



JRS MHPSS Teacher Training Modules

Teachers play a vital role in supporting communities affected by displacement and are often affected by the same challenges that students and parents face. By ensuring the wellbeing of both student and teacher, schools experience better results including higher grades, and increased retention. The JRS Teacher Training Modules on Mental Health and Psychosocial Support (MHPSS) prepares teachers to respond to the mental health and psychosocial needs of their students, colleagues, and themselves. The modules reference best practices and guidance from the Interagency Network for Education in Emergencies (INEE), Interagency Standing Committee (IASC) MHPSS Reference Group, World Health Organization and other reputable sources.

Since the districts of Adjumani and Ebongi were faced with the Refugee crisis, the psychosocial wellbeing of children and their families has been compromised in many serious ways. The Covid-19 pandemic has increased mental health and psychosocial stressors. For children, the experience of schools being closed for almost one year will have vastly influenced their psychosocial support systems and wellbeing. Furthermore, during the lockdown imposed to control the Covid-19 pandemic, students have witnessed or experienced an increase of poverty in the homes, domestic violence, child neglect, child labor, early marriage, teenage pregnancy which is on the rise now. This has led to increased levels of stress for the parents, children, care givers, teachers, community leaders, and other stake holders who are trying their best to make life possible for the students at this hard time. This in away has caused another crisis in a way that would call for this training for teachers, students, parents, and stake holders.

It is anticipated that children resuming school after such a long lockdown will struggle with a range of psychosocial problems that could interfere with children's learning, behavior at school and the overall atmosphere of the school environment. Additionally, children may still be experiencing distress as a consequence of major life-changes and may struggle to concentrate or re-establish their focus for study. Finally, parents and teachers will equally feel the pressures brought about this crisis in recovery process, which may further have consequences on children's behavior and general mental well-being.

With this context as a background, this manual provides teachers with some basic tools and skills to be able to offer psychosocial support to children.. The training further aims to enable teachers to explore creative ways to help children, either individually or in the classroom, to reduce stress, foster resilience and coping, build supportive relationships and possibly prevent short and long term psychological problems. These tools are not just for war -affected communities however. They will be widely beneficial at all times for teachers and other education stakeholders working to increase the wellbeing of children and their community.

The Basic psychosocial support (PSS) in education: Training Modules for teachers and other stakeholders outlines a 5 Module training program. It includes an overview of psychosocial support in emergency settings,

Psychological First Aid for Children, effective ways of integrating PSS into education settings, detecting and responding to protection risks for children, and teacher wellbeing.

Through prioritizing children's education, as well as their psychosocial wellbeing, teachers have great potential to truly impact the psychosocial wellbeing of all pupils, their parents, families, and wider communities.

Training Summary & Schedule

Module 1: Introduction to MHPSS

Total Duration: 3 hours

Session	Topic	Minutes
1	JRS Background	30 mins
2	MHPSS Key Terms	30 mins
3	Understanding Wellbeing	1 hr
4	MHPSS Intervention Pyramid	1 hr

Module 2: PFA

Total Duration: 8 Hours

Session	Topic	Minutes
1	Introduction to PFA	1 hour
2	PFA Action Principles	4 hours
3	Practicum and Ending Assistance	1 hour
4	Breaks	2 hours

Module 3: Integrating Psychosocial Support into Education

Total Duration: 3 hours

Session	Topic	Minutes
1	The importance of including PSS in Education	45 mins

2	IASC MHPSS Pyramid and Education	1 hour
3	Social and Emotional Learning	1 hr 15 mins

Module 4: Detecting and Responding to Child Protection Risks

Total Duration: 3 hours

Session	Topic	Minutes
	Child Rights and Protection	1hr 15 mins
	Preventing and Responding to Gender Based Violence	1hr 45 mins

Module 5: Teacher Wellbeing

Total Duration: 3 hours

Session	Topic	Minutes
	Defining stress	30 mins
	Coping with Stress	45 mins
	Social and Emotional Learning for Teacher Resilience	1 hr 45 mins

Module 1: Introduction to MHPSS and Mainstreaming into Education

Goal

Teachers will know the basic terms and principles of MHPSS, how to mainstream PSS into education, and the value of integrated services.

Objectives

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

- Have a better overall understanding of MHPSS, key terms, best practices and, principles of PSS in education
- Have a better understanding on how to integrate MHPSS into their core school programmes and activities in the schools
- Understand the benefits of learning practical PSS skills before theoretical knowledge in promoting well-being of students.
- Identify next steps in terms of developing their school MHPSS activities
- Have a better sense of strategy for future MHPSS programming in their respective schools. Brief presentations

SESSION 1: JRS Background

Goal: *Participants will have a better understanding of JRS's approach to implementing MHPSS.*

Jesuit Refugee Service (JRS) is an international Catholic organization with a mission to accompany, serve, and advocate on behalf of refugees and other forcibly displaced people, so that they may heal, learn, and determine their own future. Founded as a work of the Society of Jesus (Jesuits) in 1980, in direct response to the humanitarian crisis of the Vietnamese boat people, JRS today works in more than 50 countries worldwide to meet the educational, health, and social needs of more than 750,000 refugees.

JRS teams are made up of people from diverse faith traditions, or of no religious faith, but all united by belief in the dignity of every person and our world as the common home of all. Whether in detention centers, border settings, urban centers, or refugee camps, we live and work alongside refugees of all religions and faith traditions.

JRS takes a personalized approach to our work, recognizing the dignity in every person we serve. Through this individual interaction and cooperation with refugees, JRS provides protection and creates opportunities for those forced to flee from war, conflict, and disaster. JRS has a long history of providing Mental Health and Psychosocial Support (MHPSS) to forcibly displaced populations and in 2019, MHPSS accounted for 1 quarter of people served. As a priority area, JRS accompanies people affected by displacement by providing quality individual, family and community-based services that reduce suffering and improve wellbeing. JRS's MHPSS services are implemented as multi-layered standalone programming and through mainstreaming

considerations into other priority areas including Education, Livelihoods, and Reconciliation with the understanding that addressing and improving mental health and psychosocial wellbeing will lead to better cross-sectoral outcomes.

Session 2: MHPSS Key Terms

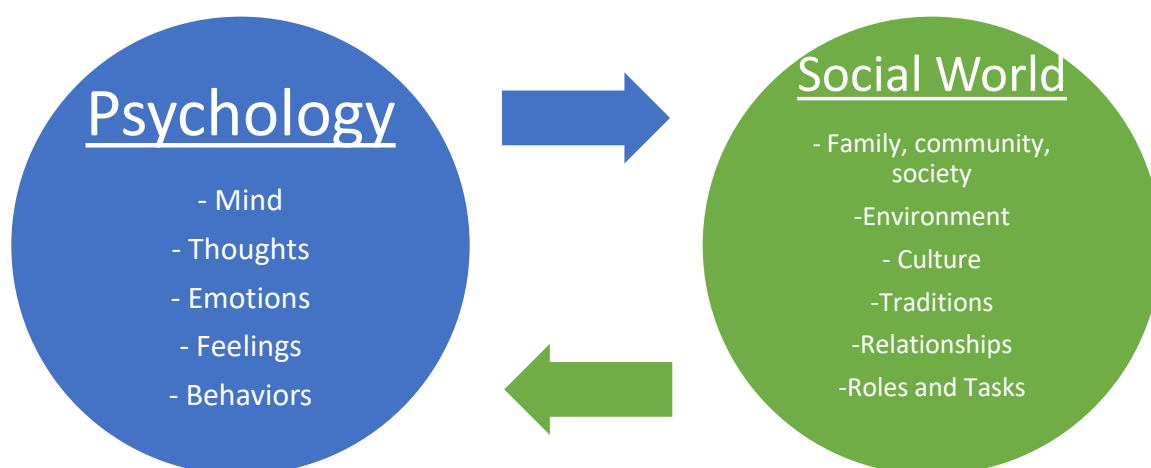
Goal: Participants will know the key terms used in MHPSS.

Ask the Group: How would you define Mental Health?

Define: Mental health: The World Health Organization (WHO) defines mental health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Ask the Group: How would you define Psychosocial?

Define: Psychosocial Support: References the dynamic relationship between the internal psychological and external social experience. According to IFRC and INEE PSS includes psychological and social interventions that foster resilience by addressing the individual, the family, and the community so people recover from crisis events.



Ask the Group: What comes to mind when you hear the term Psychosocial Well-being

Define: Well-being: Refers to how individuals think about themselves and their future and how they handle and cope with situations. Social **well-being** refers to how **well** an individual is able to get along in the social ecology or in social relationships. In MHPSS programming we often assess wellbeing using multiple variables including: functioning, subjective well-being, distress, coping, social behaviour, connectedness.

Ask the Group: What comes to mind when you hear Mental Health and Psychosocial Support?

Define: Mental Health & Psychosocial Support: According to the IASC MHPSS Guidelines, the composite term describes any type of support that promotes psychosocial wellbeing and/or prevent or treat mental

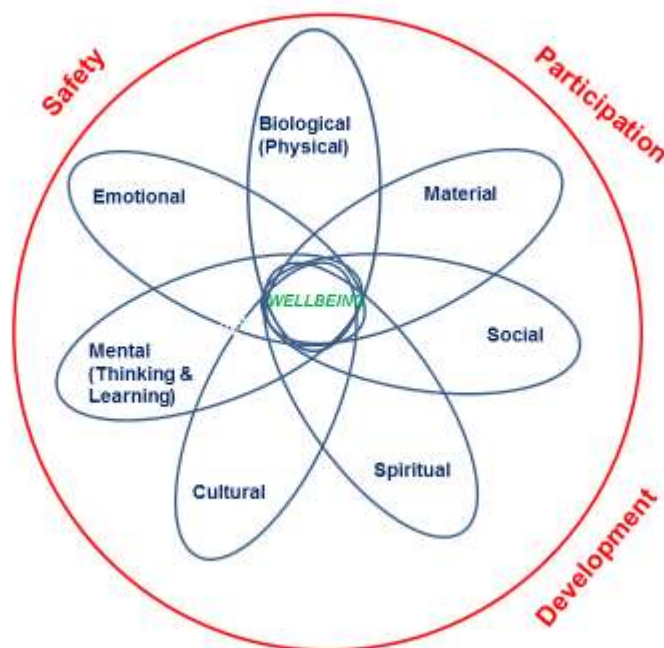
disorder. Mental Health and Psychosocial are closely related and may overlap but reflect different, yet complimentary approaches. Psychosocial Support: Psychosocial support is part of the overall Mental Health. Psychosocial support **refers** to all actions and processes that enable vulnerable individuals, families and communities to cope with stress in their own environment, develop resilience, and reach their full potential.

