Integrating Therapeutic Interventions into Gender-Based Violence Case Managment:

TRAINING MANUAL

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INTRODUCTION TO THE TRAINING MANUAL

Overview

This is the Training Manual to accompany the Integrating Therapeutic Interventions into GBV Case Management module. This manual—as with the module—situates itself within global Gender-Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS) guidance, including the GBV Area of Responsibility's *Inter-Agency Minimum Standards for GBV in Emergencies Programming* (2019), the GBVIMS Steering Committee's *GBV Case Management Guidelines* (2017), MHPSS Network's *MHPSS Emergency Toolkit* (2017), and the Interagency Steering Committee's (IASC) *MHPSS Guidelines in Emergency Settings* (2007). Global MHPSS and GBV standards provide a robust framework to create new promising practices.

The objective of this training is to explore existing ways and introduce new ways that caseworkers support the psychosocial wellbeing of survivors during GBV case management. As with the module, this training was developed for caseworkers who are already trained on the Interagency GBV Case Management Guidelines and GBV Core Concepts and who have at least four months experience providing direct services (e.g., case management) to survivors. This resource can be adapted, as needed, to meet the training needs of lay counsellors, community workers, nurses, teachers, and others who are working directly with survivors of GBV.

If supervisors and/or managers are not facilitating the training, it is highly recommended that they participate in it so that they are familiar with its contents and can use it to support their teams. Supervisors and/or program managers can use the module and training materials during individual and group supervision, as well as team meetings or other fora. Supervisors and/or managers can refer to specific sessions to review key concepts or techniques, conduct a refresher training on a particular topic, or explore with caseworkers different ways they have used a technique with their clients. Supervisors and/or managers can also do many of the activities in these sessions again with their teams using real examples from the caseworkers' clients. Reviewing techniques as a group can be helpful for caseworkers to share successes and challenges when using the techniques, practise teaching and using the techniques with each other (e.g., role play), and receive feedback on how to incorporate different techniques into their ongoing work with survivors.

When implementing survivors' case action plans (Step 4 of GBV Case Management), caseworkers often provide direct support to survivors, including emotional support.[1] While other MHPSS providers in multi-disciplinary teams (e.g., staff psychologists, social workers, counsellors, psychiatrists, etc.) may benefit from the information and techniques taught in this training, the training specifically addresses the ways these techniques can be integrated within GBV case management. It is intended for caseworkers—who in their role already provide essential MHPSS to survivors—to strengthen their direct support to survivors, not to supplant the work of other MHPSS providers. Instead, multi-disciplinary teams—where they exist—should work together to delineate responsibilities and provide holistic care for survivors. See the resource module for more information.

Introduction to the Sessions

Each session consists of detailed presenter's notes, a set of PowerPoint slides and references to corresponding pages in the resource module. Some sessions have handouts and/or demonstration scripts located as appendices. Training participants are expected to each have a copy of the resource module, so they can follow along and takes notes during the training.

Since these trainings will be conducted in various communities, countries, languages and cultures, facilitators are welcome to adapt activities and sessions as needed prior to the training. For example, the session on Beginnings and Endings may need to be adapted based on the organisation's service delivery model (such as mobile teams, shelters-based programming, etc.); policies and procedures may differ across service models, and this training was designed with the typical centre-based service model in mind. Also, throughout the presenter's notes, there are notes for facilitators and program managers that seek to clarify certain ideas, anticipate potential challenges, or suggest activities outside the training.

The training is designed to build on the experience and knowledge of participants. Training discussions seek to explore participants' ideas and existing practices so as to capitalise on their expertise of cultural norms, beliefs, practices and policies. The aim is for local knowledge and practices to be emphasised, explored and prioritise, while the new techniques taught in this training are offered as suggestions that may or may not be suitable for a particular survivor or context. Many exercises request participants to reflect on survivors with whom they have worked in the past or present and

1 See pg 83-85 in GBVIMS Steering Committee. (2017). *Interagency gender-based violence case management guidelines*. Retrieved from https://gbvresponders.org/response/gbv-case-management/

then imagine how the new techniques could be helpful. Participants and facilitators have the responsibility to ensure survivors' information is non-identifiable when sharing case examples. It may be better for participants to think of case examples as an aggregate of survivors they have worked with, rather than one specific individual.

SCHEDULE, AGENDA AND PREPARATION

The recommended maximum size for a training group is 15 people. It is ideal that two facilitators deliver the training, particularly for groups larger than 8 people. Ensure participants have already been trained on GBV Case Management and GBV Core Concepts, as well as have several months of direct service provision experience.

In advance of the training, facilitators must spend time becoming familiar with the resource module and this manual. This includes reviewing the notes and slides for each session and practising the activities and exercises. It is beneficial for the facilitator to have knowledge of context-specific policies, practices and beliefs that cause and contribute to various forms of oppression. This is particularly important for Session 3 on Culture and Power.

Managers and/or supervisors are encouraged to train their teams on all techniques in the module. However, the techniques can also be taught individually. Managers/supervisors can determine which topics and techniques are suitable for their team and their context. For example, a manager may choose to focus on Relaxation and Grounding Techniques and deprioritise Cognitive Restructuring. Consulting local MHPSS specialists and/or Head Office specialists can guide you in making such decisions. Below is a sample agenda that can be used. It can be modified or adjusted depending on the needs of the program and staff. For example, the session on Basic Counselling Skills may be covered in less time than allotted below if the participants are already well versed in this topic; instead, this session can be condensed as a refresher. Keep in mind that each session has multiple activities. Not all activities are mandatory, and some can be adjusted or removed to save time if the program is running long. Start and end times, length of sessions, and breaks can be adjusted based on the context and on the energy in the room. Remember to add energisers throughout the training, which will require extra time in addition to the scheduled breaks.

It is possible to deliver this training in non-consecutive days or half days, if that is more suitable for the context. For example:

- Facilitate sessions from Days 1, 2 and 3 of the below agenda on Monday, Tuesday and Wednesday of one week, then facilitate sessions for Days 4 and 5 on Monday and Tuesday of the following week; or
- Facilitate sessions from 9a-12p every day for two weeks straight.

If choosing to deliver the training in non-consecutive days, it is recommended to build in extra time for review of the previous week's content, as well as for discussion of caseworkers' attempts to use techniques learned in the previous week. Time in between training dates should not exceed one week, as this increases likelihood that knowledge will not be retained. Extending the training over 7 full days will allow for more time to practise the different techniques and teach participants how to administer and score the psychosocial wellbeing measure (see PSYCHLOPS, Appendix N in module) and Client Feedback Survey (see GBV Case Management Guidelines). A longer training will also allow time to create detailed plans for ongoing use of the module within the participants' GBV program (e.g., plan peer supervision and refresher trainings). If using interpreters, it is recommended to extend session durations and plan or a 7-day training at least.

Each session is accompanied by a set of PowerPoint slides. If using PowerPoint is not possible in your context, it is recommended to prepare flip charts based on the slides. The slides, as well as the session notes, occasionally contain case studies used for activities. When reviewing this manual and the slides before the training, remember to add culturally relevant names to the people in the case studies.

Lastly, this training uses case examples of female survivors with she/her pronouns. Facilitators can adapt the content and pronouns used in this manual if the participants also provide support for survivors of other gender identities.

Sample 5-Day Agenda

DAY 1	
9:00 - 10:00	Session 1: Welcome and Introductions
10:00 - 11:00	Session 2: Theories and Core Concepts
11:00 - 11:20	Break
11:20 - 13:00	Session 2: Theories and Core Concepts
13:00 - 14:00	Lunch
14:00 - 15:30	Session 2: Theories and Core Concepts Session 3: Culture and Power
15:30 - 15:50	Break
15:50 - 16:40	Session 3: Culture and Power
16:40 - 17:00	Daily Wrap Up and Feedback

DAY 2	
9:00 - 9:20	Welcome and Review
9:20 - 10:30	Session 4: Basic Counselling Skills and Therapeutic Stance
10:30 - 10:50	Break
10:50 - 13:00	Session 5: Beginnings and Endings Session 6: Staying Well
13:00 - 14:00	Lunch
14:00 - 15:30	Session 7: Assessing Risk and Protective Factors Session 8: Identifying Triggers
15:30 - 15:40	Break
15:40 - 16:45	Session 8: Identifying Triggers
16:45 - 17:00	Daily Wrap Up and Feedback

DAY 3	
9:00 - 9:30	Welcome and Review
9:30 - 11:00	Session 9: Mindfulness
11:00 - 11:20	Break
11:20 - 13:00	Session 10: Relaxation and Grounding Techniques Session 11: Enhancing Motivation
13:00 - 14:00	Lunch
14:00 - 15:10	Session 11: Enhancing Motivation Session 12: Behavioural Activation
15:10 - 15:30	Break
15:30 - 16:40	Session 13: Cognitive Restructuring
16:40 - 17:00	Daily Wrap Up and Feedback

DAY 4	
9:00 - 9:20	Welcome and Review
9:20 - 11:00	Session 13: Cognitive Restructuring Session 14: Problem Solving Session 15: De-Escalation
11:00 - 11:20	Break
11:20 - 13:00	Session 15: De-Escalation Session 16: Working with Specific Symptoms Session 17: Sleep Problems
13:00 - 14:00	Lunch
14:00 - 15:25	Session 17: Sleep Problems Session 18: Dreams and Nightmares
15:25 - 15:40	Break
15:40 - 16:40	Session 19: Anger and Aggression
16:40 - 17:00	Daily Wrap Up and Feedback

DAY 5	
9:00 - 9:20	Welcome and Review
9:20 - 10:50	Session 20: Sadness and Hopelessness Session 21: Anxiety and Hypervigilance
10:50 - 11:10	Break
11:10 - 13:00	Session 22: Negative Thinking Session 23: Social Isolation and Withdrawal
13:00 - 14:00	Lunch
14:00 - 16:10	Session 24: Self-Blame Session 25: Sexuality and Intimacy Session 26: Dissociation Session 27: Somatic Symptoms
16:10 - 17:00	Session 28: Wrap Up and Closing

Opening and Closing Each Training Day

Opening	Closing
• Do a grounding or relaxation exercise • Review the previous day's material (see potential activities below) • Review the day's agenda • Ask for and answer any questions • Ask for volunteers for the day's timekeepers and guardian • Ask the guardian to review the group agreements	• Do a grounding or relaxation exercise • Review topics covered that day (see potential activities below) • Ask for and answer any questions • Revisit the Parking Lot for any unaddressed questions • Administer daily feedback form • Give overview of the next day's topics • Thank participants for showing up and being engaged • Remind participants of tomorrow's start time

Potential Daily Review Activities:

- Hot Potato: Prepare a ball out of flipchart paper. Tell the participants this is a hot potato, and they should pass it around as fast as they can so that it won't burn them. When the facilitator says "stop!" the person holding the potato has to answer a question from the facilitator.
- Warm-Up Circle: Bring everyone into a circle and explain that we are going to stretch our bodies as we exercise our minds. We will go around the circle and each person will demonstrate one stretch or exercise in which to lead the group for approximately 30 seconds. When it is your turn to lead an exercise or stretch, you will also share one thing that was discussed or that you learned. Avoid repeating something that someone shared before you. If the main topics are not being discussed, the facilitator can introduce review questions during the stretches.
- Ask one or several participants to give a summary of the day's topic and key learning points
- Use the case study at the end of this manual

Training Materials

- Translated and printed resource module for each participant
- Printed training manual for facilitator(s)
- Printed agendas, handouts, tests, feedback forms and certificates
- Notebooks
- Folders
- Computer, projector and cables (if applicable)
- Tape
- Scissors
- Flip charts
- Markers
- Post-It notes
- Crayons, coloured pencils or markers (see Tree of Life activity in Session 7)
- Small pieces of fruit and chocolate (see Mindful Eating activity in Session 9)
- Balloons, air pump and rubber bands (see Anger Balloon activity in Session 19)
- Camera for group photo

Facilitation Tips

Facilitators are advised to review the *Interagency GBV Case Management Training: Facilitator's Guide* as it contains helpful tips for facilitation and managing difficult situations.[2] It also outlines the skills, experience, knowledge and attitudes that training facilitators should have. These qualifications also apply to facilitators of this training on Integrating Therapeutic Interventions in GBV Case Management. In addition, facilitators of this training should have a background in MHPSS (e.g., psychologist, clinical social worker, mental health counsellor, etc.) and familiarity with international MHPSS guidance and best practices (e.g., IASC, WHO, Sphere, etc.).

2 See pages 17-21 of the guide at www.gbvresponders.org

TRAINING CONTENT

SESSION 1: WELCOME AND INTRODUCTIONS

Time: 60 minutes total (1 hour)

Topic	Time
Introductions	10 min
Objectives and Expectations	15 min
Training Overview	5 min
Group Agreements	10 min
Pre-Test	20 min

Objective:

- To introduce facilitators, participants and the training
- To establish group agreements and expectations
- To conduct a baseline assessment of participant's knowledge

Preparation/Materials:

- Post-It Notes (2-3 per participant)
- Flip chart and markers
- Print agendas and pre-tests for each participant
- Name tags or placards

Instructions:

WELCOME

- Incorporate any welcome ritual or ceremony based on context and pre-training discussions, including if manager or director would like to say a few words.
- Introduce facilitator(s)

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INTRODUCTIONS

- Have participants introduce themselves. Depending on the group, introductions can include: name, organisation, role, and either share a fun fact about you or share a person in your life who inspired you to work toward women's rights and gender equality.

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TRAINING OBJECTIVE AND EXPECTATIONS

- Objective: To explore existing ways and introduce new ways to support the psychosocial wellbeing of survivors during GBV case management
- In this training, we will mostly use the term 'psychosocial' and 'therapeutic' as opposed to terms like 'mental health' or just 'psychology.' We do this to emphasise the close connection between psychological aspects of our experience (thoughts, emotions and behaviour) and our wider social experience (relationships, environment, traditions, policies, and culture). The therapeutic techniques taught in the training equip caseworkers to more deeply address psychosocial issues that survivors face.
- Explain the techniques in this training were designed for use with **adults**. Some can be adapted to use with children. And this training will also focus on survivors of **gender-based violence (GBV)**. However, many of the same interventions can be used for issues other than GBV. The expectation is that participants in this training have already been trained on GBV Case Management.
- Explain: Before we begin, I'd like to make sure that we are all on the same page in terms of our expectations from this training. [Distribute 2-3 post-it notes to each participant] Please take a few post-its each and write on each piece of paper one of your expectations from this week. For example, "by the end of this week, I would like to …" Once you have written them, please stick them on the Expectations flip chart. I will review them during the day and we will discuss if there is anything we will likely not be able to achieve during this training.
- Collect the post-it notes before the end of the day and review. If there are expectations that are not currently part of the training plan but could be included, assess how to do so. If there are expectations that are clearly outside of the scope of the training, let participants know in the wrap up at the end of the day; if possible, discuss how

these issues will be addressed in the future
- For audiences with minimal literacy levels, a large group brainstorm of expectations can be done or participants can work in pairs or small groups with someone who can write.

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TRAINING OVERVIEW

- Distribute the agendas. Briefly review the week's agenda and review the Day 1 agenda in detail. Discuss the timing of breaks and lunch, the beginning of the day, end of the day
- Ask for two volunteer timekeepers for today: one to help manage timing and another to get participants back into the room on time.
- Ask for a volunteer to be the group's "Guardian" for the day. Explain this person helps the facilitator "read the energy" of room if we need to pause, take a break or do a short activity (e.g., grounding exercise, energiser, stretch). This person can also help remind the group to adhere to the group agreements.
- Introduce the Parking Lot flip chart

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GROUP AGREEMENTS

- Explain: Before we begin, we are going to establish some group agreements for how we want to work together today. Ask: Who has some suggestions for behaviours they would like to see during the training?
- Ask for suggestions and write them on a flip chart. Prompt for more ideas, ensuring that respect, confidentiality and open participation are included – and making sure that ideas such as 'respect' are broken down into what they look like in practice (e.g., ask "What does it look like when we respect each other?"). Other ideas include group safety, being non-judgmental, learning in public (i.e., giving yourself and others to make mistakes).

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- A potential framework is:
    - Respect Yourself
    - Respect Others
    - Respect the Space
- I'd also like us all to remember that we live in the same world as the survivors we support, which means we are affected by many of the same living conditions, policies, discrimination and even violence. Some topics we discuss may be difficult and bring out strong emotions. I trust you each know what is best for yourself and how to take care of yourself. So please give yourself permission to leave the room or not participate in an activity or discussion at any time if you need to. I will be happy to know that you are prioritizing your wellbeing, which is often not easy for us caregivers.
- Post Group Agreements flip chart on the wall throughout duration of the training

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HOUSEKEEPING

- Review housekeeping issues. Let participants know where bathrooms are, where breaks will take place, and review agreements around the use of computers and phones (e.g., if participants need to send an urgent email, where should this happen?). This is also the time to review hotel arrangements, per diems, travel, etc. if any of these are relevant.
- Ask for consent to take photos during the training ***to display on a slideshow during the training*** (if applicable)
- Ask for consent to take photos during the training ***for use after the training in reports and other public documents.***

BRIEF GROUNDING EXERCISE

- Invite participants to do simple stretches, noticing where they may feel tension in the body and where they feel relaxation. Encourage them to listen to whatever their body tells them they need. This will help with any test anxiety.

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PRE-TEST

- Administer pre-test and give participants 20 min to complete it.
- Remind participants that the information they provide in the pre-test is confidential and will not be shared with anyone outside the training team. We use this information to help us understand the training needs of participants and to learn if we are accomplishing what we hope to accomplish.
- Remind them they are not expected to know much of what they are tested on.
- For non-literate groups, consider using other staff members or volunteers who can help translate and transcribe participant answers.

SESSION 2: THEORIES AND CORE CONCEPTS

Time: 172 minutes total (2 hr 52 min)

Topic	Time
What is Trauma?	15 min
Common Reactions to GBV	1 hr 13 min
The Healing Journey	10 min
Window of Tolerance	23 min
Fight, Flight, Freeze, Submit	12 min
Trauma and Memory	5 min
Cognitive Behavioural Therapy (CBT)	29 min
Summary	5 min

Objective:

- To build a contextual understanding of trauma and the reactions to stress and trauma
- To introduce theoretical frameworks for the therapeutic techniques

Preparation/Materials:

- Review pages 14 - 21 in the module
- Handout 1 - Common Reactions to Trauma
- Handout 2 - CBT Triangle
- Flip chart and markers
- Draw CBT Triangle on a flip chart to keep posted throughout the training

Instructions:

WHAT IS TRAUMA

Large Group Discussion (5 min)

- Ask: What words come to mind when you hear the term "trauma"? Write their responses on the flipchart.
- When the flipchart paper is full of words, ask one or two volunteers to come up with a definition of trauma based on these words.

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Explanation (10 min)

- There are many definitions of trauma. The word trauma comes from the Greek word for wound. A very simple definition of trauma could be: the result or wound caused by something that is overwhelming, inescapable, frightening and goes beyond what a person is prepared to deal with.
- Gender-based violence (GBV)—the training's focus—can result in trauma.
- With this definition, second hand (i.e., vicarious) experiences such as hearing accounts of violence or witnessing violence against someone else can be traumatic (i.e., cause trauma). A person does not need to experience a stressful event directly to be traumatised by it. Additionally, inflicting harm against others can be traumatizing.

Note to Facilitator: Throughout this manual, the term "trauma" is used. When appropriate during the training, you can instead use the context-specific term(s) for trauma that participants have identified.

An example of a trauma-related term is *obuchuuni* in Samia language (spoken by some people in Uganda and Kenya)—a word that could be translated in English as 'pain.' Pain includes discrimination, marginalisation, denial of belonging, illness, denial of the basics. All this causes that invisible pain that affects the mind and body. (Paraphrased from Ruth Ojiambo-Ochieng, Executive Director of Isis-WICCE, Uganda)

- Ask & Explore: Are there terms in your communities that are used to describe or explain a concept that is similar to trauma? What do those terms mean in their fullest? To which circumstances, people and situations are the terms applied?

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- Trauma is an unfortunate part of life, and it happens across all communities and cultures. Trauma can be experienced individually or collectively.
- A wide range of experiences can be traumatic: from single events (e.g., rape, car accident, death of loved one) to multiple, prolonged or ongoing experiences (e.g., emotional abuse and neglect, IPV, discrimination, war, colonisation, harassment, famine). Trauma can also result from the immense daily stressors and horrors that survivors face; these stressors comprise a long sequence of small wounds or threats to their basic survival and physical existence. This may include unstable housing, poverty, hunger, unemployment, sexual exploitation, traumatised family members or communities, and insecurity, in addition to various forms of GBV. Inequalities and threats in these areas affect survivors' wellbeing and are feminist issues that can be addressed in both GBV response and prevention work.
- The wide range of traumatic events tells us that there is a wide range of ways to support individuals and communities that are traumatised. Case management and counselling are two of many ways to support individuals. Alone it will never be enough—it needs to be done alongside community-wide support and policy-level change. (See page 8 in the module for explanation of the MHPSS pyramid)
- People are not equally vulnerable to or affected by trauma. Meaning, some people and communities are more likely to experience trauma than others. And not everyone who experiences the same type of traumatic event will have the same response or suffer in the same way. For example, two different women may have both experienced IPV, but one may struggle for a long time and the other may not.
- Ask & Explore: Explanatory Models of Trauma and Suffering
    - What various beliefs do you or people in your communities have about why trauma occurs or why a person suffers after a traumatic event?
    - Why is it important to understand a survivor's beliefs about why she experienced GBV and why she is suffering?
    - How do the experiences of past generations or past lives impact survivors in the present day?

Note to Facilitator: Communities may have secular or spiritual ways they explain trauma (including intergenerational trauma), suffering and resilience. Communities with histories of conflict and oppression are often already familiar with the ways in which trauma (and resilience) can be passed down through generations. When discussing intergenerational trauma, avoid suggesting that people are pre-destined to be traumatised simply because earlier generations were. Emphasise that resilience—discussed further in Session 6—can also be passed down from ancestors and that healing is always possible. Attachment-based explanations are typically well understood by most audiences, i.e., the ways in which trauma impacts a parent's behaviour toward their child, which in turn affects the child's behaviour, cognitions, relationships and emotional regulation. Some cultures ascribe to other explanatory models of traumatic events, suffering and resilience, which may include:

- Trauma is a punishment or test from a higher spiritual being and an opportunity for believers to remedy disconnection from their faith or improve their souls in preparation for heaven
- Good actions, words and thoughts lead to beneficial effects, and bad actions, words and thoughts lead to harmful effects, which can manifest in this life or future lives through reincarnation (e.g., *karma)*
- Neurobiological and emotional changes caused by trauma in one generation are passed down to subsequent generations, increasing their risk of trauma and impairing their coping abilities
- Painful experiences are fate determined by external spiritual forces; suffering is caused by one's inability to accept fate
- Traumatic events are an inevitable part of life; suffering is caused by craving pleasure, goods, and immortality and/or aversion to or suppression of pain
- The reason for suffering is beyond human understanding, necessitating faith in a higher spiritual force's plan
- Suffering is due to the presence or influence of an "evil" force
- Traumatic experiences are due to external disruptions to community life or the natural environment
- Suffering is caused by a disruption of energy within or outside of the person

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COMMON REACTIONS TO GBV

Large Group Exercise (20 min): Grandmother's Footsteps

- Ask the group to stand up and move to an open area in the room. We are going to do a fun activity to help us understand a trauma response. Larger groups may need to be split in two so each group can experience the full activity.
- Ask for one volunteer. Bring the volunteer to one side of the space and move all of the other participants to the other side of the space.
- Explain to the group that the volunteer is no longer a caseworker, but our grandmother. The rest of us are also no longer caseworkers but children. For the next couple of minutes, we are going to play a game with our grandmother. When the facilitator says "go," the grandmother will turn around and face the wall, with their back towards the group. The group will quietly sneak up on the grandmother. If the grandmother hears any noise, they will quickly turn around and everyone must freeze. If the grandmother sees anyone moving, they will point to that person, who will have to go back to the starting place. Then the grandmother will face the wall again and the game will continue in the same way. The first person to tap the grandmother on the shoulder before they are caught wins.
- Answer any questions that participants have about how to play the game. When everyone understands clearly, start by saying "go." When the first person touches the grandmother, let that person become the new grandmother and play another round.
- After the second person touches the grandmother, make a change to the rules of the game. Tell everyone that instead of carefully moving by themselves to reach the grandmother, they now must move as a whole group. That means that when the facilitator says go everyone must move as one person at the same time and same pace. If the grandmother turns around and sees one person in the group move, the whole group must go back.
- Be sure everyone understands how to play with the new instruction. When the grandmother has been reached by the group or a few minutes have passed, the facilitator should end the game.
- Invite the participants to take their seat to discuss the activity

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Large Group Discussion (5 min):

- What did we do? How did it feel to sneak up on the grandmother?
- For the grandmothers, how did it feel when people were trying to sneak up on you? Did you notice any feelings in your body—your heartbeat, your body temperature, your breathing? Any emotions? Any thoughts? [Write on flip chart some of the responses that participants give using their words]
- Did you feel any difference between when you were moving individually towards the grandmother and when the rules changed and you had to move as a group? Why?
- How do you think this activity might relate to trauma? Do you think that GBV survivors could have any of these feelings? Why?
- Explain that this was a small example of how our bodies can change and react to stress. A severe traumatic event often changes the way in which survivors understand the world around them and causes certain reactions in their bodies, minds and emotions. GBV can be traumatic for people. Let's look more deeply at reactions to trauma.

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Note to Facilitator: Choose either to do the Story Telling Activity **or** the Free Listing Activity. If possible, these activities work best when facilitated in the participants' first/native language or the primary language used by survivors. Often, the Story Telling Activity works best for small training groups and Free Listing works well for larger groups. If all participants are new caseworkers without prior experience, facilitators can alter the Story Telling Activity by asking volunteers to use example of someone in their life without identifying information, or make up an example.

Large Group Exercises (20 min):

Story Telling Activity (15 min)

- Tell the group we are going to do an activity that helps us come up with shared terms and descriptions for common reactions to trauma and how people recover.
- Explain we will need at least 2 volunteers who will each tell the group one story of a GBV survivor they've worked with who has suffered emotionally because of their difficult life circumstances. One of the volunteers will tell a story of someone who is still suffering despite the passing of time, and the second volunteer will tell a story of a person who recovered and is now functioning well despite the hardships they had endured. Tell each person's story by including a very short description of what difficult life events or GBV they had experienced and how they had been affected. Please do not share identifying information. Then, describe how the person either continues to suffer in their daily life or how they recovered and reached this place of wellbeing. For the rest of the group, pay attention to these stories and we'll discuss what we heard afterward.
- Discuss:
    - What similarities did you notice in the stories?
    - Why do you believe the healthier person had recovered (i.e., was no longer suffering)?
    - Why do you believe the other person was still experiencing difficulties?
    - What words or phrases did you notice our volunteers use to describe the specific ways in which the survivors suffered?
- While participants are responding, use two flip charts to write down responses. The first flip chart should have key words and phrases that they use to describe the ways the survivors suffered. Use the participant's exact words; that is, do not replace them with jargon (e.g., use "thinking too much" instead of "anxious"). The second flip chart should be a list of how people recover from GBV, based on their responses to why the healthier person recovered and the distressed person has not.
- Explain that listening to people tell stories is one method we can use to figure out the words and phrases that a particular community uses to communicate distress and describe the effects of GBV or trauma. From these stories, we determine which words and phrases are used most often and use them to create a list of common reactions to GBV that is specific to a community or culture.

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Free Listing Activity (20 min)

- Tell the group we are going to do an activity that helps us come up with shared terms and descriptions for common reactions to trauma and how people recover. This activity can be done as a group if any members cannot write.
- Tell participants that they will each create two lists. For the first list, write down as many reactions to GBV that you can think of. What words and phrases do survivors use to describe their suffering? What bothers them most? What do they tell you is most upsetting about their day-to-day life? If participants have no prior experience working with survivors, encourage them to think about someone in their life who has suffered emotionally from a trauma or something highly distressing. Write this list in your native language or the primary language used by survivors in your area. Give them 5 minutes or so to do this. Lists do not need to be comprehensive.
- For the second list, write down ways in which you have seen survivors recover. What did they or others do (or not do) that led to recovery or wellbeing? What helped them feel better? If participants have no prior experience working with survivors, encourage them to think of how someone they know recovered from significant emotional suffering. Again, give them 5 minutes.
- Ask for a volunteer to write on the flipchart as participants share items from their lists. For the first list, the volunteer should write the word/phrase first in the native language and then in the language in which the training is being conducted (if different). Use tally marks to note how many times a particular answer was given. This indicates a particular response may be more common than others. Ensure the items match the exact words and idioms that survivors use to describe their suffering, not jargon.

Debrief (5 min)

- Tell participants that the first list is an initial draft of Common Reactions to GBV specific to their location and that they can continue to add to or edit it. It is important to have a list that most closely reflects survivors' language and experiences in their community. Remember, everyone responds to trauma/GBV differently. And one's response depends on factors about the person, the type of trauma, and their environment. Here we are talking about common reactions. The words used to describe these reactions may differ; for example, men and women may use different words to describe a similar experience.
- Tell them that the second list suggests ways that people recover from GBV in your community. This may be helpful to consider when working with survivors. What works here in this location may not work elsewhere. And what works elsewhere, may not work here in this location. During this training we will be learning some techniques that come from other places. These techniques may or may not be similar to practices and techniques you have here. Many of these techniques were designed based on how other cultures think people in their communities recover, so they may or may not work here. The best therapeutic technique is the one that you feel most comfortable using *and* the survivor feels best matches her needs and the ways she sees the world.
- Discuss:
    - What did you learn during these exercises?
    - What surprised you? What didn't work for you?
- Explain that we will keep these lists posted throughout the training and participants can suggest additions or edits at any time.

Note to Program Managers: Keep these lists and continue to add to them in supervision or team meetings. Or, post them in the office and invite staff to continue to add or edit the list. For the Common Reactions to GBV, you can turn this list into a brochure that can either be given to survivors in an early case management meeting and/or reviewed together with them; the brochure can contain other brief information, such as the hotline number and "strategies" for recovery (including items from the second list). You can also organise an activity where the team puts the reactions into categories that make sense to them and survivors. Be sure that all terms are discussed and situated within a broader understanding of suffering and wellbeing in a given cultural context (e.g., expectations of self-expression, emotions, conceptions of the self and social relations). For the Recovery and Wellbeing list, refer to it when caseworkers feel "stuck;" remind them there are many ways to recover, and encourage caseworkers to ask survivors a) what they believe will help them feel better and b) what they have seen other people in their lives do to recover after trauma. Caseworkers can then offer ideas from the list as things that have helped other survivors.

Change Slide ➔

Explanation (8 min):

- It can be helpful to separate common trauma reactions or responses into categories. This slide has an example. The categories and many of the reactions listed here come from the USA and so they reflect the cultural beliefs and values there, which may or may not be similar to this location. Another way of categorizing can be: a) behaviour in the community, b) behaviour in the family, and c) a person's internal states. [Distribute Handout 1 on example of common reactions. Read a few examples in each category]:
    - Emotional/Psychological
    - Cognitive/Thoughts
    - Physical
    - Spiritual
    - Social/Communal
- Describe and discuss each term as needed. Add any terms from the slide to the list we created in the last activity, changing the words/phrasing as needed.

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- Here is a list of common reactions in Dari (language) from a study in Kabul, Afghanistan.
    - *Jigar khun:* a form of sadness that includes grief following interpersonal loss but that may also be a reaction to any deeply disappointing or painful experience (different than word for sadness, *gham-geen*)
    - *Asabi*: feeling nervous or highly stressed
    - *fishar-e-bala* and *fishar-e-payin*: "commonly misinterpreted by Afghans as high and low blood pressure, respectively;" however, they refer to an internal state of emotional pressure/agitation or low energy/motivation
    - Though not on this list, the researchers found the phrase "Leaving the world" is akin to hopelessness and social withdrawal with an Islamic lens; that is, not using Allah-given resources.
- Physical reactions to trauma, fear and stress tend to be the same for all people. However, the way people interpret and describe the physical reactions differs across cultures. Emotional, cognitive, spiritual and relational responses to trauma vary, and they too are described and interpreted differently.

Change Slide ➔

Small Group Discussion (20 min)

- Break into 2 or 3 groups and discuss the following questions. Come back together as a group and have one person from each group share their responses.
- Ask: Why might it be helpful for survivors to know the common reactions to GBV? Write responses on flip chart, then explain:
    - Many survivors believe there is something wrong with them for having these reactions or that they are "going crazy." Others may not know that what they are experiencing is related to the GBV/trauma. Knowing that what they are experiencing is expected can help them feel less distressed, although there is no "right" or "normal" reaction to trauma.
    - You can either give survivors this list or review it together with them.
- Ask: How can you as caseworkers use the information on common reactions to help survivors? Then explain:
    - Knowing common reactions can help you listen to the survivor better and notice when she references one of these reactions.
    - Do not make assumptions. Ask survivors what is bothering them the most, what feels most severe to them. It will be different for every survivor and may not be what you would expect!
    - Understanding how trauma affects our mind and body can help determine how to help a survivor with the specific reactions they are having and to heal from the trauma. For example, if they tell you they experience nightmares, you can add that to the Case Action Plan and reference the Dreams and Nightmares section of the module.
    - Also, many survivors will come to you for support for an issue that isn't related to GBV. While meeting with them, you may notice that they have some of the signs of a trauma response from this list, and you may suspect they have experienced some form of trauma or GBV. You can tell them that you noticed they have these symptoms and ask what they might think the reason for it is and if there are other painful events they experienced that may have contributed to the symptoms. Let them know their feelings are not unusual, particularly if they have experienced hardships and violence before, including war-related experiences. Then, you can ask if they have had any bad experiences, which they may not want to talk about but think might be affecting them. Do not ask questions such as, "Have you been traumatised?" and "Do you need counselling?" Knowing common reactions can help us potentially identify GBV survivors and offer them support if they wish. Keep in mind that these common reactions are not unique to trauma. They may be due to some other issue.
    - When caseworkers identify that survivors have some of these common reactions, it can feel overwhelming. Keep in mind that these are normal responses to stress and trauma. The presence of these response does not necessarily require a referral to higher-level MHPSS services—like a psychiatrist or psychologist. As we will discuss in this training, caseworkers can have a direct role in helping survivors address these responses. Discuss with your supervisor and/or manager which circumstances may require a referral.

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THE HEALING JOURNEY

Large Group Discussion (10 min)

- What kinds of questions do survivors ask you about healing or recovery? Ask participants how they would answer those questions and why. Some other common questions are included below that you can discuss, if needed
    - How long does it take to heal?
        - Survivors often ask us this, as do family and friends who want things to go back to normal. There is no timeline for healing, and it is not linear. Often, survivors wish it was. You can talk about that with them. Sometimes symptoms go away within a few days or weeks of a disturbing experience; sometimes they stay on much longer, even for years.
    - Am I going to feel better?
        - Use metaphor of a tree: A young tree that is injured or damaged in some way continues to grow around that injury and eventually the injury becomes smaller and smaller as compared to the large mature tree. The injury adds to the tree's character and uniqueness.
        - Give the survivor **Hope** without making false promises. If a survivor expressed hopelessness, you might tell her, "It's really hard to imagine things getting better right now, and that's OK. I have so much hope for you, and I will hold onto my hope until one day you find hope for yourself." This will be covered in more detail in Session 20 Sadness and Hopelessness.
        - It can be helpful for caseworkers to understand that not everyone who seeks help from support services (like ours) will recover. Though we can tell survivors that many other survivors have found our services helpful. Many survivors recover without the help of counselling or case management. Often, they are supported in some way by their community, family, friends, faith, spiritual practices or beliefs, or other non-professional supports. Also, not everyone who experiences trauma will want counselling or case management, or they won't seek it out or don't know it is available, or it is not accessible. In fact, most trauma survivors will not seek help from formal services like ours.
        - Affirm to the survivor that no matter how she is feeling or doing, you will listen to her.
    - How can I get better?
        - First need to know what "better" means for each survivor. Each person will define better or recovered differently. Ask survivors: What would "getting better" look like for you? How do you believe that happens? How can I support you with that? And then together build the Case Action Plan based on her goals, not based on what we think she needs. You can also ask some version of a "Miracle" Question[3]: Suppose tonight when you go home and go to sleep, a miracle happens and you are no longer [having these problems], when you wake up in the morning, how will you be feeling and what will you notice is different for you to let you know that this miracle has happened?
        - We began a list of ideas already in the Story Telling or Free Listing activity.
        - The techniques in the module may help the survivor feel better.
    - Ask participants how they would answer those questions and why. Some other common questions are included below that you can discuss, if needed.

3 Adapt as per spiritual/religious or other beliefs about miracles.

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- Address basic needs! "Our clients' hunger and despair around survival issues is as horrific as their psychological trauma. We therefore support them in those areas in a therapeutic manner. We can't separate psychological support from physical needs. Our clients' hunger matters to us…a hungry stomach can't be counselled." - Mpumi Zondi, social workers and Clinical Director of Sophiatown Community Psychological Services (SCPS) in Johannesburg, South Africa.
- In Step 2 Assessment in GBV Case Management, the survivor and caseworker will identify which basic needs are not being met, and then together create a plan. This may include clothes, household supplies, food, water, education for themselves or their children, medical care, and a wide range of other needs. This may require caseworkers and their teams to advocate for changes in their wider community or in other organisations' practices—such as safer food or non-food item distributions, more convenient water sources, targeted cash transfers, changes to education policy or eligibility requirements.

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WINDOW OF TOLERANCE

Explanation (8 min)

- The window of tolerance is a therapeutic metaphor that we can use to explain trauma/GBV reactions. It is based on the idea that every person has a 'window of tolerance': an amount of arousal, activation or feeling that you can tolerate or manage[4].
- When we are inside our window of tolerance, we feel in control of our emotions, we can engage with other people effectively, we are aware of ourselves and our environment, and we can deal with complex situations.
- The higher a person goes in your window, the more activated a person is. The lower a person goes, the less activated. Throughout the day, everyone's level of activation changes *[use black line on slide].* For example, often when we wake up, we have a lower level of activation. If we exercise, drink tea, or get into an argument with a friend, our activation rises. Taking a break at work, having a boring conversation, or watching a calm TV show may lower our activation.

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- Trauma and GBV causes a person's window to narrow *[dotted purple line]*, meaning some feelings and experiences that were tolerable before the trauma now are too overwhelming and less tolerable.
- Certain situations, emotions, thoughts, and sensations cause a survivor to leave her window of tolerance *[point to places where black line is now outside of the dotted purple window].* These situations or feelings are called Triggers, and we will talk about these in more detail in a later session (Identifying Triggers).

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- When someone is outside their window of tolerance, they feel out of control and have trouble taking in new information.
    - When someone is above their window, we call this over-activation or hyper-arousal, which we will talk more about in the Anxiety and Hypervigilance section. Someone in this state may be very sensitive and reactive to seemingly small things, impulsive, and have disorganised or racing thoughts. They may be hypervigilant (i.e., very worried and alert, especially to any dangers whether real or imagined). This is where intense rage and panic attacks occur, as well as flashbacks and intrusive thoughts. Physical signs of over-activation are trembling, sweating, fast heart rate, tense muscles, and sitting on edge of the seat.
    - When someone is below their window, we call this under-activation or hypo-arousal, which we will discuss further in the sessions on Behavioural Activation and Sadness and Hopelessness. Someone in this state may have difficulty feeling sensations or emotions (i.e., numb or "empty"), be expressionless, have difficulty thinking (i.e., "foggy"), difficulty with memory and concentration, feel confused, feels like they lost time or are outside of their body. Physical signs of under-activation are fixed stare/gaze, slow movement, collapsed posture, and very loose muscles.

