

# Nurturing Care Group

## Psychological Intervention

*An Adaptation of the WHO Group Problem  
Management Plus*



# Nurturing Care Group Psychological Intervention

## Promoter Lesson Plans

### Table of Contents

Modifying Nurturing Care Groups (NCGs) to Best Implement the Psychological Intervention Module

3	
Overview of the WHO PM+ Intervention	3
Targeting and Exclusion	3
Nurturing Care Group Volunteers Selection and Assignment	4
Promoter and Nurturing Care Group Volunteer Self-Care	4
Training Schedule	5
Monitoring and Evaluation	6
Pilot Study Recommendations	7
Understanding the Lesson Plan	8
Lesson 1: Adversity and Basic Helping Skills	11
<i>Lesson 2: Understanding parental Stress (See Child Protection Module, Lesson 2)</i>	25
Lesson 3: Managing Problems, Part 1	35
Lesson 4: Managing Problems, Part 2	48
Lesson 5: Managing Problems, Part 3	61
Lesson 6: Get Going, Keep Doing	74
Lesson 7: Strengthening Social Support	88
Lesson 8: Staying Well and Looking Forward	101
Flip Charts: Lessons 1-8	114

Lessons, stories, and activities in the Nurturing Care Group Psychological Intervention Promoter Lesson Plans complement the information provided in Nurturing Care Group Psychological Intervention, Nurturing Care Group Volunteer Flipchart.

## Acknowledgements

These lesson plans and flipcharts are based on the Care Group curricula format developed by Mitzi Hanold and Food for the Hungry. Additional resources are available at: [caregroupinfo.org](http://caregroupinfo.org).

- World Health Organization. Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity this module is an adaptation of the WHO Problem Management Plus Manuals adversity. (Generic field-trial version 1.1). Geneva, WHO, 2018.
- Group Problem Management Plus (Group PM+): Group psychological help for adults impaired by distress in communities exposed to adversity (generic field-trial version 1.0). Geneva: World Health Organization, 2020. License: CC BY-NC- SA 3.0 IGO.

# **Modifying Nurturing Care Groups (NCGs) to Best Implement the Psychological Intervention Module**

## **Overview of the WHO PM+ Intervention**

As stated in the WHO PM+ Manual, the PM+ intervention is “a low-intensity psychological intervention for adults impaired by distress in communities that are exposed to adversity.

Aspects of CBT [cognitive behavioural therapy] have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety, and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being no matter how severe people's problems are.

Problem Management Plus (PM+) is a title that reflects the aims of the approach, to help people improve their management of practical (unemployment, interpersonal conflict) and common mental health problems like depression, anxiety, stress or grief. The “plus” refers to the evidence-based cognitive behavioural strategies that are added to problem-solving counselling to create PM+. These include approaches for managing stress, managing problems, to get going and keep doing (known as behavioural activation), and strengthening social supports.

Additional strategies include psychoeducation, motivational interviewing to encourage clients to engage with PM+ as well as relapse prevention. PM+ is called a “trans-diagnostic approach” because it can be used to treat different symptoms and mental health problems and can be used without a full diagnosis. This also allows PM+ to be delivered by trained and clinically supervised non-professional mental health workers, such as community health volunteers.

Given the brevity of PM+, it does not deal with the full range of difficulties that someone may experience following adversity. As a result, it may be best to use PM+ in addition to other appropriate services, supports or community programmes.

This NCG modification of the PM+ intervention is intended to provide caregivers a set of strategies to help manage practical problems (e.g. unemployment, housing problems, family conflict) and emotional problems (feelings of sadness, hopelessness, worry, stress). It represents a set of preventive tools that, when applied, may promote improved mental health and psychosocial well-being.

## **Targeting and Exclusion**

Given the psychological nature of this intervention, we recommend that this module be implemented only in fields with mental health services in place where referral



processes can be established with program staff.

Before implementation, conduct a Patient Health Questionnaire (PHQ-9).<sup>1</sup> Those caregivers with a PHQ-9 score of 15 and above should be referred to appropriate mental health services and exclusion from this module should be considered. Additionally, the “Assessment of thoughts of suicide should be conducted for each caregiver. For those with a plan to end their life, immediate assistance and referral is required. This assessment and accompanying scripts can be found in the WHO PM+ Manual.

**Appendix A.** While conducting the PHQ-9 and Assessment of Thoughts of Suicide, the interviewer should also complete the “Impairments Possibly Due to Severe Mental, Neurological, or Substance Use Disorders” form, also available in the WHO PM+ Manual in Appendix A. Consider excluding a caregiver from this module if the interviewer answered “NO” on questions 1 or 2, or “YES” on questions 3 or 4. Implementers may find other resources in Appendix A helpful, such as introductory and feedback scripts.

### **Nurturing Care Group Volunteers Selection and Assignment**

Nurturing Care Group Volunteers (NCGV) are elected by their peers and should be caregivers that are well-respected in the community and exhibit care for their neighbours. Additional guidance can be found on how to select NCGVs in Nurturing Care Groups, A Training Manual for Program Design and Implementation – Lesson 7: Nurturing Care Group Roles, Responsibilities and Job Descriptions. As with any module, it is helpful if the same NCGV teaches all lessons.

Given the selection criteria, it is less likely that a caregiver with decreased well-being would be selected. Nevertheless, if a NCGV is facing severe mental health issues, severe adversity, or gender-based violence exposure, it may be best to identify an alternative volunteer for this module. For all caregivers, their mental health is not static and can fluctuate throughout their life (and the life of a project). Therefore, we recommend that this module be taught by NCGV pairs.

To facilitate this, we recommend that all mental health lessons be taught in a group format by two NCGVs. This lowers the time burden on the NCGVs and allows them to teach their group in one week, while co-teaching her NCGV partner's group the following week (or vice versa). We further recommend that Promoters and project leadership pair weaker NCGVs (those with decreased well-being, struggling with teaching techniques, whose behaviour adoption is lower, etc.) with stronger NCGVs for mentorship and improved project implementation.

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<sup>1</sup> A copy of the Patient Health Questionnaire (PHQ-9) Survey is available at: <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>



### **Promoter and Nurturing Care Group Volunteer Self-Care**

We recognize that this module may put more stress on the Promoters' and NCGVs' own mental health as they deal with sensitive, painful, or otherwise difficult problems. Therefore, we recommend increased emphasis on Promoter and NCGV self-care during routine supervision visits and meetings. This may include an added session to the Promoter bi-weekly meetings, a reminder put into the supervision checklist, or group check-in before meetings.

Self-care varies widely based on context, responsibilities, and personalities. Carefully consider ways to improve Promoter and NCGV self-care in your given project area and adapt them as necessary throughout the life of the project. It is important that self-care be made a priority.

One way to improve self-care is to focus on motivations for volunteering (or working in a job that is focused on helping others) and increase intrinsic incentives such as feeling connected, feeling valued, and feeling effective. For more information, see Nurturing Care Groups, A Training Manual for Program Design and Implementation – Lesson 8: Volunteer Motivation and Incentives. This lesson also includes an activity for brainstorming tangible ways to improve each of the three main motivators listed above.

### **Training Schedule**

The concepts and skills required to teach (and implement) the PM+ intervention require practice. Therefore, we recommend, in addition to an in-depth review of this module, that Promoters also complete the WVI Problem Management Plus (PM+) Training Guide for PM+ Helpers.<sup>2</sup>

This principle also applies to NCGVs, and it is important that they are exposed to the full intervention before assisting others. We recommend using a two-phase intervention, with the Promoter teaching the NCGs every two weeks in phase one, but the NCGVs do not cascade the lesson to their neighbour. To ensure continuity and relationship between the NCGV and her assigned households, she can repeat and review previous lessons. Program leadership should strategically prioritize lessons and behaviours that are essential and/or difficult to change.

In phase two, the Promoter would repeat the Psychological Intervention lessons every two weeks to their NCGs and afterward, each NCGV would share with her neighbours the content of the Psychological Intervention lesson. These and all other behaviour change meetings should be facilitated with the same training schedule as other NCG lessons, with caregivers receiving one lesson every two weeks. A detailed table of the behaviour change meetings is included below. For more information, see Nurturing Care Groups, A Training Manual for Program Design and Implementation – Lesson 11: The Meeting Schedule.



**Excerpt from NCGs, a Training Manual: Lesson 11 Flip**

**Chart 1 Behaviour Change Meeting (Learning Event) Table**

Facilitator	People in Attendance	Length of the Event	Frequency	Materials	Location
Manager	Coordinators, Supervisors, and Promoters	10-12 days* <i>(Typically 5-7 days)</i>	Before module distribution	Mental Health Module flip chart and lesson plan  WVI Problem Management Plus (PM+) TRAINING GUIDE For PM+ Helpers*	Central location  In a space large enough for the entire NCG team

<sup>2</sup> This resource is available from World Vision International, upon request. Of note, it is focused on implementing PM+ in an individual setting and will need to be modified to focus on teaching in groups.

Supervisor	Promoters	Half day	Every 2 weeks	Review of this week's lesson in the flip chart and lesson plan	Central to the Promoters or in the project office
Promoters	Nurturing Care Group Volunteers	2 hours	Every 2 weeks	Flip chart and lesson plan	Typically in the village of the NCGVs
Nurturing Care Group Volunteers	Neighbour Caregivers	2 hours or less	Every 2 weeks	Flip chart	In the village near † the Neighbour Caregivers' homes

\*Adapted for the Psychological Intervention Module

### Monitoring and Evaluation

As with any NCG project, monitoring and evaluation is key to project success, and

this module is no exception. It requires a thorough implementation of NCG M&E procedures. A table outlining the NCG Supportive Supervision schedule in NCGs is listed below. For more information, reference Nurturing Care Groups, A Training Manual for Program Design and Implementation – Lesson 13: Supportive Supervision: Checklists and Supervisory Work Plans, and Lesson 14: Quality Improvement and Verification Checklists (QIVCs) and Giving Feedback.

***Excerpt from NCGs, a Training Manual, Lesson 13, Handout 5: Supportive Supervision Table***

<b>Person Supervising</b>	<b>Person being Supervised</b>	<b>Location/ Meetings</b>	<b>Frequency</b>	<b>Supportive Supervision Tools</b>
Manager	Each Coordinator	Observes all locations and meetings listed below	Two times every 3 months, including one surprise visit per year	Supportive supervision checklist
Coordinator (supervising 3–6 Supervisors)	Each Supervisor	Office, bi-monthly meeting and those listed below	Once per month (every third visit is a surprise visit)	Supportive supervision checklist and QIVC
Supervisor (supervising 4–6 Promoters)	Each Promoter	Promoter's home, Care Group meeting, and those listed below	Twice per month: One scheduled visit and one surprise visit; QIVC at least once per quarter	Supportive supervision checklist and QIVC
Promoter (supervising 50–135 Nurturing Care Group Volunteers [NCGVs])	Each NCGV	NCGV's home, during home visits and Neighbour Group (NG) meeting	One NCGV from each Care Group (NCG) every 2 weeks	QIVC

### **Specific WHO PM+ Monitoring and Evaluation Tools**

The WHO adapted Version 5 of the Psychological Outcome Profiles Questionnaire<sup>3</sup> (PSYCHLOPS) for use within the PM+ intervention. The pre-intervention assessment should be conducted before the module begins, and the post-PM+ assessment should be completed if possible within a few weeks of the caregiver completing PM+. You may also use it as a follow-up assessment several months after the caregiver has completed PM+. These tools are available in the WHO PM+ Manual, Appendices A and C.

As originally designed, these tools are focused on those caregivers who are facing adversity. Therefore, if administering the PSYCHLOPS with caregivers who may or may not be facing adversity, it is important to not force the caregiver to select a problem. If no problem can be identified, the interviewer would score questions 1-3 "0" and skip to question 4.

During the Psychological Intervention lessons 3-8, you may want to conduct the "during-intervention" version of the PSYCHLOPS assessment with each Promoter and NCGV. This is a brief interview (5–10 minutes) and is designed to give you an idea of how caregivers are progressing. It is available in the WHO PM+ Manual, Appendix B.

Additionally, the WHO PM+ Manual recommends monitoring thoughts of suicide among some caregivers, particularly those who expressed having suicidal thoughts at the pre-PM+ assessment or for caregivers whose mood is very low (scoring a 4 or 5 on Question 1.3 of the PSYCHLOPS "during-intervention" version). To conduct this, the "Assessment of Thoughts of Suicide" in the WHO PM+ Manual, Appendix A can be used.

It is important to note that it is not a requirement for NCGVs to be able to read or write. Therefore, it may not be possible or feasible for the NCGVs to implement these tools for every caregiver at the household level.

### **Pilot Study Recommendations**


The WHO PM+ is designed as an intervention for those people facing adversity. The NCG adoption would seek to provide these lessons to all caregivers within a programmatic area (after the exclusion of those caregivers with a PHQ-9 score at or above 15 and those with a plan to end their life in the near future) both as intervention and prevention. This raises a possible challenge of having caregivers in any given group with a range of PHQ-9 scores of 0-14. This could present a potential harm to those depressed caregivers who see their neighbours effectively implementing the PM+ strategies while they continue to struggle. It risks the depressed caregiver becoming even more depressed.

Therefore, in addition to piloting the tools and teaching materials, it will be important

to measure depressive symptoms of each caregiver. The PHQ-9 survey should be conducted at the beginning and the end of the Psychological Intervention Module and scores analysed for potential harm. Additionally, a rigorous implementation of the PSYCHLOPS and suicidal assessments during the intervention (as described in Monitoring and Evaluation above) should be considered including increased efforts to measure these at the household level.

<sup>3</sup>For more information on PSYCLOPS, see [www.psychlops.org](http://www.psychlops.org). All rights reserved © 2010, Department of Primary Care and Public Health Sciences, King's College London.


## Understanding the Lesson Plan

	<p>Each lesson begins with objectives. These are the behaviour, knowledge and belief objectives that are covered in the lesson. Make sure that each of these objectives is reinforced during the lesson. There are four types of objectives. Each is described below.</p>
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The objectives are behavioural objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

Under the objectives, all of the materials needed for the lesson are listed. Materials with an asterisk (\*) should be brought by the Activity Leader selected at the end of Module 3. See below for more information.

Each exercise (section of the lesson plan) is identified by a small picture. Pictures are used to remind non-literate Care Group Volunteers (CGVs) of the order of the activities. For example, when it's time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue CGVs that they have reached the next activity. Review the descriptions below for more information.

	<p>The first activity in each lesson is a <b>game</b> or song. Games and songs help the participants to laugh, relax, and prepare for the lesson. Some games review key messages that the caregivers have already learned or help mothers to learn new messages.</p>
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<b>Game</b>	
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### **Attendance and Troubleshooting**

After the game, the NCGV takes **attendance**.


Attendance is followed by **troubleshooting**, with the NCGV asking questions about any difficulties encountered while teaching the previous lessons.

This is a good time to review key messages from the previous lesson and hear the successes and challenges that Neighbour Caregivers had when trying out new practices from the previous lesson.


Next, the facilitator reads the story printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.

 <p><b>Share the Meaning of Each Picture</b></p>	<p>The NCGV then shares images with participants. After turning to a new flipchart page, they will ask, "What do you think these pictures mean?" After the participants respond, <b>share the meaning of each picture</b> by explaining the captions and key messages written on the back of the flipchart (or that they learned from the facilitator if they do not read).</p>
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The lesson plan also contains **additional information** for the trainer. This additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.

 <p><b>Activity</b></p>	<p>Next is an <b>activity</b>. Activities are "hands-on" exercises to help participants understand and apply what they have learned. Most of these activities require specific materials and preparation.</p>
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The Activity Leader is responsible for organizing materials for each lesson's activity. The Activity Leader meets with the NCGV 10 minutes before each lesson to discuss any needed materials for the next lesson's activity. The Activity Leader is responsible for talking with the others (NCGVs or caregivers) during **Attendance and Troubleshooting** to organize materials needed for the next meeting, asking them to volunteer to bring the items needed for the activity. The NCGV will lead the activity, but the Activity Leader will support him or her by organizing the participants and aiding the facilitator as needed during the activity.

 <p><b>Probe</b></p>	<p>Next is the <b>probe</b>. During this time, the facilitator will ask participants what they think about what they have just learned. It is also a time for the caregivers to share any personal concerns or obstacles they may have which could prevent them from trying new practices. Together with other caregivers in the group, the facilitator will help them solve their problems.</p>
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### Practice and Coaching

Next is **Practice and Coaching**. This section is required for the training of Nurturing Care Group Volunteers only. We want to make sure that they understand the material and can present it to others. In this activity, the Promoter observes and coaches NCGVs as they practice teaching in pairs.

Some lessons in this module include an additional role playing activity in this section to allow participants to practice specific skills introduced in the lesson.



### Request Commitments

Next, the facilitator **requests a commitment** from each of the caregivers in the group. It is up to each caregiver to make a choice. Do not force anyone to make a commitment if they are not ready.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Some lessons may take longer than others, but no lesson should exceed two hours.

# Psychological Intervention Lesson 1: Adversity and Basic Helping Skills

## NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

## OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVERS



- Caregivers will not feel embarrassed or ashamed when they face problems or adversity.
- Caregivers will keep each other's problems private.
- Caregivers will communicate concern for others.
- Caregivers will use body language to let people know they are listening to them.
- Caregivers will thank people for sharing personal problems or stories.
- Caregivers will validate other caregivers by letting them know that many other people experience the same reactions and difficulties.

## Materials:

1. Attendance Registers
2. Nurturing Care Group Volunteer Flipchart for the Promoter and for each Nurturing Care Group Volunteer
3. One item from nature for each participant (see instructions in the game below)

## Lesson 1 Summary:

- Game: Showing My Emotions
- Attendance
- Share the story and ask the caregivers' reactions about feeling embarrassed
- Show pictures and share key messages in the Psychological Intervention Lesson 1 Flipchart, "Dealing with Problems, Basic Helping Skills, and More Basic Helping Skills"
- Activity: Practicing Basic Helping Skills
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson



## 1. Game: Showing My Emotions — 10 minutes



### Explain to the Caregivers

1. Ask a volunteer to stand at a distance from the rest of the group.
2. The group should secretly choose an emotion or way of behaving like happy, sad, surprised, worried, irritated, angry, or joyful.
3. Ask the volunteer to return. The volunteer asks the caregivers to do an activity such as cleaning their teeth, dressing their child, feeding their child, or eating.
4. The caregivers in the group pretend to do the activity with the emotion that they chose.
5. For example, if the caregivers chose "joyful" and the volunteer says, "pretend to breastfeed," the caregivers should pretend to breastfeed in a very joyful way.
6. The volunteer should observe the caregivers and try to guess the emotion that they are showing.
7. When the volunteer guesses the emotion, pick a new volunteer and send her away from the group. Use new emotions and actions with each volunteer.
8. Repeat the activity allowing several caregivers to volunteer.

**How do emotions affect our behaviour? Let's begin today's lesson.**

	<b>2. Attendance and Troubleshooting – 5-15 minutes</b>
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### When teaching Nurturing Care Group Volunteers:

1. Promoter fills out attendance sheets for each Nurturing Care Group Volunteer (NCGV) and Neighbour Group (also known as a Neighbour Circle).

2. Promoter fills out important events mentioned by each NCGV (e.g. deaths, births, and new pregnancies).
3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours.  
*(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems that are later addressed using the PM+ strategy.)*
4. Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. Promoter asks the NCGVs to review key practices from the last lesson.
6. Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.



7. Promoter thanks all of the NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

#### **When Nurturing Care Group Volunteers teach their Neighbours:**

1. Nurturing Care Group Volunteers will keep a mental list of which households they visited.
2. NCGVs will ask about important events (e.g. deaths, births, new pregnancies, and illnesses in the families of caregivers attending). When necessary, they will refer those with severe illness to the local health facility.
3. NCGVs will ask caregivers to review key practices from the last lesson.
4. NCGVs will ask neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.



## Story: Feeling Embarrassed (Picture 1.1) - 10 minutes

### 3. Story

- Read the story "Feeling Embarrassed (Picture 1.1)" in the flipchart.

*Constance is tired all the time. Her twin sons misbehave frequently and her husband is upset with her when they are naughty. Lately, Constance has been getting angry easily and has gotten in arguments with many of her friends. She cannot stop thinking about how frustrated she is and finds it difficult to do her normal chores around the house. All her friend's children are so well-behaved, it seems like they never do anything wrong. Constance is embarrassed and wonders what is wrong with her.*

### 4. Ask about current Practices

- Read the questions on the same page of the flipchart.



- **Are Constance's problems common?**
- **Why is she embarrassed?**
- **Have you ever felt embarrassed because of problems you face?**
- **What do you think Constance should do?**

- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the caregivers answer the last question, move to the next flipchart page by saying, "**Let's compare your ideas with the messages on the following pages.**"

## Dealing with Problems (Picture 1.2) - 5 minutes



### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Dealing with Problems (Picture



1.2)".

- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*Problem Management Plus is a set of skills that we can learn to help us deal with problems or adversity in our lives.*

- *It can be used to help us manage practical problems such as problems with family conflicts, raising children, work or housing.*
- *It can also be used to help with emotional problems such as feelings of stress, hopelessness or intense sadness*

*We should not feel embarrassed or ashamed when we face problems or adversity. Adversity means any stressful or difficult life experience.*

- *We all face different types of problems or adversity in our lives.*
- *Everyone has different reactions to adversity, it is important not to judge others or ourselves.*

*When problems or adversity cause problems in our lives, practicing problem management skills can help.*

- *Problems could include being unable to get out of bed, being tired all the time, not being able to take care of themselves or their children, fighting with others, or just not enjoying fun activities anymore.*
- *For most people, reactions to adversity decrease over time.*
- *For some people, these feelings get stuck.*
- *Learning strategies to manage these feelings can be helpful.*

**What are some common problems or adversities that people face in your community?**

**What problems have these adversities caused in people's lives?**



**Note to the Trainer:**

PM+ was not developed for use with the following problems:

1. A plan to end one's life in the near future
2. Severe impairment related to a mental, neurological, or substance use disorder (e.g. psychosis, alcohol or drug use dependence, severe intellectual disability, dementia).

For caregivers presenting with acute needs and/or protection risks (e.g. a young woman who is at acute risk of being assaulted), it is advised that you respond initially with compassion, speak to your supervisor, and refer the person to a trusted protection agency.

After these risks have been adequately responded to and the person is able to engage in the intervention, such caregivers may also receive PM+.

When reviewing this lesson in the biweekly meeting with your supervisor, take a few minutes to discuss as a group the most appropriate referral agencies for the situations mentioned. List each organization's name, what types of issues can be referred to them, and their contact information for easy reference.


Organization Name	
Types of issues for referral	

Contact Information	

Organization Name	
Types of issues for referral	
Contact Information	

Organization Name	
Types of issues for referral	
Contact Information	

### Basic Helping Skills (Picture 1.3) - 10 minutes

	<b>6. Share the Meaning of Each Picture</b>
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- Ask caregivers to describe what they see in "Basic Helping Skills (Picture 1.3)."
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

***Use your body language to let people know you are listening to them.***

***This may include looking people in the eye and nodding your head.***

***It can also be showing the same emotion on your face as the person talking.***

***For example, smiling for happy stories, looking concerned or sad for sad stories.***



### **Note to the Trainer:**

#### **Confidentiality**

Confidentiality is keeping everything caregivers tell you private. However, there are three limits to confidentiality:

- 1) Requesting help from your supervisor
- 2) When the helper suspects that the caregiver has a plan to end their life in the near future
- 3) When the helper suspects that the caregiver is at risk of harming someone else (for example, a child).

When confidentiality needs to be broken due to risk of harm, the helper should always let the caregiver know they are going to talk to their supervisor, ideally getting the caregiver's "permission" to do so. Most caregivers are agreeable to this if it is framed as a way to offer them more assistance. For example, you might say: ***"I'm really concerned about your safety right now, and I think we can better support you if I contact my supervisor about what might be the best action we could take."***

Other people, including family members, will not be told anything about the caregiver or their sessions without the caregiver's permission.

### **Your Role as the Helper**


For some people, talking about their problems feels like admitting weakness. Because of this, they may have a difficult time getting involved in the intervention or in specific parts of it. Others may see you as someone similar to a doctor or a traditional healer and expect to be "fixed" or "healed" by you. It is important that throughout PM+ you help the client understand that their feelings are normal, as you also educate them about your role.

In PM+, we encourage you to think about your role as that of a teacher. Teachers provide information to students and help them learn. However, the teacher cannot take an exam for the student or tell them what to write. They can only help prepare them for the exam as much as possible. It is up to the student to listen in class and study in order to do well in the exam. The student is ultimately responsible for the outcome.

If you face this challenge with caregivers, it could be helpful to give the teacher example and explain, *“Although you are an adult, it is the same with our relationship. I am going to teach you about some important and helpful strategies. But ultimately, you are responsible for practicing those strategies. I cannot do this for you. You will be responsible for how well you apply the strategies in your everyday life. I will, nevertheless, support you and help prepare you to do the best you can.”*

Similarly, you should also emphasize to the caregivers that you are all “experts” in the room. You may want to use a locally adapted example. You are the expert on emotions and how you can detect and reduce poor emotional well-being. The client is the expert on their own life, about which you will only know a little. The caregiver is also the expert on their particular type of problem and how it affects their life. The aim is to bring together the two types of expertise. This is important for building the confidence of the client and dispelling any myth that your task is to “fix” the client’s problems.

## **More Basic Helping Skills (Picture 1.4) - 10 minutes**

	<b>7. Share the Meaning of Each Picture</b>
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- Ask caregivers to describe what they see in “More Basic Helping Skills (Picture 1.4).”
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

***Respect the other caregivers in the group, including their personal values and beliefs.***

***This can be difficult, especially when you do not agree with their values or beliefs.***

***The experience of having someone listen to you without judgement helps to build trust.***



#### **Note to the Trainer:**

##### Giving Advice

You should generally not give advice to caregivers. Giving advice is different from giving your caregivers important or helpful information (for example, the names of community organizations that might be helpful). Giving advice means telling a participant what to do or what not to do (for example, “do not talk to your husband about this”).

All facilitators will feel tempted to give advice at some time. This is a very normal temptation. For example, a participant who is feeling very hopeless and showing signs of depression might find the Managing Problems strategy challenging, especially thinking of potential solutions to help with their problems. It would be very tempting to advise this participant what solutions would be good to try. However, you should avoid giving direct advice.

If the participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future, when they have completed the Group PM+ intervention. Other caregivers may give advice to each other during the intervention, and it is not necessary to intervene. As a facilitator, you do not need to tell other caregivers not to give advice.

One strategy that can be helpful to use in situations where you are very tempted to give advice is to ask caregivers what they might suggest to a close friend or family member who was in a similar situation.

For instance, a participant who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support and that their thoughts are too negative, you might ask, “What would you say to a close friend or family member who was thinking this way? Would you want them to be alone with their problems or ask you for help? And would you feel burdened if they asked you for help?” This type of questioning may help the participant think about their concerns and behaviours from a different viewpoint. It is not the same as if you told them to do something specific.