Session3: Understanding Wellbeing

Goal: Expand on the definition of wellbeing so participants have a comprehensive understanding.

Review the definition of wellbeing that was just covered in the previous session. Make sure that it is visible somewhere for the whole group to see.

Small Group Exercise: Divide the group into 3 groups (individual, family, and community). In small groups ask the participants to brainstorm their respective group needs to have in order to achieve wellbeing. Write each need on one sticky note. Introduce the image of the wellbeing flower.



Tell the Group: **Safety**, **participation**, and **development** are fundamental needs in order to have wellbeing. Without **safety**, people are not able to survive and wellbeing is impossible to achieve. **Participation** ensures people have agency and can play an active role in securing and maintaining their own safety, wellbeing, and development. **Development** can happen at an individual or societal level and refers to having opportunities to move forward, grow, or progress.

The petals represent different domains that influence an individual, family, or community's wellbeing. They do not all need to be equal but contribute to having good or poor wellbeing.

Biological aspects

- Respiration, hydration, nutritional intake and overall functioning of the body

Emergency Responses may include: water and sanitation, nutrition, public health and medical services

Material aspects

- Roads, vehicles, tools, equipment, structures in which people live and work

Emergency Responses: shelter & transport, Non-Food Item Distribution

Social aspects

- Membership and participation in social or cultural groups

Emergency Responses: activities: social activities, gatherings, facilitating communications between people such as family reunification, support groups, support for those in bereavement, Child Friendly Spaces, gatherings for mothers of young children, social events for the elderly, recreation for all ages, activities for youth.

Spiritual aspects

- Spiritual and religious beliefs affect functioning and restoration of cultural integrity For example, everyone is under lockdown no church gathering, so many feel affected and miss their friends.

Emergency Responses: Setting up temporary religious services, access to religious materials.

Cultural aspects

- Culture involves learned patterns of belief, thought and behaviour and establishes norms. This can include standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotions.

Emergency responses: may redefine culture as people adjust to new environments and conditions and develop a new sense of normal; an opportunity to integrate new positive norms around protection, GBV, gender, etc.

Mental (thinking & learning) aspects

- Refers to functions of the mind, which includes learning how to learn, how to acquire information, and how to be able to use it.

Emergency responses: Providing access to education (school) and access to relevant information regarding the affected populations' circumstances, survival and safety, Mental Health Services

Emotional Aspect

- An adequate level of emotional functioning is needed to make effective use of resources and opportunities which have the potential to strengthen wellbeing.

Emergency responses include: Social and Emotional Learning in school, Life skills groups, some counselling services.

Group Activity: After you have reviewed the wellbeing flower, ask the participants to identify which petal each sticky note belongs on. One group at a time, starting with individual, then family, then community, have the participants place their sticky notes on the petal. Allow this to develop into a large group discussion around.

- Does everyone agree with the group's decision?
- Did the group miss anything that should be added?

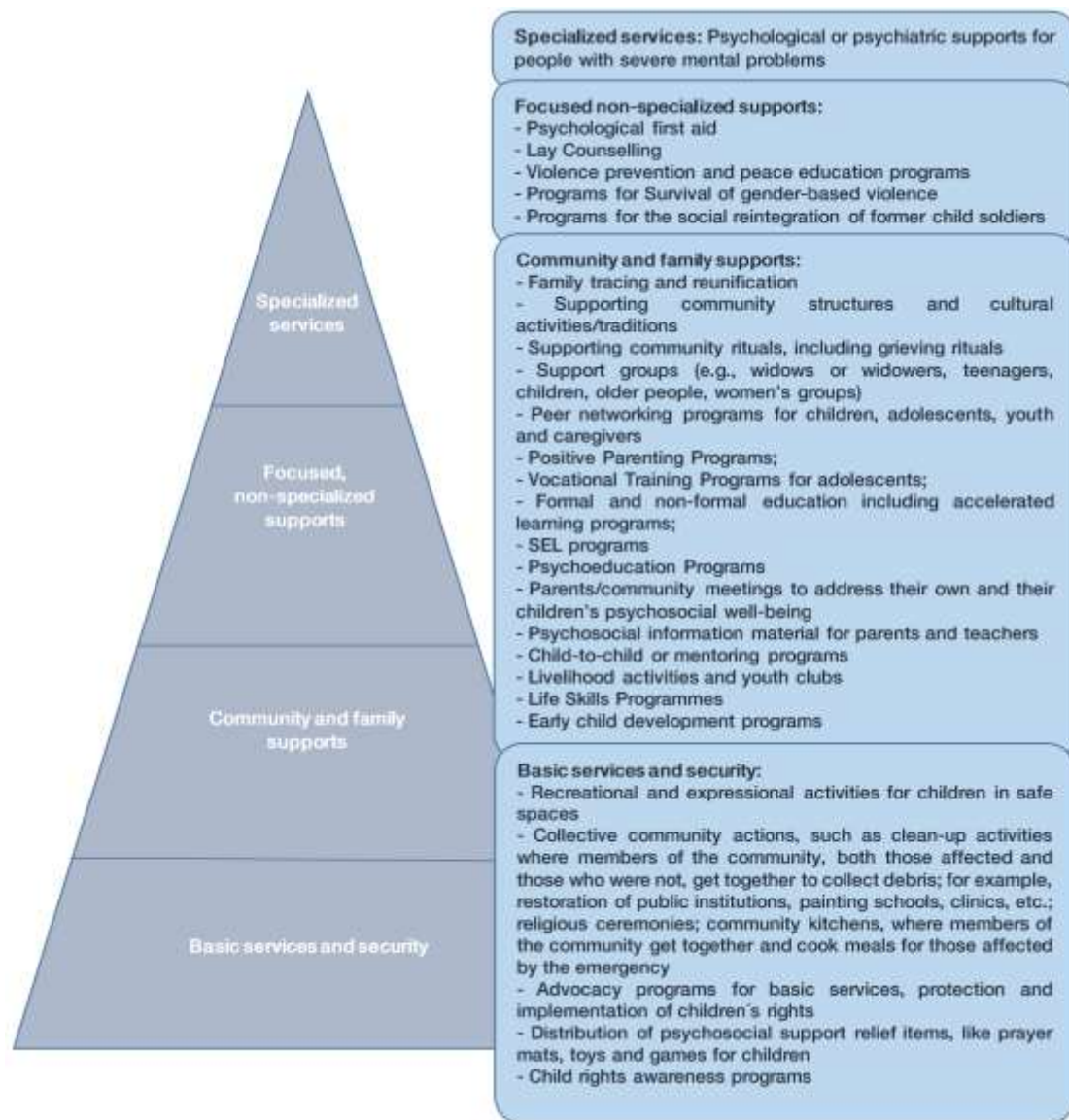
Session 4: MHPSS Intervention Pyramid

Goal: *Participants will learn about MHPSS interventions and understand what services are available in their context using the MHPSS Intervention Pyramid as a framework and understand MHPSS referral pathways.*

Ask the Group: What are some MHPSS interventions, activities, or supports that currently exist in your community? Further Prompt: Name both formal and non-formal supports. The facilitator should write these down on a piece of flipchart paper.

Examples of Possible Psychosocial Interventions: Listening; Home visits for follow up and accompaniment; Guidance & Counselling; Support groups: for example, students support groups; Memory book; Recreational activities; Case Management.

Tell the Group: People are affected by adverse events in different ways and require different supports to recover. MHPSS should be implemented using a layered system of complementary supports that meet the needs of different groups. MHPSS can be implemented as standalone services or integrated into other sectors like education, WASH, or emergency assistance.



Distribute **Handout 1** and review the IASC MHPSS Intervention Pyramid with the group.

Basic services and security

The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs. A mental health and psychosocial response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in safe, dignified, socio-culturally appropriate ways that promote mental health and psychosocial well-being.

Community and Family supports

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.

Focused, non-specialised supports

The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who

may not have had years of training in specialised care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

Some people may additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care).

Specialised services

The top layer of the pyramid represents the, additional support required for the small the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning.

Ask the Group: Look at the list of supports we made earlier; what layer of the pyramid does each of the services fall under? How do you access these services? Are there any gaps in MHPSS services we can identify through this exercise? Draw out the responses on a whiteboard and start to help teachers identify referral pathways that would be beneficial for their students.

Module 2: Psychological First Aid Training (PFA)

Goal: Participants will know how to provide humane, supportive and practical assistance for people who are distressed, in ways that respect their dignity, culture and abilities in accordance to WHO's manual on PFA.

Objectives

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

- Know what PFA is and is not
- Recall the action principles of PFA – Look, Listen, Link
- Be able to identify people experiencing stress and know how to apply PFA action principles in response

Session 1: Defining PFA

PFA is defined as a humane, supportive response to someone who is suffering and may need support

Learning what PFA is and is not: Divide participants into two groups. Ask the first group to answer the question of “what PFA IS” and the second group to answer “what PFA IS NOT”. Ask each group to note their answers on flipchart paper and then read out their answers.

PFA is....

- Practical (providing practical/material care and support)
- Support that does not intrude or is forced
- About assessing the needs and concerns of people you are supporting
- Part of good clinical care when used by professionals and non-professionals
- Helping people to access basic needs and (eg. Food, water, shelter)
- Helping people to feel calm
- Listening to people
- Helping other people connect to information, services, or other support systems

PFA is not...

- Something only professionals can do
- Professional counseling
- A clinical or psychiatric intervention
- Psychological debriefing
- Asking people to analyze their experiences
- Asking people to put their stories into a timeframe and accurate order of events
- Pressing people to tell you their story
- Pressing people to share the details of their experience

- Comforting
- Protecting people from further harm
- Helping people to decide for themselves what their next actions will be
- Private and confidential
- Adapted for age, culture, and gender
- Asking people about in-depth feelings about what happened to them
- Giving direct advice (unless necessary)
- Something everybody needs or wants
- A counseling 'session'
- The same for everyone

Session 2: PFA Action Principles

Participants will learn theory and had opportunity to practice relevant PFA action principles.

Prepare	<ul style="list-style-type: none"> • Learn about the crisis event • Learn about available services and supports • Learn about safety and security concerns
Look	<ul style="list-style-type: none"> • Check for safety for themselves and others • Check for people with obvious urgent basic needs • Identify serious distress reactions or signs that parents, children or families might need support
Listen	<ul style="list-style-type: none"> • Make contact with people who may need support • Ask about people's needs and concerns • Listen to people and help them feel calm
Link	<ul style="list-style-type: none"> • Help people address basic needs and access services • Help people cope with problems • Give information • Connect people with loved ones and social support

Session 3: Practicum and Ending Assistance

Participants will be divided into groups and practice the PFA action principles they've learned as role plays.