4 Mental Health and Human Rights Info (2016). Mental health and gender-based violence: Helping survivors of sexual violence in conflict – A training manual. Retrieved from https://www.hhri.org/gbv-trainingmanual/

    - You can see here that many of the common reactions we discussed earlier fit into either over-activated or under-activated states.
- Trauma survivors are quicker to leave their window than those who have not experienced trauma. Trauma can also cause survivors to swing very quickly between over- and under-activated states. In one moment, they are having a panic attack and soon after they may feel numb and like they are outside of their body.

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Small Group Discussion (15 min)

- Break into groups of 3-4 people to discuss. If there are enough participants, divide into 3 groups and have each group discusses one question.
    - How would you explain the Window of Tolerance to a survivor during a meeting? Why might this be helpful for a survivor to know?
    - In a session with a survivor, why might the Window of Tolerance be helpful for you as a caseworker to know?
    - How can you use the Window of Tolerance model to help a survivor remain within her window?
- Reconvene in the large group and have each small group share one or two of their answers for each question. Emphasise the following:
    - This model can help you and the survivor track her daily experiences and notice when she goes higher or lower in activation. When she notices her activation is rising or falling in a concerning way, she can intervene and keep herself within the window. Later we will learn techniques and exercises that you can do with survivors or that survivors can do by themselves that will help keep her within her window or help her get back inside the window when she recognises she has gone outside of it.
    - The first step is knowing what the signs are that she is over or under activated and becoming aware of them, which we will learn in Session 9 on Mindfulness. This includes physical, emotional and thinking signs.
    - Another step is identifying which situations, emotions, sensations, or thoughts cause her the most distress and send her outside the window, which we learn in Session 8 on Identifying Triggers.
    - Often in meetings with survivors, you are giving them a lot of information and asking them a lot of questions. If the survivor is over- or under-activated, she likely will not be able to properly concentrate, understand or remember what you are sharing. To do this, she needs to be inside her window of tolerance.
    - It's important that you can notice signs of over- or under-activation in the survivor so that you can pause and use a technique or skill that can help her get back inside her window. Then you can proceed with the meeting.
    - One of the best ways to help a survivor be inside her window is for you to be inside your window! So keep track of where are you, as it will change throughout the meeting.

Change Slide ➔

FIGHT, FLIGHT, FREEZE, SUBMIT

Large Group Discussion (5 min)

- Explain: During a traumatic event, the immediate response of the body and the mind is to struggle for survival. This is expressed by Fight, Flight, Freeze, or Submit responses.
- Ask: Have you heard of these responses? What do you know about each of them?
- Explain: These responses in humans are similar to those in animals. They happen unconsciously, automatically and outside our awareness in order to speed up our reaction and keep us safe.
    - Cry for Help – Often the first response or occurs at the same time as another response; seek out others for help (e.g., yell, call), talk to the perpetrator to try to prevent or reduce the trauma. If this doesn't work, one of the following responses will occur.
    - Fight – Fight back, body tenses in readiness, heart rate increases to pump blood to areas of the body that are needed to fight, body sends energy to large muscle groups
    - Flight – Run away, similar physical response as fight.
    - Freeze – Feel wired with lots of energy inside and either are ready to explode in movement when needed or feel so scared the person feels like they can't move even if they tried; muscles tense, feel colder, breathing slows down. Fight, flight and freeze are both in the over-activated state.
    - Submit – Occurs when no other options are available; muscles become limp, a person faints and stops breathing. Submit is in the under-activated state.

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Video: (7 min)

- Play the two videos on the slide
- Ask if anyone has questions
- If cannot show videos, explain:
    - Hold/Cold is another term for Freeze response: scared stiff or paralyzed by fright, heartrate drops, breathing drops, go cold, hold your position.
    - Flop/Drop is another term for Submit response: if threat continues and fight, flight and freeze responses aren't working, muscles give out, collapse/faint, heartrate drops, blood pressure falls, contents of bowels are released, breathing shuts down.
    - The term anxiety is often used to describe the uncomfortable feelings we have when we are in fight, flight or freeze mode though there isn't any danger around. Our mind is perceiving there is danger, and the body reacts as if the danger is real, trying to protect us. Like before an exam, when public speaking, travelling somewhere new, starting a new job, or running late to an interview.

Change Slide ➔

Explanation (2 min)

- How a person responds to a stressful event depends on the person, the traumatic situation, and the environment. No one response is better; they are all potentially adaptive and effective, depending on the circumstances. Although, survivors may feel shame about the way they responded. You can help them remember that their response was instinctual and protective. The important part is that they survived.
- The problem is when a survivor gets stuck in a particular response to stress, even after the traumatic event is over. She may respond to safe, everyday situations as if they were dangerous. This is because a part of the brain recognises that something in the present resembles a person, an object or an experience that has been dangerous to her in the past. So the brain sends an alarm signal through the body to tell the body to get ready for danger, so she goes into fight, flight, freeze or submit. We'll talk about this more in the Identifying Triggers session.

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TRAUMA AND MEMORY

Explanation (5 min)

- Trauma impacts memory. One explanation for this is neurological: traumatic memories are stored in the brain differently than normal memories. And emotions and sensations seem to be the things that retrieve those memories.
- Two types of memory:
    - *Explicit memory* encompasses the memory of general knowledge and facts, as well as the autobiographical memory of an experience, such as the who, what, where and sequence or timeline of events. Trauma can shut down or impair the part of the brain responsible for the creation and recall of explicit memory, so survivors may find it difficult to describe what happened to them
    - *Implicit memory* is nonverbal and unconscious; it encompasses emotional and procedural memory, including sensations and movements. Implicit memory is dominant during trauma and in recall. It is why survivors can often report what they smelled, sounds they heard, or the temperature of the room during the traumatic event. When implicit memory is triggered (i.e., a survivor is reminded of the trauma in some way), a survivor may experience painful emotions or become very tense and unconsciously alter their posture.
- So traumatic memories are typically experienced as images, smells, sounds, and body sensations.
- One way you can explain this to a survivor is say, "A memory of any event is comprised of the story of what happened, the smells you smelled, the noises you heard, the things you saw, the taste in your mouth, the sensations in your body and on the surface of your skin, the emotions you felt, and the thoughts you had. All of these things get mixed together and that memory is stored in the brain. For really painful events, our minds try to protect us by not mixing all these parts of the event. That would have been way too overwhelming or painful at the time of the traumatic event. Instead, the brain stores some aspects of the event separately. But later on, when a person tries to remember what happened, they can't remember all parts of the memory. Maybe they remember the smells and sounds but have gaps in remembering the story or sequence of events. Or for some people, they can tell the story but they do so without showing or feeling any emotion."

- Survivors often question whether or not GBV actually occurred. This may be because they have trouble recalling the *explicit* narrative memory, so they doubt themselves, or they may have been told by the perpetrator that it never happened, or other people in their lives don't believe them. Remind survivors that just because they can't fully remember what happened, it doesn't mean it was not real. You can assure them that you believe them.
- Some survivors will never fully remember what they experienced, and this may distress or disappoint them. Survivors do not need to remember everything to heal. Many find it helpful instead to understand the nature and impact of the trauma, as well as the ways they learned to cope. Eventually, a survivor can develop a narrative for their life that feels cohesive and is meaningful to them
- Ask: What other explanations do you know about or have for why survivors sometimes struggle to remember parts of what happen to them?
    - If a participant describes memory recall issues in survivors' daily lives (e.g., periods of time they don't remember; bought something they don't remember buying; don't remember how they got somewhere), tell them we will cover this in more detail in Session 26 on Dissociation.

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COGNITIVE BEHAVIOURAL THERAPY (CBT)

Explanation (4 min)

- CBT is one approach of many that is used to help survivors. Many of the techniques we are teaching are based on cognitive and behavioural theories.
- The theory is that there is a relationship between our Thoughts (including beliefs), our Feelings and our Behaviours, meaning that certain thoughts can change how we feel and how we behave, and certain behaviours can make us think and feel differently. And similarly, our emotions affect how we think and what we do (or don't do).

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- For example, if a child walks into school and suddenly the other kids start laughing and looking at her, the child might think, "they are laughing at me because I am stupid" (thought). That thought then causes the child to feel embarrassed or sad (feeling), and her posture slumps and she feels her stomach drop, and then the child runs out of the school and hides (behaviour).

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- Another example may be if someone you want to become better friends with calls you and asks you to come to their house for dinner. You might feel excited or happy and a lot of energy and openness in your chest because you are thinking "They like me and want to be better friends with me too." You would then say yes, and go to their house (behaviour)."

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- And the theory is that if you can change your thoughts for the better, you will feel better and do the things you want or need to do. And if you change your behaviour for the better, you will change how you feel and what you think. And similarly, changing your emotions can impact your thoughts and actions. The last part is tricky because we don't have any magical ways of changing your emotions, but we do have some ways to reduce how intense they are.

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Individual Exercise (15 min)

- Distribute Handout 2 with the CBT Triangle
- Ask each participate to think of an example from their own life, something in the past few days, positive or negative. Start with the event and the first thought that came to your mind, then write how it made you feel (emotionally and sensations) and what you did (or did not do). Example: Event was making a mistake at work, Thought was "I'm so stupid", Feelings were…; other event examples: showing up late, forgetting to do something, boss telling you that you did a good job, and watching your child walk for the first time.
- Ask if anyone would like to share their example. This is not mandatory but can be very helpful. Ask permission to write it on a flip chart while they speak.
- Ask if there are any questions or challenges about this exercise?

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Small Group Discussion (10 min)

- Explain that for this exercise—and many other techniques we'll learn—we need to have language to describe our emotions and sensations. If we had time, we may consider making a list of emotion words and phrases like we did earlier with Common Reactions to GBV. On this slide is a sample list of emotion words in English. Also on this slide is a sample list of Arabic words that just describe different types of love! Different cultures that speak the same language may use different words.

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- Break into small groups (This discussion can also be done as a written self-reflection exercise instead). Let's talk about emotions! Ask participants to discuss the following questions:
    - Do you typically talk about your emotions with people you love? How do you do it? How does it feel after?
    - Are there certain emotions you're more comfortable talking about than others? Why do you think that is?
    - Are there other ways people in your community express how they're feeling? How can we incorporate that into this model?
- Come back to the large group and ask if anyone would like to share their own responses or what they learned more generally.
- Explain that if appropriate for the context, they may sometimes teach survivors different words to describe their emotions.
- Tell participants that if we are not comfortable expressing our emotions, how can we ask survivors to? Different emotions may be difficult for different people. If anger is uncomfortable for you, you may avoid exploring the survivor's anger. Knowing which emotions make you uncomfortable is important.

Note to Program Managers: During a future team meeting, you can do an activity where each staff member makes a list in their language (and/or the language spoken by most survivors with whom they work) of all the different words they can think of to describe emotions. You can compile them all and discuss, or keep a list of just the words/phrases that were most commonly used (i.e., more than one staff had the word/phrase on their list). This list can be used when meeting with survivors to help her specify how she's feeling, if appropriate.

Summary (5 min)

- Throughout the training, we'll learn different ways we can use cognitive and behavioural strategies—as well as other approaches—to support survivors. We'll learn ways in which you can help them recognise and name what they're experiencing (Mindfulness, Identifying Trigger). Then once they know what the problem they want to change, we have specific techniques that target either their Thoughts (Cognitive Restructuring, Mindfulness), their Behaviours (Behavioural Activation), or their Emotions (Relaxation and Ground Techniques). Because in theory, changing one of those three things will help change the other two. We'll also learn Problem Solving techniques that can help in interventions with survivors. We will spend some time learning what to do when a survivor doesn't want to try any of those things (Enhancing Motivation).
- We just covered a lot of information: Defining Trauma, Common Reactions to GBV, Common Questions about Healing, Window of Tolerance, Fight/Flight/Freeze/Submit, Traumatic Memory, and Cognitive Behavioural Therapy.
- All of this information is available in the module for you to reference (pages 14 - 21)
- Ask each participant: What is one thing you learned from this session that may help you work with GBV survivors?

SESSION 3: CULTURE AND POWER

Time: 71 minutes total (1 hr 11 min)

Topic	Time
Understanding Culture	16 min
Understanding Each Survivor	15 min
Understanding Yourself	35 min
Summary	5 min

Objective:

- To understand the effect of identity and socialisation on caseworkers, themselves, survivors and communities
- To question and transform the relationship between caseworker and survivor

Preparation/Materials:

- Review pages 10-12 in the module
- Handout 3 - Identity Exercise
- Flip chart and markers
- Video/audio capability

Instructions:

Note to Program Managers: This session is an introduction to the ways in which culture and power affect both survivors and caseworkers and impact the therapeutic relationship. It is recommended to continue these discussions with your teams outside the training, as well as use some of the reflection questions as part of regular case supervision. The *Interagency GBV Case Management Guidelines* can be helpful in exploring specific topics further, especially Part I on the survivor-centred approach, Part III on specific issues for women and adolescent girls, Part IV on working with other vulnerable groups, as well as the Survivor-Centred Attitude Scale.

UNDERSTANDING CULTURE

Explanation (1 min)

- We already started to discuss what trauma means to you and the communities you work in, and we started making a list of common reactions to GBV that reflect your community.
- It is also important to understand common beliefs (or ideas), practices, and policies within the community or culture that influence power dynamics and ultimately cause or contribute to GBV. Similarly, we want to understand the beliefs, practices, and policies that may help survivors recover or make it harder for them to recover.
    - **Policy**: A sexist policy is any policy that produces or sustains gender inequality, including one that fails to protect marginalised gender identities. Policies can be written and unwritten laws, rules, procedures, processes, regulations, and guidelines that govern people, and can include organisational policies, banking guidelines, rental agreements, court rulings, and religious doctrine.
    - **Practice**: Gender discrimination is the manifestation of sexist policies, i.e., the actions or practice of sexism. Everyone can discriminate through their action or inaction, but it is typically a select few people in power who create policies that produce discrimination. Violence and threats are two examples of practices.
    - **Beliefs**: A sexist belief is one that suggests one gender is inferior or superior to another gender in any way. It may intersect with other social identities too, such as a belief that women of a particular ethnic group or religion are inferior or superior to women of a different ethnic group or religion. Sexist beliefs *explain* the inequities caused by sexist policies.
- Power imbalance between genders means that sexist policies are enacted and these policies lead to gender inequalities. These policies are expressed through the practice of discrimination, and policies and discrimination continue because of sexist beliefs. All of this causes stress for people who are marginalised. And this stress can cause suffering or psychosocial issues.

    - Whenever possible, caseworkers help survivors understand that the problem is not within themselves; it is located in the harmful beliefs, practices and policies that led to violence against them.
- Let's continue to use beliefs, practices and policies about Gender as an example. From GBV Core Concepts training, we know that a widespread cultural **Belief** that men are more important than women leads to a power imbalance between men and women. Men's use of their power over women through violence and threats **(Practice)** and the community's silence about this are the root causes of violence against women. A lack of **Policy** that prohibits this practice may be one reason the violence continues (e.g., if a country doesn't have a law against marital rape), and lack of policies that protect or empower women reinforce beliefs that women are less important.
- Using this framework, we can see that GBV is a political issue. An issue becomes political when society and those in power (including donors and organisations) choose which forms of trauma to support and mobilise against and which forms of trauma to neglect, underfund, not take seriously, or resist changing. You may even see this when some forms of GBV are addressed more than others.

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Small Group Discussion (9 min)

- Ask: Which ideas/beliefs, practices, and policies in the community that may help survivors recover? Which get in the way of recovery or cause harm? Which ideas/beliefs, practices, and policies influence the way a survivor talks about GBV? Write responses on a flip chart. Consider prompting participants with these questions:
    - Do people consider it wrong to talk about violence? Instead, do people tend to talk about violence using vague words or symbols?
    - What beliefs about mental health are common in the community? What kind of care or support do they believe they should get? From whom? In a previous session, we started a list of Practices that help survivors recover. These practices are specific to the culture and community.
    - What are common beliefs about counselling? How does that impact the way a survivor may feel about talking to you?
    - Are there any policies that may prevent a survivor from receiving care? For example, mandatory reporting policies or not enough funding for health services.
    - Are there policies that discriminate against women or certain groups of women? For example, do any service providers not allow refugees to access their service?
- Explain that even if you and the survivors you support come from the same community, it is helpful to step back and examine what beliefs, practices and policies exist and how they influence the people in the community.

Note to Facilitator: It may be helpful to visit each group to help them make the connection between policies, practices and beliefs. Prior knowledge of local women's movements and policy advocacy can be helpful as examples. This discussion may also prompt discussion on how inequality can be addressed (e.g., policy change, behaviour change, addressing harmful beliefs, etc.) and is a good opportunity to highlight the importance of connecting their GBV response work with GBV prevention and advocacy efforts.

Change Slide ➔

Video (6 min)

- Tell participants that we'll now watch a video of perspectives of African psychosocial specialists who are changing the ways we approach psychosocial issues and GBV. In it, we can see ways in which we can bring these community-level issues into our individual work with survivors. Combatting sexism is the simple assertion that women are human beings.
    - Play the first link on the slide. Link starts at minute 4:06. Stop it at 7:15.
    - Play the second link on the slide. Link starts at minute 13:17. Stop it at 14:35.
- Briefly discuss the videos' main points and participants' reactions.
- If cannot show video, explain:
    - A feminist approach to counselling affirms women as human beings, reminds them they have rights, thoughts, feelings and intelligence. It helps her discover her core that has been hidden by socialisation. Helps her assume her right to take up space.

- A feminist approach is patient. It understands that trying to change in the context of ingrained cultural beliefs and oppression is hard and scary. Moving too quickly can chase her away. Help her slowly renegotiate who she wants to be in different spaces, how she wants her relationships with different people to work, and how relationships can better serve her.
- Women's voices have historically been ignored and dismissed. Meeting with a survivor is an opportunity to show her that her voice is important and can grow louder with you. She may be told she cannot rest, but with you she can learn to rest. She can learn there are other ways to be a woman in the world that she may prefer.

Change Slide ➔

UNDERSTANDING EACH SURVIVOR

Explanation (8 min)

- Part of our work is to deeply understand each survivor we meet, including their beliefs (which may or may not be the same as most of their community), the specific struggles they face, and the power and resources they have. We will discuss this throughout the training.
- Survivors are both positively and negatively affected by the beliefs, practices and policies in their culture and community. And each survivor's background and experience will change how they are affected.
- For each survivor we meet, we want to ask ourselves how are they specifically affected by the common ideas, practices and policies in their community.
- Seek to understand how a survivor has used cultural beliefs, practices and policies to support her recovery. We want to ask them what helps them feel better, what have they already done to try to feel better, and what care or support they think they need to get better. In general, we don't want to get in the way of people's natural healing methods and their preferred way of coping. We'll talk about this later in Session 7 on Risk and Protective Factors and Session 10 on Relaxation and Grounding Techniques.
- The questions we asked about the community can be asked to each survivor to see which beliefs she holds. For example, to assess for beliefs about psychosocial issues and seeking services, ask the survivor: What does it feel like to be talking to me? What would your family think about you being here and talking to me? Validate her concerns and how difficult it can be to talk to someone, and how brave she is to be here.
- Cultural beliefs, practices and policies will impact how a survivor views and makes meaning of her problems. Ask the survivor: What do you think caused your problem? What do you think is the reason you're having this problem? Why do you think [the symptom] started when it did[5]? This shapes what support you may offer her. And the answers will vary across individuals and cultures.
- Ask participants to share relevant examples from survivors with whom they have worked.

Change Slide ➔

Video (7 min)

- Explain that understanding a survivor's culture and power is part of a survivor-centred approach we learned about during GBV Case Management training. Tell participants that we'll watch another video of a few psychosocial specialists about how they bring the survivor-centred approach into the meeting with a survivor
    - Play the link on the slide. Link starts at minute at 7:15. Stop it at 12:21.
- Briefly discuss the videos' main points and participants' reactions.
- If cannot show the video, explain:
    - A survivor defines the outcomes she wants in her life. We do not impose our view.
    - A feminist approach is about sisterhood. The survivor shares what she wants to be done and we ask her. We give her the time and space to figure it out and reclaim her dignity; we don't rush her, and we don't blame her.
    - We look at her situation holistically, tending to the mind, body and spirit. We do not expect a woman who is traumatised to listen to us when she has gone three days without food. We recognise that her spirit is tied to her household and often the wellbeing of her children and relatives, that she will not heal when she knows her children are hungry and without school. We know we need to address all of this at once; we cannot separate the mind, body and spirit.

5 From Kleinman's explanatory model of illness (1980)

UNDERSTANDING YOURSELF

Explanation (10 min)

- Understanding the culture and the survivor is not enough. We must also better understand ourselves if we want our services to be survivor-centred. Our beliefs and experiences impact the way we see and interact with survivors and the way they see and interact with us. We too are influenced by cultural beliefs, practices and policies, and we can in turn affect survivors.
- Ask: What is identity? Then, explain:
    - It is who you are as a person. Like a bowl of soup, our identity is made up of different ingredients.
    - Sometimes you and someone else will share many of the same ingredients, sometimes you will have very different ingredients. No two people share all the same ingredients. Your unique mix of ingredients influences how you experience the world and your relationships with other people. We've already talked about the ways in which one's gender affects your experience in the world.
- Ask: In addition to gender, what are other identities you can think of? Write answers on a flip chart.
- Some identities are things people can see easily (like skin colour or assumed gender) or hear (language), while other identities are not always easy to see (like a disability, class/socioeconomic status or education level).

Change Slide ➔

- This slide has a list of a few identity categories (or ingredients) that mix together to make up who you are.
- Ask: Are there any ingredients you would add to this list? Are there any you would remove or change? Add responses to the previous flip chart.
- Some identities give you power in the community based on cultural beliefs, practices and policies. Take a few moments and consider which identities may give someone more power or are seen as having more value. For example, is there an age group that tends to have a lot of power in certain situations (e.g., older adults as compared to children)?
- Power and vulnerability change in different situations and depend on one's mix of identities—we call this *intersectionality*; the ways in which one's identities overlap contributes to one's power and vulnerability in different contexts. It is why women of certain ethnic groups may face different types of discrimination, for example. Or why women without physical disabilities have access to a wider range of opportunities and have an easier time navigating public transportation than women living with disabilities.

Change Slide ➔

Explanation (8 min)

- Socialisation is the process of learning the acceptable norms and beliefs of one's culture. Basically, how we learn what it means to have and practise these identities. Socialisation gives these identities meaning that differs from culture to culture.
- Based on each of our social identities, we learn:
    - how to think about ourselves and others;
    - how to interact with others;
    - how to understand what is expected of us based on a specific set of identities; and
    - what the outcome is if we deviate from what is expected of us[6].
- For example, what does it mean to be a woman in this community? What is expected of you? What can you do or not do? What is appropriate or inappropriate behaviour or roles because you are woman? What can you do that non-women cannot? (Refer to sex vs. gender lessons in the GBV Core Concepts training)
- Highlight that two people may share an identity but may have received different messages about that identity or define what it means to be that identity differently. This is important to consider when you share an identity with a survivor.
- We learn these things from our families, elders, leaders, teachers, friends, laws, media, movies, music, religions and workplaces, among others. All of these things shape the definition of what it means to be a woman, or to be lower class, or to be an educated person, to be a parent, or to be considered friendly. You may have heard someone say, "To be a good X, you should do Y." That is a form of socialisation.
- Ask: What are other examples of messages you've received that define a particular identity? Are these messages always true/accurate?

6 University of Colorado Denver. *Diversity, Equity, & Inclusion* 101. Retrieved from https://www1.ucdenver.edu/offices/equity/education-training/self-guided-learning/diversity-equity-and-inclusion-101

- What we learn about some identities may not be true and it may cause harm. These inaccurate messages might also lead us to value certain identities over others, which in turn can cause us to discriminate against entire groups of people based on a particular identity.
- Because we are socialised starting from birth from people we trust, we often do not question the messages we received. So, we are not always aware that some beliefs we have about certain identities may be causing harm.
- These socialised beliefs can also limit us. If we want to think or act in a way that is not considered appropriate for someone with an identity we have, we may face rejection, criticism, violence or other negative consequences. We may also talk poorly of others who are acting outside of what we consider to be the norm.

Change Slide ➔

Individual Exercise (10 min)

- Distribute Handout 3. Read aloud the instructions for Activity 1 and give participants a few minutes to complete it.

Note to Facilitator: There will likely not be enough time for participants to reflect on each of the questions in this exercise. Encourage them to continue their reflection on their own time or advise the Program Manager to dedicate time during a future meeting for reflection and potentially group discussion.

Change Slide ➔

- Then, read aloud the instructions for Activity 2 and give participants a few minutes to complete it.

Change Slide ➔

Large Group Discussion (7 min)

- One identity we share is service provider (or aid worker).
- Important to consider the ways in which survivors view us as service providers (or aid workers).
    - Does this identity have power?
    - How might that power impact the relationship?
- History matters:
    - What is the history of social services, development aid or humanitarian aid in this community?
    - How does this history impact the ways we are viewed by the community?
    - How might that influence how survivors see and interact with us?
- Acknowledge differences that exist between you (the caseworker) and the survivor. Value those differences.
- Acknowledge we have power, but we want to make the relationship with a survivor as equal as possible. We are not superior to them or any of their identities. And we don't impose our beliefs and practices on them.
- Consider the ways in which we view survivors and the community we're working in. Our personal and cultural values and beliefs impact how we view survivors as much as they impact how survivors view us.
- It is important to critically reflect on our own beliefs. The strong, trusting relationship between caseworker and survivor is the most important factor in recovery. Self-reflection makes the relationship stronger, more spacious, more equal, and more capable for love, care and compassion, and more accountable when we make mistakes.

Change Slide ➔

Summary (5 min)

- What is one thing you learned from this session?
- How will you use it in your work?
- Why do we need to critically self-reflect?
- Throughout the training, we will be revisiting culture and power. For example, in some sessions, we'll explore norms in the community, how we feel about people who behave in certain ways, and how we feel about particular emotions as compared to how a survivor may feel. And we always want to ask ourselves which beliefs, practices and policies may be supporting or preventing survivors from recovering.

SESSION 4: BASIC COUNSELLING SKILLS AND THERAPEUTIC STANCE

Time: 70 minutes

Topic	Time
Basic Counselling Skills	50 min
Therapeutic Stance	15 min
Summary	5 min

Objective:

- To build a foundational understanding of basic counselling skills and tools that caseworkers can utilise in their daily work with survivors
- To introduce and define concepts of therapeutic stance and how caseworkers can integrate this into their interactions with survivors

Preparation/Materials:

- Review pages 26-29 in the module
- Handout 4 - Basic Counselling Skills Overview
- Handout 5 - Listening Skills Exercise (only one copy; cut out scripts for the 3 roles)
- Scissors
- Flip chart and markers

Instructions:

BASIC COUNSELLING SKILLS

Large Group Discussion (10 min)

- Ask: What are some of the basic counselling skills you already know and use in your work here?
- Allow participants to share and answer while you write concepts on the flipchart.
- Ask: Why are basic counselling skills important for a GBV caseworker?
- Have a brief discussion around why this might be important for non-therapists/psychologists/etc. to have as part of their working toolkit.

Change Slide ➔

Explanation (7 min):

- There are many variations on basic counselling techniques. In fact, in the GBV Case Management Training, you learned different skills about communication, attitudes, perception, power, and several other concepts that are connected to some of the most foundational aspects to basic counselling techniques.
- Let's look at a few of the basic counselling skills, and how they can be used in GBV case management. Request several volunteers to read aloud the following sections from Handout 4 while the other participants follow along:

Change Slide ➔

  - Building Rapport
    - Then, ask: What are ways that you build rapport with survivors that come in to see you? How do you also build rapport with the communities that you work with? What else is important to building rapport?

Change Slide ➔

  - Attending Behaviour

Change Slide ➔

  - Read aloud SOLER section of Handout 4, using slide to show open vs closed posture.

Change Slide ➔

Partner Exercise (15 min): SOLER

- Have everyone partner up with someone sitting next to them. Explain the steps for the exercise, and let each partner take a turn.
- Encouraging / Discouraging Body Language Exercise: 10 minutes of different styles of body "speech" and 5 minutes of feedback
- Speaker - Talk to the listener about an interesting event that happened to you over the past few days.
- Listener - Systematically go down the SOLER list, and use it to listen to the speaker. Then, do the opposite of each step. Make an effort to visualise yourself as open to the survivor. As you breathe in, you feel your chest opening toward the client and your heart shining a warm light to invite them in.
- Debrief the exercise and address any questions. Explore how it felt to both the speaker and the listener. Connect this exercise with the concept of building rapport.

Change Slide ➔

Explanation: Active Listening (10 min)

- Ask: How can you tell someone is listening to you? What do you think is involved with listening?
- Ask a participant to read the Active Listening section from Handout 4
- The more of these skills that you use and practise, the better you'll be. If you even just use a few of these skills, you will find yourself listening and hearing more of what another person is saying to you.
- Ask a participant to read the Steps to Active Listening section from Handout 4

Note to Facilitator: The section on "giving feedback" may prompt debate. Consider getting the opinions of several participants and reflect on the cultural context. You may also consider giving an example of a client having relationship issues with a friend and the caseworker having some ideas on ways she can improve communication. You might briefly share the Ask-Tell-Ask technique and let them know you will talk about it in more detail during a later session. Highlight that any advice or feedback should be connected with her goals and values and should not blame survivors.

Small Group Exercise (8 min): Listening Skills

- Ask the group to get into smaller groups of three people each. Each member in a group will play one of the following roles: Client, Case Worker, and Observer. Ask each group decide who will play which role.
- Using Handout 5, distribute the cut-out slips to the appropriate group members.
- Debrief

Change Slide ➔

THERAPUETIC STANCE

Large Group Discussion (10 min)

- You can invite participants to close their eyes during this hand-raising exercise to create a feeling of confidentiality and safety in their responses. Ask the participants to raise their hands if they have:
    - Ever felt emotionally overwhelmed by other people in their life (or survivors they have worked with, if they have case management experience)?
    - Noticed a person (or survivor) was smiling when talking about painful things?
    - Cried with someone?
    - Noticed a friend (or survivor) who could not sit still?
- Ask several participants to volunteer with examples.
- Use their examples to educate how it is normal to be emotionally affected by other people, especially the survivors they will work with.

Change Slide ➔

- To understand the survivor's distress, you need to do the 'unseen/behind the scenes work' of noticing:
    - the topics the survivor speaks about (e.g., being a mother, relationships),
    - how they interpret the world (e.g., all men are bad, only bad things will happen to me),
    - the way in which the survivor speaks or certain unusual behaviour they have (e.g., being unable to sit still, being extremely aggressive), and
    - how they make you feel (e.g., helpless, overwhelmed).
- When you listen deeply, on multiple levels, it allows for fresh insights to surface in case management. When you work with the same person from different angles, you see things differently.

Explanation (5 min)

The therapeutic stance requires the caseworker to work on the following 5 levels:

1. Listen for patterns in the survivor's story: What are the topics a survivor may talk about? Is it always the same topic or theme or does the person jump from topic to topic? What does the person avoid speaking about? The themes and patterns a survivor speaks about matter. These patterns tell you what they worry about, and what is unresolved inside of them.
2. See the world through the survivor's eyes: To empathise, you understand how that person feels NOT how you would feel if you were that person. You are not that person. You cannot help them by imagining how you would feel in their shoes. You can only help if you can imagine how this person feels! Empathy also includes your belief that the person has the capacity to help themselves. This is different than sympathy. Asking clarifying questions can help you gain a better understanding.
    a. If time allows, show the video on Empathy (link on slide)
3. Observe the survivor's appearance and behaviour: Have participants turn to Appendix A in the module. These 4 areas, commonly called the Mental Status Exam (MSE), are the psychological equivalent of a physical exam. It provides a snapshot assessment of the survivor's level of distress and functionality. Sometimes a change in the way a survivor is dressed or how they walk can tell you more than the words they are saying. You don't have to use the form during every session, or in its entirety. This is just something to be aware of and is a helpful guide to notice these aspects of a survivor.
    a. Review Appendix A on MSE
    b. Based on changes you notice in these four areas, ask questions to explore why the changes have occurred. The MSE can help you assess where she may be in terms of her Window of Tolerance. For example, feeling numb with very slow, soft speech may indicate she is under-activated. These signs can help you then choose interventions and techniques to use.
4. Notice what the survivor makes you feel and think: You are in relationship with the survivor. That means you have an effect on how they think and feel. They also influence how you think and feel. Sometimes the way you feel tells you something about how the survivor is feeling. For example, the survivor is sad, so you feel sad. Pay attention to what you feel inside and how it makes you act. Notice if you feel the urge to rescue. Notice if you blame or question the validity of the survivor's story (as others might be doing to them) or when they get very angry at you (treating you like the perpetrator). Discuss this regularly with your supervisor.
    a. The survivor will at times put both positive (e.g., idealisation) and unresolved painful (e.g., anger, resentment) feelings and thoughts (e.g., anger, resentment) they have toward someone else in their life

onto the caseworker and unconsciously treat the caseworker as they would the other person. This is called Transference. It happens often in daily life—like if an older female coworker reminds you in some way of your mother, you may treat her similarly—and is not always problematic. Although this can feel heavy for the caseworker, it is also an opportunity to feel what the survivor is feeling to better understand the person and their needs.

   b. The caseworker may do this to. That is, caseworkers will at times transfer their own unresolved thoughts and feelings about someone else onto the survivor and unconsciously treat them like they do the other person. This is called Countertransference. As a caseworker, you have unresolved pain inside of you and this can affect your work with survivors, specifically, how you talk to survivors, the topics you avoid and the feelings that are triggered inside of you. It is recommended to discuss this with your supervisor.

5. Pay attention to how your emotional reactions and behaviour are perceived by the survivor: The survivor-caseworker relationship is the foundation of any case management work. If there is no relationship, no real work can be done. What you feel and think about the survivor, how you greet them and how you react to what they tell you matters. All these 'small' elements shape how safe the person may feel and what they say or do not say.

   a. Caseworkers are people too. You each bring your own life experiences, emotional reactions and ways of coping into the room with survivors and sometimes your life experiences may have been similar to the survivor. Notice your reactions and refer to your supervisor with anything that may come up for you.

Summary (5 min)

- What are some new techniques you have learned that you can use in your work?
- Are there things you think might not work (and why)?
- What are the components of the therapeutic stance?

Change Slide ➔

SESSION 5: BEGINNINGS AND ENDINGS

Time: 65 minutes (1 hr 5 min)

Topic	Time
Beginnings	22 min
Endings	38 min
Summary	5 min

Objective:

- To understand the therapeutic value of beginnings and endings
- To practise talking about endings with survivors

Preparation/Materials:

- Review pages 24-26 in the module
- Flip chart and markers
- Choose and insert two names for the case examples

Instructions:

BEGINNINGS

Explanation (1 min)

- Many GBV survivors have experienced pain and disruption to their lives. For many survivors, change often means uncertainty and more pain. It is important that when they meet with you, you convey that you are a source of help and support. Your greeting should have the goal of lessening their anxiety and of giving a sense of hope.
- In the Case Management training, we learned about ways to introduce yourself to survivors and setting up a safe, private space to meet.

Change Slide ➔

Small Group Discussion (10 min): Write responses on flip chart

- How do you typically greet new people you meet in your life?
- Would you do anything differently when meeting a survivor for the first time? If so, what?
- What feelings do survivors have right before they meet with us?
- What thoughts are they thinking right before they meet with us?
- What do you want them to feel?

Change Slide ➔

Explanation (4 min):

- How we begin our sessions with survivors is important. In the beginning of sessions, we are opening someone's heart, asking them to be vulnerable and to trust us. I will outline several of the foundational points of what we need to be thinking about in the beginning of sessions with survivors. There are more details in the module.
- Get the survivor's hidden thoughts and questions into the conversation. Unanswered questions, such as "Am I going to be hurt? Will the caseworker give me money? What will the caseworker think of me if I tell my story?" can heighten a survivor's anxiety in the beginning. Get these thoughts in the room. Ask, "What were you thinking as you were walking here today?"
- Predictability is often important for survivors. Explain the structure of the session. Give an agenda and time frame. Ask if they need to leave by a certain time.
- Let them know they can stop at any time
- Ask them if there is anything they need to feel more comfortable (e.g., water, tea, moving the chairs). For example, "We are going to meet for 30 minutes. I want to get to know you and help you with some of your distress. If you feel tired or want to stop at any time, that is fine. I am here to help in whatever way I am able."
- Manage anxiety. Explore, recognise and name the anxiety and discuss what they need to feel safe. If the survivor is worried about being too emotionally activated, brainstorm with the person on concrete strategies to help them manage their anxiety such deep breathing, holding a comforting object or symbol, or saying a protection prayer.

Change Slide ➔

Small Group Discussion (5 min)

- What are signs that the survivor is uncomfortable or nervous in the first meeting?
    - Elicit culturally-specific signs; may include avoiding eye contact, fidgeting or shaking, always looking behind them or at the door, etc.
- Read the following case study out loud to the group and facilitate a discussion: *[Name] twirls her hair and keeps looking around the room. The caseworker notices her nervous behaviour and asks herself (inside her own head), "What can I do to make [Name] comfortable?"*
- Ask the following questions:
    - What techniques might you use to make [Name] more comfortable?
    - Are there any cultural or spiritual techniques that could be used to make [Name] feel safe? (Participants can share and write in additional strategies in the 'Beginnings' section of the Module.)
    - Do you know or can you imagine any of [Name]'s strengths that you could remind her of? E.g., showing up to meet with you is courageous, twirling her hair may make her feel calmer, etc.

Change Slide ➔

Explanation (2 min)

- It is helpful to begin talking about case closure at the first session with a survivor, so they can start to prepare for goodbye. Again, remember that predictability is important.
- For example, you can tell survivors: "I'm really glad I met you today, though I'm sorry it's for an unfortunate reason. I'm confident that we can together create a plan that helps address some of the struggles you're facing. My hope is that there will be come a time that you're feeling well enough that you won't need to see me any longer."
- Some survivors may be concerned about how long they need to see you for, and may be nervous about committing to a long process. You can offer if she would like to meet with you 4 times, and at the end of the fourth session, you will check in with her about how your meetings are going and how she's feeling. She can decide if she'd like to continue meeting with you or not, or if her goals were met.
- By starting services with an understanding that there will be an end can bring hope to the survivor that they will be able to overcome the challenges that brought them to you in the first place.

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Note to Facilitator: This section on Endings reflects centre-based case management services. This guidance may need to be tailored to the specific services and context of the organisations being trained. For example, emergency mobile teams need to discuss potential lack of follow-up support (e.g., service disruption, remote-only support, only one visit, etc.). For shelter-based services, these guidelines may need to reflect shelter discharge policies and procedures. Work with the team ahead of time to adapt this section.

