try to remember as if it was happening again but in slow motion).
    5. If it was helpful, why?
    6. If it was not helpful, why?
    7. What was it that the person did that you found helpful or not?
- The facilitator asks the participants to share their answers with the group.

Note: Some characteristics of a helper

- Ability to keep things confidential
- Clear thinking
- Sense of humour
- Dependability
- Flexibility
- Honesty
- Openness
- Positive outlook
- Self-awareness
- Ability to listen
- Common sense
- Warm personality
- Empathy
- Genuine caring for others
- Non-judgmental attitude
- Patience
- Respect for others
- Self-confidence

5.1.1) LISTENING SKILLS

SESSION AIM

After this session, the participants will be able to:

- Understand and apply the concept of active listening

MATERIALS REQUIRED

Flipchart and markers

SESSION TIME

2 hours

ACTIVITY 1

SESSION TASK

- The facilitator divides the participants into pairs. The facilitator then tells one group to be the listeners and one group to talk about a memorable incident. The facilitator directs the group of listeners NOT to listen. They can be distracted and use any kind of behaviour to show that they are really not listening.
- After 5 minutes, the facilitator brings both groups back to discuss their experience.
- Both groups are sent back, and this time the listener actively listens to the storyteller. After 10 minutes, the facilitator asks the participants to switch roles with their partner and repeat the exercise.
- After 10 minutes, the facilitator asks participants to share their experience of being the listener. The facilitator then notes down on a flip chart the feedback given by participants about being a good listener.
- At the end of the session, the facilitator explains to the participants the concept of 'mirroring'
- Note: Mirroring is a form of reflecting that involves repeating keywords/messages of what the other person said. This shows the other person that you are trying to understand what s/he is saying and acts as a prompt for her/him to continue. Be careful not to over-mirror as this can become irritating and distract the other person from the message.

Participants are given a 10–minute break before the commencement of Activity 2

ACTIVITY 2

SESSION TASK

- After the discussion on listening skills and the 10–minute break, the facilitator asks the pairs to take turns in a mirroring exercise, where one person would talk about a memorable experience, while the other will mirror that person and reply.
- After 10 minutes, the facilitator asks participants to share their experiences of using mirroring skills.
- At the end of the session, the facilitator explains about active listening, responding skills, paraphrasing, reflecting, and summarizing. The facilitator can use videos as examples of active listening skills and explain to the participants why such skills are important.

Participants are given a 10–minute break before the commencement of Activity 3

ACTIVITY 3

SESSION TASK

- After the discussion on mirroring skills and the 10–minute break, the facilitator asks the participants to volunteer to do a role-play using active listening skills. The facilitator can initially be the listener who asks the question "What strengths do you have that will be useful in helping others?"
- The facilitator invites all participants to give feedback on the skills used during the role-play.
- The facilitator then invites all participants to have their turn in using active listening skills in a role-play exercise.
- The facilitator ends the session with a recap on active listening skills

Note: The facilitator can use culturally appropriate folklore or story that emphasizes the importance of listening. E.g.

In an old city, there was a king. He was extremely worried and stressed. He sat there in confusion, not being able to tell anyone about it. His ministers were very afraid to talk to him as they feared he would get angry. Instead, one of his ministers approached him and suggested that he go hunting and visit his Monk in the forest. The King was looking forward to meeting the monk and hoped for clarity for his confusion. The monk set up a monastery outside the city and stayed there. He and his disciples warmly welcomed and entertained the King. Afterwards, the King met the monk alone and described his confusion. He also told the monk the solutions he had been thinking of how to fix his confusion. The monk silently listened to everything. At last, the King asked. ' What do you think?' He did not answer anything. After a few minutes, the Monk said 'you can leave.' There was no anger or disappointment on the King's face. Excited, he set off and mounted his horse. Seeing this, the minister ran to the monk. ' How did you solve the King's problem? He asked eagerly. 'Your King is incredibly wise. He solved his problem himself,' said the monk. 'All I did was listen patiently to him tell me his troubles. I leaned over and gave him a weeping shoulder. That's it!'

Story adapted from: *The Confused King - Zen Stories for Kids* (n.d.)

NOTE ON LISTENING SKILLS

Listening can be merely a physiological process of using your auditory sensors to listen. However, **active listening** is both the psychological and physiological process of listening – where you try to interpret and understand the meaning behind what is being said.

Active listening allows you to focus your energy on the "here and now". This process of active listening entails listening to the meaning, conveying empathy, acceptance, and genuineness. Active listening requires you to give your full attention to the person, maintaining eye contact appropriately, having a relaxed and open posture, and clarifying your interpretation of what is being said to ensure you understand completely.

Do not assume, always ask for clarification when in doubt.

Gerard Egan (2010) defined the acronym SOLER as part of his "Skilled Helper" staged approach to counselling.

S	Sit squarely. Adopt a posture that indicates involvement.
O	Open posture. Sit with both feet on the ground to begin with and also with your hands folded, one over the other.
L	Lean forward. As you face your client, lean toward her/him. Be aware of her/his space needs.
E	Eye contact. Maintain eye contact. Looking away or down suggests that you are bored or ashamed of what the client is saying. Looking at the person suggests that you are interested and concerned
R	Relax. As you incorporate these skills into your attending listening skills, relax.

Listening involves listening **to body language, words being used, the tone of the voice, and the silence, thoughts, and feelings**.

Body language: Positive body language means looking friendly, leaning towards the client when appropriate, and having a relaxed and open posture. Negative body language such as bored expressions, crossed arms, having a slumped body, and looking away should be avoided. Only a small portion of communication (about 30%) is verbal, while the other 70% constitutes non-verbal communication that relies on body language. You should pay attention to the person's body language such as facial expressions and body movements. For example, if the person is restless and looks away, s/he doesn't want to talk and wants to move away from this conversation.

Words used and tone of voice – for example, a person would say s/he is fine but the tone in which s/he says it could help you understand the real feeling behind the word

Silence – it's important to sometimes just stay silent. This silence can make you as a helper feel awkward and uncomfortable, but silence can help the client process her/his thoughts.

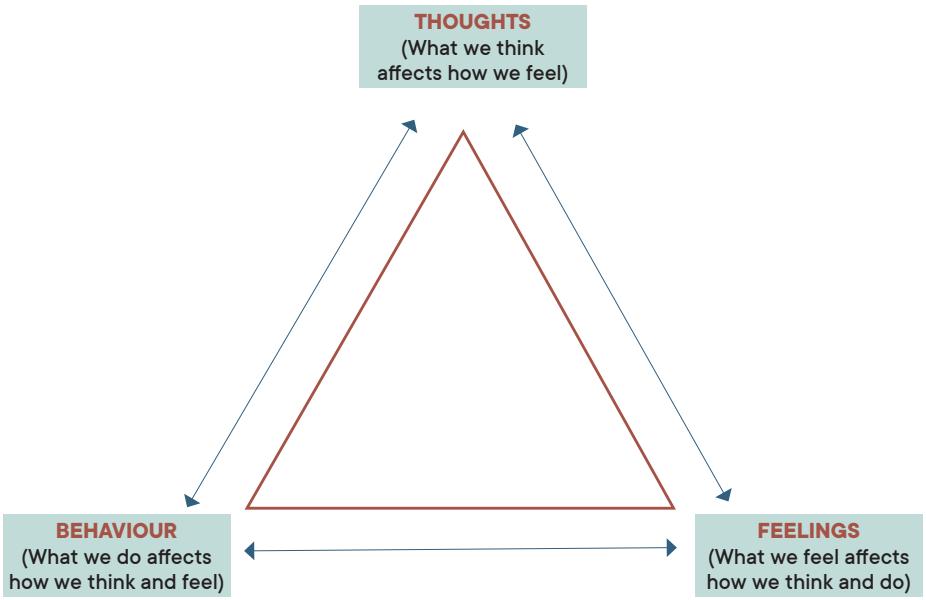
Active listening also involves using **responding skills** – responding using verbal and non-verbal cues.

- **Non-verbal cues** – as explained before, body language plays an important role in communication. SOLER, as explained before, are non-verbal cues that allow a conversation to continue. These help the person you are talking to know that you are interested in listening to her/his story.
- **Verbal cues** – (E.g.: *I see, Right, Ah- hah, Mm-hmm, Yes, Go on, Tell me more*). On a telephone conversation, such verbal cues are easy to use. These verbal cues are also helpful in face-to-face conversations to encourage the client to talk more.

Active listening also involves using **reflecting skills –** Reflecting allows the helper to check her/his understanding of what the client has said.

- **Re-statement/Content Paraphrasing**: A re-statement of what you heard the client say in slightly different words.
- **Reflection of Feeling**: This is similar to a re-statement, but you are concentrating more on the emotional aspect & non-verbal communication.
- **Summary of Feelings**: A simple summary that paraphrases the feelings which have been verbalized (non-verbal and verbal).

The Cognitive Triangle



As a helper, it is important to understand this triangle. Almost all of us talk about our behaviours and feelings to explain an experience. Similarly, the people whom you would meet would talk about their behaviours and feelings, sometimes they would only talk about their behaviours.

As helpers, we need to understand the thoughts behind the behaviour and feelings, as only looking at one entity does not give us a full understanding. To effectively help, we must try to understand others' thoughts, feelings and behaviour.

Listening to a person's difficult emotions can be uncomfortable for the helper – try to remain calm and let the client express her/his emotions by crying, showing frustration etc. Provide the client with a safe environment and encourage her/him to express her/his thoughts and feelings.

5.1.2) QUESTIONING SKILLS

SESSION AIM

After this session, the participants will be able to:

- Understand and apply the different types of questions

MATERIALS REQUIRED

Flipchart paper and markers

SESSION TIME

2 hours

SESSION TASK

- The facilitator discusses questioning skills and the different types of questions one can ask to continue a conversation.
- The facilitator divides the group into three groups. One group would be the observers, the other group would be the person asking the questions and the other group would be the person answering the questions.
- The facilitator instructs the participant asking the questions to begin the conversation with 'What made you sign up as a Case Manager?' and continue the conversation. The facilitator instructs the observer to note down the questions asked, and at the end of the conversation, to note down the type of questions that were asked (e.g.: open/closed/analytical)
- The facilitator brings the whole group back together and asks the observers to share their notes with everyone. The facilitator also asks the listener and the person narrating the story to explain how they felt about the session compared to the previous session.

NOTE ON QUESTIONING SKILLS

Questions are important in conversation to understand what is being said at a deeper level and as seen in the previous exercise they are also helpful to continue a conversation. Questions are sometimes considered as barriers to a conversation – they are beneficial to the helper to learn more about the issue at hand, but asking too many questions can make the client feel overwhelmed.