They will also learn how to appropriately end their assistance using the following considerations:

- Use your best judgment of person's needs and YOUR own needs.
- Explain you are leaving and, if possible, introduce them to someone else who can help.
- If you linked them with services, be sure they have contact details and know what to expect.
- No matter what your experience, say goodbye in a good way, wish them well

Module 3: Integrating Psychosocial Support into Education

Goal: Participants will have a clear understanding of the importance of integrating PSS into education and a clear understanding of how they can do so.

Objectives: At the end of session participants will:

- Understand the importance of integrating PSS into Education
- Know the ways PSS can be integrated into Education
- Understand the key considerations of Social and Emotional Learning

Session 1: The importance of including PSS in education

Large Group Discussion: Take a few moments to reflect on what we have learned about the effects of adverse and crisis events on children and their communities. With that in mind, what are the benefits you see in integrating PSS into education. Write the answers on a flip chart.

Tell the Group: The INEE's guidance note on Psychosocial Support says "Children and youth in crisis situations face a plethora of risks and vulnerabilities. Well-designed and appropriate PSS can enhance resilience processes and mitigate the vulnerabilities children and youth face (Alexander, Boothby, & Wessells, 2010). Education is an especially relevant channel through which to provide such support because:

- Education can offer a stable routine and structure and support a sense of normality, all factors that can support children and youth in healing and developing resilience.
- Learning spaces provide opportunities for friendship, as well as peer and adult support. These interpersonal skills and relational supports are essential for a healthy social ecology, psychosocial wellbeing, and longer-term **resilience**.
- Learning spaces unite the wider community and **strengthen the relational** supports available for vulnerable children. Activities that engage parents, community leaders, and education authorities are critical in this regard and may also enhance social cohesion.
- Education settings are ideal for structured play activities that help children learn, recover from distressing experiences, and develop **social and emotional skills**.
- **SEL** supports the development of social and **emotional competencies** that strengthen academic performance and improve children's ability to navigate adversity.

Key phrases to keep in mind when discussing psychosocial support in schools include:

Social and Emotional Learning: The process through which one learns to recognize and respond to emotions, create and achieve goals, develop empathy and learn to see other's perspectives, develop and maintain positive, healthy relationships, develop responsible decision making skills, and learn constructive interpersonal skills. SEL uses participatory techniques that help students develop resilience traits such as self-awareness, flexibility and adaptability, persistence, self-esteems, listening skills, confidence, self-regulation and other helpful personal insights and skills. SEL is gaining popularity and being integrated into teacher pedagogy as it not only addresses and can improve the psychosocial wellbeing of children but enhances learning outcomes by promoting self-awareness and interpersonal skills.

Resilience: This refers to the ability for people to ‘bounce back’ from adverse experiences; when individuals recover or thrive after experiencing distressing events. Resilience can happen and is influenced by the system, the community, and the individual. It is dependent upon the resources that are accessible, the coping mechanisms and lifeskills an individual has, and their social and emotional awareness. Resilience is possible when protective factors outweigh risk factors to effectively support wellbeing. Resilience can be supported and fostered through community supports such as PSS integrated into education.

The Social-Ecological Model: This framework illustrates the relational and environmental aspects that affect a child’s development and wellbeing. The child is an individual, supported by family, community, and society at large. The rings are fluid and risk and protective factors at each level can influence factors at another level. For example, an unstable political environment that leads to conflict and unrest can have consequences for all layers below it. Alternatively, supportive family, community, and organization structures can lead a child to experience enriched opportunities for development and wellbeing. According to the INEE PSS Guidance Note: “Education settings can facilitate this because they necessarily involve actors and institutions at all levels of the social ecology, from students, parents, and community leaders to service providers, such as governments, NGOs, and multilaterals. Therefore, an activity that focuses on one level of a child’s social ecology, such as drafting a policy against corporal punishment, should also consider how the policy will be implemented and appropriated at the community and school levels.”

Figure 1. The Social-Ecological Model



Ask the Group: How do the key phrases align with what we discussed at the opening of this sessions regarding why it is important to integrate PSS into education?

Remind participants of the IASC Pyramid that we reviewed in Module 1. Like all MHPSS, when integrating support into schools, it can be done using a layered approach recognizing that different children need different things for their wellbeing. The table below demonstrates how MHPSS can be delivered at different levels of the IASC MHPSS Pyramid. Share the table with the group and discuss each layer and the examples.

Layer 1: Social considerations in basic services and security
Role in Education Settings: Education is an essential basic service during times of crisis. Educational messages can be both lifesaving and life-sustaining, while the routine and normalcy of attending school supports the psychosocial wellbeing of crisis-affected children and youth. Education settings can also facilitate access to other essential services and needs. For example, they can be used to distribute food, water, and basic medical care. This generalized level of intervention seeks to support all children and young people in the education system by getting schools up and running as soon as possible and promoting equal access to quality learning.
Examples of Activities: Temporary learning spaces; early warning and reporting systems for children experiencing protection concerns/ distress; school safety and security plans; school feeding programs; school rehabilitation or expansion; disaster risk reduction; positive school climate; teacher trainings
Layer 2: Strong Community and Family Supports
Role in Education Settings: Schools are often one of the most prominent and important institutions in a community. This makes them well placed to strengthen communities during times of crisis. Schools can serve as a bridge between family and community support systems.
Examples of Activities: Executive function games; mindfulness; stress management; psychological first aid; student clubs; community service; positive parenting programs; lifeskills classes; art; music; drama; games; play-based interventions
Layer 3: Focused Non-Specialized Supports
Role in Education Settings: Some learners, although not in need of clinical supports, will nonetheless need more attention than others. Similarly, learners from traditionally vulnerable groups (such as those with disabilities) may have particular PSS needs that must be considered. Educators need to understand the specific needs and challenges of these learners and adapt PSS activities accordingly.
Example of Activities: Support Groups; sessions led by social workers or para-professionals
Layer 4: Specialized Services
Role in Education Settings: These services are intended for the most vulnerable learners whose needs cannot be met through education activities alone. Educators should not attempt to provide care for these individuals but refer them to the appropriate specialized mental health services with psychologists, psychiatrists, and other trained professionals. Education personnel should be able to recognize symptoms in children and know how to direct them to the necessary mental health services.
Example of Activities: Teachers identify and make referrals for students to mental health professionals

Small Group Activity: Divide the participants into small groups of approximately 4 participants each. Each person should have a copy of **Handout 2** which includes the information on the table above. Ask the participants to think about and discuss:

- What are they or their schools doing at each layer of the pyramid?
- Are there any supports or activities in place that are not listed as examples but that they or their schools are implementing?
- Are they observing any gaps in the activities they provide?

Participants can write their responses as notes on the annex. Once they have had time to share amongst each other, ask one person from each group to present back to the larger group.

Optional Exercise: Share **Handout 3** with participants and ask them to complete. Once they've had time, go through each question together sharing answers.

Session 3: Social and Emotional Learning

Ask the Group: In the beginning of this module we started to discuss Social and Emotional learning as a way of responding to children's psychosocial needs in the classroom. Who is familiar with Social and Emotional learning? What can you tell me about it or your experience with SEL?

Define: Social and Emotional Learning: The process through which one learns to recognize and respond to emotions, create and achieve goals, develop empathy and learn to see other's perspectives, develop and maintain positive, healthy relationships, develop responsible decision making skills, and learn constructive interpersonal skills. SEL uses participatory techniques that help students develop resilience traits such as self-awareness, flexibility and adaptability, persistence, self-esteems, listening skills, confidence, self-regulation and other helpful personal insights and skills. SEL is gaining popularity and being integrated into teacher pedagogy as it not only addresses and can improve the psychosocial wellbeing of children but enhances learning outcomes by promoting self-awareness and interpersonal skills.

Ask the Group: Why do you think it's important to include SEL interventions in educational settings?

Share with the Group:

- Well designed and appropriate PSS and SEL can enhance resilience processes and mitigate the vulnerabilities children and youth face.
- Children and youth have diverse experiences, coping skills, and responses to crisis situations. Not everyone is traumatized – some are more resilient and can be effectively supported through basic physical and psychosocial care, while others may be highly distressed. Children's and youths' own resilience is a key factor in their ability to cope with crises.
- The majority of children and youth can cope with short-term disruptions, though they still benefit from PSS and SEL during their educational experiences.
- Effective PSS and SEL interventions in educational settings can be provided by teachers and caregivers with minimal, high-quality training.

Tell the Group: SEL interventions are a great way to foster social and emotional development that is beneficial for **all** children, but it can have a vital positive impact for children affected by crisis or adversity. Not only can it increase psychosocial wellbeing for children, but it can also improve a child's academic performance. SEL interventions use participatory techniques such as art, play, dance, mindfulness, sports, role plays, games, and more to teach the competencies.

SEL fosters the development of these 5 competencies:

1. Self-Awareness
2. Self-Management
3. Social Awareness
4. Relationship Building
5. Responsible Decision-Making

Partner Activity: Give each participant **Handout 4** In partners ask them to discuss each of the competencies addressed in SEL. For each competency discuss why it is important for children, adolescents, and youth to develop these competencies and then discuss how those competencies can be developed or strengthened. What kind of interventions or activities would be appropriate? Come back as a large group and discuss the competencies together.



Small Group Activity: Divide the participants into small groups of 4-5 and give each group **Handout 5**. Ask the group to discuss the three questions for each picture as a group. Have someone take notes so that it can be reported back to the larger group. After several minutes of discussion come back for a large group discussion. Note, if you are short on time, you can assign one picture to each group.

Tell the Group: Now we understand the key considerations of SEL and many ways that SEL interventions can be implemented. We will discuss this more in Module 4 when we also talk about teacher wellbeing.

Module 4: Detecting and Responding to Child Protection Risks

Goal: Participants will know how to effectively detect and respond to protection risks for their students

Objective:

- Participants will be able to clearly define protective factors and risks for children
- Participants will know the definition of gender-based violence, types of GBV, the impact, and the contributing factors
- Participants will know how to respond to GBV risks or survivors

Session 1: Child Rights and Child Protection

Ask the Group: What do you know about child rights and the Convention on the Rights of the child?

Tell the Group: Child rights are the things that are believed to be fair for every child in the world to have or to be able to do. Child rights are universal; rights of the child apply to all children regardless of gender, ethnicity, ability, religion.