ENDINGS

Large Group Discussion (5 min)

- This part is dedicated to how we say goodbye to survivors. Ask participants to recall some of the endings they have had in their life (or with survivors if they have case management experience).
- Have several participants share their experiences of endings (in their life or work).
- What feelings do caseworkers feel during endings? What feelings do they imagine survivors may feel during endings? Write responses on a flipchart

Change Slide ➔

Explanation (5 min)

- Goodbyes are hard, and everyone handles them differently. Survivors have often allowed themselves to be vulnerable and to start trusting you during the case management process. Closure with a caseworker can often remind survivors of old, unresolved goodbyes from the past. This case closure model acknowledges that past goodbyes for GBV survivors have often been a time of unexpected pain, trauma and loss.
- This closure model provides caseworkers with tools to have a 'good goodbye,' with survivors. A 'good goodbye' is one that is in the survivor's control, on their own terms and where the survivor can learn skills for how to hold people in their heart.

- The case closure model outlines nine steps that caseworkers can follow to close with survivors (see pages 25-26 of the module). These steps include:
    1. Talk through case closure with the survivor.
    2. Normalise the emotions.
    3. Explore the emotions.
    4. Review the symptoms and problems.
    5. Review what work was done together.
    6. Review specific techniques and new ideas learned.
    7. Offer psychoeducation on the importance of emotional release and expression.
    8. Anticipate difficult trauma anniversaries and important holidays
    9. Decide on a ritual or how the survivor would like to close.
    10. Do the Closure and goodbye ritual and remind the survivor that they can return when they need to. Have an authentic goodbye.
- Clarify any steps, as needed.

Change Slide ➔

Role Play (20 min)

- Introduce the following role play: *[Name] found a job as a driver 3 months ago and she has started smiling more and feeling less isolated due to the hard work she has been doing with her caseworker. It may be time for case closure, but [Name] hates goodbyes. For the closing ritual, [Name] decides to celebrate the case closure by inviting her loved ones together to honour [Name] and all she accomplished.*
- Divide the participants into pairs (one person is the caseworker, the other plays the survivor)
- Role play Step 1, 2, 3, and 4 of the case closure model, imagining they are talking to the survivor.
- Switch roles and role play Steps 6, 7, 8 (skipping steps 5 and 9). Pairs can make up symptoms and problems and the work they've done together.

Change Slide ➔

Large Group Discussion (5 min)

- What was it like to practise the case closure model? Any challenges?
- Reflect on and share what creative goodbye rituals they may be able to do with a survivor

Change Slide ➔

Explanation (3 min)

- Sometimes, the first session is also your last session. For example, a survivor may decide she does not want to continue meeting with you or she may not show up to your next meeting. To prepare for this:
    - Assure the survivor that you will be here to support her and are looking forward to seeing her again. Let her know that if she later decides she does not want to continue meeting with you, that's absolutely fine. You'll respect any decisions she makes and she can always come see you again in the future.
    - Ask her what she thinks will be helpful for her to remember from the time spent together today. This affords an opportunity to review, to think more clearly, and to reflect on some of the information (e.g., coping skills, resources or referral services) you discussed.
    - Acknowledge, again, the regret that the traumatic event ever happened, and your hope for her recovery.

Change Slide ➔

Summary (5 min)

- Why are beginnings important?
- Why are endings important?
- What are the steps of case closure?

SESSION 6: STAYING WELL

Time: 50 minutes total

Topic	Time
Explanation	5 min
Role-Play	40 min
Summary	5 min

Objective:

- To introduce skills to help survivors to keep practising new ways of thinking, feeling and acting

Preparation/Materials:

- Review pages 29-30 in the module
- Flip chart and markers
- Choose and insert a name for the case example

Instructions:

Explanation (5 min)

- The section in the module, on pages 29-30, was adapted from WHO's Problem Management Plus (PM+) and is complimentary to the Problem Solving section. Many survivors will face problems in their future and staying well can be challenging, but with a plan it is possible.
- Learning new coping skills can feel like learning a new language, and it's important to remember to practise daily to speak it fluently. The more that survivors practise these strategies, the more likely they are to stay well, or recover from setbacks more quickly.
- Sometimes putting reminders of the tools and techniques around one's house or phone can be helpful. You can invite the survivor to suggest ideas on how to create useful reminders.
- To stay well, survivors need to be emotionally invested in the techniques they learned. Always adapt techniques to the survivor's unique culture, age and experience. Survivors need to keep practising these new ways of thinking, feeling and acting so as to truly integrate what they have learned into their everyday life.
- And it can be helpful to explore with the survivor what situations in the future may be difficult for her and how she can handle them.
- Ask: What are the things that block survivors the most from staying well? Write responses on flip chart.

Change Slide ➔

Role-Play (40 minutes)

- Have participants get into groups of 3 and role play a conversation discussing what a survivor could specifically do if they experienced a severely stressful event or negative feeling in the future. One participant plays the survivor, one plays the caseworker, and one is the observer who takes note of the strengths and weaknesses of the role play. Each participant should have a turn to be the caseworker, alternating between different roles.
- Scenario: *[Name] cannot understand why every time she smells and hears fried dough cooking on the street, she has a headache. She learns that because fried dough was being cooked when she was raped, the sound is one of her 'triggers.' The sound makes her remember the rape, causing a headache. In case management sessions she has learned grounding strategies.*
- Imagine that you are meeting with [Name] to discuss 'Staying Well.' How might you talk about 'Staying Well' with her? Give the survivor the opportunity to tell the case worker what they would do first. Help them to be as detailed as possible in describing how they would respond.
- Debrief:
    - What was challenging about that role play?
    - What did you learn?

Change Slide ➔

Summary (5 minutes)

- Survivors will continue to face challenges in their life. A big part of case management work is creating a calm, reflective space for survivors to be able to think about their life, learn from their experiences and transform their pain into insight, wisdom and courage.
- As a review, ask a participant to explain why talking about Staying Well is so important with survivors.

Change Slide ➔

SESSION 7: ASSESSING RISK AND PROTECTIVE FACTORS

Time: 65 minutes total (1 hr 5 min)

Topic	Time
Assessing for Risk and Protective Factors	15 min
Tree of Life Activity	40 min
Using Risk and Protective Factors	5 min
Summary	5 min

Objective:

- To understand the impact of daily stressors and oppression
- To practise a structured approach to assessing Risk and Protective factors

Preparation/Materials:

- Review pages 30-32 in the module
- Handout 6 - Tree of Life
- Flip chart and markers
- Crayons, coloured pencils or markers for each participant

Instructions:

ASSESSING FOR RISK AND PROTECTIVE FACTORS

Large Group Discussion (5 min)

- Part of the Assessment Step 2 of case management is assessing for risk and protective factors. In this session, we will learn more about how to do this.
- Ask: What are the reasons we do an assessment? Write responses on flip chart. Then, explain:
    - Understanding the survivor's context
    - Determining if other responders are involved
    - Determining the survivor's needs and challenges

Change Slide ➔

Large Group Discussion (5 min)

- Read the definition of protective factors from the slide. Then, explain that unfortunately, due to the nature of the abuse/violence, survivors often forget about the importance and power of their own resources, particularly in the moments they need them the most: when they feel overwhelmed with emotion.
- Ask: What are examples of protective factors? Write responses on a flip chart.
    - Encourage participants to think about protective factors on several levels: individual factors, factors related to the traumatic event, and environmental factors including relationships, family, community, beliefs, and policies.
    - Examples include: age, existing coping skills, gender, education, racial/ethnic/cultural identity, religious identity or belief system, how others responded to the trauma, resources available in the community, strength of natural support systems, community attitudes and values toward the violence, political and economic factors
- Read the definition of risk factors from the slide.
- Ask: What are some examples of risk factors? Write responses on a flip chart.
    - Encourage participants to think about risk factors on several levels: individual factors, factors related to the traumatic event, and environmental factors including relationships, family, community, beliefs, and policies
    - Examples include: age, their level of distress before the trauma, previous history of trauma, gender, racial/ethnic/cultural identity, religious identity or belief system, role or job (e.g., sex worker, soldier); how often, how severe and how long the trauma(s) lasted; degree of physical violence or injury; whether the trauma was experienced alone or in the presence of others; relationship with perpetrator, how others responded, resources available in the community, strength of natural support systems, community attitudes and values toward the violence, political and economic factors

Change Slide ➔

Explanation (5 min)

- Throughout the assessment, we are gathering information about a survivor's unique risk and protective factors. Sometimes we will ask her direct questions about risks or protective factors. Sometimes we may do an activity. Most of all, if we are listening closely enough as she tells us about her life, her struggles, and the GBV incident, we will be able to hear many risk and protective factors.
- From the GBV story: We can find them in the story she tells us about the GBV incident; for example:
    - What did she do to escape? (her legs as protective resources, intelligence, the way she reacted in the moment to not make it worse, etc.).
    - Who did she seek help from? What was their response? (family members, faith leaders, authorities, community at large, etc.)
    - What does she expect will happen if other people find out?
    - What supports or services allow her access? Which deny her access?
    - Does her relationship with the perpetrator put her at additional risk? For example, her husband who she sees every day.
    - Does she hold the belief "It's my fault" (risk) or "I did not deserve this" (protective)?
    - How has she been coping since the incident? Substance/alcohol use may be a risk.
    - Does she have any physical injuries or illnesses?
    - Is she sleeping well?
- From her life story: Sometimes we will discover Risk and Protective factors as she tells us about her life in general or when we are assessing for needs. For example:
    - Is she worried about losing her housing? Her income?
    - What role does her spiritual or religious beliefs and practices play in her life? Is she a part of a spiritual or religious community?
    - Are her children or other family members struggling right now?
    - Has she lost a loved one?
    - Does she have close friends?
    - Who are some people she feels safe with?
    - Does she have a belief that prevents her from seeking medical care?
    - Do the resources and services she needs exist in her community? (e.g., clinic, market, water, etc.) If not, does she need to travel far to reach them and is she able to?
    - Is she good at solving problems?
    - Is she willing to seek help?
    - What was her life like before the GBV incident?
    - Has she experienced something like this in the past? How did she get through it and recover?
    - Does she know someone else who went through something similar and how they recovered? What about her ancestors?
    - Ask the group: is there anything else you can think of that I haven't included here?
- Sometimes we will use our knowledge of the community and culture to assume a risk or protective factor. For example, in Session 3 on Culture & Power, we learned about the ways certain identity groups may be discriminated against by other identity groups that may hold certain powers or privileges, based on the way we were socialised in that community. Consider the survivors' many identities. Do any of these make her more or less vulnerable or protected? What beliefs, practices and policies exist in the community that may help or hinder her recovery? Remember, this is just an assumption; we should always seek to understand her unique experience in the community as someone with that identity. It may not match our assumption.
- Assessing for risk and protective factors continues throughout our work with a survivor. These factors may change over time or in different contexts/situations.
- A term that is related to protective factors is Resiliency. Resilience is the ability to keep going and engage in life after a difficult experience like GBV. It is not the ability to "stay strong," because a resilient person can still experience suffering and distress. Resilience is also not static – meaning that a person can be more or less resilient at different points in their life. Resilience is shaped by the interactions of an individual with the environment they live in. Some societal beliefs, practices and policies make it easier or harder for certain people to be resilient. There is resilience inherent in being a woman!
- Both trauma and resilience can be can be passed down from ancestors and passed on to our descendants: genetically, behaviourally, emotionally, culturally, spiritually. Explore the ways in which the survivor's ancestors may be a source of protection.
    - One of the best things we can do for ourselves, our families, and our descendants is metabolise our pain and heal our trauma. Just as trauma is transmitted, so is our emotional health and healthy genes.

Change Slide ➔

TREE OF LIFE

Small Group Exercise (30 min)

- Introduce 2 tools to assess risk and protective factors in survivors
    - The Lifeline (Appendix C in module).
    - The Tree of Life (Appendix B in module)
- Explain: The Tree of Life is a strengths-based exercise that invites the survivor to speak about her life in ways that make her stronger. The survivor is invited to draw a tree. The tree represents the survivor and each part of the tree represents a different part of her.
    - Roots: Where you come from, your foundation, your ancestors that keep you strong.
    - Ground: who you are, where you are; this is about your life in the present, potentially including people you live with, daily activities and routines, favourite part of your current home, important parts of your daily life, etc.
    - Trunk: Strengths, what you are good at.
    - Branches: Hopes and dreams for the future.
    - Leaves: Special people, places, sounds, smells and tastes.
    - Fruits: Gifts you have received in your life. Remember gifts can be tangible, like a ring or flowers, or intangible, like happy memories, compliments, and acts of kindness.
    - Bugs: The things, feelings, people or thoughts that 'eat' or ruin your fruit, trunk, branches, leaves and fruit.
- After the tree has been drawn, the caseworker and the survivor discuss what it is like to see their life in tree form. Are there protective factors or risk factors that surprised them and how can they strengthen their protective factors and decrease their risk factors? The caseworker can ask many questions to explore the different parts of the tree (e.g., ask for stories about one of the people in the Leaves)
- Hand out crayons/markers/coloured pencils and paper.
- Have participants create their own Tree of Life following The Tree of Life outline (Handout 6). Give participants option to do fictional tree if they are not comfortable doing one for their own life.
- At the end, ask for a volunteer to do a demonstration with you. The facilitator will use the volunteer's Tree of Life to ask them questions that further explore their tree just as they would do with survivors, such as:
    - Look at your tree. How do you feel looking at your tree?
    - What stands out? Why?
    - How can you reduce the bugs that are eating your joy and strengths?
    - What did you learn about yourself?
    - Can you tell me a story about one of people you drew as a leaf?
    - What makes that dream of yours (branch) important to you? How have you managed to hold on to these hopes and dreams even during hard times? What has sustained them? What do you do to keep from giving up?
    - Notice which area they had trouble filling in and ask them more questions about it. For example, for the trunk, what would a friend tell you that you're good at? How long have you had this strength? How did you come to learn these skills? Did you learn them from anyone in particular?
    - For the roots, invite them to think about their favourite place at home and or a treasured song or dance or cultural celebration

Change Slide ➔

Large Group Discussion (10 min)

- What reactions do you think the survivors you work with would have to the Tree of Life?
- What might be challenging about the Tree of Life? How might you be able to adapt it to fit the community you work in?
- Now that you have assessed for Risk and Protective factors, what do you do with them? How do you use them when meeting with a survivor to help her address her needs?

Change Slide ➔

USING RISK AND PROTECTIVE FACTORS

Explanation (2 min)

- Understanding their survival story and the ways in which they have used their power to survive is important. Often survivors define their story based on what happened to them, which can cause self-blame and hopelessness. Slowly, we can help them embrace a different story of their strength, which may help them recognise their worth and be more compassionate toward themselves.
- When problem solving with a survivor on how to meet her needs, you can remind her of her protective factors that she can use—that is, the resources she has available inside her and outside of her (e.g., a supportive friend, financial savings, faith in God(s), other aspects of her Tree of Life, etc.). Knowledge of risk factors will help you anticipate challenges in meeting her needs, so you can plan in advance for what to do if those challenges arise.

Change Slide ➔

Explanation: Do No Harm (3 min)

- An important protective factor is the survivor's ability to use her existing resources and supports in a way that feels comfortable for her. It is important that we first honour and support survivors' individual and communal ways of healing.
- We do not want to get in the way of people's natural healing methods. This can cause further harm. Instead notice them, encourage survivors to continue using them, help make it easier for survivors to use them, remove barriers to using them, appreciate and celebrate the survivor for using them, and acknowledge their wisdom. We are not here to replace natural or instinctual healing methods.
- "But what if some things she is doing are harmful?" such as alcohol or drug use. They are likely helping the survivor in some way, despite the harm. Understand and acknowledge the way it's helping her by asking, "In what way is doing that helping you? I imagine you probably wouldn't be doing it if it wasn't helping you in some way." Then ask them if it may be harming them in any way, or if it may be getting in the way of any goals they have or if it is preventing them from doing anything important to them (e.g., taking care of their children, going to work, etc.). Then ask if they would be interested in exploring other strategies that can help with the same issue but don't have the same costs/consequences/harms. (See Enhancing Motivation session for more strategies)
- A note on new techniques and methods like those taught in this training: New techniques should be introduced to survivors as an offering. A new method is not the "right" or "best" one; it is simply one potential way to help a survivor achieve the goal she has for herself. So, we offer it as a suggestion and ask her if she would be willing to try it. We give her the opportunity to say no, and respect her decision. We don't say, "The only way to feel better is to tell me in detail about the assault." She is the expert of her life and knows what is best for her.
- When we meet with survivors, it is like entering their house. We ask for permission to come in and we ask them to lead us around because it is their house. So, maybe we go with them and we pass a bedroom but this time they do not want to enter as it is too hard for them so we wait until they invite us into that room. We don't push in. We are not experts, but there are areas where we will know a few things that may help them. So, as they lead us around their house, we offer to share some of the things we know (like grounding techniques).

Change Slide ➔

Summary (5 min)

- What are protective factors? Give a few examples
- What are risk factors? Give a few examples
- How can we use Risk and Protective factors during meetings with survivors?

SESSION 8: IDENTIFYING TRIGGERS

Time: 70 minutes total (1 hr 10 min)

Topic	Time
Defining Triggers	12 min
Identifying Triggers	10 min
Role Play	40 min
Ways to Help	6 min
Summary	2 min

Objective:

- To understand what triggers are, why they happen and how survivors react to them
- To practise explaining key concepts about triggers to survivors
- To understand how survivors can prepare for and respond to triggers

Preparation/Materials:

- Review pages 33-35 in the module
- Flip chart and markers
- Choose and insert a name for the case example

Instructions:

DEFINING TRIGGERS

Large Group Discussion (8 min) – Write responses on flip chart

- What is a trigger? Then, explain:
    - A trigger is also called a trauma reminder. It is a person, object situation, or internal experience (thought, sensation, emotion) in the present that reminds a survivor of past trauma.
- What examples have you seen in your work with survivors? And what reaction did the trigger cause?
- What are some reasons why triggers happen? What do you or others think causes them?

Change Slide ➔

Explanation (1 min)

- Goal is for a survivor to learn:
    - What triggers are
    - Why triggers happen
    - In which situations she is triggered
    - How to recognise she is triggered
- As always, provide comfort and hope to the survivor and validate her feelings toward being triggered.

Explanation: What and Why (3 min)

- Like I said, a trigger is person, object, situation or internal experience that reminds someone of past trauma
- Because this trigger in the present is connected with past trauma, when the survivor encounters it in the present, she may perceive it as dangerous. Her brain is remembering this thing was dangerous in the past. She then may feel unsafe, even if there is no danger in the present.
- The brain goes very quickly into survival mode. And this may look like a **Fight, Flight, Freeze or Submit** response.
- Ask: Who can remind us what those responses are?
- When triggered, she may feel some of the same feelings she had around the time of the trauma, such as fear, sadness, and helplessness. She may experience some of the other things we had on our list of Common Reactions to GBV, like flashbacks or a panic attack. Or she may feel intense emotions, cry suddenly, feel paranoid or hypervigilant, or have sudden physical symptoms such as nausea or fatigue.
- Everyone responds differently to triggers. They are very personal, and different things trigger different people.
- Again, part of her brain thinks she is unsafe, so her behaviours are likely attempts to feel safer or protect herself, even if they may not make sense in the moment. For example, she may push away or get angry at loved

ones, or she may shut down.
- In the moment, a survivor may not recognise she has been triggered. It happens very fast that she may feel she couldn't control her reaction.

Change Slide ➔

IDENTIFYING TRIGGERS

Explanation (10 min)
- Asking questions can help her identify what are the signs are that she has been triggered and what the specific trigger is. For example, you can ask if she has ever experienced a time when:
    - Her reaction to a situation seemed more intense than was warranted?
    - Her reaction was very different from her usual reactions or those of people around her, maybe even strange?
    - She felt stuck in her reaction to a situation?
    - She had a sudden flashback, like she was reliving the trauma?
- The specific connection between the trigger and the past trauma may not be clear to her. Without asking her for details of the GBV incident, you can ask her if she knows how the trigger is related.

Change Slide ➔

- It will likely be something she saw, heard, smelled, felt or tasted. This is because of how Traumatic Memory works, as we explained earlier. The traumatic memory is stored as sight, sound, touch, smell and taste. So, when she experiences the same sense in the present, it quickly reminds her of the past.
- Our non-traumatic memory can work this way as well: our senses can cause us to remember something pleasant from the past. It's why when you smell a particular food in the present, you may automatically have a memory of the time a parent or caregiver made you that food as a child. And you might feel happy. All because of the smell.
- For a survivor, the smell of alcohol may be a trigger if the perpetrator smelled like alcohol at the time of the assault. And any time she smells it in the present, she has a strong emotional reaction or a flashback. Or the sound of people arguing can trigger someone whose trauma involved yelling or arguments.
- However, some people may have no memory of the GBV incident or the connection between trigger and incident may not be clear. It is not necessary to know the connection in order to identify and cope with triggers in the present.
- Ask: What are examples of triggers from your work with survivors? Do you know what the connection was to the GBV incident? Please do not share the details of the GBV incident.
- Ask 1-2 participants to read aloud the senses and examples from pages 34-35 in the module

Change Slide ➔

ROLE PLAY

Demonstration and Role Play (40 min)
- Ask for one participant to volunteer. The facilitator plays role of caseworker and the participant plays a fictional survivor. Practise explaining what triggers are, why they happen, and asking questions to explore the survivor's signs that she is triggered and what caused them.
- Then divide into pairs and do a role play: Each person practises being caseworker to explain triggers using the following case study: [*Name] was raped by her neighbour three weeks ago and did not report her case. She didn't feel any pain after the incident and figured that if she didn't think about it, she would be fine. She has stayed in her home and away from people since it happened and everything seemed to be going well. Then, one day she is in town with her husband when she smells a man's cologne. She freezes—her heart starts beating faster, she is breathing so heavy she cannot catch her breath, and images of the rape flash through her mind. She comes to you for help and you see that she is sweating, having trouble breathing, and dizzy. She tells you that she was raped and feels scared. But she says she doesn't know why she reacted that way in town and feels "crazy." She mentions this has happened before in different situations.*
- Discuss:
    - Any challenges? Questions?

- What was the trigger? How did she react to the trigger?
- How can you explore other triggers she may have?
- How did you comfort and validate the survivor's feelings? Be sure participants acknowledge the survivor arrived highly activated (Window of Tolerance) and may need to help her get more grounded.
- How might knowing all this about triggers be helpful for a survivor? What might she feel after knowing all this? Then, explain that knowing this can help her:
  - Feel more control
  - Feel less afraid of her reactions to triggers
  - Feel less "crazy"
  - Reduce shame

Grounding or Relaxation Exercise

- Ask participants to gauge where they are in their Window of Tolerance. Choose an exercise from Appendix F in the module depending on whether participants report needing an activating (up-regulating) or soothing (down-regulating) exercise.

WAYS TO HELP

Explanation (2 min)

- Once she understands the basics of triggers, she can then:
  - Problem solve ways to respond in the future when triggered
  - Find ways to reduce likelihood of being triggered
  - Learn how to re-engage with safe situations and people that remind her of the trauma
- Grounding Techniques are a great way to deal with reactions to triggers in the moment because they help get survivors back into the present after the trigger has sent them to the past. We'll talk more about that in a later session
- Once a survivor knows what is triggering her, you can together use Problem Solving for how to avoid the triggering situation, person or object, or reduce the frequency in which she comes into contact with the trigger.
- You can also use Problem Solving to come up with ways she can feel safe if she cannot avoid the trigger. For example, the trigger may be a particular location (e.g., the market) because it is either the site of the violence or reminds her of it in some way. You can ask her what will make her feel more comfortable going to that location. She may have the idea of bringing a friend or family member. Or perhaps it's specifically the crowding at the market that triggers her because she feels trapped like she did during the assault. In this case, she may decide to shop at times of day when the market is least crowded.

Change Slide ➔

Explanation: Window of Tolerance (2 min)

- Remind participants of the Window of Tolerance
- Triggers make someone leave their window of tolerance and become either over-activated or under-activated.
- If a survivor is near the edge of her window when she encounters a trigger, the trigger will more easily make her leave her window than if she was farther away from the edge. For example, if she is more tired or very stressed or even sick, she is more likely to be triggered.
- That same trigger may not make her leave her window of tolerance if she encountered it when she was calm and relaxed. It may only cause her minor stress that she feels more easily able to control.
- That is, the same object may not always trigger a person. Or it may not always cause the same amount of distress.
- Thus, it can also be important for survivors to ensure they are physically healthy and do things that reduce their stress (like exercise, spending time with trusted family and friends, etc.)

Explanation: Avoidance (1 min)

- The more someone avoids a feared situation, the more they will fear it. The same is true for triggers. Initially it may be best to help survivors avoid triggers that cause severe reactions or reduce how often they encounter those triggers. This is especially helpful if the survivor is still learning Grounding Techniques and other helpful strategies for dealing with reactions to triggers.
- Some survivors avoid situations, people or objects that are safe in the present and necessary for their daily life (e.g., specific locations, foods, etc.) but cause them to be triggered. Encourage them to eventually confront these feared situations, if there is no threat to their safety. Problem Solving, Grounding Techniques and Cognitive Restructuring may help.

Explanation (1 min)

- Remember, GBV survivors may be facing other traumas or major stressors that have their own triggers. For example, a survivor who is constantly worried about money may be triggered by her landlord asking for rent. It is important to support survivors with the situations that cause these triggers too.
- She may also be triggered in session with you, especially if she is talking about the details of the GBV incident, which can cause reactions like flashbacks. If this happens, address her by her name and ask her to pause what she is saying. Remind her who you are, where are you (i.e., your location) and the date. Ask if she would be comfortable doing a grounding technique with you. If she declines, try just looking around the room together.

Change Slide ➔

Summary (2 min)

- Review the definition of a trigger
- Review the four goals in working with a survivor who has triggers
- Always validate her feelings and concerns about triggers

SESSION 9: MINDFULNESS

Time: 108 minutes total (1 hr 48 min)

Topic	Time
What is Mindfulness?	15 min
Labelling	6 min
Boats on a River Exercise	15 min
Trauma-Sensitive Approaches	2 min
Role Play	30 min
Mindful Eating Exercise	25 min
Mindful Walking Exercise	10 min
Summary	5 min

Objective:

- To understand what mindfulness is and how it can be used in GBV case management
- To learn formal and informal mindfulness exercises
- To practise teaching mindfulness to others

Preparation/Materials:

- Review pages 36-39 in the module
- Handout 7 - Introduction to Mindfulness
- 1 small piece of fruit (mandarin, orange, banana, or any other food, preferred a fruit that you can peel) and 1 small piece of individually wrapped chocolate for each participant
- Flip Chart and Markers

Instructions:

WHAT IS MINDFULNESS?

Large Group Exercise: (7 min): Orienting to the Room (Mindful Observation)

- Let's start with a group exercise to demonstrate mindfulness. You can also use this with survivors at the start or end of a session.
- This exercise involves looking around the room and noticing that certain objects make us feel different sensations in our bodies. I encourage everyone to participate, though if you think this exercise will be uncomfortable for you for any reason, you can just sit quietly until we are finished.
- Use the script for the Orienting to the Room exercise in Appendix E in the module to lead participants through the exercise.

Change Slide ➔

Large Group Discussion (5 min)

- Briefly get a few people's answers to:
  - What did you notice?
  - How do you feel now as opposed to before we did this exercise?
  - What was that like for you?
- Explain that they can use this with survivors at the start of a session to help them transition from whatever they were doing before seeing you.
- Ask: What does mindfulness mean to you? Have you heard of it? How would you define it?

Change Slide ➔

Explanation (3 min):

- Mindfulness is the possibility of the mind to be present with whatever you are experiencing without judgment.
- Put simply, it is: Awareness, Of Present Experience, Without Judgment
    - Our present experience may be a thought, a feeling, a body sensation, an image, a smell, a taste, a movement, an activity.
    - In the first exercise, we focused on becoming aware of whatever sensations were showing up in our bodies while we were looking at something pleasant. Alternatively, I could have asked you to just pay attention to what emotions or thoughts showed up for you as you looked at the object.
    - The important part is to be aware of whatever shows up and allow it to be there. And doing so without judging it. That means not judging it as good or bad, pleasant or unpleasant, right or wrong.
    - You can tell survivors "You don't have to like the thought, want it, or approve of it. Just allow it to hang around until it is ready to go naturally."

Change Slide ➔

- Mindfulness is not:
    - A relaxation exercise (though relaxation is often a secondary benefit!)
    - A way to avoid difficulty or get rid of painful thoughts and feelings
    - A way to achieve a different state of mind
- Mindfulness is a way of being in the world and in your life. It is about:
    - Being present to whatever we are experiencing no matter how upsetting it may be. When we stay with it, we then realise that it passes in time or changes (e.g., less loud or intense).
    - Getting closer to our difficulties without getting caught up in our reactions to them.
    - It is something each of you already knows and experiences. It is those moments when you feel so connected to yourself and in your body. Children especially know this state, like when they are so interested in everything that's happening around them, with awe and wonder. Unlike children, adult minds are often preoccupied by worry and fear about the past or future, which causes suffering. Mindfulness awakens our inner child to help us get curious about our present experience, including pleasant ones.

Change Slide ➔

- How It Can Help:
    - When practised regularly, mindfulness has been shown to have numerous benefits, including improving immune system and heart health, reducing physical pain, increasing self-awareness, and improving attention. It can also help improve your relationships, especially by allowing you to be better attuned to others and to yourself.
    - Mindfulness can help you reduce impulsivity and reactivity, and thus feel in greater control of yourself and your emotions, all because you are more aware of your emotions as they are happening. This awareness helps you stay regulated and promotes ownership and agency of one's body. This is especially helpful for GBV survivors.
    - Formal and informal mindfulness practices help build the capacity to be mindful more easily and more often throughout your life—to make mindfulness a way of being and existing in the world so that you can experience all these benefits. It takes time and lots of practice!
- Formal and Informal Mindfulness Practices:
    - Formal practices involve intentionally setting aside time to practise mindfulness. It can be an exercise like the one we started with, meditation, some forms of prayer, sitting down to focus on breathing, yoga, body scans. This is what we do in session with a survivor.
    - Informal practices help a person refocus during the day. They are short activities that only take a moment, but help you check in when experiencing higher or lower activation. For example, being mindful of your breathing as you go about your day, being mindful when eating or drinking, or when cleaning or washing dishes, listening to music. This is what we can recommend survivors try at home if they don't want to do a formal practice.
- Mindfulness has been an aspect of Asian spiritual practices for thousands of years; though, most religions and spiritual practices have some form of mindfulness element, as do many non-religious practices. And as long as we have a body and are breathing, mindfulness can be used and makes sense for any human being.

Change Slide ➔

LABELLING

Explanation (6 min):

- Studies have shown that choosing to notice and name distress in itself can help reduce it and let you feel more in control and more organised of what's going on inside ("Name it to tame it"). One of the most basic ways to start building your capacity to be mindful is called Labelling.
- For example, you can silently or out loud say "Thought" when a thought comes to mind while you're going about your day. Doesn't matter if it's a helpful thought or an unpleasant, unhelpful one. You can just say to yourself "That's a thought" or "There's that thought again" and return to whatever you were doing. Or you can get more specific "sad thought" or "worrying thought."
- You can also do it with feelings by labelling which emotion you're feeling: "Bored" "There's Frustration again." Or images that come into your mind.
- Earlier I mentioned being non-judgmental is important. So we aren't getting angry or disappointed at ourselves when we have this thought or emotion. It's normal! Something I love to do to be non-judgmental is say "Thank you mind for that thought!" or "There's my beautiful mind making thoughts again!" This brings some positive energy that can help reduce the intensity of an upsetting thought or emotion.
- Labelling also helps create some space between ourselves and the thought, emotion, sensation or image. With some space, we can observe it. Being aware of what we're experience and getting some distance from it helps us then make a wise decision of what to do about it. For example, often simple Labelling or Thanking Your Mind will be enough for you to refocus on whatever you're doing. At other times, it may prompt you to use a Relaxation Technique or the Cognitive Restructuring technique or just take a deep breath.
- And we can be creative with labelling! Take a few seconds right now to notice a thought you are having. [pause] Maybe it's just "I'm confused" [pause] Now imagine that thought written on the wall—how big is it? What colour is it written in? Wave hello to it! Another way to get creative is ask "if that emotion was in front of you right now, what colour and shape would it have?"
- Caseworkers can also help build a survivor's ability to be mindful as part of your regular work. By asking simple questions, we are already helping survivors to be mindful—to tune into their present experience and build their inner awareness:
    - What are you feeling now?
    - What did you feel then?
    - You are noticing a memory
    - That thought is telling you, "I can't do it"
- Ask: What other questions or statements can you say to encourage a survivor to be mindful in session with you? Write suggestions on a flip chart.
    - More examples include: "What thoughts are in your head right now?" "So you're having the thought 'I feel worthless'?" "When you talk about X, do you notice any strong sensations in your body? Like heart beating faster, stomach twisting or fists tightening?" "There's that beautiful mind of yours having self-blame thoughts again."

Change Slide ➔

- Our mind is like a radio, always playing in the background of whatever we are doing. Sometimes it plays sad news stories, like reminding us of times we messed up in the past or trying to warn us that bad things are going to happen in the future. Sometimes it gives us news updates of our life, telling us "Your life is a mess!" Occasionally, it will play a news story that's helpful or happy. Sadly, there is no way to turn off the radio. And often, the more we try to stop it, the louder it plays. But have you ever had the radio on in the background but because you were so focused on something else, you didn't really listen to it? We can treat our thoughts like that as well—just background noise. We can let them come and go without focusing on them or being bothered by them.[7]
- When an unpleasant thought appears, instead of focusing on it, you simply acknowledge its presence, thank your mind, and return your attention to whatever you were doing. If your mind's radio is playing something helpful, you can choose to tune in and listen to it.
- With mindfulness, we are not trying to change thoughts. We will talk about that later in the session on Cognitive Restructuring. With mindfulness, we want to give thoughts permission to be where they already are, allow them to be there, and stop wasting our energy pushing them away.

7 Harris, R. (2007). Acceptance and Commitment Therapy (ACT) Introductory Workshop.

- Remember what we said earlier: "You don't have to like the thought, want it, or approve of it. Just allow it to hang around until it is ready to go naturally."

Change Slide ➔

Large Group Exercise (7 min): Watching Your Thought: Boats on a River

- Now we'll practise a formal mindfulness exercise. It involves us closing our eyes, imaging a river, and placing our thoughts, feelings, sensations and images onto boats in the river. I encourage everyone to participate, though if you think this exercise will be uncomfortable for you for any reason, you can just sit quietly until we are finished.
- Use the script for the Boats on a River exercise in Appendix E in the module to lead participants through the exercise.

Change Slide ➔

Large Group Discussion (8 min)

- What was that exercise like for you? What did you notice? How are you feeling now as compared to before?
- Any challenges? Then, explain that as with all of these techniques, it needs PRACTICE. Then it will feel more and more comfortable. Some days it will be easier to do than others. The key is not to judge yourself!
- What did you learn?
- How can you use this with survivors? Write suggestions on flip chart
- What other visuals can you use instead of boats on a river? You can prompt them with a few ideas, such as clouds in the sky, cars driving by, giving thoughts to God(s). Write suggestions on flip chart.

Change Slide ➔

TRAUMA-SENSITIVE APPROACH

Explanation (2 min)

- Focusing on one's internal experience (like thoughts, feelings and body sensations) can be distressing for some survivors for various reasons. Often the body was the location of violence or a subject of verbal abuse, and becoming aware of the body, traumatic sensations, thoughts and emotions can remind survivors of the abuse and potentially cause distress or trigger them to re-live the trauma (e.g., flashbacks, dissociation). So, survivors may try to avoid noticing their internal sensations. Yet, safely getting in touch with one's internal experiences can be one of the most healing aspects of mindfulness.
- Ask for volunteers to read aloud from the bullet-point list of ways to make mindfulness exercises more trauma-sensitive on page 37 of the module

Change Slide ➔

Role Play (25 min): Ask participants to break up into pairs. One person will play the counsellor and the other person will play role of a survivor. Instruct participant to turn to Appendix E in the module for the scripts for Orienting to the Room and Boats on a River and use the Handout 7 for Introduction to Mindfulness. Ask each person to practise introducing what mindfulness is and practise either one of the two exercises.

Large Group Discussion (5 min)

- Any questions? Challenges? Was it easier or harder than you thought?

Change Slide ➔

Large Group Exercise (15 minutes): Mindful Eating (Immersion)

- Now we'll do a mindfulness that incorporates something we do every day: eat. In this exercise, I will ask you to either a piece of fruit or a piece of chocolate in a way you're likely not used to. I will give you instructions to hold, smell, bite, chew and shallow and at each stage I'll ask you to notice what sensations and feelings you're having. If you're not comfortable participating in this exercise, that is absolutely fine. Please just sit quietly until it is over.
- Use the script for the Mindful Eating exercise in Appendix E in the module to lead participants through the exercise.

Change Slide ➔

Large Group Discussion (10 min)

- What did you notice? What was that like for you?
- How did the flavours change or stay the same?
- How was it different from the way you usually eat and experience your food?
- What did you learn? Explain that this exercise can help survivors feel joy in eating a food they love.
- What other normal daily activities can you do mindfully? Write suggestions on flip chart.

Change Slide ➔

(Optional): Mindful Walking (10 min)

- We will spend a few minutes walking and noticing how we walk. I encourage everyone to try this exercise; however, if you think it will be uncomfortable for you, then please just sit quietly while others do it.
- Use the script for the Mindful Walking exercise in Appendix E in the module to lead participants through the exercise.
- Debrief with the group.

Change Slide ➔

Summary (5 min)

- Mini quiz: What ways can you make a mindfulness exercise more trauma-sensitive?
- In what ways can you use mindfulness with survivors?
    - During every meeting by asking questions (e.g., how do you feel?) and using statements e.g., so you had the thought "I'm all alone")
    - Helping survivors connect their emotions with accompanying physical sensations
    - A formal exercise at the beginning of the meeting to help the survivor transition from her day and focus on your meeting. Or at the end of a meeting to help her transition out of your meeting.
    - Suggest formal and informal exercises as homework
    - Anyone can benefit from mindfulness, and you can tailor it to meet her goals (e.g., reduce alcohol use, improve concentration, feel more connected to loved ones, reduce anxiety, feel more in their body, reduce impulsivity and reactivity)

SESSION 10: RELAXATION AND GROUNDING TECHNIQUES

Time: 70 minutes total (1 hr 10 min)

Topic	Time
Relaxation Techniques	35 min
Grounding Techniques	35 min

Objective:

- To introduce relaxation as a preventative measure for psychological distress
- To introduce techniques to assist survivors to re-connect to reality and to their bodies

Preparation/Materials:

- Review pages 39-45 in the module
- Relaxing music (wordless)
- Speaker (can use computer if none is available)

Instructions:

Explanation

- Throughout this training we will and have used different relaxation and grounding techniques to start and close the days, and to help bring you back into the moment of the training. Why do it this way? Because these are important for us to use on a regular basis for ourselves, especially when working with survivors and in complicated situations and settings. Make sure that you use the trauma sensitive approaches that are addressed in the Mindfulness section when working with survivors to make sure that you 'Do No Harm'.