However, it is important to use questions where relevant. Helpers should try their best to ask only a few questions, and when they do, to ask open questions. It is not wise to ask several questions one after another. Rather, one question and a response to show your understanding is a better approach.

As mentioned in the previous module, helpers may jump at asking questions when there is a moment of silence to avoid an uncomfortable situation. Remember to stay calm and listen to the silence and only ask questions when necessary. There are several types of questions that can be asked.

Types of Questions

- *Open-ended questions*: allow the client to answer the question in a free-flowing or narrative style. Such questions are used when you want more detailed and elaborate answers. "How do you feel about what happened here?"
- *Closed-ended questions*: this type of questions requires only a one- or two-word response. Usually, Yes or No. These questions should always be complementary to open-ended questions. "Do you enjoy working for the beneficiaries?"
- *Probes/descriptive questions*: These are questions that begin with 'who', 'what', 'where', 'how', or 'when'. These types of questions help persons to explain their experience in detail.
- *Requests for clarification*—Ask the client for more information. "Help me understand what you mean by that"

Questions can be followed by supportive statements to encourage clients to engage more. "It must have been difficult for you to go through that experience)

5.1.3) EMPATHY

SESSION AIM

After this session, the participants will be able to:

- Understand the concept of empathy and use empathy with aggrieved persons

MATERIALS REQUIRED

Flipchart, paper and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator explains the concept of empathy.
- The facilitator asks participants some of the ways they show empathy – non-verbal cues of empathy would be discussed here before moving on to verbal cues.
- The facilitator acts as a person who is very emotional and requests participants to show empathy towards the facilitator. This can be done as a round-robin or as individual participation.
- The facilitator discusses how the participants felt about showing empathy – was it difficult? The facilitator emphasizes that empathy can also be shown through non-verbal cues and to use them as culturally appropriate.

NOTE ON EMPATHY

Empathy could be one of the most important and effective tools for helpers and the most difficult to comprehend due to the confusion between empathy and sympathy. Empathy involves two specific skills:

- Perception/understanding of what is taking place emotionally.
- The ability to communicate your understanding of that to your client.

Empathy enhances the helpers understanding of the clients' behaviours and their feelings and allows the helpers to view the experience from another person's point of view. Remember to keep an open mind (i.e.) set aside your own values and personal beliefs to view the clients' values and beliefs.

Differentiating between empathy and sympathy:

1. **Sympathy:** feeling what the other is experiencing. For example, feeling sad for a family that lost its child; we feel sadness and sorrow.
2. **Empathy:** placing ourselves in the position of the other to see the world through their eyes. This does not mean feeling exactly what they are feeling or experiencing what they experienced.

A simple example of empathy: Your house is on top of a hill, a person who visits your house walks all the way up the hill to your house. You notice that the person is tired and is breathing heavily, so you ask the person to take a seat and give her/him a glass of water. This is empathy – you have understood the person's feelings and showed empathy by giving the person a place to sit and a glass of water.

5.2) EMPOWERMENT

SESSION AIM

The aim of this session is to help participants understand the following:

- Social privileges
- Disadvantages and obstacles due to discrimination
- Not everyone can start on an equal footing.
- The importance of empowering disadvantaged people and communities and how to do so
- The importance of the freedom to choose – the choice to make mistakes and learn from them
- The importance of being listened to and everyone's voices/ opinions being heard
- Importance of being truthful with disadvantaged communities and individuals about what you can or cannot do

REQUIRED SPACE

The training room should have enough space to move at least 4 meters back and forth from the middle of the room. Participants are required to stand in a row next to each other in the middle of the room where there is enough space to step forward and backwards as required.

MATERIALS REQUIRED

List of questions

SESSION TIME

45 minutes

SESSION TASK

- Participants stand in a row next to each other in the middle of the room
- The facilitator asks a question and those to whom it is applicable step forward, or if not, backward

LIST OF QUESTIONS FOR ACTIVITY ON EMPOWERMENT

1. If you ever had to go without a meal because you couldn't afford to, take one step back.
2. If someone has helped you find a job, take one step forward.
3. If you have ever felt uncomfortable about a joke directed at you about your appearance, take one step back.
4. If you were raised by a single parent, take a step back.
5. If you went to a school in a conflict zone, take a step back.
6. If you were displaced, or your house was damaged/destroyed as a result of conflict, take a step back
7. If you have never been harassed/ cat-called/ assaulted, take a step forward
8. If you can walk alone at any time of day or night without worrying about safety, take one step forward.

9. If you can buy new clothes or go out to dinner when you want to, take one step forward.
10. If you have ever travelled outside of Sri Lanka, take one step forward.
11. If you have friends and family who care about you, take a step forward.
12. If you have access to water and electricity in your house, take a step forward.
13. If your school had had adequate water and sanitation facilities, take a step forward.
14. If your house was affected by floods, tsunami, landslides or any other natural disasters, take a step back.
15. If you have studied at a university, take a step forward.

- After completing the exercise, the facilitator facilitates a reflective discussion with the participants about what it feels like to look around and see where they are standing in the room compared to the others. The facilitator can use culturally appropriate folklore to emphasize the importance of empowerment.
- Discussion points include
    - What does it mean to not be equal?
    - Why is achieving seemingly easy tasks sometimes much more difficult when you don't have the resources that other people have?
    - Learned helplessness - is a state that occurs after a person has experienced stressful situations repeatedly. They come to believe that they are unable to control or change the situation, so they do not try — even when opportunities for change become available
    - How our actions, in our eagerness to help, end up sometimes disempowering clients further and increasing their sense of learned helplessness.
    - What can we do to support aggrieved persons and empower them?

Note: The facilitator can use the following as an example of culturally appropriate folklore or story that emphasizes the importance of empowerment.

There was once a dog and a man who were best friends. The dog always wanted to protect his human friend and keep him safe. One day, while they went for a walk in the forest, they lost each other. The dog realised that his best friend was on the other side of the river and he was not able to reach him. The dog was afraid to cross the river because every time he stepped into the river he saw a reflection and he was extremely frightened of it. While he tried to overcome his fear of facing the reflection, he made some friends on his side of the river – a bear, a crow and a frog. They asked him, "why are you so afraid to cross the river?" the dog replied that he was afraid of the reflection in the water, as it was looking right at him. As time goes by, the dog becomes hungry and cold. The frog tells the dog, "I can hop along the rocks with you to the other side, that way I am by your side throughout", the crow says, "I can see your human on the other side of the river, he is searching for you and wants to you come soon", the bear says, "what you see is your reflection in the water, it is nothing to be afraid of, it is you!" with these empowering and supportive words, the dog takes on the challenge and jumps into the water and he realises he doesn't see a reflection with all the water splashing. He swims to the other side and is reunited with his best friend.

5.3) DEALING WITH RESISTANCE

SESSION AIM

The aim of this session is for participants to understand how to engage with clients who show reluctance to work with helpers or are mistrusting of helpers.

SESSION TIME

1 hour

MATERIALS REQUIRED

None

SESSION TASK

- The facilitator discusses with participants how to engage with clients who are reluctant to work with helpers (The facilitator can also encourage the participants to read the Note on Dealing with Resistance).
- The facilitator acts as a person who is mistrusting officials and is hesitant to engage with the officials, and requests participants to converse/ engage with the facilitator. This can be done as a round-robin or as individual participation.
- The facilitator gives feedback to participants.

NOTE ON DEALING WITH RESISTANCE

As helpers, you may often encounter persons who are resisting talking with you. This could be due to many reasons:

- Lack of trust in government officials due to past negative experiences
- Feelings of anger towards authorities due to past negative experiences or inadequate action taken by authorities to support them
- Negative attitudes and misconceptions about psychosocial support
- Lack of understanding of your role as a helper
- Feeling embarrassed about their experiences
- Feeling embarrassed about how they are coping
- Gender issues (E.g.: talking with a person of the opposite sex about personal things)
- Topics that are sexual taboos
- Feelings of being victimized or discriminated

Engaging with such persons can often be challenging.

Here are some tips that may be of help:

1. **Building trust: Trust can be built by simple things:**

- Consistency
- Sticking to your words
- Being honest, truthful and upfront about the situation and what you can do
- Apologising if you or your organization makes/made a mistake
- Patience
- Trust does not mean that you have to provide the requested support that you're unable to provide. It means that they can trust you to be honest with them, and maintain appropriate boundaries.

2. **Working with resisting clients takes time and persistence. Progress is often slow**

   Persons may often begin with negative attitudes towards helpers. However, they may revise these opinions over the long term.

   It is important to understand what the initial resistance is about and get beyond that. Many individuals have had bad experiences which leave them struggling to trust helpers.

3. **Clear communication is crucial in engaging with aggrieved persons**

   Aggrieved persons may not necessarily understand your role.

   Engagement can be improved by making clear at every visit what the purpose of the intervention is, what the aggrieved person has control over and what they do not in the decision-making process, what is going to happen next and what the likely consequences will be.

   It may help to stick to a simple, clear message, and repeat this consistently, e.g. "I'm here because I want to listen to you and see what I can do in my capacity to support you." Check with the aggrieved person that this is understood and agreed upon.

   Avoid professional and management jargon and acronyms.

4. **Understand that aggrieved persons may be experiencing intense emotions**

   Aggrieved persons may be feeling intense anger, regret, sadness and guilt. They may blame you for what is happening.

   It may help to consider what aspects of hostility are personal (responses to your own actions as a helper), and what aspects are not (e.g., anger at state services in general or previous officials).

5. **It may also be helpful to think about yourself and how you're feeling**

   If you feel a strong sense of dread prior to contact with an aggrieved person, or relief if the person does not answer the door, this may suggest that you need more support.

   It's OK to ask for support

   You might want to ask a colleague to accompany you to visit a client you are having trouble engaging.

6. **Other measures to build a good engagement with aggrieved persons**

   - Acknowledging their circumstances and understanding their histories.
   - Listening to persons' experiences
   - Trying to understand how they feel
   - Giving persons access to a complaints procedure

5.4) WORKING IN GROUPS

ACTIVITY 1

SESSION AIM

Understand rapport-building and working with communities

MATERIALS REQUIRED

Flipchart, paper and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator explains the objective of the session.
- The facilitator divides the participants into groups and asks participants to discuss and note down:
    - What is rapport-building?
    - How can you as a helper achieve it?
    - Who will you build a rapport with?
- The facilitator asks the groups to share their notes and holds a discussion on rapport-building with the people from the communities.
- The facilitator then begins a role-play in which the facilitator acts as a person from the community the helper would visit and the participants act as the helper building rapport with the facilitator.
- This can be done as a round-robin or as individual participation.
- The facilitator then asks the group to share their feelings about the role-play.