The Convention on the Rights of the Child is an international treaty that recognizes the human rights of children, defined as persons up to the age of 18 years. The Convention establishes in international law that States Parties must ensure that all children, without discrimination in any form, benefit from special protection measures and assistance

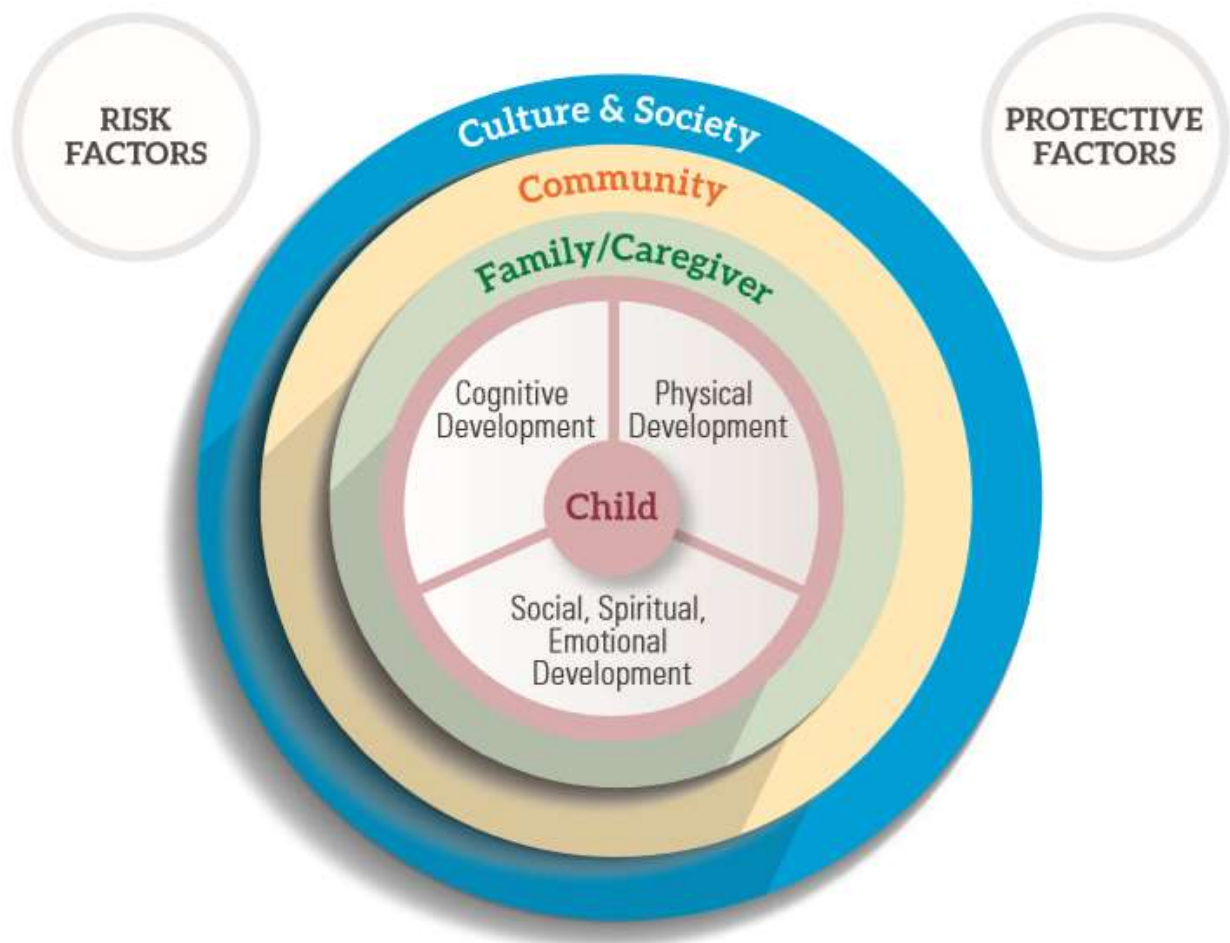
Child rights are about how we interact with and show respect to children. Rights are created to protect the needs of ALL children. The Convention on the Rights of the child is based on the following 4 principles

1. non-discrimination
2. the best interests of the child
3. the right to life, survival and development
4. the right to be heard

Ask the Group: What does each principle mean to you/ how would you define each principle? Do all children in your school, in your community have these rights? If yes, who is supporting these rights? If no, who or what infringing on these rights?

Tell the Group: In Module 3 we discussed the **social ecological model**. This model illustrates the importance of networks of people and structures that surround children, safeguarding their wellbeing and supporting their optimal development.

A child's development is shaped by the interplay between the people and elements in this rich social ecological dynamic. The model shows children as active agents in their ecosystems, in dealing with adversity and, in turn, influencing their families and communities. The layers and networks that exist within and between the circles provide for children's social and practical needs, protection, learning, belonging and identity, and their recovery from critical events. Each layer has both protective factors that increase a child's resilience, and risk factors that threaten a child's rights and their protection.



Ask the Group: What are some protective factors for a child that exist within him or herself (*ex. non-disabled; good self-esteem*); What are some risk factors for a child that exist within him or herself (*ex. disability; gender; very young age*)? Go through each ring naming one or two risk and protective factors. You do not need to provide many as we will do this during our group exercise.

Group Activity:

1. Paste 4 flipchart papers on different walls around the room. Label one child, another one family/caregiver, community, culture & society. This activity will be a carousel exercise.
2. Divide participants into 4 smaller groups and give each group a different color marker
3. Each group will start at one of the flipchart papers and have 5 mins as many risk and protective factors on that level they can think of. Give the groups a warning halfway through so they address both risks and protective factors.
4. After 5 mins, groups will rotate to another chart. They will read through the previous group's contributions and ✓ if they agree or X if they disagree with the statement. Then the group should add any additional risks or protective factors they can think of
5. Rotate until everyone has had the opportunity to contribute to each ring.
6. Come back to the larger group and discuss

Tell the Group: Child protection problems often fall under three categories:

- Rights Violations
- Abuse and exploitation
- Circumstantial/ Situational

Group Activity: Read the following statements aloud and ask the participants to raise their hands if they agree this is a protection problem or disagree that this is a protection problem. Discuss the groups' response to each statement.

- A 9-year-old boy fails to submit his homework. The teacher gives him 2 canes for not completing his homework.
- A 16-year-old boy voluntarily joins the military.
- A child of 13 years believes in Islam, but his caregivers insist that he go to a Christian Church to pray.
- A 14-year-old girl teases an 8-year-old girl at school every day.
- A child has no access to school.
- A child who is wheelchair bound is denied from going to the school by the head teacher.
- A 12-year-old child is made to do housework (washing dishes and fetching water) before going to school.
- A 5-year-old child is left alone at home while his mother and father work in the fields.
- There are no playgrounds for children in the community.
- A 6-year-old child becomes separated from his/her parents during a rebel attack.
- Primary aged children want to play sports instead of doing their homework.
- A 4-year-old child is adopted by a loving family, but the child does not know who his/her biological parents are.

Ask the Group: What happens when a child is not protected? What effects does this have on the family, the community, the culture & society, when a child is not protected?

Tell the Group: Child protection is a holistic approach and consists of 4 major points:

- Reducing Risks (or preventing abuse)
- Making Children's Rights a Reality (or child's rights)
- Restoring Hope and a Dignified Living (or well-being)
- Creating an Enabling Environment (or protective environment)

Ask the Group: How can education be involved in protecting children?

Session 2: Preventing and Responding to Gender Based Violence through Education

Ask the Group: How do you define Gender Based Violence?

Tell the Group: Gender-based violence (GBV) refers to any harmful act that is perpetrated against a person's will and that is based on socially dictated gender differences between males and females.

Ask the Group: What forms of Gender Based Violence are you aware of?

Tell the Group: GBV can occur in the forms of abuse including:

- Physical
- Sexual
- Mental/ Emotional
- Verbal Threats
- Coercion
- Deprivations of liberty

Tell the Group: Earlier we identified risk and protective factors across the social ecological model. Some GBV considerations came up during this discussion.

Ask the Group: What are some of the individual, family, community, and society & cultural factors that might contribute to GBV?

Tell the Group: Distribute **Handout 6** to participants to look over

Layer 1: Individual
<ul style="list-style-type: none">• Age, gender, education, disability• Family history of violence• Witnessing GBV
Layer 2: Family
<ul style="list-style-type: none">• Lack of basic survival needs/supplies for individuals and families or lack of safe access to these survival needs/supplies (e.g food, water, shelter, cooking fuel, hygiene supplies, etc.)• Gender-inequitable distribution of family resources• Lack of resources for parents to provide for children and older persons (economic resources, ability to protect, etc.), particularly for woman and child heads of households• Lack of knowledge/awareness of acceptable standards of conduct by humanitarian staff, and that humanitarian assistance is free• Harmful alcohol/drug use
Layer 3: Community

- Poor camp/shelter/WASH facility design and infrastructure (including for persons with disabilities, older persons and other at-risk groups)
- Lack of access to education for females, especially secondary education for adolescent girls
- Lack of safe shelters for women, girls and other at-risk groups
- Lack of training, vetting and supervision for humanitarian staff
- Lack of economic alternatives for affected populations, especially for women, girls and other at-risk groups
- Breakdown in community protective mechanisms and lack of community protections/sanctions relating to GBV
- Lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel
- Lack of accessible and trusted multi-sectoral services for survivors (health, security, legal/justice, mental health and psychosocial support)
- Absence/under-representation of female staff in key service provider positions (health care, detention facilities, police, justice, etc.)
- Inadequate housing, land and property rights for women, girls, children born of rape and other at-risk groups
- Presence of demobilized soldiers with norms of violence
- Hostile host communities
- ‘Blaming the victim’ or other harmful attitudes against survivors of GBV
- Lack of confidentiality for GBV survivors
- Community-wide acceptance of violence
- Lack of child protection mechanisms
- Lack of psychosocial support as part of disarmament, demobilization and reintegration (DDR) programming

Layer 4: Societal & Cultural

- Porous/unmonitored borders; lack of awareness of risks of being trafficked
- Lack of adherence to rules of combat and International Humanitarian Law
- Hyper-masculinity; promotion of and rewards for violent male norms/behaviour
- Combat strategies (e.g. torture or rape as a weapon of war)
- Absence of security and/or early warning mechanisms
- Impunity, including lack of legal framework and/or criminalization of forms of GBV, or lack of awareness that different forms of GBV are criminal
- Lack of inclusion of sex crimes committed during a humanitarian emergency into largescale survivors’ reparations and support programmes (including for children born of rape)
- Economic, social and gender inequalities
- Lack of meaningful and active participation of women in leadership, peacebuilding processes, and security sector reform
- Lack of prioritization on prosecuting sex crimes; insufficient emphasis on increasing access to recovery services; and lack of foresight on the long-term ramifications for children born as a result of rape, specifically related to stigma and their resulting social exclusion
- Failure to address factors that contribute to violence such as long-term internment of loss of skills, livelihoods, independence, and/or male roles

Tell the Group: The impact of GBV is felt by individuals and communities. It can seriously impact survivor’s immediate physical, sexual or psychological health, and contributes to greater risk of future health problems. Survivors often suffer further because of stigma associated with GBV and may face community and family ostracization causing further social and economic problems. GBV can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. Many of these effects are hard to link directly to GBV because they are not always easily

recognizable by health and other providers as evidence of GBV. This can contribute to mistaken assumptions that GBV is not a problem. However, failure to appreciate the full extent and hidden nature of GBV—as well as failure to address its impact on individuals, families, and communities—can limit societies’ ability to heal from humanitarian emergencies.