Explanation: Revisiting the Window of Tolerance (5 min)

- (Referring to slide) Mindfulness exercises and techniques help build our capacity to be mindful in all parts of our life. Mindfulness helps us track where we are in our Window of Tolerance at any given moment. When we have Awareness of our Present Experience Without Judgement, we can notice when our level of activation is changing. We do this by noticing the signs in our body—like changes in heartbeat, temperature, shaking, difficulty sitting still or our movement starting to slow down, our posture slumping or feeling weaker. These signs help tell us where we are in our window. Similarly, when we are mindful, we notice our emotions, our thoughts and we notice how connected we feel to other people. This is data we can use to see where we are in our window and if we are getting too close to the edges.
- Based on mindfulness of where we are in our window, Grounding and Relaxation Techniques then help us intervene:
    - We rely on grounding techniques to get back inside our Window when we left it. When we're outside our window, we've left the present and part of our brain is caught up in the past. Grounding is all about actively guiding our attention away from thoughts about past and towards the **present.** Some mindfulness exercises are also grounding. Grounding can also be used to keep us inside our Window when we're at risk of leaving it, or when we want to intentionally become more present.
    - Practising relaxation techniques helps prevent our level of activation getting too high and helps us widen our window so we can tolerate more and more stressful experiences over time. When we are relaxed in our daily lives, we can better tolerate more experiences because they don't send us outside our window of tolerance. It helps our body feel safe and calm and helps us connect better with other people.

RELAXATION TECHNIQUES

Explanation (5 min)

- Every time you feel fear or worry, your brain believes you are in danger, and stress hormones are released into your body. If you worry or feel fear every day your stress hormones can have a negative effect on you. They can increase your blood pressure; make you forgetful or make it hard to concentrate; and even decrease your sex drive.
- Relaxing the body and mind helps you to be healthy, to feel more in control and able to function. The relaxation techniquesin Appendix F of the module can be used at any time to help you to manage fear or worry.
- Breathing and visualisation are two relaxation techniques included in the module pages 40-41. These techniques can be taught to the survivor together or across separate sessions. It is important to note that for some survivors, breathing techniques like those taught in the module can raise anxiety and/or be dysregulating for them. Check in with the survivor when teaching breathing techniques, and be prepared to adjust or teach a different technique. Today we will learn how to implement the visualisation technique.

Change Slide ➔

Large Group Discussion (10 minutes)

- Explain that survivors often have elaborate, creative ways they have found to relax. It is important to integrate their existing coping skills into this work.
- What are local, cultural or spiritual relaxation strategies that you have heard loved ones or survivors share?
- What makes an activity or experience relaxing (e.g., a feeling of inner peace, distraction from thoughts, absorption into another reality, changing negative emotions to positive emotions).
- What challenges do survivors have feeling relaxed?
    - Explain: Relaxation is not easy for every survivor and can be scary and too vulnerable for some survivor, especially if they are often hypervigilant (this will be discussed in the Anxiety and Hypervigilance session). They may think that if they relax, they won't be prepared in case of potential violence. In this case, you can tell survivors that the process of feeling relaxed is slow and gradual, and you can start together during meetings if only for a few moments. Over time, they will be able to tolerate longer moments of relaxation. If they feel safe, they can start to practise the exercises at home, ideally with a trusted other person.
    - Explain: Keep in mind that a relaxation or grounding technique that works for one person may not work for another person. Experimenting is key; it means trying it out and checking in with how it feels for the person. They may need to use it several times to see if it has an effect.
- How do Relaxation Techniques relate to the Window of Tolerance? When would you use them?

Change Slide ➔

Large Group Exercise (10 minutes)

- Take participants through the Imagination-Visualisation Experience (provided below and also found on page 41 in the Relaxation Techniques section of the module).
- Instruct everyone to get comfortable in their seat.
- Read the following text:

You can close your eyes or keep their eyes open. But if you keep them open, soften your gaze and focus on one location in the room that is unmoving, like the wall or the floor. Remember, sometimes when people have experienced trauma in their lives, they might not feel safe closing their eyes. Become aware of your breathing … allow your breathing to gradually slow down … breathe in and breathe out … breathe in and breathe out… Now breathe deeply and imagine that you are leaving the building to travel to another place, a place of calm.

Imagine what you see as you leave the building and begin your journey… Decide in your imagination how you will travel: by walking, taking a bus, flying? Is your way through a town…? or are you leaving town passing through the countryside…

Notice what is under your feet as you make this journey… What kind of day is it? Is it warm, cool, windy or rainy? Now, up ahead, you see your destination, a place of calmness… Imagine what is it like when you approach this place?

You have arrived at last. Imagine what is your place of calmness like? Is it a building? Is it outdoors? Look at this place. What do you see around you? Beneath you? Above you? When you stretch out your hands, what do you touch? Make yourself comfortable here. Imagine if you are sitting, standing or lying down? Do you hear any sounds in this place of calmness? Birds, ocean waves, music…or is it quiet? What does it smell like in this place of calmness? Are you alone in this place, or are there other people with you? Who? If you want to invite someone to join you, do it now.

Take another minute to enjoy this place where you can feel very calm. Now the time has come for you to leave this place, but remember, it will always be there, you can always come back to it if you want to. So, take one last look around and now start to leave. Go back the way you came, retracing all the parts of your journey. Walk, ride or fly, back across the countryside, or through the town, until you find your way back to this room and to your place in this room, and when you are ready, slowly open your eyes.

Change Slide ➔

Debrief (5 minutes)

- Explain to participants that the relaxation exercise will be debriefed, just like a caseworker would do with a survivor. Ask the following questions:
    - How do you feel? How do your bodies feel?
    - Describe a little about where you travelled.
    - How and when can you use this relaxation in everyday life?
    - What are some examples of how and when you could imagine integrating the relaxation techniques into your work with survivors?

Change Slide ➔

GROUNDING TECHNIQUES

Explanation (10 min)

- Grounding strategies are often one of the first things we teach survivors. They are ways to find inner calm through 'anchoring' or connecting to the present and to reality.
- When survivors are overwhelmed, they may disconnect from reality to gain control over their feelings and stay safe. And they go into survival mode: fight, flight, freeze or submit. Both GBV survivors and caseworkers can use grounding strategies when feeling emotionally overwhelmed, when having flashbacks or intrusive images, or when triggered and survivors are outside their Window of Tolerance, either over-activated or under-activated.
- When survivors are grounded, they can think more clearly and make better decisions. In scary or dangerous situations, we want to encourage survivors to use grounding techniques. If survivors continue to face abuse or threats, problem solve how to stay as safe as possible. Sometimes it may be impossible to avoid.
- Grounding is not the same as relaxation techniques. Grounding is more active, focuses on strategies to bring a survivor to the present moment. Sometimes it can be more effective for working with people that have had trauma experiences than relaxation training.
- While mindfulness and grounding both focus on present awareness, a key difference is that, rather than adopting an attitude of allowing whatever wants to come up to come up, grounding techniques help you manage your focus purposefully and on present safety.
- Grounding strategies have been integrated throughout the training. Review Appendix F in module and just highlight a few techniques in each category.
- Often, the most direct and simple way to use grounding techniques is with physical grounding. In the Dissociation section, we will address what dissociation looks like; grounding can be particularly helpful if you notice a client going through the early stages of dissociation. What can you do? If it's possible, have them use their senses to bring them back to the present moment. A simple approach to this is to take their shoes/socks off (if possible) and connect their feet to the ground. They can also feel the textures of their clothing or the furniture they are sitting on, or even rub their hands together (or hold a stone and rub that). Let's try a few of these together.

Change Slide ➔

Role Play (15 minutes)

- First ask for a volunteer. Lead them through the 5-4-3-2-1 Five Senses grounding technique as a demonstration (see Appendix F in Module). Debrief with the volunteer after.
- Then ask for two more volunteers: 1 to play a caseworker and 1 to play a client. The caseworker volunteer will choose another grounding technique from Appendix F in the module and demonstrate it with the client volunteer at the front of the room. Give the caseworker volunteer a few minutes to prepare.
- Debrief the activity with the group. Other participants can share ideas and techniques.

Change Slide ➔

Debrief and Summarise (10 minutes)

- Review: ask a participant to explain the difference between Mindfulness, Relaxation and Grounding.

Change Slide ➔

- Reflect for 1 minute on moments in your life or if you have case management experience where you have used grounding techniques. Have several participants share examples.
- Ask a participant to explain what relaxation techniques do to the anxious body and brain of a GBV survivor.
- Why would you use grounding and relaxation techniques with survivors?

SESSION 11: ENHANCING MOTIVATION

Time: 70 minutes total (1 hr 10 min)

Topic	Time
Motivation to Use Techniques	25 min
Motivation to Change Behaviour	40 min
Summary	5 min

Objective:

- To understand what motivates people to change their behaviour
- To learn and practise basics techniques to improve survivors' motivation to change behaviour

Preparation/Materials:

- Review pages 45-49 in the module
- Handout 8 - Decisional Balance
- Flip chart and markers
- Index cards or sheets of paper (11 pieces)

Instructions:

MOTIVATION TO USE TECHNIQUES

Explanation

- We just learned a number of techniques that we can teach survivors to help them feel more relaxed or grounded. But teaching the technique doesn't mean that they survivor will do it

Change Slide ➔

Small Group Discussion (7 min)

- When teaching techniques to survivors, what challenges have you faced?
- How often do survivors go home and practise and use the techniques you taught them?
- What is your experience when you offer survivors suggestions?
- What are some approaches (e.g., things you said) you have tried to make it more likely the survivors will use the techniques? Write responses on flip chart. Examples may include practising the technique with them in session, any particular ways they explain the technique, having a family member do it with them, etc.

Change Slide ➔

Explanation (10 min)

- The process of teaching a technique is important. We want to ensure the survivor:
    - Knows how to do it
    - Knows when to use it
    - Has the capacity to use it
    - Is motivated to use it.
- Ask: how can you help a survivor knows how to use a technique? Write responses on flip chart. Then, explain:
    - Explain the technique in detail
    - Practise it during the meeting
    - Answer questions she has about it
    - Ask her to repeat it back to you
- Ask: how can you help a survivor know when to use a technique? Write responses on flip chart. Then, explain:
    - Before teaching the technique, you will have found out what is bothering her. The technique you chose to teach will address the unpleasant feeling or behaviour. She and you can then explore in which situations she feels this way. That's when she'll use the technique. The session on Identifying Triggers is helpful here. Help a survivor understand what the signs are that she should use a particular technique (e.g., when you notice yourself getting very angry and have the urge to yell; when you notice it's hard to concentrate and you have the pain in your stomach; etc.) and understand the situation in which those signs are most likely to show up
    - Survivors can use reminders, a schedule or set time every day, write it down, have family member re-

mind her, etc.

- Explain: Here are ways of helping a survivor have the capacity to use a technique
    - When first learning a technique, it is important to practise it when she is feeling calm and relaxed. Once she gets used to it, she can start using it in challenging situations. Practising it first in a calm situation helps her remember to use it in distressing situations when the mind has a more difficult time remembering.
    - Are there any barriers that get in the way of her using the technique? Can we use problem solving to address these barriers?
- Ask: how can you increase a survivor's motivation to use a technique? Write responses on flip chart. Then, explain:
    - We will look at this more closely in this session.
    - One way is through practising the technique during your meeting. If the survivor feels relief, she is more likely to use the technique outside of your meetings. Remember, the more you practise something, the more likely it will easily come to you to use.
    - Motivation is also affected by the way we introduce a technique, the way we talk to her and react to her problems, what we think about her, what she thinks of herself, how important it is to her, and her self-confidence. We'll go over these things in this session.

Change Slide ➔

- A good clue to determine if it is an issue with motivation or not is her response:
    - "I can't do it" may indicate you need to focus on teaching the technique, when to use it or addressing barriers.
    - "I won't do it" or "it won't work" may indicate there is a motivation issue

Change Slide ➔

Explanation (3 min)

- We will learn a few techniques from Motivational Interviewing, which is a method of communication that attempts to enhance motivation for a specific goal
- The "Spirit" of this method is PACE:
    - Partnership–Work together, avoid the role of the expert.
    - Acceptance–Respect the survivor's autonomy and choices.
    - Compassion–Keep the survivor's best interest in mind, have empathy for them
    - Evocation–The best ideas often come from the survivor, not us; recognise each survivor's wisdom
- A good early step is to Explore Her Reasons. Ask her questions to see why she isn't using the technique or why she thinks it won't work. Ask her what she fears may happen if she tries it. Use your basic counselling skills here, such as open-ended questions, reflections, and validating her feelings.

Change Slide ➔

- She may express ambivalence—which is when we feel two ways about something—by saying "I know it might help me but…" (a reason). This is normal and is the first step toward making a change (i.e., using the technique).
- Avoid the urge to agree with the part of her that says "I know this might help". That can make people defend the opposite part, leading to decreased motivation. Now you are arguing for change and she's arguing to not change. We want that argument to be inside of her, not between you and her, so that she feels pulled in two directions.
- We just want to validate that she is feeling two ways about this. Don't take sides. And don't judge her reasoning.

Change Slide ➔

- When practising motivational interviewing, ask yourself these guiding questions [ask for volunteers to read through these questions]:
    - Do I keep myself sensitive and open to her issues, whatever they may be? Or am I talking about what I think the problem is?
    - Do I invite this person to talk about and explore her own ideas for change? Or am I jumping to conclusions and possible solutions?
    - Do I seek to understand her? Or am I spending too much time trying to convince her to understand me and my ideas?
    - Do I encourage her to talk about her reasons for not changing? Or am I forcing her to talk only about change?
    - Do I reassure her that ambivalence to change is normal? Or am I telling her to take action and push ahead for a solution?
    - Do I remind myself that she is capable of making her own choices? Or am I assuming that she is not capable of making good choices?[8]

Change Slide ➔

Ask-Tell-Ask

Explanation (2 min)

- Used to introduce a technique, to explain why it may be helpful, when you can't resist the temptation to give advice, or you feel it would be unethical to withhold information (e.g., if there is a safety or health concern about her behaviour or someone else's behaviour)
- This technique reflects our value of consent
- Ask the survivor what she already knows about the topic you want to discuss
    - Example: Have you heard of grounding techniques? What do you know about them?
- **Ask** her permission to provide information, give an advice or express concerns. If permission is given, give the information/advice/concerns in a neutral and non-judgmental manner
    - For example, "I have some information about this technique that I would like to share. Would that be alright?" Or "Would you like me to share with you some information about grounding techniques?"
    - If yes, you can share **(Tell)**. If no, respect her wishes and don't share it.
    - Example of information to tell:
        - Teaching the technique
        - Benefits of practising
        - How the technique may help
        - That no technique is effective 100% of the time. Might not work the first time. Trying again you may find it more helpful.
        - Sometimes you have to jump from one technique to another
- **Ask** her thoughts or reaction about the information you shared. Pay attention to her non-verbal reactions.

Change Slide ➔

Develop Discrepancies

Explanation (1 min)

- By developing the discrepancy between *the way things are* and *the way a survivor wants things to be* the caseworker is helping her get 'unstuck.'
- By building discrepancy, the survivor will be motivated to make changes in their life.
- The most effective way to develop discrepancy is for the survivor to talk about their reason for change. What is the original goal of the technique you are teaching or taught? For example, it may be to reduce feelings of panic. And how does feeling panic less often or less intensely help her in her life?
- Eliciting these statements increases motivation for change and decreases uncertainty about change. The survivor—not the caseworker—needs to make the argument for change.
- If she is currently doing something else to cope and it isn't working, you can reflect this back to her. If she is not doing anything to cope or change the situation, assess and validate her reasons and ask her what this approach may be costing her or how it is getting in the way of what she wants for herself.

8 Adapted from Case Western Reserve University. "Encouraging motivation to change: Am I doing it right?". Retrieved from: https://www.centerforebp.case.edu/client-files/pdf/miremindercard.pdf

- Ask her to consider what the benefits and costs of trying a new technique might be (or trying a coping strategy she has used before but isn't using now)
- Remember to avoid taking sides here

Change Slide ➔

Affirmations

Explanation (1 min)

- Affirmations are statements that recognise the strengths of the client.
- They can be words of encouragement, attempts, hopes, achievements, accomplishments.
- It is important for affirmations to be genuine and consistent.
- Affirmations can encourage survivors when previous efforts have been unsuccessful and can reframe behaviours as signs of a positive quality rather than a negative one.
- For example:
    - highlight how great it is that a survivor tried the technique once despite the challenges
    - affirm how hard it can be or how disappointing it can be if the technique doesn't work
    - tell them their idea is good and that you think it can work.
    - affirm their goal, remind them they want to feel less anxious or more in control
    - let them know how hard you see them trying, or how you appreciate them asking for help with the technique

Change Slide ➔

The Importance of Practice

Explanation (2 min)

- Would you play a piano concert in front of an audience without ever having played the piano? Or sit for a final exam without going to any classes, reading any material, or even thinking about the subject beforehand?
- Explain either Driving or Cooking analogy:

Driving Analogy

Do you know how to drive a car? Think about learning how to drive. When you first get behind the wheel of a car there are so many things to keep in mind: the steering wheel, a whole bunch of mirrors, the back window, signals, traffic around you, try not to mix up the gas and the brake pedal! It's very difficult to keep all of these different things in your mind at once. Everything is very mechanical and forced and you need to put in a lot of effort to juggle all of these things in your mind at one time in order to drive safely. Now think about driving after practising for a long time. You can get from point A to point B without even thinking about it. It becomes much easier because the skill set of driving moves from your working memory (which is very limited!) to your long-term memory (which is very vast!). It becomes automatic.

Learning Relaxation and Grounding Techniques follows the same principle; in the beginning, these techniques are awkward and difficult and may not seem all that helpful. In fact, some people may worry whether or not they are doing the basic techniques right or they may get anxious if they don't feel instantly better. That's all normal; it's a technique in development. But in time it gets easier, more automatic, and more effective.In a similar vein, we don't learn how to drive on the highway! We learn on the back roads or in parking lots. We learn where there are less distractions from juggling all the parts of this new technique in our mind. If we only practise our techniques when we really need them—like in the middle of a panic attack, for example—we are basically learning how to drive in the fast lane of the highway... and that isn't the best way to make the most of this skill set

Cooking Analogy:

Do you know how to cook? Think about learning how to cook a particularly complicated dish. When you first read or hear the recipe and all its steps, it can seem overwhelming and there are so many things to keep in mind: boil it until just right, don't burn it, stir this while you fry that, add in different amounts of various spices, don't confuse one spice for another, chop it into different sizes. It's very difficult to keep all of these different things in your mind at once. Everything is very mechanical and forced and you need to put in a lot of effort to juggle all of these things in your mind at one time in order to cook well. Now think about cooking that dish after practising it for a long time. You can get from start to finish without even thinking about it. It becomes much easier because the skill set of cooking moves from your working memory (which is very limited!) to your long-term memory (which is very vast!). It becomes automatic where you don't even need the recipe anymore, and maybe you get more creative with it too by changing it slightly.

Learning Relaxation and Grounding Techniques follows the same principle; in the beginning, these techniques are awkward and difficult and may not seem all that helpful. In fact, some people may worry whether or not they are doing the basic techniques right or they may get anxious if they don't feel instantly better. That's all normal; it's a technique in development. But in time it gets easier, more automatic, and more effective. In a similar vein, we don't learn how to cook the hour before we host a big dinner part! We learn over time either on our own or with help from a family member or friend in our kitchen, where we can get messy and make mistakes. We learn where there are fewer distractions and less pressure from juggling all the parts of this new technique in our mind. If we only practise our techniques when we really need them—like in the middle of a panic attack, for example—we are basically learning how to cook for the first time on your first day as a restaurant chef... and that isn't the best way to make the most of this skill set

Change Slide ➔

MOTIVATION TO CHANGE BEHAVIOUR

Explanation (2 min)

- We learned about motivation for using new techniques we teach. Now let's look at a bigger topic: motivation for changing behaviour. This can be any kind of behaviour change, from wanting to eat fewer sweets or leaving the house more. Parts of the survivor's Case Action Plan may include changing many different types of behaviours, including seeking medical care, reducing her alcohol use, attending a women's centre activity, or using any of the techniques in the module. A survivor may struggle to be motivated to implement any of these parts of their case action plan, so motivation techniques can help.
- Ask: What are some examples of behaviours that survivors want to change that you have seen in your work?

Demonstration (5 min)

- As for 2 volunteers. Instruct Person 1 to close their fist and tell them "This is your fist and you will do with it what you want." Instruct Person 2 that their task is to get Person 1 to open their fist using only the power of conversation. No bribes, threats or force allowed.
- Discuss and debrief. Highlight what statements made Person 1 even more resistant to change. If applicable, highlight how it is often obvious when Person 2 (or a caseworker) has an agenda and is trying to get Person 1 (or a survivor) to do something they don't want to, which can cause more resistance and harm the relationship.

Change Slide ➔

Explanation (2 min)

- Change is hard! Some things we say may make the other person dig into their resistance to change.
- Though it's not our job to convince someone to change. And as I mentioned earlier, the survivor is the expert in her own life, not us.
- Ask: What causes people to feel more motivated to make changes? Write responses on flip chart.

Change Slide ➔

- Then, explain: Some keys to changing:
    - They verbalise the benefits of the change
    - Their values support it
    - They have a good plan and adequate social support
    - They are ready for it
    - They think it's important
    - They think they can
    - They think the change will be worth it
- Shame doesn't work, making someone feel bad or afraid enough
- People usually know their behaviour is a problem. And that behaviour is usually helping them in some way, even if it is also harming them. There may be times when survivors want to change their current behaviour and struggle to find the motivation. Or they may be doing something that—while may be providing temporary relief—is also harmful to them (e.g., drinking too much alcohol) We can use the same communication methods that we discussed for techniques, as well as a few others we'll learn now by trying them on ourselves.

Change Slide ➔

Large Group Exercise: The Ruler (10 min)

- Use index cards or pieces of paper to write numbers 0-10 corresponding to a ruler. Spread the numbers out on the floor or along a wall.
- Ask: How relaxed do you feel right now?
- Have participants line up along a "ruler" on the floor (or wall), with numbers from 0 to 10. 0 is not at all relaxed and 10 is the most relaxed they've ever been
- Then interview a few people at various points along the ruler as to why they are where they are on the scale by asking them:
    - Why are you here at [number]?
    - Why here and not at [the next *lower* number]?
    - What might it take for you to get from here to [a *higher* number]? That is, what might it take for you to feel more relaxed than you do now? What will it feel like in your body to be [the *higher* number]?
- Ask: How important is it for you to learn motivation techniques?
- Have participants line up along a "ruler" on the floor, with numbers from 0 to 10. 0 is not at all important and 10 is the most important
- Then interview a few people at various points along the ruler as to why they are where they are on the scale by asking them:
    - Why are you here at [number]?
    - Why here and not at [the next *lower* number]?
    - What might it take for you to get from here to [a *higher* number]? That is, what might it take for you to consider this as more important than you do now? What do you, the group or I need to do to get you to that higher number?
- Ask: How ready do you feel to use with survivors the motivation techniques we just learned?
- Have participants line up along a "ruler" on the floor, with numbers from 0 to 10. 0 is not ready at all and 10 is the most ready
- Then interview a few people at various points along the ruler as to why they are where they are on the scale by asking them:
    - Why are you here at [number]?
    - Why here and not at [the next *lower* number]?
    - What might it take for you to get from here to [a *higher* number]? That is, what needs to happen for you to feel more ready to use these techniques than you feel now? What do you, the group or I need to do to get you to that higher number?
- Debrief:
    - What did you learn?
    - What surprised you?
    - What was the effect of the questions I asked?
    - Comment on how each person had a different reason for choosing their number and often different ideas for how to get to a higher number and what it would look or feel like to be at a higher number.
    - Likely this exercise will have elicited information for the facilitator to improve the training or devise ways for continued learning of the techniques.

Change Slide ➔

Explanation (4 min)

- We just learned the ruler technique (instruct participants to turn to Appendix H in the module). And you can do this with a survivor too. And it doesn't have to be using a 0-10 ruler. You can use pictures too. On this slide is an example from a tool that was designed for use with Native American communities in the USA.

Change Slide ➔

- As with all techniques, you would first ask permission to use rulers with a survivor. "Are you willing to..."
- You can then ask about importance, confidence and/or readiness. For example: "On a scale of 0-10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you could make that change now?"

Change Slide ➔

- Typical follow up questions include:
    - What does it mean to be a (number client chose)?
    - Why did you choose that number?
    - What makes you choose (number client chose) rather than a 0 (or a *lower* number)?
    - What would it take for you to get to a (choose a number two or three *higher* than originally given)?
- Listen carefully to her response. Her responses will give you important information about what supports or gets in the way of changing. Then you can ask more questions and/or address the barriers. Notice how in the exercise we did, it was you who came up with ideas for how to change, not me.
- Use reflection and summarizing. Highlight reasons it is important to change, what makes her confident she can make changes and what makes her ready to make those changes.
- Be careful not to make her seem more ready than she is.
- Express confidence in her.
- Affirm that the reasons for change are important to her. For example, if she says it's at an 8 importance because it would help her family, then affirm by saying something like "Family is very important to you."
- Ask: What are your thoughts about doing this with a survivor? How might it be helpful? Is there another way that may be more helpful?

Change Slide ➔

Developing Discrepancies

Individual Exercise: Decisional Balance (10 min)

- Now will learn another technique that highlights reasons to change that you can use by itself or before/after the ruler. It is called Decisional Balance, or more simply: Pros and Cons.
- Think of something you want to change. Maybe you know it's good for you or that you "should" do it, but you still don't want to or aren't feeling motivated to. Try to make it specific. For example, it may be to drink less soda, call your sister, exercise more, finish that incomplete work project. Or maybe it's to finally see the doctor that you've been putting off, go to sleep earlier, or read a book. Some kind of behaviour change that you want to make but are resisting, avoiding, or have low motivation to change.
- Distribute Handout 8 (same as Appendix G in the module)
- Write the change you want to make on the line next to: "The change I am considering is"

Change Slide ➔

- Then fill in the boxes. In the top left box, you will write all of the benefits of making the change you just wrote. Write everything you can think of, big or small.
- Then move to the top right and write down all of the downsides of making this change and what it will cost you.
- Then in the bottom left box, write all of the benefits of not changing, of doing what you're doing now.
- And lastly, in the bottom right box, write the costs of not changing, the consequences of staying the same or continuing what you're doing now.

Change Slide ➔

- After they finished, ask: Take a good look at the paper and all you wrote. What do you feel when reading it? What thoughts come into your head? What, if anything, have you realised from this that you didn't realise before? What do your responses tell you about what you value? Elicit a few examples from the participants.
- You can do this exercise during a meeting with a survivor by having them write or draw it, or you can write or draw it for them. Or you can ask them to complete it at home and bring it back with them. Though people are less likely to do it at home. And in person, you get to ask follow-up and clarifying questions, like "What makes that important to you?" or "How important is that cost or benefit?"

Change Slide ➔

Supporting Self-Efficacy

Explanation (2 min)

- The Ruler is a tool to assess and build a person's belief that they are capable of making a change. We too need to believe that change is possible and the survivor is able to do it. Our hope and belief in them can help them feel hopeful and confident in themselves.
- It can be helpful to build a community of people that believe in her ability to change and contribute back to her

community. Communities need each person to fulfil their role.

- We can support a survivor's self-efficacy by exploring past successes:
    - What successful changes have you made in your life in the past? What helped you to be successful then? How do you think you might be able to apply those skills to this situation?
    - What strategies have you used to overcome barriers in the past?
    - When a survivor has taken steps toward change, ask her how she made that happen? What happened to make that possible? How can she do it again?
    - Would you be interested in hearing about things that have worked for other people? What do you think about those? What fits for you?
- Celebrate successes and steps toward change. Affirm that she has been successful in the past and has many skills and supports that can help her be successful again.

Change Slide ➔

Ask-Tell-Ask

Explanation (1 min)

- You can use the same Ask-Tell-Ask approach we learned earlier to express concern for a survivor. For example, concern that her drinking is causing harm, or concern for her safety due to her husband's behaviour, etc. "Would it be okay if I shared my concerns with you?" Respect her wishes if she says no. If she says yes, share your concerns in a non-judgemental way. Then ask her thoughts or reaction about the information you shared

Change Slide ➔

Summary (5 min)

- What makes someone motivated to change?
- What are some strategies to help increase motivation?
- How can you use motivation techniques in case management? Then, explain:
    - Step 2 Assessment – to assess motivation to make changes and any ambivalence she has about changing, such as using The Ruler, Exploring Her Reasons, and exploring past successes (build self-efficacy).
    - Step 3 Case Action Planning – to address ambivalence in creating a case action plan, such as using Developing Discrepancies and the Decisional Balance exercise. Ask-Tell-Ask can be used to express concerns about the survivor's behaviour and see if she wants to change it.
    - Step 4 Implement the Case Action Plan – to introduce and teach new techniques, such as using Ask-Tell-Ask
    - Step 5 Follow-Up – to address any motivation-related issues that prevented a survivor from implementing any part of their case action plans (e.g., did not use relaxation techniques, did not go to the health clinic), as well as to build self-efficacy
    - Affirmations can be used throughout nearly all case management steps. And caseworkers can use the self-reflection questions throughout all work with survivors.
- We'll learn next that we don't always need motivation to do something. In fact, doing something can give us motivation.
- We'll also learn Cognitive Restructuring, which is another technique that can help thoughts and beliefs survivors have about doing something. For example, thoughts like "It won't work"

SESSION 12: BEHAVIOURAL ACTIVATION

Time: 50 minutes total

Topic	Time
The Inactivity Cycle	5 min
Explaining Behavioural Activation	8 min
"You Pick 1" Exercise	14 min
The Impact of Environment	18 min
Summary	5 min

Objective:

- To understand what behavioural activation is, when it is used and how to use it
- To practise the skill of breaking down tasks into smaller, simpler, more achievable components
- To understand the effect of a survivor's environment in shaping her behaviour

Preparation/Materials:

- Review pages 49-51 in the module
- Flip chart and markers

Instructions:

THE INACTIVITY CYCLE:

Explanation (5 min)

- Reminder of CBT Triangle and relationship between thoughts, feelings, and behaviours

Change Slide ➔

- One of the ways in which we said we can change someone's thoughts and feelings is to change their behaviours. Behavioural Activation is one way to do this.
- Put very simply, it means to *do something*!

Change Slide ➔

- Let's take a look at this example: The thought "I'm broken" leads to feeling sad and hopeless, stomach aches and feeling physically tired, and that leads her to stay home and stop working, which makes it worse and maybe she will think "I'm worthless. No one will want to be around me" which may make her not call or visit friends and family, which makes her feel even worse. It can lead to a downward spiral of low activation, low motivation, overwhelming sadness, grief, negative thoughts about herself or the world. Her behaviours can even impact others. If friends keep calling her and she doesn't answer or rejects their offers to spend time together, they may stop calling her. And this may make her feel even worse, and have thoughts like "They don't like me" or "They never really liked me" or "I have no friends. No one loves me." And so she continues to isolate, not reach out to others, and feel sad.

Change Slide ➔

- Show and explain the image "Get Going Keep Doing: The Inactivity Cycle" from the module and PM+

Change Slide ➔

- Like we see in the example, when feeling down or having a bad day, any of us may stop or reduce doing certain activities, especially:
    - Pleasant activities
    - Social activities and events
    - Essential activities for daily living, which include:
        - Household duties (e.g., cleaning, tidying the house, food shopping and preparation, child-care tasks).
        - Employment duties (e.g., reduced activity at work or in extreme cases no longer going to work regularly or at all).
        - Looking after oneself (e.g., grooming, getting out of bed, washing regularly, changing clothes and eating regular meals).
- Ask: In what ways have you noticed this pattern with survivors you have worked with?
- And when this happens, survivors can get into the habit of avoiding pleasant activities that might actually help her feel better.

Change Slide ➔

- Often times, people assume that we need to feel better or at least more motivated before we restart activities; that's working from the inside out. However, what we find is that taking action, even when you don't feel like it, can help you feel better physically and improve your mood and thoughts. Work from the outside in!
- Behavioural Activation is most effective for survivors who experience lower activation in their Window of Tolerance, closer to the lower edge of under-activation.

Change Slide ➔

EXPLAINING BEHAVIOURAL ACTIVATION

Explanation (8 min)

- During the case management assessment, you will likely find out ways in which her routine has changed due to GBV. You may notice she doesn't do many of the things she used to. Then you can introduce Behavioural Activation.
- Explain to her the "spiral" or cycle of low mood and decreased activity. You can show the survivor the "Get Going Keep Doing: The Inactivity Cycle" image and use specific examples from her daily life.
- Validate that this is a common reaction to GBV
- Explore and validate her feelings
- Explain that taking action, even when she doesn't feel like it, can help her feel better physically and mentally. You can even ask her if at other points of her life she has noticed this is true.
- Explain that one way we can do that is by first exploring potential activities she can do that feel most meaningful and then creating strategies that can help her start taking action
- Explore and validate her feelings and thoughts toward behavioural activation (e.g., worry, hopelessness, "it won't work," feels too hard)
- Ask: Think of a time when you or someone you know were feeling low and didn't want to do your usual activities. What got you to eventually do it? What type of activities were you more willing to do? Why?

Change Slide ➔

- The key is that the activities should either be **pleasant** or provide her with a sense of **accomplishment** (or both!). Behavioural Activation is most effective when the activities are very **meaningful** to survivors; that is, they are connected to a survivor's **values**. This will be different for each survivor. Some questions you can ask are:
    - Can you think of any activities or hobbies that you used to enjoy doing but have now stopped doing?
    - Can you think of any activities or hobbies that you would like to do but have never done?
    - Are there things in your life that you would like to change? If so, what would you like to do about these issues that you have previously not done?
    - Imagine years from now when you are an old woman, a journalist wants to do a story about your life. How would you want her to describe you? How would you want her to describe your relationships to others? What do you want to be known for?
- The outcome of feeling pleasant or accomplished — or of having done something meaningful and connected to her values — reinforces a behaviour and makes it more likely that she will do it again.

Change Slide ➔

- In addition, here are a few tips to improve the likelihood of success:
    - Keep it simple
    - Break a task down into smaller pieces that are realistic and achievable. Due to low motivation and possibly low self-worth, you want them to be able to achieve the goal. For example, washing the cloths is a big task. Break it down by collecting all the dirty clothes that need washing one day, sorting the clothes into different piles another day, choosing one pile of clothing to start with and aiming to wash one item of clothing each day after that.
        - Ask: What is another example of a task or activity that survivors may feel is too big to get done? How can we break it down into smaller, more achievable pieces?
    - Do one thing at a time, at the right time. Help the survivor choose a time and day when they will be least distracted and a time when they often feel the least tired or hopeless (i.e. mornings after the children have gone to school) to complete the activity or task
    - Anticipate setbacks – it's normal! Talk about what she'll do if she doesn't start or complete her task and how she can talk to herself (which we'll learn about in Cognitive Restructuring) or use Relaxation Techniques or Mindfulness to stay focused. Explore and problem solve what might get in the way of her starting or completing her task
    - Self-compassion – this is hard! You can tell a survivor: Doing any activity may feel like a really big challenge right now. That is why we'll start small. Take small steps now so that you can take bigger steps later.
    - Keep in mind the long-term benefits
    - Get someone else involved
    - Check in with how you feel afterword (Mindfulness)
- We will learn about two structured exercises you can do with survivors. But first, what ideas do you have for ways in which you can use behavioural activation with survivors during a meeting? Write responses on flip chart.

Change Slide ➔

"YOU PICK 1" EXERCISE

Explanation (1 min)

- Have survivors create a list of 5 small activities
- These activities should bring them a sense of pleasure or accomplishment and should take no more than 15 minutes each
- Reign them in! Make sure their activities are realistic
- Instruct them to use this list as a "menu" they can refer to each morning
- Each morning, they can ask themselves: "What is one thing I can do today?"
- Once they are done with that activity, they are done managing their low mood for the day!
- If they do more than 15 minutes, that's just an added bonus

Change Slide ➔

Individual Exercise (5 min)

- Instruct participants to do the "You Pick 1" exercise for themselves to create a menu

Change Slide ➔

Large Group Discussion (8 min)

- Ask for examples of activities that participants chose. Highlight ones that are small and specific, realistic, pleasurable, connected to a value, or give a sense of accomplishment. When activities seem too big or unrealistic for someone struggling with low mood, get ideas from the group on how to make the activities smaller and more realistic.
- Debrief on what participants thought of the activity, if they think it will be useful with survivors, any challenges they had, how they would use it in case management, etc.
- Explain that the module contains a second approach called The Behavioural Activation Calendar (Appendix I) that helps the caseworker and survivor create a schedule of activities.

Change Slide ➔

THE IMPACT OF THE ENVIRONMENT

Explanation

- We talked about how feeling pleasant and accomplished internally can motivate a survivor to continue taking action. Another reason Behavioural Activation works is that once we start doing something, our external environment tends to respond positively. And this encourages us to continue doing something. For example, these activities may improve our relationships and make them more harmonious; one accomplished task receives praise or maybe it prompts a coworker or family member to do something helpful. That is, one behaviour can change a lot and that will encourage us to keep taking action. Many of our behaviours in everyday life are maintained because they are reinforced by our environment.

Large Group Exercise: Behaviour Shaping (10 min)

- Ask for a volunteer. Explain that this person will leave the room and the rest of the participants will agree on a simple task or movement that they would like the volunteer to complete when she comes back into the room. They will give you feedback in your attempts to complete the task or movement.
- Have the volunteer leave the room. Inform the remaining participants that they cannot use words to give feedback. Decide on which encouraging verbal and/or nonverbal actions (clapping, cheering, etc.) they will do when the volunteer makes movements that lead her closer to completing the task. Inform them to look slightly disappointed when she makes movements that do not lead her closer to accomplishing the task/movement. Choose a task or movement (e.g., write anything on flip chart)
- Invite the volunteer back in the room and begin the exercise.

Change Slide ➔

Large Group Discussion (8 min)

- What did you learn from this activity?
- How can it help us work with survivors?
- (To the volunteer) How did you feel when you tried something and we clapped? What effect did it have on you?
- Then, explain::
    - In order to accomplish a task or goal, you need to try a lot of things out. Some of them won't work, some of them will. You can try something and it won't bring you closer to your goal, and it may upset you that it didn't work; and you can then try something different. However, nothing will change if you just stay still. Each time we reacted, the volunteer learned something.
    - As we "behave" or take action, our environment reacts and will reward certain behaviours. This reinforcement can be very encouraging and make us want to continue acting. That is, our environment shapes our behaviour.
    - And people don't even need to use language to impact someone's behaviours.
    - We as caseworkers are a part of a survivor's environment and can celebrate her accomplishments and her *attempts* at changing. We can also help emphasise how she feels after accomplishing something and how it has impacted other parts of her life.
    - Beware: Just as the environment can positively influence a person's behaviour, parts of the environment can also cause harm. We as caseworkers have power and should not abuse it. It's important that we support survivors' actions that align with her values and hopes, instead of imposing our beliefs of what she "should" do.

Change Slide ➔

Summary (5 min)

- What ways can you use Behavioural Activation in case management?
- Why is Behavioural Activation important in case management?
- What kinds of activities do we encourage survivors to focus on in Behavioural Activation?