ACTIVITY 2

SESSION AIM

Understand working in a group

MATERIALS REQUIRED

Flipchart, paper and markers

SESSION TIME

1 hour

SESSION TASK

- The facilitator then asks participants to take part in the role-play. See below for instructions for role-playing. At the end of the role-play, the observer and the participants are requested to share their thoughts on the process.
- The facilitator then holds a general discussion on how this could be important in their work output and work satisfaction.

ROLE-PLAY EXERCISE

Adapted from Maier, Solem, and Maier (1975)

Work setting: an organization conducting social work with a group consisting of one supervisor and five field officers.

The supervisor learns that an opportunity to attend a psychosocial training programme in India has been allocated to be assigned to one of the staff members. Each participant is provided with an individual role description, including some data that could be used to argue about why s/he should receive the training. A seventh group member acts as an observer while the others engage in the role-play. The observer instructions provide guidance for observing the supervisor's management style, effectiveness, etc.

The names of the staff members and the supervisor along with information regarding their seniority, ages, and experience in the field of social work are as follows:

Nadini - You have been with the organization for 17 years, six more than the next most senior person, working in Colombo. You have attended one counselling skills training in Nuwara Eliya just as you joined the organization. During your 17 years in the organization, you earned a Masters in Counselling privately and trained some of the newer team members in the work you conduct.

Sudath - You have been with the organization for 11 years, second only to Nadini (17 years). During your 11 years, you have been based in Matara and had minimal fieldwork. You attended to mostly the paperwork and had minimal interaction with people from the communities. You have not attended any trainings conducted through the organization.

Thileepan - You have ten years seniority - third highest in the crew after Nadini (17) and Sudath (11). You are based in Jaffna and have worked in the field for almost 80% of the 10 years you were employed. You are a graduate of Social Work and have received a medal for being the best of the batch. Last year, you had the opportunity to attend the same training Nadini attended in Nuwara Eliya.

Sumathi - You have been with the company for five years. You work with Thileepan in Jaffna and work alongside him in the field. You are currently enrolled in the graduated Social work programme privately and hope to graduate at the end of the year. You were given a training in counselling skills when you joined the organization from other colleagues and your supervisor. You have not attended any other trainings conducted through the organization.

Fareeza - You are the junior member of the team with three years on the job. You work in Colombo with Nadini and assist with most of the paperwork. You also accompany Nadini to the field. Nadini briefly trained you when you joined the organization. You have not received any other trainings from the organization. You are thinking of enrolling yourself in the graduate programme of Social work privately.

Sylvester - You are the supervisor of a team of field officers. Each person has a different level of training and experience. Every so often your team is invited to attend a training programme overseas, and you have the problem of deciding which of your staff should go for overseas training. Often there are hard feelings because each person seems to feel that s/he is entitled, so you have a tough time being fair. It usually turns out that whatever you decide, most of the staff consider it wrong. You now have to face the issue again because only one training opportunity is allocated to you. The training is a psychosocial skills training programme in India. To handle this problem, you have decided to put the decision up to the team themselves. You will tell them about the training opportunity and will put the problem in terms of what would be the fairest way to assign the training. Don't take a position yourself, because you want to do what the staff think is most fair. Your Objective: To lead the group discussion to a consensus decision, without taking a position concerning who should receive the opportunity to attend this training.

NOTE ON RAPPORT-BUILDING

What is rapport-building?

When working with people from the communities, it is important to build rapport. Rapport-building is a process in which a relationship and trust are built, and is a regular and continuous process. It's also important to note that maintaining confidentiality is an important aspect of building rapport. Begin with an introduction, explaining the objective of your meeting, and use all the helping skills you have learnt.

Who to build rapport with as a Case Manager?

- People from the communities that you will support.
- Governmental entities
- Non-governmental organizations
- Community-based organizations,
- Traditional/religious leaders
- Vocational training providers
- Youth/children's clubs at the district level etc.

When does rapport break?

- Judging the other person
- Imposing our values
- Being occupied with our own problems
- Asking closed-ended questions or asking too many questions or talking to several people at the same time.

5.5) BEING ASSERTIVE

SESSION AIM

At the end of this session, the participants will be able to understand and practise assertive methods of communication

MATERIALS REQUIRED

Flipchart, paper markers, Note on Assertiveness (see below)

SESSION TIME

1 hour

FACILITATORS' NOTES

- Discuss with participants appropriate communication methods, postures, dos, and don'ts relating to assertive communication
- Ask participants why such methods are beneficial (possible responses include: because both parties' needs count, it allows you to say what you mean without offending others and enables you to find a compromise that you'd both like)
- *Note:* Some participants may insist that aggressive communication is the best, especially if they really want to get their way. If this happens, try to facilitate a discussion about this. Some questions you can ask include: "If you can get what you want without hurting the other person, might it make more sense to do it that way? Why or why not?" "Would it be worth losing a friend to get your way?" "Would you stay friends with someone who answered you that way all the time to get what they wanted?"

SESSION TASK

- The facilitator explains the objective of the session and initiates a discussion on assertive methods of communication (see the Facilitators' notes for further guidance)
- The participants are asked to read the Note on Assertiveness
- The facilitator then asks the participants to make a negative statement about the training programme and practice being assertive (the facilitator does not comment on the statements)
- The facilitator then divides the participants into groups of two and practise assertive methods of communication in a role-play exercise

ROLE-PLAY EXERCISE

A stressed colleague tells you s/he really needs you to stay late to help with an unexpected event. You already have other plans that you cannot miss.

NOTE ON ASSERTIVENESS

WHAT IS ASSERTIVENESS?

Assertiveness is about stating your needs, opinions and concerns in direct and appropriate ways while respecting and being open to others' opinions.

ARE YOU PASSIVE, AGGRESSIVE OR ASSERTIVE?

Passive	Aggressive	Assertive
Easily intimidated by others	Ignores other feelings	Respects the opinions and needs of others (empathetic)
Worries about others getting angry	Violates others' boundaries and rights to get what s/he wants	Believes in her/his own opinion and right to be heard (self-respect)
Believes her/his views are *less important* than that of others	Believes her/his views are *more important* than others	Values herself/himself and others equally
Finds it difficult to say 'no' to others	Demanding, angry and hostile	Asks rather than demand
Feels put down or taken advantage of by others	Uses loud voices	Makes eye contact and uses a calm tone of voice
Tries to avoid arguments or fights	Violates personal space	Respects the personal space of others
Rarely gets what s/he wants	Does not get what s/he wants because s/he alienates others	Often gets what s/he wants because s/he is respectful to others

* NOTE: In a dangerous situation, it is appropriate to behave passively to protect yourself.

HOW TO BE ASSERTIVE

Do's

1. Use "I" statements

"I" statements are direct and honest, take ownership, does not indicate blame for others, and focuses on behaviours and the impact of the behaviours.

E.g.: "I feel frustrated (feeling) when we are late to finish group work (behaviour). I don't like being overwhelmed with work last minute (tangible effect)."

"I" statements have 3 elements:

(i) behaviour

(ii) feeling

(iii) tangible effect

2. Facial expressions: Relaxed, thoughtful, caring, genuine, eye contact
3. Voice: not too loud, not too soft, even-toned and calm
4. Posture: Shoulders straight but relaxed
5. Empathize: (E.g.: “What happened? Why were you late today? Is everything ok?”)

Don’ts

1. Assign blame/ find fault:
   Don’t say “you make me frustrated” or “If it weren’t for you, we could have finished this by now”. It makes the other person defensive, and s/he will not listen to what you have to say.
2. Make judgments:
   Don’t say “If I can come here on time, so can you”. Do not assume you know all the facts, perhaps the other person has a genuine, valid reason for being late.
3. Apply labels to others
   Don’t say “You’re lazy, that’s why you’re late”. Then s/he begins to defend herself/himself from being called lazy, and will not listen to what you have to say
4. Overgeneralize
   Don’t say “You’re always late”. S/he probably is not always late, and might focus on “always” instead of hearing your message.

5.6) PROBLEM-SOLVING AND DECISION MAKING

SESSION AIM

At the end of this session, the participants will learn a structured method of problem-solving.

MATERIALS REQUIRED

Whiteboard, whiteboard markers

SESSION TIME

2 hours

SESSION TASK

- The facilitator asks the participants to read the Note on Problem-solving.
- The facilitator explains each step in-depth
- The facilitator enlists the help of a trainer who will play the part of Shanthi in the case scenario given below
- The participants can take turns asking Shanthi questions about her problems and helping her identify solutions and come up with an action plan
- The facilitator draws the table below on a whiteboard

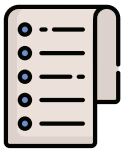
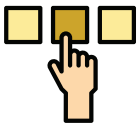
STEP	DESCRIPTION
List problems	
Choose problems	
Define problems	
Helpful solutions	
Plan	
Review	

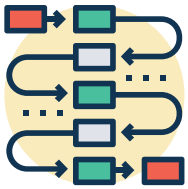
- Together with the participants, the facilitator works through potential solutions and write an action plan on the Whiteboard
- The facilitator can also provide participants with feedback and guidance throughout the exercise and remind them of the steps.

CASE SCENARIO

Adapted from World Health Organization (2016)

Shanthi is a 27-year-old woman who reports that her main difficulty is her relationship with her husband. She told her Case Manager that her husband had recently lost his job and that he has been particularly stressed and angry since that time. This has put a lot of pressure on their relationship and Shanthi is beginning to feel extremely hopeless about the situation. They are fighting nearly every day. It is also affecting her mood – she says she feels very sad most days and has a lot of difficulties doing things she used to do. In particular, she has not been seeing her friends recently, partly because she just does not feel like it, but also because she is embarrassed about the problems she has been having.

NOTE ON PROBLEM-SOLVING	
STEP	**DESCRIPTION**
1. LISTING PROBLEMS 	List problems as solvable (can be influenced or changed) and unsolvable (cannot be influenced or changed)
2. CHOOSE A PROBLEM 	Choose an easier (solvable) problem to start with
3. DEFINE 	• Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent. • Keep the explanation of the problem as specific and as brief as possible. • Try not to include more than one problem. • If a problem has many parts, break it down and deal with each part separately.
4. BRAINSTORM 	• First, encourage the aggrieved person to think of as many solutions to the problem as possible. Do not worry if the solutions are good or bad at this stage. • Think of what the aggrieved person can do by her/himself and also think of people who can help her/him manage parts of the problem. • Consider existing personal strengths, resources or support. • Try to encourage the aggrieved person to come up with ideas rather than directly giving her/him solutions.
5. DECIDE AND CHOOSE STRATEGIES 	• From the list of potential solutions, choose those that are most helpful in influencing the problem. • Helpful strategies have very few disadvantages for the aggrieved person or others. • Helpful strategies can be carried out (e.g., the person has the financial means, other resources or ability to carry out the solution). • You can choose more than one solution.

6. ACTION PLAN 	• Develop a detailed plan of how and when the aggrieved person will carry out the solutions. • Help her/him pick the day and time when s/he will do this. • Help her/him choose which solutions s/he will try first if there are more than one. • Discuss what resources (e.g., money, transport, another person and so on) s/he might need to carry out the plan. • Suggest aids to remind the person to carry out the plan (notes, calendar, plan activities to coincide with meals or other routine events)
7. REVIEW 	• This step happens in the next session after the client has attempted to carry out the plan. • Discuss what they did and what effect this had on the original problem. • Discuss any difficulties they had in acting on the plan. • Discuss and plan what they can do next to continue to influence and manage the problem, given what they completed.

MODULE 6

CASE MANAGEMENT

6.1) INTRODUCTION TO CASE MANAGEMENT

ACTIVITY 1

SESSION AIM

At the end of this session, the participants will learn how to conduct a needs assessment and come up with a case-plan.

SESSION TIME

3 hours

MATERIALS REQUIRED

Whiteboard, whiteboard markers

SESSION TASK

- The facilitator provides the participants with a briefing on the theory of Case Management and how to conduct Case Management (See Note on Case Management for further details).
- The facilitator then divides the participants into pairs and submits the sample case. One participant takes the role of Nithya and the other the role of Case Manager. The Case Managers would then conduct an assessment using the assessment tool and come up with a case-plan along with Nithya using the case-plan formulation template. The facilitator assists and guides the participants who have difficulties.

Note: Remember to use all the helping skills you learnt during this training throughout your conversation with Nithya.

- After 1 hour, the facilitator brings all the participants back together and holds a discussion on the process – how they felt conducting the assessment, any questions they felt uncomfortable asking, difficulties in coming up with a case-plan etc.
- Then the facilitator asks the participants to volunteer to discuss how they would implement the case-plan that they came up with. The facilitator also prompts the participant(s) to share how they will review and question at what point they can consider the case as closed.

CASE STUDY

Adapted from Ravazzin Center for Social Work Research in Aging (2003).

Aggrieved Person Background

Ishan and Nithya, aged 77 and 68 respectively, have been raising their two grandchildren for the past five years. Anu (15) and Rukshi (18) were orphaned twelve years ago when their parents (Ishan's daughter and her husband) were killed during the conflict while living in Mullaitivu. During the conflict, Ishan and Nithya were displaced along with their grandchildren and moved a lot. After the conflict ended, they went back to their home in Mullaitivu where they raised their grandchildren. Currently, with their old age, they have difficulties in taking on parenting responsibilities. Ishan worked as a daily wage labourer and due to COVID–19 has less work now. Nithya supplemented their income by weaving and selling Palmyrah products, however now due to COVID–19 and restrictions she is unable to sell as much as she used to.

Approximately two months ago, Ishan suffered a stroke, which left him with considerable impairment. He is currently on the waitlist to receive surgery at the national hospital. He currently has some speech impairment and is partially paralyzed on one side. It is not clear how fully he will recover, but the expectation is that there will be some residual impairment. It is also unclear how the family will manage as the main income is from Nithya and she must take care of Ishan and the two school-going grandchildren.

Before Ishan's stroke, Anu was beginning to get into trouble at school. This took the form of bullying some of the other children and failing to show interest in studying. Last week, Anu assaulted another student and was therefore temporarily suspended from school. Rukshi, who was always a quiet child, presented problems at school and had failed her Ordinary Level examinations, and is currently looking for a job.

Nithya initially was able to handle things with determination. However, Anu's suspension from school, taking care of Ishan and worrying about Rukshi's behaviour has taxed her beyond her ability to cope. She has become weepy, unable to focus, and unable to make decisions. She has not mentioned Anu's suspension to Ishan as she thinks it would add more stress to him.

Nithya meets the Case Manager and when she is asked about her problems, she bursts into tears.

ACTIVITY 2

SESSION AIM

At the end of this session, the participants will learn how to facilitate, monitor and follow up a referral.

MATERIALS REQUIRED

None

SESSION TIME

1 hour

SESSION TASK

- The facilitator divides the participants into small groups. In each group, there will be one participant each who will play the role of a Case Manager, an aggrieved person and a Police Officer.
- The Case Manager's role is to support in linking up a woman (aggrieved person) facing domestic violence from her partner and wants help from the Police but is too scared to go and file a complaint.
    - How will you as the Case Manager communicate with the Police Officer who may not necessarily be very supportive?
    - How will you talk to the fearful client and prepare her to face the Police?
    - How will you help monitor and evaluate what happened by talking to the client and the Police Officer?
- At the end of the role-play, the facilitator asks participants to share the experience of the referral process.

ACTIVITY 3

SESSION AIM

At the end of this session, the participants will learn how to take on different roles of Case Managers.

MATERIALS REQUIRED

None

SESSION TIME

1 hour

SESSION TASK

- The facilitator uses the same case scenario provided in Activity 1
- The participants will take on some of the roles mentioned and others will play the role of the clients. They will rotate so that everyone will have a chance to play at least one role.

    - Broker/facilitator
    - Advocate
    - Coordinator
    - Counsellor
    - Expeditor
    - Teacher
    - Collaborator
    - Evaluator

- At the end of the role-play, the facilitator asks the participants to share the experience of the referral process.

NOTE ON CASE MANAGEMENT

What is Case Management?

Case Management is a “collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet individuals’ and their families’ comprehensive needs through communication and available resources to promote quality cost-effective outcomes".

Often, highly vulnerable populations require multiple services involving professionals from several different disciplines. Therefore, Case Managers provide timely resources to meet the basic needs of highly vulnerable populations by locating, referring, brokering, coordinating, monitoring, expediting, and coordinating fragmented services offered by professionals from different disciplines.

Aims of Case Management

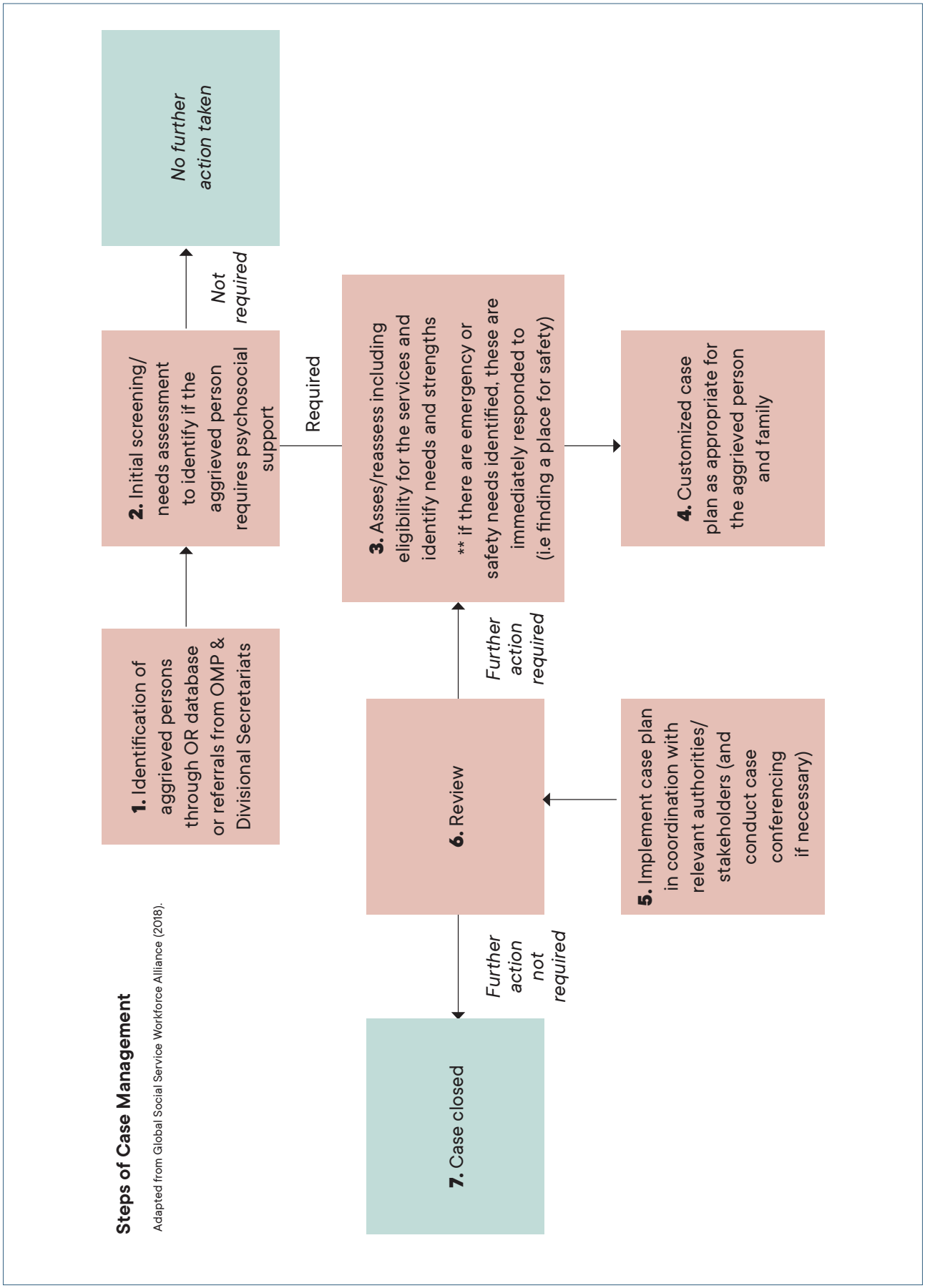
- Have sustained contact with the aggrieved person and family. Without this, all the others will fail.
- Improve the social functioning of the client and family.
- Prevent re-victimization and further deterioration of social functioning.

Model of Case Management

Coupled with ‘empowerment theory’, this model provides the aggrieved persons with an active voice in asserting their needs and in determining how their needs will be met. The Case Manager becomes an ally of the client. Skills training and vocational rehabilitation further empower client independence.

Fundamental Principles of Case Management

- Case Managers’ first duty is to their clients – coordinating care that is safe, timely, effective, efficient, equitable, and client-centred.
- Clients are able to enjoy self-determination and make choices for themselves.
- Clients are able to contribute to society.
- Clients can pursue meaningful careers.
- Clients are able to enjoy full inclusion & integration in economic, political, social, cultural, & educational mainstream society.
- Every human has inalienable value, societal membership, and deserves respect.
- Case Management is client-driven and driven by client need, and emphasizes on the assets of persons.
- Case Management strengthens factors that help individuals cope with their environments.
- Case Management should vary depending on client needs, and be flexible.
- Each person/ stakeholder involved in Case Management should assume initiative and participate in the plan.
- Society is responsible for providing services and opportunities to persons.
- Case Management should be interdisciplinary with interagency integration.
- Case Management is a continuous process & complex.
- The psychological and personal reactions of persons are always present during Case Management and crucial.


Steps of Case Management
Adapted from Global Social Service Workforce Alliance (2018).
1. Identification of aggrieved persons through OR database or referrals from OMP & Divisional Secretariats
2. Initial screening/ needs assessment to identify if the aggrieved person requires psychosocial support
Not required
No further action taken
Required
3. Asses/reassess including eligibility for the services and identify needs and strengths
** if there are emergency or safety needs identified, these are immediately responded to (i.e finding a place for safety)
4. Customized case plan as appropriate for the aggrieved person and family
5. Implement case plan in coordination with relevant authorities/ stakeholders (and conduct case conferencing if necessary)
6. Review
Further action required
Further action not required
7. Case closed

STEP 1 : Identification

The Office for Reparations will identify at-risk aggrieved persons through its database or referrals from the Office on Missing Persons (OMP) and the respective Divisional Secretariats.

Priority will be given to the most vulnerable groups (E.g.: women-headed households, families of the missing and severely disabled)

STEP 2: Initial screening

The Case Manager will conduct an initial screening/ assessment to determine if the aggrieved person needs psychosocial support. A standard needs assessment will be conducted to identify the aggrieved person's needs and strengths. This also helps the Case Manager develop a trusting relationship with the aggrieved person.

In some situations, where the Case Manager identifies that the aggrieved person is facing immediate risk especially in terms of her/his safety, the Case Manager must first consider if it is possible to remove the risk with the engagement of appropriate authorities (E.g.: involving the Police in removing an individual perpetrator). If this is not possible, an emergency place of safety may be needed (E.g.: a place where the aggrieved person can stay and be taken care of, without the risk of harm while a more complete assessment is completed).

If the screening determines that no intervention is needed, the case will be closed, and no further action will be taken.

STEP 3: Assess/ Reassess

If the aggrieved person needs assistance, a more comprehensive needs assessment is conducted. This involves further discussions with the aggrieved person to jointly determine what sort of help and support is needed. Sometimes family members may have different interests, and these should be considered objectively in the decision-making process after listening carefully to all parties.

STEP 4: Case-plan

The Case Manager develops a case-plan jointly with the aggrieved person, and outlines specific actions required to meet the goals and needs identified by the aggrieved person and by whom and when they should be taken. The case-plan will include immediate, short-term, medium-term and longer-term changes or goals. Note that case-plans are not static, and should be periodically reviewed with the aggrieved person and sometimes changed to adapt to new circumstances (See step 6).

STEP 5: Implement

During this stage, the Case Manager follows up to make sure that the aggrieved person is receiving the planned support and help. This requires checking to see if the aggrieved person has accessed the services and also identifying any other follow up issues that may need to be addressed. In some instances, the Case Manager may accompany or identify someone that the aggrieved person trusts who can accompany the aggrieved person to the service provider, particularly when the aggrieved person has expressed unwillingness or inability to do so by her/himself.

STEP 6: Review

At regular and set intervals, the Case Manager will review/check to see if the interventions are having the intended effect (to see if the goals are being met) and if it is necessary to make some changes. If the Case Manager together with the aggrieved person determines that changes to the case-plan are required, then Step 3 (reassess) might be required as a means of informing a revised case-plan.

STEP 7: Case Closed

A case is closed when all the goals jointly identified have been met or when the goals are no longer relevant/ feasible, and when new goals are not required. In some instances, the case might be referred to another service provider for services that the current provider does not offer. Sometimes, a case might be closed due to attrition i.e., the aggrieved person leaving the DS Division or the aggrieved person no longer wanting to receive services or the death of an aggrieved person. A closed case can be re-opened in the future if the aggrieved person requires additional help and support. When that happens, a re-assessment in Step 3 will be required, followed by the other steps in the Case Management process.

Roles of the Case Manager

A Case Manager will have to take different roles in providing Case Management. These include:

- Advocate
- Broker facilitator
- Coordinator
- Collaborator
- Consultant
- Counsellor
- Evaluator
- Expeditor
- Planner
- Recordkeeper
- Teacher

6.2) INTRODUCTION TO CASE CONFERENCING

SESSION AIM

At the end of this session, the participants will learn how to conduct Case Conferencing.

MATERIALS REQUIRED

Whiteboard, whiteboard markers

SESSION TIME

3 hours

SESSION TASK

- The facilitator provides the participants with a briefing on the theory of Case Conferencing and how to conduct Case Conferencing (See Note on Case Conferencing for further details).
- The facilitator then hands over a mock needs assessment to all the participants.
- A mock Case Conference is conducted with participants in the training taking the role of the client/ family and other Case Conference members. A Case Conference facilitator volunteers from among the participants. A suitable case is presented with the results of the needs assessment by the person representing the Case Manager.
- A discussion is carried out on the modalities of helping the client. Participants are encouraged not to be afraid to challenge one another. A sample record format is filled. The Case Conference will be held for at least 30 to 45 minutes. This will be followed by a general discussion with the participants and facilitator addressing the following questions.
    - Did you have an opportunity to express your feelings in the group? If not, why not?
    - Did anyone hear what you had to say? How do you know?
    - Who had the most influence on the discussion? Why?
    - What factors did you consider in your selection of the facilitator for the Case Conference?
    - Did the family introduce themselves and have an opportunity to talk about their expectations and so on?
    - In what areas, if any, was there disagreement amongst the group vis-à-vis planning?
    - How were the disagreements resolved?
    - What actions for reviewing the plan were made?
    - How was documentation used during the Case Conference?

NOTE ON CASE CONFERENCING

What is a Case Conference?

A Case Conference is a planned meeting that brings together multiple stakeholders who have a role in supporting a vulnerable aggrieved person and her/his family. At a Case Conference, the participants can discuss various options aimed at supporting the aggrieved person and family, as well as any concerns or challenges that the stakeholders are facing. It allows the participants to bring their own perspectives to the case, and collaboratively come up with a set of agreed-upon short-term, medium-term and long-term action points that are based on the best interests of the aggrieved person.

Case Conferences are not always needed. Often, a Case Manager can work directly with the aggrieved person and family to address their challenges, and make referrals to relevant services. A Case Conference is more appropriate when a case is extremely complex (E.g.: when there are complex challenges in solving a problem faced by the aggrieved person, or when multiple perspectives are needed to identify suitable agencies to address the problems). Case Conferencing is frequently used in Sri Lanka to help survivors of child abuse and in some instances to help survivors of domestic violence.

Based on the needs assessment where multiple sectors need to work together seamlessly, the Case Manager may decide a Case Conference is the best way to get things moving in a particular client and family. On the other hand, the need for a Case Conference may also arise later in the process of Case Management.

Roles in a Case Conference

1. **Case Conference Coordinator** - In a sector where frequent Case Conferences are held, a person may be designated to be the coordinator for all the Case Conferences. In the absence of such a person, the Case Manager can be the Case Coordinator as well. Once the Case Manager has decided a Case Conference is necessary based on the assessment in the beginning or at any point in the Case Management process, s/he decides on the sectors that need to be included in the Case Conference. This might include education, health, social services, vocational training, gender, counselling, Samurdhi, Police, other NGOs, and civil society organizations. Almost always, the client too will participate in the Case Conference. Date and time are arranged while inviting the officers from the relevant sectors. The Case Conference Coordinator will also have the attendance sheet and arrange logistics.
2. **Case Conference Facilitator** - A senior respected person among the Case Conference participants may volunteer to be the facilitator on that day. This person will chair the meeting. It could be any one of the participants attending the meeting. This person will start the meeting, get everyone to introduce themselves, and make sure the meeting is conducted in a peaceful and dignified manner, which is productive but without wasting too much time. The Case Conference Facilitator will give everyone a chance to contribute while ensuring the client is actively participating in the discussion and voices her/his interests and concern without inhibition. At the end of the meeting, the facilitator will (if necessary) fix the next date for another Case Conference and thank all and end the meeting.
3. **Case Manager** – The Case Manager will decide who are the people/departments who need to be invited to the Case Conference, and will either invite them directly or through the Case Coordinator (if there is one). S/he is responsible to find a suitable time and place for most, ensure the client can come on that date and time, instruct the client about the process and make sure

s/he is relaxed and comfortable, and prepare a case summary incorporating the needs identified with the client input. At the beginning of the meeting, after the introduction at the request of the Case Conference Facilitator, the Case Manager will present the summary. The Case Manager is responsible for maintaining records of all that is said. S/he must ensure that when participants commit to doing something, it is recorded accurately with expected activity and timelines using the accepted format. The Case Manager will make sure signatures are obtained for each of the commitments. At the end of the meeting, when others have left, the Case Manager will summarize the meeting to the client and explain to her/him what s/he can expect and when and where s/he should go to meet the participants in the meeting to get input. The Case Manager will ensure that the client is comfortable with the meeting and is content with the outcome.

4. **Client/Aggrieved Person -** will actively participate in the meeting, and will make sure there is a good understanding of her/his problems and concerns amongst the stakeholders present. At the end of the meeting, the aggrieved person may clarify any doubts with the Case Manager.
5. **Supporter for the client –** The client/ aggrieved person should be made aware that if s/he feels comfortable, s/he can bring someone s/he trusts to support her/him to the Case Conference. This could be a family member/ friend/ or a respected member of society. They can be present to support the client and reiterate the client's viewpoint and make the client more relaxed. This person too should be aware of the etiquette of the Case Conference and its purpose.

Characteristics needed to participate in a Case Conference

Certain basic principles need to be observed by all the participants of the Case Conference. They are:

Mutual respect to all - not to criticize any department or persons, communicate respectfully towards all participants in an equal manner.