Ask the Group: What are some of the impacts or effects GBV could have on school-aged children in your community?

Tell the Group: Adolescent are particularly vulnerable to SGBV including the following types:

- Sexual assault
- Sexual exploitation and abuse
- Child and/or forced marriage
- Female genital mutilation/ cutting (FGM/C)
- Lack of access to education

Factors that contribute to an increased risk of violence include:

- Age, gender and restricted social status
- Increased domestic responsibilities that keep girls isolated in the home
- Erosion of normal community structures of support and protection
- Lack of access to understandable information about health, rights and services (including reproductive health)
- Being discouraged or prevented from attending school
- Early pregnancies and motherhood
- Engagement in unsafe livelihoods activities
- Loss of family members, especially immediate caretakers
- Dependence on exploitative or unhealthy relationships for basic needs

GBV is NEVER the survivor’s fault.

Tell the Group: The PFA action principles we learned earlier can also be used to detect and or respond to situations of Gender Based Violence. Remind the group of the action principles.

PFA Action Principles

Prepare	<ul style="list-style-type: none"> •Learn about the crisis event. •Learn about available services and supports. •Learn about safety and security concerns.
Look	 <ul style="list-style-type: none"> •Observe for safety. •Observe for people with obvious urgent basic needs. •Observe for people with serious distress reactions.
Listen	 <ul style="list-style-type: none"> •Make contact with people who may need support. •Ask about people’s needs and concerns. •Listen to people and help them feel calm.
Link	 <ul style="list-style-type: none"> •Help people address basic needs and access services. •Help people cope with problems. •Give information. •Connect people with loved ones and social support.

Small Group Activity:

1. Divide the group into 4 smaller groups. Assign each group an action principle: Prepare, Look, Listen, or Link
2. Ask each group to discuss and write down how they would use this step to respond to Gender Based Violence; how would they prepare themselves, or the schools; What would they look for; How can they listen; Who or what services can they link a survivor to?
3. After 10 minutes, bring the groups back together to present and discuss.

Small Group Activity:

1. Divide the group into 4 smaller groups and give each group one scenario from **Handout 7**
2. Have the group read through the scenario and come up with a strategy to respond to the situation, using some of the strategies that we discussed in the previous exercise.
3. Have each group present their scenario and their response to the larger group

Tell the Group: The role of a teacher is to build up protective factors and reduce risk factors. In order to reduce risk factors, part of the role of the teacher in child protection is identifying and monitoring if a child's needs and rights are being met. As a teacher we do not know everything every student is experiencing, so we need to look for signs. When we identify signs, we now have the knowledge and tools we need to make appropriate referrals as needed and ensure that responses and referrals are provided in a professional and confidential manner.

Ask the Group:

1. What did you learn today?
2. How will you apply this knowledge to your work?

Module 4: Teacher Wellbeing

Goal: Participants will understand how stress impacts their lives and develop concrete strategies for coping with stress.

Objectives: By the end of this module, participants will

- Understand how they experience stress
- Develop coping strategies to respond to stress
- Understand how social and emotional learning can be beneficial for teachers

Session 1: Defining stress

Ask the Group: What does stress mean to you?

Tell the Group: **Stress** refers to ‘pressure or tension placed on an object.’ Stress is a part of everyday life for everyone and everything. Bridges are designed to withstand great amounts of stress, subtly bending and shifting under the weight of the people and vehicles that pass over them, standing strong against winds and rain, or gently expanding and contracting in hot and cold temperatures. Bridges must also be regularly inspected and maintained to ensure they don’t deteriorate under the regular stressors, and to strengthen their ability to withstand events outside of the norm such as too much weight, flooding, or earthquakes. Bridges bend, so they don’t break.

The effects of stress on people is nearly identical to that of the bridge. The pressure or tension that results in stress may be physical, mental, or emotional. Stress is an everyday occurrence and something we are designed to adapt to. Stress can be as simple as the alarm clock going off in the morning, reminding you to wake up and start your day. Sometimes it can enable us to perform our best, like when stress motivates us to put in extra hours to meet a deadline and we are rewarded by the praise of our colleagues and boss. This day to day stress is normal response and can even be helpful.

However, without proper maintenance and self-care, we can become worn down and may find it difficult to manage daily stressors. When daily stressors begin to pile up and we can’t cope, they can turn into **cumulative stress**. We may notice physical, emotional or cognitive changes. Some people develop stomach problems, muscle tightness, or headaches. Some people may feel anxious, irritable or sad. Others may notice feeling fatigued or that they have difficulty concentrating.

Sometimes, individual or sudden events might occur outside of our daily routines. These events may greatly increase our level of stress and cause **distress**. These events might be the death of a loved one, being affected by a disaster, losing a job, or witnessing a terrible accident.

It’s important to define stress, and to understand the impact it may be having on us so we can proactively work to cope with stress and prevent or effectively respond to **cumulative stress**.

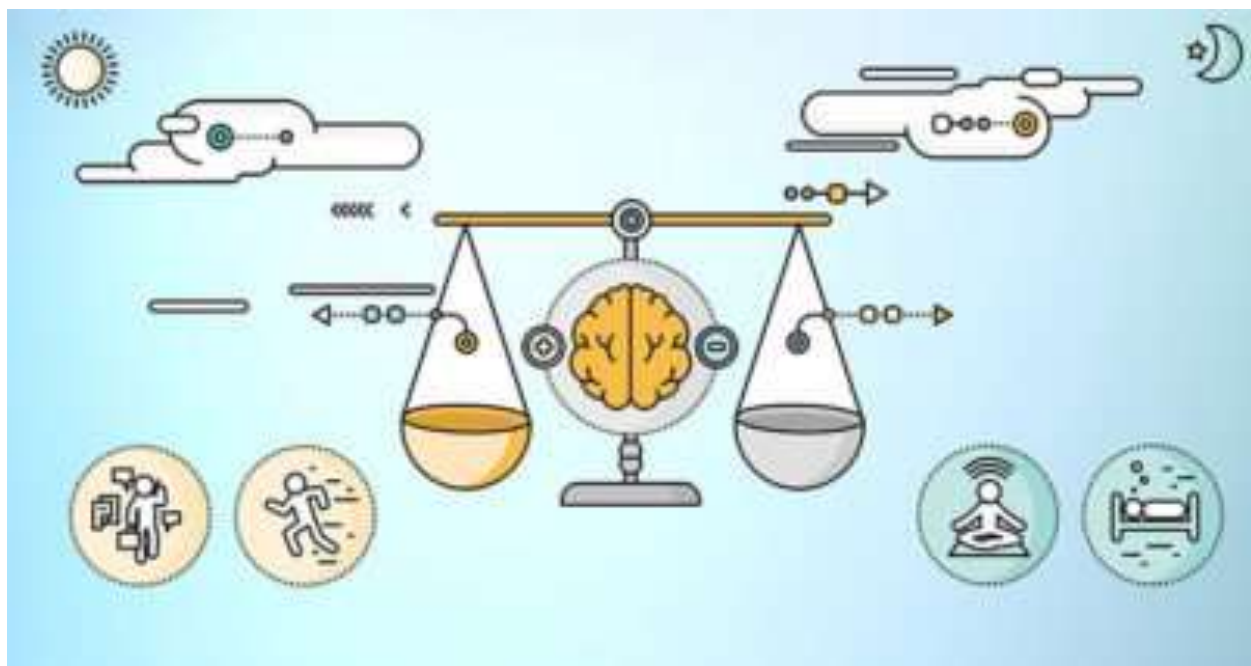
We all are different and respond to stress in different ways. Some common reactions are:

Physical (Body Reactions): <ul style="list-style-type: none"> • Stomach aches • High blood pressure • Headaches • Nausea • Fatigue • Shortness of breath • Sweating 	Emotional (Feelings) <ul style="list-style-type: none"> • Anxiety • Fear • Sadness • Anger • Frustration • Helpless 	Cognitive (Thinking): <ul style="list-style-type: none"> • Difficulty concentrating • Slow or rapid thoughts • Thinking about the same thing over and over • Difficulty making decisions
Behavioral (Actions): <ul style="list-style-type: none"> • Changes in eating • Crying • Increase use of drugs and alcohol 	Spiritual (Beliefs and Values): <ul style="list-style-type: none"> • Increased beliefs • Questioning previous beliefs • Searching for meaning 	Social (Interactions) <ul style="list-style-type: none"> • Withdrawal • Aggression towards others • Increase need for affection/attention

Ask the Group: What are other signs or symptoms of stress are you aware of that can be added to the list above?

Session 2: Coping with stress

Tell the Group: While we experience stress daily, we often only notice or identify stress when our perceptions of the demands or pressures start to exceed the resources we have to cope. Stress and coping are a balancing act where we are constantly managing the demands and pressures with our resources to cope.



When we are in good balance, we feel we are performing well, accomplishing the things we want to get done, and are tapping into our resources to help us recharge and keep the balance. When stress starts to exceed our

resources for coping, we may start to notice some of the reactions to stress we just talked about. In these times we need to assess the situation, remove any stressors that we can, and increase our coping mechanisms, or find new ones to help us get back our balance.

Individual Exercise: Ask participants to reflect individually on your current situation. Is your scale tipped in one direction or another, or are you feeling balanced? Give each participant **Handout 8**

Tell the Group: You can't always eliminate your stressors but creating healthy lifestyle habits can help reduce the effects of cumulative stress and increase your resilience when you are confronted with distressing experiences. A healthy lifestyle can look different for everyone but generally it means establishing certain routines that can keep us grounded and help us better manage our time. A healthy lifestyle can also mean making time for healthy meals, exercising regularly, and getting enough sleep on a daily basis. Furthermore, when we have healthy lifestyles, we are able to take breaks when we need them. Having a healthy lifestyle usually means that we are able to avoid or reduce negative coping strategies such as smoking or drinking as a response to stress. A healthy lifestyle also considers the importance of social connection and relationships. This is especially important when, despite our healthy lifestyle, stress may get the better of us and we need to seek help and support from a friend or family member. Use the handout to assess the healthy habits you have and learn where you could be doing better.

Next, distribute **Handout 9** to participants. Read the directions aloud and ask them to complete the worksheet. After the participants have had several minutes to complete the worksheets, ask if anyone would like to share any personal reflection, observations, or action plans they made for themselves.