SESSION 13: COGNITIVE RESTRUCTURING

Time: 81 minutes total (1 hr 21 min)

Topic	Time
Hands as Thoughts Exercise	10 min
Psychoeducation & Identifying Unhelpful Thoughts	9 min
Challenging Thoughts	5 min
Restructuring	2 min
Role Play	35 min
Power of Thoughts Exercise	15 min
Summary	5 min

Objective:

- To understand the impact of thoughts on a survivor
- To introduce a technique for changing negative thoughts

Preparation/Materials:

- Review pages 52-55 in the module
- Handout 9 - Cognitive Restructuring Demonstration Script (2 copies total)
- Handout 2 - CBT Triangle (2 copies per participant)
- Flip chart and markers

Instructions:

Large Group Exercise: Hands as Thoughts[9] (10 min)

- Now we are going to do an exercise that shows the power thoughts can have and why it's important we work with thoughts when our relationship to the thoughts is causing us to suffer.
- The first thing I will ask you to do is think about a thought about yourself that may occasionally cause you some pain. I will not ask you to share this thought with anyone else. I recommend choosing a thought that is not very painful, just one that is maybe bothering you a little. For example, the thought "I'm not smart" may show up sometimes and cause you some pain. For someone else it might be "I'm not a good mom" or "I'm inadequate." Make sure it's one that's not too painful for you though. This is just a practice exercise. If you can't think of a particular thought or don't feel comfortable doing so, that's OK. I'll explain in a moment how you can do this exercise differently.
- Now everyone, imagine that out there in front of you is everything that really matters to you, deep in your heart; everything that makes your life meaningful (or used to, in the past); all the people, places, and activities you love; all your favourite foods and drinks and music and books and movies; all the things you like to do; and all the people you care about and want to spend time with.
- But that's not all. Also over there are all the problems and challenges you need to deal with in your life today, which may be conflict with a family member, any financial issues or health problems, or anything else that is challenging you these days.
- Also over there are all the tasks you need to do on a regular basis to make your life work: shopping, cooking, cleaning, driving, childcare, and so on.
- Now please copy me as we do this exercise. Let's imagine that the painful thought we had is our hands, and let's put them together like this. (Facilitator places their hands together, side by side, palms upward, as if they are the pages of a book. Participants copy). If you didn't choose a single thought, simply imagine your hands are all of your thoughts.
- Now, let's see what happens when we get hooked by our thoughts. Slowly raise your hands toward your face, until they are covering your eyes. (keep your hands over your eyes while giving the next instructions)
- Now notice three things. First, notice how much you are missing out on right now. How disconnected and disengaged are you from the people and things that matter? If the person you love were right there in front of you, how disconnected would you be? If your favourite movie were playing on a screen over there, how much would you miss out on?

9 Adapted from Harris, R. (2018). ACT Questions and Answers.

- Second, notice how difficult it is to focus your attention on what you need to do. If there's an important task in front of you right now, how hard is it to focus on it? If there's a problem you need to address or a challenge you need to tackle, how hard is it to give it your full attention?
- Third, notice how difficult it is, like this, to take action, to do the things that make your life work, such as cooking, shopping, making phone calls, hugging someone you love or whatever else.
- Notice how difficult life is when we're hooked into our thoughts. We're missing out, we're cut off and disconnected, it's hard to focus, and it's hard to do the things that make life work.
- Now, let's see what happens as we gradually unhook from our thoughts and feelings. Slowly move your hands a few inches from your face. So notice what happens as we do this and your thought or thoughts are a bit farther away from your face. Notice how this impacts the relationship with the loved ones you imagined in front of you, notice how it affects the tasks you need to do.
- Now let's place our hands in our laps, keeping the thought or thoughts as your palms. What's your view of the room like now? How much easier is it to engage and connect? If your favourite person were in front of you right now, how much more connected would you be? If your favourite movie were playing, how much more would you enjoy it? If there were a task you needed to do or a problem you needed to address, how much easier would it be to focus on it, like this?
- Now move your arms and hands about—gently shake your arms and hands around. How much easier is it now to take action: to drive a car, cuddle a baby, cook dinner, type on a computer, hug the person you love?
- Now notice these things (facilitator indicates their hands, now once more resting in their lap) haven't disappeared. We haven't chopped them off and gotten rid of them. They're still here. If there's something useful we can do with them, we can use them. You see, even really painful thoughts and feelings often have useful information that can help us, even if it's just pointing us toward problems we need to address or things we need to do differently, or simply reminding us to be kinder to ourselves.
- Ask: What was that exercise like for you? What did you notice? What did you learn about thoughts?
- When our thoughts feel so close to us, they can block us from things that are really important to us or effect our ability to live our lives. They impact our feelings and our behaviours. We learned previously some mindfulness techniques that help us identify and get a little space from our thoughts so they are not so close. In this session, we will learn how we can work with those thoughts to bring some relief. For example, when we have some space from our thoughts, we can see them for what they are, ask questions about the thoughts to evaluate if they are facts or just thoughts.

Grounding or Relaxation Exercise

- Ask participants to gauge where they are in their Window of Tolerance. Choose an exercise from Appendix F in the module depending on whether participants report needing an activating (up-regulating) or soothing (down-regulating) exercise.

Change Slide ➔

PSYCHOEDUCATION AND IDENTIFYING UNHELPFUL THOUGHTS

Explanation (4 min)

- Now we are going to learn one way we can interact with unhelpful thoughts to try to improve our mood and behaviour.
- Remind participants of the CBT Triangle and the relationship between thoughts, feelings, and behaviours

Change Slide ➔

- One of the ways in which we said we can change our behaviours and feelings is to change our thoughts. Cognitive Restructuring is one way to do this.
- GBV can impact a survivor's thoughts because it can impact how she sees herself ("I'm damaged" or "I'm resilient"), other people ("no one is there for me" or "when I need help, my family is there for me"), or the world (for example, as unsafe)
- Or a survivor may have a belief that causes her distress that pre-dated the GBV incident or was caused by another life event. And these beliefs, thoughts, and ways she talks to herself can make her feel bad. She may call herself hurtful names, criticise herself, or get angry with herself. These thoughts, self-talk, and beliefs can cause a lot of pain!

Change Slide ➔

- Ask participants for an example of common thoughts and beliefs that survivors have and unhelpful ways they may talk to themselves. Using these examples, walk the participants through the triangle on a flip chart, using an event and getting examples of feelings and behaviours. Examples: "Nothing will ever get better," "If I had only done this or that, she would be alive," "If I left earlier, I wouldn't have been assaulted," "I have nothing left"

Change Slide ➔

Demonstration (5 min)

- Let's look at an example of how this may show up during a meeting with a survivor.
- Ask for a volunteer to read the role of the survivor in Handout 9. Facilitator plays the caseworker.
- After, ask participants if they have any questions or any challenges understanding the demonstration
- Explain that sometimes a survivor will share her belief that "Nothing will ever get better" without attributing it to a specific event. You can ask her questions to see when in her daily life she last had that thought, what was she doing that may have prompted the thought. This can be helpful because it will identify how that thought has made her feel and behave in a specific situation. That same thought may cause her to feel and act differently in a different situation. Having a context for the thought is also helpful for when we do the next part of interacting with the thought. If she does not have a recent event during which she had the thought, that's fine. You can still ask questions about how it makes her feel thinking about it in the meeting with you.

Change Slide ➔

CHALLENGING THOUGHTS

Explanation (5 min)

- After you have explained the triangle and she understands how it applies to her situation, you can then invite her to ask herself some questions about the thought.
- Three categories of questions tend to be helpful for survivors. Questions that ask about either:
    - Evidence
    - Alternatives; or
    - Implications
- Review sample questions from Appendix J in the module. Inform participants that they can keep this list with them in their office or they can pick 1-2 questions from each category and make a new, simpler list. They can also encourage survivors to keep a short list with a few questions on them for whenever they need to challenge a thought during their day. If they are unable to write, they may be able to draw simple symbols that can help them recall questions.
- Ask: What questions from this list could you ask the survivor from our demonstration that may help her challenge the thought "No one will ever love me."
    - Example: You may suspect from this example that the survivor is treating her thought as a fact, and you may want to ask her for evidence.
- Sometimes, we may need to give some information to survivors so that can help them challenge their thought. For example, if a survivor has a self-blaming thought about intimate partner violence, we may remind survivors that the tactics of power and control that her partner used against her are intended to manipulate her into thinking this way. Or we may help her connect a thought she's having to a larger societal issue, like sexism. Use Ask-Tell-Ask from Enhancing Motivation

Change Slide ➔

RESTRUCTURING

Explanation (2 min)

- After you have challenged the thought, the next step is creating a realistic, more accurate, more truthful thought to replace it. It is important that she comes up with it herself.
- For example, you can ask her:
    - What can you tell yourself on such occasions in the future when a similar event/thought/feeling/behaviour occurs?
    - Is there an alternate thought that might be more realistic/accurate?
    - Taking the information into account, is there an alternative way of thinking about the situation?
    - What may be a more compassionate or encouraging thing you can tell yourself?
    - Is there a statement/saying you told yourself in the past that might be helpful here too?
    - (If religious or spiritual) Is there a prayer or scripture that may be relevant here?

Change Slide ➔

- Spend some time doing this until she comes to something that feels right for her. Practise saying it out loud.
- She may be able to generate the alternative thought and have trouble believing it. You just have them try it on.
- It is not helpful to have a replacement thought that is exaggerated or unrealistic. For example, "I will be the happiest person ever" or "Everything will go back to normal" or even "Everyone loves me."
- Then, put the new thought into the triangle and create the new feeling and action. This allows the survivor to see that there is hope the situation can go differently in the future if she intervenes.
- In the same way as painful thoughts, encouraging thoughts can have a helpful influence on our feelings and behaviour.
- Practice is important for you and the survivor! Remind survivors that they need to continue to challenge their old thought.
- Brainstorm with the group ideas for potential replacement thoughts for the survivor from our demonstration and place it back in the triangle with likely feelings and behaviours.

Change Slide ➔

Role Play (30 min)

Note to Facilitator: If participants do not show a good understanding of cognitive restructuring, then this role play can be changed to a demonstration in which the facilitator takes the group through further examples of survivors with unhelpful cognitions. Use any case examples from the Parking Lot or ask the participants for examples from their work.

- One person plays the survivor, the other plays the caseworker. Then switch. Task:
    - Assess for an unhelpful thought that may be contributing to the survivor's distress
    - Explaining the CBT Triangle and the general relationship between thoughts, feelings, and behaviours (use Handout 2)
    - Use that thought to ask questions that show the survivor the connection between the thought and her behaviours and feelings
    - Introduce challenging the thought. Ask Evidence, Alternative or Implications questions (use Appendix J in the module)
    - Come up with a replacement thought and insert it back into the triangle (use Handout 2)
- If running short on time, participants can skip assessment and explaining the CBT Triangle and just practise challenging and replacing one painful thought.

Change Slide ➔

Large Group Discussion (5 min)

- What worked well? What surprised you?
- What was challenging? Where did you get stuck?
- How do you expect this would go with a survivor in case management?

Change Slide ➔

THE POWER OF THOUGHTS

Large Group Exercise: Lemon, Lemon[10] (15 min)

- Now we'll do another exercise together that shows us the power of our thoughts and one way in which we can reduce the discomfort they cause and reduce how much we believe them. This exercise has two parts: the first involves imagining a lemon and the second involves playing with the word lemon. [Make sure the lemon does not mean something else in the participants' language; if it does, can use 'orange' instead]
- Get settled in your chair and take a few deep breaths. [Pause] When you're ready and if you are comfortable, close your eyes. If you prefer to keep your eyes open, just softly look down at the floor in front of you.
- Continue taking a few more deep breaths, feeling your chest and belly move as you breathe. [Pause]
- Now I'd like you to imagine a lemon. Really get a picture of the lemon in your mind. Notice the intense yellow colour and how hard or soft it feels when you hold it in your hand. Squeeze it just a bit and see if it gives a little. Feel its weight, and its temperature. Feel the texture of it, the bumpy wax exterior.
- Now bring the lemon up to your nose and smell the lemon. Really notice its lemony fresh scent. See if you can catch how it smells.
- Now put the lemon on a cutting board. Imagine taking a knife and slowly cutting it in half. Imagine the tiny droplets of lemon juice that spray as you do this, feel the juice running over your fingers. Take one of the halves in your hand and squeeze it a little, see the juice spilling out over your fingers.
- Notice how now you can really smell that citrus lemon scent. Bring it again up to your nose and take a deep inhale, allowing the citrus smell to fill your nostrils.
- Now bring the lemon to your mouth and take a big bite. Let it fill your mouth and notice the sensations for a bit.
- When you are ready, you can let the image of the lemon fade and bring your attention again to your breath. Take a few deep breathes and open your eyes, back in the training room with your colleagues.
- Ask: What was that experience like for you? (e.g., Did your mouth water? Could you smell the lemon? Did you purse your lips when you imagined taking a bite?) Laughter is good! Reflection on this first part of the exercise should be brief, and should not focus on understanding the purpose of the exercise.
- Now for the second part of this exercise I will ask you all to do something with me. It's very strange, I know. We will together say the word "lemon" over and over again (30 or 50 times, fast) until the word seems to change.
- Start saying the word lemon repeatedly with the group
- After repeating the word until it does not make sense, but only seems like a sound, stop and ask:
    - What happened to the image of the lemon? (It likely went away or "disappeared")
    - What happened to the word "lemon"? Then, explain: It just became a sound, like no longer a word, it was a sound without meaning like it was in a language you didn't understand.
- In the first part, it only took a few minutes for you to have an entire virtual experience with a lemon. That one word had so much power that you were able to imagine it into existence and interact with it. It impacted all your senses! Yet there are no lemons in the room.
- In the second part, we are reminded that "lemon," this word that has such power, is really only a sound that we make.
- Thoughts are often sounds that we have learned to make, the radio playing in our heads. And we have given these thought-sounds meaning. And this meaning can bring up some painful feelings and memories.
- One painful thought might be "I'm worthless." Like there are no lemons in the room, there is no worthless in us. Yet the word or thought can have a lot of power over us, making us say or do certain things and feel certain ways. Especially when we treat it as a fact!
- We can interact with the word "worthless" or the thought "I'm worthless" just as we did with the word lemon. If you're willing, let's repeat the word "worthless" together until it because just a sound. [Repeat worthless for a minute]

10 Walser, R., & Westrup, D. (2007). *Acceptance & Commitment Therapy for the Treatment of Post-Traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*; Can use orange or another food/fruit, ideally something sour for the biting experience

- Notice if turning the word into just a sound reduced the discomfort the word may have brought you. Notice if it changed how much you believe that word. The hope is that it will reduce how much you believe it and the pain it causes, so the word or the thought, which was once threatening, becomes harmless.
- You can even sing it! [Demonstrate singing "I'm worthless" repeatedly in an upbeat tune]. Laughter is always great. And you can do it with other things "I failed," "I'll never feel better," etc.
- With this exercise, we are not making fun of the struggle, rather pointing to the problem of being so closely attached to our thoughts—that lemons seem to be there when they are not and that "worthless" seems to be inside of us when it is not and that the meaning of these thoughts and the effect they have on us can change. Language gets us all caught up in it, treating words as if they are the things referred to.
- Debrief:
    - What was that exercise like for you? What did you notice?
    - Do you think it would be useful with survivors? How can you use it in case management?
        - Don't have to do the entire lemon exercise with survivors—though it does help get buy-in. You can simply say, "Sometimes our thoughts have a lot of power over how we feel. Would you be willing to try an experiment with me to see if we can reduce the power that thought has? I know this is going to sound very strange and silly, but would you be willing to sing that thought together with me and just see if it changes the way it makes you feel?" Together you can notice that the thought turned to just sounds and maybe it causes a little less pain or she believes the thought a little less than before.

Summary (5 min)

- Cognitive Restructuring involves us changing unhelpful thoughts and using self-talk to help us feel better and act differently. For which problems would you use cognitive restructuring with survivors? Then, explain:
    - Especially useful for anxiety, low self-confidence, self-blame, confronting triggers. Can be used whenever unhelpful thoughts or beliefs are causing suffering and may contribute to sadness, depression, social isolation, phobias, addiction, sleep issues.
- In addition to singing, remember we learned some other ways a survivor can deal with thoughts without trying to change the thought or use self-talk. For example, we learned in the Mindfulness session about labelling thoughts, thanking thoughts, and watching them like boats on a river. For example, "There's that thought 'no one will ever love me' again". Sometimes, this is enough to practise so that the thought doesn't affect the survivor as much.
- What's one thing you learned from today's session?

SESSION 14: PROBLEM SOLVING

Time: 50 minutes total

Topic	Time
Introduction	15 min
Explaining the Model	30 min
Summary	5 min

Objective:

- To introduce a problem-solving model to participants
- To understand the connection of problem-solving within case management for survivors

Preparation/Materials:

- Review pages 56-57 in the module
- Choose and insert a name for the case example
- Flip chart and markers

Instructions:

INTRODUCTION

Explanation (5 min)

- The approach was developed from concepts of Problem Management Plus (PM+), a manual by WHO. As we've discussed, GBV survivors often struggle to access stable work or housing and other psychosocial problems. When there are limited resources available, there are no easy solutions to these problems. For example, imagine a single mother who lives in a displaced person's camp and is depressed. Her depression can make it extremely difficult to get up every day and look for a job. In this example, the survivor must overcome the psychological obstacles of learned helplessness and depression before she can start to tackle the difficult practical challenges (e.g., unemployment) in her life.
- This problem-solving model helps survivors learn problem solving skills, to start to imagine new possibilities in their lives and start to feel mastery and empowerment. There are many approaches to problem solving; however, this approach is consistent, and will allow both the caseworkers as well as survivors to feel mastery over an issue when working together!

Large Group Discussion (10 min)

- Ask participants to provide several examples of the kinds of problems they believe survivors have. Create a list of the most common problems survivors have (social and psychological) on flip chart.

Change Slide ➔

Pair Work: Problem Solving Model (30 minutes)

- As a large group, read aloud the 7-step problem solving model in the module (pages 56-57).
- Split everyone up into pairs. Ask pairs to role play – one as the survivor and one as the case worker– and have them go through this model using the following case example, then switch using a second problem:
- [Name] is a kind, funny, and intelligent 35-year-old woman who came to see you last month because her husband and uncles want to arrange for her 14-year-old daughter to marry an adult man in their community. She told you that she was married at age 14 and does not want that for her daughter and worries a lot about the situation. You have been helping her with this problem. In addition to the ongoing difficulty in preventing her daughter's marriage, today she tells you that she also worries about the following problems: not enough money to buy new clothes for her 2 children, fear of future drought ruining the crops on her farm, an argument she had with her sister yesterday, feeling hopeless and powerless about her daughter's marriage, and frequent headaches. You know her mother, sister and her sister's husband are very supportive of her, and she has many friends in the community. You tell her that there's a Problem Solving technique you think might be helpful, and she agrees to try using it together with you today.
- After, debrief. Ask where were the blocks in communication? What worked?

Summary (5 minutes)

- Remind participants that these 7 steps can be used with any kind of problem. These steps form a template or map that guides caseworkers through survivor problems.
- Discuss how to use this technique with survivors in case management.

Change Slide ➔

SESSION 15: DE-ESCALATION

Time: 55 minutes total

Topic	Time
Explanation	25 min
Role-Play	20 min
Summary	10 min

Objective:

- To introduce the importance of learning non-physical and therapeutic conflict resolution skills
- To understand how to help survivors manage themselves when in a heightened state.

Preparation/Materials:

- Review pages 57-59 in the module

Instructions:

Large Group Discussion (5 minutes)

- What do you know about de-escalation?
- Ask for examples of situations when we would need to use de-escalation (i.e., hyperactivated survivor, conflict, anger and aggression).
- When would you not need to use it?

Change Slide ➔

Explanation (20 minutes)

- De-escalation techniques are non-physical and therapeutic conflict resolution skills used to prevent a potentially dangerous situation from escalating into a physical confrontation or injury.
- Stress Hormones: Every time a GBV survivor feels fear or worry, their brain believes they are in danger, and stress hormones are released into their body. These stress hormones make their body and brain function differently than normal.
- When a survivor's stress hormones increase, their alertness and energy increases. Stress hormones help them to respond quickly when they are in danger, going into flight, flight, freeze or submit. However, if they worry or feel fear every day, stress hormones can have a negative effect. They can increase a survivor's blood pressure; make them forgetful or make it hard to concentrate; increase their blood pressure; and even decrease their sex drive.
- De-escalation of Crises. 3 core steps are used in ALL de-escalation work.
    - The caseworker in control of themselves
    - The physical stance
    - The de-escalation discussion
- Read aloud the steps together in the module on pages 58-59
- Ask: How else do you think you might be able to use de-escalation skills to work with a survivor who is in a heightened state or struggling in this way?

Change Slide ➔

Role-Play (20 minutes)

- Divide participants in groups of 3. In each group, one person will play the survivor, a second person will play the caseworker, and a third person will be the observer. Instruct them to role play a scenario showing de-escalation of a mental health crisis.
- Give the people playing the survivor a prompt, without telling the people playing caseworkers. An example of a prompt is a survivor coming in to meet with the caseworker and they immediately begin yelling when the caseworker starts to engage with them and are at a heightened state.
- As the role-play happens, any person can say: "Question," or "Comment" or "Switch" to interrupt the role-play. Question means they want to ask a question to their group; comment means they want to say a comment; and switch means they want to join the role play (either replacing the survivor or caseworker). Encourage participants to actively participate.

Change Slide ➔

Debrief and Summary (10 minutes)

- What is the hardest part of de-escalation for them and why (each participant should identify 1-2 areas)?
- As a review, ask a participant to explain the core reasons why de-escalation is important with survivors.
- What other techniques have you used in the past with survivors who are in a heightened state? How else might you consider working with someone who comes in for case management in this way?

Change Slide ➔

SESSION 16: WORKING WITH SPECIFIC SYMPTOMS

Time: 15 minutes

Topic	Time
The Symptoms	2 min
The 6 Steps	10 min
Distress Assessment	3 min

Objective:

- To introduce the steps of working with specific symptoms

Preparation/Materials:

- Review pages 61 in the module

Instructions:

THE SYMPTOMS (2 min)

Explanation

- Introduce the participants to Part 3, Working with Specific Symptoms in the module page 61. This outlines how to work with the 11 most seen symptoms across NCA GBV programmes that GBV survivors commonly present with. These symptoms were chosen after consultations with NCA's global GBV caseworkers in different regions.
- These symptoms are:
    1. Sleeping Problems
    2. Dreams and Nightmares
    3. Anger and Aggression
    4. Sadness and Hopelessness
    5. Anxiety and Hypervigilance
    6. Negative Thinking)
    7. Social Isolation and Withdrawal
    8. Self-Blame
    9. Sexuality and Intimacy
    10. Dissociation
    11. Somatic Symptom
- These symptoms may not match easily to the symptoms or common reactions to GBV we identified in the first session on Day 1 for your context. During the sessions, we can discuss further. Some may be more relevant than others.
- We will learn 6 steps that guide us when working with psychological symptoms. The 11 symptoms just explained all use this same 6 step format that we will discuss now. These 6 steps are: Assess, Educate, Discuss, Create, Follow-up, Self-Reflection and Supervision.

Change Slide ➔

THE 6 STEPS (10 min)

- Ask for volunteers to read aloud the 6 Steps from page 61 of the module:

Change Slide ➔

DISTRESS ASSESSMENT (3 min)

- Review Appendix D from the module

SESSION 17: SLEEP PROBLEMS

Time: 50 minutes

Topic	Time
Introduction	5 min
Psychoeducation	10 min
Practice	25 min
Discussion	5 min
Summary	5 min

Objective:

- To understand common sleep problems, potential causes, and strategies to address them
- To improve assessment skills for sleep problems

Preparation/Materials:

- Review pages 62-65 in the module
- Handout 10 - Sleep Education

Instructions:

INTRODUCTION

Explanation (5 min)

- Ask: What kind of sleep problems do survivors typically share with you? What do they believe cause these problems?
- Being able to sleep is essential for good mental and physical health. An inability to sleep is one of the most important indicators that a person may have a problem.
- Many survivors, due to their traumatic experiences, struggle to fall asleep, sleep only a few hours, or sleep in a shallow way making it difficult for them to rebuild their bodies, brains and strength for the next day.
- For some survivors, these sleeping problems are a result of worry about daily stressors while other survivors struggle with sleep because of living conditions which prevent them from sleeping. Some survivors are so frightened about the night that they may start sleeping during the day. They have changed the night into the day and day into night.

Change Slide ➔

PSYCHOEDUCATION

Explanation: Sleep Education (10 min)

- Distribute and review Handout 10, stopping before the information on dreams and nightmares.
- As you read, stop periodically and ask the participants: "Based on this information, what questions would you ask a survivor who tells you she is having trouble sleeping?"
- Ask if anyone has questions.

Note to Facilitator: As stated in the module and handout, sleep education should be modified to the person's living conditions, which may not allow for survivors to use their beds for only sleep and sex or to control lighting and temperature, for example. Emphasise to participants the need to be sensitive to these issues when supporting survivors with sleep problems and nightmares.

Change Slide ➔

PRACTICE

Large Group Exercise (25 min)

- The facilitator will play the role of the survivor and the participants are all acting as her caseworker. Use the following case study to answer their questions and make up any information that isn't included.
- Read aloud to participants: *I have been meeting with you for 3 months, after I left an abusive partner. We are in the middle of our meeting. You just asked me if anything else has been bothering me lately. I respond: "Yes! I have been sleeping poorly for the past week. It is really frustrating. I can't concentrate during the day because I don't have energy, I'm forgetting to do things. Sometimes I nap during the day, but I'm still so tired.*
- Other information you can disclose as participants ask questions:
    - *I don't have any nightmares or bad dreams*
    - *Specifically, I have trouble falling asleep. Once I'm asleep, I have trouble staying asleep. I wake up easily because of the smallest things or noises.*
    - *One week ago, when the sleep problems started, I lost my job. It causes me to worry all the time, like when I'm lying in bed. And then I worry that I'll never be able to fall asleep and will have a terrible day tomorrow.*
    - *I sleep in the same room as my 3 children*
    - *Noise: sometimes I leave the radio on accidentally; sometimes my kids moving around at night wakes me up*
    - *My evening routine is cleaning, helping the kids with their homework, and getting the kids fed, but I eat much later at night by myself because I need to take care of other things while they eat.*
    - *When I can't fall asleep, I read the news or fill out job applications.*
    - *I don't know why I'm not sleeping well, but my sister thinks it's because [a common cultural belief]*
    - *The last time this happened was two months ago when I was worried about school fees for the kids. (When asked:) What helped me then was I started praying more at night and listening to my favourite songs in the evening before bed.*
- Step 1: Assess
    - First, how would you respond to me sharing this problem?
    - What questions would you ask me?
    - How would you assess risk and protective factors?
- Step 2: Educate
    - What information would you tell me?
    - How would you offer me this information?
- Step 3: Discuss
    - What questions would you ask me?
    - What techniques could you use to help me?
    - How would you use them during your meeting?
- One goal is for participants to identify that the sleep problems are likely caused by financial worry and that this can be a target for intervention, i.e., use Problem Solving to help her find a job.
- Other strategies may include: Encouraging her to do things that have helped her in the past, using Mindfulness or Cognitive Restructuring to address worrying thoughts, eating earlier, Problem Solving to reduce noise, create a plan for when she can't fall asleep or she wakes up in the middle of the night (e.g., Relaxation Techniques, calming or activities)
- Participants should also provide Sleep Education that is relevant to the situation (e.g., parts of her routine that may be contributing to poor sleep), and build solutions based on the survivor's ideas, interests and past experience.
- As always, participants should comfort and validate the survivor's emotions and struggles.

Change Slide ➔

DISCUSSION

Explanation (5 min)

- Ask: The module has several potential strategies to help people with sleep difficulties. Before we review them, what strategies do you already know to help survivors with sleep? What has worked or not worked from your work with survivors, yourself, or other people in your life? What have you not tried but wonder if it will be helpful? How do caregivers help kids fall asleep?
- The survivor can interrupt unwanted thoughts by using Mindfulness techniques, Cognitive Restructuring, or

repeating a soothing, special word or affirmation (such as 'peace,' or a religious word or prayer) to themselves. Cognitive Restructuring can also help address sleep-specific thoughts like "I'll never fall asleep" or "If I don't fall asleep soon, my day tomorrow will be a disaster."

- Create time before bed to worry: Teach the person how to release their distressing emotions and thoughts in the early evening (e.g., writing, talking to a friend, praying, singing).
- When the person is worrying about a solvable problem, have them make action lists early in the evening to help them avoid focusing on problems when they go to bed.
- Grounding and relaxation exercises can help slow the body down if it's activated and energised (see Relaxation and Grounding sections).
    - One example is to use a visualisation: Ask the survivor to reflect on their best sleep they have ever had. Ask them to describe it in detail using all senses. Imagine with the person or have the person draw a picture of this 'best sleep ever' and keep it under the pillow. Before bed each night, they can remember this memory, in detail.
- Brainstorm ways they can feel safer and/or calmer through 1) problem solving (see Problem Solving section) or 2) using spiritual/cultural protective practices (e.g., protection prayers, amulets) or 3) having their loved one sleep near them.
- Create a wake-up recovery plan with the survivor. This plan is 3 things the person can do if they cannot fall asleep or if they wake up in the middle of the night.
- Explain to the survivor that it is best that when they do not fall asleep within 20 minutes, to get up and find something relaxing to do or to stay in bed and do a grounding or relaxation technique.
- Ask questions and use Problem Solving for barriers to sleep, such as temperature issues, if their bed isn't comfortable, noise issues, light issues, issues related to other household members.
- Create a bedtime ritual. Explain the importance of establishing a routine to signal to their body and mind that it is time to sleep. They should try these rituals until it is established as a regular pattern.
- Have the survivor identify 3 things:
    - one helpful thing they will continue to do that helps them sleep.
    - one behaviour that they will stop doing that prevents them from sleeping.
    - one new technique they will start to do to sleep better.
- Role play any new techniques with the person
- Step 4 includes giving the person homework to complete before the next session you have with them, and make sure you follow up during the next session (if there are complications, help them brainstorm solutions).

Change Slide ➔

Summary (5 min)

- What is one thing you learned from today?
- What is one thing you want to try to use with a survivor?

SESSION 18: DREAMS AND NIGHTMARES

Time: 50 minutes

Topic	Time
Introduction	10 min
Psychoeducation	10 min
Practice	25 min
Summary	5 min

Objective:

- To understand and practise ways to support survivors who experience nightmares

Preparation/Materials:

- Review pages 65-68 in the module
- Handout 10 - Sleep Education (from Session 17)
- Flip Chart & Markers

Instructions:

INTRODUCTION

Small Group Discussion (10 min)

- What do you or people in your community believe about why we dream? And the meaning of our dreams?
- Think back to a time you worked with a survivor who had a distressing dream. What was helpful with this person? What was not helpful? What advice do you give when people are affected by bad dreams? What do you tell kids?
- How do you or survivors you have worked with understand why nightmares happen? How have the dreams related to their lives?
- How severe or dangerous are they thought to be?
- In your experience, how do nightmares affect survivors?
- How do they make a survivor feel?

Change Slide ➔

PSYCHOEDUCATION

Explanation (5 min)

- Read the Dreams and Nightmares section of Handout 10
- Dreaming is something everyone does. Dreams can be disturbing, sad, happy or bizarre.
- One theory is that dreaming helps survivors process and make sense of:
    - Parts of the survivor's life that are difficult to understand (e.g., living in an internally displaced person's camp or trying to understand why innocent people have died).
    - Painful events that the survivor may not want to consciously think about and attempts to forget about (e.g., a painful insult or memory).
    - Painful or overwhelming events in the survivor's life (e.g., an experience of an earthquake or car accident).
- Other theories include:
    - Everyone makes a unique or personal relationship to symbols in their dreams.
    - Sometimes we have dreams because something from our past or present is very painful and upsetting so we avoid thinking about it and it comes out in our dreams.
    - Dreams can have messages for us if we take the time to understand them.
    - Dreams can attempt to find an ending to something unresolved.
    - Dreams sometimes can help us understand our feelings. We can use them to make sense of our lives.
    - Dreams are a way to process and manage strong emotions.
- Seek to understand and prioritise the survivor's personal, cultural, religious and family beliefs about dreams. Using her belief system, you can then ask her questions that seek to explore the dream. You can also ask if there are potential alternative interpretations of the dream.

Change Slide ➔

- Some survivors fear having nightmares if they fall asleep or fear bad things will happen if they fall asleep at night (e.g., hypervigilance). Safety Planning is helpful to address any safety concerns survivors have at night. Cognitive Restructuring may be helpful for any thoughts and beliefs that are not helpful.
- The less sleep someone gets, the more likely they will have intense dreams or nightmares.

Change Slide ➔

Explanation: Dream Work (5 min)

- Sometimes a survivor will have a nightmare that is a vivid reliving of a past traumatic event. As time passes, it is possible that the details in the nightmare may change in small or large ways; however, the fear it causes may stay the same. Explore the emotions the survivor feels about it, explore her interpretation and meaning of it, and validate that it is not uncommon for these dreams to occur. For many people, these nightmares go away with time.
- For dreams where there is an unclear connection to past events that occurred while awake, you can try the following Dream Work approach:
- Instruct them to turn to page 66 in the module and follow along as you review the steps for Dream Work
- Have the survivor carefully choose one distressing dream. Say, *"Is there a dream you can share with me that is not too upsetting to you?"*
- Gently explore what happened in the dream with details (colours, sounds, symbols, people, etc.). The caseworker should be able to picture the dream.
- Explore the emotions the person felt in the dream.
- Connect the dream to the person's everyday life. What in the person's life is like a symbol in the dream?
- Explore with the person and ask them: *'What might be the central message of this dream?'*
- Look for repetition: Does the person keep having the same dream or the same symbols or the same emotional state repeat in their dreams (e.g., the person always dreams about sad topics or the person is always running, or the person always sees her mother in the dreams)
- Once you have identified the possible message the dream is telling you about the survivor and their life, support the person with empathy, acceptance or finding practical solutions to this part of their life.

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PRACTICE

Role Play (25 min)

- Divide into pairs. One person plays the survivor, the other plays the caseworker. Then switch. Use an example from survivor you've worked with in the past who had concerns about dreams or nightmares; or make up a story. Use steps 1-4 on pages 66-67 in the module.
- Afterward, debrief as a pair. What went well? What would you do differently if you could do it again? What did you notice your partner did well?
- Debrief as a large group to address any questions or challenges.

Change Slide ➔

Summary (5 min)

- Nightmares are common after traumatic events. Grounding and relaxation techniques can be very helpful in recovering from bad dreams, as well as for preparing for bed.
- Making meaning of dreams is culturally dependent.

SESSION 19: ANGER AND AGGRESSION

Time: 55 minutes

Topic	Time
Introduction	10 min
Psychoeducation	13 min
Interventions	17 min
Self-Reflection	10 min
Summary	5 min

Objective:

- To understand anger, its functions, and ways it can be expressed
- To practise ways to support survivors who experience anger

Preparation/Materials:

- Review pages 68-71 in the module
- Balloons (1 per pax), small rubber bands, markers (optional balloon pump)
- Flip chart and markers

Instructions:

INTRODUCTION

Small Group Discussion (10 min)

- What is anger? What is aggression? What other words do you use to describe emotions similar to anger? (Reference list of common reactions to GBV)
- What is the purpose of anger? What causes someone to feel anger?
- What can anger communicate to others? How is anger communicated? What are the signs that someone is angry? (e.g., facial expression, body language, tone of voice, choice of words)
- How can anger be helpful?
- How can anger be harmful?
- How do men and women show anger or aggression in different ways? Why?

PSYCHOEDUCATION

Large Group Discussion (10 min)

- Debrief on small group discussions. During the debrief, highlight some of the following info about anger:
    - Anger is a normal emotion. And we feel it in our bodies (e.g., physically warm, fast heartbeat)

Change Slide ➔

    - Causes of anger can include:
        - Having an important goal blocked
        - You or someone you love being attacked, threatened, or treated unfairly
        - Loss of status, power or respect
        - Not having things turn out as expected
        - Interpreting a situation as being one of the above
            - Example: Listening to a person express disappointment in something you do (fact) and thinking the person is trying to control you (interpretation).
            - Example: You are told a person said mean and untrue things about you (prompting anger) when in fact he did not.
        - Physical or emotional pain
        - Note: Anger can be an appropriate response to a dominant group consistently harming someone from a minority group in large or small ways. Affirm that their anger is justified
    - Anger as communication:
        - Tells a person that one of the above causes has happened (e.g., a boundary was crossed and

they've lost respect and authority)
        - Tells us what a person cares about or what is important to them. A person does not get angry about things they are not emotionally invested in
        - Can communicate that you are worth something and did not deserve mistreatment
        - The way it is expressed can influence other people. Ask for examples (e.g., may result in one person giving another person proper credit or what belongs to her, or may stop someone else's behaviour)
    - Helpful and harmful:
        - Anger can be a defence. It can serve a protective function:
            - Protecting the person from assault or loss of important people, things, or goals by urging them to threaten and attack those who might hurt them (Fight response)
            - Protecting the person from other difficult emotions (we will talk more about this later)
            - A person can use it in ways to keep people in their life at a distance, which can feel safer to some people.
        - Often times if people do not allow themselves to show anger toward someone else, they will become angry at themselves or other people.
        - Feeling anger isn't wrong, and even having violent thoughts is not necessarily a bad thing when she is directing her anger toward right person—the person responsible for GBV. But sometimes the way anger is expressed can be harmful toward oneself or others (e.g., violence, substance use, self-harming)
    - Gender: For men, anger can be a way to maintain masculinity (i.e. virility, strength, toughness). Expressing anger for men might be easier than showing tender emotions, like sadness or shame.
- Ask participants to think about their experience working with survivors who felt anger, during or outside of meetings. What were their concerns? What did they think about anger?

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    - Common concerns about anger include:
        - Once she starts to allow anger, she won't be able to stop it
        - Some people who have been abused might not feel they have a right to be angry at their the person who harmed them. When some survivors feel angry, it scares them because they may think they are becoming like the person who harmed them.
        - May feel angry at herself for being afraid
        - Some survivors may feel scared about having thoughts of wanting to physically or verbally hurt someone else or themselves.
    - For survivors who fear their anger or have strong feelings against it, it can be helpful to ask how it also protects and helps them
    - Elicit cultural beliefs about anger, such as anger viewed as a sign of weakness or lack of self-control, whether or not it is expressed openly
    - Highlight that regardless if anger is expressed openly, it still exists inside the person. When anger stays inside, it does not disappear; instead, it can build up and cause unexpected explosions of anger or lead to physical symptoms.

Change Slide ➔

Explanation (3 min)

Note to Facilitator: If the participants are not familiar with icebergs, you can use a different analogy, such as an anthill (i.e., can see the mound with some activity on the surface, but below the surface are many ants, tunnels and activity) or another culturally appropriate concept.

Anger Iceberg

- We mentioned that anger can be helpful and protective.
- We can use the image of an iceberg to explore with survivors how anger is trying to protect them from feeling something more difficult (e.g., sadness or fear). An iceberg is a large piece of ice that floats in open seawater. Only a small portion of the ice is visible above the water's surface; most of it is below the water's surface, out of view. Anger is like the tip of the iceberg. Often anger is what we see survivors express on the surface, but underneath there are a lot more emotions that accompany anger that we can't see.
- You can ask "What are you afraid would happen if you were not angry?"
- Anger can sometimes act like a shield against other emotions, protecting the person from feeling other painful emotions. For example, sometimes it is easier to feel and express anger than feel sadness, disappointment or shame.