There are two exceptions to this rule about giving advice.

1. When delivering this PM+ module, you *will* be advising caregivers to become more active, seek social support, and practice stress management. These strategies are part of the PM+ module.
2. When you are teaching the strategy Managing Problems, your goal is to help the participant decide how helpful the potential solutions are in managing the problem.

At this stage, caregivers may have a number of obviously unhelpful solutions (for example, solutions that cause problems for their emotional or physical health, harmful or illegal acts and so on). You will need to help caregivers consider whether solutions are helpful or unhelpful.

To discourage caregivers from focusing on an unhelpful solution, you can ask what they would have advised a close friend or family member experiencing this problem to do. (For example, ask, “*Would you have advised them to use this solution?*”)

If a participant continues to focus on a solution that is obviously unhelpful (such as isolating themselves from others, breaking things, beating their children, getting drunk, doing something illegal), you can be direct and identify these solutions as unhelpful. It will be important for you to give good reasons why a solution is not considered helpful, such as commenting on the problematic or harmful consequences. But your reasons should not be related to your personal values.

### **Managing Your Own Distress**

Listening to and working with people who have experienced a lot of adversity can be tiring and even distressing. It is not uncommon for facilitators to feel affected by or even overwhelmed by repeatedly hearing about adversity.

To prevent feeling overwhelmed or excessively distressed (e.g. low mood, anxiety, anger, hopelessness and so on), you should consider the following:

- Speaking with colleagues and your supervisor regularly.
- Scheduling adequate breaks between groups (breaks might include talking with your colleagues, managing your stress with slow breathing or a similar strategy, or doing an enjoyable activity).
- Do not lead too many groups at one time. It may be tempting to see multiple groups in a morning or afternoon, especially if they are nearby. However, we recommend only teaching one group in the morning and one in the afternoon.
- Ask for help (such as from your supervisor) if you are experiencing distress or find that your work is bothering you (such as thinking repetitively about a particular participant when you are trying to sleep).



## 8. Activity: Practicing Basic Helping Skills - 30 minutes

**Explain to the caregivers:** *“Let’s take some time to practice the basic helping skills we learned in today’s lesson.”*

Have caregivers break into groups of two or three.

**Explain:** *“The first basic helping skill that we’ll focus on is communicating concern. Remember, this means that you should let people know that you are trying to understand what they are going through, including the emotions they are feeling.”*

*“We will also practice using non-verbal skills. This is when we use our body language to let people know we are listening to them.”*

### **Case example 1**

*A mother is struggling with her adolescent daughter. Her daughter often has a negative attitude and does not want to participate in any family activities.*

1. Within each group, select one caregiver who will explain the problem as if she were going through the problem herself. The other one or two caregivers will practice communicating concern and using non-verbal skills.
  - Encourage the caregiver who is sharing the problem to add details to make the story believable.
2. If the caregivers are having difficulty with communicating concern, provide the following example statements:
  - That sounds like it was very challenging/upsetting/frightening for you.
  - I can see in your face how painful this was for you.
  - You have experienced many difficulties.
  - You went through a lot.
  - I can hear how sad (or frightening) this was for you.
3. Examples of non-verbal skills include:
  - Looking people in the eyes
  - Nodding your head in agreement
  - Showing similar emotions to the person telling the story



4. After about five minutes, have the caregivers switch roles, so the person that was explaining the problem has the opportunity to practice communicating concern and non-verbal skills.
5. Give the group members another five minutes to practice in their new roles.
6. Ask the following questions to debrief:
  - *How did you feel communicating concern? And using non-verbal skills?*
  - *What made it difficult or easy?*
  - *Do you think these skills will help you encourage people to talk about their problems openly and honestly?*

The next basic helping skill that we'll focus on is praising openness. This means we thank people for sharing personal problems or stories.


We will also practice validating the problems and emotions of others. This is when we let people know that many other people experience the same reactions and difficulties.

#### **Case example 2**

*A young mother is struggling with putting her four-year-old son to sleep at night. He refuses to go or even to stay in bed at night. Without proper sleep he is grumpy and difficult the next day.*

1. Within each group, select one caregiver who will explain the problem as if she were going through the problem herself. The other one or two caregivers will practice praising openness and validating.
  - Encourage the caregiver who is sharing the problem to add details to the story to make it believable.
2. If the caregivers are having difficulty with praising openness, you can provide the following suggestions of things to say:
  - Thank you for telling that to me.
  - You were very courageous in sharing those intimate feelings with me.
  - Although it may have been hard to talk about that with me, I think it will be helpful that you shared it.
  - Use local proverbs or sayings that are meaningful to the caregivers, such as, "You double happiness and halve sorrow by sharing what's on your mind."
3. Examples of validating emotions and problems are:
  - *You have been through a very difficult experience, and it's not surprising that you feel stressed.*
  - *What you have just described is a common reaction for people to have in these situations.*
  - *Many people I have worked with have also described feeling this way.*
  - *The reactions you have described are very common.*


- *I am not surprised that you are so scared.*
4. After about five minutes, have the caregivers switch roles, so the person that was explaining the problem has the opportunity to practice praising openness and validation.
  5. Give the participants another five minutes to practice in their new roles.
  6. Ask the following questions to debrief:
    - *How did you find praising openness? And validating emotions and problems?*
    - *What made it difficult or easy?*
    - *Do you think practicing these reactions will help you encourage people to talk about their problems openly and honestly?*

	<p><b>9. Probe – 15 minutes</b></p>
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- *What do you think of these ideas?*
- *Do you think it is possible to discuss your problems and emotions in this group?*
- *Is there anything that might prevent you from following the practices we have discussed today?*

Ask the NCGVs to talk to a volunteer sitting next to them and share any personal concerns that they have with these practices. Together they should attempt to find solutions to these worries and problems. After five minutes, ask the NCGVs to share what they have discussed.

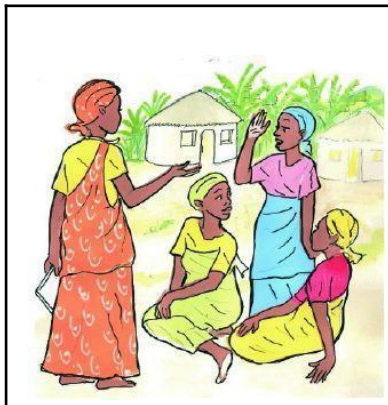
Help find solutions for their remaining concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another caregiver's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

	<p><b>10. Practice and Coaching – 40 minutes</b></p>
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1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same

way that she was taught.

2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Observe, correct as needed, and help NCGVs who are having trouble.
4. When everyone is finished, ask for and answer questions that the caregivers have about the lesson.



### 11. Request Commitments – 10 minutes

- ? *Are you willing to make a commitment to the teachings you have heard today? What is your commitment?* Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

Examples:

- I commit to practicing listening to others without judging them.
- I commit to keeping all the problems and emotions of my neighbours private.
- I commit to sharing my problems openly and honestly in the group, even if it is difficult or embarrassing.



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

## Child Protection Lesson 2: Understanding Parental Stress

### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- HOME VISITS TO NEIGHBOUR CAREGIVER HOUSEHOLDS

### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVER'S SPOUSE / PARTNER



- Caregivers will understand their psychosocial and emotional needs.
- Caregivers will feel less alone and know that parental stress is normal.
- Caregivers will understand that stress can affect them and their relationships with spouses and children.
- Caregivers will know and practice ways to reduce parental stress.

### Materials:

1. Attendance Registers
2. NCGV Flipchart for the Promoter and for each NCGV

### Lesson 2 Summary:

- Game: Balloon Breaths
- Attendance
- Share the story and ask the caregiver's feelings about being stressed while parenting
- Show pictures and share key messages in the Child Protection Lesson 2 Flipchart: Caregiver Needs, Impacts of Parental Stress, and Techniques to Manage Parental Stress.
- Activity: Deep Breathing
- Probe about possible barriers and discuss solutions
- Practice and Coaching in pairs
- Request commitments
- Examine commitments from the previous lesson

	<b>1. Game: Balloon Breaths - 10 minutes</b>
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<sup>1</sup> Britannica Digital Learning, "Chill Out! Classroom Relaxation Exercises for All Ages" Available at:  
<https://britannicalearn.com/blog/classroom-relaxation-exercises/>.



### 1. Game: Balloon Breaths<sup>1</sup> - 10 minutes

1. Ask the caregivers to stand in pairs, facing each other.
2. Ask the caregivers to think of their favorite color and then imagine a giant balloon of that color.
3. Have the caregivers slowly and deeply inhale through their nose, filling up their bellies (their balloons!) with air. As they fill their bellies up with air, have them extend their arms open and up over their heads as their imaginary balloon fills up.
4. When their balloons are full, the caregivers will hold their breath at the top for a moment.
5. After a few moments, the facilitator says, "pop the balloon" and the caregivers can twist and turn and fall down as they exhale...like a balloon twisting and turning as it deflates.
6. Repeat the exercise a couple of times until the caregivers are relaxed and laughing as their "balloons" deflate.

**Now that we are relaxed, let's begin today's lesson.**



### 2. Attendance and Troubleshooting – 5-15 minutes

#### **When teaching NCGVs:**

1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (or Neighbour Circle).
2. Promoter fills out important events mentioned by each NCGV (child deaths, child births, and new pregnancies).
3. Promoter asks if any NCGVs had problems meeting with their neighbours.
4. Promoter offers advice on how to solve problems mentioned.
5. Promoter asks NCGVs to review key practices from the last lesson.
6. Promoter asks NCGVs about their commitments from the last meeting and

follows up with those who had difficulty trying new practices.



7. Promoter thanks all NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss needed items for next week's activity (based on Promoter's conversation with her prior to this meeting) and solicit volunteers.

**When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of households they visit.
2. NCGVs will record child deaths, child births, new pregnancies, and illnesses in the families of mothers attending and will help refer those with severe illness to the local health facility.
3. NCGVs will ask caregivers to review the key practices from the last lesson.
4. NCGVs will ask neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

**Story: Stressed Out Caregiver (Picture 2.1) – 10 minutes**


**3. Story**

- Read the story "Stressed Out Caregiver (Picture 2.1)" in the flipchart.

Beatrice always tried to be such a good girl. But, no matter how hard she tried, she would sometimes get in trouble for playing too closely to her mother's market supplies. When this happened, her mother would yell and hit her so she would learn not to play so closely to important things. Beatrice grew up, was married and eventually had a baby of her own, Priscilla. Beatrice committed to herself that she would never spank Priscilla or let anyone else hit her either. One day, Beatrice was exhausted because she was pregnant again and she had been arguing with her husband. She was trying to gather citrons together to take and sell at the market. They didn't have much money and even the small amount from the citrons would make a big difference. Priscilla was running around, singing and dancing and ran straight into one of Beatrice's market baskets. As the citrons rolled on the ground, Beatrice yelled at Priscilla and began to hit her. Beatrice realized that when things were going well and she felt calm, she could keep her promise to herself about not hitting Priscilla; however, when she was upset it was very difficult. When Beatrice became stressed, she could not control herself and began yelling and hitting Beatrice to make her daughter behave.

#### 4. Ask about current practices

- Read the questions on the same page of the flipchart.

	<ul style="list-style-type: none"> <li>? What things were making it difficult for Beatrice to keep her promise to herself about not hitting Priscilla?</li> <li>? Do caregivers often feel like Beatrice? What are ways that Beatrice could have recognized that she was stressed?</li> <li>? Are there things that Beatrice could do to make herself feel more calm and less stressed?</li> <li>? Are there other ways to get Priscilla to behave?</li> </ul>
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- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



## Caregiver Needs (Picture 2.2) - 5 minutes



### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in “Caregiver Needs (Picture 2.2).”
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

### What do you think these pictures mean?

- **In order to care for our children, we need to care for ourselves.**
  - Being a parent is difficult, and it is normal to experience stress.
  - As children develop, they test limits and rules. Children are learning what good behaviour means.
  - While this is typical, it can be very stressful for parents.
- **When you are stressed, your body responds by sweating, your heart beats faster and harder, and you breathe heavy or fast.**
- **When you are stressed your brain responds, too. It can be difficult to think and make decisions, you forget things, cry easily or get angry more quickly.**
- **When parents are stressed they respond to their children in ways that are not normal for them.**

### What are some emotions you feel when parenting?

How do you think each of these emotions have an impact on your child and their behaviour?

## Impacts of Parental Stress (Picture 2.3) - 5 minutes



### 6. Share the Meaning of Each Picture

- Ask caregivers to describe what they see in “Impacts of Parental Stress (Picture 2.3).”
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

#### What do you think these pictures mean?

- **Parental stress has a negative impact on caregivers. Stressed caregivers are:**
  - More likely to be depressed.
  - More likely to fight with their spouse.
  - More likely to be in poor health.
  - More likely to have trouble sleeping or eating.
  - Not able to care for their children as they wish. They are more likely to use harsh punishment.
- **Parental stress has a negative impact on children.**
  - The more stress parents feel, the more children may misbehave and show disrespect. The more children misbehave, the more stress parents feel. This is like going around in a circle.
  - Children of stressed parents have more problems in school.
- **Parental stress has a negative impact on adolescents.**
  - Adolescents of stressed parents are more likely to abuse substances (smoke, drink alcohol, and take drugs) and have sex earlier.
  - Adolescents of stressed parents are also more likely to be depressed.

## Techniques to Manage Parental Stress (Picture 2.4) - 10 minutes



### 7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Techniques to Manage Parental Stress (Picture 2.4)".
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

#### What do you think these pictures mean?

- **When you feel stressed and realize you are not responding to others in a positive way, there are things that you can do. Relaxation exercises can calm your body and mind. Deep calm is the opposite of stress.**
- **Avoid the stressful event or situation**
  - If it is possible, avoid things that you know cause you stress.
  - For example, if your child always misbehaves in the market, consider asking a friend or neighbour to watch them while you go to the market alone.
- **Stretching**
  - Stand with your feet slightly apart. Reach your arms up as high as they will go. Slowly lean toward the left, stretching your right side. Return back to the centre. Then, slowly lean toward the other side.
  - Lace your fingers together with your palms out. Pull your arms forward and slowly bend at your waist, this will stretch your back and shoulders. Bow your head down at the same time to stretch your neck.
  - Reach your arms behind your body and lace your fingers together. Slowly pull your arms down.
- **Imagine yourself in your favourite place or singing your favourite song.**
  - Find a quiet place to sit with as few distractions as possible.
  - Close your eyes and imagine yourself in your favourite place or singing your favourite song.
  - Pay attention to your breathing, taking deep, slow breaths.

- **Count backward from 20 to zero.**
  - When you find yourself in a situation where you feel increasingly frustrated, step away and slowly count backward from 20 to zero, either silently or out loud. You can also take a step for each count.
  - The extra time will help your body relax and you will not react immediately.



### 8. Activity: Slow Breathing - 15 minutes

Tell the participants:

1. We are going to try deep breathing, one of the exercises to relieve stress.
2. The reason this exercise focuses on breathing is because when we feel stressed, our breathing often shortens and quickens. This causes uncomfortable feelings like tension. We can change our feelings by changing our breathing.
3. Before we start, let's relax our bodies. Shake out your arms and legs and let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.
4. Now, placing your hands on your stomach, I want you to imagine you have a balloon in your stomach, and when you breathe in, you are going to blow that balloon up, so your stomach will expand. And, when you breathe out, the air in the balloon will also go out, so your stomach will flatten.
5. Start by breathing out until all the air is out of your body. Then breathe in. If you can, try and breathe in through your nose and out through your mouth.
6. Great! Now the second step is to slow the rate of your breathing. So, we are going to take three seconds to breathe in and three seconds to breathe out.  
(Tell the participants that you will count for them. Make sure to count slowly. Repeat this for about two minutes.)
7. How did this exercise make you feel? Do you think you could do this at home?
8. It will take time to learn how to do this well. Take the time to practice at different times during the day. It is good to practice when you are *not* stressed to make it easier to do when you are stressed.



### 9. Probe – 15 minutes

**What do you think of these ideas? Are there other ways that help you get rid of stress? Is there anything that might prevent you from following the practices we have discussed today?**

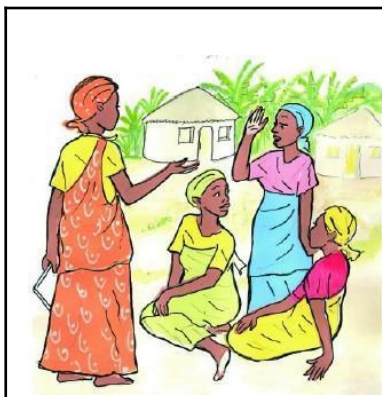
Ask the NCGVs to talk to the person sitting next to them for the next five minutes. They should share any personal concerns they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the NCGVs to share what they have discussed.

Help find solutions for their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another's concern, praise her and encourage other mothers to consider using this solution when they talk with others.



## 10. Practice and Coaching – 20 minutes

1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



## 11. Request Commitments – 10 minutes

**Ask:** Are you willing to make a commitment to the teachings you have heard today? What is your commitment?

Ask each caregiver to say out loud a new commitment that she will make today. Each NCGV can choose the commitment that is most important to her.

For example:

- I commit to noticing when I am stressed or overwhelmed.
- I commit to stepping away from situations when I feel stressed or overwhelmed.
- I commit to practicing deep breathing during times when I am not stressed so that it will be easier to do when I am stressed.

## Psychological Intervention Lesson 3: Managing Problems Plus, Part 1

### Choosing a Problem and Brainstorming Solutions

#### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

#### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVERS



- Caregivers will identify solvable and unsolvable problems in their lives.
- Caregivers will choose and define a specific practical problem in their lives.
- Caregivers will brainstorm many different solutions to a problem.

#### Materials:

1. Attendance Registers
2. NCGV Flipchart for the Promoter and for each NCGV

#### Lesson 3 Summary:

- Game: Don't Smile
- Attendance
- Share the story and ask the caregivers' feelings about how to address problems
- Show pictures and share key messages in the Psychological Intervention Lesson 3 Flipchart, "Listing Problems, Choose and Define a Problem, List Problem Solutions"
- Activity: Case Study
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson

A cartoon illustration of three women. The woman on the left is wearing a yellow headwrap and a red top, with her mouth wide open in a laugh. The woman in the middle is wearing a blue headwrap and an orange top, also laughing. The woman on the right is wearing a green headwrap and a red top, laughing and holding her hand to her chest.	<b>1. Game: Don't Smile - 10 minutes</b>
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1. Ask the NCGVs to break into small groups of three to four people.



2. Explain that the goal of the game is to keep a straight face and not to smile.
3. Have the caregivers stare at each other. Encourage the group members to be as silly as possible to make others smile.
4. The last person in the group to not smile is the winner!
5. After one round, mix up the small groups and play again. As people begin smiling and laughing the rounds should go quicker and quicker.
6. Keep mixing up the groups of caregivers and play until everyone is laughing.

**Now that we are relaxed, let's begin today's lesson.**

	<p><b>2. Attendance and Troubleshooting – 5-15 minutes</b></p>
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### **When teaching NCGVs:**

1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (also known as a Neighbour Circle).
2. Promoter fills out important events mentioned by each NCGV (deaths, births, and new pregnancies).
3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. The Promoter asks the NCGVs to review the key practices from the last lesson.
6. The Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new

practices.

What was your commitment at the last lesson? Have you been able to keep that commitment?

What did you do?

Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.

What factors (people, events or chores) in your life made it difficult to keep your commitments?

~~How were you able to overcome these problems?~~

7. Promoter thanks all of the NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

#### **When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of which households they visited.
2. will ask about important events (deaths, births, new pregnancies and illnesses in the families of the caregivers attending) and, where necessary, will help refer those with severe illness to the local health facility.
3. NCGVs will ask the caregivers to review key practices from the last lesson.
4. NCGVs will ask neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.



#### **Explain to the caregivers**

*The next few lessons are focused on a way to look at problems in our lives and help find solutions. This strategy will help you address the practical parts of your problem. It is called Managing Problems Plus.*

*This Managing Problems Plus strategy is best used to help work on practical problems such as finding a job, financial difficulties, transportation issues, conflict with family or friends, managing a child's behaviour, or arranging care for a parent.*

*Our goal is to see what parts of the problem you can solve or influence. You might not always be able to solve the whole problem, but you might be able to influence it*

*or change the way you are responding to the problem, which can help reduce negative feelings and conflicts.*

**Story: Problems Adjusting to a New Home**  
(Picture 3.1) –10 minutes

**3. Story**

- Read the story, “Problems Adjusting to a New Home (Picture 3.1),” in the flipchart.

*Eve is a young woman who recently got married and moved into her husband’s home with his family. However, she is not getting along well with his mother and this is causing a lot of tension in the home. Eve is feeling increasingly stressed. She is not sleeping well and finds it difficult to eat. She worries most days about this problem, and she has noticed that she has started having headaches which are making it difficult to concentrate.*

**4. Ask about Current Practices**

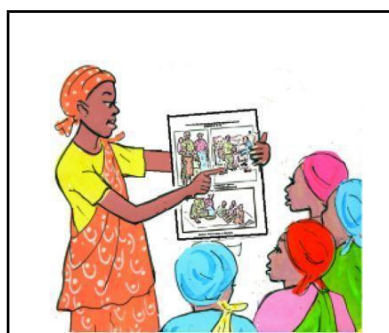
- Read the questions on the same page of the flipchart.



- What are the problems that Eve is facing?
- Are these problems common in your neighbourhood?
- Are these problems that Eve can solve?
- How could Eve solve these problems?

- **Encourage discussion. Don’t correct “wrong answers.”** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the caregivers answer the last question, move to the next flipchart page by saying, “**Let’s compare your ideas with the messages on the following pages.**”

**Listing Problems (Picture 3.2) - 10 minutes**



**5. Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in “Listing Problems (Picture 3.2).”  
Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*What do you think these pictures mean?*

*The next few lessons will describe a method for managing problems.*

*The first step of managing problems is thinking about problems or concerns that are important in our lives.*

*For this technique, we want to focus on problems that are solvable.*

*Solvable problems can be changed or influenced, by changes that you or others make?*

*Unsolvable problems are those that you cannot change or have any influence or control over.*

*What are some examples of solvable problems in your neighbourhood?*

*What are some examples of unsolvable problems in your neighbourhood?*

*Do you have important problems that are solvable, either through changes that you make or that you can encourage others to make?*



#### **Note to the Trainer:**

If a caregiver is feeling very hopeless, anxious, or lacks confidence, this may reduce their ability to respond in Managing Problems Plus. It is important to explain that PM+ is aimed at improving their ability to solve and manage their practical problems.

It is also important to remember that not everyone will respond to these lessons in the same way. Caregivers will have different levels of understanding and ability to implement the changes they would like to see. As the facilitator, it is important that you reassure each caregiver and provide encouragement.

If they present a problem that can be partially solved, help them understand this: "I can see how this problem looks unsolvable, but I think you may be able to solve this problem if you were able to..." Discuss the idea that Managing Problems Plus can be used to solve part of a problem or influence it. "While we cannot completely solve the problem of poverty, we might be able to do things to improve the situation, such as looking for a little bit of work."

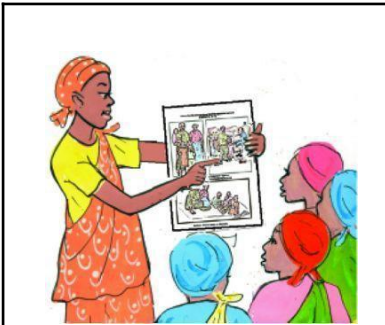
#### **Ongoing adversity or threat**

Many of our caregivers are likely to be experiencing continuing adversity or even

threatening situations, and these may work against their ability to solve or manage their problem. This may be because it is unsafe for them to carry out particular solutions (or engage in other strategies). At all times you will need to consider this and discuss ways to make sure that the client is as safe as they can be, while also helping them to consider ideas to manage their problems. Both you and the caregiver may need to acknowledge that particular problems cannot be “solved” by them in the midst of their current situation (e.g. if they are in poverty, an area of conflict, etc.).

It will also be important for you to keep finding information as to what the realistic risks are for the caregiver. In all situations there is likely to be some risk involved. However, caregivers may overestimate possible threats. If you are not sure about whether the probability of risk is high for a particular activity, you should always consult your supervisor first.

### **Choose and Define a Problem (Picture 3.3) - 5 minutes**

	<b>6. Share the Meaning of Each Picture</b>
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- Ask the NCGVs to describe what they see in “Choose and Define a Problem (Picture 3.3)”.
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.



*What do you think these pictures mean?*

*Choose one problem to focus on.*

*Choose a problem that is important to you.*

*Since we are learning this method, begin by choosing an easier, solvable problem to start with.*

*Clearly define the problem.*

*It is easier to work on a problem that is very specific.*

*It is difficult to work on problems that are too big or not well defined.*

*Choose the elements (parts) of the problem that are practical in nature and can be controlled or influenced by you to some extent.*

*Keep the explanation of the problem as specific and as brief as possible.*

*If a problem has many parts, break it down and deal with each part separately.*

*When we break a larger problem into smaller parts, it is easier to identify solutions and to know if the solutions are improving the problem.*

*What problem did you choose?*

*How do you define your problem?*




### Note to the Trainer:

Not every caregiver in the group may have a problem to address. If this is the case, encourage them to think of a past problem or one they have observed.

The key point is that some problems need to be broken down into a series of actions and managed one step at a time.

Small steps will help the caregiver know when a problem is improving. For example, to say "stop fighting with my husband" might be too much to deal with all at once. But to say "reduce the number of fights with my husband" or "reduce the number of fights with my mother-in-law" is more workable and easier to manage.

### List Problem Solutions (Picture 3.4) - 10 minutes

	<b>7. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "List Problem Solutions (Picture 3.4)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

***What do you think these pictures mean?***

***Now that you have a defined problem, let's think about all the possible solutions***

***Think of as many solutions to the problem as possible.***

***Consider what you know how to do and things you do well, resources that could be helpful and the support of those close to you.***

***Sometimes, it is difficult to think of ideas.***

***Try to think about what you would say to a friend if they came to you with a similar problem.***

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***Or, think about solutions you have tried in the past, even if they did not work.***

***What are possible solutions to the problem you identified?***



#### **Note to the Trainer:**

Encourage the NCGVs to think of as many solutions as they can. Try not to provide solutions.

Some caregivers will need help brainstorming solutions, particularly if they are feeling excessively hopeless. The temptation for you will be to just tell the caregiver different solutions rather than helping them come up with solutions on their own, especially if you are feeling impatient because the caregiver is struggling, but be patient.

Instead, guide the NCGVs by using leading questions or suggesting general ideas that can help them think of more specific solutions. For example, for a caregiver who is feeling overwhelmingly stressed about a taboo issue (such as from a history of sexual assault), you might ask if talking about this problem with someone they trust could help. This would be a preferred method of encouraging brainstorming as opposed to directing the caregiver to talk with a specific person, such as their mother. The goal is to help the caregiver come up with her own ideas and solutions.



## 8. Activity: Case Study - 15 minutes



### Explain to the caregivers

Now, I will read you a story about Mary and her family.

Mary and Peter have four children, and paying school fees is a problem for them every year. The expensive school fees always seemed to catch them by surprise (as though they forget they are due every term). There was never enough to pay the fees because of other expenses, such as rent and food. Often the children had to spend a few weeks out of school at the beginning of each term until the family could pay the fees. The children are out of school right now for this reason. Mary says this happens because the family just doesn't have enough money.

Guide the group through a discussion with the following questions:

#### 1. What are the problems that Mary and her family have with school fees?

- Explore with the caregivers which aspects of the problems they would deal with first.
- Suggestions to discuss could include paying the school fees now in order to get the children back to school as quickly as possible; preparing a budget that includes future fees; joining a savings group; or using a lockbox to save for school fees.

#### 2. Are these problems solvable?

#### 3. As a group, select one problem to address that Mary and her family face regarding school fees.

#### 4. How would you define Mary's problem with school fees?

- Be sure to correct anything said that might be a solution to the problem, reminding caregivers that ways to solve the problem will come in the steps to follow. This step is about *defining* the problem.
- Keep the discussion of the problem very specific.
- Ensure that the chosen definition is a practical issue that Mary and her family have the ability to address.

#### 5. What are some possible solutions to Mary's problem?

- Brainstorm all possible solutions.
- Remind caregivers that the suggested solutions do not have to be successful or helpful.
- Consider Mary's strengths, resources, and support from family and friends.

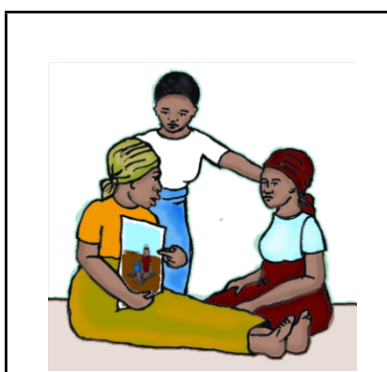


### 9. Probe – 15 minutes

- *What do you think of these ideas?*
- *Do you think it would be helpful to have a system to help you solve problems?*
- *Do you think that many daily problems that people face in your area could be helped using this technique?*
- *Is there anything that might prevent you from following the solutions we have discussed today?*

Ask the NCGVs to talk to an NCGV sitting next to them for the next five minutes. They should share any personal concerns they have with these practices. Together they should try to find solutions to these concerns and problems. After five minutes, ask the NCGVs to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution for another's concern, praise her and encourage other mothers to consider using this solution when they talk with others.



### 10. Practice and Coaching – 20 minutes

#### Step 1: Role-Play



#### Explain to the caregivers

*Many of the skills we talk about in this lesson need to be practiced before they*

can be taught to others. The best way to practice is through role-play. This means that you will take turns being the caregiver and the helper as you pretend you are facing common problems.

Some important things to remember about role-playing:

- Take the activity seriously. This is the only way NCGVs can actually practice before working with real caregivers.
- Don't be too difficult. If you are role-playing caregivers and being especially difficult or trying to make it impossible for the helper to assist you, this will not be supportive for the helper to learn.
- Take a timeout if needed, such as if individuals are beginning to take on the feelings of their role (e.g., becoming personally distressed while role-playing caregivers, or Helpers are feeling completely lost and wish to speak with the other person about what they should be doing next, take a break and 'exit' the role-play, even if for a short time.
- Consider the feelings of others when providing feedback
- Do not laugh at other people's mistakes. Everyone is learning.
- Use all the time allocated. When people go through role play exercises too fast, it's a sign that not all of the correct processes are being followed. Remember, role-play needs to also include time for basic helping skills and communication.
- Do not stop role-play when trainers come around. They will be listening and watching to provide group feedback and support to improve helper skills.

1. Divide the NCGVs into groups of two. One person will be the caregiver and the other will be the helper.
2. Explain the first scenario to the caregivers. If possible, do this in private, away from the helpers.
3. Give the caregivers 10 minutes to go through the Managing Problems Plus process. Have the helper start by asking how the caregiver is doing and if she is facing any problems.

PM+ Step	Description
1. Listing problems	<ul style="list-style-type: none"> <li>● List problems as solvable (can be influenced or changed) and unsolvable (cannot be influenced or changed).</li> </ul>
2. Choose a problem	<ul style="list-style-type: none"> <li>● Choose an easier (solvable) problem to address.</li> </ul>
3. Define	<ul style="list-style-type: none"> <li>● Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent.</li> <li>● Keep the explanation of the problem as specific and as brief as possible.</li> </ul>

	<ul style="list-style-type: none"> <li>• Try not to include more than one problem.</li> <li>• If a problem has many parts, break it down and deal with each part separately.</li> </ul>
4. Brainstorm	<ul style="list-style-type: none"> <li>• First, encourage the client to think of as many solutions to the problem as possible. Do not worry if the solutions are good or bad at this stage.</li> <li>• Think of what the client can do by themselves and also think of people who can help them manage parts of the problem.</li> <li>• Consider existing personal strengths, resources or support.</li> <li>• Try to encourage the client to come up with ideas rather than directly giving them solutions (remember the strategy of asking what they would say to a friend first, if you are tempted to give advice).</li> </ul>

4. Watch, correct, and help those who are having trouble.
5. After time is concluded, have each pair switch roles. The caregivers will become helpers and helpers will become caregivers.
6. Explain the second scenario to the new caregivers.



7. Give the caregivers 10 minutes to go through the Managing Problems Plus process.
8. Continue to watch, correct, and help those who are having trouble.

The cases below are outlines. You will need to adjust them to fit your context.

Case #1:

*You are a mother of five young children. Your middle child, who is now 8 years old, has begun lying. He lies about big things as well as minor things. You are so frustrated with him, and you don't know if you can trust him. You have not been able to get him to stop. He is also in trouble at school because his teacher has also caught him lying.*

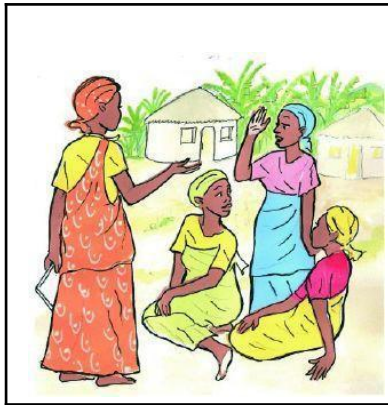
Case #2:

*Your teenage son saved up money from small jobs around the community and purchased a cell phone. He spends all his time looking at his phone. He is neglecting his chores around the house and doesn't even hear you when you ask him to do something. He even brings the phone to meals with the family. You've asked him to put down his phone, but nothing works.*

9. After time is concluded, bring the group back together and discuss what was learned.
  - *How did the problem you discussed make you feel?*
  - *What part of the exercise do you think you did well? What steps were easy?*
  - *Are there any parts of the strategy or session that are unclear for you?*
  - *When did you notice you needed to use your basic helping skills the most?*
  - *What would you do differently next time?*
  - *Are there aspects you think you need to practice more?*

<b>Step 2: Practice Teaching</b>
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1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. Within each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



## 11. Request Commitments – 10 minutes

***Are you willing to make a commitment to the teachings you have heard today?  
What is your commitment?***

Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

For example:

- I commit to finding one solvable problem that I could work on.
- I commit to finding as many solutions to that problem as I can.
- When trying to think of solutions, I'll also think of how those around me can help. I don't have to solve the problem on my own.



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

## Psychological Intervention Lesson 4: Managing Problems Plus, Part 2

### *Deciding on a Solution and Forming an Action Plan*

#### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

#### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVERS



- Caregivers will evaluate the helpfulness of each potential solution.
- Caregivers will identify the most helpful solution or solutions to their problem.
- Caregivers will create an action plan to implement identified solutions.

#### Materials:

1. Attendance Registers
2. NCGV Flipchart for the Promoter and for each NCGV

#### Lesson 4 Summary:

- Game: Deep Breathing Exercise
- Attendance
- Share the story and ask the caregiver's feelings about how to choose and implement helpful solutions
- Show pictures and share key messages in the Psychological Intervention Lesson 4 Flipchart, "Reviewing Solutions, Choosing Helpful Solutions, and Making an Action Plan"
- Activity: Creating an Action Plan
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson



**1. Game: Deep Breathing - 10 minutes**

Tell the caregivers that we are going to practice one of the exercises to relieve stress that we learned earlier: Deep breathing.



### **Explain to the caregivers**

- 1. As we learned before, this exercise focuses on breathing because when we feel stressed, our breathing often shortens and quickens. This causes many uncomfortable feelings like tension. So to change our feelings, it is helpful to change our breathing.*
- 2. To begin, let's relax our bodies. Shake out your arms and legs and let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.*
- 3. Now, placing your hands on your stomach, I want you to imagine you have a balloon in your stomach, and when you breathe in you are going to blow that balloon up, so your stomach will expand. And, when you breathe out, the air in the balloon will also go out, so your stomach will flatten.*
- 4. Start by breathing out until all the air is out of your body, then breathe in. If you can, try and breathe in through your nose and out through your mouth.*
- 5. Great! Now the second step is to slow the rate of your breathing. Take three seconds to breathe in, and three seconds to breathe out.*

Tell the caregivers that you will count for them, and count slowly.

Repeat this for about two minutes.

**Now that we are relaxed, let's begin today's lesson.**

	<b>2. Attendance and Troubleshooting – 5-15 minutes</b>
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**When teaching NCGVs:**



1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (also known as a Neighbour Circle).

2. Promoter fills out important events mentioned by each NCGV (such as deaths, births, and new pregnancies).
3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. The Promoter asks the NCGVs to review the key practices from the last lesson.
6. The Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

**What was your commitment at the last lesson? Have you been able to keep that commitment?**

**What did you do?**

**Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.**

**What factors (people, events or chores) in your life made it difficult to keep your commitments?**

**How were you able to overcome these problems?**

7. Promoter thanks all NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

#### **When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of which households they visited.
2. NCGVs will ask about important events (e.g. deaths, births, new pregnancies and illnesses in the families of the caregivers attending) and, when necessary, will help refer those with severe illness to the local health facility.
3. NCGVs will ask the caregivers to review the key practices from the last lesson.
4. NCGVs will ask the neighbour caregivers about their commitments from the last

meeting and follow up with those who had difficulty trying out new practices.

**Story: Finding a Good Solution (Picture 4.1) -  
10 Minutes**


**3. Story**

- Read the story "Finding a Good Solution (Picture 4.1)" in the flipchart.

*Alice has received another visit from Jacob's teacher about his fighting in school. It is getting very serious and Jacob may be expelled from school if it doesn't stop. Alice talked to her mother, her sister and her friend about how to stop fighting and they came up with a lot of different solutions- too many! Some of the suggestions are funny, but even the suggestions that sound good seem impossible to figure how she could actually make them work.*

**4. Ask about current Practices**

- Read the questions on the same page of the flipchart.

	<ul style="list-style-type: none"><li>• <b>Alice is having trouble finding good solutions. Does this ever happen to you or to those close to you?</b></li><li>• <b>How should Alice evaluate the different solutions to find the best one?</b></li><li>• <b>How do you choose solutions to your problems?</b></li></ul>
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- **Encourage discussion. Don't correct wrong answers.** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the caregivers answer the last question, move to the next flipchart page by saying, "**Let's compare your ideas with the messages on the following pages.**"



Let's review the problem you chose to work on last time and your possible solutions. Have you thought of any new solutions since we met last?



**Reviewing Solutions (Picture 4.2) - 10 minutes**



**5. Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in “Reviewing Solutions (Picture 4.2).”
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

***What do you think these pictures mean?***

***After you have thought of all the possible solutions, we need to review each one and decide if the solution is helpful.***

***Think about the short and long-term consequences of each solution.***

***Short-term consequences are what will happen or how this solution will make you feel immediately or a very short time into the future.***

***Long-term consequences are things that will happen longer in the future, such as next season or next year.***

***It is sometimes difficult to imagine the long-term consequences, but if a solution has an unhelpful long-term effect it can cause more problems in the future.***

***Remove any solutions that are unhelpful.***


***Unhelpful solutions cause significant problems for your physical or emotional well-being, for friends, and family members or for your work or social life.***



#### **Note to the Trainer:**

It is important to remember and remind all the NCGVs that if someone is having problems, it does not mean that they have done anything wrong. Some problems, such as problems including violence, are very serious and need additional support. These problems cannot be solved by “acting better” or by trying not to anger the other person. If you or one of the NCGVs that you know are facing problems with violence, it is important to talk to your Promoter or Supervisor to determine the best way to assist, and where to seek additional help.

### Choose Helpful Solutions (Picture 4.3) - 5 minutes

	<b>6. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "Choose Helpful Solutions (Picture 4.3)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*What do you think these pictures mean?*

*From the list of potential solutions, choose those that are most likely to positively affect the problem.*

*Look at each solution from all sides, the pros and cons, chances of success and failure.*

*Helpful solutions have very few disadvantages for you, your children and others.*

*Helpful solutions are achievable or realistic.*

*Realistic solutions are ones where the person has the financial means, other resources or ability to carry out the solution.*

*If you cannot carry out the solution, it is not a good solution to choose.*

*You can choose more than one solution.*

*What is the best solution, or solutions, to your problem?*




#### **Note to the Trainer:**

Be aware of personal values

This is a time when you need to be careful that you are not allowing your own personal values to interfere. For example, you may disagree with the values associated with the possible solutions your caregiver is considering (e.g. talking with a specific religious leader, cheating to complete a work-related task, refusing to help someone else), or you might want to suggest a solution that is based on your own value system and not the caregiver's. It is very important that during this strategy you put aside your personal values and help the client to make decisions based on their own personal values and beliefs. Be reassured that this is difficult to do for all kinds of helpers. However, it is very important for you to respect your caregivers and not take issue with their values.

### **Make an Action Plan (Picture 4.4) - 10 minutes**

	<p><b>7. Share the Meaning of Each Picture</b></p>
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- Ask the caregivers to describe what they see in "Make an Action Plan (Picture 4.4)."
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

#### ***What do you think these pictures mean?***

- ***Now that we have chosen a solution, we need to design an action plan to carry it out.***
  - ***It is tempting to start working on our solutions immediately. However, we will have more success if we plan out how to proceed.***
- ***Break down the solution into small steps.***
  - ***Think about how you are going to proceed: when, under which circumstances, which words you plan to use (if you plan to say anything), and how you will react to what others say or do.***
  - ***The more specific the plan, the greater your chance of success.***

- **Choose a specific day and time when to carry out each of the steps.**
  - **We are more likely to complete the tasks if we think through how and when the step is done.**
- **Use reminders to help you remember to complete each step.**
  - **Reminders can include things such as setting alerts on your mobile, arranging tasks directly before or after important events (like community activities or meal times), or having a friend or family member remind you.**




## 8. Activity: Creating an Action Plan - 15 minutes



### Explain to the caregivers

*Making a good action plan takes practice. Let's practice making one together.*

1. Consider the solution that you chose as most helpful.
2. Break down the solution into small steps.
  - The following questions may help determine the steps needed:
    - Who will carry out the solution? Who else will be involved?
    - When will it take place? For how long?
    - What resources (money, help from others, supplies) are needed to carry out the solution?
    - How is each step communicated?
  - If you are having a difficult time breaking the solution into steps, it may be helpful to go through the solution in your mind first.
    - Close your eyes
    - Visualize the problem and run the solution through in your mind.
3. Choose a specific day and time when to carry out each of the steps.
  - If you are comfortable writing, consider putting each of the steps on a calendar. One is provided at the end of this lesson.
4. Set reminders to yourself to help you remember to complete each step.
5. If a solution involves talking to someone else, role-play (or practice) this interaction.
  - This can be a good way of practicing what you would say, especially if your plan involves asking for something or talking to someone.
  - It can improve your confidence and the chances of them carrying out the plan.


	<p><b>9. Probe – 15 minutes</b></p>
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***What do you think of these ideas?***

- ***Do you think it is possible to narrow down possible solutions to find one that is most helpful?***
- ***Do you think you could make an action plan for solutions?***
- ***Do you think that many daily problems that people face in your area could be helped using this technique?***
- ***Is there anything that might prevent you from following the practices we have discussed today?***

Ask the NCGVs to talk to an NCGV sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these issues and problems. After five minutes, ask the NCGVs to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another caregiver's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

	<p><b>10. Practice and Coaching – 45 minutes</b></p>
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<p><b>Step 1: Role-Play</b></p>
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**Explain to the caregivers**

Many of the skills we talk about in this lesson need to be practiced before they can be taught to others. The best way to practice is through role-play. This means that you will take turns being the caregiver and the helper as you pretend you are facing common problems.

Some important things to remember about role-play are:

Take the role-play seriously. This is the only way you can actually practice before seeing real caregivers.

- Don't be too difficult. If you are role-playing a caregiver and being especially difficult or trying to make it impossible for the helper to assist you, this will not be a helpful learning environment.
- Take a timeout if needed. If individuals are beginning to take on the feelings of their role ( becoming personally distressed), or helpers are feeling completely lost and wish to speak with the other person about what they should be doing next, take a break, even if for a short time.
- Consider the feelings of others when providing feedback.
- Do not laugh at other people's mistakes. Everyone is learning.
- Use all the time allocated. When people go through role-play exercises too quickly, it's a sign that not all of the processes are being followed. Remember, role-play needs to also include time for basic helping skills and communication.
- Do not stop role play when trainers come around. They will be listening and watching you to provide you and others in the group feedback and support to improve your helper skills.

1. Divide the caregivers into groups of two. One person will be the caregiver, and the other will be the helper.
2. Explain the first scenario to the caregivers. If possible, do this in private, away from the helpers.
3. Give the caregivers 10 minutes to go through the Managing Problems Plus process. Have the helper start by asking how the caregiver is doing and if there are any problems she is facing.

PM+ Step	Description
1. Listing problems	<ul style="list-style-type: none"> <li>● List problems as solvable (can be influenced or changed) and unsolvable (cannot be influenced or changed).</li> </ul>
2. Choose a problem	<ul style="list-style-type: none"> <li>● Choose an easier (solvable) problem to start with.</li> </ul>
3. Define	<ul style="list-style-type: none"> <li>● Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent.</li> <li>● Keep the explanation of the problem as specific and as</li> </ul>



	<p>brief as possible.</p> <ul style="list-style-type: none"> <li>• Try not to include more than one problem.</li> <li>• If a problem has many parts, break it down and deal with each part separately.</li> </ul>
4. Brainstorm	<ul style="list-style-type: none"> <li>• First, encourage the client to think of as many solutions to the problem as possible. Do not worry if the solutions are good or bad at this stage.</li> <li>• Think of what the client can do by themselves and also think of people who can help them manage parts of the problem.</li> <li>• Consider existing personal strengths, resources or support.</li> <li>• Try to encourage the client to come up with ideas rather than directly giving them solutions (remember the strategy of asking what they would say to a friend first, if you are tempted to give advice).</li> </ul>
5. Decide and choose helpful strategies	<ul style="list-style-type: none"> <li>• From the list of potential solutions, choose those that are most helpful to influencing the problem.</li> <li>• Helpful strategies have very few disadvantages for the client or others.</li> </ul>

	<ul style="list-style-type: none"> <li>• Helpful strategies can be carried out (e.g. the person has the financial means, other resources or ability to carry out the solution).</li> <li>• You can choose more than one solution.</li> </ul>
6. Action plan	<ul style="list-style-type: none"> <li>• Develop a detailed plan of how and when the client will carry out the solutions.</li> <li>• Help them pick the day and time when they will do this.</li> <li>• Help them choose which solutions they will try first if there are more than one.</li> <li>• Discuss what resources (e.g. money, transport, another person and so on) they might need to carry out the plan.</li> <li>• Suggest aids to remind the client to carry out the plan (notes, calendar, plan activities to coincide with meals or other routine events).</li> </ul>

4. Watch, correct and help those who are having trouble.
5. After time is concluded, have each pair switch roles. The caregivers will become helpers and helpers will become caregivers.
6. Explain the second scenario to the new caregivers.
7. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far.
8. Continue to watch, correct and help those who are having trouble.

The cases below are outlines, you will need to adjust them to fit into your context.

Case #1:

*You are a pregnant mother with three other children ages 4, 7, and 11. Your husband is away working, and you are tired a lot. You need help with the chores and ask your older children to help. However, they do not want to help and often ignore your requests. If you force them to do something, they cry, stomp their feet, and yell. You are so tired you often yell back and hit them. You have no idea how to make them help.*

Case #2:

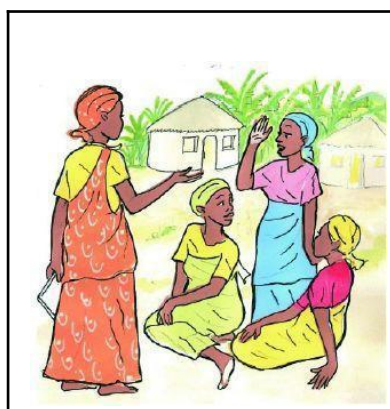
*You are a young mother with a daughter who is 3 years old. You've learned about the importance of feeding children many different kinds and colours of food. However, in the past month, your daughter has refused to eat anything except for potatoes. When you try to introduce new foods, she throws them on the ground or closes her lips together tightly. You don't know what to do. She needs to eat, but she also needs other types of food so her body and mind can grow strong. Other mothers have started to notice that your daughter only eats potatoes, and you feel ashamed.*

9. After time is concluded, bring the group back together and discuss what has been learned.

- *How did you feel?*
- *What do you think you did well? What steps were easy?*
- *Are there any parts of the strategy or session that are unclear?*
- *When did you notice you needed to use your basic helping skills the most?*
- *What would you do differently next time?*
- *Are there aspects you think you need to practice more?*

<b>Step 2: Practice Teaching</b>
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1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



### **11. Request Commitments – 10 minutes**

***Are you willing to make a commitment to the teachings you have heard today?  
What is your commitment?***

Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

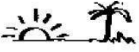




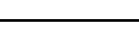
For example:

- I commit to reviewing each solution and evaluating if it is helpful.
- I commit to narrowing down all the possible solutions to find those who are most helpful.
- I'll create an action plan to help implement my chosen solution.



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

## Action Plan- Weekly Calendar

Time	Monday	Tuesday	Wednesday	Thursday	Friday
 <p>Early morning 7am to 10am</p>					
 <p>Mid-morning 10am to 12noon</p>					
 <p>Lunchtime 12noon to 2pm</p>					
 <p>Afternoon 2pm to 5pm</p>					
 <p>Evening 5pm to 8pm</p>					
 <p>Late evening 8pm to 11pm</p>					

## Psychological Intervention Lesson 5: Managing Problems Plus, Part 3

### Reviewing and Adjusting the Action Plan

#### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

#### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVERS



- Caregivers will evaluate how helpful a chosen solution was at addressing a problem.
- Caregivers will identify challenges when implementing an action plan.
- Caregivers will adjust actions plans as needed.

#### Materials:

1. Attendance Registers
2. Nurturing Care Group Volunteer Flipchart for the Promoter and for each Nurturing Care Group Volunteer

#### Lesson 5 Summary:

- Game: Grounding with the Senses
- Attendance
- Share the story and ask the caregiver how to evaluate if a solution worked and adjust action plans accordingly.
- Show pictures and share key messages in the Psychological Intervention Lesson 5 Flipchart, "Evaluating Solutions, Addressing Challenges, and Adjusting the Action Plan"
- Activity: Practice Adjusting the Action Plan
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson



## 1. Game: Grounding with the Senses<sup>1</sup>–10 minutes



### Explain the Caregivers

*This is another exercise to help you practice mindful attention of your surroundings and to reduce stress. It is a quick way to come back into your body when your mind is racing.*

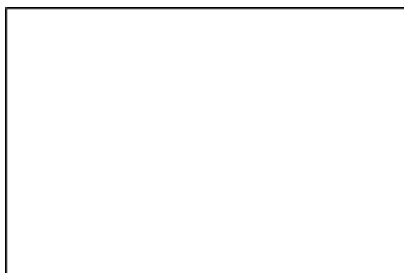
1. This activity engages the five senses and asks caregivers to see, hear, smell, and touch.
2. To start, ask the caregivers to find three things around them. Notice their colour, texture, size, and use.
3. Second, have caregivers sit quietly and listen. What sounds do they hear? Are they loud or soft? Are they high pitched or low pitched?
4. Third, have the caregivers inhale through their noses. What do they smell? Have the caregivers silently describe the smell.
5. Lastly, find something for the caregivers to touch. It could be the fabric on their clothes, the ground, or the chair that they are sitting on. Ask them to notice the texture and qualities of what they're touching.

Say: "Now that we are relaxed and centred, let's begin the lesson."

<sup>1</sup> Britannica Digital Learning, "Chill Out! Classroom Relaxation

Exercises for All Ages" Available at:

<https://britannicalearn.com/blog/classroom-relaxation-exercises/>



## 2. Attendance and Troubleshooting – 5-15 minutes

**When teaching Nurturing Care Group Volunteers:**



1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (also known as a Neighbour Circle)
2. Promoter fills out important events mentioned by each NCGV (deaths, births, and new pregnancies).
3. Promoter asks if any NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. The Promoter asks NCGVs to review the key practices from the last lesson.
6. The Promoter asks NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

**What was your commitment at the last lesson? Have you been able to keep that commitment?**

**What did you do?**

**Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.**

**What factors (people, events or chores) in your life made it difficult to keep your commitments?**

**How were you able to overcome these problems?**

1. Promoter thanks all NCGVs for their hard work and encourages them to continue.
2. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
3. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

#### **When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of which households they visited.

2. NCGVs will ask about important events (e.g. deaths, births, new pregnancies and illnesses in the families of the caregivers attending) and, where necessary, will help refer those with severe illness to the local health facility.
3. NCGVs will ask the caregivers to review the key practices from the last lesson.
4. NCGVs will ask the neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

## Story: Finding a Good Solution (Picture 5.1) – 10 minutes


### 3. Story

- Read the story, "Finding a Good Solution (Picture 5.1)" in the flipchart.

*Alice's auntie is very good at helping Alice think through her problems. She does not tell Alice what to do but asks questions and helps Alice create a plan to address her problems with Jacob's fighting. Alice decides that it may be good to have a conversation with Jacob to see if anything is bothering him. Hopefully, by focusing on how he is feeling and not on his bad behaviour, Alice can begin to learn why Jacob is fighting and how to stop it. Alice is worried about how the conversation will go and how Jacob will react. Her auntie offers to come over after the conversation is over and help Alice talk about how it went.*

### 4. Ask about current practices

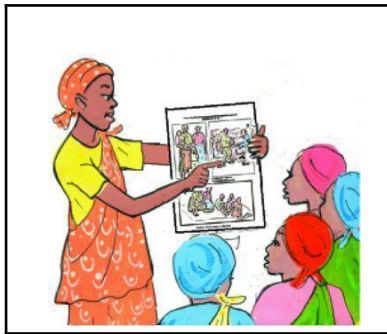
- Read the questions on the same page of the flipchart.

	<p><b>What makes Alice's auntie good at helping people with their problems?</b></p> <ul style="list-style-type: none"> <li>• <b>Do you have someone to help you think through your problems without telling you what to do?</b></li> <li>• <b>Does Alice do anything to make it easier for her to carry out her plan?</b></li> <li>• <b>What do you do to help accomplish the outcome you want?</b></li> </ul>
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- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the caregivers answer the last question, move to the next flipchart page by saying, **"Let's compare your ideas with the messages on the following pages."**



## Evaluating Solutions (Picture 5.2) - 10 minutes



### 5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Evaluating Solutions (Picture 5.2)."
- Affirm their responses.

- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*What do you think these pictures mean?*

*Think back to our last meeting and to the solution that you chose.*

*What effect did this have on your original problem?*

*Don't feel bad if you tried something and it did not work the way you wanted it to. o Most problems that we face on a day-to-day basis are complex.*

*They have many parts and they will take multiple solutions.*

*If it didn't work, think back to all your possible solutions and select another solution.*

*It is normal to have to try a couple different solutions until you find something that works for you.*

*You may need different solutions to different parts of the problem.*

*Is there a more helpful solution to your problem?*

*Sometimes, we choose a solution that we think will help but it does not work as we thought it would.*

*This is normal, go back and select another solution.*

### Addressing Challenges (Picture 5.3) – 10 minutes



#### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Addressing Challenges (Picture 5.3)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*What do you think these pictures mean?*

*Did you face any challenges when trying to accomplish the tasks in your action plan?*

*Be kind to yourself!*

*This is a new process. It may take a while to learn how to create action plans that are doable.*

*If you were not able to do everything on your plan think about why not.*

*Was your solution too big or have too many parts?*

*Break your solution into smaller steps.*

*Does the timing need to be changed?*

*Choose a specific day and time when to carry out each of steps.*

*Did you forget?*

*Use reminders to help you remember to complete each step.*

*Was it difficult to do alone?*

*Invite a trusted friend to do the tasks with you or help you think of other solutions.*

### **Adjusting the Action Plan (Picture 5.4) – 10 minutes**



#### **7. Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in "Adjusting the Action Plan (Picture 5.4)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

***What do you think this picture means?***

***Think about the problem and solution you identified.***

***If your problem is solved, start back at the beginning of the process and work on another problem.***

***If it is still a problem, think about the solution that you choose.***

***Is it still a good solution?***

***Does the problem need different solutions for different parts of the problem?***

***Was the problem too big? Consider breaking it into small parts.***

***Did you have challenges doing the tasks in your action plan?***

***Adjust your action plan or create a new action plan based on how helpful you feel your solution was at solving your problem.***



**8. Activity: Practice Adjusting the Action Plan – 15+ minutes**




**Explain to the caregivers**

Making a good action plan takes practice. Let's look at our action plans and adjust them based on solutions that we've already tried.

- 1.** Consider the action plan and solution that you chose at our last meeting.
- 2.** Is the problem solved?
  - If so, start back at the beginning of the process and work on another problem.
- 3.** If the problem is not solved, think about the solution.
  - Is it still a good solution?
  - Does the problem need different solutions for different parts of the problem?
  - Or, was the solution helpful but you were unable to carry it out?

4. Use the following steps to create a new action plan or adjust the one you created during our last meeting.
5. Break down the solution into small steps.
  - The following questions may help determine the steps needed:

- Who will carry out the solution? Who else will be involved?
  - When will it take place? For how long?
  - What resources (money, help from others, supplies) are needed to carry out the solution?
  - How is each step communicated?
- If you are having a difficult time breaking the solution into steps, it may be helpful to go through the solution in your mind first.
    - Close your eyes
    - Visualize the problem and run the solution through in your mind.
6. Choose a specific day and time to carry out each of the steps.
- If you are comfortable writing, consider putting each of the steps on a calendar. One is provided at the end of this lesson.
7. Set reminders to yourself to help you remember to complete each step.
8. If a solution involves talking to someone else, role-play (or practice) this interaction.
- This can be a good way of practicing what you would say, especially if your plan involves asking for something or talking to someone.
  - It can improve your confidence and the chances of the plan's success.

	<p><b>9. Probe – 15 minutes</b></p>
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- What do you think of these ideas?
- Do you think that sometimes you have to try multiple solutions before a problem can be solved?
- Do you think action plans can be useful to help people think through how to solve problems?
- Is there anything that might prevent you from following the practices we have discussed today?

Ask the Volunteers to talk to a NCGV sitting next to them for the next 5 minutes. They should share any personal concerns that they have with these practices. Together they should find solutions to these concerns and problems. After 5 minutes, ask the NCGVs to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another's concern, praise her and encourage other mothers to consider using this solution when they talk with others.



## 10. Practice and Coaching – 20 minutes

### Step 1: Role-Play



#### Explain to the caregivers

*Many of the skills we talk about in this lesson need to be practiced before they can be taught to others. The best way to practice is through role-play. This means that you will take turns being the caregiver and the helper as you pretend you are facing common problems.*

*Some important things to remember about role-play are:*

- *Take the role-play seriously. They are the only way you can actually practice before seeing real caregivers.*
- *Don't be too difficult. If you are role-playing caregivers and being especially difficult or trying to make it impossible for the helper to assist you, this will not be supportive for the helper to learn.*
- *Take a time out if needed. If individuals are beginning to take on the feelings of their role (e.g. becoming personally distressed while role-playing caregivers), or helpers are feeling completely lost and wish to speak with the other person about what they should be doing next, take a break and 'exit' the role-play, even if for a short time.*
- *Consider the feelings of others when providing feedback*
- *Do not laugh at other peoples' mistakes. Everyone is learning!*
- *Use all the time allocated. When people go through role-play exercises too fast, it's a sign to us that not all of the correct processes are being followed. Remember, role-play needs to also include time for basic helping skills and communication.*
- *Do not stop role-play when trainers come around. They will be listening and watching you to provide you and others in the group feedback and support to improve your helper skills.*



1. Divide the caregivers into groups of two (2). One person will be the caregiver and the other will be the helper.
2. Explain the first case scenario to the caregivers. If possible, do this in private, away from the helpers.
3. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far. Have the helper start by asking how the caregiver is doing and if there are any problems she is facing.

PM+ Step	Description
1. Listing problems	<ul style="list-style-type: none"> <li>List problems as solvable (can be influenced or changed) and unsolvable (cannot be influenced or changed).</li> </ul>
2. Choose a problem	<ul style="list-style-type: none"> <li>Choose an easier (solvable) problem to start with.</li> </ul>
3. Define	<ul style="list-style-type: none"> <li>Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent.</li> <li>Keep the explanation of the problem as specific and as brief as possible.</li> <li>Try not to include more than one problem</li> <li>If a problem has many parts, break it down and deal with each part separately.</li> </ul>
4. Brainstorm	<ul style="list-style-type: none"> <li>First, encourage the caregiver to think of as many solutions to the problem as possible. Do not worry if the solutions are good or bad at this stage.</li> <li>Think of what the caregiver can do by themselves and also think of people who can help them manage parts of the problem.</li> <li>Consider existing personal strengths, resources or support.</li> <li>Try to encourage the caregiver to come up with ideas rather than directly giving them solutions (remember the strategy of asking what they would say to a friend first, if you are tempted to give advice).</li> </ul>
5. Decide and choose helpful strategies	<ul style="list-style-type: none"> <li>From the list of potential solutions, choose those that are most helpful to influencing the problem.</li> <li>Helpful strategies have very few disadvantages for the caregiver or others.</li> <li>Helpful strategies can be carried out (e.g. the person has the financial means, other resources or ability to carry out the solution).</li> <li>You can choose more than one solution.</li> </ul>
6. Action plan	<ul style="list-style-type: none"> <li>Develop a detailed plan of how and when the caregiver will carry out the solutions.</li> <li>Help them pick the day and time when they will do this.</li> <li>Help them choose which solutions they will try first if there are more than one.</li> <li>Discuss what resources (e.g. money, transport, another person and so on) they might need to carry out the plan.</li> <li>Suggest aids to remind the caregiver to carry out the plan (notes, calendar, plan activities to coincide with meals or other routine events).</li> </ul>

7. Review	<ul style="list-style-type: none"> <li>• This step happens in the next session, after the caregiver has attempted to carry out the plan.</li> <li>• Discuss what they did and what effect this had on the original problem.</li> <li>• Discuss any difficulties they had in acting on the plan.</li> <li>• Discuss and plan what they can do before the next meeting to continue to influence and manage the problem, given what they completed since the last meeting.</li> </ul>
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4. Watch, correct and help those who are having trouble.
5. After time is concluded, have each pair switch roles. The caregivers will become helpers and helpers will become caregivers.
6. Explain the second scenario to the new caregivers.
7. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far.
8. Continue to watch, correct and help those who are having trouble.

The cases below are outlines, you will need to adjust them to fit into your context.

Case #1:

*Recently, you've caught your eight-year-old son telling small lies. As you sat down to dinner, you asked if he had washed his hands. He said that he did, when it was obvious that he did not. You also discovered that he lied about doing his chores. You have told him to stop lying, but he continues.*

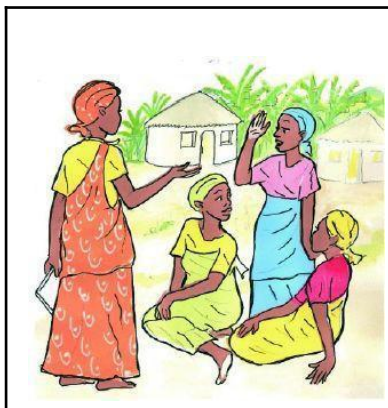
Case #2:

*Your 16-year-old son has been staying out late with his friends. You are worried about where he is going and what he is doing. You have tried to set a curfew, but he ignores it.*

9. After time is concluded, bring the group back together and discuss what has been learned.  
Ask:
  - **How did you feel?**
  - **What do you think you did well? What steps were easy?**
  - **Are there any parts of the strategy or session that are unclear?**
  - **When did you notice you needed to use your basic helping skills the most?**
  - **What would you do differently next time?**
  - **Are there aspects you think you need to practice more?**

Step 2: Practice Teaching

1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



### **11. Request Commitments – 10 minutes**

- *Are you willing to make a commitment to the teachings you have heard today? What is your commitment?*

Ask each caregiver to share with the group a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

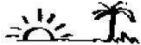





For example:

- *I commit to thinking about whether my solution was the most helpful one or if there are better ones.*
- *I commit to carrying out my action plan.*
- *I commit to talking to my friend about my problem.*



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

Action Plan- Weekly Calendar

Time	Monday	Tuesday	Wednesday	Thursday	Friday	
 Early morning 7am to 10am						
 Mid-morning 10am to 12noon						
 Lunchtime 12noon to 2pm						
 Afternoon 2pm to 5pm						
 Evening 5pm to 8pm						
 Late evening 8pm to 11pm						

## Psychological Intervention Lesson 6: Get Going, Keep Doing

### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVER



- Caregivers will understand the "Inactivity Cycle."
- Caregivers will believe that they can improve their moods and energy levels by what they do, instead of waiting until they feel better to begin activities
- Caregivers will choose small, achievable actions even when they do not feel like doing them.
- Caregivers will create an action plan to "get going, keep doing."

### Materials:

1. Attendance Registers
2. NCGV Flipchart for the Promoter and for each NCGV

### Lesson 6 Summary:

- Breathing Exercise
- Game: Showing My Emotions
- Attendance
- Share the story and ask the caregivers' impressions about feeling low but not stopping some activities
- Show pictures and share key messages in the Psychological Intervention Lesson 6 Flipchart, "The Inactivity Cycle, Identifying Activities, and Scheduling Small Steps"
- Activity: Creating an Action Plan
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson



## **1. Game: Slap, Clap, Click, Name Game — 10 minutes**



### **Explain to the Caregivers**

1. *The first step of this activity is to practice the clapping rhythm, like so:*
  - a. *Slap your knees with both hands*
  - b. *Clap your hands together*
  - c. *Click fingers of right hand*
  - d. *Click fingers of left hand*
2. *Practice until the entire group can follow the rhythm. Once everyone knows the clapping rhythm, you can move to the second stage*
3. *The second step, is to play the slap, clap, click, name game*
4. *I'll begin by saying my own name when clicking the fingers of my right hand. Then, I'll say the name of someone in the group when clicking the fingers on my left hand.*
5. *The person whose name has been called follows the same process. She calls out her own name when clicking fingers of her right hand, followed by the name of someone else in the group when clicking fingers of her left hand.*
6. *Keep doing this, until someone makes a mistake.*
7. *Play this a couple times. Start by practicing the rhythm and then move into the naming game.*
8. *Explain: This game demonstrates how it can be difficult to start an activity. But when you get going, it is easier to keep doing!*

*Let's begin today's lesson.*



	<b>2. Attendance and Troubleshooting – 5-15 minutes</b>
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### When teaching NCGVs:



*Depending on the monitoring and evaluation plan for your project, the Promoter may be responsible for meeting with each NCGV individually and conducting the “during-intervention” version of the PSYCHLOPS assessment and, when appropriate, the Assessment of Thoughts of Suicide.*

1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (also known as a Neighbour Circle).
2. Promoter fills out important events mentioned by each NCGV (deaths, births, and new pregnancies).
3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. The Promoter asks the NCGVs to review the key practices from the last lesson.
6. The Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

What was your commitment at the last lesson? Have you been able to keep that commitment?

What did you do?

Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.

What factors (people, events or chores) in your life made it difficult to keep your commitments?

How were you able to overcome these problems?

7. Promoter thanks all of the NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

**When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of which households they visited.
2. NCGVs will ask about important events (deaths, births, new pregnancies and illnesses in the families of the caregivers attending) and, where necessary, will help refer those with severe illness to the local health facility.
3. NCGVs will ask the caregivers to review the key practices from the last lesson.

4. NCGVs will ask the neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

### Story: Ruth is Grieving (Picture 6.1) —10 minutes

#### 3. Story


- Read the story “Ruth is Grieving (Picture 6.1)” in the flipchart.

*About six months ago, Ruth’s little baby died. Ruth is still very sad and is having a hard time doing the things that she used to do. Before the baby died, Ruth took good care of her family, making them nutritious food and ensuring they had a clean house and clean clothes. She spent a lot of time singing and enjoyed playing with her other children.*

*Now, Ruth is too tired to care for the house and fixes only simple foods. She doesn’t have any interest in doing fun things either. Her family and friends are very worried about her. Ruth tells them that as soon as she feels better she will go back to doing all the things that she used to do.*

#### 4. Ask about current Practices

- Read the questions on the same page of the flipchart.

	<ul style="list-style-type: none"> <li>• <b>Is Ruth’s reaction to losing a child normal?</b></li> <li>• <b>Why are her friends and family worried about her?</b></li> <li>• <b>In your community, how long does it take most people to get back to their normal routines after someone dies?</b></li> <li>• <b>Ruth tells her friends that she will do more when she feels better. Do you agree?</b></li> </ul>
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- **Encourage discussion. Don’t correct “wrong answers.”** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the caregivers answer the last question, move to the next flipchart page by saying, **“Let’s compare your ideas with the messages on the following pages.”**



**Note to the Trainer:**

### *Grief and Loss:*

Grief is a very individual experience. People grieve the death of loved ones or other losses (e.g. their home, job, possessions) in different ways and for different lengths of time. However, there are often some similarities in the emotional problems that people describe when they have experienced the loss of a loved one. For example, it is quite common for caregivers to experience psychological distress that looks very similar to depression – persistently low mood, not enjoying things as much as they used to, withdrawing or isolating themselves from others, or lacking energy.

For most people, these emotional problems will diminish over time. In some societies, people are expected to return to normal life in a month, while for others it is a year or more. But in most societies, this is not specified. In most cases, people will start to return to their normal selves within the first six months after their loss. This does not mean that they have necessarily stopped grieving, just that these emotional problems are no longer interfering with life functions (going to work, socializing, caring for the home). However, for some, these problems can continue.

Get Going, Keep Doing (along with Strengthening Social Support, which we will learn about later) is an appropriate strategy to use with a grieving caregiver when their emotional problems and withdrawal from usual activities and routines interferes with expected functions. It is important, however, not to use it if the withdrawal or lack of activity is seen as part of a culturally appropriate period of mourning.

### **The Inactivity Cycle (Picture 6.2) - 10 minutes**

	<b>5. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "The Inactivity Cycle (Picture 6.2)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

*What do you think these pictures mean?*

*It is very common when we are going through difficult times, have experienced loss, or have other stressful things in our lives to have changes in our mood and get tired easily.*

*Over time, if our mood does not get better it becomes more difficult to do things that we used to find easy. Also, things that we used to really enjoy doing no longer seem as fun.*

*This can start a cycle when our low mood get lower, and we withdraw from more activities, which results in our mood being even lower.*

*We call this cycle the inactivity cycle.*

*Unfortunately, this cycle of inactivity keeps us stuck in our low mood or grief.*

*To break this cycle we need to start doing things again, even though we may not feel like it.*

*Often we think, "I will start doing things again when I feel better," but many people do not start feeling better until they get active.*

*For many people, starting the activity is the hardest. But once you start doing activities it gets easier to keep going.*



## Note to the Trainer:


### *Differences with Managing Problems Plus*

*Managing Problems Plus* helps the caregivers follow steps to solve their practical problems – learning to identify what the problem is, break it down into manageable steps, and begin resolution. (*Managing Problems Plus* = solve a practical problem).

*Get Going, Keep Doing* is intended to break the inactivity cycle that occurs when a person's mood is low, and they lose interest in or energy for various activities. *Get Going, Keep Doing* helps caregivers to improve their functioning and become active in chores, jobs, or recreational interests. (*Get Going, Keep Doing* = improve mood and activity)

Where there is adversity, many people experience symptoms of depression. These can present differently for each person, but depressive symptoms commonly include feelings of being easily tired, hopeless, a continuing low mood, lack of motivation, or lack of enjoyment in activities that usually give the person pleasure. Also, aches and pains are common. Over time, some people will respond by withdrawing from their usual activities. This is also common among people who have experienced traumatic events or who are experiencing grief related to the loss of loved ones, a job, or meaningful possessions.

### Identifying Activities (Picture 6.3) – 5 minutes

	<b>6. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "Identifying Activities (Picture 6.3)."
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

**What do you think these pictures mean?**

**Think of activities that are fun, things that you do when your work is done or things that you reward yourself by.**

**What are some activities that you enjoy?**

***This could be spending time with friends, listening to music or playing with your children.***

***When we do these things they bring us pleasure.***

***Think of activities that have to be done around the home so that you and your family can carry out your daily lives.***

***These are considered essential tasks.***

**What are some of your essential tasks?**

***This could include shopping for food, washing, or preparing food***

***When we do these things we feel like we have accomplished something.***

**Choose one enjoyable activity and one essential task to focus on.**

***Think about things that you used to do before you were feeling low. What was a pleasant or enjoyable activity that you could start doing again or doing more often?***

***Think about when you were feeling better. What is one task that you were doing regularly that you are no longer doing or that you do less?***



**Note to the Trainer:**

The activity chosen can be something the caregiver completes in the group time. For example, talk to someone at the end of the session, walk to the group with one of the other caregivers who lives nearby, or invite one of the other caregivers for tea after the session.

It is recommended that you begin with one activity that is not too big and fairly easy to complete. For example, meeting with a friend might mean taking a shower, getting dressed, getting all the necessary things he may need and walking to meet him before actually doing the activity. This might be too hard for someone who feels very depressed. An easier activity should be chosen first.

Simple activities might include those that can be done in the home or that do not require resources or other people. For example, listening to music, singing, dancing, playing with a young child, walking around the neighbourhood, looking at nature in the back garden, reading the newspaper, walking with a friend, or inviting a friend for tea.

If caregivers are having a difficult time listing activities, suggest:

Time for yourself

- Eat a favourite meal or food
- Read a book
- Relax and meditate
- Pray
- Cook
- Listen to music
- Sing or play music
- Dance
- Do some art (e.g. drawing, painting)
- Pick or arrange flowers
- Write a poem, journal entry, or story
- Visit a favourite place



### Connect

- Visit a friend or family (for a meal or an activity)
- Visit or join a local church, mosque, or temple
- Call or talk to a friend, neighbour, or family member
- Invite your neighbour for coffee or tea
- Attend a local community gathering
- Make a gift for someone
- Play a game with a family member or neighbour

### Self-care

- Get out of bed each day at the time you consider normal
- Have a bath
- Change your clothes
- Brush your hair

### Get active

- Go for a walk alone or with a friend or family member
- Try an activity that is new for you
- Get off the bus one stop earlier than usual
- Dance
- Play actively with children

### Achieve

- Wash clothes
- Sweep the floor (in one room)
- Make beds
- Shop for food or other needs
- Tidy one room in the house
  - Mend an item of clothing
  - Pay a bill
  - Do farm work
  - Help children with schoolwork
  - Build or repair a piece of furniture
- Tasks needed for community organization (or similar) – give details: \_\_\_\_\_

Scheduling Small Steps (Picture 6.4) – 10 minutes



## 7. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Scheduling Small Steps (Picture 6.4)".
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.



### Note to the Trainer:

It is important to explain that *Get Going, Keep Doing* is effective and vital for emotional well-being. Giving a good explanation is particularly important if a caregiver has tried to increase their activity in the past but has failed. It may take some time to convince them to try again.

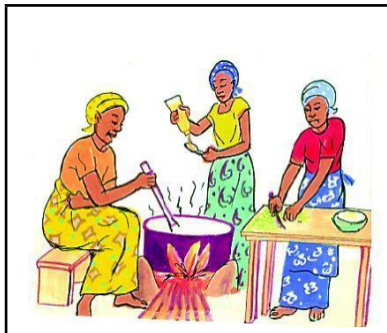
Often there has been failure because the caregiver has set goals that are too ambitious and difficult to complete. As a result, it is very important that when providing an explanation to the caregiver, you communicate warmth and understanding for their concerns, even if these include a lack of faith in this strategy. Consider emphasizing to the caregiver that they have nothing to lose by trying to become more active.

Often people think, "I will start doing things again when I feel better." Actually, being active makes one feel energetic, and many people do not start feeling better until they get active. To break this cycle, the individual needs to start doing things again, even if they do not feel like it.

Given the caregivers' low mood, lack of energy, or grief, it is important to break the overall task down into smaller and more manageable steps. Remember, this is so the participant does not feel overwhelmed with the task and to ensure they experience success completing it. This will encourage self-confidence and begin to improve their mood.

For example, "tending the kitchen garden" might feel overwhelming for a participant. But getting tools out and putting them where you do your gardening would be a good first step. The caregiver does not need to start doing any gardening yet. Then, the next day, they might spend 10 minutes in the garden, and

increase the time each day.



## 8. Activity: Creating an Action Plan - 15 minutes



### Explain to the caregivers

*Just like in problem management, the better you plan for “Get Going, Keep Doing,” the more success you’ll have. Let’s practice making an action plan.*

1. Think about things that you used to do before you were feeling low. What was a pleasant or enjoyable activity that you could start doing again or doing more often?
2. Think about when you were feeling better. What is one task that you were doing regularly that you are no longer doing or that you do less?
3. Choose just one enjoyable activity and one essential task to start.
4. If the activity is still too complex, consider breaking it into smaller steps.
5. Choose a specific day and time to carry out each of the steps.
  - If you are comfortable writing, consider putting each of the steps on a calendar. One is provided at the end of this lesson.
6. Set reminders to yourself to help you remember to complete each step.




## 9. Probe – 15 minutes

- What do you think of these ideas?
- Do you think someone can feel better by doing activities?
- Do you think you could make an action plan to start doing activities and tasks?

- *Is there anything that might prevent you from following the practices we have discussed today?*

Ask the NCGVs to talk to a NCGV sitting next to them for the next five minutes. They should share any personal concerns they have with these practices. Together, they should try to find solutions to these problems. After 5 minutes, ask the NCGVs to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

	<p><b>10. Practice and Coaching – 40 minutes</b></p>
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### Step 1: Role-Play



Explain to the caregivers

*Many of the skills we talk about in this lesson need to be practiced before they can be taught to others. The best way to practice is through role-play. This means that you will take turns being the caregiver and the helper as you pretend you are facing common problems.*

*Some important things to remember about role-play are: Take the role-play seriously. They are the only way you can actually practice before seeing real caregivers.*

- *Don't be too difficult. If you are role-playing caregivers and being especially difficult or trying to make it impossible for the helper to assist you, this will not be supportive for the helper to learn.*
- *Take a time out if needed. If individuals are beginning to take on the feelings of their role (e.g., becoming personally distressed while role-playing caregivers), or helpers are feeling completely lost and wish to speak with the other person about what they should be doing next, take a break and 'exit' the role-play, even if for a short time.*

- *Consider the feelings of others when providing feedback*
  - *Do not laugh at other people's mistakes. Everyone is learning!*
  - *Use all the time allocated. When people go through role-play exercises too fast, it's a sign to us that not all of the correct processes are being followed. Remember, role-play needs to also include time for basic helping skills and communication.*
  - *Do not stop role-play when trainers come around. They will be listening and watching you to provide you and others in the group feedback and support to improve your helper skills.*
1. Divide the caregivers into groups of two. One person will be the caregiver and the other will be the helper.
  2. Explain the first case scenario to the caregivers. If possible, do this in private, away from the helpers.
  3. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far. Have the helper start by asking how the caregiver is doing and if there are any problems she is facing.
  4. Watch, correct and help those who are having trouble.
  5. After time is concluded, have each pair switch roles. The caregivers will become helpers and helpers will become caregivers.
  6. Explain the second scenario to the new caregivers.
  7. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far.
  8. Continue to watch, correct and help those who are having trouble.

The cases below are outlines. You will need to adjust them to fit into your context.

Case #1:

*Previously, you were very active in your 8-year-old daughter's school and volunteered your time three days a week to help her teacher. However, you don't feel like participating in the activities that you used to enjoy. It seems too difficult to leave the house, and you have no motivation.*

Case #2:

*Your household, including your four children, husband, and sister, have a lot of laundry. You know the laundry needs to be done, but you've been very tired and sad lately. The laundry just seems too much. The longer you put off the task, the more laundry there is, and the more impossible it seems.*

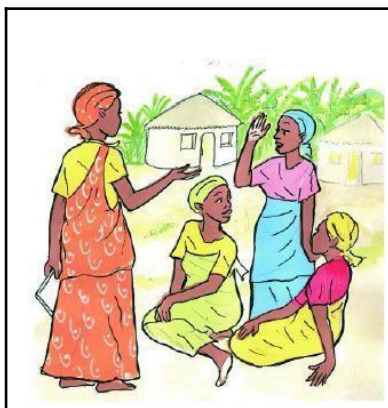
After time is concluded, bring the group back together and discuss what was learned.

• **How did you feel?**

- *What do you think you did well? What steps were easy?*
- *Are there any parts of the strategy or session that are unclear?*
- *When did you notice you needed to use your basic helping skills the most?*
- *What would you do differently next time?*
- *Are there aspects you think you need to practice more?*

## Step 2: Practice Teaching

1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



### 11. Request Commitments – 10 minutes

**? Are you willing to make a commitment to the teachings you have heard today?  
What is your commitment?**

Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

For example:

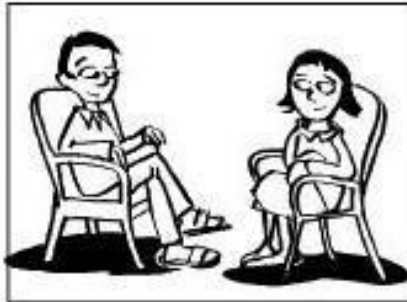
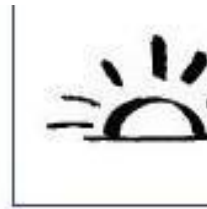
- I commit to thinking of enjoyable activities and essential tasks that I could start doing.
- I commit to talking to my sister about the “get going, keep doing” technique.
- I’ll create an action plan to help me start doing some activities that I stopped.



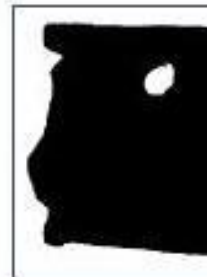
**Optional:** If the caregivers can write and have access to a phone with a

camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

## Get Going, Keep Doi



### ACTIVITIES





## Psychological Intervention Lesson 7: Strengthening Social Support

### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVER



- Caregivers will believe that social support is important to their wellbeing.
- Caregivers will identify social supports that are relevant to them and their specific problems.
- Caregivers will share their concerns with someone they trust.
- Caregivers will create an action plan to strengthen their social support network.

### Materials:

1. Attendance Registers
2. Nurturing Care Group Volunteer Flipchart for the Promoter and for each Nurturing Care Group Volunteer

### Lesson 7 Summary:

- Game: Sigh the Blues Away
- Attendance
- Share the story and ask the caregiver's feelings about sharing their problems with others
- Show pictures and share key messages in the Psychological Intervention Lesson 7 Flipchart, "Importance of Social Support, Sharing with Someone We Trust, Plan for Strengthening Social Support"
- Activity: Creating an Action Plan
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson



## 1. Game: Sigh the Blues Away<sup>1</sup> – 5 minutes



### Explain to the Caregivers

1. *Instead of a game, we are going to practice an exercise to help us relax. This can be used whenever you are feeling stressed.*
2. *Ask the caregivers to sit in a chair or on the ground with their legs extended.*
3. *Have the caregivers take a deep inhale through their nose.*
4. *As they inhale, they should tighten the muscles in their body and feel their shoulders rise up to their ears. They can clench their fists, their toes, and their face muscles.*
5. *Then ask the caregivers to exhale through their mouth, and release all of their muscles, letting their shoulders drop away from their ears, and letting out a big SIGH! WHEW!*
6. *Repeat this three times as caregivers get the hang of it.*

*Now that we are relaxed and ready for our lesson, let's begin!*



## 2. Attendance and Troubleshooting – 5-15 minutes

**When teaching Nurturing Care Group Volunteers:**



1. Promoter fills out attendance sheets for each Nurturing Care Group Volunteer (NCGV) and Neighbour Group (also known as a Neighbour Circle).
  2. Promoter fills out important events mentioned by each NCGV (e.g. deaths, births, and new pregnancies).
  3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
  4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
  5. The Promoter asks the NCGVs to review the key practices from the last lesson.
  6. The Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.
- 

<sup>1</sup> Adapted from

<https://www.indeed.com/career-advice/career-development/icebreaker-ideas-for-small-groups>

What was your commitment at the last lesson? Have you been able to keep that commitment?

What did you do?

Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.

What factors (people, events or chores) in your life made it difficult to keep your commitments?

How were you able to overcome these problems?

7. Promoter thanks all of the NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

**When Nurturing Care Group Volunteers teach their Neighbours:**

1. Nurturing Care Group Volunteers will keep a mental list of which households they visited.
2. NCGVs will ask about important events (e.g. deaths, births, new pregnancies and illnesses in the families of the caregivers attending) and, where necessary, will help refer those with severe illness to the local health facility.
3. NCGVs will ask the caregivers to review the key practices from the last lesson.
4. NCGVs will ask the neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

### **Story: Fear of Sharing (Picture 7.1)— 10 minutes**


#### **3. Story**

- Read the story "Fear of Sharing (Picture 7.1)" in the flipchart.

*Nancy is a new mother. She always thought that she would find being a mother easy. However, it has been very difficult. Her infant daughter is not sleeping very much at night, she is having trouble breastfeeding and cries a lot. Without being able to sleep, Nancy is having a hard time keeping calm and concentrating. She worries that she is a bad mother and she is too ashamed to tell anyone. One day her friend, Beatrice, who also has a child the same age, came over to visit. Beatrice started to tell Alice all of her problems- "I'm so ashamed, I think I am a bad Mom," said Beatrice. "My baby does not breastfeed well, he cries a lot and sleeps little. I'm so tired I cannot even concentrate on easy things."*

#### **4. Ask about current Practices**

- Read the questions on the same page of the flipchart.

	<ul style="list-style-type: none"> <li>• <b>Why didn't Nancy want to share her problems?</b></li> <li>• <b>How do you think Nancy felt after hearing Beatrice concerns?</b></li> <li>• <b>How important is it to have someone we can share our problems with?</b></li> <li>• <b>When you share your problems, what does it look like for someone to support you?</b></li> </ul>
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- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.

- After the caregivers answer the last question, move to the next flipchart page by saying, “**Let’s compare your ideas with the messages on the following pages.**”




### Note to the Trainer:

People tend to cope better when they have good social support networks (in other words, friends, family members, community or religious groups, mental health support groups and so on, who offer care and support). A person does not necessarily need much social support, but they need someone who can be helpful. Specifically, they should be useful for the person's needs.

Sometimes emotional problems can affect a caregiver's ability to get support when they need it. Grief is a particular case where isolation can be common. This is because many grieving people believe that they cannot spend time with others because it is meaningless without their loved one around or that no one would understand what they are experiencing. They may yearn for, or think constantly about, the person who has died. They can present with problems similar to depression, such as low mood, lack of energy and lack of enjoyment in activities. Over time, isolation can be devastating for a caregiver's emotional well-being. Spending time focusing on helping caregivers strengthen their social supports may have a big effect on their overall emotional well-being and functioning.

### Importance of Social Support (Picture 7.2) - 10 minutes

	<h3>5. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in “The Importance of Social Support (Picture 7.2)”.
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

### What do you think these pictures mean?

- **Make time for social support in your life, it is important.**
  - **We feel more confident and hopeful about dealing with problems when we are supported.**

- o Problems feel more manageable when we are supported.
  - o Hearing other people's problems can help make us feel like we are not alone in suffering.
  - o Generally people cannot have 'too many' social supports, although they may consider which social supports they use for different needs in their lives (e.g., speaking with a health professional about health concerns, and a neighbour about challenges with children)
- There are many types of social support, choose those that best fit you and your specific problem.
    - o One type of social support is having a friend or family member listen and confirm the person's concerns and emotions; others are:
    - o Connecting with an agency that is providing needed and appropriate information and support to the person;
    - o Getting help to complete a difficult task or providing a way of completing a task (e.g. driving them somewhere, borrowing something from them and so on);
    - o Spending time with others but not necessarily talking about problems (e.g. sharing a meal)
    - o Helping other people (while not forgetting to take care of oneself)

**Do you have any of these social supports in your life?**

**Which ones work best for you?**



### Note to the Trainer:

When caregivers do not have any support, you should help them to connect with some form of support, such as a trusted friend, family member or community service (e.g. a community organization).

If caregivers have support networks but do not appear to be using them, you should discuss how they could better use these support networks. For example, a caregiver who has been to a women's support group in her community once but has not continued because she felt too tired could be encouraged to start going to the group again. Or you could encourage a caregiver who has a trusted friend to contact this friend.

Additionally, if caregivers appear to have support networks that are unhelpful, you should discuss this with them and help them to find more helpful and appropriate support from new or different networks. For example, a family member might tell a caregiver that their problems are not as bad as their own. You should encourage this caregiver to consider how helpful it is to share information with this person and whether there is someone else they can talk to who will respect and validate their concerns.

### Sharing with Someone We Trust (Picture 7.3) - 5 minutes

	<b>6. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "Sharing with Someone We Trust (Picture 7.3)".
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

- ***When strengthening social support, it is important to choose someone you trust.***
  - ***Trust is something that is developed gradually over time.***
- ***If you are not sure a person can be trusted, share something that is small and less important.***
  - ***To build trust, you might start by sharing a little bit of information about yourself.***
  - ***If you find that the person has kept this information secret, then you might share something a little more personal with them next time.***
  - ***Each time you talk to them, you might share some more personal information.***
- ***Sharing your problems is not burdening others.***
  - ***Many people feel unsure about talking with others about their problems or asking others for help because they do not want to be a burden.***
  - ***Most times, when we are our problems we also hear our friend's problems or they may ask for our help in return.***
  - ***It can be helpful hearing other people's difficulties so we get perspective on our own issues, especially if we think we are the only one experiencing a problem.***



#### **Note to the Trainer:**

##### *Sexual assault*

In the case of sexual assault, or other forms of intimate traumatic experiences, trusting others might be particularly challenging for the caregiver. While you should respect this, you should also encourage the caregiver to strengthen their social support as much as possible.

They should never be pressured to discuss their traumatic experiences with someone else if they do not feel comfortable doing so. In fact, it may not be in their best interests to discuss this if there is a reasonable chance that the other person will not keep the information private or be sympathetic. Rather they might strengthen the stigma about this experience. If the other person is likely to not believe them, or




dismiss or blame the caregiver for what happened to them, they should not be encouraged to talk about this with the person.

For these reasons, it is particularly important that the caregiver picks someone who can be trusted. At first, the caregiver could share information that does not relate to their assault history. For example, they might talk about a practical problem (e.g. employment difficulties), they could ask for help with completing a practical task (e.g. borrowing something). Starting with easy and less threatening information to share will help the caregiver feel more comfortable in strengthening social support networks. It is also an opportunity for the caregiver to test out how much they can trust this person.

In the end, the caregiver might decide that they do not want to tell others about their survival of sexual violence, and you should let the caregiver know that this is okay. The aim of Strengthening Social Support is not necessarily to tell others about problems. You can encourage the caregiver to spend time with others whose company they may enjoy, but they might not want to let others know about their experience. You may be the only person they share details with, but they still need social support from others.

### **Plan for Strengthening Social Support (Picture 7.4) - 10 minutes**

	<b>7. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "Plan for Strengthening Social Support (Picture 7.4)".
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.



#### **Note to the Trainer:**

##### *Excessive social isolation*

Some caregivers may have isolated themselves for a long time. So talking about Strengthening Social Support may actually make them feel nervous. They may not be ready or willing to connect to people by sharing personal information, asking for help or even just spending time with others.

In these cases, help the caregiver think about small tasks they could do to start connecting with others. For example, could they start by smiling at familiar people? Could they make eye contact (or other culturally appropriate non-verbal signs of communication)? Would they be willing to say hello to their neighbour or ask a family member over for a meal?

In this way you are helping them build their confidence in connecting with others and gradually strengthening their social supports.



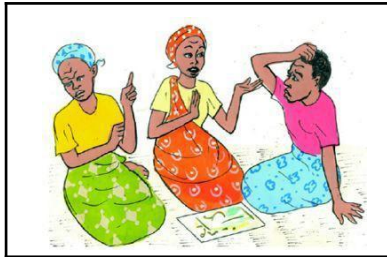
#### 8. Activity: Creating an Action Plan - 15 minutes



#### Explain to the caregivers

***Just like in problem management and Get Going, Keep Doing the better you plan for Strengthening Social Support the more success you'll have. Let's practice making an action plan.***

1. Think about a practical problem or issue you are facing.
2. What type or types of social support do you think would be helpful for this issue?
3. Do you have a trusted person or organization that you can go to with your concern?
4. If so, decide who and when you will approach them.
5. If not, consider people or organizations that you want to build trust with.
6. Think about what specifically you want to say or do.
7. Choose a specific day and time when to carry out your plan.
  - If you are comfortable writing, consider putting your plan on a calendar. One is provided at the end of this lesson.
8. Set reminders to yourself to help you remember to complete each step.



## 9. Probe – 15 minutes

- **What do you think of these ideas?**
- **How important do you think having social support is in your life?**
- **Do you think you could make an action plan to strengthen your social support network?**
- **Is there anything that might prevent you from following the practices we have discussed today?**

Ask the Nurturing Care Group Volunteers to talk to a NCGV sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Nurturing Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another caregiver's concern, praise her and encourage other mothers to consider using this solution when they talk with others.



## 10. Practice and Coaching – 40 minutes

### Step 1: Role-Play



Explain to the caregivers

Many of the skills we talk about in this lesson need to be practiced before they can be taught to others. The best way to practice is through role-play. This means that you will take turns being the caregiver and the helper as you pretend you are facing common problems.

Some important things to remember about role-play are:

Take the role-play seriously. They are the only way you can actually practice before seeing real caregivers.

- *Don't be too difficult. If you are role-playing caregivers and being especially difficult or trying to make it impossible for the helper to assist you, this will not be supportive for the helper to learn.*
  - *Take a time out if needed. If individuals are beginning to take on the feelings of their role (e.g., becoming personally distressed while role-playing caregivers), or helpers are feeling completely lost and wish to speak with the other person about what they should be doing next, take a break and 'exit' the role-play, even if for a short time.*
  - *Consider the feelings of others when providing feedback*
  - *Do not laugh at other peoples' mistakes. Everyone is learning!*
  - *Use all the time allocated. When people go through role-play exercises too fast, it's a sign to us that not all of the correct processes are being followed. Remember, role play needs to also include time for basic helping skills and communication.*
  - *Do not stop role-play when trainers come around. They will be listening and watching you to provide you and others in the group feedback and support to improve your helper skills.*
1. Divide the caregivers into groups of two. One person will be the caregiver and the other will be the helper.
  2. Explain the first case scenario to the caregivers. If possible, do this in private, away from the helpers.
  3. Give the caregivers 10 minutes to go through the Managing Problems Plus process as we have learned so far. Have the helper start by asking how the caregiver is doing, and if there are any problems she is facing.
  4. Watch, correct, and help those who are having trouble.
  5. After time is concluded, have each pair switch roles. The caregivers will become helpers, and helpers will become caregivers.
  6. Explain the second scenario to the new caregivers.
  7. Give the caregivers 10 minutes to go through the Managing Problems Plus process.
  8. Continue to watch, correct, and help those who are struggling.

The cases below are outlines. You will need to adjust them to fit into your context.

Case #1:

You are a young mother who is having a difficult time with breastfeeding. You are

worried that your baby may not be getting enough food because the baby is having trouble latching on. Moreover, you are very sore, and breastfeeding has become painful. You don't know where to turn or who to ask for help.

Case #2:

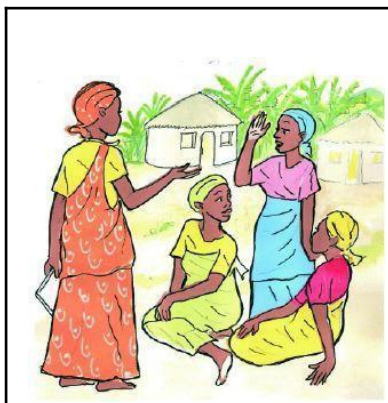
You've been worried about your teenage son because he hangs around with the wrong crowd – boys who are often getting into trouble. Yesterday, you saw your son drinking alcohol when he was supposed to be working at his part-time job.

After time is concluded, bring the group back together and discuss what they learned.

- ? How did you feel during the discussion?
- ? What do you think went well?
- ? Are there any parts of the strategy or session that are unclear?
- ? When did you notice you needed to use your basic helping skills the most?
- ? What would you do differently next time?
- ? Are there aspects you think you need to practice more?

## Step 2: Practice Teaching

1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.



### 11. Request Commitments – 10 minutes

Are you willing to make a commitment to the teachings you have heard today?

### *What is your commitment?*

Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

For example:

- I commit to being thankful for the types of social support I already have in my life.
- I commit to starting to build trust with my neighbour.
- I'll create an action plan to help me strengthen one type of social support.



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

## Strengthening Social Support Action Plan



### ACTION PLAN

## Psychological Intervention Lesson 8: Staying Well and Looking Forward

### NEIGHBOUR GROUP TEACHING FORMAT FOR THIS LESSON:

- GROUP MEETINGS WITH NEIGHBOUR CAREGIVER HOUSEHOLDS

### OTHER INFLUENCERS AND DECISION MAKERS TO REACH:

- CAREGIVERS



- Caregivers will believe that they can use PM+ strategies to help resolve future problems.
- Caregivers will practice problem management skills on a regular basis, even when they are not facing problems.
- Caregivers will recognize future problems and implement the most appropriate PM+ strategy.
- Caregivers will support each other as they face problems and seek help when PM+ strategies are not working for them.

### Materials:

1. Attendance Registers
2. NCGV Flipchart for the Promoter and for each NCGV

### Lesson 8 Summary:

- Game: Protection Hands
- Attendance
- Share the story and ask the caregivers feelings about facing future problems
- Show pictures and share key messages in the Psychological Intervention Lesson 8 Flipchart, "Importance of Practice, Facing Future Problems, and Future Support"
- Activity: Identifying PM+ Strategies
- Probe about possible barriers and discuss solutions
- Practice and coaching in pairs
- Request commitments
- Examine commitments from the previous lesson





## 1. Game: Protection Hands<sup>1</sup> — 5 minutes



### Tell the Caregivers

1. *This exercise will give us a simple, easy way to draw inward and relieve anxiety– without anyone else noticing.*
2. *This exercise is a hand position. To practice it:*
  - a. *Open your right hand palm up. Place your thumb inside your palm and wrap your fingers around it . Now do the same with your left hand.*
  - b. *Your hands will look like clenched fists, as if you are going to throw a punch, except your thumbs are on the inside of your fingers and your awareness is drawn inward instead of outward.*
3. *Sit with your hands in position, left fist resting on your left thigh and right fist on your right thigh.*
4. *Close your eyes if you are comfortable doing so. inhale deeply and slowly through your nose; then exhale in the same way.Repeat this five times.*
5. *Tell the caregivers that they can do this any time, in any place. They can do this with one fist and with their eyes open. They can do this if they are nervous before a test, if they are feeling anxious about something or someone, or if they want to bring their focus back into themselves.*

*Now that we are relaxed and ready for our lesson, let's begin!*



## 2. Attendance and Troubleshooting – 5-15 minutes

When teaching NCGVs:

***Depending on the monitoring and evaluation plan for your project, the Promoter may be responsible for meeting with each NCGV individually and conducting the***

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<sup>1</sup> Britannica Digital Learning, "Chill Out! Classroom Relaxation Exercises for All Ages," Available at:  
<https://britannicalearn.com/blog/classroom-relaxation-exercises/>.

1. Promoter fills out attendance sheets for each NCGV and Neighbour Group (also known as a Neighbour Circle).
2. Promoter fills out important events mentioned by each NCGV (deaths, births, and new pregnancies).
3. Promoter asks if any of the NCGVs had any challenges meeting with their neighbours. *(Of note, this is meant to include challenges such as finding neighbours at home, resistance by family members, issues of trust, etc. It is not meant to include problems which are later addressed using the PM+ strategy.)*
4. The Promoter and other volunteers share experiences and help think through possible ways to solve the challenges mentioned.
5. The Promoter asks the NCGVs to review the key practices from the last lesson.
6. The Promoter asks the NCGVs about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.

**What was your commitment at the last lesson? Have you been able to keep that commitment?**

**What did you do?**

**Did anyone (spouse, grandmother or children) encourage you in your commitment or interfere or tell you not to follow your commitments? Tell the story of what happened.**

**What factors (people, events or chores) in your life made it difficult to keep your commitments?**

**How were you able to overcome these problems?**

7. Promoter thanks all of the NCGVs for their hard work and encourages them to continue.
8. Promoter encourages NCGVs to have a sense of pride that they are protecting the health of their communities by reinforcing messages and commitments.
9. Promoter asks the group's Activity Leader to discuss the needed items for next week's activity (based on the Promoter's conversation with her prior to this meeting) and solicits volunteers.

#### **When NCGVs teach their Neighbours:**

1. NCGVs will keep a mental list of which households they visited.
2. NCGVs will ask about important events (e.g. deaths, births, new pregnancies

and illnesses in the families of the caregivers attending) and, where necessary, will help refer those with severe illness to the local health facility.

3. NCGVs will ask the caregivers to review the key practices from the last lesson.
4. NCGVs will ask the neighbour caregivers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

## Story: Staying Well (Picture 8.1) 10 minutes


### 3. Story

- Read the story “Staying Well (Picture 8.1)” in the flipchart.

*Nancy’s daughter is now two years old. When she was a baby, she had a lot of problems breastfeeding and Nancy was stressed a lot. Using problem management skills and with the support of others, Nancy was able to help herself and her daughter during that difficult time. Since then, no new challenges have come up and Nancy has not practiced any of the skills she learned. However, since her daughter turned two things have been difficult again. Her daughter cries and throws herself on the ground when she does not get what she wants and her favourite new word is “NO!”. Nancy can feel herself getting stressed and frustrated again.*

### 4. Ask about current Practices

- Read the questions on the same page of the flipchart.

	<ul style="list-style-type: none"><li>• <b>Are Nancy’s problems common?</b></li><li>• <b>What do you think Nancy should do?</b></li><li>• <b>What could Nancy have done to keep her problem management skills?</b></li><li>• <b>What kind of problems do you think Nancy will face as her daughter gets older?</b></li></ul>
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- **Encourage discussion. Don’t correct “wrong answers.”** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, “Let’s compare your ideas with the messages on the following pages.”

## Importance of Practice (Picture 8.2) - 5 minutes



**5. Share the Meaning of Each Picture**

- Ask the caregivers to describe what they see in, “The Importance of Practice (Picture 8.2).”
- Affirm their responses.
- Share the meaning of each picture using the flipchart pages.
- Use the captions on the flipchart to remind you which images represent each point.

***What do you think these pictures mean?***

***Problem management is like learning a new language: you need to practise it every day if you want to speak it fluently.***

***The more you practise problem management strategies, the more likely you will stay well.***

***If you face a difficult situation in the future, you will have a better chance of managing it well if you have been practising problem management strategies regularly.***

***You have all the information you need to use problem management strategies on your own.***

***You also have the other members of this group for support.***

***Putting reminders of the problem management strategies around your house can help you remember to practice.***

***What are some ways that you can practice problem management every day, even when you are not facing problems?***

***What are some things you can do to help you remember to practice?***



#### **Note to the Trainer:**

When we consider how people recover after treatment for a physical illness or injury, it is usually not perfectly smooth. People will experience varying levels of pain during this recovery. Some days will be better than others. But generally, if people practise the exercises and keep to the recovery plan their nurse or doctor has given them, they do get better.

The same process of recovery pattern is typical with emotional problems or illnesses. Caregivers are likely to experience “ups and downs” with their emotions in the same way that people recovering from physical illnesses and injuries do. Continuing to practise the strategies after finishing the intervention is important for staying well. This will help caregivers prevent a full return of their problems as well as strengthening their confidence in using the strategies. In this way, in the future when a problematic situation arises that causes distress, caregivers are more likely to be able to respond

to it using these strategies.



## Facing Future Problems (Picture 8.3) – 10 minutes



### 6. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in "Facing Future Problems (Picture 8.3)."
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

#### ***What do you think these pictures mean?***

- ***Your problem management skills can help you when you face future problems.***
  - ***We will all face problems in the future.***
  - ***It is important to respond to problems in helpful ways so they do not become overwhelming.***
  - ***You can use your problem management skills to help you deal with future problems and reduce stress.***
- ***When new problems affect the way you behave toward your children, family, work, or home, it is important to use problem management skills.***
  - ***When you face new problems, it is normal to have negative feelings such as sadness, anger, grief, or worry.***
  - ***Problem management helps us when these feelings start to affect how we function.***
  - ***Problem management can also help us by reducing stress and dealing with problems when they are small so they do not affect how we behave toward others.***

***What are some difficulties or problems that you could experience in the future?***

***What do you think you can do the next time you experience a very difficult***

***situation or notice negative feelings again?***


**Note to the Trainer:**

If needed, below are some examples of future problems that caregivers may face:

Behaviour issues with children,

- illness of a child,
- anniversary of the death of a loved one,
- family disagreements,
- personal physical health problems,
- emotional health problems, such as depression or stress,
- droughts or floods in the coming seasons,
- community violence or war,
- problems with employment or money,
- problems with the surrounding environment,
- being forced to leave one's home or having to settle in a new area/country,
- Food insecurity, or
- Intimate partner violence.

**Future Support (Picture 8.4) - 10 minutes**

	<b>7. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in "Future Support (Picture 8.4)".
- Affirm their responses.
- Share the meaning of each picture using the flipcharts pages.
- Use the captions on the flipchart to remind you which images represent each point.

*Where can you go for more help if your problems are not going away?*

*Do you want to continue to meet as a group?*

**Note to the Trainer:**

If the caregivers wish to continue to meet as a group (and no other lessons are planned), give them some time at the end of the lesson to organize themselves.

They may want to think about:

- How often will they meet
- Where will they meet
- Will there be a leader or co-leaders?
- Will they open the group to new community members? How will they introduce and teach new members?
- Are there community members, local health workers, religious leaders, or NGO staff that they know who could come and speak to their group on new topics?



## 8. Activity: Identifying PM+ Strategies – 30 minutes



### Explain to the participants

*During this PM+ module, we have learned different strategies for dealing with problems. When we think about dealing with future problems, it is important to understand all the strategies in PM+ and when it is best to use them.*

*Below are three case examples of caregivers dealing with problems. Once I have read the example, we will spend some time talking about how you might help them deal with their problems using any of the strategies you have learned.*

- *Does anyone want to suggest a PM+ strategy that would be helpful for Eve?*
- *Can you explain how this strategy would be helpful?*
- *Why did you choose this strategy?*

### ● **Get Going, Keep Doing**

Remind participants that Get Going, Keep Doing is a strategy suited for problems of low mood, feeling very tired, and inactivity. In this case, Eve is experiencing these emotional problems and Get Going, Keep Doing will be most effective for her.

**What do you remember about Get Going, Keep Doing?**

Encourage them to identify any of the following:

- Increasing people's activity by doing more of the things they are already doing or introducing new activities.
- Different types of activities – enjoyable and task-oriented.
- Examples of different activities.
- Breaking activities down into small tasks.
- Starting with only one or two activities and building up activity over time.

If participants do not mention a point above, try and prompt them by asking them something like, *“And can you remember whether we started with getting you to do all the housework or just small specific tasks?”*

### ● **Strengthening Social Support**

Strengthening Social Support is the second main strategy that would be helpful for Eve.

- ***Why do you think this would be a helpful strategy?***

Listen for an answer like this: “Because she has isolated herself and is not coping with her problems very well on her own.”

- ***What do you remember about Strengthening Social Support?***

Encourage them to identify any of the following:

- The different types of support, including sharing problems with others, asking for practical help, connecting with a specific agency to get support or information, and spending time with others but not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If participants do not mention a point above, try and prompt them by asking them something like, *“And how might Eve know if she can trust that person?”*

You can also tell participants that Eve is likely to have practical problems as a result of isolating herself and not leaving the house. So the Managing Problems strategy could also be helpful. You can discuss Managing Problems in this case as well.

- *Does anyone want to suggest a PM+ strategy that would be helpful for Sarah?*
- *Can you explain how this strategy would be helpful?*
- *Why did you choose this strategy?*

## **1. Managing Problems**

Encourage participants to think about why this strategy would be helpful for

Sarah. Listen for a response such as, “Sarah is experiencing a practical problem (disagreement with her son) and Managing Problems is a strategy to help deal with these types of problems.”

### ***Do you remember about Managing Problems?***

Encourage them to identify any of the following steps:

- Decide if the problem is solvable or unsolvable.
- Define the (solvable) problem as specifically as possible.
- Think of as many solutions as possible.
- Choose the most helpful solutions.
- Plan what to do.
- Review how effective the chosen solutions were and go through the steps again to continue solving the problem.

## **2. Managing Stress**

Encourage participants to think about why this strategy would be helpful for Sarah. Listen for a response such as, “Sarah is experiencing stress and physical problems and this strategy could help her better manage these symptoms.”

### ***What do you remember about Managing Stress?***

Encourage them to identify any of the following steps:

- Relaxing the body if it is tense (shake the body and limbs, roll shoulders, gently move head from side to side).
- Breathing from the stomach (pushing it in and out while breathing).
- Slowing the rate of breathing (three seconds in and three seconds out).
- Practising slow breathing regularly and whenever Sarah notices signs of stress or physical discomfort.

### **Case Example 3**

Angel is a young mother whose daughter was born with a disability. Angel is very sad and also embarrassed about it. She has avoided traveling to visit her sister and introducing her baby to others. She is also starting to isolate herself and not see her friends and neighbours.

- ***Does anyone want to suggest a PM+ strategy that would be helpful for Angel?***
- ***Can you explain how this strategy would be helpful?***
- ***Why did you choose this strategy?***

## **1. Strengthening Social Support**

Encourage participants to think about why this strategy would be helpful for Angel. Listen for a response such as, “Since Angel is isolating herself, Strengthening Social Support would be a

helpful strategy for her."

### ***What do you remember about Strengthening Social Support?***

Encourage them to identify any of the following steps:

- The different types of support, including sharing problems with others, asking for practical help, connecting with a specific agency to get support or information, and spending time with others but not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If participants do not mention a point above, try and prompt them by asking them something like, *"And how might Angel know if she can trust that person?"*

## **2. Managing Problems**

This would be helpful for addressing Angel's problem of visiting her sister.

### ***What do you remember about Managing Problems?***

Encourage participants to identify any of the following steps:

- Decide if the problem is solvable or unsolvable.
- Define the (solvable) problem as specifically as possible.
- Think of as many solutions as possible.
- Choose the most helpful solutions.
- Plan what to do.
- Review how effective the chosen solutions were and go through the steps again to continue solving the problem.

When discussing managing the problem of visiting her sister, participants might suggest that Angel strengthen her social support (e.g. have a trusted friend accompany her when she visits her sister).

## **3. Managing Stress**


Managing Stress would be helpful for Angel's anxiety, especially when she starts to go out again (or while doing her Managing Problems action plan). This will help her to stay calm in situations that cause her stress.

### ***What do you remember about Managing Stress?***

Encourage participants to identify any of the following steps:

- Relaxing the body if it is tense (shake the body and limbs, roll shoulders, gently move head from side to side).
- Breathing from the stomach (pushing it in and out while breathing).
- Slowing the rate of breathing (three seconds in and three seconds out).


- Practicing slow breathing regularly and whenever Angel notices signs of stress or physical discomfort.

	<p><b>9. Probe – 15 minutes</b></p>
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- *What do you think of these ideas?*
- *Do you think it is possible to use PM+ strategies to help you when you face future problems?*
- *Is there anything that might prevent you from following the practices we have discussed today?*

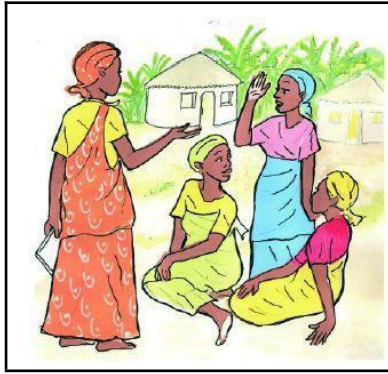
Ask the NCGVs to talk to an NCGV sitting next to them for the next 5 minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Ns to share what they have discussed.

Help find solutions to their concerns. Encourage them to try these new practices. If a caregiver offers a good solution to another caregiver's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

	<p><b>10. Practice and Coaching – 40 minutes</b></p>
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1. Ask each NCGV to share the teachings she has learned with the person sitting next to her. (All NCGVs will work in pairs). Each NCGV teaches in the same way that she was taught.
2. In each pair, one caregiver will teach the first two pages of the lesson to her partner. After she is finished, the other NCGV will teach the last two pages of the lesson.
3. Watch, correct, and help NCGVs who are having trouble.
4. When everyone is finished, answer questions that the caregivers have about the lesson.





## 11. Request Commitments – 10 minutes

***Are you willing to make a commitment to the teachings you have heard today?  
What is your commitment?***

Ask each caregiver to say out loud a new commitment that she will make today. Each caregiver can choose the commitment that is most important to her.

For example:

- I commit to practicing PM+ strategies even when I'm not facing problems.
- I commit to finding someone I can trust to help me choose which PM+ strategy is right for my problems.
- I commit to continue to meet in this group so I can support my neighbours as they face future problems.



**Optional:** If the caregivers can write and have access to a phone with a camera, encourage them to write their commitment down and take a selfie with it. They can refer to the picture in between meetings as a helpful reminder.

# Psychological Intervention Lesson 1: Adversity and Basic Helping Skills

## Materials:

- Attendance Registers
- One item from nature (such as a flower, leaf, or stone) for each caregiver



### 1. Game: Showing My Emotions



### 2. Attendance and Troubleshooting

### 3. Story

Constance is frequently tired. Her husband becomes upset with her when her twin sons are naughty, and they often misbehave more after this happens. Lately, Constance has been getting angry easily and has gotten into arguments with many of her friends. She cannot stop thinking about how frustrated she is and finds it difficult to do her normal chores around the house. All her friend's children seem to be so well-behaved and never do anything wrong. Constance is embarrassed and wonders what is wrong with her.



### 4. Ask about Current Practices

Are Constance's problems common?

Why is she embarrassed?

Have you ever felt embarrassed because of problems you face?

What do you think Constance should do?

Let's compare your ideas with the messages on the following pages.

### **Story: Feeling Embarrassed (Picture 1.1)**

*Insert a picture of a woman fighting with other women*

**Constance is frequently tired. Her twin sons often misbehave and her husband is upset with her when they are naughty.**

Lately, Constance has been getting angry easily and has gotten into arguments with many of her friends.

Insert picture

She cannot stop thinking about how frustrated she is and finds it difficult to do her normal chores around the house.



**All her friend's children are so well-behaved, it seems like they never do anything wrong. Constance is embarrassed and wonders what is wrong with her.**

## **Dealing with Problems (Picture 1.2)**

### **5. Share the Meaning of Each Picture**

What do you think these pictures mean?

- Problem Management Plus is a set of skills that we can learn to help us deal with problems or adversity in our lives.
  - It can be used to help us manage practical problems such as problems with family conflicts, raising children, work or housing.
  - It can also be used to help with emotional problems such as feelings of stress, hopelessness, or intense sadness.
- We should not feel embarrassed or ashamed when we face problems or adversity. o Adversity means any stressful or difficult life experience.
  - We all face different types of problems or adversity in our lives.
  - Everyone has different reactions to adversity. It is important not to judge others or ourselves.
- When problems or adversity cause problems in our lives, practicing problem management skills can help.
  - Problems could be being unable to get out of bed, being tired all the time, not being able to take care of themselves or their children, fighting with others, or just not enjoying fun activities anymore.
  - For most people, reactions to adversity decrease over time.
  - For some people these feelings "get stuck."

- o Learning strategies to manage these feelings can be helpful.

What are some common problems or adversities that people face in your community?

What problems have these adversities caused in people's lives?

## Dealing with Problems (Picture 1.2)



Problem Management Plus is a set of skills that we can learn to help us deal with problems or adversity in our lives.

**We should not feel embarrassed or ashamed when we face problems or adversity.**



When problems or adversity cause problems in our lives, practicing problem management skills can help.

## Basic Helping Skills (Picture 1.3)



### 6. Share the Meaning of Each Picture

What do you think these pictures mean?

- Keep each other's problems private. Do not share them with anyone else.
  - In this group we will share very personal problems with each other. It is important that we keep this information private or confidential.
- Let people know that you are trying to understand what they are going through, including the emotions they are feeling.
  - For example, you could say, "You went through a lot." Or, "You have experienced many difficulties."
  - To communicate that you understand their emotions, you could say, "I can see in your face how painful this was for you." Or, "I can hear how sad this was for you."
- Use your body language to let people know you are listening to them.
  - This may include looking people in the eye and nodding your head.
  - You can also reflect the same emotion on your face as the person talking. For example, smiling for happy stories, looking concerned or sad for sad stories.



### Basic Helping Skills (Picture 1.3)



**Keep each other's problems private. Do not share them with anyone else.**

Let people know that you are trying to understand what they are going through, including the emotions that they are feeling.

Use your body language to let people know you are listening to them.

### More Basic Helping Skills (Picture 1.4)



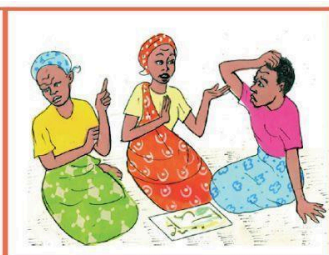
## 7. Share the Meaning of Each Picture

What do you think these pictures mean?

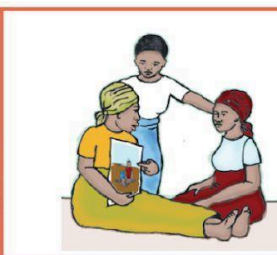
- Thank people when they share personal problems or stories.
  - It is difficult sometimes to share problems or embarrassing topics.
  - Thank people for being open, and praise them for being willing to share.
- Let people know that many others experience the same reactions and difficulties.
  - Many people feel embarrassed talking about their problems. They can feel like they are all alone and no one else has problems. Others can feel that they are weak or even blame themselves for having personal problems.
  - When we share our problems, it helps others realize that they are not alone.
  - We can tell people that it is normal to experience similar problems and emotions.
- Do not judge other caregivers, no matter what they say.
  - Respect the other caregivers in the group, including their personal values and beliefs.
  - This can be difficult, especially when you do not agree with their values or beliefs.
  - The experience of having someone listen to you without being judgmental helps to build trust.



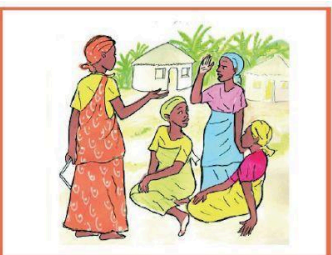
**8. Activity**



**9. Probe**



**10. Practice and Coaching**



**11. Request Commitments**

## More Basic Helping Skills (Picture 1.4)



Thank people when they share personal problems or stories.

Let people know that many other people experience the same reactions and difficulties.

Do not judge other caregivers, no matter what they say.

## Child Protection Lesson 2: Understanding Parental Stress

### Materials:

- Attendance Registers



### 1. Game: Balloon Breaths



### 2. Attendance and Troubleshooting

Beatrice always tried to be such a good girl. But, no matter how hard she tried, she would sometimes get in trouble for playing too closely to her mother's market supplies. When this happened, her mother would yell and hit her so she would learn not to play so closely to important things. Beatrice grew up, was married, and eventually had a baby of her own, Priscilla. Beatrice committed to herself that she would never spank Priscilla or let anyone else hit her either.

One day, Beatrice was exhausted because she was pregnant again, and she had been arguing with her husband. She was trying to gather citrons to sell at the market. They didn't have much money and even the small amount from the citrons would make a big difference.

Priscilla was running around, singing and dancing and ran straight into one of Beatrice's market baskets. As the citrons rolled on the ground, Beatrice yelled at Priscilla and began to hit her. Beatrice realized that when things were going well and she felt calm, she could keep her promise to herself about not hitting Priscilla. However, when she was upset it was very difficult. When Beatrice became stressed, she could not control herself and began yelling and hitting Beatrice to

make her daughter behave.



#### 4. Ask about Current Practices

What things were making it difficult for Beatrice to keep her promise to herself about not hitting Priscilla?

Do caregivers often feel like Beatrice?

Are there things that Beatrice could do to make herself feel more calm and less stressed?

Are there other ways to get Priscilla to behave?

Let's compare your ideas with the messages on the following pages.

### Stressed-Out Caregiver (Picture 2.1)



Beatrice tried to be a good girl but sometimes she would get in trouble for playing too closely to her mother's market supplies. When this happened, her mother would yell and hit her.



Beatrice grew up, was married, and had a baby of her own, Priscilla. Beatrice committed to herself that she would never spank Priscilla or let anyone else hit her either.



One day, Beatrice was stressed and was trying to gather citrons together to take and sell at the market. Priscilla was running around, singing and dancing and ran straight into one of Beatrice's market baskets. As the citrons rolled on the ground, Beatrice yelled at Priscilla and began to hit her. When Beatrice became stressed, she could not control herself and began yelling and hitting Beatrice to make her daughter behave.

## Caregiver Needs (Picture 2.2)



### 5. Share the Meaning of Each Picture

**? What do you think these pictures mean?**

- **In order to care for our children, we need to care for ourselves.**
  - Being a parent is difficult, and it is normal to experience stress.
  - As children develop, they test limits and rules. Children are learning what good behaviour means.
  - While this is typical, it can be very stressful for parents.
- **When you are stressed, your body responds by sweating, your heart beats faster and harder, and you breathe heavy or fast.**
- **When you are stressed, your brain responds, too. It can be difficult to think and make decisions. You forget things, cry easily, or get angry quicker.**
- **When parents are stressed, they respond to their children in ways that are not normal for them.**

**What are some emotions you feel when parenting?**

**How do you think each of these emotions has an impact on your children and their behaviour?  
How?**

## Caregiver Needs (Picture 2.2)



In order to care for our children, we need to care for ourselves.

When you are stressed, your body responds by sweating, your heart beats faster and harder, and you breathe heavy or fast.



When you are stressed your brain responds, too. It can be difficult to think and make decisions. You forget things, cry easily, or get angry quicker.

When parents are stressed, they respond to their children in ways that are not normal for them.



## Impacts of Parental Stress (Picture 2.3)



### 6. Share the Meaning of Each Picture

**What do you think these pictures mean?**

- **Parental stress has a negative impact on caregivers.**
  - Stressed caregivers are more likely to be depressed.
  - Stressed caregivers are more likely to fight with their spouse.
  - Stressed caregivers are more likely to be in poor health.
  - Stressed caregivers are more likely to have trouble sleeping or eating.
  - Stressed caregivers are not able to care for their children as they want to. They are more likely to use harsh punishment on their children.
- **Parental stress has a negative impact on children.**
  - The more stress parents feel, the more children may misbehave and show disrespect. The more children misbehave, the more stress parents feel. This is like going around in a circle.
  - Children of stressed parents have more problems in school.
- **Parental stress has a negative impact on adolescents.**
  - Adolescents of stressed parents are more likely to abuse substances (smoke, drink alcohol, and take drugs) and have sex earlier.
  - Adolescents of stressed parents are also more likely to be depressed.



## Impacts of Parental Stress (Picture 2.3)



Parental stress has a negative impact on caregivers. They can be depressed, fight with their spouses, experience poor health, or have trouble sleeping and eating. They are more likely to use harsh punishment.



**An image of  
~~teenagers~~  
drinking and  
smoking.**

Parental stress has a negative impact on children. They are more likely to misbehave, show disrespect, and do poorly in school.

Parental stress has a negative impact on adolescents. They are more likely to be depressed, smoke, drink alcohol, take drugs, and have sex earlier.

## Techniques to Manage Parental Stress (Picture 2.4)



### 7. Share the Meaning of Each Picture

What do you think these pictures mean?

- When you feel stressed and realize that you are not responding to others in a positive way, there are things that you can do. Relaxation exercises can make your body and

**mind more calm. Deep calm is the opposite of stress.**

- **Avoid stressful events or situations.**

- If it is possible, avoid things that you know cause you stress.
- For example, if your child always misbehaves in the market, consider asking a friend or neighbour to watch them while you go to the market alone.

- **Stretching**

- Stand with your feet slightly apart. Reach your arms up as high as they will go. Slowly lean towards the left, stretching your right side. Return back to the centre. Then, slowly lean towards the other side.
- Lace your fingers together with your palms out. Pull your arms forward and slowly bend at your waist, this will stretch your back and shoulders. Bow your head down at the same time to stretch your neck.
- Reach your arms behind your body and lace your fingers together. Slowly pull your arms down.

- **Imagine yourself in your favourite place or singing yourself your favourite song.**

- Find a quiet place to sit with as few distractions as possible.
- Close your eyes and imagine yourself in your favourite place or singing your favourite song.
- Pay attention to your breathing, taking deep, slow breaths.

- **Count backward from 20 to zero.**

- When you find yourself in a situation where you feel increasingly frustrated, step away and slowly count backward from 20 to zero, either silently or out loud. You can also take a step for each count.
- The extra time will help your body relax and not act out immediately.

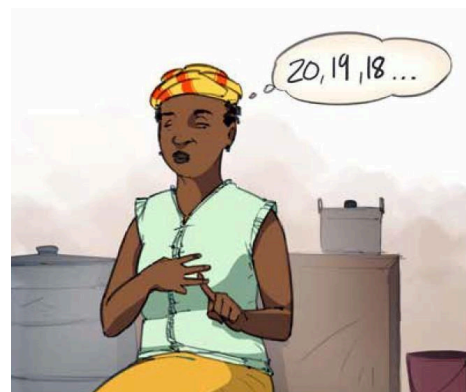
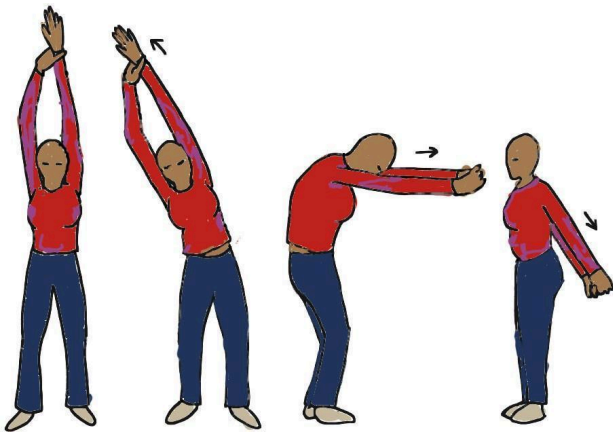


## Techniques to Manage Parental Stress (Picture 2.4)

An image of a couple  
fighting and then one of  
them walking away.  
Maybe divide the image  
into two sections

Relaxation exercises can make your  
body and mind more calm. Stretching  
is one relaxation exercise.

Avoid stressful events or situations. If it is  
possible, avoid things that you know cause  
you stress.



**Imagine yourself in your favourite place or singing yourself your favourite song.**

**Count backwards from 20 to zero.**



# Psychological Intervention Lesson 3: Managing Problems Plus, Part 1

## *Choosing a Problem and Brainstorming Solutions*

### **Materials:**

- Attendance Registers



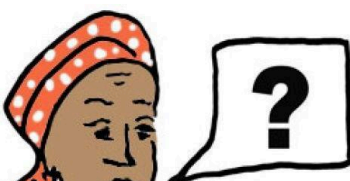
### **1. Game: Don't Smile**



### **2. Attendance and Troubleshooting**

### **3. Story**

Eve is a young woman who recently got married and moved into her husband's home with his family. However, she is not getting along well with his mother and this is causing a lot of tension in the home. Eve is feeling increasingly stressed. She is not sleeping well and finds it difficult to eat. She worries most days about this problem, and she has noticed that she has started having headaches, which are making it difficult to concentrate.



#### 4. Ask about Current Practices

- What are the problems that Eve is facing?

Are these problems

common in your

neighbourhood?

Are these problems that Eve can solve?

How could Eve solve these problems?

Let's compare your ideas with the messages on the following pages.

#### Story: Problems Adjusting to a New Home (Picture 3.1)



Eve is a young woman who recently got married and moved into her husband's home with his family. However, she is not getting along well with her mother, and this is causing a lot of tension in the home.



Eve is feeling increasingly stressed. She is not sleeping well and finds it difficult to eat. She worries most days about this problem, and she has noticed that she has started having headaches, which are making it difficult to concentrate.

### Listing Problems (Picture 3.2)



#### 5. Share the Meaning of Each Picture

What do you think these pictures mean?

- The next few lessons will describe a method for managing problems.
- The first step of managing problems is thinking about problems or concerns that are important in our lives.
- For this technique, we want to focus on problems that are solvable.
  - Solvable problems can be changed or influenced by changes that you or others make
  - Unsolvable problems are those that you cannot change or have any influence or control over.
- What are some examples of solvable problems in your neighbourhood?
- What are some examples of unsolvable problems in your neighbourhood?
- Do you have important problems that are solvable, either through changes that you make or that you can encourage others to make?

Listing Problems (Picture 3.2)



The first step of managing problems is thinking about concerns that are important in our lives.



For this technique, we want to focus on problems that are solvable.

## Choose and Define a Problem (Picture 3.3)



### 6. Share the Meaning of Each Picture

What do you think these pictures mean?

- Choose one problem to focus on.
  - Choose a problem that is important to you.
  - Since we are learning this method, begin by choosing an easier, solvable problem initially.
- Clearly define the problem.
  - It is easier to work on a problem that is very specific.
  - It is difficult to work on problems that are too big or not well defined.
  - Choose the elements (parts) of the problem that are practical in nature and can be controlled or influenced by you to some extent.
  - Keep the explanation of the problem as specific and as brief as possible.
- If a problem has many parts, break it down and deal with each part separately.
  - When we break a larger problem into smaller parts, it is easier to identify solutions and to know if the solutions are improving the problem.

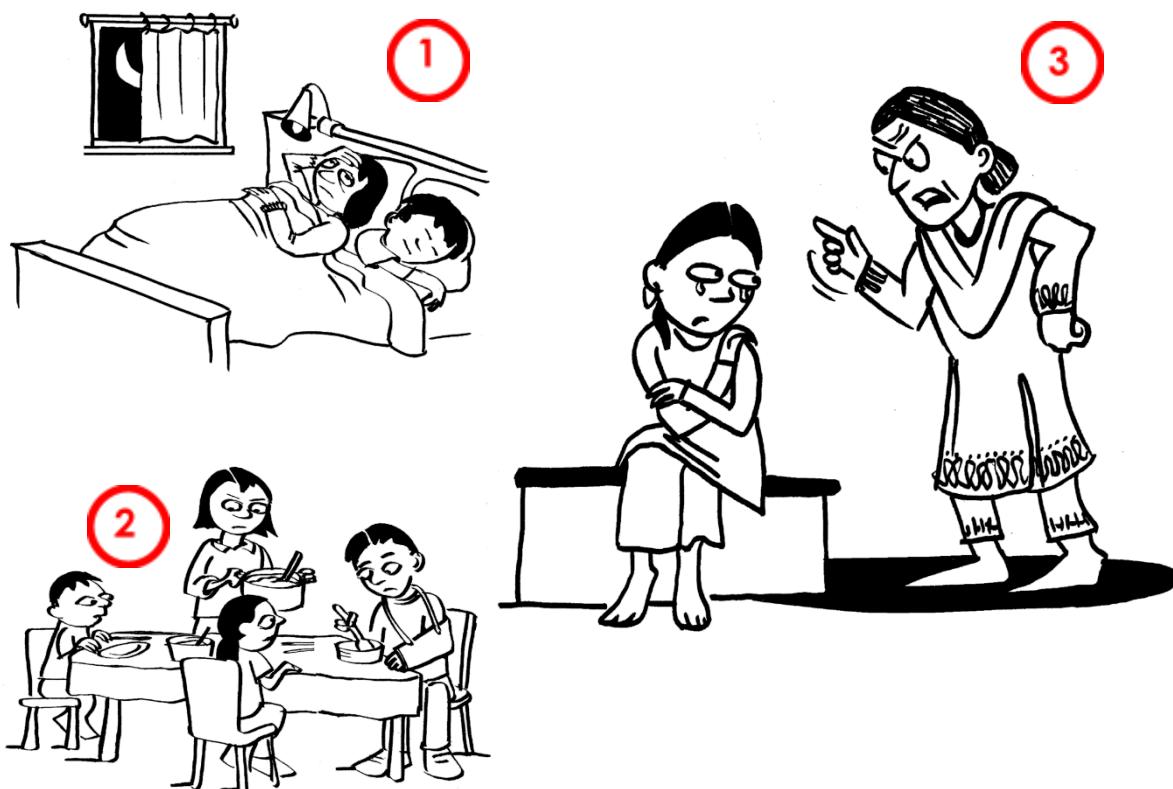
What problem did you choose?

How do you define your problem?

### Choose and Define a Problem (Picture 3.3)



Choose one problem to focus on.



**Clearly define the problem.**

**If a problem has many parts, break it down and deal with each part separately.**



## List Problem Solutions (Picture 3.4)



### 7. Share the Meaning of Each Picture

What do you think these pictures mean?

- Now that you have a defined problem, let's think about all the possible solutions. Think of as many solutions to the problem as possible.
  - o Do not worry if the solutions are good or bad (will work or not) right now).
  - o It is not important if the solutions are for the whole problem or just parts of the problem.
- Think of what you can do by yourself. Also think of people who can help you manage parts of the problem.
  - o Consider what you know how to do and things you do well, resources that could be helpful, and the support of those close to you.
- Sometimes, it is difficult to think of ideas. Try to think about what you would say to a friend if they came to you with a similar problem.
  - o Or, think about solutions you have tried in the past, even if they did not work.

What are possible solutions to the problem you identified?



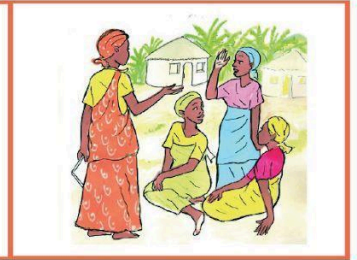
**8. Activity**



**9. Probe**



**10. Practice and  
Coaching**



**11. Request  
Commitments**

### List Problem Solutions (Picture 3.4)



Now that you have a defined problem, let's think about all the possible solutions.



Think of what you can do by yourself and also think of people who can help you manage parts of the problem.

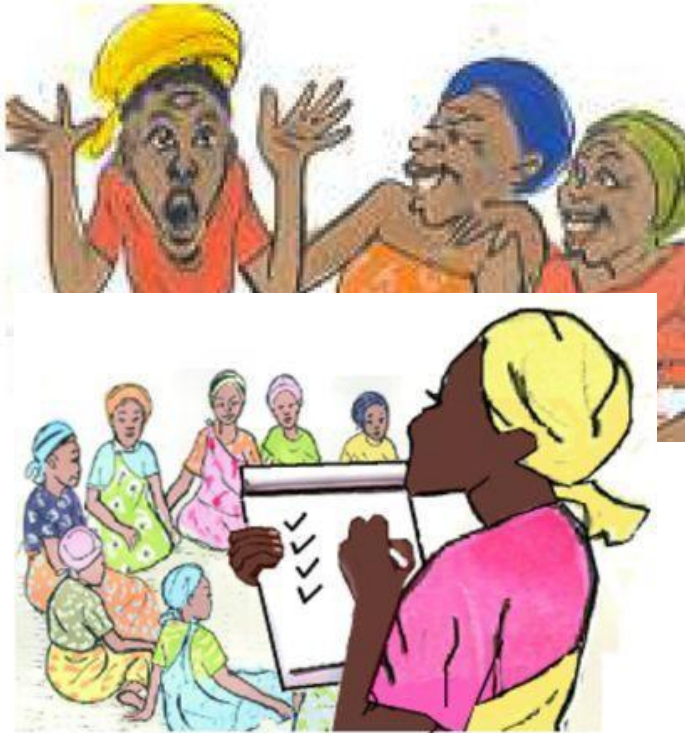
Sometimes, it is difficult to think of ideas. Try to think about what you would say to a friend if they came to you with a similar problem.

## Psychological Intervention Lesson 4: Managing Problems Plus, Part 2

### *Deciding on a Solution and Forming an Action Plan*

#### **Materials:**

- Attendance Registers



#### **1. Game: Deep Breathing Exercise**

#### **2. Attendance and Troubleshooting**

#### **3. Story**

Alice has received another visit from Jacob's teacher about his fighting in school. It is getting very serious and Jacob may be expelled from school if it doesn't stop. Alice talked to her mother, her sister and her friend about how to stop fighting and they came up with a lot of different solutions- too many! Some of the suggestions are funny, but even the suggestions that sound good seem impossible to figure out how she could actually make them work.



#### **4. Ask about Current Practices**

- Alice is having trouble finding good solutions, does this ever happen to you or to those close to you?
- How should Alice evaluate the

different solutions to find the best one?

- How do you choose solutions to your problems?

Let's compare your ideas with the messages on the following pages.

### Story: Finding a Good Solution (Picture 4.1)

*Image of Alice meeting with a male teacher.  
They are both sad.*

*Image of a young adolescent boy in a  
fight at school*

**Alice has received another visit from Jacob's teacher about his fighting in school. It is getting very serious, and Jacob may be expelled from school if it doesn't stop.**



**Alice talked to her mother, her sister, and her friend about how to stop the fighting, and they came up with a lot of different solutions – too many! Some of the suggestions are funny, but even the suggestions that sound good seem impossible to figure out how she could actually make them work.**

## Reviewing Solutions (Picture 4.2)



### 5. Share the Meaning of Each Picture

#### What do you think these pictures mean?

- After you have thought of all the possible solutions, we need to review each one and decide if the solution is helpful.
- Think about the short- and long-term consequences of each solution.
  - Short-term consequences are what will happen or how this solution will make you feel immediately or a very short time in the future.
  - Long-term consequences are things that will happen longer in the future, such as next season or next year.
  - It is sometimes difficult to imagine the long-term consequences, but if a solution has an unhelpful long-term effect, it can cause more problems in the future.
- Remove any solutions that are unhelpful.
  - Unhelpful solutions cause significant problems for your physical or emotional well-being, for friends and family members, or for your work or social life.

## Reviewing Solutions (Picture 4.2)



After you have thought of all the possible solutions, we need to review each one and decide if the solution is helpful.

Think about the short- and long-term consequences of each solution.





**Remove any solutions that are unhelpful.**

## **Choose Helpful Solutions (Picture 4.3)**



### **6. Share the Meaning of Each Picture**

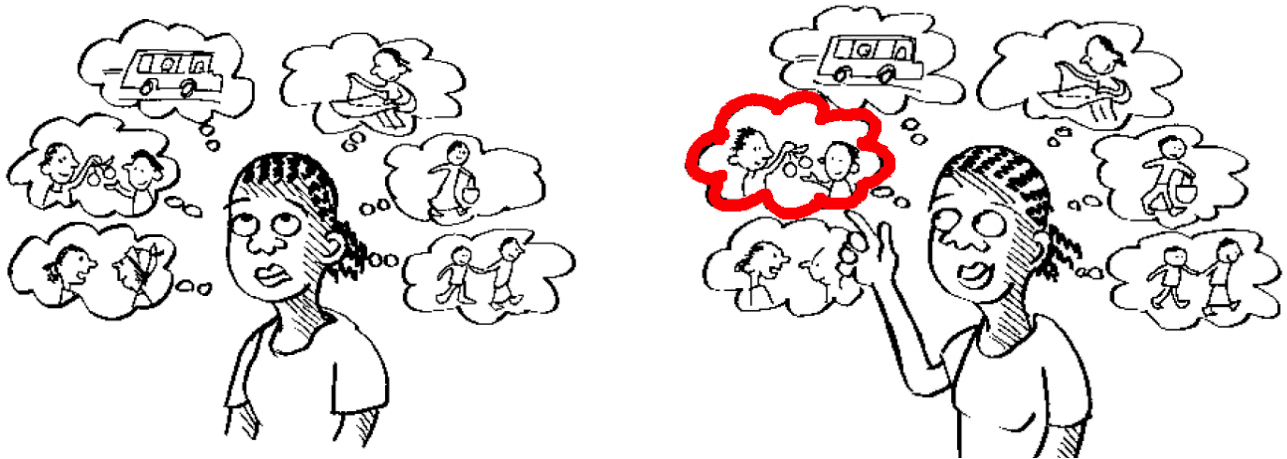
What do you think these pictures mean?

- From the list of potential solutions, choose those that are most likely to positively affect the problem.
  - Look at each solution from all sides, the pros and cons, and chances of success and failure.
- Helpful solutions have very few disadvantages for you, your children, and others.
- Helpful solutions are achievable or realistic.
  - Realistic solutions are ones where the person has the financial means, other resources, or ability to carry out the solution.
  - If you cannot carry out the solution, it is not a good solution to choose.
- You can choose more than one solution.

What is the best solution, or solutions, to your problem?



## Choose Helpful Solutions (Picture 4.3)



From the list of potential solutions, choose those that are most likely to positively affect the problem.

Helpful solutions have very few disadvantages for you, your children and others.



Helpful solutions are achievable or realistic. You can choose more than one solution.

## Make an Action Plan (Picture 4.4)



### 7. Share the Meaning of Each Picture

What do you think these pictures mean?

- Now that we have chosen a solution, we need to design an action plan to carry it out.
  - It is tempting to start working on our solutions immediately. However, we will have more success if we plan out how to proceed.
- Break down the solution into small steps.
  - Think first about how you are going to proceed: When, under which circumstances, the words you plan to use (if you plan to say anything), and how you will react to what others say or do.
  - The more specific the plan, the greater your chance of success.
- Choose a specific day and time to carry out each of the steps.
  - We are more likely to complete the tasks if we think through how and when the step will be done.
- Use reminders to help you remember to complete each step.
  - Reminders can include things such as setting alerts on your mobile, arranging tasks directly before or after important events (like community activities or meal times), or having a friend or family member remind you.

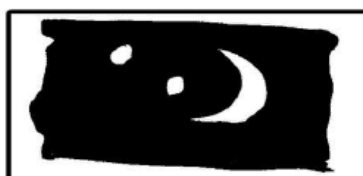
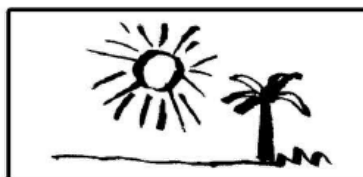
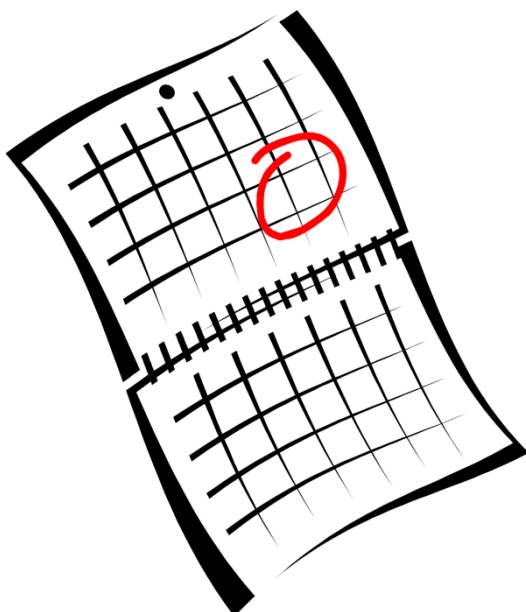


## Make an Action Plan (Picture 4.4)



Now that we have chosen a solution, we need to design an action plan to carry it out.

Break down the solution into small steps.



**Choose a specific day and time when to carry out each of the steps. Use reminders to help you remember to complete each step.**

# Psychological Intervention Lesson 5: Managing Problems Plus, Part 3

## *Reviewing and Adjusting the Action Plan*

### **Materials:**

- Attendance Registers



### **1. Game: Grounding with the Senses**



### **2. Attendance and Troubleshooting**

### **3. Story**

Alice's auntie is very good at helping Alice think through her problems. She does not tell Alice what to do but asks questions and helps Eve create a plan to address her problems with Jacob's fighting. Alice decides that it may be good to have a conversation with Jacob to see if anything is bothering him. Hopefully, by focusing on how he is feeling and not on his bad behaviour, Alice can begin to learn why Jacob is fighting and how to stop it. Alice is worried about how the conversation will go and how Jacob will react. Her auntie offers to come over after the conversation is over and help Alice talk about how it went.



#### 4. Ask about Current Practices

- What makes Alice's auntie good at helping people with their problems?
- Do you have someone to help you think through your problems without telling you what to do?
- Does Alice do anything to make it easier for her to carry out her plan?
- Do you do anything to help you accomplish the solutions that you want?

Let's compare your ideas with the messages on the following pages.

### Story: Finding a Good Solution (Picture 5.1)



Alice's auntie is very good at helping Alice think through her problems. She does not tell Alice what to do, but asks questions and helps Alice create a plan to address her problems with Jacob's fighting.

*Insert a picture of Alice talking to her young adolescent son.*

Alice decides that it may be good to have a conversation with Jacob to see if anything is bothering him. Hopefully, by focusing on how he is feeling and not on his bad behaviour, Alice can begin to learn why Jacob is fighting and how to stop it.

## Evaluating Solutions (Picture 5.2)



### 5. Share the Meaning of Each Picture

- Think back to our last meeting and to the solution that you chose.

What effect did this have on your original problem?

What do you think these pictures mean?

- Don't feel bad if you tried something and it did not work the way you wanted it to.
  - Most problems that we face on a day-to-day basis are complex.
  - They have many parts and will take multiple solutions.
- If it didn't work, think back to all your possible solutions and select another solution.
  - It is normal to have to try a couple different solutions until you find something that works for you.
  - You may need different solutions to different parts of the problem.

Is there a more helpful solution to your problem?

- Sometimes, we choose a solution that we think will help but it does not work as we thought it would.
- This is normal, go back and select another solution.



## Reviewing Solutions (Picture 4.2)



Don't feel bad if you tried something and it did not work the way you wanted it to.



If it didn't work, think back to all your possible solutions and select another solution.

## Addressing Challenges (Picture 5.3)



### 6. Share the Meaning of Each Picture

Did you face any challenges when trying to accomplish the tasks in your action plan?

What do you think these pictures mean?

- Be kind to yourself!
  - This is a new process. It may take a while to learn how to create action plans that are doable.
- If you were not able to do everything on your plan, think about why not.

Was your solution too big or consists of too many parts?

- Break your solution into smaller steps.

Does the timing need to be changed?

- Choose a specific day and time when to carry out each of the steps.

Did you forget?

- Use reminders to help you remember to complete each step.

Was it difficult to do alone?

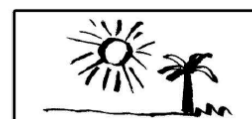
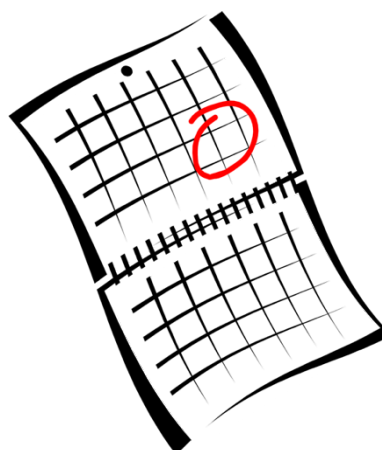
- Invite a trusted friend to do the tasks with you or help you think of other solutions.

## Addressing Challenges (Picture 5.3)



**Be kind to yourself!**

If you were not able to do everything on your plan, think about why not.



**Break your solution into smaller steps.**

**Choose a specific day and time to carry out each of the steps.**



**Invite a trusted friend to do the tasks with you or help you think of other solutions.**

## Adjusting the Action Plan (Picture 5.4)



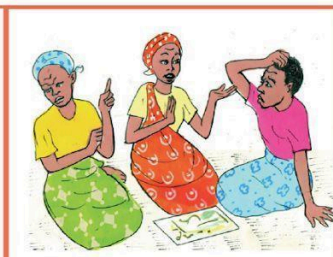
### 7. Share the Meaning of Each Picture

What do you think these pictures mean?

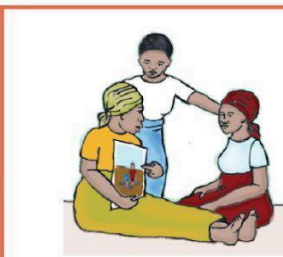
- Think about the problem and solution you identified.
- If your problem is solved, start back at the beginning of the process and work on another problem.
- If it is still a problem, think about the solution that you choose.
  - Is it still a good solution?
  - Does the problem need different solutions for different parts of the problem?
  - Was the problem too big? Consider breaking it into small parts.
  - Did you have challenges doing the tasks in your action plan?
- Adjust your action plan or create a new action plan based on how helpful you feel your solution was for solving your problem.



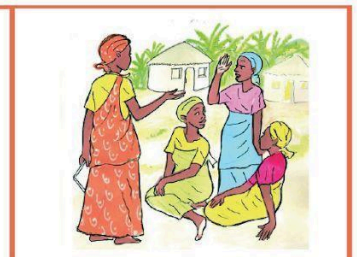
**8. Activity**



**9. Probe**



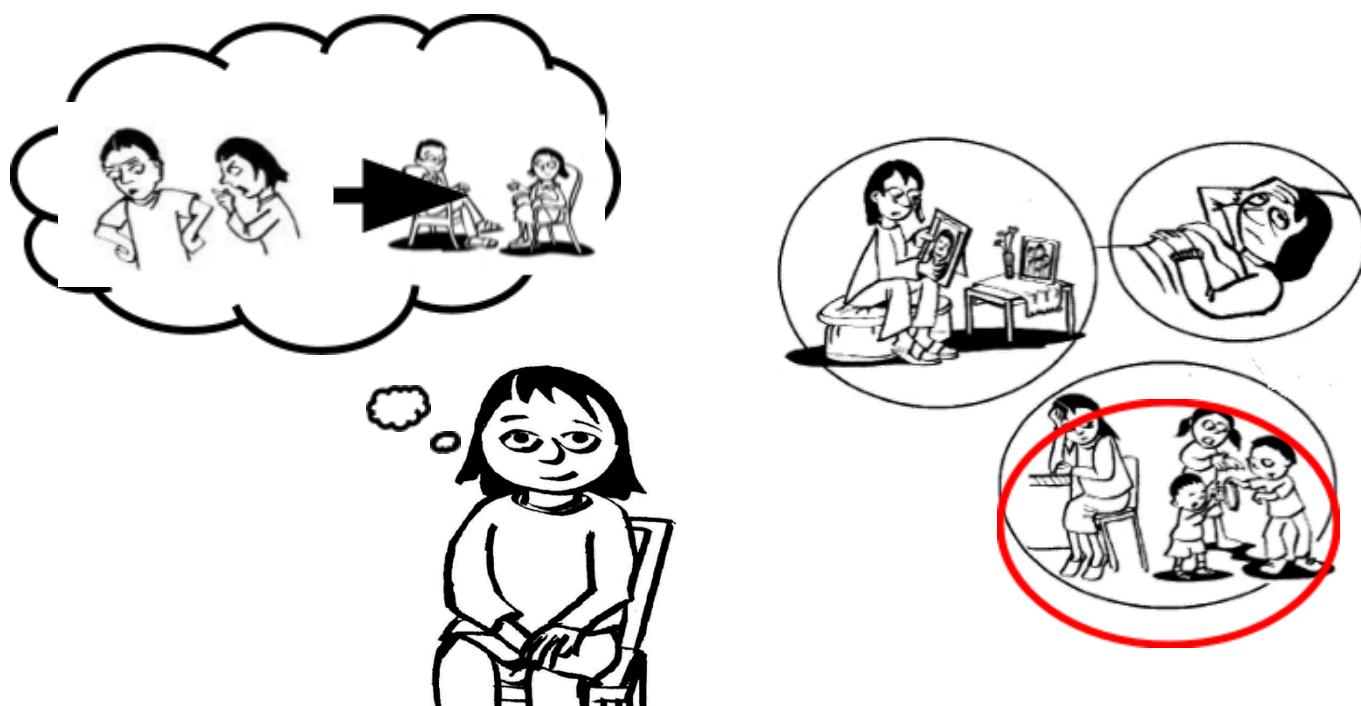
**10. Practice and  
Coaching**



**11. Request  
Commitments**

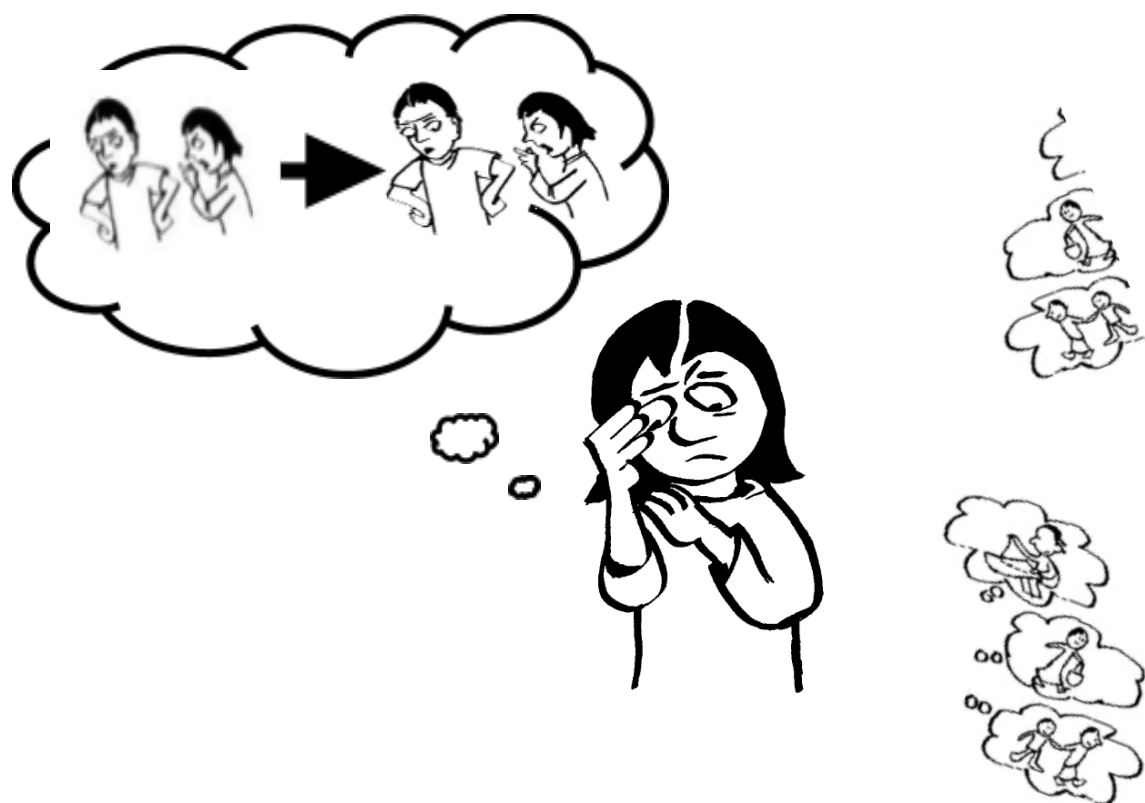


## Adjusting the Action Plan (Picture 5.4)



Think about the problem and solution you identified.

If your problem is solved, start back at the beginning of the process and work on another problem.



If it is still a problem, think about the solution that you chose.

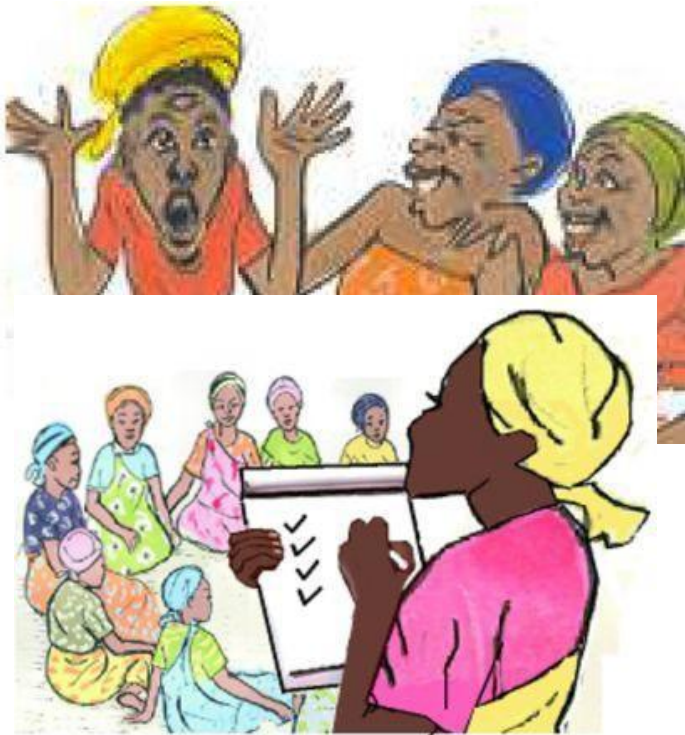
**Adjust your action plan or create a new one based on how helpful you feel your solution was for solving your problem.**



# Psychological Intervention Lesson 6: Get Going, Keep Doing

## Materials:

- Attendance Registers



### 1. Game: Showing My Emotions

### 2. Attendance and Troubleshooting

### 3. Story

About six months ago, Ruth's baby died. Ruth is still very sad and is having a hard time doing the things that she used to do. Before the baby died, Ruth took good care of her family, making them nutritious food and ensuring they had a clean house and clean clothes. She spent a lot of time singing and enjoyed playing with her other children. Now, Ruth is too tired to care for the house and fixes only simple foods. She doesn't have any interest in doing fun things either. Her family and friends are very worried about her. Ruth tells them that as soon as she feels better she will go back to doing all the things that she used to do.



### 4. Ask about Current Practices

- Is Ruth's reaction to losing a child normal?
- Why are her friends and family worried about her?
- In your community, how long does it take most people to

get back to their normal routines after someone dies?

- Ruth tells her friends that she will do more when she feels better. Do you agree?

Let's compare your ideas with the messages on the following pages.

### Story: Ruth is Grieving (Picture 6.1)



Six months ago, Ruth's baby died. She is still very sad and is having a hard time doing the things that she used to do.

Before the baby died, Ruth took good care of her family and spent a lot of time playing with her children.



Now, Ruth is too tired to care for the house and fixes only simple foods. She doesn't have any interest in doing fun things either. Her family and friends are very worried about her. Ruth tells them that as soon as she feels better she will go back to doing all the things that she used to do.

## The Inactivity Cycle (Picture 6.2)



### 5. Share the Meaning of Each Picture

What do you think these pictures mean?

- It is very common when we are going through difficult times, have experienced loss, or have other stressful things in our lives to have changes in our mood and get tired easily.
- Over time, if our mood does not get better it becomes more difficult to do things that we used to find easy. Also, things that we used to really enjoy doing no longer seem as fun.
- This can start a cycle when our low mood gets lower, and we withdraw from more activities, which results in our mood being even lower.
- We call this cycle the inactivity cycle.
  - Unfortunately, this cycle of inactivity keeps us stuck in our low mood or grief.
- To break this cycle we need to start doing things again, even though we may not feel like it.
  - Often we think, "I will start doing things again when I feel better," but many

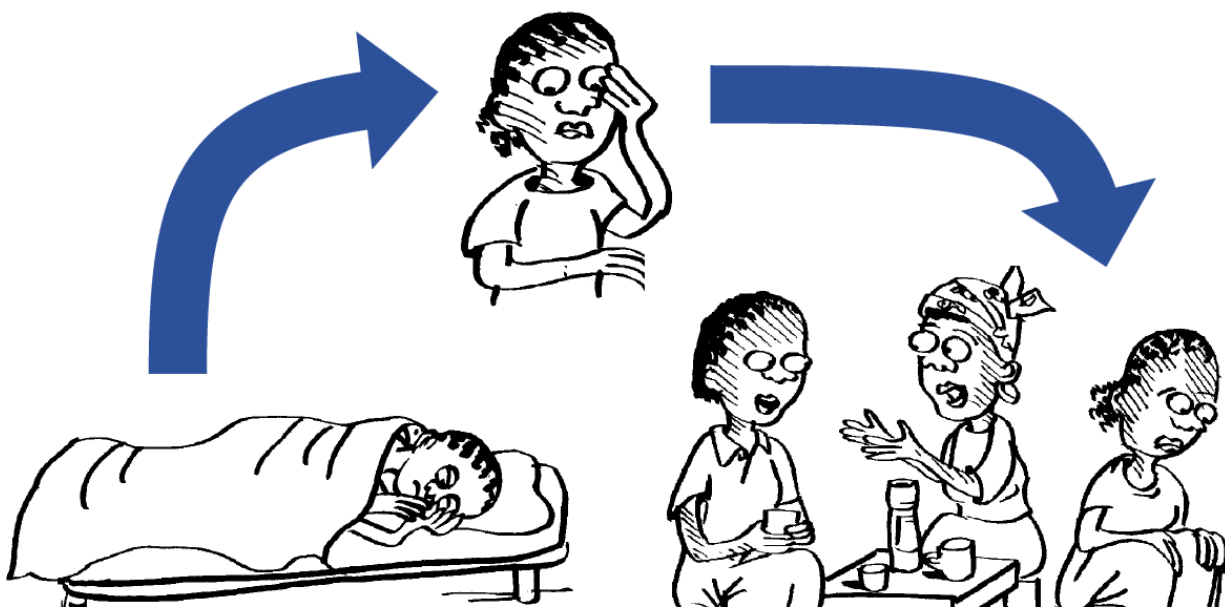
people do not start feeling better until they get active.

- For many people, starting the activity is the hardest. But once you start doing activities it gets easier to keep going.

### The Inactivity Cycle (Picture 6.2)

It is common when we are going through difficult times to have changes in our mood and get tired easily.

Over time, if our mood does not get better it becomes more difficult to do things that we used to find easy. Also, things that we used to really enjoy doing no longer seem as fun.



To break this cycle we need to start doing things again, even though we may not feel like it.

This can start a cycle when our low mood get lower, and we withdraw from more activities, which results in our mood being even lower.

### Identifying Activities (Picture 6.3)



#### 6. Share the Meaning of Each Picture

What do you think these pictures mean?

- Think of activities that are fun, things that you do when your work is done or things that you reward yourself by.

What are some activities that you enjoy?

- This could be spending time with friends, listening to music or playing with your children. When we do these things they bring us pleasure.
- Think of activities that have to be done around the home so that you and your family can carry out your daily lives.
  - These are considered essential tasks.

What are some of your essential tasks?

- This could include shopping for food, washing, preparing food, and so on.
- When we do these things we feel like we have accomplished something.
- Choose one enjoyable activity and one essential task to focus on.
- Think about things that you used to do before you were feeling low, what was pleasant or enjoyable activity that you could start doing again or doing more often?
- Think about when you were feeling better, what is one task that you were doing regularly that you are no longer doing or that you do less?

### Identifying Activities (Picture 6.3)







Think of activities that are fun, things that you do when your work is done or things that you reward yourself by. Choose one fun activity to focus on.



Think of activities that have to be done around the home so that you and your family can carry out your daily lives. Choose one essential task to focus on.

## Scheduling Small Steps (Picture 6.4)



### 7. Share the Meaning of Each Picture

What do you think these pictures mean?

- Break the tasks down into smaller steps that are easier to accomplish.
  - When we are feeling very low, some tasks seem too big to try and do.
  - For example, if you used to enjoy singing in the choir but it seems too much to join in again, try going to a practice session and just watching first.
- Smaller goals are easier to accomplish, and we feel good when we meet them.
  - When we meet our goals, it gives us confidence to set more, even bigger goals.
  - The more that we do, the better we feel!
- Schedule a specific time to do the enjoyable activity and essential task that you identified.
  - Making an action plan is important.
  - Use reminders like alerts on your mobile or scheduling an activity next to an existing event to help you remember.
  - If you are comfortable, you can add the tasks to a calendar like the one we used earlier.





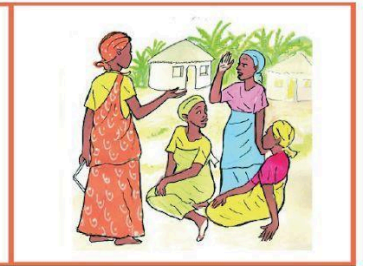
**8. Activity**



**9. Probe**



**10. Practice and  
Coaching**



**11. Request  
Commitments**

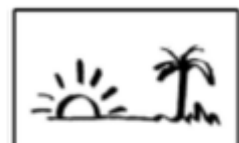
## Scheduling Small Steps (Picture 6.4)



Break the tasks down into smaller steps that are easier to accomplish.



1



Smaller goals are easier to accomplish, and we feel good when we meet them.  
Schedule a specific time to do the

enjoyable activity and essential task that you identified.

# Psychological Intervention Lesson 7: Strengthening Social Support

## Materials:

- Attendance Registers



### 1. Game: Sigh the Blues Away

### 2. Attendance and Troubleshooting

### 3. Story

Nancy is a new mother. She always thought that she would find being a mother easy. However, it has been very difficult. Her infant daughter is not sleeping very much at night, she is having trouble breastfeeding, and she cries a lot. Without being able to sleep, Nancy is having a hard time keeping calm and concentrating. She worries that she is a bad mother, and she is too ashamed to tell anyone. One day her friend, Beatrice, who has a child the same age, came over to visit. Beatrice started to tell Alice all of her problems. "I'm so ashamed, I think I am a bad Mom," said Beatrice. "My baby does not breastfeed well, he cries a lot and sleeps little. I'm so tired I can't even concentrate on easy things."



### 4. Ask about Current Practices

- Why didn't Nancy want to share her problems?
- How do you think Nancy felt after hearing Beatrice concerns?
- How important is it to have someone we can share our problems with?

- When you share your problems, what does it look like for someone to support you?

Let's compare your ideas with the messages on the following pages.

## Story: Fear of Sharing (Picture 7.1)



Nancy is a new mother, and it has been very difficult. Her daughter is not sleeping very much at night, she is having trouble breastfeeding, and she cries a lot. Without being able to sleep, calm and concentrating. She worries that it is bad for anyone.



One day her friend, Beatrice, who has a child the same age, came over to visit. Beatrice started to tell Alice all of her problems. “I’m so ashamed, I think I am a bad Mom,” said Beatrice. “My baby does not breastfeed well, he cries a lot and sleeps little. I’m so tired I can’t even concentrate on easy things.”

## Importance of Social Support (Picture 7.2)



### 5. Share the Meaning of Each Picture

What do you think these pictures mean?

- Make time for social support in your life. It is important.
  - We feel more confident and hopeful about dealing with problems when we are supported.
  - Problems feel more manageable when we are supported.
  - Hearing other people's problems can help make us feel like we are not alone in suffering.
  - Generally, people cannot have “too many” social supports. They may, however, consider which social supports are most helpful for different needs in their lives (such as speaking with a health professional about health concerns, but a neighbour about challenges with children).
- There are many types of social support. Choose those that best fit you and your specific problem. Some examples:
  - Having a friend or family member listen and confirm the person's concerns and emotions
  - Connecting with an agency that is providing needed and appropriate information and support
  - Getting help to complete a difficult task or providing a tool for

completing a task

- Spending time with others but not necessarily talking about problems
- Helping other people (while not forgetting to take care of oneself).

Do you have any of these social supports in your life?  
Which ones work best for you?

## Importance of Social of Support (Picture 7.2)



Make time for social support in your life, it is important.



Insert a picture of a woman speaking to a





Insert a picture of two women cooking together

There are many types of social support. Choose those that best fit you and your specific problem.

### Sharing with Someone We Trust (Picture 7.3)



#### 6. Share the Meaning of Each Picture

What do you think these pictures mean?

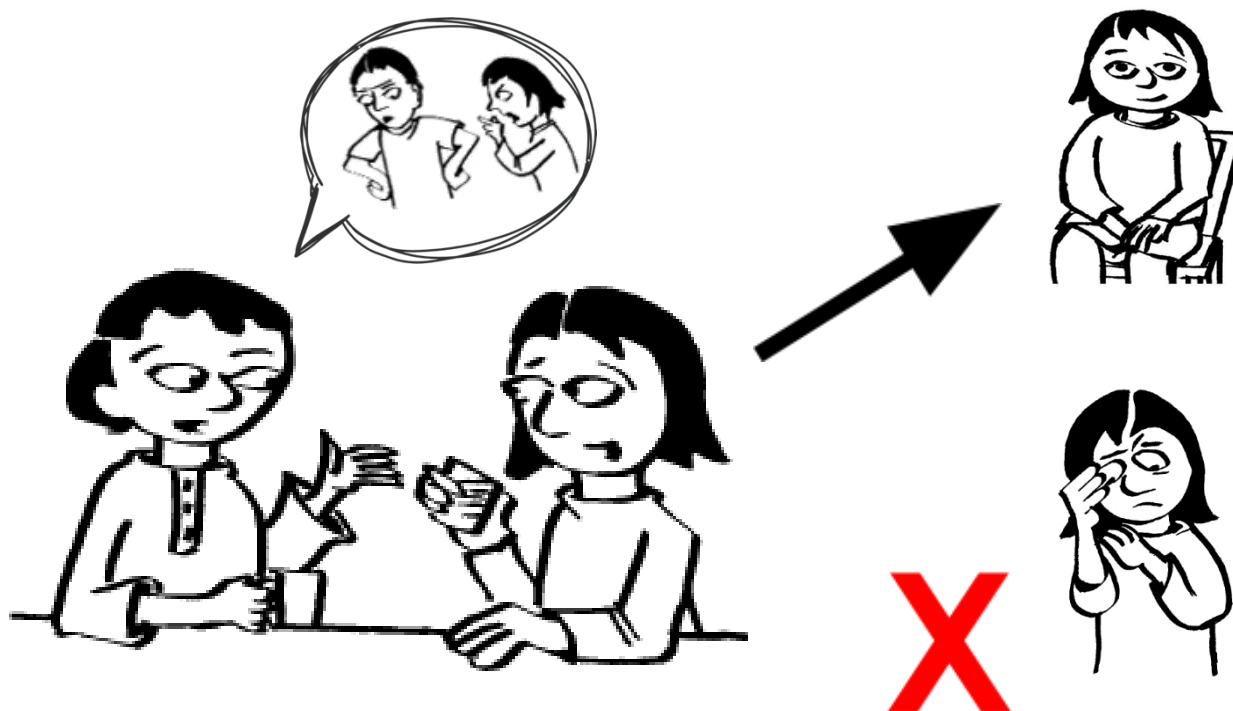
- When strengthening social support, it is important to choose someone you trust.
  - Trust is something that is developed gradually over time.

- If you are not sure a person can be trusted, share something that is small and less important.
  - To build trust, you might start by sharing a little bit of information about yourself.
  - If you find that the person has kept this information secret, then you might share something a little more personal with them next time.
  - Each time you talk to them, you might share some more personal information as your trust grows.
- Sharing your problems is not burdening others.
  - Many people feel unsure about talking with others about their problems or asking others for help because they do not want to be a burden.
  - Most times, when we share our problems, we also hear our friend's problems or they ask for our help in return.
  - It can be helpful hearing other people's difficulties so we get perspective on our own issues, especially if we think we are the only one experiencing a problem.

### Sharing with Someone We Trust (Picture 7.3)



When strengthening social support, it is important to choose someone you trust.  
If you are not sure a person can be trusted, share something that is small and less important.



Sharing your problems is not burdening others.

**Plan for Strengthening Social Support (Picture 7.4)**



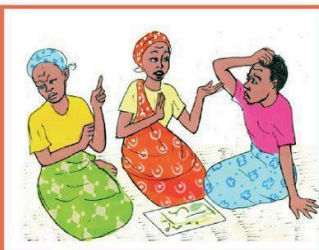
## 7. Share the Meaning of Each Picture

What do you think these pictures mean?

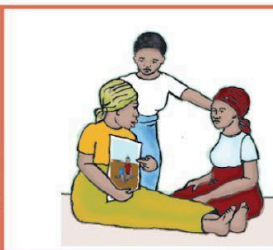
- Make a plan to build your social support.
  - Like many techniques we have learned, it is easier to build social support when we make a plan.
- Plan exactly what you are going to do.
  - What problem do you want to deal with?
  - Which type of social support do you want to strengthen?
  - Which people or agencies will you choose?
  - What will you say or do with them?
- Plan when you will do this.
  - Choose a specific day and time.
  - Use reminders like alerts on your mobile or scheduling an activity next to an existing event to help you remember.



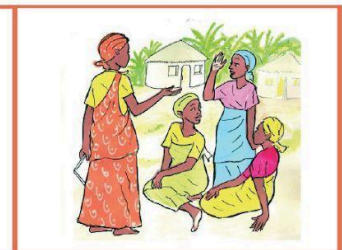
**8. Activity**



**9. Probe**

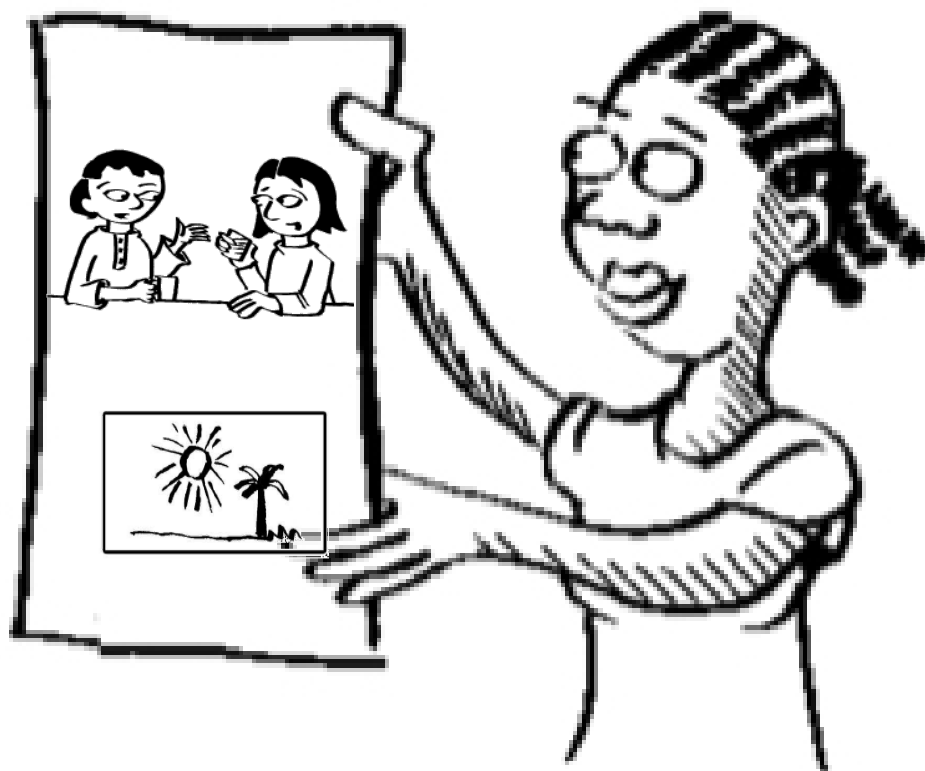


**10. Practice and Coaching**

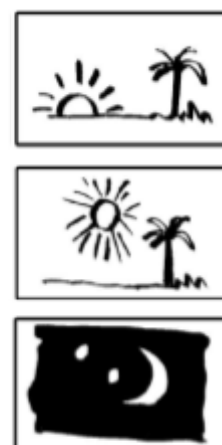


**11. Request Commitments**

## Plan for Strengthening Social Support (Picture 7.4)



Make a plan to build your social support.



**Plan exactly what you are going to do and when you will do this.**

## Psychological Intervention Lesson 8: Staying Well and Looking Forward

### Materials:

- Attendance Registers



### 1. Game: Protection Hands



### 2. Attendance and Troubleshooting

### 3. Story

Nancy's daughter is now 2 years old. When she was a baby, she had a lot of problems breastfeeding and Nancy was stressed a lot. Using problem management skills and with the support of others, Nancy was able to help herself and her daughter during that difficult time. Since then, no new challenges have come up and Nancy has not practiced any of the skills she learned. However, since her daughter turned 2, things have been difficult again. Her daughter cries and throws herself on the ground when she does not get what she wants. Her favourite new word is "NO!" Nancy can feel herself getting stressed and frustrated again.



### 4. Ask about Current Practices

- Are Nancy's problems common?
- What do you think Nancy should do?
- What could Nancy have done to keep her problem management skills?

- What kind of problems do you think Nancy will face as her daughter gets older?

Let's compare your ideas with the messages on the following pages.



### Story: Staying Well (Picture 8.1)



Nancy's daughter is now 2 years old. Using problem management skills and with the support of others, Nancy was able to help herself and her daughter during that difficult time. Since then, no new challenges have come up and Nancy has not practiced any of the skills she learned.



However, since her daughter turned 2, things have been difficult again. Her daughter cries and throws herself on the ground when she does not get what she wants. Her favourite new word is “NO!” Nancy can feel herself getting stressed and frustrated again.

## Importance of Practice (Picture 8.2)



### 5. Share the Meaning of Each Picture

What do you think these pictures mean?

- Problem management is like learning a new language: You need to practise it every day if you want to speak it fluently.
  - The more you practise problem management strategies, the more likely you will stay well.
  - If you face a difficult situation in the future, you will have a better chance of managing it well if you have been practising problem management strategies regularly.
- You have all the information you need to use problem management strategies on your own.
  - You also have the other members of this group for support.
- Putting reminders of the problem management strategies around your house can help you remember to practice.

What are some ways that you can practice problem management every day, even when you are not facing problems?

What are some things you can do to help you remember to practice?

## Importance of Practice (Picture 8.2)



Problem Management is like learning a new language: you need to practise it every day if you want to speak it.



Putting reminders of the problem management strategies around your house can help you

**remember to practice. You have all the information you need to use problem management strategies on your own.**

## **Facing Future Problems (Picture 8.3)**



### **6. Share the Meaning of Each Picture**

What do you think these pictures mean?

- Your problem management skills can help you when you face future problems.
  - We will all face problems in the future.
  - It is important to respond to problems in helpful ways so they do not become overwhelming.
  - You can use your problem management skills to help you deal with future problems and reduce stress.
- When new problems affect the way you behave toward your children, family, work, or home, it is important to use problem management skills.
  - When you face new problems, it is normal to have negative feelings such as sadness, anger, grief, or worry.
  - Problem management helps us when these feelings start to affect how we function.
  - Problem management can also help us by reducing stress and dealing with problems when they are small, so they do not affect how we behave toward others.

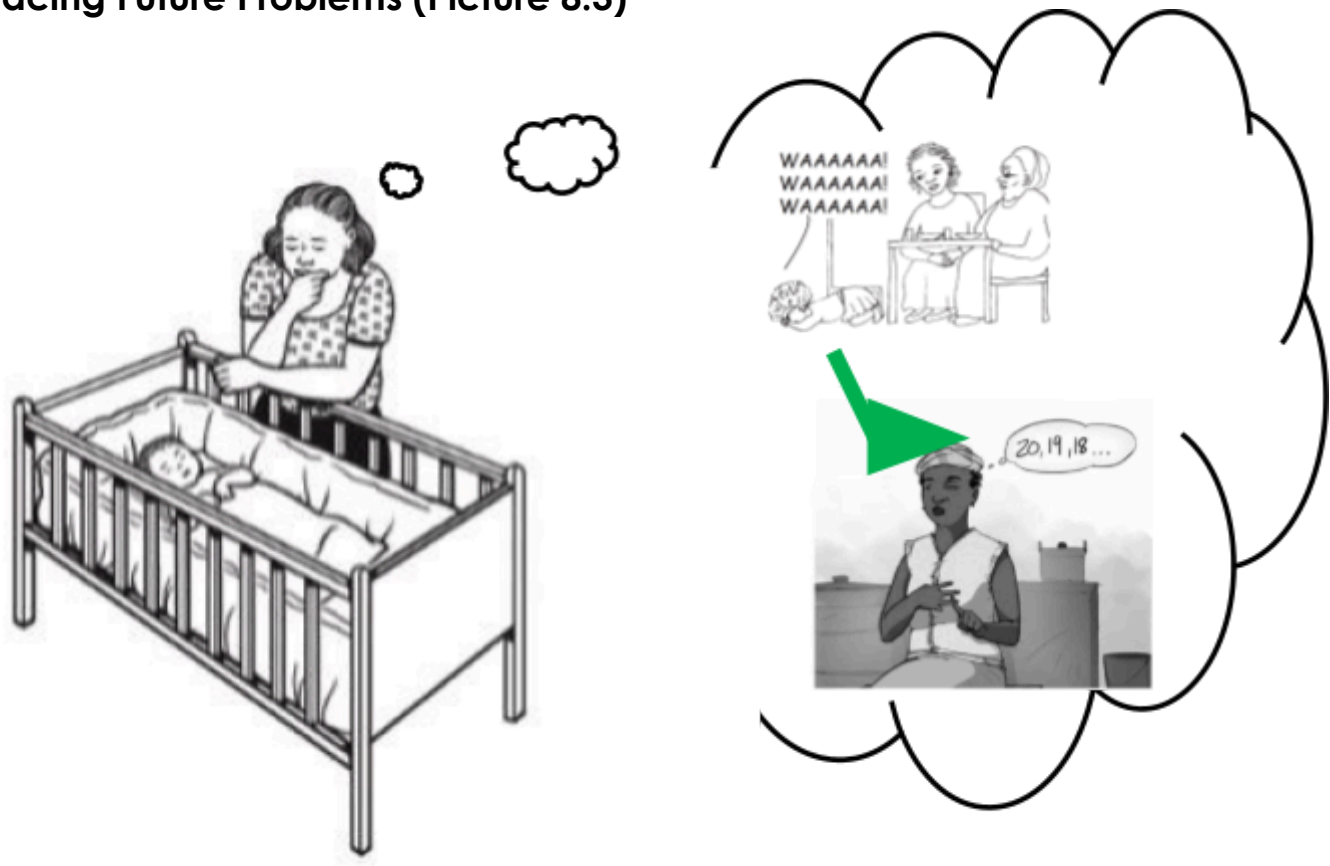
What are some difficulties or problems that you could experience in the future?

What types of problems do you think you could face in the future?

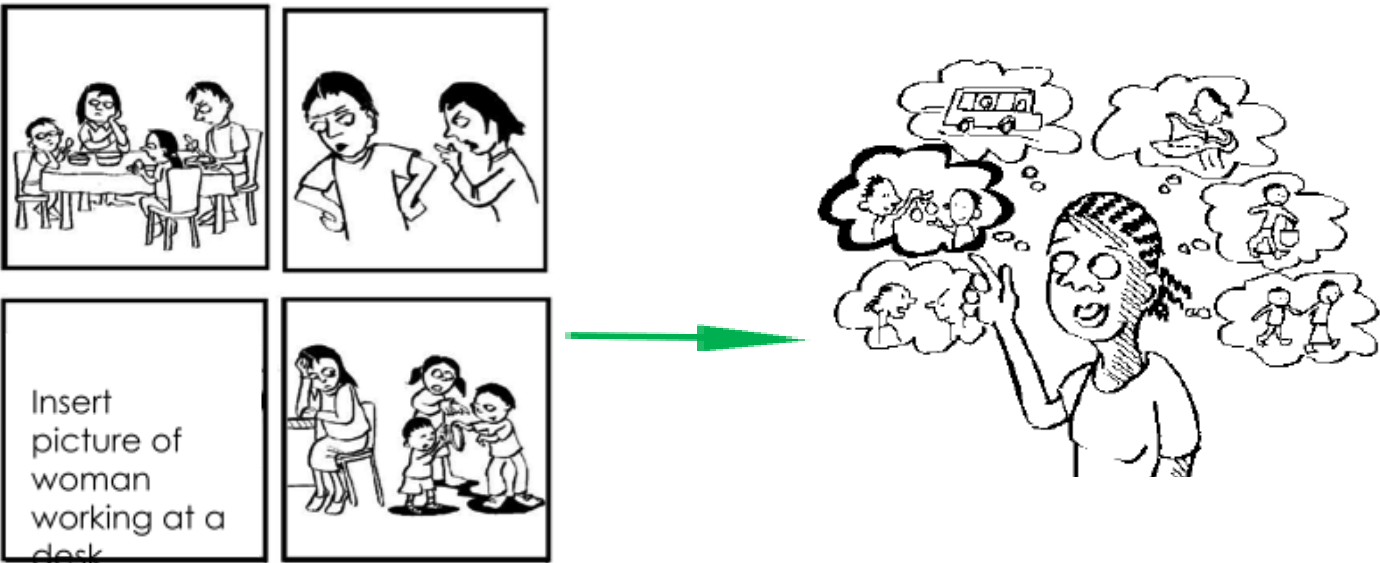
What do you think you can do the next time you experience a very difficult situation or notice

negative feelings again?

Facing Future Problems (Picture 8.3)



Your problem management skills can help you when you face future problems.



**When new problems affect the way you behave towards your children, family, work, or home it is important to use problem management skills.**

## Future Support (Picture 8.4)



### 7. Share the Meaning of Each Picture

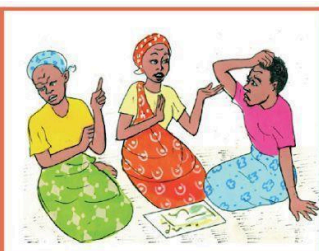
What do you think these pictures mean?

- You may want to continue to meet as a group to practice your problem management skills and to support each other.
  - Meeting as a group can help you remember problem management strategies.
  - It is a good source of social support.
  - Caregivers can help watch for signs that someone is not staying well.
- If you are practicing problem management but your problems continue, it is important to seek help from others.

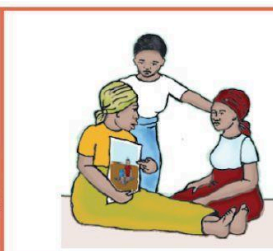
Where can you go for more help if your problems are not going away? Do you want to continue to meet as a group?



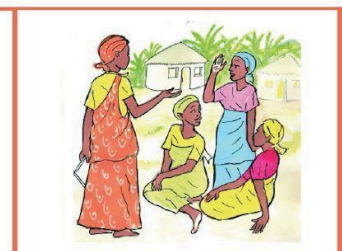
**8. Activity**



**9. Probe**



**10. Practice and Coaching**



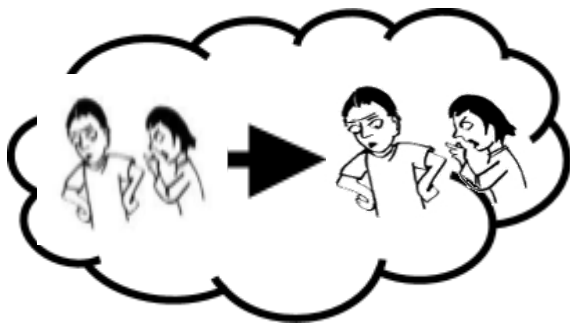
**11. Request Commitments**



## Future Support (Picture 8.4)



You may want to continue to meet as a group to practice your problem management skills and to support each other.



Insert a picture of a woman speaking to a doctor/ nurse



If you are practicing problem management but your problems continue, it is very important to seek help from others.