Session 3: SEL for teacher resilience

Tell the Group: In the previous module we discussed the key areas of consideration for SEL interventions. But social and emotional competency is important for adults as well, particularly teachers who are expected to regularly model these competencies in the classroom. The purpose of the next exercises are to increase your familiarity with how SEL interventions can be taught while building teacher's own social and emotional skills so that you can better model and reinforce in in the classroom, and outside in your personal lives as a way of building resilience against stressors. The following activities are adapted from IRC's Teacher-Focused SEL training.

If you are short for time, you can omit one of the exercises and go to the questions at the end.

SEL Activity 1: Brain Building (30 mins)

Start with a mindfulness exercise:

Tell the Group: Sit comfortably. If it is comfortable for you, close your eyes and begin to calm your breathing. Slowly feel your belly expand as you breathe deeply into your bellies. As you exhale, feel your bellies deflate. We are going to calm our minds and our bodies and become aware of our senses during the quiet time. Continue to relax your entire body. Notice the feelings in your body. Accept what you are sensing, without trying to question it or change it. Just become aware of what you are sensing.

What do you hear? Do you hear the sounds outside? Do you hear the silence? Or the sounds of your breathing?
What do you smell? Do you smell food? Or natural smells from outside?
What do you taste? Do you taste some food remaining in your mouth?
What colors do you see as your eyes are closed? Do you see bright colors? Do you only see the darkness of your closed eyes?

Continue to be aware of the feelings, sounds, scents, tastes, and sights you sense as you are quiet and calm. Be aware of them and let them sit. Do not try to change them. Become comfortable with your senses.

Allow the participants to sit quietly for about a minute.

Begin to bring yourself back to the present. Focus on your breathing – in and out slowly. Wiggle your fingers and toes. As you are ready, open your eyes if you closed them and bring your consciousness back into the room.

Wait until participants open their eyes and bring their awareness back to the space to continue the session.

Ask how participants are feeling.

Tell the Group: This next exercise will focus on ‘Brain Building,’ in particular working on ways to help teachers focus their attention in and out of class.

1. **Ask** teachers to think about what happens in the classroom or during school hours that distracts them, then turn to a partner and discuss.
2. After they have discussed in pairs, have them present back to the group. Invite one participant to write the distractions on the left (“Distractions”) side of the chart shown below here on a flipchart or chalkboard.

Distractions

1. Loud noises
2. Needs of my daughter

Strategies

1. Taking a break
2. Self-Talk

3. Then ask participants what strategies they use to help focus their attention. Have another participant write these on the right (“Strategies”) side of the chart on the flipchart or chalkboard.

Tell the Group: It can be difficult to maintain concentration throughout the day and you may not always be able to respond to the distractions that come up or you might need alternative strategies to keep you focused on the classroom and task at hand. I will introduce two new strategies to positively cope with distractions.

Strategy 1: Belly Breathing

Lead the participants through the following steps

1. Sit up tall and put one hand on your belly. This hand should rise as you inhale, fall as you exhale.
2. Slowly breathe in like you are smelling a flower, feeling your belly rise, for four seconds [Count: 1, 2, 3, 4]
3. Hold your breath for two seconds [Count: 1, 2]
4. Breathe out of your mouth for four seconds like you are blowing out a candle, feeling your belly fall [Count: 1, 2, 3, 4]
5. Repeat several times

Strategy 2: Self- Talk

Tell the Group: Self-Talk is speaking to yourself out loud or in your head to tell yourself what to do and to help stay on task and ignore distractions. It can also be used to recall directions, and instructions. Stay positive in your self-talk.

Explain that we can try out a short activity to practice using self-talk to complete a series of actions. Explain that you will give a set of instructions. Participants will have to focus as you say the instructions, repeat the instructions together, and then complete the actions listed in the instructions.

1. Ask the group to listen to your directions before they complete the actions: Stand up, jump up, pat your head, raise your right hand, sit down
2. Ask the group to do what you just instructed in the order you instructed. It is likely the group will struggle to complete the task
3. Repeat the instructions asking the group to repeat each instruction aloud after you: Stand up [group says stand up], jump up [group says jump up], pat your head [group says pat your head], raise your right hand [group says raise your right hand], sit down [group says sit down]
4. Ask the group to do what you just instructed in the order you instructed. It is likely some will complete the instructions correctly this time.
5. Repeat the instructions one more time and ask the participants to say each instruction after you in their own head. Stand up, jump up, pat your head, raise your right hand, sit down
6. Ask the group to do what you just instructed in the order you instructed.

SEL Activity 2: Emotion Regulation (30 mins)

Start with a mindfulness exercise

Tell the Group: You can choose to close your eyes or keep them open but relaxed. We are going to breathe out all the bad feelings in our bodies together and replace them with warm, happy feelings that make us feel good.

Take one deep, slow breath in through your nose like you are smelling a flower and want the smell to last as long as possible. Exhale deeply and slowly out of your mouth. Again. Slowly feel your belly expand as you breathe deeply into your bellies. As you exhale, feel your bellies deflate.

On our next inhale feel all the bad thoughts or feelings you carry come together; imagine drawing them out of your finger-tips, arms, feet, legs, head and neck and meet together in your belly – swelling it up with the breath. Exhale forcefully, so you hear the sigh as you breathe out. Feel the bad things come up out of your belly and exit your body. Two more breaths like this, breathing in to gather all of the bad things together, and exhaling out all of the bad things. Inhale slowly, counting and feeling as the last of the bad things are caught by your breath. Then exhale, so you can hear the sigh as all of the bad things leave your body. Now take two slow, deep breaths in and out, feeling the difference in your body now that only the good things are left.

Inhale deeply feeling your body swell up with warmth, happy feelings washing over your belly, chest, neck, and head. Feel the warm, happy feelings expand out through your shoulders, arms and finger tips. Feel the warm, happy feelings go down through your legs, feet, and toes. Feel as your entire body is engulfed in warm, happy feelings. Allow yourself to feel the warmth and continue to breathe more and more happiness into your bodies.

Pause for a minute, allowing the participants to breathe.

Begin to bring yourself back to the present. Focus on your breathing – in and out slowly. Wiggle your fingers and toes. As you are ready, open your eyes if you closed them and bring your consciousness back into the room.

Wait until participants open their eyes and bring their awareness back to the space to continue the session.

Ask how participants are feeling.

Tell the Group: This next exercise will focus on managing our feelings through emotional regulation. When we care about our jobs as teachers, and our impact on other people, we are often our own harshest critic, which

can cause us to end up feeling badly. If we can “*reframe these negative thoughts*,” we can improve how we are feeling.

1. Write on the board or a flipchart “**Reframe Negative Thoughts.**” Write the following four types of negative thoughts:
 - a. Taking it Personally
 - b. Blame Game
 - c. Negative Overload
 - d. Black & White
2. On another flipchart, write “Definitions” and write the following four definitions:
 - a. Blaming yourself or taking someone else’s comments as a personal attack.
 - b. Only seeing the bad in a situation.
 - c. Exaggerating the negative side of things.
 - d. Blaming someone else for your actions / mistakes.
3. Have participants match types of negative thoughts to their definitions on a small piece of paper.
4. After the participants are finished, share the correct responses.

Ask the Group: to share an example of a time when they thought this way. *Teachers may be uncomfortable sharing that they have these sorts of negative thoughts, or they might think this way because of their experiences. Be sure to give your own personal examples. Do not force teachers to share their own experiences if they do not want to. After each example, have the group help to change the thinking so that it would be positive, rather than negative.* You can provide an example if they do not provide one, or if they provide one that is not correct. Examples:

- **Taking it Personally** – blaming yourself or taking someone else’s comments as a personal attack.
Example: My student says she hates school. Of course it is my fault because I am a bad teacher.
Reframed: This student must have had a bad experience; I can try to make him or her like school better.
- **Blame Game** – blaming someone else for your actions / mistakes.
Example: All of my students failed a test; it is because they are stupid.
Reframed: I must not have taught the content well enough. How can I help my students to do better on the next test?
- **Negative Overload** – exaggerating the negative side of a situation.
Example: The head teacher’s evaluation said that I should speak louder when teaching, because everything that I am saying is on target. She thinks I am such a bad teacher because I am too quiet.
Reframed: I am so pleased that what I am saying is good, and I will try to speak louder so my students can hear what I am saying better.
- **Black & White** – only seeing the bad in a situation.
Example: Student evaluations said that they liked my teaching but did not like how early school starts. My students do not like coming to school.
Reframed: The students are excited about school, but they also like to sleep in.

Tell the Group: Reframing negative thoughts is the process of turning our original thought into a more realistic thought, almost like viewing it from an outside perspective. By “changing our thinking” we can avoid some of the negative emotions that come with the original, negative thought.

There are four steps to overcoming negative thought patterns:

1. Identify that you are having a negative thought.
2. Determine what type of negative thought pattern it is.
3. View it as an outsider, getting a realistic perspective.
4. Reframe the thought in a more positive manner.

Small Group Activity:

1. Divide participants into four groups by “type” of negative thinking. If there are not enough teachers to break into four groups, have them pair off or go through all four types as a whole group.
2. Each member of the group has one minute to share a time when they had that negative thought pattern.
3. After they share, the group gives them feedback on how they could reframe it for one minute.

Bring the whole group back together. Allow each group to share one strategy they discussed for reframing their negative thought patterns.

SEL Activity 3: Positive Social Skills (30 mins)

Begin with a mindfulness exercise

Tell the Group: Grow your back longer and taller in your chair, reaching your head to the sky. Breathe in through your nose, feeling your breath relax your body. Imagine that you see a light in front of your eyes. Bring that light up to your forehead. Allow the light into your head, filling your entire head with bright, warm light. Where this bright light exists, there cannot be darkness. There is only room for happy thoughts. Feel as the light pushes out any bad thoughts. Only good thoughts are left in your mind. See the light moving down to your ears, so you can only hear good things. See the light moving into your jaw and mouth. Let yourself only speak good words. Let the light travel down your neck and shoulders to your heart. Let your heart be filled with the light, so you can only feel good feelings. Feel as the light is shining out from your heart and you are showering everyone and everything around you with love and good feelings. Feel as your whole body is filled with the light, so you are glowing in good thoughts and feelings. Think, “The light is in me, I am the light. I shine light on everyone and everything around me. Through this light, I bring joy and happiness to those around me.”

Allow the participants to sit quietly for about a minute.

Begin to bring yourself back to the present. Focus on your breathing – in and out slowly. Wiggle your fingers and toes. As you are ready, open your eyes if you closed them and bring your consciousness back into the room.

Wait until participants open their eyes and bring their awareness back to the space to continue the session.

Ask how participants are feeling.