Change Slide ➔

INTERVENTIONS

Large Group Exercise (8 min)

Anger Balloon (Acknowledging Anger)

- It is important that survivors have healthy ways to release their anger, so we will do a short exercise together to demonstrate that.
- Distribute a balloon to each participant. Instruct everyone to blow up their balloon. Use a rubber band to close it up. Alternatively, the facilitator can use a small balloon pump and inflate and tie the balloons in the morning before the training.
- Tell participants that inside the balloon is the hot air representing your angry feelings. Using a marker, express some of your angry thoughts and/or feelings onto the balloon. This could be in words, pictures, scribbles — anything that will have meaning to you. [Pause]
- Once they are done, have them look at how big these thoughts/feeling seem right now. Ask if anyone wants to share an example of what they wrote or drew.
- Then, instruct each participant to pull the rubber band off and let the balloon fly around the room.
- Instruct participants to look again at the deflated balloon and notice how small those thoughts and feelings are once they have been released.

Explanation (5 min)

Ways to Address Anger

- First ask: What ideas do you have for how to help survivors who feel angry? Write response on flip chart

Change Slide ➔

- Help survivors differentiate between the emotion of anger, the thoughts it can causes, and behaviours it can cause. For example, someone can feel angry and have thoughts of wanting to hurt someone else, but not act on those thoughts.
- Use specific examples from the survivor's daily life to explore what anger in that specific moment was trying to communicate to her.
- Ask if she was hungry, tired, sick or taking substances/alcohol when she felt angry. These and other biological factors may make her more impulsive and vulnerable to expressing anger in ways she doesn't want to.
- Help the person to identify their anger triggers. These triggers are activities, actions, times of day, people, places, or situations that trigger angry feelings (see Identifying Triggers section). One way to do this is to help the survivor identify the physical signs of anger (e.g., warm face, clenched fists, quick movement, etc.).
- Use the problem-solving model for the times when the person's anger gets out of control (see Problem-Solving section)

- Explain to the survivor that many people find it helpful to have a safe way to express their anger, rather than having it build up inside of them. Role play or practise ways to communicate her anger that will honour her emotion and are effective in influencing others, if needed
- Help the survivor explore and try to explain the root of what makes them angry. Help the person explore the feelings behind the anger.
- In the moment, leave or pause the situation physically or mentally; for example:
    - Take a few moments to collect their thoughts before reacting or speaking
    - Count down from 100. Every 10 numbers, they should take a deep breath until they feel the anger pass. This can allow the person to refocus, slow down and move their mind away from the stressors.
    - Physical activity
    - Use their senses. Help the survivor take advantage of the relaxing power of their senses of sight, smell, hearing, touch, and taste.
    - Use Mindfulness techniques, such as Labelling, Thanking Your Mind, or Watching Your Thoughts. Remember not to judge anger as bad.
    - Other relaxation techniques, like paired muscle relaxation
    - Gently avoid the person you are angry with, rather than attacking. Also avoid thinking about the person, rather than ruminating about all the terrible things they have done.
    - Distract yourself.
- Cognitive Restructuring of a thought that may be prompting anger; for example, anger at someone not helping her may have a replacement thought that helps become more understanding of the other person (i.e., try to see the other person's point of view rather than blaming them). Be careful to make sure the survivor's replacement thought does not blames herself for something that was not her fault or responsibility.
- Use De-Escalation techniques when extreme anger arises during your meeting

Change Slide ➔

Large Group Exercise (4 min)

Willing Hands – Accepting Anger as Reality[11]

- Sometimes, when feeling angry, it is not possible to leave or pause a situation. In these and other situations, it can be helpful to acknowledge and accept that anger is a reality. We'll do an exercise now to demonstrate.
- Have participants close their eyes and imagine a person they are angry with or a situation that made them angry. Instruct them to bring to mind the person or situation. Notice your emotions and any thoughts and physical sensations without trying to change them. After a minute, instruct participants: "While you continue to think about the person or situation, relax your whole face, relax your forehead, relax your eyes, relax your cheeks, let your jaw drop with teeth slightly apart." Then practise willing hands in one of the following situations:
    - Standing: Drop your arms down from your shoulders; keep them straight or bent slightly at the elbows. With hands unclenched, turn your hands outward, with thumbs out to your sides, palms up, and fingers relaxed.
    - Sitting: Place your hands on your lap or your thighs. With hands unclenched, turn your hands outward, with palms up and fingers relaxed.
    - Lying down: Arms by your side, hands unclenched, turn your palms up with fingers relaxed.
- Notice your emotions, thoughts, and physical sensations. Notice if anything has shifted.
- Discuss any changes that occurred.

11 Linehan, M. M. (2015). DBT skills training manual (2nd ed.). Guilford Press

Change Slide ➔

SELF-REFLECTION

(Optional) Individual Exercise (10 min)

- Reflect on the following questions and write down your responses. You will not be required to share your responses with the group.
- Think about how your caregivers expressed anger or how they reacted when you (and your siblings, if applicable) were angry. What did this teach you about anger? What message did this give you about anger as a child? Do you agree or disagree with these messages?
- What other messages about anger exist in your culture? Perhaps they came from elders, leaders, teachers, friends, laws, media, movies, music, religions, workplaces, stories of ancestors.
- How might your beliefs about anger impact your work with a survivor who feels angry? Will it make it more or less likely for her to tell you about her anger? Will it affect the questions you ask her or don't ask her? What will you think about a survivor if she tells you she feels anger in her daily life?
- If you have worked with a survivor in the past and they had angry outbursts, what was that like for you? What was challenging? What skills did you use? What would you do differently?
- Debrief: Invite participants to share anything they would like to. Explain that many of these questions can also be asked to survivors to help them understand their relationship with anger.

Change Slide ➔

Summary (5 min)

- What is one thing you learned from today's session that you would like to use with a survivor you're working with?
- Which techniques can help survivors who have problems with anger? Be specific on how you would use it.
- Remind participants they can reference the module in the future

SESSION 20: SADNESS AND HOPELESSNESS

Time: 56 minutes total

Topic	Time
Introduction	5 min
Psychoeducation	15 min
Practice/Interventions	35 min
Summary	1 min

Objective:

- To introduce ways to support survivors who struggle with sadness and hopelessness
- To understand and address the effects of sadness and hopelessness on caseworkers
- To practise behavioural activation in the context of sadness and hopelessness

Preparation/Materials:

- Review pages 71-74 in the module
- Handout 11 - Sadness and Hopelessness Role Play Instructions
- Flip chart and markers

Instructions:

INTRODCTION

Large Group Discussion (5 min)

- What have been your experiences working with survivors who feel sad or hopeless? How did they express sadness or hopelessness to you?
- What is sadness or crying trying to communicate to oneself or others?
- Relate sadness and hopelessness to list of common reactions to GBV

PSYCHOEDUCATION

Explanation (3 min)

- Sadness and hopelessness are core emotions that signal that a survivor has lost something. A survivor can lose things that are visible and concrete (e.g., a job, a loved one, a home, bodily functions or physical ability) as well as things that are invisible (e.g., a dream for the future, the feeling of safety).
- Grief is related to sadness. Every culture and spiritual/religious tradition have their own ways of mourning (i.e., understanding and coping with grief). We can encourage survivors to consider trying these ways.
- One goal is to normalise and create a safe and supportive space for expressions of sadness such as crying. You can say something like, 'I am here."
- The caseworker can also tell the survivor, "We all feel sad sometimes. Allow yourself to be sad. Denying such feelings may force them underground, where they can do more damage with time. Cry if you feel like it. Notice if you feel relief after the tears stop."
- Sometimes, when a person feels sadness nearly all the time for a very long period of time, it can affect her physically (such as sleeping and eating problems) and affect her ability to function in different parts of her life such as work and relationships. Some people may call this depression. Ask: Have you noticed this? Is there a word or phrase that you use to describe this?

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- Feelings of sadness and hopelessness are often accompanied with feeling low energy and maybe the person reduces or stops doing many activities they used to. Using the Window of Tolerance to understand someone's situation, feeling sad, hopeless and low energy would be toward the bottom of the window.
- Thoughts of suicide can accompany feelings of hopelessness (see Case Management training for info on suicide assessment and safety planning)

Change Slide ➔

Large Group Discussion (12 min)

- How does it feel to sit with a survivor who is feeling so sad and hopeless? What does it feel like when a survivor cries during a meeting?
    - Explain: It's really hard! And often makes us feel very sad and have an impulse/urge to fix their sadness and make them feel better.
- What can you do when you notice you're feeling very sad during a meeting with a survivor?

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- Explain: You're human! It's OK to feel sad. If you're feeling so intensely sad, it can be difficult to be helpful to survivors. Before exploring the themes of sadness and hopelessness, caseworkers can:
    1. Take a deep breath.
    2. Ground yourself.
    3. Remind yourself of the function of sadness and tears.
    4. Use a calm silence.
    5. Remind yourself that you are separate from the survivor.
    6. Remember your task is to help the survivor better understand and manage her emotions. You cannot 'fix' or 'erase' someone's sadness.
    7. Tell her—if appropriate—that you feel sad with her.

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- Explain: Sometimes when a survivor feels hopeless, we can feel that way about her too. And a survivor may notice this, which can make her feel worse. It's important to recognise this if it happens and instead help give the survivor Hope without making false promises. You might tell her, "I know it's really hard to imagine things getting better right now, and that's OK. I have so much hope for you, and I will hold onto my hope until one day you find hope for yourself." Or tell her that she can keep her Hope stored in this room until she feels ready to have it back and carry it around with her.

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- What other ways can you help someone find hope? Write responses on flip chart

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- Explain that you: You can ask her questions to help build hope:
    - How do you keep going, day after day, when it feels like there is no hope for you?
    - What does that say about you that you came here today?
    - Why are things not worse than they are?
    - What would [a loving friend or family member] say?
    - What is meaningful and important to you?
- Our healing power lies not so much in what we do, but simply in being there, in not running away because we feel hopeless or helpless. So we stay in the hopeless and helpless feelings with our clients, while still finding the courage to explore the small, seemingly insignificant ways in which together we can make this day or this hour a little easier to bear. That is what we can contribute.
- What can you do when a survivor cries during a meeting with you? Think about helpful ways people in your life have responded when you've cried or if you have children, what ways you comfort them when they cry. Then, explain:

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- Sometimes with sadness, there is a lot of silence and tears in the session. This is okay and healing because tears are often releasing something unspeakable, something that has no words. You can say these things to a survivor who is very hopeless or tearful: 'Tears sometimes release what we don't have words for,' or 'Take your time,' or 'It's okay,' or 'That's why we have tissues,' or 'That is why we are in this quiet room'
- Tears soothe the body and are a form of release

Change Slide ➔

PRACTICE

Role Play (30 min)

- In this role play, you will use an example from your work with survivors or make up an example of a survivor who was feeling sad or hopeless and stopped doing many of the activities she used to.
- Review instructions in Handout 11 for using Behavioural Activation.
- Divide into pairs. One person plays the caseworker, the other person plays the survivor. Then switch.
- Explain that asking either Exceptions Questions or the Miracle Question[12] can help explore how a survivor would prefer to feel and can also help get ideas for potential activities for her You Pick 1 menu.
- Explore if participants have better ideas for ways to ask the Miracle Question that reflect cultural or spiritual beliefs.

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Large Group Exercise: Drumming (5 min)

- Using rhythm can also influence our energy levels. And we can use rhythm to tune our internal system or to join with someone else's. It can also help release tension.
- Ask for volunteer. We will use their heartbeat as the baseline and everyone else will copy and drum along.
- Drum on table first at rhythm of the volunteer's heart (have others match the rhythm), then go faster and notice how it feels. Then go a little slower and notice again how it feels (e.g., more breath). Then go at the heartbeat rate again. Then drum very slowly and notice how it affects energy levels.
- Debrief. Can be creative with this and use a real drum and different rhythms, hum along or use words.

Change Slide ➔

Summary (1 min)

- Listening to survivors share their sadness and hopelessness affects us. Be sure to take care of yourself
- Behavioural Activation is one of many ways you can support survivors who feel sad and hopeless. It is especially helpful if she has stopped or reduced many of her regular activities.
- Which other techniques can help survivors who have problems with anger? (e.g., Cognitive Restructuring, Grounding, Problem Solving, etc.)
- Expressing feelings of sadness to a caring person in a survivor's life can be helpful. The goal is to comfort, not try to fix.

12 Adapt as per spiritual/religious or other beliefs about miracles

SESSION 21: ANXIETY AND HYPERVIGILANCE

Time: 35 minutes total

Topic	Time
Cycle of Anxiety	20 min
Hypervigilance	10 min
Summary	5 min

Objective:

- To understand how to assist survivors who are experiencing anxiety and hypervigilance
- To develop additional skills at addressing anxiety and hypervigilance

Preparation/Materials:

- Review pages 75-77 in the module

Instructions:

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CYCLE OF ANXIETY

Small Group Activity (10 min)

- Review the slide with the cycle of anxiety
- Have people get into pairs or groups of three. Have them work together to identify real life scenarios from either their lives, or in their work, with the cycle of anxiety.
- Work to identify the steps that they would take as a caseworker where they can help the survivor (or for themselves) break the cycle of anxiety. What would they do? What supports, either internally or externally, can they utilise to help break the cycle?

Large Group Discussion (10 min)

- Discuss this activity. Elicit from participants examples and solutions in breaking the cycle of anxiety:
    - How did this feel?
    - What could be done differently?
    - What could they use in their work, and things that they have already learned in the training to help a survivor slow down and consider alternatives to the continuation of the cycle of anxiety?
    - What does anxiety look like?
    - What does it feel like inside?
    - How can this be worked through with a case worker rather than only referred to a specialist?
    - Who can help a survivor experiencing anxiety?
- Relate anxiety to the upper edges of the Window of Tolerance and hypervigilance to being over-activated. Explore words/phrases from the Common Reactions to GBV flip chart that are similar to anxiety.

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HYPERVIGILANCE

Explanation (10 min)

- Hypervigilance can happen to anyone who has experienced trauma. Hypervigilance is a state of increased alertness. If you are in a state of hypervigilance, you are extremely sensitive to your surroundings. It can make you feel like you are alert to any hidden dangers, whether from other people or the environment. Often, though, these dangers are not real. These can cause your brain and body to constantly be on high alert. It can have a negative effect on your life and can affect how you interact with and view others.
- Symptoms can include; sweating, fast heart rate, fast/shallow breathing, jumpy reflexes, fear, increased anxiety and panic, tense muscles. If you are hypervigilant, certain triggers may cause you to overreact, such as if you

hear a loud bang or if you misunderstand a co-worker's statement as rude. These reactions may be violent or hostile in a perceived attempt to defend yourself. This may develop into black-and-white thinking in which you find things either absolutely right or absolutely wrong. You can also become emotionally withdrawn. You may experience mood swings or outbursts of emotion.

- Grounding techniques calm the mind, heart and body and bring the survivor back into the present when overwhelmed and hypervigilant. Here are two grounding techniques that are identified in the module (on pages 76-77):
    - Tell the survivor, *"Describe your environment in detail using all your senses." For example, "The walls are white. There are five pink chairs. There is a wooden bookshelf against the wall ..." Have the person describe objects, sounds, textures, colours, smells, shapes, numbers and temperature. Tell the survivor, they can do grounding anywhere. For example, on the street, she can say: "I'm on the street. I will cross the bridge soon. Those are trees. This is a bench. The sun is yellow. That car is honking its horn."*
    - The second grounding strategy mixes both imagery and mindfulness techniques. Tell the person to imagine, *"You are walking down a spiral staircase. Imagine that within you is a spiral staircase, winding down to your very centre. Starting at the top walk very slowly down the staircase, going deeper and deeper within yourself. Notice the sensations. Rest by sitting on a step or turn on the lights on the way down if you wish. Do not force yourself further than you want to go. Notice the quiet. As you reach the centre of yourself, settle your attention there - perhaps on your gut or your abdomen."* (See additional strategies in Appendix F in the module).
- Refer to safety planning with a survivor if they are hypervigilant about specific possibilities of future violence, their perpetrator showing up, etc. (See Case Management training section on safety planning)

(Optional) Body Hold Exercise

Lead participants through this exercise, which is used to reduce high activation in the body.

- Sit on a chair with your ankles cross
- Place hands under opposite armpits
- Drop chin to chest and slow down your breathing. Keep your eyes open or closed, whichever feels best.
- Notice how in this position you can keep out what you don't want in, keep in what you don't want out.
- Stay here for at least 30 seconds until you notice a shift (e.g., yawn, swallow, sigh, deep breath, shoulders drop, any relaxing or expansion in the body).

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Summary (5 min)

- Ask participants to describe anxiety and hypervigilance.
- Ask them to identify when they can help survivors (as well as themselves) break the cycle of anxiety and how they might go about this.
- Using real life examples, address what they can do and where they can reach out for support when this happens in their own lives as well. Which techniques can help survivors who have problems with anxiety and hypervigilance? Acknowledge that Cognitive Restructuring and Identifying Triggers are also useful techniques for these problems.
- Have them list of possible grounding techniques to help survivors with these challenges.

Change Slide ➔

SESSION 22: NEGATIVE THINKING

Time: 47 minutes total

Topic	Time
Introduction	8 min
Psychoeducation	10 min
Revisiting Culture and Power	4 min
Practice	20 min
Summary	5 min

Objective:

- To improve knowledge and skills of cognitive re-structuring for negative thoughts
- To understand the intersection of social identities, oppression and unhelpful thoughts

Preparation/Materials:

- Review pages 78-80 in the module
- Flip chart and markers

Instructions:

INTRODUCTION

Large Group Discussion (8 min)

- Elicit from participants examples of common negative thoughts that survivors they worked with had. Often, these thoughts are repetitive and about oneself, the world or the future. Write responses on a flip chart for use in an exercise later. Examples include:
    - "I am useless. I have no control over my life. I am useless, I have no control over my life."
    - "I brought shame to my family. I brought shame to my family. I brought shame to my family."
    - "I am dirty, I am dirty, I am dirty, I am dirty, I am dirty."
    - Relate negative thinking to list of common reactions to GBV
- Brainstorm ways to help survivors with these thoughts Write responses on a flip chart. Examples include:
    - Spiritual and cultural quotes, stories or prayers that allow them to shut down negative thinking. An example of this is the serenity prayer, "God grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."
- Ask which of the interventions we have learned in this training they would use to help a survivor deal with negative thoughts. Examples may include Mindfulness, Cognitive Restructuring, Relaxation & Grounding Techniques

Change Slide ➔

PSYCHOEDUCATION

Explanation (5 min)

- As we learned with the CBT Triangle, thoughts can impact our feelings and behaviours.
- Use the examples they shared during the discussion to walk participants through the CBT triangle. Be sure to include the event that caused the automatic thought. If they don't know the event, have them guess
- Thoughts are powerful. Remember the lemon exercise we did earlier? And the Hands as Thoughts? Thoughts can even cause the fight/flight/freeze/submit responses if they are threatening in some way.

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- And it often does not work to tell a survivor "Just don't think about it. Ignore it". For example, let's try a quick experiment: For the next 30 seconds, try not to think about a pink elephant. [Wait about 30 seconds], ask how it went and explain that the more you try to bury or ignore a thought, the more you think of it. So, we need to do something about it.

Change Slide ➔

- Choosing an intervention to use depends in part on what type of negative thought it is. For each of the following, ask for examples or use ones already mentioned:
    - Negative statement: about ourselves, other people or the world
    - Worry: future-oriented, may or may not happen
    - Concern: present-focused, can use Problem Solving (e.g., concerned about not having enough food to feed her family)

Change Slide ➔

Large Group Discussion (5 min)

- What steps would you take before you teach a technique to address negative thoughts?
    - Assess: Seek to understand the pain it is causing her, how often she has the thought, what causes her to have the thought (trigger or event).
    - Identify if the thought is a negative statement, worry or concern. Explain the different to the survivor.
    - Comfort and validate her feelings
    - Potentially explore how the thought may in some way be trying to help her, despite the pain it is causing (e.g., the thought "I'm going to fail" may not want her to be surprised if she does fail, or the thought wants her to make her prepare more). This can help later when coming up with a replacement thought that is more balanced and compassionate.
    - Educate: Explain the connection between negative thoughts, feelings and behaviours. For example, you can use the CBT Triangle, the pink elephant exercise, Lemon exercise, or hands as thoughts. It often works best when using an example from the survivor's life.
    - Use Ask-Tell-Ask to get their permission to use the technique/exercise

Change Slide ➔

REVISITING CULTURE AND POWER

Explanation (4 min)

- Be careful not to treat all negative or unhelpful thoughts and behaviours as the problem.
- It is important to consider the survivor's various identities and her experience in the world given these identities. Some thoughts, feelings and behaviours that may seem problematic to you may in fact be normal responses to the stress caused by discrimination and marginalisation. Some examples:
    - Anger is an appropriate response to a dominant group consistently harming someone from another group in large or small ways. Allow the person to express their anger instead of quickly trying to calm them down. Affirm that their anger is justified.
    - Despite the distress caused by thoughts like "the world is dangerous," these thoughts may be true given their lived experiences and the beliefs, practices and policies in a community that harm people with certain identities.
    - In a room full of women, a survivor has the thought "No one is going to like me" and "I think they're making fun of me," so she studders and constantly fixes her hair and clothing. The meaning of these thoughts and behaviours changes when the context is that she is the only person from a marginalised ethnic group in the room.
- Some negative thoughts may be caused by identity-based marginalisation, discrimination or other forms of oppression. We commonly see this with sexist beliefs that express or imply women are unequal to men. Some women may internalise these beliefs; that is, start to believe they are true. For example, the thoughts "I am powerless" and "it's my fault" likely reflects sexist societal attempts to disempower women so they are not a threat to male power. These thoughts may be attempts to blame women for abuse so men are absolved from any wrongdoing and can maintain control. The perpetrator may have even said these things to the survivor directly.
- Explore where the thought came from: "How did you come to believe that thought to be true?" "When you hear that thought in your head, does it sound like your voice or someone else's?" "Have you heard someone else say that to you before?" "What would you say if a friend told you she thought that about herself?"
- When using cognitive restructuring in situations involving marginalisation and oppression:
    - Acknowledge that lack of choice or control she may have in society.
    - Make connections between her thoughts/feelings/behaviours and the larger harmful community beliefs, practices and policies. You can use Ask-Tell-Ask to get permission to share the connection you

noticed. Or use the questions we just mentioned to explore where the thought came from.
    - Don't invalidate her reality. For example, do not express scepticism (or ask for evidence) of their belief that the world is dangerous when the world may truly be dangerous for them.
    - Support her to expand her thought in a way that may decrease negative emotions (examples below). You can also highlight an individual's strengths by asking other questions, such as "If _____ happened, could I handle it? In the past how have I coped with it?"
        - "The world is dangerous" becomes "The world is dangerous, and my community will continue to fight to survive."
        - "I am powerless" becomes "I have the power within me" or "I am doing my best."
        - "It's my fault" becomes "It's not my fault or it's his fault" or "I am not to blame for his actions."
    - Help her find ways to take care of herself while living in a community that doesn't always want her to succeed or limits her in many ways.

Change Slide ➔

PRACTICE

Large Group Exercise: Cognitive Restructuring (20 min)

- Review flip chart from beginning of this session with examples of common negative thoughts. Ask if participants have a few more examples they would like to add.
- Ask a volunteer to pick one of the unhelpful thoughts and play the role of a survivor who has that thought. Tell participants that we will assume that we have already gone over the triangle with our volunteer and found out how this thought affects her emotions and behaviours. Now, the rest of the group will use Appendix J in the module to ask the volunteer questions that seek to challenge the thought.
- Then ask the volunteer for ideas for a balanced, realistic and accurate replacement thought using the questions in Step 4 on page 54 of the module. Write replacement thought ideas on a flip chart.
- If the volunteer needs help coming up with a replacement thought, the group can propose one and check with the volunteer to see if it feels right. Remind participants that when working with survivors, it is crucial that you give survivors the opportunity to come up with a replacement thought herself first. Take time to explore this. Then can suggest replacement thoughts, ask for her reaction, and offer her to adjust the wording so it suits her better. Remember, it is not helpful to have a replacement thought that is exaggerated or unrealistic.
- Then, ask for a new volunteer and do the exercise again with a new negative thought. Do this several times with several volunteers, if time allows.
- The purpose of this activity is to help participants learn how to make effective replacement thoughts.

Change Slide ➔

Summary (5 min)

- What did you learn from today that you'd like to use in your work with survivors?
- Which techniques can help survivors who have problems with negative thinking?
- Types of negative thoughts: negative statements, worries, concerns
- Review potential interventions for negative thoughts

SESSION 23: SOCIAL ISOLATION AND WITHDRAWAL

Time: 60 minutes total (1 hr)

Topic	Time
Introduction	15 min
Psychoeducation	3 min
Practice	40 min
Summary	2 min

Objective:

- To understand the importance of social connection and the reasons that many survivors isolate or withdraw
- To practise the problem-solving technique for isolation and relationship issues

Preparation/Materials:

- Review pages 80-83 in the module.
- Handout 12 - Social Connections Map
- Choose and insert two names for the case examples

Instructions:

INTRODUCTION

Large Group Discussion (15 min)

- Using the list of Common Reactions to GBV, review the ways in which a survivor's relationships are affected by GBV.
- Survivors socially isolate for many reasons. Ask: Why might a survivor withdraw from other people or isolate herself? Why might it be difficult to be around others? Then, explain:
    - This is often protective, despite any pain or suffering it may also cause
    - Important to explore why a survivor believes she is isolating and what effects it is having on her thoughts, feelings, relationships and other aspects of her life
    - Explore when she started withdrawing to see what may have caused it
    - Often with IPV, the perpetrator intentionally attempts to isolate a survivor from her support systems or damage her relationships so he has more power. He may even try to convince her that no one cares about her, and she may come to believe that.
- Are there any cultural or religious reasons why certain individuals you work with may choose or be compelled to socially isolate? Alternatively, are there situations in which other people force survivors to isolate?
- Have you noticed that some people isolate in a short-term, reactive way and others isolate in a longer-term, chronic way? What was the difference between these two forms of isolation? How did you work with them differently? Then, explain:
    - Reactive withdrawal is when someone isolates or pulls back from the world to recover from a painful event, such as having a fight with a loved one, feeling shameful or experiencing sexual assault. This kind of withdrawal is a reaction to an event and lasts a short period of time before the person re-enters their normal way of living and connecting to the world.
    - Chronic withdrawal is longer term and involves creating a lifestyle that is isolated from people and activities. Chronic withdrawal is often accompanied by other psychological symptoms and and/or mental health disorders (e.g., Depression, Anxiety and Schizophrenia).
- From your experience in you work or personal life, what has helped people reconnect and reengage with other people after isolating?
    - Follow up: How did you or the survivor come up with that idea?
    - Explain: Helpful questions to ask can include "Are there any times when you did not withdraw? Why not?" and "Has this happened to you before? What did you do then?"
- What did not work?

Change Slide ➔

PSYCHOEDUCATION

Explanation (3 min)

- Social isolation and withdrawal involve the survivor removing themselves from all things external, such as people, places and events. It can look like: staying home much of the time, refusing interpersonal interaction, and avoiding social situations, especially ones that involve close intimacy (both emotional and physical). Many times, this behaviour can be triggered by painful life events that leave the person feeling shame, fear or worry.
- Withdrawal is a way of signalling that the world feels unsafe and unpredictable. Withdrawing is often an attempt at creating safety in a world that feels out of control.
- Being socially isolated can cause a person to be flooded with strong emotions or to get caught in negative thought loops (e.g., 'I will never feel better' or 'I should just give up.').

Change Slide ➔

- When a survivor has been isolated for a long time, it can be hard for them to connect to their life again. In these instances, help the survivor to do small actions that can start to connect them with others. Be gentle. Move slowly. For example, could they look outside a window at people passing? Or could they smile at familiar people? Or could they just make eye contact with safe people?
- Doing too much too quickly can backfire and cause them to isolate more.
- When the social isolation is very general, help the survivor to connect to anything that is outside of her. Anything. It can be an animal, a picture, a poem, a plant or a person. Isolation constricts and narrows the person's world. Connecting to something outside of themselves reminds the person that they are more than their thoughts, that the world is big and that not everything in the world is unsafe. Behavioural Activation techniques can be helpful here.
- Explore the specific things the person is avoiding. Why are these things scary or overwhelming? What will it take for the person to gradually face these things?
- Cognitive Restructuring may help survivors who have thoughts that get in the way of them feeling connected to others. For example, the thought "I stopped returning her calls. She must hate me now."
- Relaxation and Grounding Techniques can be helpful if the survivor feels unsafe or anxious while trying to be social again.
- Often social isolation decreases when the person feels safer. Help the person to identify the source of fear, warning signs, coping strategies and safe people, places and things.
- Enhancing Motivation techniques can be helpful, such as affirmations for attempts she makes, developing discrepancies (pro/cons), the ruler, and avoiding the urge to side with the part of her that wants to be social. Ask-Tell-Ask can be used to share information about why reconnecting with friends, family, and society can be important. You can also use Ask-Tell-Ask to share the ways you've noticed her partner trying to isolate her from her social support system.

Change Slide ➔

PRACTICE

Individual Exercise: Social Connections Map (5 min)

- Relationships are critical for wellbeing. The number of relationships you have tends to be less important than the quality of your relationships (having a really close friend or sibling, for example). Some survivors find it helpful to step back and look at their relationships to see where there are strengths and gaps.
- Distribute and review Handout 12 (which is copy of Appendix K in module). Instruct participants to complete it for themselves
- Debrief and explain that this can be a helpful assessment and problem-solving tool for survivors who struggle with social isolation or relationship issues, or for survivors who are not using social supports to help her with problems.

Change Slide ➔

Small Group Exercise: Problem-Solving (35 min)

- Divide into groups of 3-4 and read them the case example and instructions below.
- *[Survivor's Name] has been seeing you for a few weeks since her husband started emotionally and verbally abusing her. She tells you she is feeling lonely and noticed she has withdrawn from people.*
- Based on your assessment questions, you find out that she has several problems with relationships:
    a) She is avoiding visiting her mom because she doesn't want her mom to ask her about her husband's violent behaviour
    b) She doesn't go to the women's centre anymore though she sees that a craft program is starting soon. She is considering attending but thinks it will feel too overwhelming to be around so many people.
    c) She used to talk frequently with her close friend [Friend's Name] and share her problems and feelings, but [Friend's Name] hasn't been calling her as much since [Friend's Name] moved to the city to attend school.
    d) She had an argument with her brother last week about the family business and she has not returned his calls.
- Have each pair choose which of the four problems they will focus on.
- First, together review Steps 1 & 2 for Working with Specific Symptoms (pages 61 and 81 in module) and discuss what questions you would ask to Assess and what information you would share to Educate.
- Then discuss how you would use the Problem Solving Technique (pages 56-57 in module) for Steps 3 & 4 for Working with Specific Symptoms (Discuss and Create).
- Debrief: share learning, successes and challenges.

Change Slide ➔

Summary (2 min)

- Caring relationships are one of our greatest sources of healing
- Let the survivor lead in creating a plan that works for her. Which techniques can help survivors who struggle with relationships and social isolation?

SESSION 24: SELF-BLAME

Time: 45 minutes total

Topic	Time
Introduction	10 min
Psychoeducation	10 min
Practice/Interventions	20 min
Summary	5 min

Objective:

- To understand the reasons survivors blame themselves and how it is connected to power, control and oppression
- To learn ways to help survivors address self-blame

Preparation/Materials:

- Review pages 83-87 in the module
- Handout 13 - Power and Control Wheel and Equality Wheel. Download and print in local languages from: https://www.theduluthmodel.org/wheel-gallery/ or http://www.ncdsv.org/publications_wheel.html
- Flip chart and markers
- Choose and insert a name for the case example

Instructions:

INTRODUCTION

Large Group Discussion (10 min)

- In your experience, what do survivors typically blame themselves for?
- Why do survivors sometimes blame themselves? How is self-blame related to survivors' identities and discrimination within the community? (e.g., sexism) Then, explain
    - Abusive relationships can keep someone locked into a chronic cycle of self-blaming. The person may accept intimate partner violence as normal because it has happened for so long. Abusive relationships can cause co-dependency, people-pleasing, feeling helplessness, traumatic bonding, poor boundaries, inability to say no and self-erasure. If the person is in an abusive relationship, help them to name how it is affecting them. The person might not recognise that they are in an abusive relationship. In this case, it can be helpful to have a conversation around healthy relationships and healthy communication. Blaming the perpetrator can be very uncomfortable for some survivors, so they may blame themselves instead of the perpetrators.
    - For many survivors, self-blame can be a way to feel like they never lost control over their situation. Blaming themselves can make a person feel less vulnerable
- What are examples of statements of self-blame you have seen in your work with survivors?
- Explain that self-blame is a way of thinking when the survivor feels excessively responsible for the occurrence of a stressful event. Survivors of GBV often blame themselves for the harm done against them, which can cause them to feel low self-worth.

Change Slide ➔

- Review and discuss Handout 13 (English versions in Appendix L in module). Highlight ways in which tactics of control can contribute to self-blame. Also highlight the ways the wheel can be used to help survivors recognise the perpetrator's behaviours as the source of harm.
- Inform participants that the module includes more detailed information of the cycle of violence and blame in IPV relationships on page 84, which they can read on their own time.

PSYCHOEDUCATION

Explanation (10 min)

- Ask: What are ways to help survivors who blame themselves? What has worked in the past? What has not worked? What techniques did we learn that might be helpful for self-blame? Write responses on flip chart.

Change Slide ➔

- As caseworkers, it is important to help survivors 1) realise they are self-blaming 2) have a more balanced, realistic view of the experiences of their life and 3) realise this is common in many people who have been abused.
- Seek to recognise a pattern of self-blame. She may also blame herself for things other than the GBV she experienced. Notice this with her if it comes up during a meeting.
- Or it may show up as being very critical of herself. Some people assume that blaming themselves will help them learn and do better next time. However, often it causes them to feel shame, which can prevent our brains from thinking clearly and learning. Being kind to ourselves when we make mistakes and having a more balanced view of who is responsible can help.

Change Slide ➔

- Mindfulness is a useful technique for working with self-blame. It can initially help survivors recognise when they are blaming themselves. And remember that this awareness needs to be without judgement, just a simple acceptance of painful emotions as they arise in the present moment. Rather than suppressing our pain, mindfulness helps them see themselves and their situation clearly. Particularly, the Labelling technique can be used when she notices a self-blame thought arise, followed by "Thank you, mind!"

Change Slide ➔

- Encourage her to find ways to be kind to herself when she notices a self-blaming thought. Let's try a very brief example of this: Silently tell yourself that you are not alone in the suffering you have in your life, that other people suffer also. Try placing a hand on your heart. And ask yourself, "What do I need to hear right now to express kindness to myself?" There may be a phrase that speaks to you in your particular situation, such as:
    - May I give myself the compassion that I need
    - May I learn to accept myself as I am
    - May I forgive myself
    - May I be strong.
    - May I be patient[13]

Change Slide ➔

- Help the survivor understand the difference between the two thinking styles: self-blaming thinking versus self-reflection (thinking about one's choices, actions and feelings). Self-reflection is most possible when we are calm (Relaxation and Grounding Techniques). ***Ask for examples***
    - I'm can't do anything/I'm useless vs. I made a mistake/I tried my best
    - It's my fault vs. It's his fault
- Cognitive Restructuring can also be used to help create more balanced replacement thought to self-blame
- Ask: During a meeting, have you ever told a survivor it's not her fault? How did she react to that? Then, explain:
    - One option is to say to a survivor: "Has anyone told you that it's not your fault? What's that like to hear?" followed by the caseworker sharing the belief that violence/threat is never OK and is always the fault of the person who chose to use it.
- Remind the survivor of their protective factors (see Risk and Protective Factors).

13 From Neff, K. Self-Compassion Break. https://self-compassion.org/exercise-2-self-compassion-break/

Change Slide ➔

- Use affirmations. What does the person want to believe about themselves? Have the person start the morning by repeating affirmations (e.g., "I am a strong woman who is learning how to dream again. I am patient."). Check in with how it felt in the body.
- Have the person identify 2-3 loved ones who can remind them of their gifts. These loved ones do not need to be alive or physically there. You can ask the person to "imagine what they might tell you."
- Help the person interrupt the self-blaming with distraction (e.g., playing a song, going for a walk, calling a friend).

Change Slide ➔

PRACTICE

Small Group Discussion (20 min)

- Divide into groups of approx. 3 people to discuss how they would use Steps 1-5 of Working with Specific Symptoms for the following case example. What is she struggling with and what are the likely causes? What questions would you ask to assess? What information would you share? What interventions/techniques would you try? What is the action plan and what homework might you give? How would you follow up with a survivor? What challenges do you anticipate she may have? What resources (including people) can help her with her action plan? Discuss what her story may tell you about her strengths.
- *[Survivor name] is a refugee living in the community after recently escaping war in the neighbouring country. She lives with her two children and her cousin. Here, she struggles to find a job because very few people are willing to hire her, despite her experience running a small business in her home country. She blames herself for not having enough money to support her cousin and two children. You also notice she is very critical of herself for small mistakes or accidents she makes; for example, she called herself "stupid" and apologised a lot when she dropped her tea during your meeting. [Survivor's name] tells you that she left her husband in her home country, and he used to emotionally and sexually abuse her. She knows the abuse she experienced made it hard for her to care for her children in the way she wanted to, and she sees that her family's current struggles here are affecting the children; she blames herself for all of this and wishes she left her husband sooner. She is proud of herself for finding the courage to leave and making her way here.*
- Debrief with the large group

Change Slide ➔

Summary (5 min)

- Self-blame is very common and often arises from other people blaming or questioning the survivor and/or from discriminatory beliefs, practices and policies that exist within society.
- Which techniques can help survivors who struggle with self-blame? Be specific on which situations you would use it.
- What is one technique you want to incorporate in your work with survivors?

SESSION 25: SEXUALITY AND INTIMACY

Time: 35 minutes

Topic	Time
Psychoeducation	15 min
Discussion	18 min
Summary	2 min

Objective:

- To understand how sexuality and intimacy impact survivors' lives, and how these topics can be incorporated in working with survivors

Preparation/Materials:

- Review pages 87-93 in the module

Instructions:

PSYCHOEDUCATION

Explanation (15 min)

Sexual Orientation and Gender Identity

- Read aloud from the box titled, "Sexual Orientation and Gender Identity," on page 89 of the module.

Sex, Attraction and Intimacy

- Read aloud the introduction to the Sexuality and Intimacy section on page 87 in the module. Then read aloud the information in Step 2: Educate on page 88.

Change Slide ➔

Small Group Discussion (18 min)

- Have participants get into small groups (3 or 4 people). Facilitator will have half of the groups discuss ways to support survivors for whom aspects of sex or intimacy are triggering, and the other half of the groups will discuss how they might bring up these topics with a survivor during their meeting. Have one from each group take notes so that they can share the main topics that came up. Include having groups identifying coping strategies to overcome triggers around sexuality and intimacy.
- Debrief with large group:
    - Share the main topics that were addressed in each group.
    - What was surprising?
    - What made people uncomfortable?
    - How can we work together in our programs to help mitigate stigma around sexuality and intimacy?
    - What other topics came up for people (ex. Shame, frustration, confusion, etc), and why do you think that is?
    - Do people talk about sex and intimacy within your communities? If they do, how are these topics addressed?

Change Slide ➔

Summary (2 min)

- What can we do as GBV workers to help survivors feel stronger with concepts of sexuality and intimacy and working through triggers after experiencing the traumas that they have?

SESSION 26: DISSOCIATION

Time: 25 minutes total

Topic	Time
Psychoeducation	5 min
Interventions	15 min
Summary	5 min

Objective:

- To understand what dissociation is, and how to work with survivors who are experiencing this

Preparation/Materials:

- Review pages 94-96 in the module
- Flip chart and markers

Instructions:

PSYCHOEDUCATION

Explanation (5 min)

- One description of dissociation is a mental process that involves disconnecting memories, feelings, thoughts, or sense of self and not being in the present. Many people experience it at some point in their life.
- A mild dissociation that is experienced by most people, including stable and healthy individuals, is forgetting a common experience, such as locking a door. The event is so repetitive in daily life that a specific instance of locking a door may be forgotten. Others include daydreaming or getting lost in a good book.
- Dissociation might look like: daydreaming, spacing out, or eyes glazed over, acting different, or using a different tone of voice or different gestures, switching between emotions or reactions to an event, such as appearing frightened and timid and then becoming violent. A survivor who dissociates may tell you that sometimes she feels her body is not real, or that she is outside of her body. Or she may mention that everything around her seems foggy or unreal. Or other seemingly strange situations, like finding herself somewhere but not remembering how she got there or having things that she doesn't remember buying.
- What beliefs, explanations and practices exist in your communities about these behaviours/experiences? Are there other terms to describe them? (Reference list of common reactions to GBV)
- Persistent, frequent, or extended periods of dissociation can be symptoms of a larger mental health problem.
- Many survivors, due to their traumatic experiences, struggle with dissociation. While Clinical Dissociation should be treated by a specialist, there are different ways that a caseworker can support a survivor who is experiencing issues with dissociation.

INTERVENTIONS

Explanation (5 min)

- Read aloud Step 3: Discuss on page 95 of the module

Change Slide ➔

Large Group Exercise: Creating a Safe Place (10 min)

- This exercise helps survivors who are in "freeze-mode", feeling numbed and frozen. We will imagine or visualise ourselves in a safe place. Make yourself comfortable, with your feet on the ground. Feel and relax your body, your head, your face, your arms, spine, stomach, buttocks, thighs, legs. Choose whether you want to close your eyes or keep them open during this exercise. Listen carefully to the Trainer's voice.

Think of a place in which in the past you were calm and confident and safe. It may be outdoors, at home, or somewhere else. It can be a place to which you have been once or many times, which you saw in a film or heard about, or imagine. You can be there by yourself or with someone you know. It can be private, unknown to others, somewhere that no one can find without your permission. Or you can decide to share it with others.

This place must suit you and meet your needs. You can constantly recreate or adapt it. It is comfortable and richly equipped for all your wants. Everything you need to be comfortable is present. It is somewhere that fits you. It shuts out

every stimulus that might be overwhelming.

Imagine this place. Imagine you are there. Take time to absorb it in detail: its colours, shapes, smells and sound. Imagine sunshine, feel the wind and the temperature. Notice how it feels to stand, sit or lie there, how your skin and your body feel in contact with it.

How does your body feel when everyone is safe, and everything is fine? In your safe place you can see, hear, smell and feel exactly what you need to feel safe. Perhaps you take off your shoes and feel what it is like to walk barefoot in the grass or in the sand.

You can go to this place whenever you want and as often as you want. Just thinking about it will cause you to feel calmer and more confident.

Remain there for five more seconds. Then prepare to return to this training room, open your eyes, stretch yourself, do what you need to return to the present.

Change Slide ➔

Summary and Debrief (5 min)

- Ask participants to identify when they have seen this in their work, what they did, and what they think they will be able to do now that they have learned more about it.
- What are some solutions for people who have experienced the symptoms of dissociation we just spoke about? Are there things that you do in your community for this? [Write responses on flip chart]

Change Slide ➔

SESSION 27: SOMATIC SYMPTOMS

Time: 38 minutes total

Topic	Time
Introduction	10 min
Psychoeducation	10 min
Practice	13 min
Summary	5 min

Objective:

- To understand the mind-body connection related to both suffering and healing

Preparation/Materials:

- Review pages 97-100 in the module
- Flip Chart and Markers

Instructions:

INTRODUCTION

Explanation (10 min)

- Somatic symptoms are physical symptoms that are caused by psychosocial problems. Somatic symptoms tell the caseworker that something is bothering the survivor. The physical complaints symbolise these problems.
    - Reference any somatic symptoms on list of Common Reactions to GBV
- All human beings somatise. Somatisation happens because of the mind-body connection, which is the back-and-forth communication between the mind and body. Emotions are expressed in our bodies. For example, survivors may get headaches because of stress or a stomach-ache after a fight with someone. These somatic symptoms hurt and for some people get in the way of everyday life and needs to be treated
    - Ask participants for other examples from their work
    - Ask: What explanations do survivors in your community have for why these somatic symptoms exist? Be sure to honour and not dismiss or invalidate these reasons. [Write responses on flip chart]
- Survivors may have single or repeated somatic episodes. Symptoms can be vague complaints (i.e. nausea or feeling tired) or they can be specific areas of the body (i.e. back pain, stomach pain).
- Somatic symptoms and complaints hurt. However, they may have no medical reason. The reason for the pain is psychological. Some common somatic symptoms among GBV survivors are: headaches, pain in the belly or genital area, pain in arms, legs or joints, nausea and vomiting, body pain and muscle discomfort, fainting spells, heart palpitations, difficult menstruations, and pain before, during or after sexual relations.
- Ask: In your experience, what are some ways survivors try to address their somatic symptoms? (e.g., traditional remedies, healers, doctors, drugs from the pharmacy, etc.) [Write responses on flip chart]
    - Be sure not to invalidate traditional remedies and healing practices. These are valuable resources for survivors! And we can support them with the emotional aspect of somatic symptoms at the same time that they are receiving other forms of support.
    - Explore these in **Step 3: Discuss**
- IMPORTANT: All survivors who appear to have somatic symptoms should, as a priority, be seen by a medical professional prior to the caseworker working with them. This approach allows for the medical professional to make sure there are no medical reasons for the person's symptoms. Once medical reasons are excluded, we can make a connection between the person's somatic symptom and their GBV and life problems.

Change Slide ➔

- Some helpful **Step 1** assessment questions include:
    - Questions about the person's reactions to and coping with symptoms (i.e. use of traditional remedies).
    - Questions that help her notice other reactions that accompany the somatic symptom (e.g., anxiety, or sadness, or anger)
        - Explore her emotions. Sometimes when we create a safe space for survivors to feel the emotions that they spend a lot of energy trying to avoid, their somatic issues reduce or go away.
    - Questions that help her identify what happened right before she felt the somatic symptom

- For example, can give homework for the person to record when the somatic symptoms appeared in the last few weeks. They can try to notice any common people, places or things that appeared during the times the symptoms were present.

Change Slide ➔

PSYCHOEDUCATION

Explanation (10 min)

The Body as Site of Violence and Resource for Healing

- Often for GBV, the body was the location of violence or a subject of criticism and verbal abuse by the perpetrator or some other form of control. A survivor may also feel disappointed in her body for the way she responded to the violence (e.g., freezing instead of fighting). Maybe she then treats her body poorly, for example by not nourishing it with healthy food (if she has access to healthy food), using drugs or alcohol, or stopping physical activity. Or she may be critical of parts of her body, angry with it at times for not working the way she wants it too.
- This prevents survivors and others from realizing that their bodies are constantly changing sources of intelligence, information and energy. Our body is always supporting us and has the capacity to help us heal and thrive. We can help survivors reshape their relationship with their bodies and recognise how their body is also an incredible and wise resource. For example,
    - Frame somatic issues as the body's way of trying to tell her something important, requesting her to listen.
    - Use the body to help, like relaxation or grounding techniques that use the body (breath, using 5 senses, pressing feet into the floor, stretching).
    - Practise gratitude toward parts of the body for helping her throughout the day (e.g., feet for helping her walk to work, arms for helping her hold her baby, mouth for helping her taste delicious food)
    - Build strength and flexibility through regular exercise or stretching
    - Encourage her take care of her body: grooming, showering, eating enough and nutritious food, seeking medical care when necessary, dressing appropriately for the weather, sleep better, reducing alcohol and drug use, practising safe sex. Self-care build self-respect and self-confidence.

Change Slide ➔

Physiology of Stress

- We learned on Day 1 about the Fight, Flight, Freeze, Submit response in the face of threat or danger. This same response can occur simply when something *feels* dangerous but is not—like a job interview—or reminds us of something that was associated with danger in the past (i.e., trigger).
- And the body has very specific responses in the face of danger that are intended to protect you and ready you for a fight, flight or freeze response.
- Review image on page 17 of the module on the physiology of stress. You can add the following details if needed:
    - Eyes - pupils dilate to let in more light and to make sure that we can see clearly enough. This reaction makes our environment look brighter or fuzzier, and sometimes less real.
    - Dry mouth - Increased muscle tension around the neck or rapid breathing dries out the throat, which may make you feel like you are choking
- Ask: How can we use this knowledge when working with survivors?
    - Example: if a survivor who reports these physical symptoms, you may suspect that she was triggered by something or is stressed/worried about something. This can be an opportunity to explore what is going on when she experiences these symptoms.
    - You may notice that your body does these things because you're nervous before meeting a survivor, or even during the meeting. That's normal! It may especially happen when listening to a survivor tell stories of fear and violence.
    - Many survivors face many daily traumas. This may cause their body to constantly be in fight/flight/freeze/submit mode. We can help survivors build their relaxation techniques and find small moments of calm so their body can reset and rest. At first, that may only be for a few minutes during the meeting. Over time, hopefully she can find more and more moments outside of your meetings to practise.
- See how smart our bodies are in the ways they are designed to try to protect us! It can be helpful to highlight this to survivors.
- Mindfulness is a helpful tool to build survivor's awareness of their body sensations. Let's practise a simple exercise now that can help: Shake your hand really fast for 15 seconds. Now stop. Wait 10 seconds. How do your

hands feel after you are done shaking them?
- Mindfulness can also help survivors recognise that their pain or discomfort changes in intensity throughout the day and notice the moments when the pain or discomfort is low or not there.

Change Slide ➔

Belly/Brain Connection

- One of most common physical concerns that survivors have is stomach pain, digestion issues, constipation or diarrhoea.
- When faced with danger and stress, the body shuts down internal processes that are not needed for survival. Digestion is one of the processes that is not needed at times of danger. Because of this, anxiety might lead to feelings of stomach upset, nausea, or diarrhoea. And a survivor may not feel hungry.
- There is a connection between our belly and brain. The largest nerve in our body goes from the back of the brain stem and down through the whole body and connects to most organs below the diaphragm, as well as the heart and lungs. When we see something horrible, our guts twist. That's the vagus nerve. 80% of it is sensory fibers, which means it takes information from the guts and relays it to the brain. When you see something scary, you twist up and that's message is sent up through the vagus nerve and amplified in the brain stem. So it starts with ugh, then UGH, then ARGH and becomes chronic so we lose energy and our life force disappears. It can be helpful to work with the stomach to send information of relaxation to the brain.
- One way to do this is through sound, especially chanting or humming. Many religious and spiritual traditions have known the power of chanting for thousands of years. And as a child, you may have been relaxed by your caregiver's voice as they hummed or sang.
- The vibrations that these sound makes in the receptors of the belly sends the "all clear" signal to the brain, so the brain thinks it can start to digest again and stabilise.
- Ask: Is there a form of chanting or humming that is practised in your community or religion?

Change Slide ➔

PRACTICE

Large Group Exercise: Voo-ing (3 min)

- We'll take an easy full breath in and on the exhale make the sound VOO as if it is coming from the belly, like a horn. Let the breath go all the way out naturally, take in a new full breath to fill the belly and chest and repeat the Voo. Go at your own rhythm and focus your attention on the vibrations it causes in your belly. We'll do it 4 times.
- Start Voo-ing. Do it 4 times.
- Now rest, notice sensations, feelings, thoughts, images, pictures. May take 10 seconds for something to show up. For some, it can sometimes bring up difficult feelings, that's OK. Just notice them.
- When you first do it, it may be hard to feel the vibrations in your stomach. The more you practise, the easier it is to notice the small vibrations.
- This exercise is great to do with others, like coworkers, partners, family, friends. And it's helpful whenever you notice a fight, flight, freeze or submit response
- Laughter is always welcome. When we're laughing and silly, we're inside our window of tolerance.

Change Slide ➔

Large Group Exercise: Posture & Movement (10 min)

Note to Facilitator: This exercise works in large groups, though may be best suited for smaller groups who already know and feel comfortable around each other. If short on time or if the group cohesion is poor, you can instead do the Straightening the Back Exercise from Appendix F in the module.

- Now we're going to experiment with movement and posture to help us recognise how our bodies can be a source of support. Each body has a different story. It tells the story of how we are doing in a given moment based on our posture and the way we move. For example, a posture that is closed, slumped forward or curled inward to protect vulnerable body parts, with limp arms may reflect a current or past belief that "I have no confidence" or "people don't value me." That's why it can be important to become aware of the language of your body and hear its story. You can then slowly try out and practise new ways of being in your body. Which we'll play around with right now.
- First, think about a problem in your life. Then get into a posture or movement that feels like you with the problem. [Give participants a personal example, such as "I notice when I think about the stress coronavirus has caused in different parts of my life, I either look up or put my heads over my eyes or both. Averting my eyes so I don't have to face the problem. And it usually involves a grunt too"]. For others, maybe getting into this problem posture is more slumped and heavier. Get out of your head here and follow your body's instinct, play around with different postures until you feel you've got it
- Now, take a moment and ask yourself How do I want to be in the face of this problem (or the pandemic)? And find a posture or movement that supports this. Play around with it, listen to your body when it tells you that you've come across something that feels right. What's the story you want to tell about this time and embody that [Give example]. Maybe how you want to be during this time is a quality, like Grace or Loving or Funny or Fierce or Hopeful, and that's a quality you'd like to invite in more. Find a posture or movement that supports that. Maybe you feel the impulse to stand up and move with this new posture, maybe it's a sway or a swagger or a dance, a slower or faster pace. Maybe it brings about a memory of a time when you felt this way in the past, or moved this way, or had this posture. Follow whatever sensations or impulses you feel in your body. Here you've found another resource, one that you can assume anytime you need it.
- Debrief and ask how it can be used with survivors.

Change Slide ➔

Summary (5 min)

- Body as a site of violence and source of healing
- What are ways we can support survivors in recognizing their body is a helpful resource?
- Physiology of stress—both real and perceived danger
- Importance of seeking medical attention

SESSION 28: WRAP UP AND CLOSING

Time: 50 minutes total

Preparation/Materials:

- Post-Test, Final Evaluation Form, Daily Feedback Form
- Signed training certificates
- Camera

Instructions:

REVIEW (15 min)

- Ask participants if they have any final questions and what they will take away from the training into their lives and work. Encourage them to think about how they can use this material in supervision, case discussions, and other forums.
- Facilitate discussion on how participants (and their organisation) can plan to continue reinforcing the training content throughout their work (e.g., topic-specific refresher trainings during team meetings, group supervision, individual supervision, etc.)
- Thank participants for all their attention and hard work!
- Inform them that you or someone on your team will be following up with them over the course of the next year to see what impact the training has had on their work. This will be done via survey.

Change Slide ➔

POST-TEST AND EVALUATIONS (30 min)

- Administer Post-Test
- Administer Daily Feedback Form
- Administer Final Evaluation

Change Slide ➔

CLOSING RITUAL AND CERTIFICATES (5 min)

- Conduct pre-determined closing ritual (e.g., ceremony, speech from program director, etc.)
- Distribute signed certificates to participants

Change Slide ➔

GROUP PHOTO

- Get consent to take and use a group photo
- Take a group photo, if appropriate

Change Slide ➔

THANK YOU!

CASE STUDY FOR DAILY REVIEW

The following case study is provided as one way to review techniques and core concepts that were taught in a given day. It is based on the 5-day agenda in the introduction to this manual. If you made changes to the agenda, the case study can be adjusted as needed. Review of Day 5 is not included; instead, when reviewing Day 5, it may be helpful to identify which techniques or concepts the participants seem to struggle with most and create a case example tailored to that issue.

Review of Day 1 (Sessions 1-3)
You briefly met Miriam, a 42-year-old woman, because she has been attending some activities at the women's centre your organization runs in the refugee camp. You know that she arrived in the camp a few months ago after leaving her home country because she and other members of her small religious community were persecuted by members of the dominant religious group that also controls government. She is very kind and always offers to help arrange chairs or clean up after activities, though she doesn't speak much to the other women at the centre. One day, she approaches you and asks to meet privately. You bring her to your office and she tells you that she isn't sleeping well because of bad dreams, has frequent stomach aches, is often irritable, feels sad a lot of the time and has trouble concentrating, which all affect her ability to care for her children in the way she wants to.

She tells you that in her culture, it is not common to talk about one's emotions and it is inappropriate to talk about violence directly. *How may this impact your work together? How would you respond? What kinds of questions would you ask Miriam?*

Miriam and you are both women and are approximately the same age, though you are from different religions. Your country is not involved in the conflict that caused Miriam to flee; however, you have the same religion as the dominant group that persecuted her religious community. *How might the similarities and differences in your identities affect your relationship? How would you address this when meeting with her? What questions would you ask to explore how her identities affect her experience in the camp? What questions would you ask to assess how she has been socialised about her identities?*

She asks you, "How can I feel better? Will I ever recover from this?" *How would you respond? What can you say or ask to honour her definition of recovery and her ideas for how to feel better?*

Based on what she shared, you suspect that she may have experienced GBV. *How would you approach this? How would you use the Common Reactions to GBV to help?*

Review of Day 2 (Sessions 4-8)
In your first meeting, Miriam tells you she doesn't trust many people in her life, and she's worried she'll never feel better. *How can you bring up case closure in a way that may help her have hope for herself and feel prepared for the goodbye?*

In your office, you display an image of common symbol of your religion. During your first meeting, she sees this image and immediately freezes, and she stops speaking. Her eyes widen, muscles tighten, and her breathing becomes fast and shallow. *What happened? How would you respond? How is this related to Culture and Power we discussed?*

In your second meeting, Miriam tells you that she fled her home country with her 2 children and had to leave her husband behind. You know she is having a hard time in the camp, struggles to find work, doesn't have any close friends, and feels lonely. A few weeks ago, she started coaching football to young kids in the camp; she says she loves it, and it reminds her of when she used to play competitively as a child. She tells you that although her situation is so difficult right now, she has hope that one day her husband will join her in the camp and they will live happily as a family again. She is thankful that her children are doing well at school and making friends. During the meeting, she also tells you that on her journey from her home country to the camp, she stayed with a man who was sexually exploiting her for housing and food. She tells you, "He should never have done that to me." When you asked how she got through that difficult time, she says that she prayed often, found that keeping a daily routine helped, and eventually she sought help from another woman in the community who gave her money to get to the camp. *What risk and protective factors can you identify from her story?*

Miriam also tells you that most times she smells tobacco, she has a flashback to the times the man sexually exploited her for housing and food. She tells you that she avoids going to the market because people are often smoking tobacco there. *How would you explain triggers to her? What questions would you ask? What would you tell her about avoidance and anxiety?*

Review of Day 3 (Sessions 9-12)

During your third meeting with Miriam, she tells you a story about the ways she's been using the techniques you've taught her. She says, "Yesterday, I needed to go to the market. Just the thought of going there made me feel so nervous: I noticed my hands started to sweat, my heart started beating faster, and I had the thought "I can't do it." I then said to myself "I'm feeling fear," and I noticed my heartbeat slowed down a little. Then I sat down and took 10 deep belly breaths and that also helped. So I decided to walk to the market. When I got there, I could smell tobacco and the fear started getting bigger. So I paid attention to my feet and held onto the stone I keep in my purse, noticing its smooth texture and cool temperature. I said to myself "I am safe. I am in the present, not in the past. I'm safe." And it helped! I was able to refocus on my shopping instead of the tobacco, and I didn't have a flashback. Any time I started to feel fear, I just did all of that again." *Ask participants to connect specific parts of Miriam's story with the techniques covered in Day 3 (Mindfulness, Labelling, Relaxation Techniques, and Grounding Techniques)*

During your next meeting, you notice that Miriam seems like she hasn't bathed or washed her clothes in a few days. She tells you that she's been feeling more sad and tired than usual lately, so she cancelled a few football practices and hasn't been coming to activities at the women's centre. You think that she might benefit from Behavioural Activation. *What motivation technique(s) would you use to introduce behavioural activation? (e.g., Ask-Tell-Ask) How would you explain behavioural activation to her?*

Miriam tells you, "I know that behavioural activation might help me, but I'm just too tired to do anything." *What is the term for when someone feels two ways about something? (Ambivalence) What motivation technique(s) may be helpful to try? What types of activities are most effective for behavioural activation? What questions would you ask to get her ideas for activities? What tips would you give her for improving her chances of success with behavioural activation?*

Review of Day 4 (Sessions 13-19)

After several weeks of meeting with you, Miriam has made many improvements in her life. She uses relaxation and grounding techniques, and she found success using behavioural activation. However, she still has a hard time believing that she will ever feel like her former self. She says, "I keep thinking 'I will never get better.' And it makes me so sad that I start crying." You ask her for an example of a time in the past few days that she had that thought. She tells you, "just this morning when I woke up sweating after having another nightmare. I thought 'I will always have these nightmares. I will never get better.' And I started crying and stayed in bed. It took me two hours before I actually got out of bed and started my day." You know that Miriam has been having nightmares far less frequently now than when you first met her, and before they would ruin her entire day. Now, she is able to recover more quickly from them, though they still distress her. Because the thought "I will never get better" continues to cause her distress, you think that she may benefit from Cognitive Restructuring. *How would you introduce Cognitive Restructuring to her? How would you use the example she gave you to demonstrate the relationship between thoughts, feelings and behaviours? What ideas do you have for potential replacement thoughts? How would you and she come up with a replacement thought? What other suggestions would you give her about how to respond to nightmares?*

HANDOUTS

HANDOUT 1 - COMMON REACTIONS TO TRAUMA

How do people react to violence or trauma? It depends on the individual—each person will react differently. This is a list of common reactions. Each person may have one or several of these:

Emotional/Psychological Feeling helpless or powerless Grief Numbness or emptiness Fear or safety concerns Guilt Vulnerability Sudden mood changes Shame Anger Worry	**Cognitive/Thought** Memory loss Difficulty making decisions Difficulty concentrating Confusion Losing track of time Flashbacks Nightmares Replaying the event Reliving Prior Trauma Suicidal thoughts
Physical Fatigue Trouble sleeping Eating problems Nausea, diarrhoea Sweating Rapid pulse Chest pains Back and neck pain Being easily startled Getting a cold or flu Dizziness Difficulty breathing Teeth grinding Increased or decreased appetite Extra sensitive to sights, smells, touches, and tastes associated with the trauma Substance or alcohol abuse	**Social/Communal** Withdrawing or clinging to others Difficulty trusting others Changes in sexual activity Doubts about relationships Distorted view of others Alternating demanding or distant with others Irritable Suspicious Acting out Alienated from or abandoned by friends and family Family and friends “don’t understand” or fear being associated Stigmatised by family, friends or community Family tension or arguments Economic/financial loss Distrust within the community
Spiritual Loss of faith Questioning faith Spiritual doubt or confusion Withdrawal from religious services or events Lapses in spiritual practices Despair	

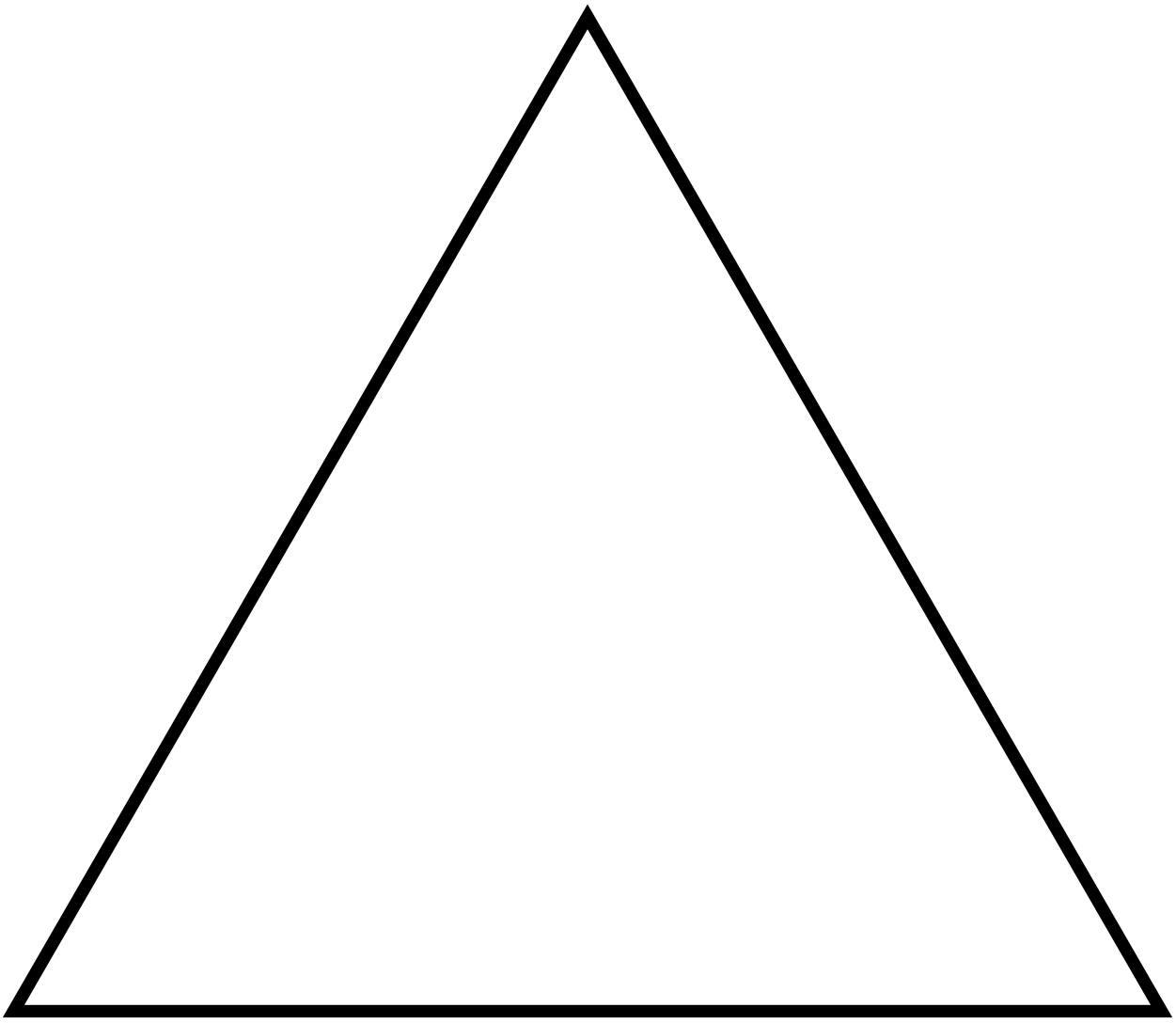
HANDOUT 2 – CBT TRIANGLE

Thoughts:

_____

_____

_____



Feelings:

_____

_____

_____

Behaviors:

_____

_____

_____

HANDOUT 3 - IDENTITY EXERCISE

Activity 1

Inside the circle, write down or draw all of the identities that apply to you within these categories (e.g., female, 40 years old, refugee, humanitarian aid worker…)

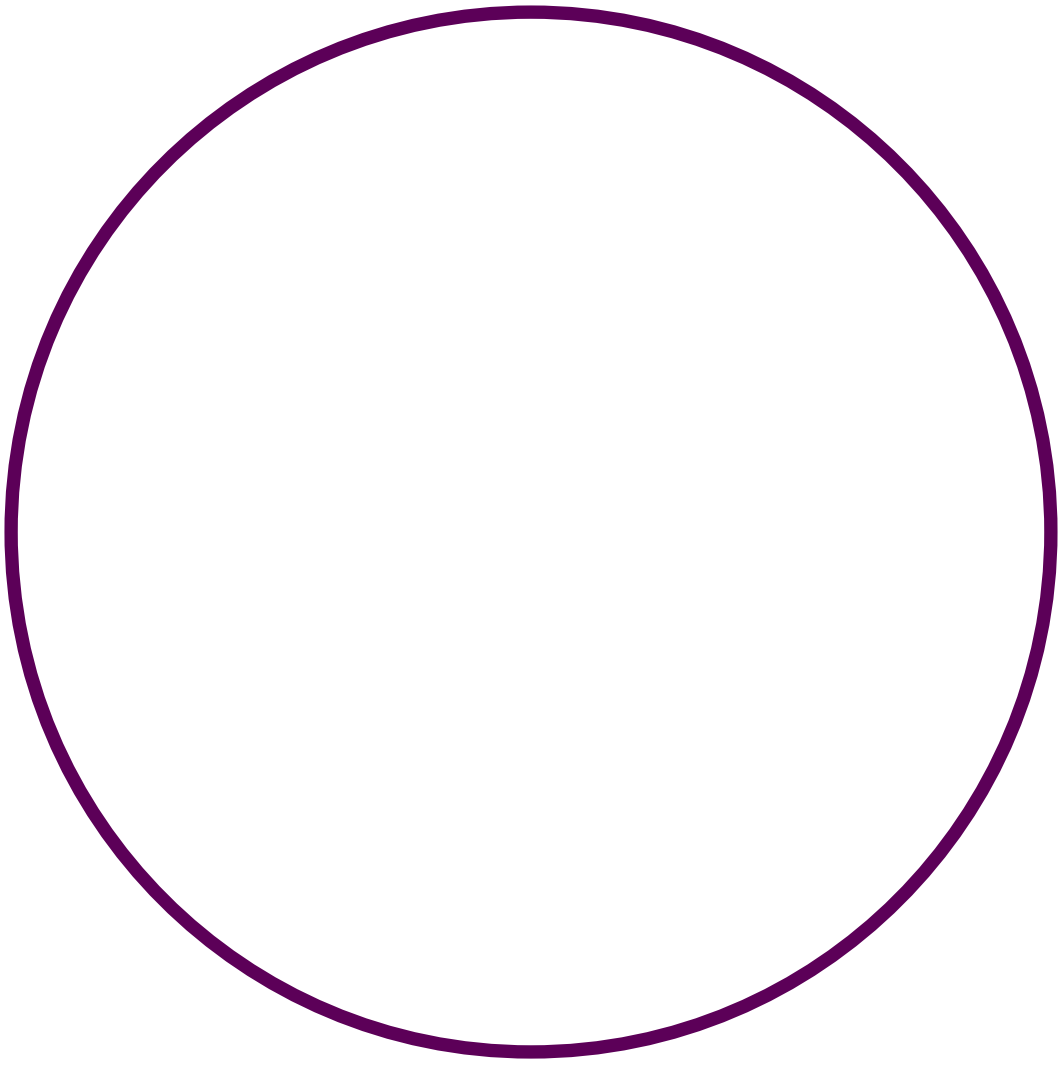
Write or think about:

- How do my cultural identities shape my worldview?
- How does my own background help or hinder my connection to clients/communities?

Pick one of the identities in the circle. Write or reflect on:

- How have you been socialised about that identity?
- What did you learn about what it means to be that identity?
- How does socialisation of that identity affect your work?

Your Identities



ACTIVITY 2

Think of the different survivors you have worked with and the many identities they have. Ask yourself:

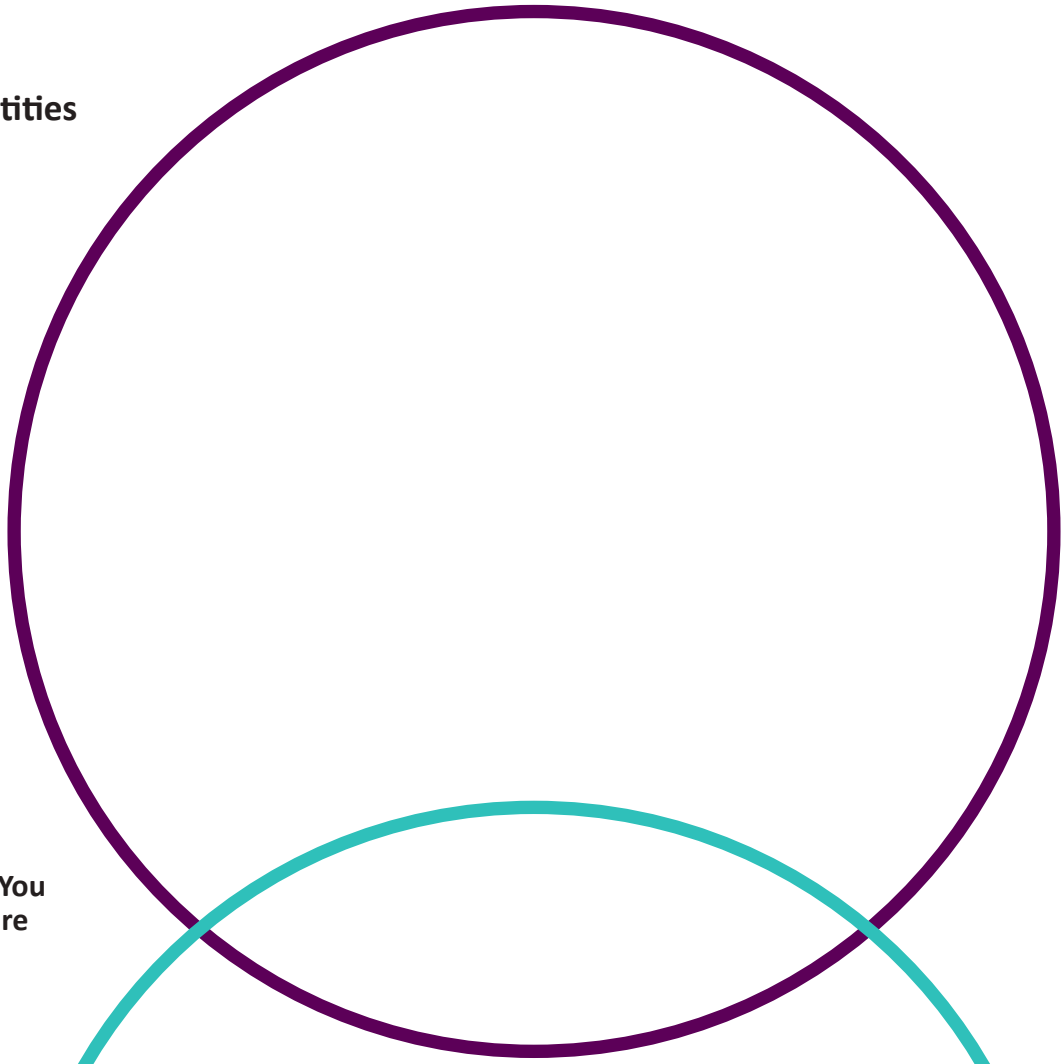
- What are my initial reactions to clients, specifically those who are culturally different from me?
- Do I believe certain identities are better or worse than others (i.e., biases)? How does that impact how I view survivors with those identities?
- How do these identities or affiliations affect my relationships with survivors?
- Do any of my identities make it harder for survivors to talk to me?
- How do I make clients comfortable to name their own identities?

Choose one survivor you worked with. Write or draw the identities you and the survivor share in the space where the circles overlap. Write or draw the identities you don't share in your respective circles. Then, write or think about the following questions:

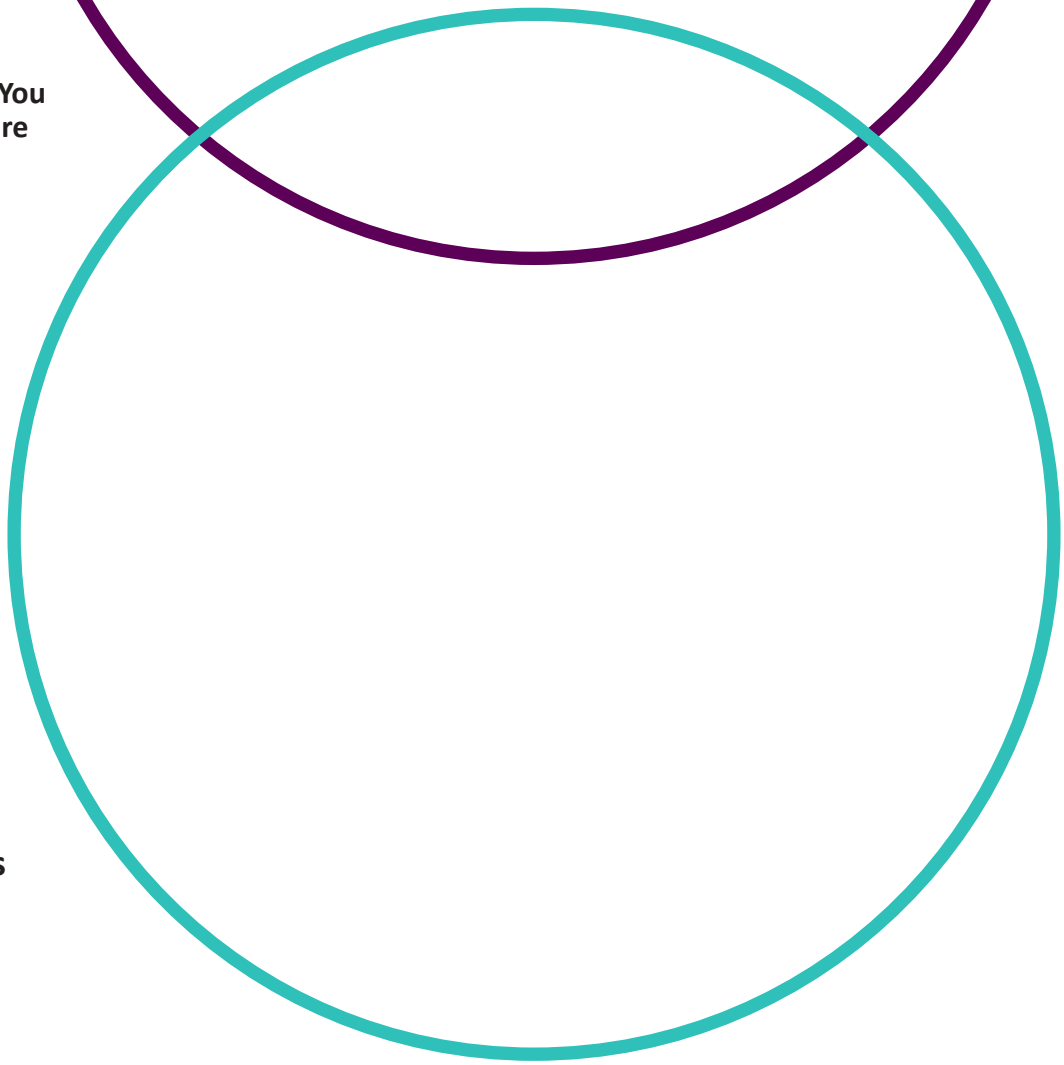
- How do my identities affect my relationship with this person?
- Which identity differences may create power imbalances between us?
- Do any of my identities make it harder for this person to talk to me?
- How can I make this person more comfortable to discuss their identities?
- For the identities we share, do we define these identities differently?
- How do our other identities shape these definitions? For example, you may both be women, but your different ages or ethnic identities may change how you were socialised as women and the experiences you each have as a woman.