Good communication skills - All the participants should be able to articulate their viewpoints in a clear understanding manner

Honesty – The participants should be honest about what could be done and what cannot be done, and not make false promises.

Being able to disagree - The relationship between the participants should be friendly and understanding. But it should also allow an atmosphere with an openness where there can be open disagreements and questioning so that the participants can obtain the best possible outcome for the client.

Having common goals - All the participants should focus on the primary goal of helping the client and the subsidiary goal of having mutual trust and good relationships between the participants. They should ensure that they are not sidetracked in mutual criticism and other interdepartmental matters.

Being clear of roles and responsibilities - Participants should have a clear understanding of their roles before the Case Conference. They could ask the Case Conference Coordinator or the Case Manager for further details. They should go with information from their departments about what is possible and what is not possible.

A shared commitment to Case Management - helping the client is the responsibility of all the participants/departments who are attending and others who may not attend. So, the Case Conference is an activity that will help all the participants to do their work better - not just the Case Manager. Therefore, all should take an active interest and participate fully, and should take down notes that would be useful to deliver the interventions they have agreed to.

Key Steps in a Case Conference

1. The purpose of the Case Conference and the involvement of participants should be reiterated repeatedly in each meeting.
2. Case Conferences should model effective communication and affirm human relationships.
3. Case Conference groups should be open groups with processes for inclusions and leave-taking. As needed, others could be added to future Case Conferences, and all need not attend all the Case Conferences about a particular client. Once particular goals are reached, some participants may not attend future conferences.
4. It is helpful if differing mandates are clearly stated. Good practice involves the team sharing and supporting each other in mandate fulfilment.
5. Divergence of opinion and disputes present opportunities for strengthening the plan of care of the client.

6.3) RESOURCE MAPPING

6.3.1) NETWORKING SKILLS

SESSION AIM

In this session, the participants will learn

- The importance of networking
- How to network

SESSION TIME

1.5 hours

FACILITATORS' NOTES

What is networking?

Networking includes developing a range of working relationships among relevant organizations in the community. The aim of networking is to enhance purposeful communication amongst stakeholders in areas relevant to Case Management. It can further serve to support cooperative activities amongst stakeholders, and reduce bureaucratic barriers between services.

What are good indicators of networking in Case Management?

1. Making contacts with stakeholders from all sectors relevant for Case Management (Encourage discussion with participants on who these potential stakeholders could be)
2. Developing a working knowledge of relevant services in the area, and maintaining formal and informal contacts with relevant service providers.
3. Encouraging appropriate liaison between services offered by the organizations you represent and other community organizations
4. Supporting communication networks and cooperation among all stakeholders of services in the community
5. Bringing individuals and groups together to share ideas on issues of common concern.

Tips on Networking

1. **Forget you're working.**
2. **Set goals** – Set short-term goals of networking. Put aside big goals for the time being.
3. **Mind your manners** – Society's normal, mannerly expectations still apply. Try to listen more than you talk, be thoughtful in your interactions and generous with your time when you can.
4. **Elevator pitches** - There will always be a reason to tell what you do in a very short window of time.
5. **Make networking a regular habit** - Keep it as a habit, just follow this one simple strategy — every other day (or every day, or twice a week, etc.), reach out to one person.
6. **Stay in touch** - Spend some time each week checking in with your network. It could be sharing an article, making an introduction, saying hello or meeting for coffee.

7. **Know whom you are reaching out to** - The important thing to remember here is that if you are trying to connect with an influential person, this becomes even more important because they probably have people trying to reach out all the time.
8. **Use positive language.**
9. **Cultivate Your "Power" Contacts** - These people will be the ones who are constantly introducing you to new/interesting contacts, referring you to others for more work, and just generally pushing your work forward
10. **Don't expect anything** - This skill is the most important of all because, with the right mindset, you can avoid networking mistakes out there. When you are out to get something, you are not truly networking with people, you're just running a long-term manipulation game. So, understand that whatever comes, should just come. You don't need to actively be pestering your connections for everything.
11. **Don't be afraid** – Don't be afraid to go alone and don't stick to people you know. Often at events, you see a group of people from one sector huddled together. It feels safe but the reality is that you are missing out on many opportunities to meet other people, so break away from your colleagues and say hello to others
12. **Improve your interpersonal skills** – (E.g.: communication skills, first impressions, educating contacts, don't use jargons, illustrate benefits, take time)
13. **Remember it's a two-way process** - it's not just about what you can get from new contacts. It's about sharing your contacts, knowledge and information
14. **Burn 'useless bridges'** - Eventually, you're going to come across people with whom you've connected but don't see the relationship as give-and-take and see it more like, "How much can I get out of you?

SESSION TASK

- The facilitator conducts an interactive discussion with the participants on the importance of networking and how to network (See Facilitators' Notes), and then proceed to Activity 1 and Activity 2

ACTIVITY 1

SESSION TASK

Adapted from: Janasz & Forret (2008)

A greeting is one of the very first ways in which we develop impressions of other individuals. It is also an integral part of face-to-face networking in many cultures. The goal of this activity is to reintroduce participants to the importance and implications of this simple, common gesture

Ask the participants to greet a few individuals in the room. Afterwards, discuss the following questions with the participants:

1. What did you notice about others you met and greeted?

   (E.g.: Did they smile, look you in the eyes, give their/ask for your name? How did you feel when they didn't look you in the eyes?)
2. Describe the differences (without identifying individuals) in the greetings you received. If you were meeting these individuals for the first time, what might you infer about the individual from his or her greeting?

   (Discuss their perceptions/impressions, e.g., fear, confidence or lack thereof, strength, power, need to dominate. Inform the class that experts consider a firm handshake to be most effective in most Western cultures. But in some cultures, such as in Sri Lanka, there are alternative methods of greetings like saying 'Ayubowan/ Vanakkam')
3. What differences, if any, did you notice between men's and women's ways of greeting?

   (Discuss how in some cultures, handshakes with members of the opposite gender might make individuals uncomfortable)

ACTIVITY 2

SESSION TASK

- Participants are divided into groups. The participants are given 10 minutes to devise a short personal pitch, and 5 minutes to deliver their pitch to the other members of the group.
- Afterwards, the participants give each other feedback

CASE SCENARIO

You recently joined as a Case Manager to support Office for Reparations in its psychosocial support initiatives. You're asked to meet several new stakeholders whom you'll be working with in the future for your Case Management work. Imagine you're meeting a potential stakeholder whom you've never met before nor has heard of Office for Reparations. You have 5 minutes to briefly make your pitch. How do you approach, and what do you say?

ACTIVITY 3

SESSION TASK

- The participant groups work together to create a network map, list people who can help in their Case Management work, and present it to the facilitator. (Time allocated: 15 minutes)

6.3.2) STATE AND NON-STATE PSYCHOSOCIAL SUPPORT SERVICE PROVIDERS IN SRI LANKA

SESSION AIM

At the end of this session, the participants will learn about various state and non-state psychosocial support service providers in Sri Lanka

SESSION TIME

1 hour

SESSION TASK

This session will consist of a guest lecture. The guest speaker will conduct an interactive session and discuss the following points in detail:

- Various state and non-state psychosocial support services providers in Sri Lanka
- Their role and mandate
- How to conduct referrals between state and non-state service providers

MODULE 7

SELF-CARE

7.1) DEBRIEFING

SESSION AIM

The aim of this session is for participants to understand the importance of debriefing and how to conduct a debriefing.

MATERIALS REQUIRED

Flipchart, paper, pens

SESSION TIME

40 minutes

SESSION TASK

- The facilitator introduces the concept of debriefing and the benefits of regular debriefing sessions.
- The facilitator then talks of the stages of debriefing and how to conduct group debriefing sessions

NOTE ON STAGES OF PSYCHOLOGICAL DEBRIEFING

Adapted from: Dyregrov, A. (1997).

STAGE	AIM
Introduction	
• Introduce moderators, purpose and rules for the debriefing	Establish climate, decrease anxiety. Build trust. Signal structure
Fact phase	
• Relate facts and review event	Create wholeness and common understanding
Thought phase	
• Relate thoughts and decisions	Stimulate coherent understanding
Reaction/ symptom phase	
• A detailed review of sensory impressions (e.g.: what you saw, heard, felt)	Prevent intrusive images
• Give words to sensory images	Reduce tension
• Relate emotional reactions to the event	Decrease emotional involvement & identification with the situation. Gain perspective. Secure rapid normalization
• Confrontation	Prevent avoidant behaviour
• Discuss role-related problems & interagency conflicts	Plans for clearer role definitions & interagency interaction

• Activate team resources through group processes,	Mobilize team unity and support
• Sharing of responsibility and normalization	Prevent rumination and blame
• Sharing of coping strategies	Enhance coping resources
Teaching phase	
• Provide verbal & written information	More rapid normalization
	Provide a frame of reference
• Suggest coping strategies such as relaxation, self-talk, ways to handle intrusive material (control techniques), write about the event, and encourage group and family support	Decrease arousal & fear-activated processes
End phase	
• Focus on lessons learned	Secure future coping
• Information on follow-up resources	Give access to further help

7.2) REFLECTIVE PRACTICE

SESSION AIM

At the end of this session, the participants will be able to understand the importance of reflective practice, and how to apply reflective practice in their work

MATERIALS REQUIRED

Flipchart, paper, pens

SESSION TIME

2 hours

FACILITATORS' NOTES

Reflective practice is important as it can lead to the following outcomes:

1. Learning, knowledge and understanding
2. Some forms of action
3. A process of critical review
4. Personal and continuing professional development
5. Reflection on the process of learning or personal functioning (meta-cognition)
6. Building of theory from observations in practice situations
7. Solving problems and decision making in times of uncertainty
8. Empowerment
9. Unexpected outcomes (E.g.: images, ideas that could be solutions to dilemmas or seen as creative activity)
10. Clarification and the recognition that there is a need for further reflection

SESSION TASK

- The facilitator asks the participants to think of an interaction that happened in their lives, and write on a piece of paper how it impacted them, what they learned from it, and how they applied what they learned for future activities (The participants are told that they do not have to share what they've written with the others unless they want to).
- The facilitator then describes the concept of reflective practice, and leads a discussion on the importance of reflective practice (see Facilitators' Notes).
- The facilitator also explains the stages of reflection, and how participants can practice reflection.

ACTIVITY

- The following activity consists of two parts of a case study.
- The facilitator asks participants to read the Case Scenario Part 1 given below.

CASE SCENARIO - PART 1

Adapted from Knott & Scragg (2010)

You are a Case Manager working with vulnerable communities. You have received a referral about Ashok and Lalitha, both in their 70s. They have a limited income and live in a rundown house. They have a son named Ravi who lives nearby but rarely seems to visit. Ashok has signs of memory loss. Lalitha takes care of Ashok even though she also has various health complications. A neighbour has reported that Ravi is not a nice person, and has been encouraging his parents to sell the house and go into an elders' home. He has been heard shouting at them in several instances. You are asked to visit Ashok and Lalitha and assess their needs.

- Then the participants are asked to write answers to the following questions:
    - i As you read the case scenario, what are your initial thoughts?
    - ii Consider what information and your personal beliefs and values you think will influence your assessments.
    - iii How would you approach Ashok and Lalitha? What sort of questions do you think would be useful to ask from Ashok and Lalitha?
- The participants are then asked to present their reflections to the facilitator.
- The facilitator then requests the participants to read Case Scenario Part 2.

CASE SCENARIO - PART 2

Adapted from Knott & Scragg (2010)

You visited Ashok and Lalitha by appointment, and started an initial assessment. One of their first comments was how young you seem to them, and they asked you about your life and family. They, in turn, seemed kind and generous and reminded you of your own grandparents.

Ashok was clearly suffering from memory loss, occasionally forgetting who you were. He then got upset when he became aware of his diminished abilities. Lalitha talked of her isolation and struggle to maintain herself and her husband, grocery shopping, doing laundry, etc. She felt that she could not cope any longer like this, and although she would like to remain at home with her husband, she thought it might be better to go into an elders' home and not cause any further bother to anyone. Lalitha commented that their son thought that an elders' home would be better for them. She also said that Ravi has brought a potential buyer over to the house to take a look at the house. You were about to leave, and noticed then that Lalitha had bruises on her arms. You quickly asked about the bruises. Lalitha said that they were caused accidentally and that she bruises easily now that she is so old.

- Then the participants are asked to write answers to the following questions:
    - i Were you developing your thinking as you were reading the second part of the case study (possible reflection in action)? As you were reading the case study, what kind of strategies did you think would be beneficial to engage with Lalitha and Ashok?
    - ii Refer back to the notes you made earlier, and consider whether your thinking about the case has significantly changed (possible reflection on action).
- The participants are then asked to present their reflections to the facilitator.

NOTE ON REFLECTIVE PRACTICE

Reflective practice is the ability to reflect on one's actions to engage in a process of continuous learning.

According to Donald Schön (1983), there are two types of reflective practice.

1. **Reflection-in-action:** thinking about or reflecting while you are carrying out the activity.
2. **Reflection-on-action:** thinking about the practice undertaken after the event and turning that information into knowledge.

Stages of personal reflection

Stage 1: Reflection on an issue you're facing or a concern that you have

Stage 2: Analysing the situation by asking yourself the following questions

'What is going on here?'

'What assumptions am I making?'

'What does this tell me about my beliefs?'

'Are there other ways of looking at this?'

Stage 3: Action

'What action can I take?'

'What can I learn from this?'

'Would I respond differently if this occurs again?'

'What should I learn or what skills should I develop so that I respond more effectively next time?'

'What does this tell me about the beliefs that I hold about myself?'

7.3) SELF-CARE AND BURNOUT PREVENTION

SESSION AIM

The aim of this session is for participants to understand the concepts of burnout, compassion fatigue, vicarious trauma and self-care.

MATERIALS REQUIRED

Flipchart, pens, paper, a printed Self-care Assessment Tool

SESSION TIME

1 hour

FACILITATORS' NOTES

Case Managers working with aggrieved persons are often exposed to distressing emotional experiences and profound suffering. If necessary steps are not taken, this can lead to burnout and can affect their mental health and interpersonal relationships.

Burnout:

Burnout is characterized by 3 elements:

1. Exhaustion
2. Depersonalisation - attempts to distance oneself from the client by developing an indifference or cynical attitude when feeling exhausted and discouraged.
3. Decreased effectiveness and work performance

There can be situational and individual risk factors for burnout:

Situational risk factors	Individual risk factors
Demands of solo practice, long work hours, time pressure and complex grievances of aggrieved persons	Difficulties in asking for help
Lack of control over schedules, the pace of work, and interruptions	Excessive involvement with aggrieved persons
Lack of resources and support from supervisors	Difficulties in sharing thoughts and emotions
Lack of support for work/life balance from colleagues and/or spouse	Lacking a sense of control over events
Isolation due to gender or cultural differences	Lack of involvement in daily activities
Work overload and its effect on home life	Attribution of achievement to chance or others rather than one's own abilities

Compassion fatigue:

Compassion fatigue is the emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others. Compassion fatigue may occur when helpers experience increased workload over a period of time or when they feel unable to help beneficiaries or answer their needs.

Vicarious trauma:

Vicarious trauma occurs when helpers are exposed to or listen to stories of disruptive events by the clients whom they are helping, which can lead to the development of secondary trauma symptoms within the workers themselves.

Self-care:

Self-care is any activity that you do deliberately in order to take care of your mental, emotional, and physical health.

ABC for Self-care	
AWARENESS	Practice self-awareness of your own needs, limits, emotions, and resources. Look for early signs of burnout, compassion fatigue, and vicarious trauma so that you focus on self-care to prevent further problems.
BALANCE	Balance your activities: work, family and social life, rest, and leisure. Remind yourself that you deserve to have a meaningful and enjoyable life outside work.
CONNECTION	Establish positive relations with co-workers, friends, and family to elicit support and avoid isolation

National Mental Health Programme (n.d.)

SESSION TASK

- The facilitator starts an interactive discussion on burnout, compassion fatigue, vicarious trauma, how to prevent burnout and effective self-care strategies (See Facilitators' Notes)
- The facilitator then asks the participants to take 5 to 10 minutes and fill the self-care assessment tool below.
- The facilitator then asks the participants to reflect on
    - Were there any surprises? Did the assessment present any new ideas that you hadn't thought of before?
    - Of the activities you are not doing now, which ones particularly interest you? How might you incorporate them into your life sometime in the future?

SELF-CARE ASSESSMENT TOOL

Adapted from: National Mental Health Programme (n.d.)

This assessment tool provides an overview of effective strategies to maintain self-care. It will take around 5 to 10 minutes to fill. It will allow you to rate your physical, psychological, emotional, spiritual, and workplace self-care level. This tool is not validated in Sri Lanka; however, it can be used as an example, to help you identify areas where you are practising good self-care and areas for improvement.

How often do you do the following? (Rate, using the scale below):

5 = Frequently

4 = Sometimes

3 = Rarely

2 = Never

1 = It never even occurred to me

Physical Self-care

- ☐ Eat regularly (e.g., breakfast, lunch, and dinner)
- ☐ Eat healthy
- ☐ Exercise
- ☐ Get medical care when needed
- ☐ Get regular medical care for prevention
- ☐ Take time off when you're sick
- ☐ Get massages
- ☐ Do physical activities that you enjoy (e.g.: sports)
- ☐ Get adequate sleep
- ☐ Wear clothes you like
- ☐ Take vacations
- ☐ Get away from stressful technology (e.g.: social media)
- ☐ Other:_____

Psychological Self-care

- ☐ Make time for self-reflection
- ☐ Seek support from professionals/ counsellors if needed
- ☐ Write in a journal or diary
- ☐ Read something unrelated to work
- ☐ Do something at which you are a beginner
- ☐ Take a step to decrease stress in your life
- ☐ Spend time outdoors
- ☐ Say no to extra responsibilities sometimes
- ☐ Other: _____

Emotional Self-care

- ☐ Spend time with others whose company you enjoy
- ☐ Stay in contact with important people in your life
- ☐ Treat yourself kindly (supportive inner dialogue or self-talk)
- ☐ Feel proud of yourself
- ☐ Reread favourite books, re-watch favourite movies
- ☐ Identify and seek out comforting activities, objects, people, relationships, places
- ☐ Allow yourself to cry.
- ☐ Find things that make you laugh
- ☐ Play with children
- ☐ Other: _____

Spiritual Self-care

- ☐ Make time for prayer, meditation, reflection
- ☐ Spend time in nature
- ☐ Participate in a spiritual gathering, community or group
- ☐ Express gratitude
- ☐ Celebrate milestones with rituals that are meaningful to you
- ☐ Remember and memorialize loved ones who have died
- ☐ Read inspirational stories
- ☐ Contribute to or participate in causes you believe in
- ☐ Sing or dance
- ☐ Identify what is meaningful to you and notice its place in your life
- ☐ Be open to mystery, to not knowing
- ☐ Stay hopeful
- ☐ Other: _____

Workplace/ professional self-care

- ☐ Take time to eat lunch
- ☐ Take time to chat with co-workers
- ☐ Make time to complete tasks
- ☐ Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- ☐ Set limits with clients and colleagues
- ☐ Balance your caseload so no one day is “too much!”
- ☐ Arrange your workspace so it is comfortable and comforting.
- ☐ Get regular supervision or consultation
- ☐ Have a peer support group
- ☐ Others: _____

7.4) PEER SUPPORT SYSTEM

SESSION AIM

At the end of this session, the participants will be able to:

- Understand the importance of peer-to-peer support
- Come up with their own peer support initiative
- Understand the role of peer-to-peer support on burnout prevention

MATERIALS REQUIRED

Flipchart, paper, pens_

SESSION TIME

45 minutes

SESSION TASK

- The facilitator starts a discussion with the participants about the role of peers in supporting each other.
- The facilitator also explains the importance of peer-to-peer support as a self-care strategy for burnout prevention
- The facilitator explains the principles of peer support and writes them on a flipchart
- The facilitator then divides the participants into groups of ten and tasks them with coming up with their own peer support initiative (the facilitator encourages participants to keep the principles of peer support in mind.)
- The groups present their strategy.
- The facilitator provides feedback.

NOTE ON PRINCIPLES OF PEER SUPPORT

Peer support is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other.

Here are some underlying values that make peer support unique and valuable (Blanch et al., 2012):

1. **Peer support is voluntary**

   Persons must freely choose to participate in peer support activities, and must not be pressured to attend. The voluntary nature of peer support makes it easier for us to build trust and connections with one another

2. ***Peer support is* non-judgmental**

   You may meet people with diverse experiences, beliefs, ways of living that may be different from your own. Being non-judgmental means, you approach each person with openness, curiosity and genuine interest.

3. ***Peer support is* empathetic**

   In peer support, you must make a genuine effort to imagine how the other person feels, what might have led to those feelings, and how we would want someone to respond to us in that situation.

4. ***Peer support is* respectful.**

   In peer support, everyone is seen as having something important and unique to contribute. Everyone who wants to be a part of the group is valued and treated with kindness, warmth, and dignity. You must be open to sharing with people from many ethnicities and cultures, educational levels, and religions.

5. ***Peer support* requires honest and direct communication.**

   Peers must speak honestly but with compassion about difficult issues. This helps us move beyond our fear of hurting other people or making them angry and have honest conversations with the people we need to address.

6. ***Peer support* involves mutual responsibility.**

   We each take responsibility for voicing our own needs and feelings. Each participant is responsible for making sure that everyone is heard.

7. ***Peer support* is about sharing power.**

   No one is in charge and everyone is equally responsible.

8. ***Peer support is* reciprocal.**

   Every person both gives and receives in a fluid, constantly changing dynamic.

7.5) DEEP BREATHING AND RELAXING TECHNIQUES

SESSION AIM

At the end of this session, the participants will learn deep breathing and relaxing techniques, and how they can use such techniques regularly to prevent burnout.

MATERIALS REQUIRED

None

SESSION TIME

45 minutes

SESSION TASK

- The facilitator asks the participants to sit in a comfortable position in a quiet setting.
- When the participants are ready, the facilitator conducts an exercise on Progressive Muscle Relaxing
- The facilitator encourages the participants to use deep breathing techniques as a self-care strategy for burnout prevention.

PROGRESSIVE MUSCLE RELAXING SCRIPT

Adapted from TherapistAid (2017)

Begin by taking a deep breath and noticing the feeling of air fill your lungs. Hold your breath for a few seconds.
(brief pause)

Release your breath slowly and let the tension leave your body. Take another deep breath and hold it.
(brief pause)

Again, slowly release the air.

Even slower now, take another breath. Fill your lungs and hold the air.
(brief pause)

Slowly release the breath and imagine the feeling of tension leaving your body.
Now, move your attention to your feet. Begin to tense your feet by curling your toes and the arch of your foot. Hold onto the tension and notice what it feels like.
(5-second pause)

Release the tension in your foot. Notice the new feeling of relaxation.
Next, begin to focus on your lower leg. Tense the muscles in your calves. Hold them tightly and pay attention to the feeling of tension.
(5-second pause)

Release the tension from your lower legs. Again, notice the feeling of relaxation. Remember to continue taking deep breaths.
Next, tense the muscles of your upper leg and pelvis. You can do this by tightly squeezing your thighs together. Make sure you feel tenseness without going to the point of strain.
(5-second pause)

And release. Feel the tension leave your muscles.
Begin to tense your stomach and chest. You can do this by sucking your stomach in. Squeeze harder and hold the tension. A little bit longer.
(5-second pause)

Release the tension. Allow your body to go limp. Let yourself notice the feeling of relaxation. Continue taking deep breaths. Breathe in slowly, noticing the air fill your lungs, and hold it.
(brief pause)

Release the air slowly. Feel it leaving your lungs.
Next, tense the muscles in your back by bringing your shoulders together behind you. Hold them tightly. Tense them as hard as you can without straining and keep holding.
(5-second pause)

Release the tension from your back. Feel the tension slowly leaving your body, and the new feeling of relaxation. Notice how different your body feels when you allow it to relax.
Tense your arms all the way from your hands to your shoulders. Make a fist and squeeze all the way up your arm. Hold it.
(5-second pause)

Release the tension from your arms and shoulders. Notice the feeling of relaxation in your fingers, hands, arms, and shoulders. Notice how your arms feel limp and at ease.
Move up to your neck and your head. Tense your face and your neck by distorting the muscles around your eyes and mouth.
(5-second pause)

Release the tension. Again, notice the new feeling of relaxation.
Finally, tense your entire body. Tense your feet, legs, stomach, chest, arms, head, and neck. Tense harder, without straining. Hold the tension.
(5-second pause)

Now release. Allow your whole body to go limp. Pay attention to the feeling of relaxation, and how different it is from the feeling of tension.

Begin to wake your body up by slowly moving your muscles. Adjust your arms and legs. Stretch your muscles and open your eyes when you're ready.

NOTE ON RELAXING TECHNIQUES

You've learned Progressive Muscle Relaxing Exercise earlier. We hope you found it helpful. Here are some other techniques you can try out.

DEEP BREATHING EXERCISE

1. Sit or lie flat in a comfortable position.
2. Put one hand on your belly just below your ribs and the other hand on your chest.
3. Take a deep breath in through your nose, and let your belly push your hand out. Your chest should not move.
4. Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out.
5. Do this breathing 3 to 10 times. Take your time with each breath.
6. Notice how you feel at the end of the exercise.

GUIDED IMAGERY EXERCISE

Adapted from Learn to prevent and deal with burnout effect project (2014)

Sit down or lay down in a calm, dark room. Breath in and breath out several times. Close your eyes.

Imagine yourself to be on a path, walking, on a beautiful day. You are going to your favourite lake, a lake where you have been before or one that you only imagine. As you are getting close, you can smell the breeze of the lake. Now you can see the lake in front of you. You notice the vegetation and the wildlife in it. You slowly get into the water. It is cool and fresh.

In your imagination, anything is possible. Allow yourself to become the lake, to become this body of water. Notice yourself while doing it. Notice your depths, the calm, the stillness of yourself as the lake. Notice how the breeze or even the storm can only form a ripple on your surface. You are calm, patient, moving, settled, centred. While you keep this calm and quietness in your body release your worries, thoughts and tensions from your body by breathing out. Nothing can disturb you.

You can come back anytime you wish to this feeling of calmness and quietness and depth by a simple deep breath. Breath in and breath out several times. Now allow yourself to re-emerge from the lake and find yourself standing on the edge. Knowing that this feeling is always available to you, begin to walk back from the lake. Feel the smell of the lake again. Become aware of the sounds and movements in the room. Open your eyes fully present of the here and the now. Remember that your breath can connect you anytime with the lake, every time you begin your workday or when you feel stressed.

MODULE 8

PRACTICAL USE OF WHAT WE HAVE LEARNED

PRACTICAL USE OF WHAT WE HAVE LEARNED

SESSION AIM

At the end of this session, the participants will learn how to apply what they have learnt in this training to their work as Case Managers

MATERIALS REQUIRED

None

SESSION TIME

1 hour

SESSION TASK

- The facilitator divides the participants into 6 groups. Each group will work on one module (excluding module 06) that was covered in the training. Some of the questions they would answer:
    - How can I use what was learned in the module in my work? (i.e., conducting a needs assessment, Case Management, Case Conferencing etc.)
    - Why is it important to use it in my work as a Case Manager?
- The facilitator gives the participants time to discuss, and requests the participants to share their thoughts as a presentation for all participants afterwards.

NOTE ON HOW TO USE WHAT WE HAVE LEARNED

As Case Managers, you will be working directly with aggrieved persons to conduct needs assessments, prepare a case-plan and implement the actions identified in the case-plan to address their needs.

Thus, it is important for you to develop the knowledge, skills and competencies that have been discussed thus far in the training. So, let's reflect on what we have learned and how we can use them to help and support aggrieved persons.

MODULE 01: INTRODUCTION TO PSYCHOSOCIAL SUPPORT

In Module 01, you learned about Maslow's Hierarchy of Needs, and how lower-level needs must be met before moving to higher-level needs. You now know how to map out the needs of aggrieved persons according to Maslow's Hierarchy of Needs, and help facilitate resilience within individuals, families and communities by addressing both their psychological and social needs. You would be able to look at the different factors that are affecting the psychosocial wellbeing of the aggrieved person, identify how different crises have affected people differently, and identify the types of reparations that can address their needs. You will also be able to explain to the aggrieved persons about the mandates of the Office for Reparations and the Office on Missing Persons, and support services available through the offices. Throughout your work as Case Managers, it is important to follow the basic principles while being culturally sensitive, and ensuring that aggrieved persons are treated with utmost dignity.

MODULE 02: LOSS AND GRIEF

In Module 02, you learned about types of loss and the process of grieving. You now know that grief is a perfectly natural and normal response to painful events. You also learned how, sometimes, some people find it difficult to resume their normal lives despite the passage of time, and why it is important to refer them for professional help when that happens. You also learned that ambiguous loss (faced by families of missing persons) is different from the death of a family member. This knowledge will help you understand what aggrieved persons are going through and support them, for instance by listening attentively and recognizing the loss during the interview.

MODULE 03: DISTRESS AND RESILIENCE

In Module 03, you learned about distress and how it affects each individual differently. You also learned about good stress, bad stress, and how to manage and cope with stress. When you conduct the needs assessment, you will look into the aggrieved persons coping skills and protective resilient factors. So, when you work with aggrieved persons in the field, you can help identify their resilience factors and apply this knowledge to support aggrieved persons by strengthening their resilience. You also learned how to use storytelling to help aggrieved persons to open up and tell their stories as an avenue for healing. Finally, you understood how important it is when talking to people who may have experienced disruptive events, to avoid dwelling on the experiences if people are unwilling to talk about them, and how it is important to avoid environmental, verbal and other cues of the events in the setting in which you are conducting the interview/session.

MODULE 04: COMMON PSYCHOSOCIAL ISSUES

In Module 04, you learned about common psychosocial issues such as sexual and gender-based violence, behavioural issues such as substance and alcohol use, poverty, issues related to child wellbeing and protection, as well as other mental health consequences such as depression, anxiety, suicidal or self-harming behaviours. As Case Managers, you will often encounter persons who may be experiencing one or more of these issues. This knowledge will help you support aggrieved persons going through similar issues with the skills you have learnt in this training and/or direct them to appropriate services.

MODULE 05: HELPING SKILLS

In Module 05, you learned about using helping skills (listening, questioning and empathy) through role-plays in this training and throughout your work these skills will assist in building rapport with aggrieved persons. You learned about empowerment, and how to empower aggrieved persons to address their own needs. You learned why some may hesitate to talk to you and instances where you will have to deal with resistance, you will use these skills to how to build trust and rapport with such individuals/entities in the field. You also learned about how to work in groups, be assertive and use problem-solving skills. As Case Managers, remember to use these skills that will help you build trusting relationships with aggrieved persons and stakeholders.

MODULE 07: SELF-CARE

In Module 07, you learned about debriefing, self-care techniques, how to prevent burnout and peer-support. As Case Managers, you would be assisting persons facing difficult and complex life situations. Listening to their stories can sometimes feel emotionally overwhelming and exhausting. Remember to have debriefing sessions and use self-care techniques that will help you cope with these difficult feelings and stress, and take care of your own emotional and psychological wellbeing.

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