Ask the Group: think of someone who you can rely on, someone who is there for you when you have been through a hard time.

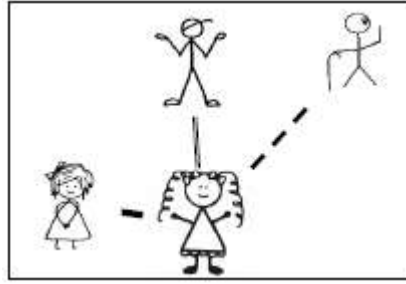
Have them turn and talk to their neighbor about some of the traits of that person who was there for them. Indicate that they don’t have to name the person; they should just talk about the traits of that person.

Bring the group back together to share the traits of the people who support them.

Tell the Group: everyone needs and has a support system. Friends, family, and colleagues can all provide different support.

Exercise 1: Support System Map

1. Pass out a piece of paper and markers to every participant.
2. Explain that each of them should draw a map of their support systems.
3. At the center, they should draw themselves. Then they should draw lines of varying degrees of closeness based on how supportive that person is. They can use different lines to connect the other people to themselves, for example a dotted line for an inconsistent relationship, a bold line for a strong relationship. See example below.



4. Explain that participants should include anyone who supports them.
5. Allow participants a few minutes to draw.
6. After they are finished, give participants the opportunity to share their maps. If they do not want to, do not force them.
7. Highlight for the participants how they already have a support system, and they can rely on these people to support them when they are facing a challenge. They can also use their peer network (of teachers) to help support them.

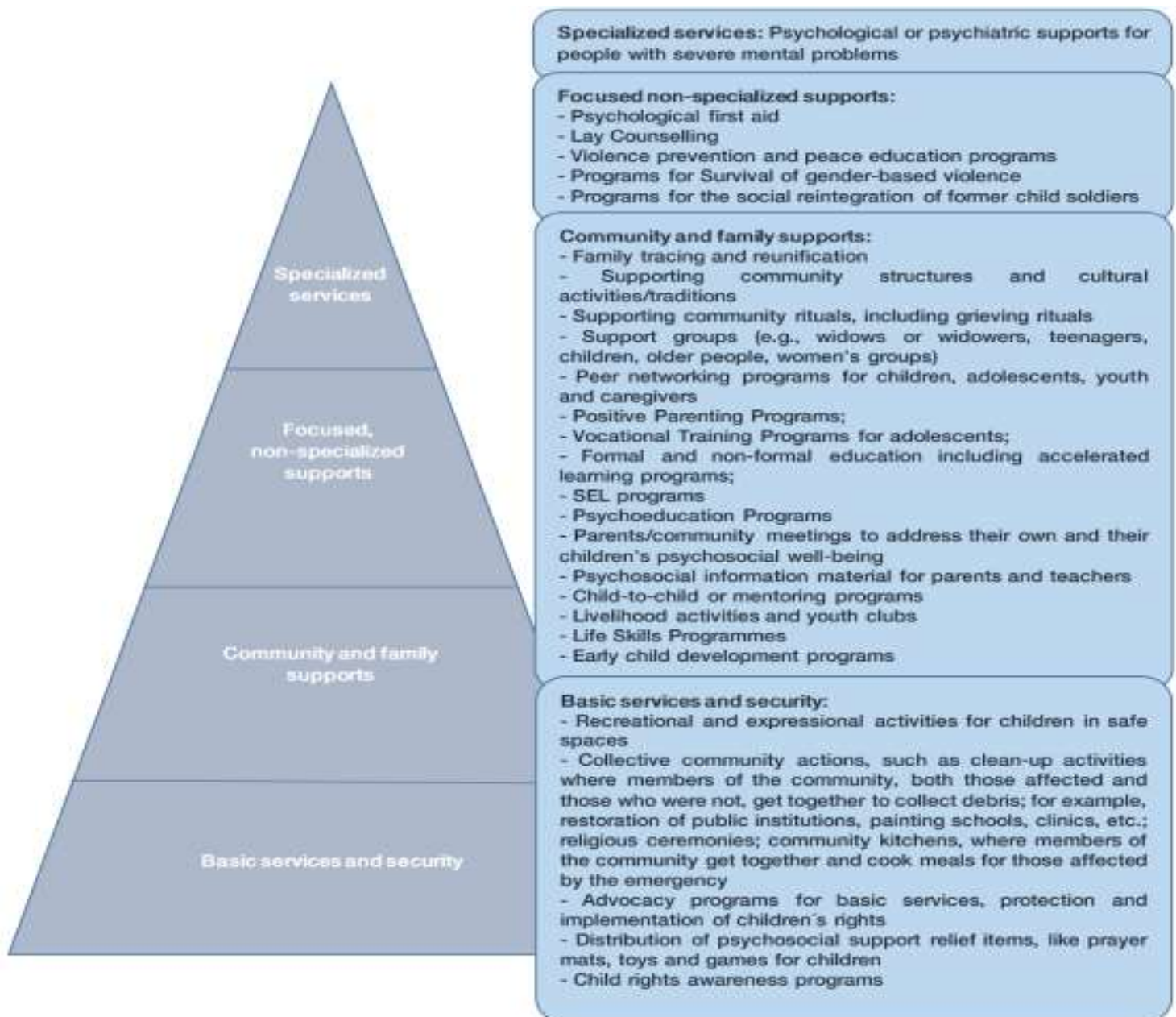
Exercise 2: Compliment Circle

1. Explain that they will now do a compliment circle. Giving and receiving compliments can help to build support.
2. Have participants stand in a circle.
3. Ask for a volunteer to go into the center.
4. Everyone around the outside has to say something positive about the person in the center. After each compliment, the person in the middle should thank the person who complimented them. Everyone should take a turn in the center.

Ask the Group: Reflect on the SEL activities we just practiced

1. What did you learn today?
2. How will you feel walking out of this training today?
3. How will you apply this knowledge to your life?
4. How does what we discussed relate to teacher wellbeing (*hint – remind participants of the wellbeing flower we discussed in earlier modules*)
5. How can you apply this learning to your teaching and students?

Handout 1: IASC MHPSS Pyramid of Services



Handout 2

Layer 1: Social considerations in basic services and security
Role in Education Settings: Education is an essential basic service during times of crisis. Educational messages can be both lifesaving and life-sustaining, while the routine and normalcy of attending school supports the psychosocial wellbeing of crisis-affected children and youth. Education settings can also facilitate access to other essential services and needs; they can be used to distribute food, water, and basic medical care. This generalized level of intervention seeks to support all children and young people in the education system by <u>getting schools up and running as soon as possible and promoting equal access to quality learning.</u>
Examples of Activities: Temporary learning spaces; early warning and reporting systems for children experiencing protection concerns/ distress; school safety and security plans; school feeding programs; school rehabilitation or expansion; disaster risk reduction; positive school climate; teacher trainings
Examples from my school:
Layer 2: Strong Community and Family Supports
Role in Education Settings: Schools are often one of the most prominent and important institutions in a community. This makes them well placed to strengthen communities during times of crisis. Schools can serve as a bridge between family and community support systems.
Examples of Activities: Executive function games; mindfulness; stress management; psychological first aid; student clubs; community service; positive parenting programs; lifeskills classes; art; music; drama; games; play-based interventions
Examples from my school:
Layer 3: Focused Non-Specialized Supports
Role in Education Settings: Some learners, although not in need of clinical supports, will nonetheless need more attention than others. Similarly, learners from traditionally vulnerable groups (such as those with disabilities) may have particular PSS needs that must be considered. Educators need to understand the specific needs and challenges of these learners and adapt PSS activities accordingly.
Example of Activities: Support Groups; sessions led by social workers or para-professionals
Examples from my school:
Layer 4: Specialized Services
Role in Education Settings: These services are intended for the most vulnerable learners whose needs cannot be met through education activities alone. Educators should not attempt to provide care for these individuals but refer them to the appropriate specialized mental health services with psychologists, psychiatrists, and other trained professionals. Education personnel should be able to recognize symptoms in children and know how to direct them to the necessary mental health services.
Example of Activities: Teachers identify and make referrals for students to mental health professionals
Examples from my school:

Handout 3: PSS Interventions in Education Settings

Match the interventions with the correct level of the intervention pyramid.

A: Specialized services

B: Focused, non-specialized supports

C: Community and family supports

D: Basic services and security

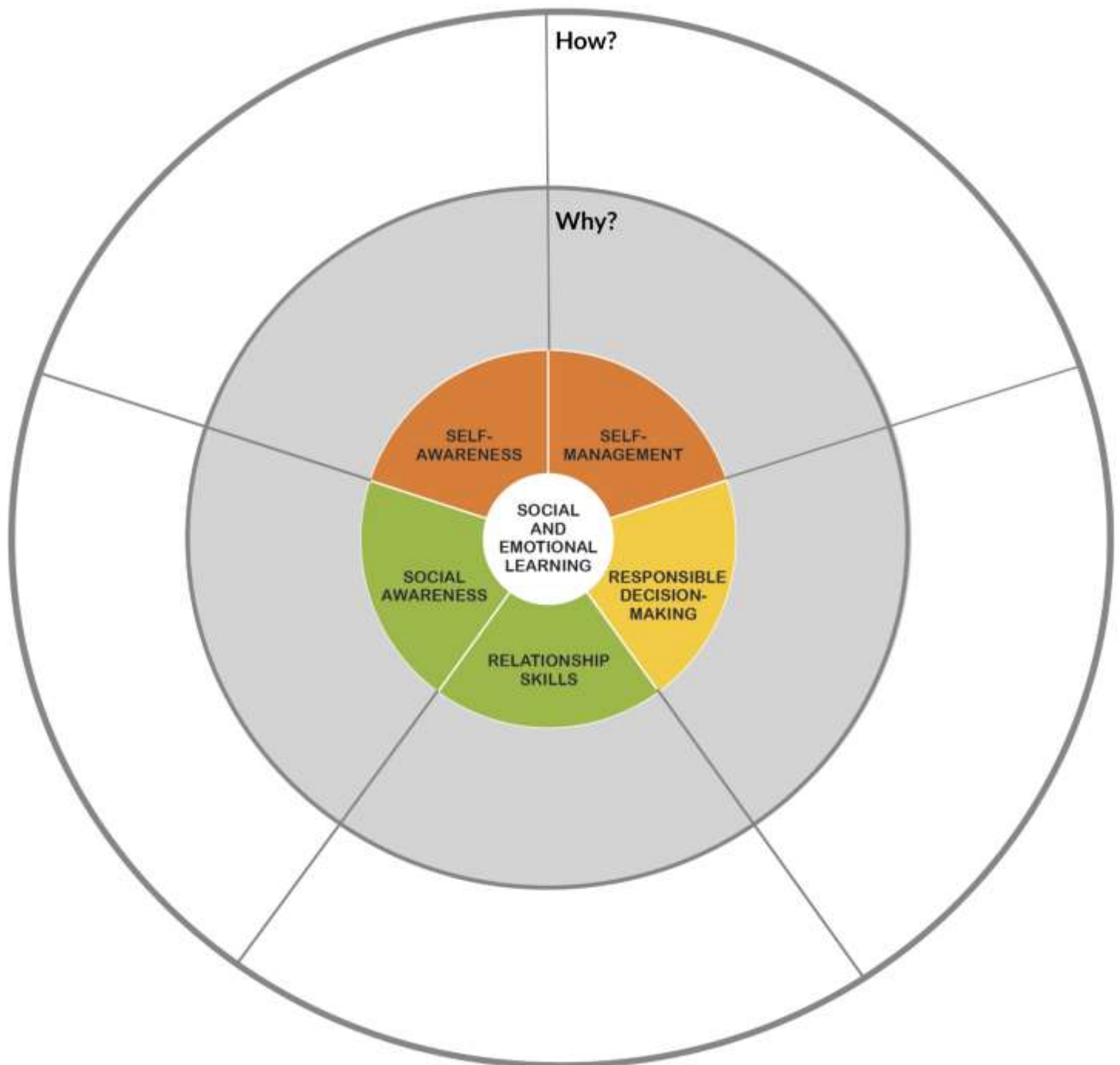
1. ____ Hiring community members as teaching assistants
2. ____ Distributing toys and games for children
3. ____ Group-based PSS and SEL activities facilitated by teachers in temporary learning spaces
4. ____ Violence prevention programs in schools
5. ____ Organizing cultural activities in temporary learning spaces
6. ____ Recreational activities in learning spaces
7. ____ Collaborating with Parent-Teacher Associations and school councils
8. ____ Hiring school counselors to identify and support learners with particular needs within education settings
9. ____ Referring children and youth with severe trauma to mental health services
10. ____ Organizing collective community actions at schools, such as building & painting temporary learning spaces
11. ____ Peer-to-peer learning approaches that bring vulnerable children together with supportive peers
12. ____ Advocacy programs related to child protection