ACTIVITY 2

Your Identities



Identities You Both Share



Survivor's Identities

HANDOUT 4 - BASIC COUNSELLING SKILLS OVERVIEW

Building Rapport: Is one of the most important skills in working with survivors. It is building a foundation to a relationship that is built on trust and empathy, and it is really important for communication. Most counselling skills help with building rapport, including active listening, empathy, attending behaviour, validating feelings, and more.

Attending Behaviour: Is orienting oneself physically and psychologically to the survivor. It encourages the other person to talk and allows them to know you are interested in what's being said as well as conveying empathy. Attending behaviours are used throughout all case management work with a survivor. It is particularly important in the initial stages of establishing rapport.

SOLER:
S - Squarely face person
O - use Open posture
L - Lean a little toward the person
E - make Eye contact
R - Relax, keep it natural

Active Listening: Listening is the most important skill in counselling. There are more parts to active listening than you would think. It is the process of hearing the other person, but it is more than just listening. It involves linguistic parts, which are the actual words. It also includes paralinguistic parts, which include timing and volume of the speaker. The last part is often something that people don't always think about, which are non-verbal aspects involving body language, gestures, and the proximity of a person-or how close or far away they are.
Active listening involves:

- Being open to learning something new, so you focus on what the other person is saying.
- Keep the overall amount of talking you do to a minimum, spend more time listening than talking.
- Summarise what the other person is saying from time to time, to ensure you understood them correctly.
- Think about why the person is telling you this at this particular moment, think about the meaning behind the words.

Steps to Active Listening: The more of these skills that you use and practise, the better you'll be. If you even just use a few of these skills, you will find yourself listening and hearing more of what another person is saying to you.

- Restating: To show you are listening, repeat every so often what you think the person said, not by parroting exactly what they said, but by paraphrasing what you heard in your own words. You can start with something like, "Let's see if I'm clear about this..."
- Summarizing: Bring together the facts and pieces of the problem to check understanding. For example, "So it sounds to me as if..." Or, "Is that it?"
- Minimal encouragers: Use brief, positive prompts to keep the conversation going and show you are listening, for example, "umm-hmmm," "Oh?" "I understand," "Then?" "And?"
- Reflecting: Instead of just repeating, reflect the speaker's words in terms of feelings, for example, "This seems really important to you..."
- Giving feedback: Let the person know what your initial thoughts are on the situation. Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.
- Probing/Open Ended Questions: Ask questions to draw the person out and get deeper and more meaningful information, for example, "What do you think would happen if you...?" Use open ended questions, not simply one that can be answered with a yes or no. Yes or no questions don't allow for space in communication and can disrupt all other aspects of rapport building with the survivor.
- Listen openly and with empathy, and respond in an interested way; for example, "I appreciate your willingness to talk about such a difficult issue..."
- Silence: Allow for comfortable silences to slow down the exchange. Give a person time to think as well as talk. Silence can also be very helpful in diffusing an unproductive interaction.
- "I" messages: By using "I" in your statements, you focus on the problem not the person. An I-message lets the person know what you feel and why, for example, "I know you have a lot to say, but I need to..."
- Redirecting: If someone is showing signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic.

HANDOUT 5 - LISTENING SKILLS EXERCISE

Ask participants to get into groups of three people each. Each member in a group will play one of the following roles: Client, Case Worker, and Observer. Ask each group to decide who will play which role.

Cut out the three different roles on the next pages and distribute them to the appropriate group members.

Client:

Do not share this with your other group members!
Client: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Do not share this with your other group members!
Client: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Do not share this with your other group members!
Client: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Do not share this with your other group members!
Client: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Do not share this with your other group members!
Speaker: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Do not share this with your other group members!
Speaker: Your job is to avoid talking about how you spent your weekend. You can try different strategies to avoid answering the Case Worker's questions about your weekend (for example, silence, distractions, changing topic, change body language and eye contact, etc.)

Case Worker:

Do not share this with your other group members!
Case Worker: Your job is to ask different questions to find out how the speaker spent their weekend. Try many different approaches! For example: How was your weekend? What did you do on Friday? Did you go anywhere special for the weekend?

Do not share this with your other group members!
Case Worker: Your job is to ask different questions to find out how the speaker spent their weekend. Try many different approaches! For example: How was your weekend? What did you do on Friday? Did you go anywhere special for the weekend?

Do not share this with your other group members!
Case Worker: Your job is to ask different questions to find out how the speaker spent their weekend. Try many different approaches! For example: How was your weekend? What did you do Friday? Did you go anywhere special for the weekend?

Do not share this with your other group members!
Case Worker: Your job is to ask different questions to find out how the speaker spent their weekend. Try many different approaches! For example: How was your weekend? What did you do on Friday? Did you go anywhere special for the weekend?

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Do not share this with your other group members!
Case Worker: Your job is to ask different questions to find out how the speaker spent their weekend. Try many different approaches! For example: How was your weekend? What did you do on Friday? Did you go anywhere special for the weekend?

Observer:

Do not share this with your other group members!
Observer: Your job is to note the non-verbal and verbal cues that the Client does to display resistance or avoidance of the Case Worker's questions. This may include body language, sounds, eye contact, tone/volume, muscle tension, etc. (SOLER)

Do not share this with your other group members!
Observer: Your job is to note the non-verbal and verbal cues that the Client does to display resistance or avoidance of the Case Worker's questions. This may include body language, sounds, eye contact, tone/volume, muscle tension, etc. (SOLER)

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HANDOUT 6 - TREE OF LIFE

Materials needed: Piece of paper, crayons/paint or just a pen/pencil

1. Have the person draw a tree (using crayons, water colour or just a pencil/pen) or use the tree on the next page.
2. Write or draw the following on the tree:
    - **Roots:** Where you come from (i.e. village, town, country), your foundation, your ancestors that keep you strong, your family history (origins, family name, ancestry, extended family);
    - **Ground**: who you are, where you are; this is about your lives in the present, potentially including people you live with, daily activities and routines, favourite part of your current home, important parts of your daily life, etc.
    - **Trunk**: Strengths, what you are good at, skills, talents,
    - **Branches**: Hopes and dreams for the future.
    - **Leaves**: Special people, places, sounds, smells and tastes. Anyone who is, or was, important to you, e.g., mother, father, aunt, grandparent, friend, teacher, pets, heroes, religious leaders, etc.
    - **Fruits**: Gifts you have received in your life (remember gifts can be tangible like a ring or flowers) or intangible (e.g., happy memories, compliments, acts of kindness).
    - **Bugs**: The things, feelings, people or thoughts that 'eat'/ruin your fruit, trunk, branches and leaves.

HANDOUT 7 - INTRODUCTION TO MINDFULNESS

Mindfulness is the practice of being fully aware and engaged with whatever you are doing and experiencing at that moment, free from judgment.

Awareness, Of Present Experience, Without Judgment[14]

How Mindfulness Helps:

- Often our thoughts, emotions, and sensations take us out of the present and instead have us worrying about the future or getting upset about the past.
- Mindfulness helps us be alert, awake and aware of the present moment, of our lives, and of others, which can improve our relationships.
- By intentionally becoming aware of these thoughts, emotions, and sensations, we can get space from them instead of reacting strongly to them. With space, we choose to let them pass, refocus on what is important to us, and continue with what we are doing.
- Avoidance of pain often makes us feel worse. Mindfulness helps us pay attention to painful experiences without getting caught up in or reacting to them.
- It has been shown to reduce emotional distress and impulsivity, decrease physical pain, and increase attention and your control of your mind and body, among other things.

Two types of mindfulness practice: **Open the Mind** (e.g., to whatever comes into your awareness, like Boats on a River exercise) or **Focus the Mind** (e.g., on breath, sensations, walking or eating)[15]

We don't have to like the thought, want it, or approve of it.
Just allow it to hang around until it is ready to go naturally.

Metaphors:

- Mind as a Radio: The radio—like the mind—is always playing in the background, and you can't turn it off, but you can choose to tune in and be affected by it or lower the volume and refocus your attention elsewhere.
- Sky and the Weather: You are the sky, and your thoughts, sensations, emotions and images are the weather. The weather is always changing, and the sky always has room for it. The sky is not hurt by the weather.
- Passengers on a Bus: You are the bus driver, and your thoughts, feelings, and sensations are passengers. Sometimes they're loud and disruptive, other times they are calm and quiet. You can listen to them and go the direction they want, or choose to go in the direction you want.

Mindfulness Takes Practice!

14 Germer, Siegel, & Fulton. (2005). *Mindfulness and psychotherapy*. Guilford Press.

15 Linehan, M. M. (2015). *DBT skills training manual* (2nd ed.). Guilford Press.

HANDOUT 8 - DECISIONAL BALANCE

The change I am considering is: _____

	Benefits	Costs/Consequences
Making a Change		
Not Changing		

Instructions:

1) Write or draw the change you want to make on the line next to: "The change I am considering is"
2) Then fill in the boxes:
    a. In the top left box, write or draw all of the benefits of making the change you just wrote in Step 1. Include everything you can think of, big or small.
    b. In the top right box, write or draw down all of the downsides of making this change and what it will cost you.
    c. In the bottom left box, write or draw all of the benefits of not changing. That is, the benefits of doing what you are doing now, staying the same.
    d. In the bottom right box, write or draw the costs of not changing, the consequences of staying the same or continuing what you are doing now.
3) After you finish, look at the paper and all you wrote. Ask yourself:
    a. What do you feel when reading it? What thoughts come into your head?
    b. What, if anything, have you realised from this activity that you didn't realise before?
    c. What do your responses tell you about what you value and what is important in your life?

HANDOUT 9 - COGNITIVE RESTRUCTURING DEMONSTRATION SCRIPT

A survivor comes to see you in your office. During your meeting, you ask:

Caseworker: How have you been feeling this week?

Survivor: I have been sad lately.

Caseworker: I'm really sorry to hear that. Did anything specifically happen this week that made you feel sad?

Survivor: My family went to my cousin's wedding.

Caseworker: What part of the wedding made you feel sad?

Survivor: Seeing my cousin looking so beautiful with her husband. They were both so happy. I kept thinking that no one will ever love me. Which is terrible because I should be happy for my cousin! I'm so angry at myself, and so sad. It doesn't make sense.

Caseworker: That sounds so tough. And it makes sense you felt both sad and angry. You wanted to be happy, and the thought that "no one will ever love me" got in the way.

Survivor: Yes, exactly.

Caseworker: That thought you had upon seeing your cousin and her husband is what we call an automatic thought. It's something that just comes quickly into our heads, and sometimes we don't even notice it's there but it causes us to feel bad and affects the way we act. Would you be willing to learn more about this particular thought you had at the wedding and if we can come up with something else that may help you?

Survivor: I guess so.

Caseworker: Alright, one way I like to teach people about thoughts is by using this triangle. At the top here, we write down the event. In this case, it was seeing your cousin and her husband at the wedding. At the top of the triangle we write the automatic thought you had: "No one will ever love me." When that thought came to you, how did you feel?

Survivor: So sad. And hopeless. Like all my energy left me.

Caseworker: Sure. That makes sense. I'm going to write sad and hopeless here on the left side of the triangle. I'll also write that you felt like you had no energy inside you. When you were feeling sad and hopeless and without energy, what did you do?

Survivor: Nothing. I didn't talk to anyone. I just stayed quiet and I left early.

Caseworker: OK, so let's write that on the right side of the triangle. "Didn't talk to anyone" and "Left early." So you can see from what we wrote, that the thought "No one will ever love me" really affected you. It made you feel sad and hopeless and lose energy, and then you were quiet and eventually left early. Can you see how our thoughts can affect our mood and change the way we feel and act?

Survivor: Yes, that makes sense.

Caseworker: And you mentioned you also felt angry at some point; is that right? What made you angry?

Survivor: I got angry because I should have been happy for them

Caseworker: Ok so being sad actually made you have another thought, the thought "I should be happy." And that thought made you feel angry. Is that right?

Survivor: Yes, that's true.

Caseworker: So let's write that thought here at the top of the triangle, and we'll right Anger down on the left with the other emotions. As you can see, the cycle continues, where our thoughts, feelings and behaviours keep affecting each other unless we intervene and change something. So if we can change or rephrase our unhelpful thoughts, that might change how we're feeling and how we act. Are you willing to work together to look more closely at that automatic thought you had?

Survivor: Yes, sure. I'd like to try.

HANDOUT 10 - SLEEP EDUCATION

Being able to sleep is essential for good mental and physical health. An inability to sleep is one of the most important indicators that a person may have a problem. Sleep difficulties change how people think and feel, making them more sensitive, less able to cope with life's problems and at greater risk for health and mental health conditions.

Many survivors, due to their traumatic experiences, struggle to fall asleep, sleep only a few hours, or sleep in a shallow way making it difficult for them to rebuild their bodies, brains and strength for the next day.

For some survivors, these sleeping problems are a result of worry about daily stressors while other survivors struggle with sleep because of living conditions which prevent them from sleeping. Some survivors fear having nightmares if they fall asleep or fear bad things will happen if they fall asleep at night (e.g., hypervigilance). Fears may cause a survivor to start sleeping during the day. They have changed the night into the day and day into night. And the less sleep someone gets, the more likely they will have intense dreams or nightmares.

Many people have sleeping problems when they have worries, bad memories and difficult living situations. These are normal reactions to stressful lives.
Survivors often stay awake due to these four (4) things:

- Anxiety and other distressing emotions and thoughts
- Unhealthy evening routines
- Diet and lifestyle
- Stressful living situation

Survivors live in many different types of environments. Some live in tents in an internally displaced person's camp or in a temporary housing unit with multiple family members. Think about how the living arrangements might be causing sleep problems. Modify your suggested interventions to take this into consideration. Only where appropriate encourage survivors to:

- Stay awake during the day, avoid naps, and try to sleep during the night if they have turned day into night.
- Go to bed only when sleepy
- Avoid any complicated or energetic activities immediately before going to bed. Have a pre-bedtime ritual, which will help tell your mind and body to prepare for sleep.
- Avoid smoking or drinking caffeinated drinks (coffee, tea) before bed as these substances are all stimulants. Instead, they should try a warm milky drink, warm water, herbal tea (e.g., chamomile) or any traditional remedies that are relaxing
- Avoid alcohol. Though it may help people fall asleep, it produces broken, shallow sleep as the body processes the alcohol and sugars.
- Stay away from eating directly before bed as it takes work to digest and may keep them awake.
- Eliminate as much light as possible. Light suppresses melatonin, a sleep-promoting hormone. Light stimulates the body to feel awake and alert.
- Avoid using the bed for anything except sleep and sex. The goal is for the mind to associate the bed with sleep. Only using the bed for sleep and sex will help build this association in the mind. Doing other activities in bed (e.g., reading, playing games on your phone) tells the brain that the bed is for being awake.
- If they have trouble falling asleep or wake up in the middle of the night and do not fall asleep within 20 minutes, get up and find something relaxing to do until they feel tired again.
- Try to wake up at the same time every day

Dreams and Nightmares:
Dreams are like a cloudy mirror to the survivor's life. They tell you what the survivor is thinking about, but often with material that is out of their conscious awareness. There are many different psychological, cultural and religious explanations about why people dream and what dreams mean. It is important to prioritise the ways dreams are perceived, interpreted and worked with in the survivor's unique cultural context. Use a survivor's belief system to explore any dreams she is curious or concerned about. Explore the dream's symbols, emotions, messages and how they may apply to her life.

Survivors often experience nightmares that replay the trauma or other distressing events. Nightmares can sometimes cause survivors to wake up feeling frozen in fear and unable to move. When a survivor feels fear and anxiety, their body

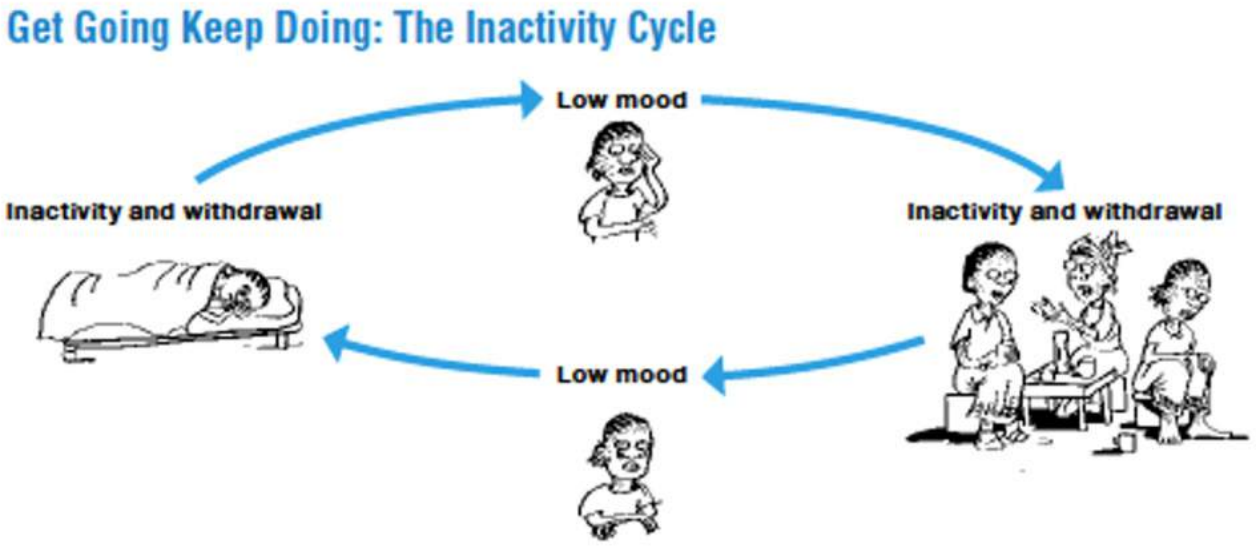
wakes up. Fear and anxiety tell the body “Wake up. Be ready. Anything can happen. You are not safe.”

There are many potential ways to respond if a survivor wakes up from a nightmare:

- Keep a calm picture of a symbol of safety underneath their pillow or visible from their sleeping space.
- Get out of bed and turn on a light or candle, if possible.
- Use grounding and relaxation techniques to get more in the present and help with fear and anxiety, such as cold water on face/neck, deep breathing, stretches, touch objects or pets, visualisation of a calming and safe image, say a protection prayer or read a passage from a holy book, listen to relaxing music, or say a mantra such as “I am safe, I am safe. This is a dream. This is the past.”
- Imagine a big STOP sign to avoid thinking about what the dream means or replaying it in their mind. The more someone replays it in their mind, the more likely they will have the nightmare again.
- If she awakes feeling frozen and unable to get out of bed, have some objects nearby that make them feel safe and remind them of the present (e.g., recent photographs), Notice small movements at first (blinking, twitches), and then start making slow movements of hand or foot, then larger body movements.

HANDOUT 11 - SADNESS AND HOPELESSNESS ROLE PLAY INSTRUCTIONS

You have already spent a lot of time exploring and validating her sad feelings. She now feels more comfortable expressing sadness to you. She has also already shared with you that she has stopped doing many of the activities she used to do.



Behavioural Activation Role Play

1. Introduce Behavioural Activation

- Ask her permission to share some information about the connection between mood and activity
- Explain to her the "spiral" or cycle of low mood and decreased activity. You can show the survivor the "Get Going Keep Doing: The Inactivity Cycle" image (above) and use specific examples from her daily life.
- Validate that this is a common reaction to GBV
- Explore and validate her feelings
- Explain that taking action, even when she doesn't feel like it, can help her feel better physically and mentally. You can even ask her if at other points of her life she has noticed this is true.
- Explain that one way we can do that is by first exploring potential activities she can do that feel most meaningful and then creating strategies that can help her start taking action
- Ask if she is willing and interested in coming up with a plan together with you
- Explain the approach you will use: *You Pick 1* – Some people find it helpful to have a menu of about 5 activities that they can look at each morning and pick one that they will do that day. The type of activity is important. It is typically most helpful to choose activities that give you pleasure or make you feel accomplished. So before we make your menu, I'll ask you a few questions to see how you'd like to feel and what kinds of activities may be most meaningful for you to include in the menu.

2. Ask Either Exception Questions or the Miracle Question

Exceptions Questions:

- When are times that you ____ (e.g., felt happy, or however they want to be feeling) instead of _____ (e.g., feeling sad or hopeless)?
- How do you keep going, day after day, when you don't have hope for yourself?
- How do you explain that you weren't feeling sad in that moment?
- What did you do to not let sadness take control in that moment?

"Miracle" Question:

- Suppose tonight when you go home and go to sleep, a miracle happens and you are no longer [having these problems], when you wake up in the morning, how will you be feeling and what will you notice is different for you to let you know that this miracle has happened?[1]
- Ask follow-up questions, such as:

- How will other people know that you are feeling this way?
- When you are feeling this way what else will be different?
- What will it mean to you when you are feeling ____?
- What will you be doing then that you're not doing now?

Other Questions that Can Help Uncover Potential Activities

- Can you think of any activities or hobbies that you used to enjoy doing but have now stopped doing?
- Can you think of any activities or hobbies that you would like to do but have never done?
- Are there things in your life that you would like to change? If so, what would you like to do about these issues that you have previously not done?
- Imagine years from now when you are an old woman, a journalist wants to do a story about your life. How would you want her to describe you? How would you want her to describe your relationships to others? What do you want to be known for?
- Is there a time in the past when taking action, even when you did not feel like it, helped you feel better physically and mentally? What were you doing then that helped?

3. Use the You Pick 1 Approach

- Have survivors create a list of 5 small activities that take no more than 15 minutes each
- Reign them in! Make sure their activities are realistic
- Instruct them to use this list as a "menu" they can refer to each morning
- Each morning, they can ask themselves: "What is one thing I can do today?
- Once they are done with that activity, they are done managing their low mood for the day!
- If they do more than 15 minutes, that's just an added bonus

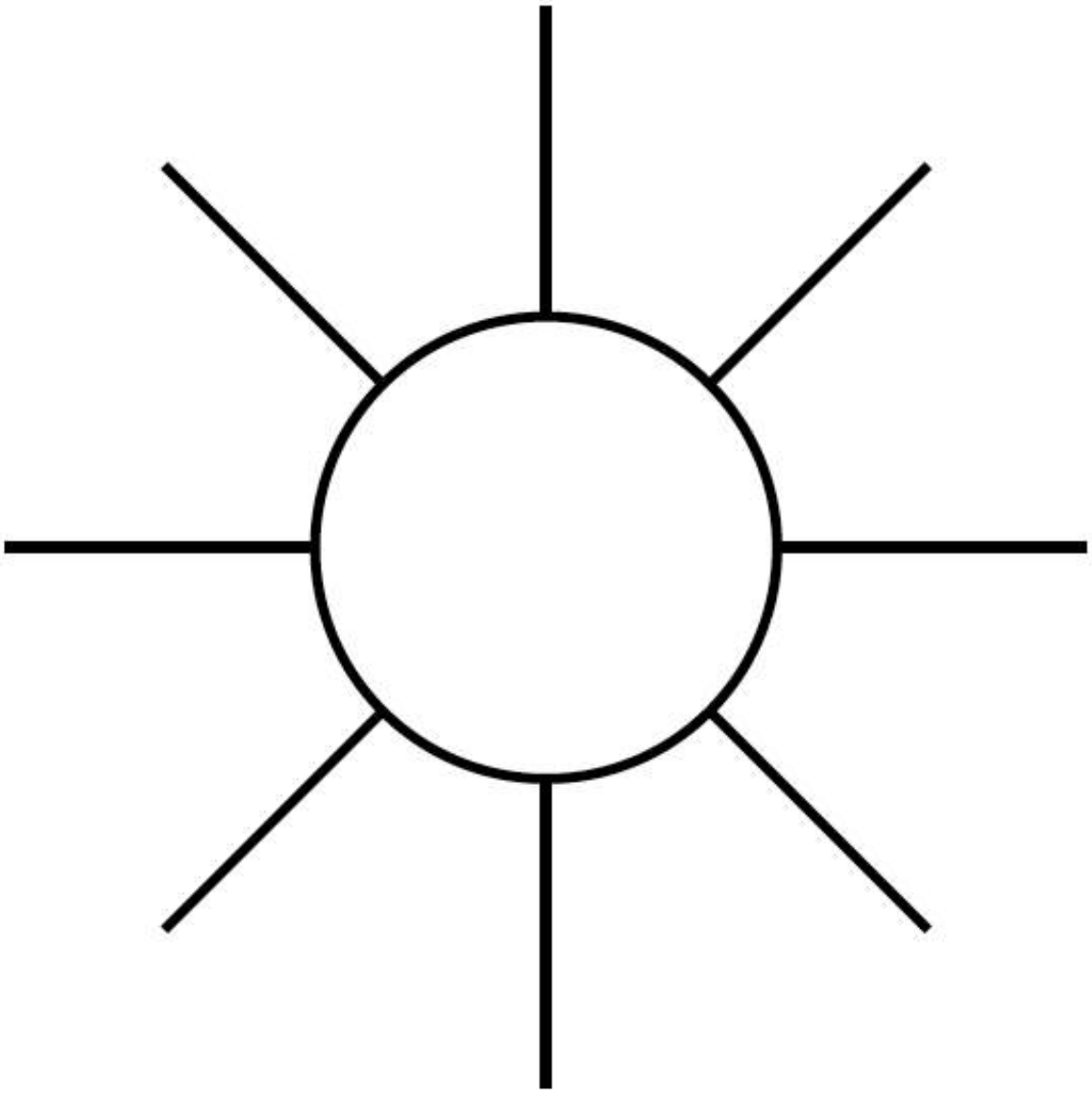
Remember these tips:

- Activities should be **pleasurable**, **meaningful**, connected to **values**, and/or give a sense of **accomplishment**
- Keep it simple
- Break a task down into smaller pieces
- Do one thing at a time, at the right time
- Anticipate setbacks – it's normal!
- Encourage self-compassion – this is hard!
- Keep in mind the long-term benefits and goal
- Get someone else involved

HANDOUT 12 - SOCIAL CONNECTIONS MAP

Having healthy connections with family, friends, and others is very helpful for people recovering after trauma. Yet people often have upsetting emotional and physical reactions that may affect their relationships with family members, friends, and others close to them. Trauma may have physically separated you from one another, making it hard to communicate and creating lots of problems that take up your time and energy. You can take simple, concrete steps to rebuild your social connections and reach out to the people in your life whom you may not have thought of as supports.

1. Develop a Social Connections Map
Write your name in the center of the circle, and then write in the names of people, pets, professionals, or organisations that are part of your social network. Add more lines as needed.



2. Review Social Connections Map

PART A: Different people and relationships provide different types of support. Take a look at your Social Connections Map to help answer the following questions.

Who are your most important connections right now?	
With whom can you share your experiences or feelings?	
From whom can you get advice to help with your recovery?	
Whom do you want to spend time with socially in the next couple of weeks?	
Who might be able to help you with practical tasks (errands, paperwork, homework)?	
Who might need your help or support right now?	

PART B: Write down who or what is missing or needs to be changed in your network. To help you decide, ask yourself: Are there types of support missing? Are there loved ones or friends with whom you wish to reconnect? Whom do you want to spend more or less time with? Are there some relationships you want to improve? Do you want to help others, but aren't sure how to go about doing it? Do you want to have more social activities? Do you want to do more for others by joining a community group?

_____

_____

_____

3. Make a Social Support Plan

Now come up with a plan for what you are going to do and when you will do it.

_____

_____

_____

4. Put the plan into action!

Adapted from: Berkowitz, S. et al. (2010) *Skills for Psychological Recovery: Field Operations Guide*. National Center for PTSD and National Child Traumatic Stress Network. Available on: www.nctsn.org and www.ptsd.va.gov.

HANDOUT 13 - POWER AND CONTROL WHEEL AND EQUALITY WHEEL

Available to download and print online at: https://www.theduluthmodel.org/wheel-gallery/ or http://www.ncdsv.org/publications_wheel.html

Pre-Test, Post-Test and Evaluations

Pre-Test

Last 4 Digits of Phone Number: _____ Gender:_____

Instructions: Please briefly answer the following questions to the best of your ability. Your answers will help us improve future trainings.

1. What happens to the brain and the body when we feel anxiety or fear? Circle all correct answers:

    a) Faster heart rate
    b) Difficulty thinking clearly
    c) Tense muscles
    d) Vision changes
    e) Faster, shorter breathing
    f) Worry thoughts

2. What is the definition of protective factors? Give an example.

3. What is the definition of risk factors? Give an example.

4. What is the difference between relaxation techniques and grounding techniques?

5. What is a psychological "trigger"? Give 2 examples.

6. Give 2 reasons why case closure is important.

7. In what ways does a caseworker's social identities (ex. age, gender, religion, job) affect her work with a survivor?

8. Explain the relationship between thoughts, feelings and behaviours.

9. Explain the relationship between anxiety and avoidance.

10. Why would a caseworker use behavioural activation technique with a survivor? Circle only one answer:
    a) The survivor has difficulty sitting still and is always moving around
    b) The survivor has reduced or stopped doing pleasurable or important activities
    c) The survivor's behaviour is harmful/dangerous
    d) The caseworker wants to feel more energetic during a meeting with a survivor

11. In what ways can sexual violence affect sex and intimacy for a survivor? Circle all correct answers:
    a) Fear of sex
    b) Discomfort with intimate touch
    c) Difficulty trusting others
    d) Having more sex than usual
    e) Difficulty keeping relationships
    f) Difficulty feeling pleasure and/or pain during sex

12. Read each statement below carefully. Place a X in the appropriate box if the statement is TRUE or FALSE. If you do not know, please do not guess. Instead, place an X in the box I DON'T KNOW.

	True	False	I Don't Know
For a survivor of sexual violence to heal, she must tell you the detailed story of incident			
Only a single event can cause trauma			
A survivor's fight, flight, freeze, or submit response is her body's attempt to protect her			
A caseworker should discuss case closure in the first meeting			
When listing potential solutions to a problem, the caseworker should first offer ideas to the survivor and then ask for the survivor's ideas.			
The body reacts to perceived/imaginary danger in the same way it reacts to real danger			

For Pre-Test Only

The following is a list of problems that many survivors experience. Please select **FIVE (5)** problems that you believe are most important for you to learn about during this training. This will help us prioritise sessions in case we run out of time and cannot cover everything. Several definitions of these terms are provided below.

- ☐ Anger and Aggression
- ☐ Anxiety and Hypervigilance
- ☐ Dissociation
- ☐ Dreams and Nightmares
- ☐ Negative Thinking
- ☐ Sadness and Hopelessness
- ☐ Self-Blame
- ☐ Sexuality & Intimacy
- ☐ Sleep Problems (not including nightmares)
- ☐ Social Isolation & Withdrawal
- ☐ Somatic/Physical Symptoms

Definitions:

Anxiety: an emotion characterised by feelings of tension, worried thoughts and physical changes like increased blood pressure

Hypervigilance: a state of increased worry and alertness, especially alert to hidden dangers that may or may not be real. The feeling of always being "on" so the person cannot be present and engaged in other areas of life. For example, frequently scanning the environment for threats or escape routes, or being suspicious of other people and their intentions

Dissociation: a state in which a person may experience one or more of the following: daydreaming, spacing out or difficulty paying attention, "empty" or "glazed over" eyes, memory problems, acting very differently than usual or using a different tone of voice or different gestures, switching between emotions or reactions to an event such as appearing frightened and timid and then becoming violent. Other signs may include: feeling like one's body is not real, one is outside of their body, everything around them seems foggy or unreal, finding oneself somewhere but not remembering how one got there, or having things that one doesn't remember buying.

Sexuality: the way people experience and express themselves sexually, including sex/intercourse, gender identities and roles, sexual orientation, attraction, pleasure, intimacy and reproduction

Intimacy: a close familiarity or friendship, deeply knowing another person and feeling deeply known by them, a blending of one's heart with another's, mutual trust and safety, and many other ways to describe intimacy. Love, sex and physical touch can be a part of intimacy.

POST-TEST

Last 4 Digits of Phone Number: _____ Gender:_____

Instructions: Please briefly answer the following questions to the best of your ability. Your answers will help us improve future trainings.

1. What happens to the brain and the body when we feel anxiety or fear? Circle all correct answers:

    a) Faster heart rate
    b) Difficulty thinking clearly
    c) Tense muscles
    d) Vision changes
    e) Faster, shorter breathing
    f) Worry thoughts

2. What is the definition of protective factors? Give an example.

3. What is the definition of risk factors? Give an example.

4. What is the difference between relaxation techniques and grounding techniques?

5. What is a psychological "trigger"? Give 2 examples.

6. Give 2 reasons why case closure is important.

7. In what ways does a caseworker's social identities (ex. age, gender, religion, job) affect her work with a survivor?

8. Explain the relationship between thoughts, feelings and behaviours.

9. Explain the relationship between anxiety and avoidance.

10. Why would a caseworker use behavioural activation technique with a survivor? Circle only one answer:

a) The survivor has difficulty sitting still and is always moving around
b) The survivor has reduced or stopped doing pleasurable or important activities
c) The survivor's behaviour is harmful/dangerous
d) The caseworker wants to feel more energetic during a meeting with a survivor

11. In what ways can sexual violence affect sex and intimacy for a survivor? Circle all correct answers: a) Fear of sex

b) Discomfort with intimate touch
c) Difficulty trusting others
d) Having more sex than usual
e) Difficulty keeping relationships
f) Difficulty feeling pleasure and/or pain during sex

12. Read each statement below carefully. Place a X in the appropriate box if the statement is TRUE or FALSE. If you do not know, please do not guess. Instead, place an X in the box I DON'T KNOW.

	True	False	I Don't Know
For a survivor of sexual violence to heal, she must tell you the detailed story of incident			
Only a single event can cause trauma			
A survivor's fight, flight, freeze, or submit response is her body's attempt to protect her			
A caseworker should discuss case closure in the first meeting			
When listing potential solutions to a problem, the caseworker should first offer ideas to the survivor and then ask for the survivor's ideas.			
The body reacts to perceived/imaginary danger in the same way it reacts to real danger			

ANSWER KEY

Each question is worth 3 points. Total possible score is 36.

1. All choices are correct. *Each worth 0.5 points*

2. Definition of protective factors: Skills, qualities, strengths, abilities, relationships, values and experiences, which give a survivor strength and the feeling that life is worth to living. They help someone overcome difficult life crises. *2 points for definition, 1 point for example.*

3. Definition of risk factors: People, places, things, experiences, memories, ideas, feelings that make the survivor more at risk for emotional distress. They may block a survivor from moving forward in her life or make it harder to do so. *2 points for definition, 1 point for example.*

4. Grounding techniques actively guide our attention away from thoughts about past and towards the **present**. It also helps bring a person back inside their Window of Tolerance when they have become over- or under-activate, and helps keep a person inside their window when they are at risk of leaving it. Relaxation techniques help a person feel **calm**, tolerate stressful situations and prevent one's level of activation getting too high.

5. Also known as a trauma reminder, a trigger is something in the present that sets off a memory or flashback, transporting the survivor back to the time of the traumatic event(s) and causes the person to experience a fight, flight, freeze or submit response, such as overwhelming emotions, physical symptoms or thoughts. There are many examples that can be correct, often related to one of the five senses. *1 point for definition and 1 point for each example.*

6. There are many correct answers, which may include that case closure offers survivors a way to say goodbye in a healthy and healing way, honours the trusting survivor-caseworker relationship, review of progress made, and plan for potential future challenges. *1.5 points for each reason*

7. There are many correct answers and examples. For full marks, answers should include ways in which differences **and** similarities in identities between the caseworker and survivor can impact the relationships both positively (e.g., a shared gender may help with trust) **and** negatively (e.g., though they share a religious background, certain beliefs and different ways of practising may increase shame or discomfort). Correct answers might also mention concepts such as Socialisation, Intersectionality, Transference and Countertransference.

8. *2 points* for explaining that thoughts, feelings and behaviours affect each other. *1 point* for mentioning that changing one of them can change all of them.

9. Avoidance is an attempt to control and reduce the uncomfortable feelings of anxiety caused by a situation (*1 point*). Though avoidance may provide short-term, immediate relief from anxiety, it will worsen anxiety the next time the person encounters the same situation, which leads to more avoidance. (*1 point*). Disrupting this cycle of anxiety and avoidance helps reduce anxiety in the long term (*1 point*).

10. Choice b) is correct.

11. All choices are correct. *Each worth 0.5 points*

12. *Each correct answer is worth 0.5 points*

	True	False	I Don't Know
For a survivor of sexual violence to heal, she must tell you the detailed story of incident		X	
Only a single event can cause trauma		X	
A survivor's fight, flight, freeze, or submit response is her body's attempt to protect her	X		
A caseworker should discuss case closure in the first meeting	X		
When listing potential solutions to a problem, the caseworker should first offer ideas to the survivor and then ask for the survivor's ideas.		X	
The body reacts to perceived/imaginary danger in the same way it reacts to real danger	X		

DAILY FEEDBACK FORM

This is an anonymous questionnaire. Your answers will help us improve the quality of future trainings

1. What did you **enjoy** most about today?

2. What is the most **valuable** thing you learned today that you anticipate using in your work?

3. Was there anything you did not understand during today's sessions? Please provide specific examples.

4. What other specific comments do you have?

Thank you!

FINAL EVALUATION

This is an anonymous questionnaire. Your answers will help us improve the quality of future trainings.

1. Circle Yes or No: Did you understand the wording of all of the questions on the post-test?

    If no, what specifically was unclear or confusing?

2. Circle Yes or No: Were there any topic(s) missing from the training that you hoped to learn about?

    If "yes," please explain what topic(s) were missing.

3. What suggestions do you have to make the training more useful for your work?

4. Circle Yes or No: Is there anything which has changed your perception, attitude or behaviour as a result of the training?

    If "yes," please provide at least one concrete example.

5. What kind of follow-up support would help you do your work better?

6. Circle Yes or No: Is there any specific knowledge or skills that you will use in your work with survivors after the training?

    If "yes," please provide at least two concrete examples. If "no" or "don't know," please try to explain why not

7. Check the column that best shows your opinion of the training:

	Agree	Neither Agree nor Disagree	Disagree	I Don't Know
The training was presented in an interesting and engaging manner				
The exercises and activities helped improve my learning				
The trainer effectively explained and illustrated course concepts				
The trainer encouraged participation and questions				
The trainer was knowledgeable on the training content				
The trainer spoke clearly—not too fast, not too slow				
The trainer was well prepared and organised				
The trainer treated participants with respect				

8. What other recommendations or comments on the training do you have?

Thank you!

NORWEGIAN CHURCH AID
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CERTIFICATE OF PARTICIPATION

This certificate is awarded to

---

in recognition of the completion of the five-day training on the topic of

Integrating Therapeutic Interventions in Gender-Based Violence Case Management

[City], [Country]

[# – #] [Month] [Year]

Name
[Title of In-Country Staff]
NCA [Country]

Name
Trainer, [Other Title]
[NCA Office]

Together for a Just World

Norwegian Church Aid works to save lives and seek justice. Our support is provided unconditionally with no intention of influencing anyone's religious affiliation.

Norwegian Church Aid is a member of the ACT Alliance, one of the world's largest humanitarian coalitions. Together, we work throughout the world to create positive and sustainable change.

To save lives and seek justice is, for us, faith in action.

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