*Adapted from INEE's PSS and SEL training

Handout 4: SEL Competencies and Interventions

In the inner circle: Why is each competency important? How does it benefit children to have each competency?

In the outer circle: How can you build or strengthen each competency? What kinds of interventions would be appropriate?



**Adapted from INEE PSS & SEL Training

Handout 5: SEL Competencies in the Classroom

For each of the pictures discuss:

1. What competency is being taught?
2. How is this competency being taught?
3. What does the picture tell you about the impact or the effectiveness of this competency being taught?





Handout 6: Social-ecological factors that contribute to GBV

Layer 1: Individual
<ul style="list-style-type: none">• Age, gender, education, disability• Family history of violence• Witnessing GBV
Layer 2: Family
<ul style="list-style-type: none">• Lack of basic survival needs/supplies for individuals and families or lack of safe access to these survival needs/supplies (e.g food, water, shelter, cooking fuel, hygiene supplies, etc.)• Gender-inequitable distribution of family resources• Lack of resources for parents to provide for children and older persons (economic resources, ability to protect, etc.), particularly for woman and child heads of households• Lack of knowledge/awareness of acceptable standards of conduct by humanitarian staff, and that humanitarian assistance is free• Harmful alcohol/drug use
Layer 3: Community
<ul style="list-style-type: none">• Poor camp/shelter/WASH facility design and infrastructure (including for persons with disabilities, older persons and other at-risk groups)• Lack of access to education for females, especially secondary education for adolescent girls• Lack of safe shelters for women, girls and other at-risk groups• Lack of training, vetting and supervision for humanitarian staff• Lack of economic alternatives for affected populations, especially for women, girls and other at-risk groups• Breakdown in community protective mechanisms and lack of community protections/sanctions relating to GBV• Lack of reporting mechanisms for survivors and those at risk of GBV, as well as for sexual exploitation and abuse committed by humanitarian personnel• Lack of accessible and trusted multi-sectoral services for survivors (health, security, legal/justice, mental health and psychosocial support)• Absence/under-representation of female staff in key service provider positions (health care, detention facilities, police, justice, etc.)• Inadequate housing, land and property rights for women, girls, children born of rape and other at-risk groups• Presence of demobilized soldiers with norms of violence• Hostile host communities• 'Blaming the victim' or other harmful attitudes against survivors of GBV• Lack of confidentiality for GBV survivors• Community-wide acceptance of violence• Lack of child protection mechanisms• Lack of psychosocial support as part of disarmament, demobilization and reintegration (DDR) programming
Layer 4: Societal & Cultural

- Porous/unmonitored borders; lack of awareness of risks of being trafficked
- Lack of adherence to rules of combat and International Humanitarian Law
- Hyper-masculinity; promotion of and rewards for violent male norms/behaviour
- Combat strategies (e.g. torture or rape as a weapon of war)
- Absence of security and/or early warning mechanisms
- Impunity, including lack of legal framework and/or criminalization of forms of GBV, or lack of awareness that different forms of GBV are criminal
- Lack of inclusion of sex crimes committed during a humanitarian emergency into largescale survivors' reparations and support programmes (including for children born of rape)
- Economic, social and gender inequalities
- Lack of meaningful and active participation of women in leadership, peacebuilding processes, and security sector reform
- Lack of prioritization on prosecuting sex crimes; insufficient emphasis on increasing access to recovery services; and lack of foresight on the long-term ramifications for children born as a result of rape, specifically related to stigma and their resulting social exclusion
- Failure to address factors that contribute to violence such as long-term internment of loss of skills, livelihoods, independence, and/or male roles

Handout 7: Case Scenarios of School Related GBV

Scenario 1

As the students are preparing to leave classes for the day you overhear one girl talking to her friends about how she does not want to walk home. She says she walks to and from school the same way every day because it is the safest route. The other way involves going through the fields and she is afraid to go alone through the fields, especially when the crops are high, because of bandits. Each day she uses the road that passes by the bar to get home from school and each day she is approached by an older man offering to buy her a drink. He tells Christine that he will buy her whatever she wants and that a schoolgirl needs a special treat from time to time. One day he gave her a pretty perfume bottle and she took it. Christine shows her friends the bottle. Last week, he asked her to go on a walk with him after school. She said no, but every day he asks her the same thing, and he is getting more and more persistent. Sometimes he gets close to her, and it is hard for her to get away from him. Today she says she is going to walk through the fields even though she is scared of the bandits, because she is also scared of the man who has been harassing her.

Scenario 2:

Anna is 14 years old and in another teacher's class. You have always noticed that she and the teacher spend a lot of time together after class. You've asked the teacher about it and he says that Anna is very smart and he is tutoring her because he believes she has the potential to be a very good student and maybe even go to university one day. After recent exams, Anna was at the top of her class. You heard rumors from other students that it was because Anna had slept with her teacher. Since exams, Anna has out sick several times and appears distracted and quiet when you see her in school.

Scenario 3

David is an 8-year-old student in your class. He really loves school and his favorite classes are art and writing. His classmates often make fun of me and say he's "like a girl" because he doesn't like math and science. Most of his friends at school are girls. David says he likes being around girls because in hi house he is the youngest boy with six sisters. He says boys are not fun to play with because they like to fight and pretend they are fighting in a war. When the other boys try to fight with him, he tells them he does not like to fight, and they call him names like "sissy" and "coward." He's a good student, but when he is at school he sometimes cries when the older and bigger boys pick on him. One day he was crying, and another teacher asked him why. When he told the teacher why he was crying, she said, "Well, you should quit acting like a girl and playing with girls." David said he doesn't understand why he shouldn't play with girls if they really have fun together.

Scenario 4

Miriam, 13 years old, is a good student in all her subjects at school. You and her other teachers have told her that if she keeps up her studies and doesn't fall behind, she will be able to get a scholarship and go to post-secondary studies. Miriam seemed upset in school one day and when you asked her why she said she'd mentioned to her father and uncles that she wanted to get a higher education. She said they laughed at her and said, "Why would a girl go to post-secondary school when all she is going to do one day is get married and be a mother?" Miriam said she would like to get married and have children, but after she gets more education. Already she's asked to move to an advanced math class this year because the class she is in is too easy. Her father told her it was not a good idea because she is a girl and he said, "Girls are stupid in math; you should just take cooking classes." Now she doesn't know what to do about moving to the advanced math class or how to approach her father and her uncles. She is afraid they will take her out of school entirely.

Handout 8: Lifestyle Coping Mechanisms

In the table below, the left column identifies lifestyle factors that can impact our ability to cope with stress on a regular basis. In the middle column, describe what that aspect of your lifestyle is like. In the right column check the box that corresponds with how you feel your current lifestyle is helping you cope with stress. Good means it's helping you cope with stress; medium means it might not be helping but it's not hurting, poor means you could improve this area and increase your ability to cope with stress.

Lifestyle Factor	Current Lifestyle	Good	Medium	Poor
<i>Ex. Social Support System</i>	<i>Ex. I have close friends and family that I rely on when I need support, but I am currently finding it difficult to make time for them.</i>		X	
Social Support System <i>What are your current relationships like and how do they support you?</i>				
Exercise Habits <i>How often are you physically active and in what ways?</i>				
Nutrition Habits <i>What is your eating/drinking routine and does it feel healthy?</i>				
Time-Management Techniques <i>How do feel you manage your priorities and your schedule?</i>				
Self-Talk Patterns <i>If you observe your internal thoughts how do you talk to yourself, is it positive or negative?</i>				
Sleep Habits <i>How would you define your sleep; is it regular, good, enough?</i>				

Handout 9: Lifestyle Action Plan

In the last exercise we identified lifestyle factors that can help or harm our ability to cope with stress. You likely identified some factors that had ‘medium’ or ‘poor’ influences on your ability to cope with stress. Even if you checked all factors as ‘good,’ there can be areas for improvement. Below identify 3 lifestyle factors that you would like to improve upon by describing what an improved lifestyle would look like for that factor and list two ways you will work towards it over the next two weeks. By consciously assessing lifestyle factors and creating an action plan, we are committing to take care of ourselves better.

Lifestyle Ex. Social Support

Factor:

Lifestyle Goal: Making more and regular time with my friends and family that I rely on for
support and to have more fun together

Action 1: Call my sister and talk on the phone one time this week

Action 2: Call my friends and schedule dinner together for next week.

Lifestyle

Factor:

Lifestyle Goal:

Action 1:

Action 2:

Lifestyle

Factor:

Lifestyle Goal:

Action 1:

Action 2:

Lifestyle

Factor:

Lifestyle Goal:

Action 1:

Action 2: