

Caregiver



Let's
Talk

Revised Edition: January 2017

PHASE 1

Curriculum





Caregiver Curriculum

Second Edition: January 2017

Support for this project is provided by USAID Southern Africa under the United States President's Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement AID-674-A-12-00002 awarded to Tulane University. The views expressed in this document do not necessarily reflect those of USAID or the United States government.

This manual and related curricular materials are freely available for use with written permission from the Highly Vulnerable Children's Research Center (HVC-RC) or the United States Agency for International Development (USAID) Southern Africa. If you would like to implement this program, please contact hvcteam@tulane.edu for access to curricular and training materials, as well as technical guidance to ensure that the program is implemented with fidelity to the model and within the intended terms of use. HVC-RC continues a body of work related to the program including evaluation efforts; further information on this research can be ascertained via the above email.



The Let's Talk printed curricular materials are licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Copyright © Tulane University Highly Vulnerable Children Research Center (HVC-RC)



ACKNOWLEDGEMENTS

This curriculum is the result of a collaborative effort by researchers in South Africa and the United States plus programme partners working to better the lives of HIV-affected children and families. Curriculum development was overseen by Dr. Tonya R. Thurman and her team from Tulane University's Highly Vulnerable Children Research Center (<http://hvc-tulane.org/>): Johanna Nice, Tory M. Taylor, Alexandra Spyrelis and Mel Carnay. The programme development was realized in collaboration with the University of Pretoria, under the leadership of Dr. Maretha Visser from the Department of Psychology and her team: Dr. Michelle Finestone (Faculty of Education), Princess Mabota (Department of Psychology), Thembi Barnabas (Faculty of Humanities) and Wilhelm Haupt (Consultant). Critical reviews from consultants Jamie Lachman (Department of Social Policy and Intervention, Oxford University / Clowns without Borders South Africa), Dr. Arvin Bhana (Department of Psychology, University of KwaZulu Natal) and Irina Yacobson, MD (Senior Technical Advisor, GHPN/Research Utilization, FHI 360) were used to finalize curriculum content.

The curriculum is largely based on evidence-informed resources with a successful history of use in the United States and South Africa, including:

- The Teens and Adults Learning to Communicate (TALC) programme, originally developed by the Center for HIV Identification, Prevention and Treatment (CHIPTS) at the University of California Los Angeles (<http://chipts.ucla.edu/projects/Let's-Talk-la>) and led and evaluated by Dr. Mary Jane Rotheram-Borus.
- *The Kgolo-Mmogo Project*, an intervention for the enhancement of children's resilience designed for HIV-positive caregivers of young children and developed by the University of Pretoria and Yale University with support from United States National Institutes of Health.
- *Sinovuyo Caring Families Programme for Parents and Teens*, implemented by Clowns without Borders South Africa in partnership with the National Association of Childcare Workers and the Universities of Oxford and Cape Town with funding from UNICEF and the World Health Organization.
- *Strengthening Support Group Facilitation* programme designed for caregivers of orphans and vulnerable children and implemented by The Networking HIV, AIDS Community of South Africa.
- *Vhutshilo 2 and Vhutshilo 2.2*, a programme designed specifically for adolescent OVC in South Africa, originally developed by the Centre for the Support of Peer Education (CSPE), a branch of the South African non-profit organization Health and Education Training and Technical Assistance Services (HETTAS) and updated under the ASPIRES project by FHI 360 and HETTAS.
- *Focus on Youth with Informed Parents and Children Together (FOY with ImPACT)*, a community-based programme—identified by the United States Centers for Disease Control and Prevention's Prevention Research Synthesis programme as a Best-Evidence Effective Behavioural Intervention—that equips youth with the skills and knowledge they need to protect themselves from HIV and other sexually transmitted infections. The original programme was designed and evaluated by Dr. Bonita Stanton and a team of researchers at the University of Maryland, Baltimore.

- *Advocates for Youth* resources designed to promote research-based best practices in the field of adolescent sexual health and publicly available via their website (<http://www.advocatesforyouth.org/>).

The manual also relies heavily on the principles of cognitive behavioural therapy and basic principles and techniques were drawn from the 7 Steps to Cognitive Behaviour Therapy Self-Help website, (<http://www.get.gg/selfhelp.htm>); a useful resource also for users of this guide to glean further understanding of this evidence-based approach.

The intervention development team is particularly grateful for the ongoing support and insights that helped to realize this initiative provided by Anita Sampson, Naletsana Masango and Lauren Murphy at the United States Agency for International Development (USAID) Southern Africa. Financial support for this project was provided by USAID Southern Africa under the President's Emergency Plan for AIDS Relief (PEPFAR) through a Cooperative Agreement AID-674-A-12-00002 awarded to Tulane University.

TABLE OF CONTENTS

Guideline to the manual	5
Session and activity sequence	6
Phase 1:	7
Overview	8
Session 1: Raising an adolescent	14
Session 2: Effective communication	37
Session 3: Coping with sadness	63
Session 4: Coping with anger	85
Session 5: Helping adolescents cope with difficult emotions	109
Session 6: Behaviour management with adolescents	132
Session 7: Families working together (Joint session)	154
Session 8: Positive family relationships (Joint session)	170

GUIDELINE TO THE MANUAL



Gives you an overview of the session.



Highlights the time you should spend on each activity.



Tells you what to do.



Tells you what to say.



Tells you when to invite a group discussion.



Tells you when to use a flipchart.

SESSION AND ACTIVITY SEQUENCE

This manual contains essential information and materials for implementing the Let's Talk curriculum. Sessions are designed to be implemented fully and in the order provided. The exercises in each session have also been carefully sequenced. **Facilitators should never skip or move around sessions or exercises**, which could compromise the effectiveness of the programme as well as participants' experience. Exercises conducted early in a session ready participants for later activities, both emotionally and logistically. Preliminary exercises are carefully structured to help adolescents and caregivers "ease into" difficult topics, and to reacquaint them with the group dynamic and expectations for participation. Later exercises reinforce specific skills and information introduced earlier in the session, preparing participants to apply newly acquired knowledge and ideas outside of the group with confidence. Moreover, parallel adolescent and caregiver sessions intentionally reflect complementary themes. Changing or omitting exercises disrupts this balance, and carries the potential to limit progress for everyone in the group. Facilitators will find that with experience, the importance of each exercise becomes apparent, and implementing sessions as written feels both natural and effective.

Phase 1:

Family & Emotional Strengthening

PHASE 1: OVERVIEW



The program's first phase covers Family and Emotional Strengthening. It includes eight sessions for caregivers and seven for adolescents, two of them jointly attended.

Session 1 for adolescents sets the foundation for the group's meeting and examines participants' strengths and goals.

Adolescents collaborate to establish norms for the group, including group rules and an opening ritual. Participants also become familiar with the program's objectives and begin to contribute to the creation of a supportive environment for sharing information and asking questions. Participants identify their strengths and play a game where they must promote their best qualities. Adolescents are also guided to understand best practices for goal setting and to begin the process of establishing personal goals and monitoring progress toward them. Finally, they are introduced to the idea of problem solving as a structured process, and practice this process using realistic scenarios.

Session 1 for caregivers introduces the program and covers topics related to raising an adolescent.

Participants agree on a group name and rules, and discuss the importance of respectful communication during sessions. Caregivers also learn about adolescent development and acquire information and skills for effectively parenting adolescents. The story of Lindiwe and Nthabiseng, a caregiver and adolescent who are adjusting to loss and learning how to live together, is used to introduce a discussion about the challenges participants face in their own lives. Another scenario involving a caregiver with only enough money to send one of her two children to school is used to frame conversations about problem solving. Participants practice following specific problem-solving steps in order to gain aptitude for applying this technique in their own lives. A short questionnaire is used to help participants recognise their own caregiving practices and their effects.

Session 2 for adolescents focuses on effective communication.

Adolescents learn skills for active listening and assertive communication. They discuss how assertiveness differs from passivity and aggression, and why assertive communication is effective communication. Facilitated role-plays about asking a friend to repay an overdue loan, and an adolescent whose caregiver wants her to be more responsible at home, help guide participants to practice using other realistic communication scenarios. Finally, adolescents are given tips for active listening, including checking for understanding, not interrupting with questions, not judging, and offering suggestions for how to fix the situation

Session 2 for caregivers teaches them about communication.

Caregivers examine how to communicate effectively about emotions in order to enhance the home environment and family relationships. The session aims to improve caregivers' listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their own feelings constructively.

Participants play a game that underscores the importance of active, careful listening for effective communication. Role-playing about Sihle, an adolescent who wants to quit her job, and Doris, whose necklace was stolen at school, provide opportunities for participants to recognize and practice listening and response skills. Other hypothetical scenarios invite caregivers to consider how effective expression can help strengthen the relationship and adolescents' resilience even when the caregiver is sad, angry, or disappointed.





Session 3 for adolescents focuses on emotional awareness.

Adolescents learn and discuss ways to become more aware of their own emotions. The “Feeling thermometer” is introduced as a tool for affective expression as well as reiterating linkages between feelings, thoughts and behaviours. Adolescents discuss positive and negative experiences in their own lives, and begin to examine how these events may have affected them emotionally and behaviourally. Following a relaxation exercise, the group uses the cultural value of Ubuntu as a basis for understanding the supports that are already in place in their lives, and to begin to develop a vision of future support.

Session 3 for caregivers teaches participants to cope with sadness.

Caregivers talk about negative experiences from their own lives and how these experiences made them feel. The story of Patricia, a caregiver whose child suffers an accidental injury, is used in a discussion about positive and unhealthy coping strategies for sadness and other difficult feelings. Participants learn to recognise the links between thoughts, emotions and behaviour – and discuss how to identify and change irrational thinking. They practice challenging negative thoughts using example situations and their own personal experiences. A practical technique for coping with negative emotions (“STOPP”) is explained. The session ends with an activity that involves identifying pleasant activities that can help limit feelings of sadness and provide a counterpoint to difficulty in participants' daily lives.

Session 4 for adolescents teaches them to cope with sadness.

Participants discuss how sadness may be experienced and conveyed, and practice connecting feelings of sadness to resulting thought patterns and behaviour. They consider a scenario in which an adolescent, Kabelo, has failed a maths test and tries to respond with constructive rather than unhelpful thoughts and actions. Adolescents also discuss a more serious scenario involving rape, and continue to identify opportunities to substitute helpful emotions, thoughts and behaviours for negative ones. The facilitator leads participants to use a systematic approach to recognise and change negative thinking, and to identify enjoyable activities that can help mitigate sadness.

Session 4 for caregivers addresses ways to cope with anger.

Participants discuss various aspects of anger and its consequences as illustrated by a traditional story and using examples from their own lives. They continue to connect events with emotions, thoughts and behaviours; and learn about the differences between aggressive, passive, and assertive responses to situations that provoke angry feelings. Group discussion and exercises focus on the benefits of assertive communication, and participants use role-play to build skills in this area providing them with behavioural techniques that can help them to resolve conflict in a healthy way with resulting positive effects on their feelings and thoughts. Continued discussion and practice with the STOPP technique also provides anger management skill building.

Session 5 for adolescents covers skills for coping with anger.

It builds on the previous session about coping with sadness by reinforcing effective techniques such as emotional awareness and identifying sources of emotional support. Participants hear a story about a lion trapped in a cage and use it to consider how anger can have pervasive effects. Adolescents discuss how anger can follow stress and often leads to predictable negative thoughts and behaviours. They consider both harmful responses to feelings of anger, as well as healthier alternatives. A story about Tumi, an adolescent whose caregiver will not allow her to attend a friend's party, is used to demonstrate these ideas. In group discussion about the story, participants also have the opportunity to integrate previously-acquired skills such as active listening and changing negative thoughts. In pairs/small groups, adolescents practice role-playing scenarios about responding to anger.





Session 5 for caregivers addresses ways to help adolescents cope with difficult emotions.

Caregivers consider how the story of a lion trapped in a cage recalls the emotional and physical effects of isolation. In group discussion, they address ways to help adolescents through grief and other emotional responses to loss and chronic illness in the home. Participants examine the different emotions they see expressed by the adolescents in their care and how these might manifest in thoughts and actions. Specific ideas are offered for effectively responding to negative emotions among adolescents, such as talking openly and keeping change to a minimum. Caregivers take part in role-plays about an adolescent who is sad following the loss of her mother. Others serve as observers and provide suggestions for improving the interaction depicted. A second series of role-plays helps caregivers identify constructive responses to an adolescent who is angry.

Session 6 helps caregivers learn adolescent behaviour management strategies.

These include establishing and enforcing appropriate rules, boundaries, and consequences as well as praising the positive choices adolescents make. Participants first identify different adolescent problem behaviours, and learn to positively re-orient the way they express behavioural expectations to adolescents. Next, caregivers discuss principles for effective rule-setting, such as that rules should be specific and realistic, and that adolescents themselves should be involved in decisions about household rules, which can promote adherence. Caregivers then take part in role-plays about finding opportunities to praise positive adolescent behaviour, which can encourage it. Finally, caregivers discuss how setting appropriate consequences for negative behaviour can support adolescents' healthy development and the caregiver/adolescent relationship.

Session 7 brings caregivers and adolescents together and covers family problem solving.

Caregivers and adolescents are brought together for the first joint session of the program. Joint sessions offer opportunities for real-life problem solving while building participants' transferable skills in communication, negotiation, and listening. Participants collaborate to establish rules for joint sessions, some of which will be familiar to participants from their separate group meetings (such as that everyone must have a chance to speak) and some of which will be new (such as that adolescents must be free to speak honestly during sessions without fear of reprisal at home). Caregiver and adolescent pairs introduce each other to the larger group, providing a chance for family as well as group bonding. An exercise involving paper tower construction lets caregivers and adolescents put problem solving into practice and solve a fun challenge together; the problem solving theme continues as participants discuss possible responses to real family problems. Participants conclude the session with a discussion of the strengths that each family member contributes to their household, ending the session on a positive note.

Session 8 brings caregivers and adolescents together again to learn about positive family relationships.

It opens with a game designed to illustrate how different responses to conflict can have vastly different effects. Next, group members consider a series of hypothetical situations (e.g. "a fourteen year-old wants to dye her hair blonde," "a fourteen year-old doesn't want to go to church") and whether or not the decision in each case should lie more with the adolescent, more with the caregiver, or they should be equally responsible. The session moves on to a review of problem-solving strategies and a role-playing exercise designed to increase caregivers' understanding of the adolescent's perspective, and vice versa, in a familiar scenario where the caregiver would like the adolescent to assume more responsibility at home. Participants continue to practice applying conflict resolution skills as a group and in caregiver-adolescent pairs using a series of other scenarios. Finally, caregivers and adolescents share what they need from one another, as a means of opening communication channels and encouraging mutual understanding.



SESSION 1

Raising an adolescent



TIME

120 minutes

RATIONALE

This session sets the foundation for the program: it introduces participants to the intervention, one another, and the facilitator. Activities contribute to group cohesion by building consensus on a set of rules for the sessions and facilitating the sharing of common experiences. This session also introduces strategies for problem solving. There is also a focus on positive parenting (characterised by involvement, nurturance and acceptance), which has been found to be a potential buffer against negative outcomes and promote the wellbeing of children. Adolescents seek independence, may engage in risk-taking behaviour, want to make their own decisions and are influenced by their peers. Caregivers skilled in positive parenting are better equipped to promote healthy outcomes for the adolescents in their care. Exercises are designed to engage participants and encourage attendance at future sessions.

GOALS

- To build trust in the group and define group rules
- To explore challenges of family life
- To guide caregivers in using the Problem Solving Steps to solve problems
- To make caregivers aware of different parenting styles so they can understand their own practices and their adolescent's reaction to it

SESSION OVERVIEW

- Introduction of group members (10 minutes)
- Introduction to the workshop (5 minutes)
- Exercise 1: Develop group rules and a group identity (10 minutes)
- Exercise 2: Challenges caregivers face (35 minutes)
- Exercise 3: Problem Solving Steps (20 minutes)
- Exercise 4: Parenting styles (25 minutes)
- Reflection and sharing (10 minutes)
- Practice at home (5 minutes)
- Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Two pieces of paper: One indicating "SELDOM" and another "MOST OF THE TIME" (in local language as appropriate)
- Small coloured papers (like sticky notes) in 3 separate colours: yellow, red, and blue
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Program overview & session outline](#)
- [Problem Solving Steps](#)
- [Guidelines on raising adolescents](#)
- [Positive parenting tips](#)

SPECIAL PREPARATION

- This session sets the tone for the entire program. It is important to create a space that feels welcoming and safe. Take the time to prepare the program space before participants arrive.
- Welcome each participant as they arrive and thank them for attending.
- Ensure name tags are available for all participants. Be alert to participants with limited literacy or writing skills and assist respectfully as needed.



INTRODUCTION OF GROUP MEMBERS



(10 minutes)

Rationale

The purpose is to introduce group members to one another in order to enhance group cohesion and to set a positive climate for the group.



Instructions

1. Welcome participants and introduce yourself and the co-facilitator. Refer to '**Introduction**' text provided as needed.
2. Explain how each person should introduce themselves and give personal information: name, what they usually do, who is part of their family and something they are proud of.
3. Model the introduction to show participants how to share about themselves. Refer to '**Example personal introduction**' as needed.
4. Let the group members introduce themselves to the group.
5. Listen and praise them for taking part.
6. Review the '**Take home point.**'



Introduction

Welcome to the workshop. My name is and I will be your facilitator. This is the co-facilitator of the group. I am very glad to see you here.

Let us start the session by introducing ourselves so that we know more about one another. I would like you to say something about yourself so that others know more about you, like saying your name, your age, what you do usually, who is part of your family and something you feel proud about.

Example personal introduction

For example, I would say, "My name is, I used to work for___ but now I work for___ as a Group Facilitator. I stay with my mother and three children. I am proud of my love for my children."



Take home point

It is important we take the time to share a little about ourselves. We are strangers now, but soon we will know each other well.

INTRODUCTION TO THE WORKSHOP

(5 minutes)



Rationale

The purpose is to introduce the themes of the workshop and to give participants an overview of what they can expect.

Instructions

1. Explain the workshop purpose. Refer to '**Workshop purpose**' text provided as needed.
2. Ask participants to open their participant workbook and refer to the Program overview & session outline hand-out. Review and read through the hand-out with participants. Refer to '**Overview**' text provided as needed.
3. Explain the schedule for the sessions (e.g., every Wednesday at 17:00).
4. Conduct the '**Group discussion**' to answer any questions and solicit comments from participants.
5. Review the '**Take home point.**'



Workshop purpose

The purpose of this workshop is to help you to learn skills to cope with difficult situations in your everyday life, so that your life can be better and you can also help your children and build positive family relationships. In each session we will address a specific topic. Each session builds on the one before it, so we encourage you to attend all of the sessions.





Overview

The workshop is designed for you and your adolescent children together. You will attend most of the sessions in this group with other caregivers, but the adolescents will join in the discussions in a few of the sessions. We will start today by discussing the challenges that you face in caring for adolescents. In later sessions we will learn communication skills and how to solve problems and conflicts as a family. We will also learn how to prevent young people from getting involved in risky behaviours. The goal is to give adolescents information and skills needed to make healthy decisions, while teaching caregivers to guide and support adolescents in these choices. The workshop is also designed to help you understand and cope effectively with your emotions and challenges and we will focus on specific strategies for coping with emotions such as sadness and anger.

You will have a small home practice assignment each session. Home practice is an opportunity to practice some of the skills we discuss in your real life. We will also have a lottery draw at the end of each session as a small, fun reward for your attendance and participation.



Group discussion

- Are there any questions or concerns about topics covered in this group?
- Does anyone think something important is missing?



It's important that everyone participate actively in the sessions because we will learn through talking and doing new things. The facilitators will work alongside you to explore solutions to your problems and practice new ways of doing things.



Take home point

This group is designed to help participants cope with challenges in their lives. Topics will include communication, problem-solving, and raising an adolescent. Playing an active role in the group will help participants learn and develop new skills.

EXERCISE 1: DEVELOP GROUP RULES AND A GROUP IDENTITY¹

(10 MINUTES)



Rationale

The purpose of the exercise is to establish a common set of agreements on expected behaviour for all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Conduct the '**Group Discussion 1**' to introduce the exercise and encourage ideas for group rules. Write ideas on the flipchart. Refer to the '**Facilitator guidance**' for guidelines on setting rules and a sample set of rules. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
2. Encourage discussion of the rules. Ask for comments and explanations. Try for consensus. Make modifications as needed. For example, say: "Let's review your ideas and select the ones you agree with."
3. Conduct the '**Group discussion 2**' to emphasise rules of respect and confidentiality and determine consequences for breaking any of the rules.
4. Attach a list of group rules to the wall to be visible throughout the sessions.



Group discussion 1

We need to decide how we want to treat each other in the group so that the group is a safe space for everyone, where you can share your experiences and learn from one another. To do that, we will make some rules for our interaction. How would you like to be treated in the group?

I will note your suggestions on the flipchart.



¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Guidelines and suggested group rules

Group rules should be written in a positive way

Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers "Do not talk about what goes on in the session outside of the session" the facilitator should help the participant rephrase the statement so it is about the behaviour they want to see (i.e., "Keep confidentiality in the group").

Ensure clarity and consensus for suggested rules

For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned "Respect" ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other's opinions by listening to each other.
- Take part in the group, it is your group. Make the most of it.
- Keep confidentiality – what you say is yours. What you hear is theirs and should not be shared with anyone outside the group. What is said in the group, stays in the group.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Feel free to ask any questions – there are no stupid questions.
- Listen to what others have to say.
- Keep the health status of other group members confidential.
- Members should come to the group sober and alert. Participants who come to the sessions high on drugs or alcohol will be sent home.
- Try to be on time and attend every session.
- Notify the facilitators 1 day prior to the session if anyone is not able to attend.
- Turn your cell phones off so that everyone can give attention during sessions.
- Practice what we do in the sessions at home.
- Have fun – make the most of the group sessions.

Group discussion 2

I want to emphasize the rules of respect and confidentiality. You have to agree not to talk about issues discussed in the group outside of the group. This can be hurtful to participants and you would not like it to happen to you.

- *Does anyone have any other comments about why respect and confidentiality are important?*

In addition to respect and confidentiality, we have agreed on a lot of important rules and should now consider how we will handle it if they are not followed.

- *What should be done if someone breaks the rules?*



Instructions (Part 2)

1. Introduce determining a group name; refer to '**Group name**' text provided as needed.
2. Ask for responses and ideas. When you have a few ideas, allow discussion and if there is not a clear preferred name, put it to a vote.
3. Introduce determining an opening ritual; refer to '**Opening ritual**' text provided as needed.
4. Allow for discussion and decision on opening rituals. Once you decide on a ritual, have the group perform it.
5. Review the '**Take home point.**'



Group name

Groups are made up of individual people. Just as we all have individual identities, we can form a group identity. A group works well when every person feels both him/herself as an individual and as part of the group. Think about sport teams – for instance Kaizer Chiefs, Orlando Pirates, or Sundowns – to name a few. As a group let's decide on a name for the group. The name should be something all of you can identify with that we can use to describe the group.





Opening ritual

Another thing you need to decide is how you would like to start each session. Some groups like to start sessions with a prayer or a song or an inspirational quote. What are your suggestions for opening the sessions? Who will take responsibility for organising this each session?



Take home point

Group rules are an important foundation for how we will treat each other in the sessions and ensure that the group is a safe place for everyone to share, learn and have fun. Our group identity and ritual will also help us to build group cohesion.

EXERCISE 2: CHALLENGES CAREGIVERS FACE

(35 minutes)



Rationale

This exercise is designed to encourage participants to identify challenging situations that arise when raising adolescents. Caregivers will discuss their own personal challenges and think about ways to mitigate them. Participants will draw support from realising that others have similar experiences, and sharing ideas for how to help. This exercise can also assist the facilitator to identify issues to address in subsequent sessions.

Background for the facilitator

Adolescent development

Help participants to understand key developmental changes occurring among adolescents.

Adolescents can seem difficult because of the developmental phase they are in. They have a few tasks to do in the adolescent phase to be able to discover who they are and to become more independent of their caregivers.

Adolescents go through many physical and mental changes. Their bodies change, their moods change and they begin to experience sexual desires and more interest in the opposite sex. Their thinking skills develop, so they can argue and give reasons for their own choices, and they often do not want to listen to what their caregivers or other adults have to say.

Adolescents develop their own identity and sense of independence. Their friends are very important to them. They often spend less time with parents/caregivers and more time with friends. They want to make their own decisions. They also show more concern about future school and work plans.

Adolescents also develop emotionally and may take risks. Emotionally, they have a deeper capacity for caring and sharing, and for developing more intimate relationships. However, having negative emotions and unhappiness can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems. They may also think that nothing will hurt them, want to experiment, and take risks.

To keep them safe and promote healthy development, adolescents require guidance, monitoring and support from their caregivers.



Instructions

1. Introduce the exercise and read the '**Story: Nthabiseng in her new home.**'
2. After reading the story, divide the participants into three small groups and conduct the '**Small group discussion**' related to the story. Each group should choose one person to report back to the larger group.
3. Reconvene the group after 5 minutes and ask them to provide feedback on the '**Small group discussion**' questions. Note responses for the possible solutions on the flipchart ('Things she can do' question). Refer to '**Facilitator guidance**' for more ideas to aid the discussion as needed.
4. Praise participants. Say something like: "These are great ideas, and some of the things we will deal with during this workshop."
5. Move from the discussion of Lindiwe and Nthabiseng's situation to participants' own lives using the '**Group discussion**' question.
6. Encourage responses and reflect on what they are saying. Make notes on the flipchart of caregivers' challenges.
7. Praise them for sharing their experiences.
8. Review the '**Take home point.**'

Story: Nthabiseng in her new home

Now that we've decided on group rules and an opening ritual for our sessions, I want to read you a story. Please listen carefully and then we'll split into three groups to talk about it afterwards.

Three months ago Lindiwe invited her sister's daughter Nthabiseng who is 15 years old, to live with her and her three young sons. Her mother died and her older brothers and sisters are working in the city. Lindiwe does not really know how to deal with an older girl in the house. She feels stressed and does not know how to relate to her. She can see that Nthabiseng is not happy because she does not want to interact with them. She spends most of her time in her room.

Sometimes she feels angry with her sister for getting AIDS and dying, and then she feels very sad. Sometimes she feels angry at her niece for having to come live with her. Then again she feels sorry for Nthabiseng for losing her mother. She wishes she could forget all of the bad habits her mother taught her. She feels angry with her because she seems so ungrateful. Most of the time she does not know what to say to her.

Sometimes she feels scared. How will she provide for four children? She realizes that Nthabiseng is used to spending more money than she is able to give her. She feels stressed that she will not be able to take care of her and her own children. There is so much tension at home now. Lindiwe wishes she could change the way she feels and change the atmosphere at home.



Small group discussion

- How does Lindiwe feel about having Nthabiseng staying in her house?
- What kinds of things could help Lindiwe to deal with her feelings and the situation at home?
- What should Lindiwe know about adolescents to cope well with the situation?

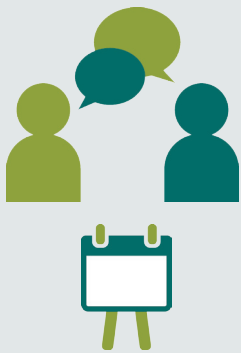
I will note your suggestions on the flipchart.



Facilitator guidance

Suggested examples for things Lindiwe could do

- Lindiwe needs to deal with her own emotions of sadness and anger
- She needs to learn to solve problems in the house
- She needs to communicate more effectively with Nthabiseng
- She needs to separate the feelings she has for Nthabiseng's mother from the feelings she has for Nthabiseng
- She can provide her with a small space of her own so she can feel comfortable/ like it is her home
- She can have family discussion time
- She can include Nthabiseng in family decisions and discussions
- She can explain to Nthabiseng the rules of the house, and obtain her input on them
- She needs to get support from others
- She needs to learn more about adolescent behaviour
- She needs to learn to communicate effectively with adolescents



Group discussion

Now let's talk about some of your own experiences and challenges.

- *What kinds of challenges do you face in your own life?*

I will note your suggestions on the flipchart.



Take home point

It can be helpful to know that we are not alone in dealing with challenges and difficult emotions. We also have strengths that can help us cope with challenges.

Next we will look at the different types of coping strategies that can be useful in addressing personal challenges.

EXERCISE 3: PROBLEM SOLVING STEPS

(20 minutes)



Rationale

Problem solving strategies are useful to cope with any problem that can be solved by taking action. This exercise uses a structured approach to help participants learn and follow the problem solving process.

Instructions (Part 1)

1. Introduce the exercise and story, refer to '**Introduction: Problem solving**' text provided as needed.
2. Read the '**Scenario: Thembi's children's school attendance.**'
3. Conduct the first four '**Group discussion**' questions to assist the group to follow the Problem Solving Steps to agree on an acceptable strategy. Encourage responses and write the responses for her goal and options on the flipchart.
4. Ask the final '**Group discussion**' question to assist the group to decide on what action she should try.
5. Refer to the '**Facilitator guidance**' as needed to aid the discussion.
6. Introduce the '**Problem Solving Steps**' and review the hand-out: Problem Solving Steps.



Introduction: Problem solving

Problem solving is a key coping skill that can be used in many situations where action can fix an issue. It is also something you can use with your children. You could also teach them to solve their own problems.

In helping us to consider problem solving, I want to start by sharing a scenario.





Scenario: Thembi's children's school attendance

Thembi is 48 years old. She works in a shop as a cleaner. She is looking after her own daughter and her sister's son. Thembi is facing the problem that she only has enough money to pay for the school uniform and school books for one child. What can Thembi do to solve her problem?



Group discussion

Let's use the problem solving strategy to decide how Thembi can solve her problem.

- What is the problem? (Define the problem)
- How does the problem affect the people involved? (Understand the problem)
- What is the goal? How does she want things to be? (Set a goal)
- What are the options? What can she do? (Determine options)

I will note your suggestions on the flipchart.

- Let's consider the options one by one.
- Which one do you think would work best to solve her problem?
- Why? (Decide on a plan of action)

Facilitators guidance

Suggested responses for Thembi's problem

1. What is the problem?

Thembi only has enough money to pay for the school uniform and school books for one child. She needs to pay for both children but does not have enough money.

2. How does the problem affect the people involved?

One of the children may not be able to attend school if they do not have a school uniform or school books for both.

3. What is the goal?

The goal is to have school uniforms and school books for both children, so that they can both attend school.

4. What are the options/possible actions? What can she do?

Thembi can meet with school principal to see if she can make some sort of arrangement for the school uniform and school books. She could borrow money. She could get a second job to make more money. She could start a small business to make extra money. She could ask her work colleagues, family or friends for donations or money.

5. Decide on a plan of action

Allow the group to decide which option is best and to justify their reason.

Problem Solving Steps

To solve this problem you have used some of the steps in problem solving. Let's review the Problem Solving Steps hand-out together that outlines these steps:

- **Define** the problem
- **Understand** the problem
- **Set** a goal
- **Determine** options
- **Decide** on a plan of action
- **Try it** and see if it works



Take home point

The *Problem Solving Steps* offer a helpful strategy for dealing with challenges. Practicing the steps can help you to get better at using it.



EXERCISE 4: PARENTING STYLES



(25 minutes)

Rationale

The purpose of this exercise is to increase the caregiver's understanding of their own parenting style, and the effect that different kinds of parenting behaviour can have on the adolescent's behaviour. This understanding can lead to adaptive parenting that is more effective, and to reduced conflict between caregivers and those in their care.

Background for the facilitator

Parenting styles

Different caregivers use different practices in raising their children. These practices have an impact on the caregiver/child relationship, as well as on how the children respond to the world around them. The questionnaire is used to assist caregivers to become aware of the style that they use. There are no right or wrong answers to the questions.



Instructions

1. Review '**Background for the facilitator**' and consider this material throughout the exercise when providing feedback and facilitating discussion.
2. Prior to beginning the exercise, post two pieces of paper indicating "SELDOM" and "MOST OF THE TIME" in opposite corners of the room (use local language equivalent as appropriate).
3. Introduce the exercise. Refer to '**Introduction: Parenting styles**' as needed.
4. Conduct the '**Parenting style questionnaire.**' Instruct everyone to stand up. Read out each statement and ask the caregivers to move to the corner that best fits their response - either the corner marked "SELDOM" or the other marked "MOST OF THE TIME".
5. For each question, provide participants in the 'MOST OF THE TIME' corner the correct coloured piece of paper. The questionnaire is divided into three parenting styles (Strict, Understanding, and Permissive), and each style has a different colour paper that should be given out to participants in the 'MOST OF THE TIME' corner. The colour for 'MOST OF THE TIME' changes every 6 questions: for the first 6 questions they will get blue papers, the next six they will get red papers, and the last six they will get yellow papers (the colour legend is also indicated in the questionnaire). 'SELDOM' responses do not get any paper.

6. After all the questions are answered, instruct the caregivers to each count the number of coloured papers they have individually. The colour they have the most of represents their most commonly used parenting style.
7. Refer to '**Common parenting styles**' to explain the results of the exercise and emphasize that no one parenting style is wrong or better than another.
8. Conduct the '**Group discussion**' to discuss how each parenting style may contribute to adolescent behaviour. Note responses for each parenting style separately on the flipchart. Support caregivers to look at the consequences of their behaviour and where consequences are not positive (for example, shouting and the adolescent shouts back or refuses to talk), encourage them to suggest alternative behaviours and consider what the outcomes of such changes might be. Encourage responses and reflection, listen with empathy, and add to the discussion using '**Facilitator guidance**' as needed.
9. Review the '**Take home point.**'



Introduction: Parenting styles

We are going to play a game by letting our feet do the talking. We are going to answer questions by moving around the room. This corner is marked as "MOST OF THE TIME" and this corner as "SELDOM." I will read out the statements and you will respond to the statement by moving to the corner which best represents your response. I will give you an example:

I give my child gifts:

- If you seldom give your child gifts, you will go to the corner marked "SELDOM."
- If you often give your child gifts, you will go to the corner marked "MOST OF THE TIME."

There are no right or wrong answers. You can answer the way you mostly respond to your child. In the "MOST OF THE TIME" corner you will receive a coloured paper to keep. When we have finished answering the questions I will tell you what to do with the papers.



Parenting style questionnaire²

Most of the time= Blue paper

Seldom = No paper

1. *I explain to my child how I feel about his/her good/bad behaviour*
2. *I encourage my child to talk about his/her feelings and problems*
3. *I encourage my child to freely "speak his/her mind", even if he/she disagrees with me*
4. *I provide comfort and understanding when my child is upset*
5. *I compliment my child*
6. *I consider my child's wishes /choices when I make plans for the family*

Most of the time= Red paper

Seldom = No paper

7. *When my child asks me why he/she has to do something, I tell him/her it is because I said so, I am your parent*
8. *I shout when my child does something wrong*
9. *I smack my child when I don't like what he/she does or says*
10. *I criticize my child so he/she can improve his/her behaviour*
11. *I use threats as a form of punishment*
12. *I openly criticize my child when his/her behaviour does not meet my expectations*

Most of the time= Yellow paper

Seldom = No paper

13. *I find it difficult to discipline my child*
14. *I give him/her what he/she wants when they complain too much or cause a commotion about something*
15. *I spoil my child*
16. *I ignore my child's bad behaviour*
17. *I do not have time to attend to what my child wants*
18. *I do not set rules because it will limit my child's behaviour*

² Adapted from Robinson, C., Mandlco, B., Olsen, S. F., & Hart, C. H. (1995). Authoritative, authoritarian, and permissive parenting practices: Development of a new measure. *Psychological Reports, 77*, 819-830.

Common parenting styles

How many papers do you have of each colour? Of which colour do you have the most papers? The colour of most of your papers indicates your preferred parenting style.

Blue = Understanding parent

Red = Strict parent

Yellow = "Let go" or permissive parent

No one parenting style is wrong or better than another. However, parenting styles contribute to how adolescents react to the parent and also influence the behaviour of both the adolescent and the caregiver. Many caregivers may also have more than one style they apply at different times.



Group discussion

Let's discuss what each parenting style means.

I will note your responses to the flipchart.

- For those of you that scored high on "strict" parenting style (red), how do you think your parenting style affects your adolescent?
- For those of you that scored high on "letting go" parenting style (yellow), how do you think your parenting style affects your adolescent?
- For those of you that scored high on "understanding" parenting style (blue), how do you think your parenting style affects your adolescent?
- What have you learned about yourself and your adolescent's behaviour from this activity?



Facilitator guidance

Example responses and background on each parenting style

Strict parents

Example Responses:

"I am not a bad caregiver, I am just trying to raise my child the best way I can."

"I know that I am strict, my caregiver was also strict."

Background

Strict parents want children to behave well and are strict to enforce rules. They focus less on the child's need than other parents might. Children often obey because they have to. Children may feel restricted and that the parent does not care about their perspective. They may become shy and timid and not take initiative, or they may rebel against the strict rules.

Permissive parents

Example Responses:

"They are difficult to manage."

"They feel there are no rules in the house."

"They have tantrums."

"They are very demanding."

"They want attention."

Background

"Letting go" parents do not set rules for children, they allow children to do what the children want to do. They may inadvertently raise children to not respect rules. Children experience freedom and they may enjoy doing as they please. The parent may experience the child as difficult to manage and demanding, and that the child does not follow any rules and tests the limits. In the long run, the child may feel that the parent does not care and may have difficulty adapting to rules in society and accepting authority.

Understanding parents

Example Responses:

"Sometimes the adolescents are manipulative, but I am also understanding."

"The children get a chance to voice their opinions and I listen to them."

Background

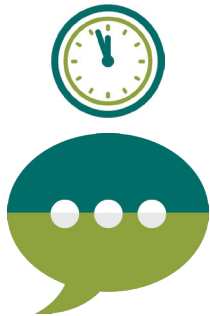
Understanding parents are democratic parents. They listen and react to their children's needs, not only their own. They encourage their children to express their opinions and take their children's wishes into account when making decisions. They encourage their children to explore and to learn within the boundaries and rules they set. Children may see that their parents believe in them. This can help them to develop self-confidence. The children will also develop understanding for others. In such a relationship parents and children talk to each other, learn from each other and solve problems together.

Take home point

There are different ways we can parent adolescents; and while no way is all good or all bad, every way has an impact on how the adolescent responds. If we want to change certain ways the adolescent is acting, we may also need to change how we act.



REFLECTION AND SHARING

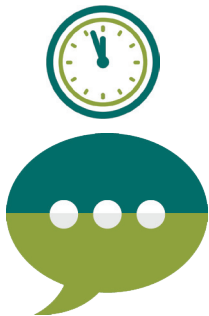


(10 minutes)

We are at the end of today's session on **raising an adolescent**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.

PRACTICE AT HOME



(5 minutes)

For your home practice, **become aware of your parenting style – are you mostly understanding? Giving orders? Letting your child do whatever they want to? Also, consider how your parenting style may affect your adolescent's behaviour and think of what you may change to help him or her behave differently. I'd also like to encourage you to read the Guidelines on raising adolescents and Positive parenting tips in your workbooks.** We will each have a chance to report on our successes and challenges in the next session.

CLOSING THE SESSION



We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **communicating effectively**.

I will see you next time at _____ (time and place) on _____ (day and date).

SESSION 2

Effective communication

TIME

120 minutes

RATIONALE

This session focuses on the basic communication skills necessary to strengthen child-caregiver relationships. The better the caregiver's communication skills, the more effective he/she can be as a caregiver. Chronic illness in the household, or integrating new members into a family, can be a stressful time. Both caregivers and adolescents may experience emotional difficulty. Good communication skills are tools to deal with emotions and relationships in creating a supportive home environment.

The session is focused on improving caregivers' listening skills to enhance their understanding of their adolescents' behaviour. This will be done through encouraging active listening to the adolescent and helping the adolescent to explore their feelings.

Additionally, the session focuses on caregivers' ability to express their own feelings in such a way that the adolescent will be able to hear and understand them. This may include situations where the caregiver wants to express that the adolescent has done something to annoy or hurt the caregiver. If done in a hostile way, with blaming, preaching, or commanding, the adolescent may not react as the caregiver hopes, or it may have a negative influence on the relationship. The direct expression of feelings as an "I" message, on the other hand, can promote effective, joint problem solving.

GOALS

- To provide caregivers with skills to improve communication with their adolescents about emotions
- To help caregivers distinguish different messages communicated to adolescents, and identify how these messages affect their adolescents
- To assist caregivers to listen effectively to their adolescents





- To enhance caregivers' self-expression skills and ability to talk openly with their adolescents
- To enable caregivers to express their feelings through "I" statements instead of "you" statements

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Broken telephone (5 minutes)

Exercise 2: Helpful and unhelpful listening (30 minutes)

Exercise 3: Active listening (30 minutes)

Exercise 4: Communicating with "I" messages (25 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Two copies of the role-play script for volunteers (Appendix)
- Small group practice scenarios: "I" messages (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- [Guidelines for active listening](#)



SPECIAL PREPARATION

- Practice the two role-plays for Exercise 2 between the facilitator and co-facilitator so you deliver it easily.
- Practice the role-play for Exercise 3 between the facilitator and co-facilitator so you deliver it easily.
- Write out the two scenarios for Exercise 3 on a piece of flipchart paper to assist you in explaining them, and so participants can reference them as needed during the activity.
- Make two copies of the role-play script for volunteers found in the appendix for Exercise 4.
- Print and cut out the small group practice scenarios found in the appendix for Exercise 4. There are 10 scenarios, each group of 3 persons should have two. Thus, one set of the scenarios should be enough for 15 people.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home Practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Your assignment was to consider how your parenting style may affect your adolescent's behaviour and to think of what you may change to help him or her behave differently.



EXERCISE 1: BROKEN TELEPHONE³



(5 minutes)

Rationale

The purpose of this exercise is to engage participants in an activity that requires careful listening in order to highlight the importance of active listening skills. Active listening is a key component of effective communication.



Instructions

1. Ask participants to stand in a semi-circle. Stand on one end of the semi-circle and introduce the exercise, refer to '**Introduction: Broken telephone**' text provided as needed.
2. Whisper the message provided in the '**The message**' text into the first person's ear standing next to you in the semi-circle. Whisper so that the next person in the circle is not able to hear what you are saying.
3. Allow each participant to repeat the message to the person standing next to them, whispering so that nobody else can hear it.
4. Ask the last person in the semi-circle to say the message out loud to the group.
5. Read the '**The message**' that was given to the first participant and compare it to the message said out loud by the last participant in the semi-circle.
6. Conduct the '**Group discussion**' questions. For the second question, about what may have happened to the message, look for responses about how the message was distorted along the way, and how communication can break down and information can be misinterpreted.
7. Review the '**Take home point.**'

³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.

Introduction: Broken telephone

Let's play a game to test our communication skills, called broken telephone.

I would like you all to stand in a semi-circle. I will whisper something to the person standing next to me. This person must whisper the same message to the person next to them, being careful that nobody else can hear. Each person will do this until we get to the last person in the semi-circle. The last person will say the message they heard out loud to the group.



The message

Mam Grace went to buy groceries at Shoprite and she remembered that she had to buy a school shirt and socks for Thandi.



Group discussion

- What did you notice about the two messages?
- What do you think happened to the message as it was shared from one person to the next?
- What do you think the purpose of this exercise is?



Take home point

It can be easy to misunderstand what people say. We have to really listen to people to understand what they are saying. We also have to communicate clearly.

Today we will focus on the importance of listening, and ways to avoid others misunderstanding us.



EXERCISE 2: HELPFUL AND UNHELPFUL LISTENING⁴



(30 minutes)

Rationale

The purpose of this exercise is to raise awareness among caregivers regarding the importance of talking about emotions, as well as controlling their own reactions to negative emotions. Caregivers are motivated to improve their listening skills.



Instructions (Part 1)

1. Introduce the exercise, reinforcing the importance of listening. Refer to '**Introduction: Listening**' text as needed.
2. Conduct the '**Group discussion 1**' asking why it may be helpful to talk about emotions and allow for brief responses. Write responses on the flipchart. Refer to the first '**Facilitator guidance**' to aid the discussion as needed.
3. Introduce the '**Role-play: Sihle wants to quit her job,**' and act out the 'Scenario 1' role-play between the Facilitator and Co-Facilitator.
4. Conduct the '**Group discussion 2**'. Refer to the second '**Facilitator guidance**' to aid the discussion.
5. Act out the '**Scenario 2**' role-play between the Facilitator and Co-Facilitator.
6. Conduct the '**Group discussion 3**'. Refer to '**Facilitator guidance**' to aid the discussion as needed.
7. Review the '**Take home point**'.



Introduction: Listening

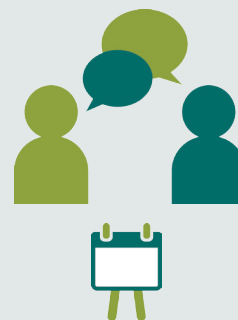
As we saw with the broken telephone exercise, it is important to listen carefully when people speak, to make sure that we hear and understand what they are saying. This is an important communication skill. However, there are both helpful and unhelpful ways of listening, which we will discuss during this exercise.

⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization.

Group discussion 1

- Before we look at these two types of listening, let's briefly discuss why it might be helpful to talk about emotions?

I will note your suggestions on the flipchart.



Facilitator guidance

Importance of talking about emotions

- **Talking about emotions helps us control our reactions to negative emotions.** If we are frustrated and we speak about it, we are less likely to shout in anger at other people. It also gives us an opportunity to express how we feel.
- **Talking about emotions increases the joy we get from relationships.** By sharing our emotions, we strengthen our relationships. It helps us understand each other better. It allows us to express our need for support. We are also able to support each other when we talk about emotions.
- **Talking about emotions can help us to stay healthy.** Letting feelings 'out' in a controlled way actually assists in reducing the risk of heart disease, high blood pressure, and stress. It also helps us to relieve stress and worries.

Role-play: Sihle wants to quit her job

We will now have a demonstration of helpful and unhelpful listening using a role-play. I will read the scenario to provide background on the situation and then my co-facilitator and I will conduct the role-play. At the end of the role-play we will talk about the advantages and disadvantages of helpful and unhelpful listening.





Scenario 1: Sihle wants to quit her job

MOTHER: Sihle, I thought you were working today. Why aren't you at work?

SIHLE: I am thinking about quitting, I don't want to work for Mrs Dlamini anymore.

MOTHER: No way Sihle, you can't do that! You have to go back. What are you going to do at home all day? Where are you going to find another job? You want to stay home and fill my house with your friends and finish my food. No, you are going to work!

SIHLE: I no longer want to work there, plus Mrs Dlamini doesn't like me. She makes me work harder than other people at the warehouse.

MOTHER: Don't tell me what Dlamini does, you don't get paid for being liked. You get paid for working. You are going to work today that's for sure. What are you going to eat if you don't work?

SIHLE: It's no use shouting at me, I have already decided.

MOTHER: Sihle, I am telling you, I don't want your friends hanging around my house!

SIHLE: It's no use. You are not listening to me.



Group discussion 2

- *How do you think Sihle feels about the way her mother responded to her?*
- *How do you think the mother feels about what Sihle has said? What is her reaction to Sihle?*
- *How can this communication be improved?*

Facilitator guidance

Potential responses to Scenario 1

Look out for responses such as:

In this scenario the mother focuses on her own feelings and needs - that Sihle has to work and not hang around the house and be dependent on her. The focus is not on what Sihle feels or wants. This often leads to adolescents feeling misunderstood and can result in conflict.

To improve communication, the mother could instead:

- Ask her why she does not want to work for Mrs Dlamini anymore,
- Note and respond to the feelings about the work,
- Try to listen to and understand Sihle's reasoning and what her plans would be if she quit her job,
- Do not force her to do something against her will.

Scenario 2: Sihle wants to quits her job

Let's consider another way this situation could have gone.

MOTHER: Sihle, wake up you are going to be late for work.

SIHLE: Mme I don't want to work for Mrs Dlamini anymore.

MOTHER: You sound upset Sihle, what's the matter?

SIHLE: Mrs Dlamini is always swearing at me and calling me names in front of other people. She hurts my feelings.

MOTHER: I am sorry, I did not know Mrs Dlamini was doing that to you.

SIHLE: I work hard mme, and she makes me feel stupid. I can never make her happy.

MOTHER: I am sorry my child.

SIHLE: I can't take it anymore, mme. I work so hard and she does not see that.

MOTHER: You are not stupid. It's not good to be around someone who is making you feel bad about yourself. Mrs Dlamini has no right to do that.

SIHLE: I will find another job mme.





Group discussion 3

- *How did the mother's reaction differ in the two scenarios?*
- *How do you think Sihle feels about the way her mother responded to her in this scenario?*
- *How did Sihle's reaction differ in the two scenarios?*
- *What do we learn from these role-plays about listening to an adolescent?*
- *How would listening to our adolescents improve our relationship with them?*

Facilitator guidance

Potential responses to Scenario 2

Look out for responses such as:

Difference in mother's reaction in the two scenarios:

- In the first scenario the mother talked from her own viewpoint, her need for Sihle to work was more important.
- In the second scenario the mother listened to try and understand what was going on with her daughter.

Difference in Sihle's reaction in the two scenarios:

- In the first scenario she felt angry, criticized, alone, or not understood. She may quit her job, hang around with friends, and not talk to her mother.
- In the second scenario she felt respected, understood, and listened to. She may look for another job, or even go to work to make sure that she has made the right decision.

Importance of listening to adolescents:

Caregivers often give instructions, advice, criticism, or preach to children about what they should and should not do. They may not really listen. Caregivers are often more willing to listen to other adults than to their children.

- Listening will open up the relationship so that the child feels appreciated.
- It also gives the child a better chance to make good decisions, because they could discuss their ideas with an adult. What we say to a child has an important influence on them.



Take home point

Sharing your feelings helps others understand what you need and why. Listening and respecting adolescents' feelings shows that you care and may lead to a better outcome.

EXERCISE 3: ACTIVE LISTENING⁵

(30 minutes)



Rationale

The purpose of this exercise is to present practical tips for caregivers on active listening and reflection (stating back what they heard). This will assist caregivers to gain awareness and skills for effective communication with their adolescents.

Instructions (Part 1)

1. Introduce the exercise and conduct the '**Group discussion 1.**' Refer to '**Facilitator guidance**' to aid the discussion.
2. Introduce and review the Guidelines for active listening hand-out with the group. Refer to the '**Guidelines for active listening**' text as needed.
3. Conduct the '**Group discussion 2.**' Refer to '**Facilitator guidance**' to aid the discussion.



Group discussion 1

In this exercise we will work on listening actively to our adolescents when they have a problem.

- *Can anyone give us a definition for active listening? You can guess using the second scenario from Sihle's story.*

Let's consider the second scenario of Sihle's story, and observe the process of active listening.

- *How did the mother use active listening, what did she do?*
- *What does the mother do to show that she is listening and understands?*
- *How does the mother reflect Sihle's feelings?*



⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 5 and Phase 3, Session 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Definition of active listening

- To rephrase what you heard the other person say, in your own words.
- To listen and understand what the other person has said.

Suggested examples

Examples of reflections in the scenario are:

- Sihle says "I do not want to work for Mrs Dlamini anymore."
- Sihle's mom says "You sound upset."



Guidelines for active listening

Reflection shows that the mother listened to Sihle and understood what she said. This is called "Active Listening." I would like us to look at the guidelines for active listening. Let's review the hand-out: [Guidelines for active listening](#) in your workbooks.



Group discussion 2

- *Why is active listening a good method to use with your adolescents?*

Facilitator guidance

Why using active listening with adolescents might be useful

Potential responses

- It keeps the adolescent talking about a problem.
- It gives the adolescent the feeling that someone understands their problem.
- It builds a relationship of trust between the caregiver and the adolescent.
- It helps the adolescent to begin to solve their own problems.
- It encourages the adolescent to explore strong feelings.
- It promotes caregiver-adolescent communication.

Instructions (Part 2)

1. Introduce '**Role-play: The necklace,**' then, act it out for the group between the facilitators using the script provided.
2. Conduct the '**Group discussion 1.**' Refer to '**Facilitator guidance**' to aid the discussion.
3. Introduce '**Practicing active listening,**' referring to the text as needed. Divide the participants into groups of 3, where one participant will play the caregiver, one will play the adolescent and the third will observe and give feedback to the pair. Assign and explain to them the two scenarios and that they should switch roles for each scenario. Emphasise that participants should practice active listening in response to both scenarios. Check on each group's progress and assist where there are any difficulties.
4. After 10 minutes, reconvene the group and conduct '**Group discussion 2.**' Refer to '**Facilitator guidance**' to aid the discussion. Note the challenges the participants experienced, if any. If there are specific challenges, have the participants role-play in front of the group so that they can problem solve.
5. Review the '**Take home point.**'





Role-play: The necklace

I want you to try to identify active listening for yourselves. We are going to perform a role-play. Listen carefully to see if you can identify examples of active listening.

DORIS: Aaargh!

MOTHER: What's the matter? You sound really upset.

DORIS: Someone stole my gold chain at school.

MOTHER: Oh! Doris! That must make you feel terrible.

DORIS: Look at the marks on my neck where it was pulled off.

MOTHER: You don't want those scratches to get infected.

DORIS: I'm going to put something on them in a minute. I can't get over it. You were right. I never should have worn it to school.

MOTHER: So, you're kicking yourself?

DORIS: I guess. You know - a chain makes you look really good. I like looking nice in school.

MOTHER: It's going to be hard without it.

DORIS: Every cent of that chain was mine. I really worked for that. I saved up for months.

MOTHER: All you did to earn it makes losing it a lot worse?

DORIS: Yes. I loved that chain. I guess I'll have to start all over again.

MOTHER: If you want a new chain, which I guess you will, do you want me to see if I hear of some after school jobs you could do?

DORIS: That would be good. If I earned it before, I can do it again.

MOTHER: I have to give you credit for the way you saved your money.

DORIS: Thanks mme. I'm going to go put some ointment where the chain cut me.

Group discussion 1

- Can you identify examples of active listening that you heard?



Facilitator guidance

Suggested examples of active listening

DORIS: Aaargh!

MOTHER: You sound really upset.

DORIS: Someone stole my gold chain at school.

MOTHER: That must make you feel terrible.

DORIS: I really worked for that. I saved up for months.

MOTHER: All you did to earn it makes losing it a lot worse?

Practicing active listening

We are now going to do role-plays to provide you with a chance to practice active listening. There are two scenarios: one expresses a caregiver's concern and the other expresses an adolescent's concern. The first one is a caregiver giving instructions to the adolescent. The second one is where the adolescent expresses her needs. In both scenarios, we want the caregiver to convey active listening.

Group yourselves into groups of three: one will play the adolescent, one will play the caregiver and the third person will be the observer. Switch roles after each scenario, ensuring the same person is not the observer twice. We will provide you with only the general situation, you will make up what you will say as either the adolescent or the caregiver. The observer should comment on how well the caregiver did in listening actively to the adolescent.

The two scenarios for the role-plays are as follows:





Scenario 1: Caregiver's concern

Tell the adolescent you don't want him or her bringing friends to the house after school when no one is home (make up what you want to say).

Scenario 2: Adolescent's concern

Tell your caregiver that the younger kids keep coming into your room when you are trying to study and you don't like it (make up what you want to say).



Group discussion 2

- *What is one thing the caregivers did well?*
- *What is one thing the caregivers could have done differently?*



Take home point

Active listening is an important communication skill. You can listen actively by understanding what the other person is saying and repeating it back to them.

EXERCISE 4: COMMUNICATING “I” MESSAGES⁶

(25 minutes)



Rationale

The purpose of this exercise is to make caregivers aware of how to express their emotions in a constructive way through “I” messages. This will be done through role-play.

Facilitator background

Why it is important to express emotions effectively

- To help participants to know themselves: it helps them to clarify their feelings, needs, and expectations of the other person.
- To help participants say what they have to say from their own point of view.
- To communicate in a way that reduces the likelihood of the other person responding in a hostile or defensive manner.

Instructions (Part 1)

1. Introduce the exercise; refer to '**Introduction: Scenarios**' text provided as needed and recruit two volunteers to participate in the role-play, one to play an adolescent and one to play the mother. Be sensitive to illiteracy issues as the role-play requires reading a brief script.
2. Explain the volunteers' roles as adolescent and caregiver for the role-play. Instruct the rest of the participants to consider how feelings are communicated in this scenario.
3. Have volunteers conduct '**Scenario 1: The dishes.**' Thank volunteers for participating.
4. Conduct the '**Group discussion 1**' to obtain feedback; refer to the '**Facilitator guidance**' to aid the discussion as needed.
5. Ask the same volunteers to conduct '**Scenario 2: The dishes.**' Thank volunteers for participating.
6. Conduct the '**Group discussion 2**' to obtain feedback. Spend some time discussing “I” messages’ and refer to the second '**Facilitator guidance**' to aid the discussion as needed.



⁶ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Introduction: Scenarios

In the last exercise we discussed how we can listen to adolescents. Now we will discuss how we can communicate our own emotions. You will recall that when we spoke about assertiveness, we also discussed the importance of using "I" messages. These are also important when communicating with our children.

We are going to role-play different scenarios that illustrate the use of "I" messages. We will rely on a script as part of this role-play.

May I please have two volunteers to read the first scenario?

Volunteer 1 will play a mother talking to her adolescent.

Volunteer 2 will respond as the adolescent.

The rest of you should consider how feelings are being communicated between the mother and daughter.

Scenario 1: The dishes

MOTHER: Zanele, you are so useless and lazy! The dishes have not been washed for the whole day, Why not?

DAUGHTER: You also don't clean up the dishes you have used right away.

MOTHER: That's different. I work and I have lots of things to do. When I come back home, I spend half my day picking up after a bunch of messy children.

DAUGHTER: I haven't been messy.

MOTHER: You are just as bad as the others, and you know it!

DAUGHTER: You expect everyone to be perfect.

MOTHER: Well, you certainly have a long way to go.

DAUGHTER: Why don't you just leave me alone. I can't stand listening to you!



Group discussion 1

- How does the mother feel?
- How does the daughter feel?
- What could the mother have done differently?
- How could the mother have communicated her feelings to Zanele?



Facilitator guidance

Suggested example responses to the discussion of Scenario 1:

How does the mother feel?

- The mother is very upset, she sounds annoyed, she is very angry.

How does the daughter feel?

- The daughter is also upset; she is talking back to her mother.

What could the mother have done differently?

- The mother could have acknowledged her feelings, she could have spoken to the child in a calm manner without calling her useless and lazy.

How could the mother have communicated her feelings to Zanele?

- She could have communicated her feelings in a constructive manner.

Scenario 2: The dishes

MOTHER: Zanele, when I get ready to prepare dinner and see that the breakfast dishes have still not been cleaned up, I feel so discouraged and hurt. Then I start feeling resentful, and I can barely force myself to make dinner.

DAUGHTER: I don't always have the time to do my dishes before I go to school. I guess I should try to wake up earlier or maybe we can trade and I'll do some other job around the house on days when I'm too late to wash the dishes before school.



Group discussion 2

- Before we discuss the role-play, can anyone tell us what an "I" statement is?
- How does using an "I" statement change the interaction between the mother and daughter?
- Is there anything else you would like discuss about the communication in this scenario?



Facilitator guidance

Suggested example responses to the discussion of Scenario 2:

What is an "I" statement?

- It is a way of communicating that begins with the word "I",
- It is a way of communicating to express our own emotions,
- It shows that the person is aware of, and communicating their feelings and not accusing anyone for them.

How does an "I" statement help?

- It limits or cuts down on conflict,
- The mother and daughter are able to listen to one another,
- They are able to express their feelings in a constructive way without anger,
- The mother is able to communicate better/express her reasons for being upset,
- They can discuss the situation to negotiate a solution that can avoid future conflict.



Instructions (Part 2)

1. Introduce the activity and explain the role-play using the '**Using "I" messages**' text as needed.
2. Divide the caregivers into groups of 3 and give each group two of the '**Small group practice scenarios**' to practice. When the pair is finished they must switch roles so that the observer has a chance to role-play.
3. Facilitators should walk through the groups to provide extra coaching and ensure all caregivers master the skill of using "I" messages. If the group is struggling to find ways to use "I" messages, then the facilitators should do the role-play.
4. After caregivers have demonstrated understanding and correct use of "I" messages, ask the '**Group discussion**' questions about their concerns and possible advantages of this approach. Refer to '**Facilitator guidance**' as needed to aid the discussion.
5. Review the '**Take home point.**'



Using "I" messages

I would like you to get some practice using "I" messages. I am going to divide you into groups of three and provide you with two scenarios. Two people will do the role-play and another member will be a coach who will observe and give advice. Once you have completed the role-play, you should switch roles so that the coach has a chance to role-play the scenario as well.



Small group practice scenarios

- When you came home from work, you found your daughter playing with friends and the dishes were not washed.
- Your daughter took her cell phone to school and the principal has confiscated it.
- You found some condoms in your 15 year old son's school bag.
- Your son broke a neighbour's window with a soccer ball.
- Your daughter misplaced her textbook and you have to pay R150 to replace it.
- You learned that your daughter has been skipping school for two weeks.
- Your 16 year old daughter is taking birth control pills without your knowledge.
- Your 16 year old son has impregnated a girl at school.
- Your daughter has failed grade 11 for the second time.
- You learned your daughter drank a lot of alcohol the night before.

Group discussion

To wrap this session up I would like us to brainstorm concerns that some caregivers may have about "I" messages.

I will note your responses on the flipchart.

- What do you think are the concerns regarding "I" messages?
- What are some of the possible advantages of using "I" messages?



Facilitator guidance

Concerns and positives about "I" MESSAGES

Concerns / disadvantages

- Most caregivers prefer to directly tell a child what to do.
- Caregivers won't be tough enough when they use "I" messages.
- "I" messages are like starting a fight.
- Some caregivers do not want to seem as though they are confrontational.

Positives/advantages

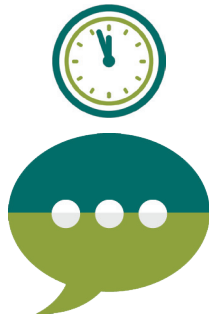
- "I" messages give the adolescent a chance to change their behaviour.
- If the adolescent ignores the caregiver, the caregiver can still tell the adolescent what to do.
- "I" messages don't create 'bad' guilt.

Take home point

While it is easy to focus on others when we are upset with them, using "I" statements to reflect our own point of view is more effective. Using "I" messages gets easier with practice.



REFLECTION AND SHARING

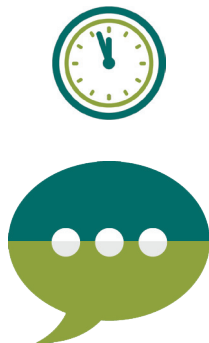


(10 minutes)

We are at the end of today's session on **effective communication using active listening and "I" messages**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.

PRACTICE AT HOME



(5 minutes)

For your home practice, **please practice active listening and "I" messages with your adolescents**. Find an opportunity to have a conversation with your adolescent and actively listen to what they are saying, reflecting it back to them. If there is a time that they upset you this week, try using "I" messages and avoid 'you' statements when addressing the situation. We will each have a chance to report on our successes and challenges in the next session.

CLOSING THE SESSION



We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **helping adolescents to cope with difficult emotions**.

I will see you next time at _____ (time and place) on _____ (day and date).

SESSION 2 APPENDIX 1

Small group practice scenarios:

Using “I” messages

When you came home from work, you found your daughter playing with friends and the dishes were not washed.

Your daughter took her cell phone to school and the principal has confiscated it.

You found some condoms in your 15 year old son's school bag.

Your son broke a neighbour's window with a soccer ball.

Your daughter misplaced her textbook and you have to pay R150 to replace it.

You learned that your daughter has been skipping school for two weeks.

Your 16 year old daughter is taking birth control pills without your knowledge.

Your 16 year old son has impregnated a girl at school.

Your daughter has failed grade 11 for the second time.

You learned your daughter drank a lot of alcohol the night before.

SESSION 2 APPENDIX 2



Role play script for volunteers

Scenario 1: The dishes

MOTHER: Zanele, you are so useless and lazy! The dishes have not been washed for the whole day, Why not?

DAUGHTER: You also don't clean up the dishes you have used right away.

MOTHER: That's different. I work and I have lots of things to do. When I come back home, I spend half my day picking up after a bunch of messy children.

DAUGHTER: I haven't been messy.

MOTHER: You are just as bad as the others, and you know it!

DAUGHTER: You expect everyone to be perfect.

MOTHER: Well, you certainly have a long way to go.

DAUGHTER: Why don't you just leave me alone. I can't stand listening to you!



Scenario 2: The dishes

MOTHER: Zanele, when I get ready to prepare dinner and see that the breakfast dishes have still not been cleaned up, I feel so discouraged and hurt. Then I start feeling resentful, and I can barely force myself to make dinner.

DAUGHTER: I don't always have the time to do my dishes before I go to school. I guess I should try to wake up earlier or maybe we can trade and I'll do some other job around the house on days when I'm too late to wash the dishes before school.

SESSION 3

Coping with sadness

TIME

120 minutes

RATIONALE

Sadness and anxiety make it difficult to care for others. This session aims to teach caregivers how to cope with these emotions by changing negative thought patterns. Caregivers also identify activities that boost their happiness and self-esteem. The same strategies can be used by participants to help adolescents cope with difficult emotions.

GOALS

- To help participants recognise their negative emotions, particularly sadness
- To help participants identify their thoughts related to sadness
- To develop participants' ability to change their negative thoughts in order to cope with sadness
- To help participants identify pleasant activities to incorporate into their lives

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Identify negative thought patterns related to sadness (30 minutes)

Exercise 2: Change negative thought patterns (30 minutes)

Exercise 3: STOPP for personal negative thoughts (20 minutes)

Exercise 4: Pleasant activities (10 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session





MATERIALS NEEDED

- Name tags for participants
- Flipchart or black/white board and marking pens
- CBT sign: Event, Thoughts, Emotions, Behaviour
- Change Negative Thinking sign: Event, Thoughts, Emotions, Changed Thinking
- 'Change negative thinking' scenarios (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Unhelpful thinking patterns
- STOPP worksheet



SPECIAL PREPARATION

- Print 'Change negative thinking' scenarios found in the session appendix. Ensure there is one set of scenarios per small group (3-4 people).
- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Behaviours. Leave room to write examples in each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Prepare several copies of a Negative thinking sign on flipchart paper. There should be one column each for Event, Thoughts, Emotions, and Changed Thinking. Leave room to write examples in each column during the session. Note that the Bodily Sensations column used in the Emotional Awareness session is no longer applied, unless your group feels it is necessary.
- Review list of situations that participants identified as making them sad in the previous session.
- Given the intensity of the session, an Energizer may be valuable; review Energizer options so you are prepared to conduct this as needed.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Your assignment was to practice active listening and "I" messages with your adolescents by having a conversation with them and actively listening to what they are saying, reflecting it back to them. If there was a time that they upset you this week, you had to try using "I" messages and avoid 'you' statements when addressing the situation.



EXERCISE 1: IDENTIFY NEGATIVE THOUGHT PATTERNS RELATED TO SADNESS⁷



(30 minutes)

Rationale

This exercise teaches participants to identify negative thought patterns associated with sadness, including irrational thinking. This heightened cognitive-behavioural awareness can help caregivers shift their thinking, leading to improved emotional wellbeing.



Instructions (Part 1)

1. Introduce the activity, refer to '**Introduction: Sadness**' text provided as needed.
2. Conduct the question in the '**Group discussion**', asking the group to identify situations that contribute to sadness. Listen to their responses and write them on the flipchart.
3. Thank them for sharing.



Introduction: Sadness

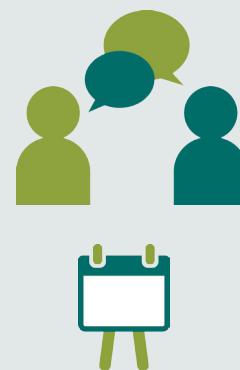
Sadness is a natural emotion when you experience loss or disappointment. Everyone has experienced sadness at some point. Today we want to talk about coping with sadness so that we can live healthy lives. Let's start by talking about situations that make us feel this way.

⁷ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Group discussion

I want each person to think about at least one situation that makes you sad. I invite you to share this with the group, if you want to.

I will note these situations on the flipchart as we review them.



Instructions (Part 2)

1. Introduce and read '**Scenario 1: Patricia and the candle.**'
2. Post the blank CBT sign on the wall where everyone can see it and explain that you will complete it for Patricia's scenario. Conduct the '**Group discussion 1**' helping participants to identify emotions, thoughts and behaviours that Patricia might have. Write these on the CBT sign related to the scenario. Refer to the example in '**Facilitator guidance**' as needed.
3. Explain '**Unhelpful and irrational thoughts,**' refer to text provided as needed. Then refer participants to the Unhelpful thinking patterns hand-out in their workbook and review it with the group, inviting them to indicate which patterns are common for them.
4. Introduce the '**Small group activity,**' splitting them into two groups and asking each to consider two situations that were listed in the first part of the exercise that made them feel sad, and identify thoughts associated with these feelings of sadness.
5. Give them 7 minutes to complete this and then reconvene the group.
6. Conduct the '**Group discussion 2**' eliciting examples from their small group activity; refer to '**Facilitator guidance**' to aid the discussion.
7. Explain the '**Internal bully**' concept, refer to text provided as needed.
8. Review the '**Take home point.**'





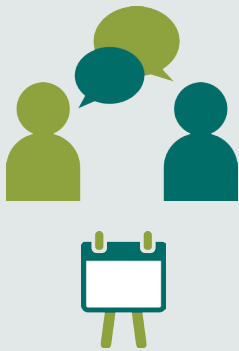
Scenario 1: Patricia and the candle

Often, we cannot change the facts of our lives, but we can think about things in a way that makes us feel better.

To help us understand how experiences affect us, I will use the CBT sign, which includes the event, and the emotions, thoughts and behaviours that relate to that event.

Let's use an example.

Patricia said: "I feel so bad. Last week we did not have electricity. I gave Thandi a candle so that she could do her school homework. I walked past and the candle tipped over. Her school books caught fire. When she tried to put out the fire she burnt her hand so badly. I feel terrible. It is all my fault."



Group discussion 1

Let's fill out the CBT sign for Patricia's situation.

- How does Patricia feel?
- What does Patricia think?
- How would Patricia behave?

Facilitator guidance

Example CBT sign for Patricia's scenario

Event	Thoughts	Emotions	Behaviour
My child's hand burned because the candle fell	It's all my fault. I caused this.	Guilty, sad	She cries as she bandages Thandi's burns



Group discussion 1 continued

- Is this a realistic or healthy way to cope with the situation? Is it all her fault?
- It was an accident. Accidents happen to everyone. Patricia need not take all the responsibility and feel so guilty.

Unhelpful and irrational thoughts

We can see that our thoughts have an effect on how we feel and how we behave. We often have destructive ways of thinking that link with negative emotions. For example:

- Sometimes we can make a mountain out of a molehill and feel like: "This is the end of the world."
- Sometimes we think in terms of all or nothing: "I do not feel well this morning, I will never feel good again."
- Sometimes we think negative things without any evidence: "My children will suffer because I lost my job."

To consider some more examples, let's review the Unhelpful thinking patterns hand-out in your workbook. I will read it out loud, and as I do, I invite you to indicate if you recognize this as something that you do.



Small group activity

I want you to divide into two groups. In each group, I would like you to identify two of the situations on the flipchart that make you feel sad. Then, I would like for you to list out what negative thoughts are connected to these emotions. You will have 7 minutes to complete the activity and then we will reconvene as a group.



Group discussion 2

- What negative thoughts are connected to the feelings of sadness?
- What kinds of things do we tell ourselves that make us feel sad?
- What are some other examples of unhelpful or irrational thoughts people may have?



Facilitator guidance

Examples of unhelpful and irrational thinking

According to Cognitive Behavioural Theory, the experience of an event contributes to a person's emotions and behaviour (the consequences) largely because they are interlinked with what the person believes about the event.

There are many kinds of irrational thoughts that can contribute to our negative emotions; examples of different thoughts are provided below.

Mental filter

- Nothing ever turns out the way I want it to.

Judgements

- Nobody cares about me.

Mind-reading

- Everyone at work thinks I am stupid.

Prediction

- Nobody will ever love me again.

Mountains and molehills

- If I make a mistake at work, they will fire me.

Compare and despair

- Other mothers could handle this situation better than me.

Catastrophising:

- Nothing good can come from this; my situation is hopeless and is getting worse.

Critical self

- I am weak because I cannot cope with it.

Absolute (black and white)

- The past always repeats itself. If it was true then, it must be true now.

Shoulds and musts

- I must be liked by all people.

Internal bully⁸

We have many different types of emotions. There are a few basic emotions such as happy, sad, angry and scared. Then there are others like excited, frustrated, peaceful, confused and proud.

When you feel uncomfortable, your body also responds. You may have a bad feeling in your stomach or you may feel sweaty or shaky.

Emotions are like messages that tell you what is going on, and how you are reacting to a situation. Paying attention to your body can help you understand what you are feeling and why.

Recognising our emotions allows us to take steps to improve how we feel, and helps to keep us healthy.

It is important to be aware of these feelings of sadness. The next step is to become aware of thoughts we have when we have these feelings.

You have offered many examples of things that we tell ourselves that make us feel sad. We can think of these thoughts as a bully that wants to hurt you. Do you know what a bully is?

Your negative thoughts are your internal bully. There are three ways you can react to your internal bully:

1. You can believe the bad things that the bully is saying about you and feel bad about yourself. The bully will definitely come back and tease you again because he gets a reaction from you.
2. You can think about what the bully said and decide if it is true or not. If you decide what the bully says is not true, it will not hurt you and you will not feel sad about what he said. He may try to tease you again, but will soon give up.
3. You can ignore the negative messages the bully gives you and carry on with what you were doing. The bully will not tease you again because he does not like to be ignored.

Which of these options would you prefer?



Take home point

Sadness is a normal response to difficulty, but it can provoke thoughts that are negative, irrational, or otherwise unhealthy. By learning to recognise the negative thinking associated with sadness, we can begin to make changes that help us feel better.



⁸ Adapted from Vivyan, C. (2015) An Introductory Self-Help Course in Cognitive Behaviour Therapy, p. 30. GET Self Help.

EXERCISE 2: CHANGE NEGATIVE THOUGHTS⁹



(30 minutes)

Rationale

The purpose of the exercise is to develop practical skills for changing negative thoughts. This can help participants achieve emotional wellness by changing the way that they think about problems or difficult situations.



Instructions (Part 1)

1. Introduce the exercise and refer back to the completed CBT sign for '**Scenario 1: Patricia and the candle**' in the prior exercise. Update the sign with a new row that shows a changed (more positive) thought and how this changes her emotions and explain this to participants. Refer to '**Introduction: Patricia's scenario**' text provided as needed.
2. Read the '**Background for the facilitator**' to ensure you are sensitive to the reactions that a discussion of rape could provoke.
3. Read '**Scenario 2: Tebogo is raped**'
4. Conduct the first two questions in the '**Group discussion**,' to obtain input on Tebogo's emotions and thoughts, introducing the Negative thinking sign. Use participant feedback to write this situation on the Negative thinking sign by completing 'events,' 'thoughts' and 'emotions.' Leave the 'changed thinking' column blank at first.
5. Refer to the last two questions in the '**Group discussion**' to invite the group to suggest alternative thoughts to complete the 'changed thinking' column of the Negative thinking sign and then also record the resulting new emotions. Refer to the example provided in the '**Facilitator guidance**' to aid the discussion as needed.

⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Introduction: Patricia's scenario

Now we will work on learning a way to change negative thoughts. We can change our thinking so that we can feel better. Remember the example of Patricia. Let's focus on her thoughts and emotions.



ORIGINAL: NEGATIVE THINKING			
Event	Thoughts	Emotions	Behaviours
My child's hand burned because the candle fell.	It's all my fault. I caused this.	Guilty, sad	She cries as she bandages Thandi's burns.

How else can she think about the event?

If we consider the hand-out on unhelpful thoughts, Patricia takes too much responsibility for things not in her control. She interprets the situation negatively and did not see it as an accident. Imagine Patricia could change her thoughts and tell herself: "It was an accident. I didn't mean for Thandi to burn herself. What happened is not my fault", then she would not feel so guilty and bad.

I will note this on the CBT sign.



The feeling-thought-behaviour analysis will look different, like this:

UPDATED: ALTERNATIVE THINKING			
Event	Thoughts	Emotions	Behaviours
My child's hand burned because the candle fell.	I feel very bad for Thandi but accidents happen. It is not my fault.	Upset but not guilty	She is calm and comforts Thandi as she bandages her burns

By changing the way we think about a situation we can change the way we feel about it.

Background for the facilitator

Handling a situation of rape

While it is useful to consider more serious events in considering how to change negative thinking, it is possible that the next scenario will be especially difficult for some participants who may have a history of sexual abuse or exploitation or who may know someone with such experiences. Be prepared to recognize any participants who seem very uncomfortable or who react negatively to this exercise and give time at the end of the group for a one-on-one discussion and to provide counselling and other referral sources as appropriate.



Scenario 2: Tebogo is raped

Let us look at another example of a more serious situation.

Tebogo was raped and is very depressed. She wants to commit suicide.



Group discussion

We have talked a lot about negative thinking and will now look at this more in-depth by completing the Negative thinking sign related to Tebogo's situation.

- How does she feel?
- What negative thoughts might she have that contribute to these feelings?
- Even though it's difficult, if Tebogo can recognize that these negative thoughts are not the only way to think about what happened to her, she may begin to feel better. What would be more rational and realistic thoughts that she can have?
- How will these new thoughts make her feel?

I will note this feedback on the CBT sign.



Facilitator guidance

Example: Change negative thinking example for Tebogo's scenario

Event	Thoughts	Emotions	Changed thinking
Was raped →	<p>I am not a good girl anymore. →</p> <p>Nobody will ever love me again. I am broken.</p>	<p>Sad, depressed</p> <p>Sad but hopeful ←</p>	<p>It was not my fault. This terrible thing happened to me. But I am still me. It does not mean I am a bad person.</p>

Instructions (Part 2)

1. Introduce the '**Change negative thinking**' activity, refer to text provided as needed.
2. Divide the group into smaller groups of 3 to 4 persons. Give the scenarios to the small groups and encourage them to develop their own responses before providing feedback.
3. Allow participants 10 minutes for the activity.
4. Reconvene the group and refer to '**Group discussion**' to invite them to share their responses and resulting change in emotions. Refer to '**Facilitator guidance**' as needed to suggest alternative thoughts.
5. Praise them for positive ideas.
6. Review the '**Take home point.**'





Change negative thinking

These scenarios demonstrate that by changing the way we think about a situation we can change the way we feel about it.

To practice this I will give you a few different scenarios. Most of them are minor problems. Learning to recognize and change negative thinking when the situation is not too serious can help make it feel routine, so that it's easier to do with bigger problems too.

There are no right and wrong answers; the point is just to discuss ways to change negative thinking. It is something you will have to practice. Often we are so used to thinking one way, that it may be difficult to change this way of thinking.

With the scenarios there are events and thoughts. Please complete the "emotions" column to show how the current thought would make you feel. Then think about what other reasons could explain the event, and other ways to think about it, and complete the "change negative thinking" column with an alternative thought. Divide into groups of three or four to discuss the scenarios. You will have ten minutes to discuss.



Group discussion

- *Let's take each scenario one by one, and at least one group share their ideas on the emotion from the original negative thought and the changed thought.*
- *Who would like to share their ideas for the first scenario?*
- *How would one feel with this new thought?*

Facilitator guidance

Completed scenarios with possible “emotions” and “changed thinking” responses

Event	Thoughts	Emotions	Changed thinking
My child was rude to me this morning.	I am a bad mother.	Unhappy	My child is not always rude. I do good things as a mother.
I am tired this morning.	I am getting sick. I cannot cope anymore.	Upset	Being tired one morning is not so bad. Tomorrow I may feel better.
My friend did not visit me this week.	My friend doesn't care about me anymore.	Sad and alone	There may be many reasons why she did not visit. I do not have any reason to believe she doesn't care about me.
My money was stolen out of my bag yesterday.	I will suffer. I do not have any money.	Anxious	The police might catch the guy who stole the money. That money is gone but I can borrow money from my friend. I will get some money again.
I looked in the mirror and saw that I am getting old.	I am ugly. No one could love me like I am now.	Useless, awful	I am no longer as beautiful as I was but I look my age. People like me despite how I look.

Take home point

Negative emotions and negative thoughts go together. Changing negative thoughts can change emotions, which will make you feel better.



EXERCISE 3: STOPP FOR PERSONAL NEGATIVE THOUGHTS¹⁰



(20 minutes)

Rationale

The purpose of the exercise is to introduce the STOPP technique as one way to assist participants to change negative thoughts. Participants also practice changing negative thoughts associated with personal situations of sadness identified in Exercise 1, in order to strengthen their skills for changing their own emotional wellbeing.



Instructions

1. Introduce the exercise and review the 'STOPP worksheet' with participants, refer to '**Introduction: STOPP worksheet**' text provided as needed.
2. Introduce the '**Paired STOPP activity**,' refer to text provided as needed. Ask them to pick a partner and to each focus on an issue that causes them sadness, and to work together using the 'STOPP worksheet' to change their negative thoughts about this situation. Refer back to the flipchart as needed to remind them of situations that made participants sad.
3. Give participants 5 minutes to discuss in pairs. Go around the room and assist participants as needed.
4. Reconvene the group and conduct the '**Group discussion**.' Encourage the group to help participants who have difficulty changing their own negative thoughts.
5. Praise them for their efforts.
6. Review the '**Take home point**.'



Introduction: STOPP worksheet

Now that we've discussed how to change negative thoughts, I want to introduce the STOPP worksheet. Let's review this together.

When you feel sad or any other negative emotion, you can follow the STOPP method as one way to deal with these emotions:

1. **Stop:** Don't react immediately!
2. **Take a breath:** Take a moment to think about it and to calm down.

¹⁰ Adapted from Vivyan, C. (2009) STOPP. Get Self Help.

3. **Observe:** Analyse the situation and your reaction to it. For instance, ask yourself: What is it that upsets me? What do I feel? When did I start to feel this way? What do I think? Are my thoughts unhelpful or irrational?
4. **Pull back and put it in perspective:** Assess whether you can change the situation or how you feel or think about it. For instance, ask yourself: Do I have to feel so bad? Is this thought true? How else can I think about this situation? How would someone else see this situation? Can I problem-solve this situation?
5. **Practice what works:** Decide on a realistic way to respond, internally or with action. Do what is good for you, for others and for the situation.



Paired STOPP activity

Now I want you to choose one of the situations you described as making you sad earlier in Exercise 1. I want you to work in pairs and for each of you to change your own negative thoughts that lead to negative emotions. You should indicate your negative thought and associated feelings about the situation and then change that thought to a more realistic way of thinking about the situation. Use the [STOPP worksheet](#) to do this. Help each other as needed to do so.



Group discussion

- Who would like to share their negative thought and how they changed it?
- Who wants to share examples of some thoughts that were difficult to change?
- Who wants to help suggest an alternative thought for these difficult negative thoughts?



Take home point

When you experience negative emotions such as sadness, try to identify the negative thoughts that go with it. If you can change these negative thoughts to more rational and helpful thoughts, you will begin to feel better. Being able to do this successfully will take practice, but will become easier with time.



EXERCISE 4: PLEASANT ACTIVITIES¹¹



(10 minutes)

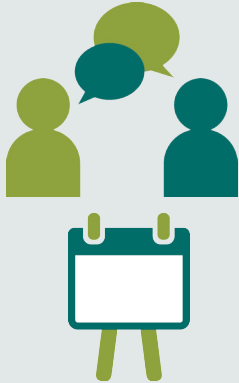
Rationale

The purpose of the activity is to help participants identify positive experiences that can be integrated into their lives to increase happiness and feelings of wellbeing.



Instructions

1. Conduct the '**Group discussion**,' introducing and encouraging participants to think of things that make them happy. Encourage responses and write these on the flipchart. Refer to the '**Facilitator guidance**' to aid in the discussion and suggest activities as needed.
2. Review the '**Guidelines for implementing pleasant activities**.'
3. Review the '**Take home point**.'



Group discussion

Let's think generally about ways that you can have more enjoyment in your life.

- *What kinds of strategies can you think of? Examples may be to relax at home, or listen to the radio. Who has another idea?*
- *What makes you happy; what kinds of things do you enjoy doing?*

I will note your suggestions on the flipchart.

¹¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 4, exercise 6. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Future Families. (2013) Future Families Psychosocial Support Group: Facilitator Manual, Session 5. South Africa: Future Families.

Facilitator guidance

Suggestions for pleasant activities

- Distract yourself (watch TV, do a job you have put off).
- Talk to someone (call or visit a friend).
- Get strength from your beliefs (go to church, pray).
- Talk yourself out of it (change negative thoughts).
- Build your self-esteem (make a list of your good qualities; write a nice letter to yourself).
- Write a letter to yourself emphasizing the need for a more optimistic and active engagement with life.
- Express your emotions through drawing.
- Do beading, knitting, singing, etc.

Guidelines for implementing pleasant activities

You have all come up with some great ideas. It is important to remember and do the things that can make you happy and calm. Let's also remember a few guidelines when implementing pleasant activities:

- *Start with small steps*
- *Do one thing at a time*
- *You need not do activities perfectly – just do them for fun*
- *Be flexible, you may change your plans at any time*
- *Do things that interest you and that you like*



Take home point

Doing something we enjoy can help us to feel better when things are difficult. Identify the things you like to do and refer to the list when you need a pick-me-up.



REFLECTION AND SHARING



(10 minutes)



We are at the end of today's session on how sadness makes us feel, think and act. We also discussed how to change our negative thoughts to make ourselves feel better. It is important that you continue to practice these skills and start to use them in dealing with your own negative thoughts. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.

PRACTICE AT HOME



(5 minutes)



For your home practice, please work on the following two tasks:

- ***Plan and do at least one positive, enjoyable activity during the week.***
- ***Practice changing your negative thoughts at home. When you become aware of negative emotions, notice what negative thoughts are connected to them. Change these thoughts by thinking of other explanations. Notice how you feel when you do this.***

We will each have a chance to report on our successes and challenges in the next session.

CLOSING THE SESSION

We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **coping with anger**.

I will see you next time at _____ (time and place) on _____ (day and date).



SESSION 3 APPENDIX

Change negative thinking scenarios

Event	Thoughts	Emotions	Changed thinking
My child was rude to me this morning.	I am a bad mother.		
I feel tired this morning.	I am getting sick. I cannot cope anymore.		
My friend did not visit me this week.	My friend doesn't care about me.		
My money was stolen out of my bag yesterday.	We will suffer. I do not have any money.		
I looked in the mirror and saw that I am getting old.	I am ugly. No one could love me like I am now.		

SESSION 4

Coping with anger

TIME

120 minutes

RATIONALE

Anger is a human emotion that everyone experiences. Many people do not have the skills or ability to cope constructively with anger or other negative emotions. The anger thus gets suppressed, or expressed in indirect or unhealthy ways. This contributes to feelings of hopelessness and can have a negative effect on individuals' health and relationships, especially with children. This session helps participants learn to identify and manage anger in an appropriate manner. The session also introduces and allows practice of assertive communication as an anger management strategy and provides an opportunity to reinforce other skills taught through the program to cope with negative emotions, including problem-solving, changing negative thoughts, seeking social support and engaging in pleasant activities.

GOALS

- To help caregivers to identify anger and express it acceptably
- To guide caregivers in understanding how anger is related to their thoughts and behaviour
- To practice ways of coping with anger, including assertive communication
- To increase caregivers' ability to manage anger effectively





SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: The lion, the hyena and the vulture (10 minutes)

Exercise 2: Raising awareness of anger and personal coping styles (20 minutes)

Exercise 3: Assertive communication (20 minutes)

Exercise 4: Practice assertive responses (20 minutes)

Exercise 5: STOPP for anger management (20 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- CBT sign: Event, Emotions, Thoughts, Behaviours
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- STOPP worksheet (Session 3)
- Communication styles
- Assertive communication

SPECIAL PREPARATION

- Prepare blank copies of the CBT sign for use in Exercise 2. There should be one column each for Event, Emotions, Thoughts and Behaviours.
- As assertive communication may raise issues and concerns pertaining to domestic violence or other abusive situations, ensure a hand-out on relevant local service providers is available for distribution should this need arise.
- Prepare one copy of a CBT sign on flipchart paper with 'New Hairdo' scenario. There should be one column each for Event, Emotions, Thoughts and Behaviours. Fill in each column using the completed CBT sign in Exercise 3.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
2. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Your assignment was to:

1. Plan and do at least one positive, enjoyable activity during the week.
2. Practice changing your negative thoughts at home. You had to become aware of negative emotions and notice what negative thoughts were connected to them. You then had to change these thoughts by thinking of other explanations and to notice how you felt when you did this.



EXERCISE 1: THE LION, THE HYENA AND THE VULTURE



(10 minutes)



Instructions

1. Introduce the topic of the session and the exercise, refer to '**Introduction: Anger**' text provided.
2. Read the '**Story: The lion, the hyena and the vulture.**'
3. Facilitate discussion of the story using the questions under '**Group discussion.**' Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'



Introduction: Anger

In the last session, we talked about sadness, and how it can affect the ways that we think and act, and how we can make things better by changing our thoughts. Today we are going to talk about another type of feeling - anger. We are going to look at what we can do to cope with anger.

Let's first read the following story about the lion, the hyena and the vulture.

Story: The lion, the hyena and the vulture¹²

There was a time when lion, hyena and vulture lived in peace together in the lion's den. Lion would hunt and bring in antelopes for all of them to feast on. Lion would eat first, then hyena would join and vulture would finish off what was left. There was, however, one condition which was agreed upon: each of them had to respect the personal belongings of the others. This worked well for a while.

One day lion caught a huge antelope and brought it to the den. The antelope was big and there was more than enough meat for all. He therefore invited hyena and vulture to take part in the feast later that day. The air cooled down; which is why lion decided to light a small fire. Lion was tired after the hunt and asked hyena to look after the meat while he was taking a short nap.

This took too long for the starving and impatient hyena, so she decided to devour the antelope alone and in hiding. She had barely sunk her fangs into the lion's prey when he awoke. The lion struck the hyena with his paw and hyena took off screaming. Lion kicked her in the behind and she landed in the ashes of the small fire. Sparks flew in all directions, and some of them landed on the vulture's head.

In horror, the vulture spread his wings and escaped from the lion's den. The vulture was closely followed by the slaving hyena in her typically slouchy way of walking. Ever since that day, the vulture has been bald and, as for the hyena, her particular walk comes from this incident, and she always walks as if she wants to cool her still raw and painful bottom on the ground.



¹² Ndiaye, I. (2010) Learning by Ear 2010, Shall I tell you something? African fables for a culture of peace, Episode 02: The lion, the hyena and the vulture.



Group discussion

- Why was the lion so angry?
- What did the lion do when he was angry?
- What was the hyena's and vulture's reaction?
- What were the implications of this specific incident for the three friends?

Facilitator guidance

Suggested responses for the lion, the hyena and the vulture story

Look for responses such as:

- The lion was angry because the hyena didn't respect his personal belongings. The hyena violated the agreement the group had for peaceful living by eating the food in secret.
- The lion struck the hyena with his paw and kicked her in the behind.
- The hyena landed in the ashes of the fire after being kicked and ran away in fear. The vulture flew away from the lion's den after witnessing the lion's anger.
- The lion reacted out of anger, which caused long-term implications, including causing the vulture to be bald and the hyena to walk with its behind near the ground. The hyena and vulture fled the den. The three animals stopped being friends.

The expression of anger did not have positive consequences for any of them.



Take home point

The way a person expresses their anger has an effect on how other people relate to them, and can have negative consequences on their lives and their relationships. People are often scared of an angry person. Everyone must learn to cope with their emotions in a way that is positive for themselves, and for their relationships with other people.

EXERCISE 2: RAISING AWARENESS OF ANGER AND PERSONAL COPING STYLES

(20 minutes)



Rationale

The purpose of this exercise is to raise awareness of anger, as well as the thoughts, and behaviours related to anger. Caregivers are guided to consider their own coping style and healthy and unhealthy coping behaviours. This can help caregivers to understand their reactions when they are angry.

Instructions

1. Introduce the activity, refer to '**Introduction: Personal Anger**' text provided as needed.
2. Present the blank CBT sign. Conduct the '**Group discussion 1**' helping them to complete the CBT sign related to two or three situations they provide and understand that anger is normal. Refer to '**Facilitator guidance**' as needed.
3. Conduct the '**Group discussion 2.**' Write the types of coping strategies they suggest on the flipchart then work to classify them as healthy or unhealthy strategies. Follow this with the questions on the implications for them and their relationships of unhealthy strategies. Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take home point.**'



Introduction: Personal anger

Everyone has experienced anger and aggression at some point. These are natural emotions, but many people do not know how to express their anger or other negative emotions in ways that are healthy and socially acceptable.

This session will help you to identify anger and to express it in an acceptable way. If you can cope effectively with your own emotions, then you can listen to and understand others' (including your children's) emotions.





Group discussion 1

I would like two or three people in the group to share a situation that makes you feel angry.

Let's fill in the CBT sign for these situations.

- *What event occurred that caused you to feel angry?*
- *What kinds of thoughts did you have when you felt angry? Think about the negative thoughts you had about this event, yourself and/or the people involved.*
- *What kinds of behaviours did you have when you felt angry? How did you act when you felt angry and had negative thoughts? What did you do?*
- *Anger is often a protective emotion. If you look at the situations that cause people to become angry, they are often situations that put pressure on someone, threaten someone, humiliate someone, hurt someone or ignore someone's rights. It's normal to be angry when you're being treated like this.*

Facilitator guidance

Suggested responses for reactions to anger

Events: Different kinds of events can evoke anger, such as if somebody calls you a liar, if you feel threatened, if your behaviour is restricted, if someone hurts your feelings or if someone you care about is hurt or unavailable.

Emotions: Anger, frustrated, irritated, impatient, resentful, enraged, peed off, fury, insulted.

Thoughts: Anger is often related to blaming others, thinking that others want to hurt you, others do not like you, and do not take your needs into account. The person may assume the worst, think the problem is enormous, think they are disrespected and treated unfairly, and will not accept such treatment. For example: I've been let down; I've been disrespected, treated unfairly, used; It's not fair; I won't stand for it.

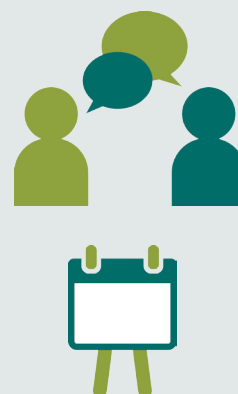
Behaviour: Aggression, fighting, confronting, wanting to hurt the other person, arguing and shouting, withdrawing from others or sulking, sarcastic, patronize or put down others. Physical signs of anger: Clenched fists, elevated voice, screaming, feeling out of control, seeing 'red', or swearing.

Group discussion 2

Now let's talk about how you usually cope with anger.

- What do you usually do when you are angry? How do you cope with anger?
- Which of these are healthy ways of coping?
- Which of these are unhealthy ways of coping?
- How can some of the unhealthy ways of coping affect us?
- How can some of the unhealthy ways of coping affect our relationships with other people?

I will note these coping strategies on the flipchart.



Facilitator guidance

Healthy & unhealthy ways of coping with anger

Healthy ways of coping include talking about feelings in a rational way, expressing the feelings indirectly through physical activities or calming activities, or being assertive to change the situation.

Unhealthy ways of coping include ignoring the feeling, carrying on with other activities or acting on the anger by hurting others or self physically or verbally.

Unhealthy ways of coping can negatively affect our wellbeing:

- If anger is bottled up and never expressed, it can lead to health problems or an explosion of emotions in the end.
- Harmful coping strategies such as using alcohol to forget about the problem or other potentially dangerous behaviours can place us at risk.

Unhealthy ways of coping can negatively impact relationships:

- The way a person expresses the anger influences their relationships with people.
- Expressing anger directly by shouting, hitting, throwing things around, being destructive or withdrawing from interaction or ignoring the other person can cause long-term damage to relationships.



Take home point

Anger is a natural emotion everybody feels at times. Be aware of your feelings, and how your thoughts influence your feelings and your behaviour. We have to learn to express and manage anger in appropriate and healthy ways, so as not to ruin our own health and our relationships with others.

EXERCISE 3: ASSERTIVE COMMUNICATION¹³

(20 minutes)



Rationale

The purpose of this exercise is to improve participants' knowledge of the different types of communication styles and how to communicate assertively. This exercise focuses on assertive communication as a way to express anger in a constructive way. Assertion is a healthy communication technique that empowers individuals to get their needs met and avoid being taken advantage of while still respecting the needs of others.

Instructions

1. Introduce the topic of the exercise, refer to '**Introduction: Communication**' as needed.
2. Conduct the '**Group discussion 1.**' Encourage responses from the group members and get feedback for each question before moving on to the next one. Refer to '**Facilitator guidance**' on the different communication styles.
3. After the group has discussed, refer to the Communication styles hand-out and review any points in the hand-out that were missed.
4. Conduct the '**Group discussion 2.**' Introduce the Assertive communication hand-out and review it. Elicit responses on the importance of assertiveness and examples for each guideline, referring to '**Facilitator guidance**' on Assertiveness as needed. Make sure to emphasize the importance of "I" statements in the examples they provide.
5. Review the '**Take home point.**'



Introduction: Communication

One way to cope with anger is through communication. You can learn to express your feelings in such a way that we do not hurt ourselves or the other person. You may even be able to fix the situation through effective communication. Today we are going to discuss communication as a tool for managing your anger.



¹³ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Caregiver Phase 1, Session 3. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion 1

Generally there are 3 ways to communicate. These include aggressive, passive, and assertive communication. Let's first look at the differences between these different communication styles.

- What do you think a passive response is like?
- What do you think an aggressive response is like?
- What do you think an assertive response is like?

Let's review a few other points about communication styles on the Communication styles hand-out.

Facilitator guidance

Passive, aggressive & assertive communication

A **passive response** doesn't communicate the person's needs. This allows others to walk straight over the person's needs. This person may think their needs are less important than other people's needs. A passive response might be: "Whatever you want me to do". The person says nothing about the thing that is bothering him/her, or just accepts what others say and does not take care of his/her emotions or needs. **This person is often suppressing their anger, which can be unhealthy.**

An **aggressive response** focuses mainly on the person's own needs. This response does not show care for other people's needs and does not take into account what it may do to another person. An aggressive response may be something like: "You bastard. You cannot tell me what to do." The person may attack people, act explosively or forcefully, use a loud voice, and does not act respectfully towards the other person. **This person is expressing their anger but in an unhealthy way.**

An **assertive response** is a balance between what the person needs and what others need. The goal of an assertive response is to assure that both people are satisfied. Assertiveness makes life easier for the person talking, and for the people around them. An assertive response expresses our opinions in a clear and respectful way. We take care of our own needs and the emotions of the other person. An assertive response might be: "I do not agree with what you say. I would rather do it in another way." **This person is expressing their anger in a healthy way.**

Group discussion 2

Why do you think it is important to be assertive?

Let's review some guidelines for being assertive and standing up for yourself on the hand-out: Assertive communication.

What are some example statements of assertive communication for each of these guidelines?



Facilitator guidance

Assertive communication

Why is it important to be assertive?

- Say "No" when you want to, in a way that is respectful
- Express your positive emotions towards someone
- Express your opinion even if it differs from the opinions of others

Assertiveness is actually a way of life. An assertive person is saying to the world: "Here I am, just as important as everybody else and my opinion counts. This is me, this is how I feel and I have a right to express it and to have my needs met."

Examples of applying the assertive communication guidelines

1. Say clearly what you want and need

"I don't want to feel like I have to do something I don't want to do."

2. Say how you feel in a situation and why you feel that way

"I feel upset because I need..." "I am ... because."

3. Say how you will feel if you get what you are asking for

"I would feel relieved if we talked about this because I've been concerned for some time now."

4. Say what you want the other person to do, be specific

"I want you to stop pressuring me because it makes me feel tense..."

5. Make it clear that you understand the other person's point of view

"I know you want me to spend more time with you, but..."

Examples of using the additional tips:

- **Start with a positive remark**

"I appreciate the help you have given me, but unfortunately I cannot spend more time, I have to go now."

- **Say "I" instead of "you."**

How does it make you feel? For example: "I do not like this," rather than "Your suggestion is really stupid," or "I feel upset," rather than "You make me angry." And "The way I see things is..."

- **Be aware of your body posture**

Don't cross your arms, roll your eyes or look at them angrily.

**Take home point**

Assertive communication is healthy communication. It helps you meet your needs while respecting others' needs as well. Using "I" statements aids in communicating assertively.

EXERCISE 4: PRACTICE ASSERTIVE RESPONSES¹⁴

(20 minutes)



Rationale

The purpose of this exercise is to practice and improve assertiveness skills.

Instructions

1. Introduce the role-play scenarios, referring to '**Introduction: Role-plays**' as needed.
2. Refer to the '**Scenarios.**' Invite one volunteer to practice an assertive response for the first scenario. After the role-play, praise them for their efforts and discuss the volunteer's response with the group, asking them to comment on what they liked or would do differently in the scenario. Keep the conversation focused on assertive communication.
3. Invite a new volunteer and repeat the process for each of the 5 scenarios, or for as many as you can do within the time remaining for the exercise. Each role-play and discussion should only be a couple minutes long. Refer to Possible Responses provided for each scenario as needed.
4. Conduct the '**Group discussion.**' Guide them to consider the points in the Assertive communication hand-out. Refer to '**Facilitator guidance**' as needed for examples of use of the assertive guidelines.
5. Refer to '**Caution in being assertive**' text provided to let participants know safeguards in being assertive and that if they are currently experiencing aggression or abuse from someone they can collect a form after the session on service providers where they can seek assistance.
6. Review the '**Take home point.**'



¹⁴ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 1, Session 3, exercise 5. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Introduction: Role-plays



Next I would like us to role-play being assertive. Think about assertive ways to tell someone you are upset, angry or annoyed. I want you to listen, to think of how you feel, whether you are being treated fairly, and how you want the situation to be.

We will take turns, with one person practicing a response for each scenario. I will read a scenario that can make you feel angry. The person who is role-playing will respond in an assertive way to tell me that you are angry and want a change. The rest of you will listen and then can make suggestions as to how the response can be improved before we move to the next scenario with the next volunteer.

Who will volunteer first?



Scenarios

Situation 1

You asked your sister to look after your children on Friday. Your sister said: "Just because you babysat for me doesn't mean I have to sit for your kids. I'm busy. Go hire somebody."

Possible response: "I do not think you are fair towards me. I asked you long ago and I really need someone to look after my children now."

Situation 2

Your girlfriend said: "I know you want me to visit you, but I don't want to visit you when all those children are at home. They are so noisy and out of hand."

Possible response: "I understand that you do not want to be around the children. They are part of my life now and I need your friendship. You can perhaps come when they are at school."

Situation 3

Your uncle said: "Yes, I could lend you some money, but you aren't too good with money. I will never see it again."

Possible response: "What you said upsets me. I think you are not fair toward me. I always return the money I borrow."

Situation 4

Your son's teacher: "Your son behaves poorly in class. Don't you know how to control him? What kind of a parent are you?"

Possible response: "It upsets me when you talk to me like that. Can we talk about my son's behaviour so that I can find out what you mean?"

Situation 5

You made dinner for the whole family. You spent a lot of time to make it special. No one came home in time for dinner. They did not even inform you that they would be late.

Possible response: "I am very angry. I made an effort with dinner and you did not even let me know that you will be late. It makes me feel that you do not really care about me."



Group discussion

- What were good examples of the assertive guidelines that you saw in these scenarios?
- How do you feel about practicing assertive communication in your own lives? Do you think you will be able to do it?
- Is there anything about assertiveness that you still have questions about?



Facilitator guidance

Good examples of using assertive guidelines

Try to elicit the following:

- "I" statements
- Say what they wanted and why
- Tell the other person specifically what is wanted from them
- Say how he/she will feel if he/she gets it
- Recognise and communicate what the other person wants
- Physically face the person you are speaking with



Caution in being assertive

Some caution when you are assertive:

First, just because you have expressed your anger in a calm and straightforward manner doesn't mean that other people will give you what you want. Expressing your anger will work out better than bottling it up, but you won't have success in every situation.

Second, even when you are assertive, people may react with aggression towards you. Be prepared for this kind of response.

Third, expressing anger to some people - no matter how you do it - can be dangerous. You can get physically or verbally abused. Be aware of dangerous situations. If you know a person is going to react with aggression, avoid the situation.

If you are currently experiencing aggression or abuse from someone in your life, you can collect a form from me containing the contact details of relevant services and organisations where you can seek assistance, at the end of the session.



Take home point

With practice, you can improve your assertive communication skills. State your feelings and needs clearly, and acknowledge the other person's needs as well. This can help you to convey your feelings in a healthy way and work towards finding a mutually agreeable solution.

EXERCISE 5: STOPP FOR ANGER MANAGEMENT¹⁵

(20 minutes)



Rationale

This exercise focuses on alternative reactions that can be used to cope with anger in a constructive way. Different ways to manage and cope with anger will be explored, including STOPP and practicing previously taught strategies such as assertiveness, problem solving, changing thoughts, and behaviour, such as support seeking and pleasant activities.

Instructions

1. Introduce and read '**Scenario: New hairdo.**'
1. Ask them to refer to the [STOPP worksheet](#) in their workbooks (Session 3). Tell participants that the STOPP steps will also be considered as an anger management strategy and that it will be applied to Thabi's situation. Present the first three steps (Stop, Take a Breath, and Observe) including the completed [CBT sign](#) for the Observe step. Refer to '**STOPP steps**' text provided as needed.
2. Conduct the '**Group discussion.**' Encourage participants to recall all of the strategies they have learned when considering Thabi's options and write responses on the flipchart. Refer to '**Facilitator guidance**' as needed. Probe them to remember before providing any responses.
3. Summarize the various coping strategies and explain how some will work at different times, depending on the situation and whether you can fix it or just need to cope with it. Refer to '**Coping strategy review**' text provided.
4. Review the '**Take home point.**'



¹⁵ Adapted from Vivyan, C. (2009) STOPP. Get Self Help.



Scenario: New Hairdo

To help us think through everything we have learned about how to deal with anger and other negative emotions, I will present a scenario.

Thabi and Portia have been friends for many years. Thabi let her friend Portia borrow some money two months ago. Her friend promised to pay her back but has not paid the money or even discussed the situation with Thabi. This month has been very hard financially for Thabi as she had some unexpected extra expenses to make household repairs. On her way home from the shop, Thabi saw Portia leaving the hairdresser with a new hairdo including expensive extensions. Thabi was furious. She thinks Portia has taken advantage of her. She wanted to scream at Portia, or even take revenge.



STOPP steps

We applied the STOPP worksheet hand-out in an earlier session to help us to cope with sadness and change our negative thinking. STOPP can also help us to cope with anger.

Let's review the STOPP worksheet hand-out again and apply it to Thabi's situation. Her first steps are to 'Stop and Take a breath.' In other words, she should calm down. People often say "walk away" or "count to ten" so that you can think clearly about the situation. In the heat of the moment you may do things that you regret later.

Next she would "Observe" the situation, trying to understand what made her so angry and what she was thinking. Let's look briefly at the CBT sign I prepared for this situation.

It is important to consider that the real event is that Portia owes her money. Seeing her leave the hair salon was the spark for her feelings, but not the real event. Thabi's own financial issues this month are also not the issue causing her to be angry.

Event	Emotions	Thoughts	Behaviours
Portia owes her money.	Angry	She thinks Portia is taking advantage of her by spending money on a hairdo rather than paying her back.	She wants to scream and take revenge

Group discussion

- Now, let's help her to 'Pull back and get Perspective.'
- What are her options?
- Which of the skills that you have learned will help her?

I will write your responses on the flipchart.



Facilitator guidance

Thabi's options

She can communicate assertively

- She can plan to talk to Portia in an assertive way to convey her feelings, gain understanding of Portia's situation and decide on a way to manage it.

She can use problem solving skills

- She can decide on a plan of action with Portia, suggesting and listening to different options for Portia to pay back the money.
- If Portia does not pay her back, she can decide on a new plan for how she will handle her own expenses without this money.

She can change her thinking to cope with her anger, seeing alternative ways to interpret it

- She thinks Portia is taking advantage of her. She can change her thinking, for instance: Maybe Portia forgot about the loan. Maybe Portia now has the money to pay me back. Maybe Portia has an important special occasion. Maybe Portia got her hair done for a job interview and if she gets it she will be able to pay me back. Maybe someone else paid for Portia's hairdo.

She can seek support

- Thabi can talk to someone else about the situation, to express her feelings and get ideas on how to handle it and share her emotions with someone who understands her feelings.

She can do a pleasant activity

- She can distract her mind from the situation by exercising, like dancing or walking, listening to music, relaxing her body or breathing slowly to change her feelings of frustration.



Coping strategy review

You have all learned many ways to cope with anger and other negative emotions. Often the coping strategy we try will depend on whether we can change the situation.

- 1. In situations where we can try to change the situation by doing something, the options are to use problem solving skills, be assertive and state our opinions, or negotiate a solution to the problem. It is not guaranteed that the person will actually do what you ask them to do, but at least you voiced your opinion and tried to resolve the situation. That can help you to feel more in control, and to cope better with your own negative emotions.*
- 2. In situations where we cannot change the situation by any of our actions, we can control our emotions by thinking differently, seeking support and doing pleasant activities so that we can feel differently.*



Take home point

You have all gained various coping skills to manage anger and other negative emotions and situations, you will get better at them with practice and the use of these techniques will likely make you feel better.

REFLECTION AND SHARING

(10 minutes)

We are at the end of today's session on **how anger makes us feel, think and act**. We also discussed a number of strategies we can use to cope with anger, including communicating in an assertive way. It is important that you continue to practice these skills and start to use them in dealing with your own anger. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.



PRACTICE AT HOME

(5 minutes)

For your home practice, please **become aware of anger and what makes you feel angry**. Judge the situation, if you feel that it is safe and appropriate, practice assertiveness in your daily life. We will each have a chance to report on this in the next session.





CLOSING THE SESSION

We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

*Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session .when we will work on **helping adolescents to cope with difficult emotions**.*

I will see you next time at _____ (time and place) on _____ (day and date).

SESSION 5

Helping adolescents cope with difficult emotions

TIME

120 minutes

RATIONALE

Adolescents who experience the death or serious illness of a parent or caregiver are at increased risk for mental and behavioural health problems. By increasing caregivers' understanding of the difficult emotions that accompany illness and loss, and teaching coping strategies designed for adolescents, the session prepares participants to respond to the emotional needs of young people in their care.

GOALS

- To help caregivers recognize how adolescents may express sadness and anger through their behaviour
- To introduce helpful strategies for providing emotional support, and increase caregivers' awareness of unhelpful emotional support strategies
- To provide practice in active listening and communicating empathy
- To learn how to equip adolescents with positive coping skills

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: The lion in the cage (15 minutes)

Exercise 2: Understanding adolescents' emotions and behaviours (15 minutes)

Exercise 3: Good and bad support (15 minutes)





Exercise 4: Helping adolescents cope with sadness (20 minutes)

Exercise 5: Helping adolescents cope with anger (25 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- CBT sign: 'Event, Emotions, Thoughts, Behaviour'
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- How to help children cope with emotionally difficult circumstances



SPECIAL PREPARATION

- Prepare several copies of a CBT sign on flipchart paper. There should be one column each for Event, Emotions, Thoughts, and Behaviours. Leave room to write examples into each column during the session.
- Write-out the 'Small group discussion' questions from exercise 5 on a piece of flipchart paper for your explanation and participants' reference.

OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION

(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' if clarification is needed.
2. Encourage feedback from participants. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Your assignment was to practice assertiveness in your daily life.



EXERCISE 1: THE LION IN THE CAGE



(15 minutes)

Rationale

This exercise is designed to demonstrate how difficult circumstances can affect a person's emotions, thoughts and behaviour. Participants learn that the strong emotions prompted by parental loss or illness are normal, but that adolescents need support in order to cope.



Instructions

1. Read the '**Story: The lion in the cage.**'
2. Facilitate discussion of the story using the questions under '**Group discussion 1.**' Refer to '**Facilitator guidance**' on possible responses to the story to ensure key points are discussed.
3. Move from discussion of the lion to discussion of participants' own lives using the '**Group discussion 2**' questions. Refer to '**Facilitator guidance**' as needed.
4. Review the '**Take Home Point.**'



Story: The lion in the cage¹⁶

There was a lion that lived caged in a zoo. This lion was constantly angry. She roared and scratched and tried to attack, so people stayed far away. The zoo officials wanted to make friends with the lion, but each time they got close, even if they were offering her food, the lion roared and charged at them. Soon no one came near the lion at all because they were afraid of her anger. Instead, they threw her food in the cage and closed the door quickly. They could not put her with other animals because they were afraid that the lion would hurt them.

The lion was angry because she wanted to be in the savannah around other lions. She missed the family and friends that she used to roam with in the wild. She did not want to be in such a small, boring cage and did not want to be alone. The lion was very sad and lonely. These things made the lion feel like there was a big dark hole in her chest. She did not know how to show how unhappy she was and did not feel like anyone understood her, so she chased everyone away.

¹⁶ Davis, N., Custer, K., & Marcey, M. (1996). *Once Upon a Time: Therapeutic Stories that Teach & Heal.*

One day a new zoo official started to work at the zoo. She watched the lion as she roared and clawed at the bars of the cage to try to attack her. The new official did not run away, but talked to the lion in a soft way. She came every day and stood next to the cage. As time passed the lion became calmer and less angry. One day the new caretaker took the lion out of the cage and placed her in an open jungle area of the zoo with other big cats. She was free to roam, crawl through the bushes and lay in the sun. The other zoo officials were amazed at the changes in the lion's behaviour. The lion was happy to be in a new place with other big cats and a caretaker who visited and talked to her every day. The lion soon found that the hole in her chest was healing. Every time the lion saw the caretaker she purred like a cat.



Group discussion 1

- What happened to make the lion feel lonely?
- How else did the lion feel at the start of the story?
- What were the lion's behaviours as a result of these feelings?
- What were other people's reactions to the lion at first?
- What did the new zoo official do to help the lion?
- Why do you think it worked?



Facilitator guidance

Possible responses to the lion story

Look for responses such as:

- The lion was removed from her family in the wild and placed in a cage.
- She was very sad and lonely and showed that through anger.
- She felt she had a hole in her chest.
- She became aggressive and chased everyone away.
- People were scared of the lion and stayed far away from her, which made the problem worse.
- The new zoo official was kind. She understood how the lion felt, and how it affected her behaviour. She spent time with the lion and talked to her. She moved her to be with other animals. The support helped the lion to feel better and to cope with her emotions.



Group discussion 2

- *What might the lion have in common with an adolescent who has lost a parent, or whose parent is very ill?*
- *How might adolescents with such experiences feel?*
- *How might these adolescents behave?*
- *What do they need from their caregivers?*

Facilitator guidance

Feelings, behaviours and support needs of adolescents experiencing parental loss and illness

How might adolescents feel?

Many adolescents have big issues to cope with: the chronic illness of a parent, the loss of a parent after an illness or accident, or a parent who has left them. Adolescents facing these, and other major stressors, can feel abandoned and alone, and need understanding and emotional support from the adults in their lives, especially caregivers.

Adolescents whose parents are chronically ill may have to cope with the stress of the parent's illness, may have to take over many chores in the household, look after siblings, face economic challenges, and may fear the death of the parent. They may fear being abandoned or unsure about what resources will be available to them when their parent dies.

An adolescent who has lost a parent will also face psychological distress. He/she has lost an important part of his or her world and will be grieving. The adolescent may have to move to a new home and environment, and/or be separated from their siblings. He/she may fear the death of a surviving parent, have to provide care for this ill parent or other family members, or take on other household and economic responsibilities.

How might adolescents behave?

If a child or adolescent keeps their emotions inside, these emotions may be expressed in a negative and destructive way. Adolescents often express unresolved feelings of grief and sadness in the form of behavioural problems such as acting out, aggression, and trouble at school. Even those who do not act out, and withdraw or cry often instead, may seem difficult to deal with.

What do adolescents need from their caregivers?

Caregivers need to understand that the feelings that accompany major disruptions in adolescents' lives are normal and should be expressed. The caregiver can help the adolescent by being understanding and offering consistent emotional support.

Take home point

Like the lion in the cage, adolescents facing difficult circumstances may be preoccupied with sadness and worries. Expressing these emotions is healthy and necessary. Support from caregivers can help adolescents cope effectively with their emotions.



EXERCISE 2: UNDERSTANDING ADOLESCENTS' EMOTIONS AND BEHAVIOURS¹⁷



(15 minutes)

Rationale

Anger and sadness can manifest as behavioural problems in adolescents. Problems may include risk taking, trouble in school, or social withdrawal. Caregivers will learn to recognize and understand adolescents' difficult emotions and the behaviours that often result.



Instructions

1. Introduce the exercise and focus on their adolescents. Conduct the '**Group discussion**' to help participants identify specific disruptions adolescents may have experienced, emotions they may have noticed in adolescents, the thoughts that prompt the emotion and the behaviours that may result from it. Record their responses on the CBT sign. Refer to '**Facilitator guidance**' as needed for examples.
2. Review the '**Take home point.**'



Group discussion

Now that we have talked generally about some of the difficult emotions that adolescents experience when they lose a parent or face other major stressors, we will turn our discussion to the adolescents in our care.

Let's discuss the events, emotions, thoughts, and behaviours relevant for the adolescents under your care. We will use what we know about how these things are connected.

I will record these on the CBT sign as we discuss.

- *What are some of the issues or traumatic events that the adolescents in your care have experienced?*
- *What kinds of difficult emotions do you see in the adolescents in your care that may have resulted from these experiences?*
- *What thoughts do you think may be linked to these emotions?*
- *What behaviours do you think may be linked to these emotions?*

¹⁷ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 7 and 11. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Examples of adolescent events, emotions, thoughts and behaviours

Events

Participants may identify a wide variety of issues, such as: parental loss and illness, separation from family, additional responsibilities, family conflicts, economic stressors, and adaptation to a new environment.

Emotions

Participants may identify emotions, such as: stress, anxiety, uncertainty about the future, sadness, and anger. Adolescents may also feel neglected and alone. They may feel confused, guilty, or have poor self-esteem.

Thoughts

Participants may identify thoughts, such as: thinking no one cares about them, that they are all alone, that they should be grateful for any positive attention (even negative attention, bad peer influences), that they are worthless, that life has no meaning, that they are at fault, fearful that they might also die or get ill, or that life is unfair.

Behaviours

Participants may identify a wide variety of behaviours, such as: school problems, acting out, risk taking, irritability, aggressive or even criminal behaviour, change in appetite, headaches, trouble sleeping, crying and acting withdrawn. Different stressors may cause different responses. All of these behaviours may have underlying emotional causes or other reasons.

Take home point

Adolescents' behaviour is often a response to the emotions and thoughts that have been prompted by difficult circumstances in their lives.

In the next exercises we will talk about skills you can use to help adolescents who are experiencing difficulties in their lives, to cope with their emotions.



EXERCISE 3: GOOD AND BAD SUPPORT¹⁸



(15 minutes)

Rationale

The purpose of this exercise is to help caregivers provide effective emotional support to adolescents facing difficulties, and learn about and avoid unhelpful support strategies.



Instructions

1. Introduce the exercise and conduct '**Group discussion 1**' about what not to say or do when someone is facing difficulty. Encourage feedback and make notes on the flipchart. Refer to '**Facilitator guidance**' for additional ideas.
2. Conduct '**Group discussion 2**' about good ways to provide emotional support. Encourage feedback and make notes on the flipchart.
3. After brainstorming as a group, review the hand-out: [How to help children cope with emotionally difficult circumstances](#), giving specific attention to guidelines and suggestions not mentioned by the group.
4. Review the '**Take home point.**'



Group discussion 1

It is important for caregivers to consider how to support adolescents facing these difficult circumstances, as well as how things that one may say or do may not be supportive.

Before we discuss what we should do to help adolescents cope with difficult emotions, let's first discuss what we should not do. Many times people will say things thinking that they are being supportive, not knowing that they are actually making the situation worse.

- *What are some examples of things that people might do or say to be supportive that may not actually be helpful?*
- *What are some of the things we should avoid doing or saying when trying to support children facing emotionally difficult circumstances like parental loss or illness?*

I will note your responses on the flipchart.



¹⁸ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 7. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

What not to say or do

Phrases that are not helpful for someone who experiences difficult emotions, are those that indicate that the feelings are not real, that it is not so serious, that it will pass, or that there is a quick fix like the following:

- Time heals all wounds.
- You need to be strong now.
- You will get over it.
- Don't cry; it will get better one day.
- You will have to stay home, you don't want people to see you like this.
- Just spend time with your friends and I am sure you will forget all about it.
- You saw that your mother/father/grandmother/sibling was very sick. He/she is better off now.
- Take it that your loved one is in a better place.
- Don't worry; you will see your loved one someday.
- For an adolescent with an ill parent: Never mind, they will get better.
- Tomorrow will be a better day.

Group discussion 2

Now I would like for us to discuss things we can say and do to help an adolescent who is facing difficulty.

- What are some different ways that you have provided emotional support to adolescents or children in your care who were coping with the loss of a parent or other caregiver?
- What about for adolescents or children coping with a parent or caregiver being ill? How do you show support?

That was a great discussion. Many of the things we discussed, and some additional ideas, are contained in the handout: [How to help children cope with emotionally difficult circumstances](#). Let's review this hand-out together.

- What does it suggest that we did not mention?





Take home point

Honest communication about emotions and efforts to ensure stability can help adolescents cope with difficult circumstances. Caregivers should follow the guidelines for what to say and do to help someone experiencing difficulty, and avoid common pitfalls.

EXERCISE 4: HELPING ADOLESCENTS COPE WITH SADNESS¹⁹

(20 minutes)



Rationale

The purpose of this exercise is to increase caregivers' knowledge of how to help adolescents cope with sadness through active listening.

Instructions (Part 1)

1. Introduce the discussion about sadness and grief and conduct '**Group discussion 1**' about the words we use for sadness and how it makes us react. Encourage responses and record these on the flipchart. Look for responses such as: sorrow, feeling low, unhappy, feeling empty inside. Look for reactions like: I want to be alone, I want to sleep, I don't want to be around people, I feel a hole in my stomach, I do not want to eat.
2. Ask the question under '**Group discussion 2**' about active listening. Encourage responses and remind participants that active listening involves identifying the emotions the adolescent is expressing, and reflecting them back to him/her.

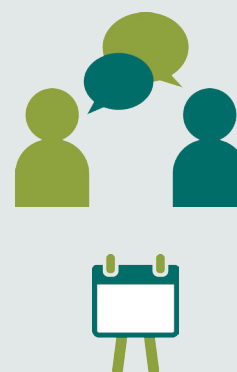


Group discussion 1

Now let's talk about sadness and grief.

- What are some other words for sadness or grief?
- What happens to a person when he/she feels sad?
- What happens to a person when they are grieving?

I will note your ideas on the flipchart.



¹⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 5, Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Group discussion 2

As we have discussed, there are a number of ways we can support adolescents during this time and we are going to practice these today, focusing a lot on active listening.

- *Who can remind us of what active listening means?*



Instructions (Part 2)

1. Introduce the role-play scenario of coping with sadness from losing a parent and recruit two volunteers to model active listening in front of the group. Explain the volunteers' roles as caregiver and adolescent. Refer to '**Role-play instructions**' as needed. Instruct the rest of the participants to act as observers and to look for key points in helping children cope with their emotions.
2. Allow the conversation to go on for 5 minutes, coaching the role-players if they get stuck.
3. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the three question sets: *Questions for the caregiver*, *Questions for the adolescent* and *Questions for the observers*. Spend some time discussing any difficulties mentioned, or that you noted, and things they would have done differently.
4. Ask the last question in '**Group discussion**' directed at the group about general ways to support a grieving adolescent. Look for responses about normalizing grief, understanding that grief may manifest as many emotions, allowing someone who is grieving to talk about their feelings and honouring special occasions. Refer to '**Facilitator guidance**' as needed to highlight key guidelines for helping children to cope with grief.

Role-play instructions

Next we're going to have a chance to practice our active listening skills using a role-play. Could I have two volunteers please, one caregiver and one adolescent?

For the caregiver, the situation is that your adolescent is very sad, she is missing her mother. All that she does is stay in the house and cry. Try to use active listening and reassure the adolescent that her feelings are normal. Remember the other guidelines we have discussed.

For the adolescent, you are very sad because you miss your mother. Your birthday is coming up and you know that birthdays were very special to both of you. Tell the caregiver how you are feeling.

The rest of you will be observers. As they role-play, you should look out for some of the guidelines and tips for offering adolescents support that we discussed earlier.



Group discussion

Questions for the caregiver:

- Please tell us how you felt,
- One thing you did that you liked, and
- One thing you would do differently.

Questions for the adolescent:

- Please tell us how you felt,
- One thing that the caregiver did that you liked, and
- One thing you would have done differently if you had played the caregiver.

Questions for the observers:

- What is the one thing that you liked that the caregiver did?
- What is one thing you would have done differently had you been the caregiver?
- Are there any other comments about this role-play?

Question for the group:

- What are some other things we can do to help children and adolescents to cope with grief?



Facilitator guidance

Helping children cope with grief

Grieving appropriately takes time and courage. It involves experiencing the good and the bad, the happy and the sad. It is a way to remember and develop acceptance in bits and pieces, to move on and embrace life and laughter once again. A caregiver can be the adolescent's guide through the process of grief.

- Grief is a natural expression of love and loss for people of all ages and a normal reaction to loss. **Let them know that these feelings are normal.**
- **Let the child (and yourself) feel free to grieve**, for that is the only way for the grief to pass or lessen over time.
- **Talk about feelings of grief**, let them express their sadness and sense of loss.
- Let the child know that it is healthy and helpful to cry.
- **Tell the child that he/she might experience different kinds of feelings:** sadness, anger, guilt, and fear. These feelings are all normal and will eventually pass.
- **Don't protect the child from your own sad feelings.** Seeing you cry will communicate strongly, to boys as well as to girls, that this is a natural response to grief.
- **Prepare the child in advance before holidays, birthdays or other special occasions.** Let him or her know that we often feel the loss especially deeply at times like this. Decide together how you want to spend these days, perhaps with some special ritual to remember and honour your loved one's life and passing.



Take home point

Caregivers should use active listening skills to understand adolescents' emotions and help adolescents to cope with these emotions.

EXERCISE 5: HELPING ADOLESCENTS COPE WITH ANGER²⁰

(25 minutes)



Rationale

This exercise helps caregivers learn strategies for managing their emotions as a way to reduce tension and de-escalate situations where tensions are high. Adolescents whose caregivers model emotional control will be better positioned to cope with their own feelings of anger.

Facilitator background

Importance of caregiver emotional control

Caregivers need to be aware of their own emotions and how to manage them. In order to react constructively when an adolescent is angry or hostile, caregivers must develop the skills and capacity to control their own emotions.

Instructions (Part 1)

1. Introduce the exercise; refer to '**Introduction: Adolescent anger**' text provided as needed.
2. Read Scenario 1 '**Zama.**' Conduct the '**Group discussion 1,**' referring to '**Facilitator guidance**' as needed.
3. Read Scenario 2 '**Thandi.**' Conduct the '**Group discussion 2,**' referring to '**Facilitator guidance**' as needed.
4. Read Scenario 3 '**Sindi.**' Conduct the '**Group discussion 3,**' referring to '**Facilitator guidance**' as needed.



Introduction: Adolescent anger

In this session we should consider some of the things we learned in Phase 1 about how to cope with our own anger. If an adolescent expresses his/her anger, we often also get angry with them, because they accuse us of things, act irrationally, or we feel powerless to help them. At times like these, we need to keep calm and listen to what the adolescent is actually trying to say. We need to listen to understand the reasons behind the anger.

We are going to start by reading some scenarios and discussing them.



²⁰ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, session 10. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Scenario 1: Zama

Zama has not cleaned the kitchen as agreed. When you make her aware of it, she explodes in a rage. She says that she is tired of being told what to do and wants to move out to stay with her boyfriend. She shouts that she has much better things to do than cleaning the kitchen like a domestic worker.



Group discussion 1

- How would you as a caregiver feel?
- What do you think would happen if you responded angrily to this situation?
- What do you think would be the best way to respond to Zama?

Facilitator guidance

Possible answers to the questions in Scenario 1

How would you as a caregiver feel?

- The caregiver might feel very sad, frustrated or angry.

What do you think would happen if you responded angrily to this situation?

- We would both shout at each other, she would probably leave the house, I would probably say hurtful words to her.

What do you think would be the best way to respond to Zama?

- The best way to manage the situation will be to manage my emotions, to be calm, take a deep breath, talk to her in a calm manner and explain to her how it makes me feel when she does not honour my request to help out with cleaning the kitchen.



Scenario 2: Thandi

Thandi storms into the house after school. She throws her books in the kitchen and slams the door to her room. When you ask her if she wants lunch she says that you are an uncaring mother and will not understand.

Group discussion 2

- How would you as a caregiver feel?
- What do you think would happen if you responded angrily to this situation?
- What do you think would be the best way to respond to Thandi?



Facilitator guidance

Possible answers to the questions in Scenario 2

How would you as a caregiver feel?

- The caregiver would be worried about what has caused Thandi to be so upset. She might also be angry about the way that Thandi is acting.

What do you think would happen if you responded angrily to this situation?

- Her anger would escalate, we would exchange words, she would talk back me, and she would really feel that I do not care.

What do you think would be the best way to respond to Thandi?

- I would take a deep breath, and in a calm way, I would encourage her to talk to me and find out what has caused her to be so upset. I would listen carefully to what she is saying, I would check my understanding of what she is saying by reflecting it back to her. I would accept what she is saying as her point of view. I would listen to her without judging.

Scenario 3: Sindi

Sindi comes home after spending the afternoon with her friends. She appears upset. She puts on the television so loud that everyone starts shouting at her. You ask her to turn it down. She screams that everyone is against her and pushes her sister on the way to her room.

Group discussion 3

- How would you as a caregiver feel?
- What do you think would happen if you responded angrily to this situation?
- What do you think would be the best way to respond to Sindi?



Facilitator guidance

Possible answers to the questions in Scenario 3

How would you as a caregiver feel?

- The caregiver would be very worried about what has caused Sindi to be so upset. She might also be angry about the way that Sindi is acting.

What do you think would happen if you responded angrily to this situation?

- Her anger would escalate, we would exchange words, she would talk back me, and she would really feel that I do not care.

What do you think would be the best way to respond to Sindi?

- I would take a deep breath, and in a calm way I would encourage her to talk to me and find out what has caused her to be so upset. I would listen carefully to what she is saying, I would check my understanding of what she is saying by reflecting it back to her. I would accept what she is saying as her point of view, understand what is going on in her life without judging. Once she is calm and had a chance to be heard I would then also discuss her physical behaviour towards her sister.



Instructions (Part 2)

1. Introduce the three steps for dealing with an angry adolescent. Refer to '**Anger management**' text provided as needed.
2. Divide participants into small groups of 3 to 4 people and provide each with a sheet of flipchart paper.
3. Instruct the small groups to discuss the '**Small group discussion**' questions and write their responses on the flipchart paper. Encourage participants to recall and use information discussed in earlier sessions about problem solving, emotional awareness, and coping with difficult emotions.
4. Reconvene the group after 7 minutes and conduct the '**Group discussion**' on the reasons underlying anger and negative behaviour, and ways that caregivers can help adolescents to cope. Refer to '**Facilitator guidance**' as needed to aid the discussion.

Anger management

When caring for an adolescent who is expressing anger and aggression, be aware of your own emotions. Step back and think first. Try to find a reason why your adolescent is behaving in this way. What does he/she need? What is he/she communicating through his/her behaviour? If you can understand the behaviour, you can help the adolescent to understand his/her own reactions, too.

Remember these three steps for dealing with an angry adolescent: Breathe, Listen, and Talk.

Breathe: Take some time to become aware of your feelings and your adolescent's feelings.

Listen: Instead of reacting to the bad things the adolescent is saying, try to understand the emotion behind the words. Rather reflect the feeling or ask him/her to tell you how they feel and listen to what he/she says. Show your understanding (active listening).

Talk: Help the adolescent to solve the problem in a constructive way.



Small group discussion

Now let's divide into small groups of 3 to 4 people to discuss the following:

- Examine your adolescent's negative behaviour from the past week or two, and try to come up with reasons why he/she was behaving that way. What was he/she feeling and what did he/she need?
- Using the flipchart paper, list ways in which you can help your adolescent cope with different emotional causes of negative behaviour.



Group discussion

- What were some of the reasons you suggested to explain adolescent's negative behaviour?
- What were some ideas you came up with to help them to cope?



Facilitator guidance

Reasons and support for negative adolescent behaviour

Caregivers may mention negative behaviour such as: irritability, anger, stealing, lying, back chatting, or hitting siblings. All of these behaviours may have underlying emotional causes.

Underlying emotional reasons for negative behaviour may include: stress about school/family, negative comments from peers, adolescents not feeling positive about themselves, not getting enough positive attention, or anger about chores that keep them busy while they want to do other things. They may also just be seeking attention, as even negative attention may make them feel a bit better if they lack positive attention from an adult.

Negative emotions and reactions can also be related to specific situations. The caregiver should investigate situations to understand the adolescent's reactions. Possible reasons: he was missing his mother; he had no one to talk to as I was working, her best friend has recently lost a grandmother and she was feeling sad for her friend, she was upset because her friend forgot her birthday, he failed his test and thought I was going to scold him.

Caregivers can help adolescents by doing any of the following:

- Spend time with him/her,
- Make time to listen when he/she wants to talk,
- Use active listening skills,
- Manage your own emotions,
- Do not pressure him/her,
- Do not judge,
- Offer your support,
- Identify activities that you can do together,
- Praise positive behaviours.



Take home point

Caregivers should explore why adolescents get angry in order to understand their behaviour and decide how to help. Staying calm, using active listening skills, and offering support, can help adolescents to cope with anger, to feel better, and to make positive behavioural changes.

REFLECTION AND SHARING

(10 minutes)

We are at the end of today's session on **helping adolescents cope with difficult emotions**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.



PRACTICE AT HOME

(5 minutes)

For your home practice, **please take some time to identify what your adolescent's emotions are each day. Reflect and encourage your adolescent to talk about the emotions they are experiencing, and the possible reasons for these emotions.** We will each have a chance to report on our successes and challenges in the next session.



CLOSING THE SESSION

We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **dealing with problem behaviour**.

I will see you next time at _____ (time and place) on _____ (day and date).



SESSION 6

Behaviour management with adolescents



TIME

120 minutes

RATIONALE

Conflict at home is common as adolescents try out new behaviours and seek to become more independent from their caregivers. Changes in family structures may complicate adolescent behaviour even more. Caregivers must adapt their parenting to support adolescents' development while also keeping them safe.

This session introduces effective strategies for parenting adolescents and coping with changes in the family. Participants discuss how to set, communicate and enforce rules and consequences for misbehaviour. They will also learn to use praise and positive wording as techniques to encourage positive behaviour change in their adolescents.

GOALS

- To help caregivers distinguish between healthy and problem behaviour in adolescents
- To encourage caregivers to use praise to foster positive adolescent behaviour
- To introduce strategies for setting rules and using realistic consequences instead of punishment
- To help caregivers understand the difference between discipline and punishment

SESSION OVERVIEW

Opening ritual

Feedback from previous session (15 minutes)

Exercise 1: Changing problem behaviours into positive behaviours (25 minutes)

Exercise 2: Setting household rules and obtaining consensus (20 minutes)

Exercise 3: Praise as a strategy to encourage positive adolescent behaviour (30 minutes)

Exercise 4: Punishment versus discipline (30 minutes)

Reflection and sharing (10 minutes)

Practice at home (5 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Three copies of role play script (Appendix)
- Small group practice scenarios (Appendix)
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- General guidelines to discipline adolescents in my care

SPECIAL PREPARATION

- Prepare three copies of the role-play script provided in the appendix for Exercise 3.
- Print and cut out the small group practice scenarios found in the appendix for Exercise 4. There are 5 scenarios: each group of 3 persons should have one. Thus, one set of the scenarios should be enough for 15 people.



OPENING RITUAL

FEEDBACK FROM PREVIOUS SESSION



(15 minutes)



Instructions

1. Ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' if clarification is needed.
2. Encourage feedback from participants. Ask them about their emotions, thoughts and behaviours related to the home practice.
3. Spend some time on areas where there were challenges and use group problem solving to ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
4. Praise participants for their efforts to problem solve.



Home practice assignment summary

Your assignment was to talk with your adolescent about the emotions he/she may be experiencing. What emotions did you identify? How did you start a discussion about it?

EXERCISE 1: CHANGING PROBLEM BEHAVIOURS INTO POSITIVE BEHAVIOURS²¹

(25 minutes)



Rationale

This exercise is designed to help caregivers identify problematic adolescent behaviours and learn to use positive language to communicate behavioural expectations.

Instructions (Part 1)

1. Introduce and lead the '**Game: Sipho says,**' refer to text provided. Participants stand in a straight line. The aim is for everyone to move together following the instructions of Sipho. No one except Sipho (the Facilitator) is allowed to speak.
2. Encourage participants to take note of what happens to the line after each instruction is given.
3. Use the questions in '**Group discussion**' to discuss how using negative versus positive instructions can change the response; refer to '**Facilitator guidance**' as needed.



²¹ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, "Sipho Says", p.125. South Africa: UNICEF and World Health Organization.



Game: Sipho says

Today we will discuss problem behaviours among adolescents, and how to support positive behaviour change. We will start with a game called Siphosays. I would like you to stand in a straight line and follow the instructions. Do exactly what Siphosays tells you to do. Listen carefully to the instructions and try to move together. As you play, pay attention to what happens to our line after each instruction is given.

"Is everybody in a straight line? Are you ready to play?"

"Siphosays walk one step forward."

"Siphosays don't walk backwards."

"Siphosays don't sit down."

"Siphosays raise your arms above your heads."

"Siphosays don't look up."

"Siphosays go to your chairs and sit down."



Group discussion

- What happens when we give instructions using **negative** language?
- What happens when we give instructions using **positive** language?
- What can we learn from this activity about effective ways of giving instructions?

Facilitator guidance

Importance of positive instructions

Instructions expressed in a positive way are more likely to be followed than instructions expressed in a negative way. Even if someone knows what they should *not* do, they still may not know what they should do.

Instructions (Part 2)

1. Ask participants to share problematic adolescent behaviours they have encountered, using the '**Group discussion**' questions.
2. Discuss how each problem behaviour identified can be re-worded to reflect positive behaviour. Use the examples provided in the '**Facilitator guidance**' to assist you as needed.
3. Review the '**Take home point.**'



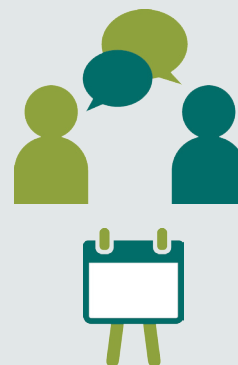
Group discussion

Now that we understand the importance of giving positive instructions in general, we will talk about some of the specific problems you may have experienced with adolescents in your home.

- *Let's first list the things adolescents do that are problematic. Focus on behaviours you are having particular difficulty managing.*

I will note your responses on the flipchart.

- *Now we will turn the negative behaviours on our list into positive expectations. For example: we do not want adolescents to be rude, we want them to show respect when they speak to us and others. Now let's turn the other problem behaviours around into positives.*



Facilitator guidance

Examples of turning negative behaviours into desired positive behaviours

- **Truant from school**

Not stop being truant from school, BUT attend school regularly.

- **Talks back or is rude**

Not stop talking back and being rude, BUT talk with respect.

- **Hangs around with the wrong crowd**

Not stop hanging around with the wrong crowd, BUT have friends that have a positive influence on their behaviour.

- **Smokes and/or drinks alcohol**

Not stop smoking and/or drinking alcohol, BUT take part in healthy, fun activities.

- **Wears revealing clothes**

Not stop wear revealing clothes, BUT wear clothes that are comfortable and appropriate.

- **Stays out late at night**

Not stop staying out late at night, BUT get a good night's rest.

- **Does poorly at school**

Not stop doing poorly at school, BUT do your best.

- **Steals**

Not stop stealing, BUT earn the money you need and respect other people's property.

- **Tells lies**

Not stop telling lies, BUT be honest and open so that others can believe you.



Take home point

We need to clearly state what behaviours we want adolescents to engage in, rather than only saying what they should not do. This can facilitate positive behaviour change.

EXERCISE 2: SETTING HOUSEHOLD RULES AND OBTAINING CONSENSUS²²

(15 minutes)



Rationale

The purpose of this exercise is to help participants understand the value of rules and boundaries as the foundation of behaviour management. Participants are also sensitized to the importance of establishing rules collaboratively with the adolescents in their care.

Instructions

1. Using the first question in '**Group discussion 1**,' ask participants why rules are important for adolescents. Make notes on the flipchart and refer to '**Facilitator guidance**' on the importance of rules as needed.
2. Using the second question in '**Group discussion 1**,' ask participants to share household rules they have already set.
3. Conduct '**Group discussion 2**' to encourage caregivers to talk about times when they have allowed adolescents to offer input on household rules, and the benefits of doing so. Refer to '**Facilitator guidance**' on obtaining adolescent input to aid the discussion as needed.
4. Use the '**Guidelines**' text to review other guidelines for setting rules, including that rules should be specific and should use positive language.
5. Review the '**Take home point**.'



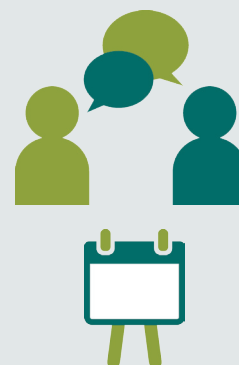
Group discussion 1

Every household needs rules, and all caregivers must set boundaries for adolescents' behaviour. Next we are going to discuss these issues and why they matter

- *Why are rules and boundaries important for adolescents?*

I will note your ideas on the flipchart.

- *What are the rules in your home for family members?*



²² Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook, Session 9. South Africa: UNICEF and World Health Organization.

Facilitator guidance

Importance of rules for adolescents

Rules exist to keep family members safe and to make sure that everybody helps, so that the household can run smoothly. Rules focus on what is and is not allowed.

Rules and boundaries are just as important for adolescents as they are for younger children. Adolescents need boundaries to understand acceptable behaviour. They also need guidance to direct them towards positive choices, especially as they experiment with new behaviour.

Adolescents will complain from time to time, but they still want and need you to set limits and enforce order in their lives, even as you grant them greater freedom and responsibility.



Group discussion 2

- *Have you ever asked the children or adolescents in your home to give input on the household rules?*
- *Why might this be a good idea?*

Facilitator guidance

Why obtain adolescent's input and consensus on household rules?

- This ensures they are aware of the rules and the consequences if they break them.
- This gives adolescents some control over their own behaviour. Not only can this help to limit the number of conflicts you have, but it will also help your adolescent respect the decisions that you need to make.
- They may be more likely to follow the rules if they had some input into them. Even if you make the final decision, it can help them to follow the rules if they are discussed with them.
- It allows an opportunity for negotiation; there may be some flexibility with some of the rules as the children get older. You could allow a younger adolescent to make decisions concerning school clothes, hairstyles, or even the condition of his or her room. As the adolescent gets older and demonstrates good behaviour and respect for the rules you have established together, this might be extended to include an occasional late curfew or other special privilege.

Guidelines

Obtaining adolescent input is one very useful guideline for setting rules, but there are more guidelines that I can share. These guidelines can help to make sure that the adolescents in your care understand and accept the rules, so they are more likely to follow them. Additional guidelines include:

- **Household rules should be simple and specific.** They also apply to everyone, even if they change over time according to the needs of the household and age of the adolescents.
- **Set rules about activities in the household, to keep order.** Typical rules concern: bedtime, watching TV, washing dishes, tidy room, school work, visits by friends, curfews, and dating.
- **Set rules using positive language:** e.g. this is what is expected and appreciated, not what you don't want to see.
- **Discuss the rules with your adolescent(s)** so there will be no misunderstandings, and involve family members in the decision making process (such as through a family meeting). Rules should not be made or changed during a conflict.



Take home point

Setting rules and boundaries helps keep adolescents safe and supports their healthy development. Involving adolescents in decision making about household rules can help to promote good behaviour.

In the next exercises we will look at more ways to encourage adolescents to follow the rules and how to develop appropriate consequences for breaking the rules.



EXERCISE 3: PRAISE AS A STRATEGY TO ENCOURAGE POSITIVE ADOLESCENT BEHAVIOUR²³



(15 minutes)

Rationale

The purpose of the exercise is to focus caregivers' attention on the value of praise and encouragement to strengthen positive behaviour and change negative behaviour.



Instructions

1. Introduce the exercise and role-play and recruit three volunteers to participate in the role-play, one to play an adolescent and two to play caregivers. Be sensitive to illiteracy issues as the role-play requires reading a brief script.
2. Explain the volunteers' roles as adolescent and caregivers for the role-play. Instruct the rest of the participants to consider which response they think is most likely to result in positive behaviour. Refer to '**Role-play instructions**' text provided as needed.
3. Conduct the '**Role-play: The mopped floor.**'
4. Conduct the '**Group discussion**' to obtain feedback. Conduct separately the two question sets: *Questions for the adolescent* and *Questions for the group*. Spend some time discussing the benefits of praise and refer to the '**Facilitator guidance**' to aid the discussion as needed.
5. Review the '**Take home point.**'

²³ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). *Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook*. South Africa: UNICEF and World Health Organization.

Role-play instructions

Praise and encouragement are important tools for promoting positive behaviour in adolescents. We are going to role-play different scenarios that illustrate these ideas. We will rely on a script as part of this role-play.

May I please have three volunteers for the first role-play?

Volunteer 1 will play an adolescent talking to his/her caregiver. You should focus on the effect that the caregivers' responses have on you.

Volunteer 2 will read the first caregiver response.

Volunteer 3 will read the second caregiver response.

The rest of you should consider which response you think is most likely to result in positive behaviour.



Role-play: Mopped floor

FACILITATOR READS THE SCENE: The adolescent has just finished mopping the kitchen floor. It took half an hour to do it and clean all the spots. The adolescent is pleased with her work.

ADOLESCENT SAYS TO CAREGIVER: Mme! I have finished mopping the floor and it looks spotless!

CAREGIVER 1 RESPONSE: I can hardly believe it. You finally remembered to mop the floor. Make sure you got in all the corners and dry the floor with an old towel.

CAREGIVER 2 RESPONSE: Thanks for mopping the floor! It looks spotless. You did a great job.





Group discussion

Questions for the adolescent:

- How did you feel after response 1?
- How did you feel after response 2?

Questions for the group:

- Which response do you think will make it more likely that the adolescent will mop the kitchen floor again? Why?
- What do you think happens to the adolescent who receives criticism?
- What happens to the adolescent who receives praise?
- How can praise encourage positive behaviour?

Facilitator guidance

The benefits of praise

How would the adolescent feel and react to the two different caregiver responses?

The first response should make the adolescent feel criticized and less likely to repeat the behaviour. The second response should make him/her feel appreciated and more likely to repeat the behaviour.

The power of praise

- Praise is one way to show that you like someone's behaviour.
- Behaviour that is praised is more likely to happen again. Praise can also strengthen the relationship a caregiver has with an adolescent.
- The way we give praise is also important: we must tell the other person exactly what they have done that has pleased us.



Take home point

Praising positive behaviour will often result in the behaviour being repeated and encourages compliance with household rules. Praise will also contribute to a healthy relationship between the caregiver and adolescent.

EXERCISE 4: PUNISHMENT VERSUS DISCIPLINE²⁴

(20 minutes)



Rationale

The purpose of the exercise is to encourage parents to use realistic consequences to correct negative behaviour, rather than punishment.

Instructions (Part 1)

1. Introduce the exercise to explain that the group will discuss discipline versus punishment and conduct the '**Group discussion 1**' to get their perceptions on the differences between discipline and punishment and the negative effects of punishment; note responses on the negative effects on the flipchart. Refer to the '**Facilitator guidance**' to aid the discussion.
2. Explain what logical consequences are, using the '**Discipline and consequences**' text provided to offer some examples. Ask the group the questions under '**Group discussion 2**' about setting consequences and refer to '**Facilitator guidance**' as needed.

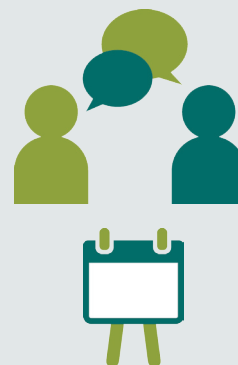


Group discussion 1

Sometimes we have to enact consequences for adolescents' misbehaviour. We can choose to punish the adolescent or discipline them, and this is an important choice.

- *Can anyone tell us the difference between discipline and punishment?*
- *What are some possible negative effects of punishment?*

I will note your responses on the flipchart.



²⁴ Adapted from Doubt, J., Lachman, J. M., Cluver, L., Ward, C., and Tsoanyane, S.. (November 2015). Sinovuyo Caring Families Programme for Parents and Teens: Facilitator Handbook. South Africa: UNICEF and World Health Organization; and Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 7. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Punishment versus discipline

Punishment instils fear, uses control as a strategy, and penalizes. It is often administered in anger, and may be inconsistent and/or out of proportion to the offense.

- Examples of punishment include: physical punishment (smacking or hitting), verbal punishment (shouting, threatening, insulting, saying "You are stupid").
- Punishment is often the result of the caregivers' frustration and not a very effective way to change adolescents' behaviour.
- Punishment addresses the caregiver's anger, not the child's need for guidance. It is focused on the child, not the act of bad behaviour.

Discipline is about enforcing boundaries of acceptable behaviour so that the adolescent understands that he or she can think for themselves, and that their actions have consequences.

- Examples of discipline include: logical consequences focusing on the child's choices ("You can choose to help with the wash, or you won't have clean clothes to wear"), positive discipline (praising good behaviour), and restitution (e.g. if you broke the neighbour's window, you must go apologise and repair it).
- Discipline is a form of teaching. It involves positive communication as a way to solve a problem.
- Discipline involves consequences that are established in advance and enforced consistently. It is focused on changing the behaviour, not penalizing the child at random.

Negative effects of punishment

- Tension and disharmony in the home.
- Results in resentment and other negative feelings towards the person administering punishment.
- Results in negative feelings about oneself.
- Results in negative emotions (nervousness, anxiety, anger).
- Adolescent believes his/her behaviour is the responsibility of the caregiver, rather than taking ownership and developing self-control.
- Some adolescents become rebellious and aggressive. They show aggressive and violent behaviour at school, and may run away or provoke serious conflicts at home.
- Other adolescents may become timid and withdraw from social contact. They may not try out new behaviour or take initiative because they fear the consequences.

Discipline and consequences

Because punishment can have many negative consequences for adolescents, we would like to focus on using discipline instead. Caregivers can discipline using natural and logical consequences of negative behaviour. For example:

- If the adolescent has eaten all the bread planned for dinner, he has to go to the shop to buy more bread.
- If clothes were not washed, the consequence will be that the adolescent will not have clean clothes to wear.
- If an adolescent has stolen money, he has to apologise and return the money.



Group discussion 2

- What are some other logical consequences for negative behaviour?
- What are some guidelines we should consider when setting consequences?
- What do consequences teach adolescents?

As we discussed earlier, the way we react to our adolescents' behaviour plays a big part in determining how they will behave. We need to consider the consequences of our responses, and respond in ways that foster positive behaviour and good relationships. In order to do this and to offer discipline with appropriate consequences, we need to be able to control our own reactions.

- How can caregivers control their feelings when adolescents break the rules or behave badly?



Facilitator guidance

Consequences for breaking the rules/negative behaviour

Caregivers may mention the following consequences/strategies:

- Take away privileges such as visiting friends or inviting friends to visit; take away their cell phone for a fixed period of time; or restrict participation in a community activity.

Guidelines for consequences of negative behaviour:

- Parents can use **realistic consequences** as a strategy to intervene when rules are broken.
- Consequences should be **immediate after the problem behaviour**, and connected to the behaviour (i.e. logical) where possible.
- Consequences can include **taking away privileges** (such as visiting friends, going out or watching TV). Take away activities that are rewarding to the adolescent, not activities that have a positive effect on them (such as reading schoolbooks).
- Consequences have to be **communicated** when household rules are set.

What do consequences teach adolescents?

- Consequences teach adolescents that bad behaviours have **results they might not like**. This can encourage them to improve their behaviour.
- Consequences teach adolescents **to be responsible and make decisions about their own behaviour**. Adolescents like responsibility because it helps them to feel useful and needed, and respects their growing independence.

How should a caregiver control their reaction when rules are broken/bad behaviour:

- **Breathe:** helps us to be aware of anger and stress.
 - » The first step to dealing with bad behaviour is to stay calm and in control of our own emotions. That means: take a deep breath or some time apart to calm down and think about the best way to manage the situation.
- **Listening** – helps us to show empathy for adolescents. It is important for adolescents to tell us how they feel.
 - » Listen to the adolescent's explanation of what happened. Often there is a good reason and they did not intend to break the rule.
- **Talking** – helps to be clear about what we expect from our adolescents.
 - » Introduce consequences relevant to the situation. Also discuss why following the rules is important.
- Caregivers should remember that it is the behaviour of the adolescent that is negative, not the adolescent him/herself. You want to promote more positive behaviour. Help the adolescent benefit from the discipline, and maintain a good relationship with the adolescent. You do not want to hurt the adolescent in the process of disciplining him/her.

Instructions (Part 2)

1. Introduce the next part of the activity using the '**Small group discussion**' text. Divide participants into groups of 3 or 4. Give each group one scenario card to discuss.
2. Give the groups a few minutes to discuss, and then have them report back to the larger group using the questions under '**Group discussion.**' Encourage feedback and note responses on the flipchart. Praise and highlight suggested methods that used appropriate consequences, where caregivers talked and listened to adolescents, and where they positively redirected the adolescent's behaviour to result in the desired behaviour.
3. Review the General guidelines to discipline adolescents in my care hand-out.
4. Review the '**Take home point.**'



Small group discussion

Next we will divide into small groups and discuss different scenarios. Read the card and suggest alternative ways in which the caregiver could have responded to the problem behaviour. Discuss this in your small group and then we will report back to the full group.



Scenario 1

The caregiver comes home from work tired and she finds dishes in the sink and does not let Zanele eat supper because it was her job to wash the dishes.

Scenario 2

Sipho has started hanging out with the wrong crowd. Often his caregiver locks him out of the house. Sipho has started sleeping in the streets.

Scenario 3

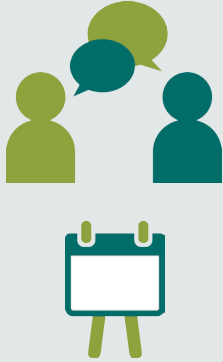
The caregiver had to miss a day of work because she was called to the principal's office. When she leaves she tells Ditebogo, "Wait until we get home, I will show you!"

Scenario 4

The caregiver has just given Zinhle a beating with a belt because she took her expensive cell phone to school and someone has stolen it.

Scenario 5

Mandla broke a neighbour's window with his soccer ball. The caregiver shouted at him, calling him useless and irresponsible.



Group discussion

- What was the scenario about?
- What could the caregiver have done instead?

I will note your responses on the flipchart.

Let's review the hand-out General guidelines to discipline adolescents in my care to see if there are any other important points to bring up with the group.



Take home point

Discipline that includes appropriate consequences is more effective than punishment, and punishment can also have other negative effects. Adolescents whose caregivers practice effective discipline are more likely to demonstrate desired behaviours.

REFLECTION AND SHARING

(10 minutes)



We are at the end of today's session on **behaviour management with adolescents**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.



PRACTICE AT HOME

(5 minutes)



For your home practice, please work on the following two tasks:

1. **Think of two household rules that can make a difference in your interaction with your adolescent(s) at home. Discuss this with the family to agree upon the rules and determine what the consequences will be if they are broken. Try it for a week.**
2. **Praise your adolescent for good behaviour. Note if there is a difference in their behaviour.**

We will each have a chance to report on our successes and challenges in the next session.



CLOSING THE SESSION

We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **families working together, which will be a joint session with your adolescents. The adolescents will have their last individual session while you have one session off. The next time we see you will be the joint session. It is very important that you and your adolescents attend this session together as the joint sessions only work if you both attend.**

I will see you next time at _____ (time and place) on _____ (day and date).



SESSION 6 APPENDIX



Role-play script: Mopped floor

FACILITATOR READS THE SCENE: The adolescent has just finished mopping the kitchen floor. It took half an hour to do it and clean all the spots. The adolescent is pleased with her work.

ADOLESCENT SAYS TO CAREGIVER: Mm! I have finished mopping the floor and it looks spotless!

CAREGIVER 1 RESPONSE: I can hardly believe it. You finally remembered to mop the floor. Make sure you got in all the corners and dry the floor with an old towel.

CAREGIVER 2 RESPONSE: Thanks for mopping the floor! It looks spotless. You did a great job.

Small Group Scenarios

Discipline vs punishment

Scenario 1

The caregiver comes home from work tired and she finds dishes in the sink and does not let Zanele eat supper because it was her job to wash the dishes

Scenario 2

Sipho has started hanging out with the wrong crowd. Often his caregiver locks him out of the house. Sipho has started sleeping in the streets.

Scenario 3

The caregiver had to miss a day of work because she was called to the principal's office. When she leaves she tells Ditebogo, "Wait until we get home, I will show you!"

Scenario 4

The caregiver has just given Zinhle a beating with a belt because she took her expensive cell phone to school and someone has stolen it.

Scenario 5

Mandla broke a neighbour's window with his soccer ball. The caregiver yelled at him, calling him useless and irresponsible.

SESSION 7

Families working together (Joint session)



TIME

120 minutes

RATIONALE

In preceding sessions, adolescents and caregivers have learned skills to strengthen their relationship; the joint sessions that follow offer an opportunity to apply these skills together. The aim of this particular session is for caregivers and adolescents to identify problems that they experience in the household and to apply and practice the Problem Solving Steps collaboratively to improve their family life. They also seek to identify family strengths in recognition of the important role of each family member and how they can most effectively work together as a family unit.

GOALS

- To establish ground rules for how to interact with one another in the joint sessions
- To create a safe space for caregivers and adolescents to share information and strengthen their relationship
- To guide caregivers and adolescents in applying the Problem Solving Steps to a family concern
- To identify contributions and strengths of family members

SESSION OVERVIEW

Opening ritual: Adolescent ritual

Feedback from previous session [separate groups] (15 minutes)

Welcome, family introductions and ground rules (15 minutes)

Exercise 1: Paper towers (10 minutes)

Exercise 2: Family problem solving (30 minutes)

Exercise 3: What are my family strengths? (25 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- A4 papers for 'Paper towers' exercise
- Pencils, enough for each participant
- 1 sheet of small coloured stickers (stars, circles, etc.) per caregiver-adolescent pair
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Problem Solving Steps worksheet (both participant workbooks)
- My family tree (Adolescent workbook)
- Caregiver and adolescent home project (both participant workbooks)

SPECIAL PREPARATION

- Facilitating joint sessions is especially challenging: You are facilitating a larger group, many members do not know each other, and there are powerful relationship dynamics between adolescents and caregivers in general, as well as those specific to the individual family units. With this in mind, it is important that you and your co-facilitators prepare for how you will deal with conflict in the group. We recommend that you start by reviewing the Facilitation Considerations section of the Implementation Guide which provides tips for dealing with difficult group dynamics, including joint sessions. We also recommend that you and your co-facilitators discuss how you will identify and handle the following situations: (1) adolescents do not feel comfortable speaking in front of caregivers, (2) caregivers feel disrespected or challenged when the adolescents speak openly and (3) one family member feels that Facilitators or the Group is taking sides with the other family member. Finally, remember that Energizers and Relaxation exercises may be useful tools for when tension arises in the group.
- Welcome participants by name as they enter the room and thank them for attending.
- Give each person a name tag to write their names on any way they want – the caregiver and adolescent groups will be meeting each other for the first time.
- Paste a copy of rules from the adolescent and caregiver groups on the wall as a reference.



OPENING RITUAL

Invite adolescents to lead the opening ritual. Let them know that the next session will open with the caregiver opening ritual.

FEEDBACK FROM PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary:

[Caregivers] Your assignment was to:

- Think of two household rules that could make a difference in your interaction with your adolescent(s) at home. You had to discuss this with the family to agree upon the rules, determine what the consequences will be if they are broken, and try it for a week.
- Praise your adolescent for good behaviour. Note if there was a difference in their behaviour.

[Adolescents] Your assignment was to set a goal and to use the skills you learnt in the last session to react differently to situations that make you feel angry.

WELCOME, FAMILY INTRODUCTIONS AND GROUND RULES²⁵

(15 minutes)



Rationale

The purpose of the exercise is to introduce the adolescent and caregiver groups to each other, while establishing a common set of agreements on expected behaviour of all participants so that there can be mutual trust, respect, and commitment in the group.

Instructions (Part 1)

1. Welcome participants and ask them to introduce themselves, their family member and something special about themselves; refer to **'Introduction' text provided as needed.**
2. Model the introduction to show participants how to share about themselves. Refer to **'Example Introduction'** text as needed.
3. Let the group members introduce themselves to the group.
4. Listen and praise them for taking part.



Introduction

Welcome to the joint session. I am very glad to see you here together. We will start this session with family introductions followed by a brief discussion of group rules.

Let us start the session by introducing ourselves so that we know more about one another. I would like you to each share your name, who your adolescent(s) or caregiver is and your relationship with each other, and something special about yourself that we will be able to remember you by.



Example introduction

For example, you might say, "My name is Gugu. I am here with my son, Lucky. Something special about me is that I am a great cook!" And "My name is Lucky. I am here with my mother. Something special about me is that I get very good marks in maths."



²⁵ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



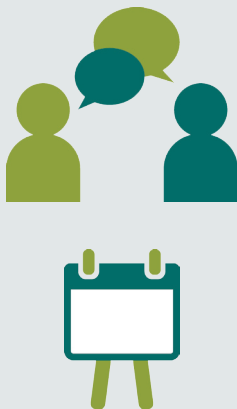
Instructions (Part 2)

1. Paste the rules up from the adolescent and caregiver groups on the wall. Highlight similarities and differences across the two groups and indicate that all of these rules will be respected in the joint sessions. Encourage ideas for any new rules to be added specific to the joint sessions; refer to '**Group rules**' text provided as needed.
2. Conduct the '**Group discussion**' to emphasise rules that are important in the joint sessions. Encourage discussion of the rules, especially from adolescents. Ask for comments and explanations. Try for consensus. Emphasize that everyone should be able to contribute. Write ideas on the flipchart.
3. Refer to the '**Facilitator guidance**' for guidelines on setting rules and a sample set of rules for joint sessions. Encourage the guidelines of positive rules, clarity and consensus. If a rule that you think should be included from this list is not mentioned, bring it up for consideration.
4. Attach a list of group rules to the wall to be visible throughout the sessions.
5. Review the '**Take home point.**'



Group rules

In our separate groups, we decided on rules for how we want to treat each other in the group. We expect all of these rules to be followed in our joint sessions as well. Now we will talk about any additional group rules for our joint sessions when caregivers and adolescents are in the same session, so that the group is a safe space for everyone where you can share your experiences and learn from one another.



Group discussion

- Are there specific rules you want to add for joint groups?
- What would help you to feel safe in the joint sessions?
- What would help adolescents to communicate freely in front of caregivers?
- What would help caregivers to communicate freely in front of adolescents?

I will write your suggestions on the flipchart.

Facilitator guidance

Guidelines and suggested group rules for joint sessions

Group rules should be written in a positive way

- Emphasize what they should do, rather than what they should not do. Assist the group to write the rules in that way. For example, if a participant offers “Do not talk about what goes on in the session outside of the session” the facilitator should help the participant rephrase the statement so that it is about the behaviour they want to see (i.e., “Keep confidentiality in the group.”)

Ensure clarity and consensus for suggested rules

- For each rule mentioned, ask the participant to explain the rule. This helps make sure that everyone understands and there is group consensus regarding the rule. For example, if someone mentioned “Respect” ask what that means to him/her. What sort of behaviour shows respect?

Sample Group Rules for Joint Sessions (Focus is on communication)

- Everyone should get a chance to speak so that we can hear each other.
- Accept and respect each other's opinions by listening to each other. This means that caregivers listen when adolescents speak, and adolescents listen when caregivers speak.
- Share your emotions and opinions in such a way that you do not hurt yourself or another group member. Only share what you feel comfortable with.
- Adolescents will not be punished at home for what they say in the group – as long as what they say does not break other rules (i.e. respect and confidentiality.)

Take home point

These rules are an important foundation for how we will treat each other in the group and ensure it is a safe place for caregivers and adolescents alike to share and have fun.



EXERCISE 1: PAPER TOWERS²⁶



(10 Minutes)

Rationale

The aim of the exercise is to help caregivers and adolescents experience basic problem solving in a fun and non-threatening way.



Instructions

1. Introduce the exercise, asking participants to form small groups of four, consisting of two caregiver/adolescent pairs (or groups, if a caregiver has multiple adolescents in the group). Refer to **'Introduction: Paper towers'** text as needed.
2. Pass out 10 pieces of A4 paper to each group.
3. Instruct groups to build a tower out of the sheets of paper. They may tear, cut, fold, roll, and stack the paper in any way they like. They may not use any other materials, just the paper. The goal is to build the highest tower.
4. Allow 5 minutes to build towers. Give a 1-minute warning, then they must stop building.
5. When all towers are completed, the group members identify the highest tower.
6. Praise the winners and everyone for their efforts.
7. Conduct the **'Group discussion'** questions, making sure that each small group has an opportunity to contribute to the discussion. Thank participants for their responses.
8. Review the **'Take home point.'**



Introduction: Paper towers

We are now going to play a quick game together. Please get together in your family pair, and form a group with the family pair next to you. Once I have passed out paper to everyone, I will give you your instructions and then you can get started.

²⁶ Adapted from Eloff, I., & Forsythe, B. (2014) Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience, Session 7. South Africa: University of Pretoria.

Group discussion

- *How did you feel about the exercise? Was it fun, difficult, easy, frustrating? What else, and why?*

For those with the tallest tower:

- *How did you go about deciding what to do? What was your strategy?*
- *How did you work together as a team? Did each person have a specific role? How were these roles decided?*

For those who did not succeed in building a tower:

- *How did you go about doing this task? Did you have a specific strategy?*
- *How did you work as a team? What might have helped you do better?*



Take home point

Solving problems requires good communication, collaboration, and an effective strategy.



EXERCISE 2: FAMILY PROBLEM SOLVING



(30 minutes)

Rationale

The aim of this exercise is to encourage caregivers and their adolescents to work together to apply the Problem Solving Steps in a real life situation, and to recognize the value of solving problems collaboratively.



Instructions

1. Divide the group into caregiver/adolescent pairs (or family groups as needed).
2. Ask the pairs/groups to think about a problem they have experienced in their home and encourage them to apply the Problem Solving Steps to identify a solution to the problem; refer to the '**Introduction: Problem solving together**' text as needed. Ensure participants refer to the [Problem Solving Steps worksheet](#) hand-out in their workbooks.
3. Walk around the room and help participants who are stuck. If needed, refer to '**Facilitator guidance: Selecting problems to focus on**' and '**Facilitator guidance: Challenges applying the Problem Solving Steps**' to assist them to identify appropriate focal problems and overcome common obstacles in the problem solving process.
4. After 10-15 minutes, bring everyone back together and have each pair share their problem and solutions. Let the group offer positive, constructive feedback on the options that pairs identified and the choices they made.
5. Conduct the '**Group discussion**' questions. Encourage responses and try to steer the conversation towards positive responses.
6. Review the '**Take home point.**'



Introduction: Problem solving together

Now that we have had some practice working together, let us divide into caregiver and adolescent pairs/groups and see how one can solve a real life problem. Think about a problem you have experienced in your home. Once you have identified a real problem, attempt to solve this problem together as a pair (or group). It can be any problem in your home or family that you as a pair think needs attention. Remember to use active listening skills and "I" messages when you talk to each other. Think of as many ways as you can to solve the problem you identified.

You have 15 minutes to identify a problem and to solve the problem as a pair. Use the [Problem Solving Steps worksheet](#) hand-out in your workbooks to complete each of the steps.

Facilitator guidance

Selecting problems to focus on

- This activity may create difficult feelings i.e. anger, fear or sadness in the group, especially when addressing major problems. Try to guide the discussion to focus on common, solvable problems so participants can understand how the Problem Solving Steps are supposed to work.
- For example, problems such as household issues, school problems, and peer relationship issues can be addressed in this exercise because they are manageable to discuss during the session.
- The problem should be formulated in a specific and concrete way so that it is clear and manageable. If the problem is vaguely formulated (the problem is my boyfriend), the facilitator will have to ask for clarification before problem solving is possible (the problem is that my boyfriend wants me to pay for everything when we go out).
- Problems that can evoke intense emotions, such as drug use and negative peer influence, may not be good points for discussion because the focus will be on the emotions and not on solving the problem.

Facilitator guidance

Challenges applying the Problem Solving Steps

Some challenges in problem-solving where participants get stuck in different phases of the process:

- **Step 1 - Define the problem:** Some people cannot define the problem clearly enough to make it solvable. Some people are scared to even start. They believe the problem cannot be solved – so they do not even make the effort. Ask participants:
 - » Is the problem clear and specific?
 - » How are things different from the way you want them to be?
- **Step 2 - Understand the problem.** Ask participants:
 - » How does the problem affect you?
 - » How does it affect other people around you?
 - » What do you think the causes of the problem are?
 - » What have you done about it so far?
- **Step 3 - Set a goal:** The goal must be clear to get to a solution. Some people have trouble setting a clear goal – they know they want things to change, but they are not sure how. Ask participants:
 - » What do you want to reach and/or change?
 - » Is it specific enough that you can tell when you have achieved it?
 - » Are you committed to work on it?
- **Step 4 - Determine options:** Some people have trouble thinking of options. It may help to ask other people for ideas. The best solution might be a combination of options. Ask participants to:
 - » List as many actions as you can think of to achieve your goal – even if they seem silly or strange.
- **Step 5 - Decide on a plan of action:** *Consider all of the options. Sometimes people are overly critical and may not recognize even good options as potentially useful. Others have trouble deciding on an option out of fear that it may not work or that they may miss out on other options.* Ask participants:
 - » Which action is mostly likely to achieve your goal?
 - » Which action has the least amount of negative consequences?
- **Step 6 - Try it and see if it works:** Some people may fear trying out an option, in case it's not successful. Trying out a solution might seem like a waste of time, if you don't believe it can work. Ask participants:
 - » Did you try the action that you chose? What was the result?
 - » If it did not work, what can you do differently when you start again?

Group discussion

- *How did it feel to solve a real life problem together?*
- *What did you learn?*
- *What positive feedback would you like to give your caregiver/adolescent about his/her ability to solve problems?*



Take home point

Talking about problems and trying to solve them together often leads to better solutions than trying to solve problems alone.



EXERCISE 3: WHAT ARE MY FAMILY STRENGTHS?²⁷



(25 minutes)

Rationale

The purpose of this exercise is to increase family cohesiveness through identifying the family's strengths. Each person in the family has his/her own strengths, and plays a specific and important role in the family. In addition to individual strengths, there is connectedness in families.



Instruction

1. Divide the group into caregiver/adolescent pairs (or groups as needed) and introduce the exercise; refer to the '**Introduction: Family strengths**' text as needed.
2. Refer participants to the hand-out: *My family tree* in the Adolescent workbook and hand out the small coloured stickers.
3. Check for progress. When everyone has completed the task, conduct the '**Group discussion**' question, encouraging feedback specifically from the adolescents in the family groups about what they have learned about their family. Thank participants for their responses.
4. Review the '**Take home point.**'

²⁷ Adapted from Miller, S. (1995) *Teens and Adults Learning to Communicate (TALC: LA)*, Phase 2, Session 8. Los Angeles: Center for HIV Identification, Prevention and Treatment Services; and Eloff, I., & Forsythe, B. (2014) *Kgolo Mmogo Project Intervention programme for the enhancement of children's resilience*, p.48. South Africa: University of Pretoria.

Introduction: Family strengths

I would like all of you to again work in family groups on this exercise, which is about identifying family strengths. Please work together to complete a family tree by placing the names of all family members on the family tree and answering questions about your family. You can decide who you want to include in your family tree. Then answer the following questions about your family, and stick a sticker with each one's quality next to that person's name. Caregivers and adolescents can name different persons for each question if they want to – you do not have to agree on one specific person:

- Who encourages the family to spend time together?
- Who calms everyone down when family members are angry at each other?
- Who do you go to for support in your family?
- Who makes you angriest in the family and why?
- Who makes the family laugh?
- Who protects the family from harm?
- Who remembers the family birthdays or other special occasions?



Group discussion

Ask Adolescents:

- What have you learned about your family?

Ask all group members:

- What are the good things about your family?



Take home point

Every member of a family has a unique role. Understanding and appreciating these many contributions can help your family to function well.



REFLECTION AND SHARING



(15 minutes)



We are at the end of today's session on **families working together**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.

PRACTICE AT HOME



(10 minutes)



[Caregivers & Adolescents Home practice]: **For your home practice, I would like you to focus on positive behaviours at home. Please identify positive behaviours of one another at home and give each other praise for those behaviours. For example, if your caregiver makes nice food, praise him/her; if the adolescent tidies the room, praise him/her. When giving attention to other people's good behaviour by praising them, they will behave in that way more often. We will each have a chance to report on our successes and challenges in the next session.**

In addition, we want to assign you to identify a longer term project that caregivers and their adolescents will choose and work on together throughout the remainder of the program. The project is a chance for the caregiver and adolescent(s) to make, do and/or study something simple and fun together.

For example, you can:

- **Make something together, such as something to sell, decorations for the house, or gathering family mementos to put in a memory box;**
- **Do something together, such as one regular household chore (clean the house, dishes, cook dinner together), household upgrade (such as paint the house, planting a vegetable garden), or a nice thing for someone else in need;**
- **Study something together, determine a theme you will discuss every time you meet such as the family history, goals for the family or adolescent, or plans to visit friends far away.**

Your home assignment is to have a discussion with your caregiver/adolescent and choose a project. Let's review the hand-out: Caregiver and adolescent home project to consider the guidelines for the home project. We will each have a chance to report on the project selected in the next session.

CLOSING THE SESSION

We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **positive family relationships, which is another joint session. Remember that both caregiver and adolescent attendance at joint sessions is critical, as they only work if both groups attend.**

I will see you next time at _____ (time and place) on _____ (day and date).



SESSION 8

Positive family relationships (Joint session)



TIME

120 minutes

RATIONALE

Conflict within a family is normal and inevitable, especially for children during adolescence. Adolescents are in the process of establishing their own identities and becoming independent from caregivers. While parents are concerned with protecting their adolescents and guiding them toward successful adulthood, youth are looking for ways to establish autonomy. Differences in values lead to conflict over rules and responsibilities.

Typical attempts to deal with conflict include using parental authority and power, or being permissive and allowing the adolescent to use his or her power to win at the caregiver's expense. The parental power approach often results in sullen and resentful adolescents and in frustrated and nagging caregivers. The second way can result in impulsive, self-centred adolescents and resentful parents.

Applying the Problem Solving Steps to conflict resolution provides an alternative, where both parents and adolescents can "win." This approach applies collaborative problem solving and identifies solutions acceptable to both caregivers and adolescents. This session provides safe opportunities to practice the problem solving approach for conflict resolution in a non-confrontational way.

GOALS

- To sensitize participants to one another's perspectives on common areas of caregiver-adolescent conflict
- To apply the Problem Solving Steps toward conflict resolution
- To raise awareness among participants about one another's needs
- To identify a behaviour that participants can do or change in order to improve their relationship with one another.

SESSION OVERVIEW

Opening ritual: Caregiver ritual

Feedback from previous session [separate groups] (15 minutes)

Exercise 1: Pushy partners (10 minutes)

Exercise 2: Who makes what decisions? (15 minutes)

Exercise 3: Ways to resolve conflict (35 minutes)

Exercise 4: What caregivers and adolescents need from one another (20 minutes)

Reflection and sharing (15 minutes)

Practice at home (10 minutes)

Closing the session

MATERIALS NEEDED

- Name tags for participants
- Flipchart or a black/white board and marking pens
- Three A4 papers with "Caregiver Decision," "Adolescent Decision," and "Joint Decision" written on them (one heading per paper) and tape to stick them
- Lottery prize

WORKBOOK HAND-OUTS REVIEWED

- Guidelines for solving conflict
- Relationship goals

SPECIAL PREPARATION

- Practice the '**Role-play: Getting kids ready for school**' in Exercise 3 so you can deliver it easily.



OPENING RITUAL

Invite caregivers to lead the opening ritual. Let them know that the next joint session will open with the adolescent opening ritual.

FEEDBACK FROM THE PREVIOUS SESSION [IN SEPARATE GROUPS]



(15 minutes)



Instructions

1. Split adolescents and caregivers into separate groups. Adolescents will provide feedback only among adolescents and caregivers among caregivers. The Facilitator should lead one group and the Co-facilitator should lead the other group.
2. In each group, ask someone to summarize the home assignment. Refer to the '**Home practice assignment summary**' text if clarification is needed.
3. Encourage feedback from participants on their completion of the home practice. Ask them about their emotions, thoughts and behaviours related to the home practice.
4. Spend some time on areas where there were challenges and use group problem solving to get ideas on how the situation can be dealt with. Use one of the challenges as a role-play. The co-facilitators can model it.
5. Praise participants for their efforts to problem solve.



Home practice assignment summary

[Caregivers] Your assignment was to identify positive behaviours of the adolescent and praise him/her for those behaviours. You were also assigned to have a discussion with your adolescent to choose a project.

[Adolescents] Your assignment was to identify positive behaviours of the caregiver and praise him/her for those behaviours. You were also assigned to have a discussion with your caregiver to choose a project.

EXERCISE 1: PUSHY PARTNERS²⁸

(10 minutes)



Rationale

The purpose of this exercise is to help caregivers and adolescents to identify what conflict is, and understand ways to reduce conflict.

Instructions

1. Pair participants (caregivers with caregivers and adolescents with adolescents) and have them stand facing each other.
2. Ask them to place their palms against each other's palms and interlock their fingers.
3. Encourage them to push each other for two minutes.
4. Encourage them to push harder.
5. After two minutes they can stop pushing.
6. Ask them to sit down again and thank everyone for participating.
7. Conduct '**Group discussion.**' Encourage feedback. Refer to the '**Facilitator guidance**' to watch for important responses; if they are not mentioned, suggest them.
8. Review the '**Take home point.**'



Group discussion

- *When you pushed, or when I told you to push harder, what did your partner do?*
- *If you had to stop pushing, what do you think your partner would have done?*
- *What are other ways you could respond to disagreement without pushing the other person?*



²⁸ Tamblyn, D. & Weiss, S. (2000). The big book of humorous training games. McGraw Hill, NY.

Facilitator guidance

Possible responses to push exercise

When you pushed, or when I told you to push harder, what did your partner do?

- The other person pushed harder as well, the other person became more aggressive in their pushing, their pushing increased to match mine.

If you had to stop pushing, what do you think your partner would have done?

- The other person would have stopped pushing too, if the other person did not stop pushing, I would have been pushed backwards or fallen because of a loss of control.

What are other ways you could respond to disagreement without pushing the other person?

- Take a step back, breathe in, talk/listen to the other person.



Take home point

Conflict involves more than one person. Each person is influenced by the other, and the conflict can escalate (get worse) or de-escalate (get better), depending on their actions.

EXERCISE 2: WHO MAKES WHAT DECISIONS?²⁹

(15 minutes)



Rationale

The purpose of this exercise is to increase awareness of potential areas of conflict in family life, and to have participants consider and discuss who is responsible for decision-making in these areas in their households. The exercise allows caregivers and adolescents to learn about sources of family tension and to begin to understand one another's perspectives.

Background for facilitator

The importance of caregiver and adolescent perspectives in resolving conflict

To start the process of learning how to resolve conflict, it is important to recognise that caregivers and adolescents often have different perceptions and values. These differences can create conflict. Adolescents usually want to become independent, to have freedom to make their own decisions, and to prepare themselves for being on their own. Caregivers want to protect adolescents from harm and do what they think is best for them.

²⁹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.



Instructions (Part 1)

1. Review '**Background for the facilitator**' and consider this material throughout the exercise when providing feedback and facilitating discussion.
2. Using A4 papers and tape, mark one corner of the room with 'CAREGIVER DECISION', another with 'ADOLESCENT DECISION', and the centre of the room with 'JOINT DECISION.'
3. Introduce participants to the exercise using the '**Introduction: Decision-making**' text. Instruct the participants to move to the paper that reflects who they think should make the decision on each of the statements that the facilitator will read. Check for understanding and clarify questions.
4. Read each of the 5 statements out loud. Allow time for participants to move across the room after each statement. Count the number of adolescents and caregivers separately for each decision/answer group and write the results on the flipchart to use for group discussion at the end of the exercise. Take special note of the items where caregivers and adolescents differ the most.
5. Remind participants throughout that there are no right or wrong answers.
6. When finished, identify the items where caregivers and adolescents differed the most and use these to introduce '**Group discussion**' questions. Remember to allow each group (adolescents then caregivers) to respond individually before asking the next group.
7. Encourage the sharing of reactions. Expect disagreement. Caregivers likely feel that they should be the ones making the decisions, and adolescents likewise may feel that they should be given opportunities to make decisions. Be sure to reflect back key things that participants shared that express their viewpoint.
8. Review the '**Take home point.**'



Introduction: Decision-making

We will now do an activity to get us thinking more about who makes different decisions in the home.

I will read 5 statements. After each statement decide who you think should make the decision on the issue in your house. Not who currently makes the decision, but who you think should make this decision. There are no right or wrong answers, as we want your opinion. To answer the question, move to the sign which matches your response, like this:

- If you think the situation is completely the caregiver's decision, then you move to the side of the room marked 'CAREGIVER'S DECISION.'
- If you think it is completely the adolescent's decision, move to the side of the room marked 'ADOLESCENT'S DECISION.'

- If you think that both caregiver and adolescent should be equally responsible for making the decision, move to the side marked 'JOINT DECISION.'

For each statement, I will record how many adolescents and caregivers indicate each response on the flipchart.

Statements

- Religion: A 14 year old doesn't want to go to church.
- Bedtime: A 15 year old boy wants to go to bed at midnight on weekday nights.
- Friends: A 17 year old boy wants to hang out with friends who occasionally drink beer.
- Appearance: A 14 year old girl wants to dye her hair blonde.
- Meal-time: A 15 year old girl never eats with the family at dinner.



Group discussion

It is notable that caregivers and adolescents do not always agree on who should make decisions. I want us to consider the possible perspective of one another as well as our own. Let's focus on the items where there was the most disagreement between adolescents and caregivers about the response.

I will note your responses on the flipchart.

Ask adolescents

- Why do you think adolescents should make the decision?

Ask caregivers

- Why do you think caregivers should make the decision?

Ask the group

- Why do you think adolescents and caregivers disagreed about this decision?



Take home point

Caregivers and adolescents often disagree on who should make decisions. This can lead to conflict at home. Understanding one another's perspective and talking through the differences and the reasons for them may help families avoid or solve conflict.



EXERCISE 3: WAYS TO RESOLVE CONFLICT³⁰



(35 minutes)

Rationale

The purpose of this exercise is to help participants apply the Problem Solving Steps to conflict resolution through role-play and modelling. The session and tasks build on previous sessions, such as problem solving, managing problem behaviour, active listening, using "I" messages, and praising positive behaviours. Ideally, participants are in a position where they have applied such skills and have begun to notice positive changes in their relationships with each other.



Instructions (Part 1)

1. Conduct the '**Group discussion**' asking participants to consider things they have learned from previous sessions and to identify strategies for effective problem solving. Encourage feedback and refer to '**Facilitator guidance**' for examples.
2. Praise them for remembering such strategies.
3. Define conflict management using the '**Conflict management**' text.



Group discussion

I would like you to think back on all the things you have learned in previous sessions to help resolve problems or communicate better.

- *What are some strategies and tips for solving problems effectively?*
- *Let us consider the Problem Solving Steps guidelines we learned earlier. Can someone remind us of the steps?*

³⁰ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 2, Session 9 & 10. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Facilitator guidance

Problem solving

Participants may mention the following strategies:

- To communicate
- Use active listening
- Create opportunities for positive interaction
- Develop household rules
- Identify the problem
- Use "I" messages
- Set goals for resolving the problem
- Work together to solve the problem
- Praise positive behaviour
- Spend time together

Problem solving steps

- **Define** the problem
- **Understand** the problem
- **Set** a goal
- **Determine** options
- **Decide** on a plan of action
- **Try** it and see if it works

Conflict management

Now I want to talk about ways to manage conflict. You have mentioned excellent tips for solving many kinds of problems. Similar techniques can also help to resolve conflicts. This means finding a solution when people disagree about something (like rules for adolescents) that affects them both.

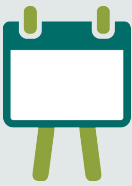
Let's think about how the Problem Solving Steps can be applied to conflict management. The most important difference between problem solving and conflict management is that conflict management always involves more than one person in trying to solve the conflict. Because there are always two or more people involved, it is more complex because all of the role-players need to agree and commit to the solution.





Instructions (Part 2)

1. Introduce the activity, refer to the '**Facilitator-led scenarios**' text provided to indicate that you will be conducting a role-play and that you encourage participants to look out for the steps of problem solving used in the role-play.
2. Read the '**Scenario 1: Getting kids ready for school**' so that the participants have background on the perspectives and concerns of the adolescent and caregiver. Then the Facilitator and Co-facilitator model the '**Role-play: Getting kids ready for school.**'
3. Conduct '**Group Discussion 1**', referring to the Problem Solving Steps to analyse the role-play as a group. Start with each step and invite the group to explain how this step was followed. Encourage feedback and refer to '**Facilitator guidance**' as needed.
4. Conduct '**Group Discussion 2**' about rules to follow when solving conflict. Encourage feedback. Write responses on the flipchart.
5. After some brainstorming, refer participants to the [Guidelines for solving conflict](#) hand-out in their workbooks and review it together, giving attention to ideas not mentioned by the group. Clarify misunderstandings and answer questions.



Facilitator-led scenarios

The two of us (FACILITATORS) are going to role-play a scene between a caregiver and adolescent. We ask that you observe and try to identify the steps of problem solving used to resolve this conflict. Watch carefully how the role-players arrive at a solution. First, we will start with some background on the perspective and concerns of the caregiver and adolescent.

Scenario 1: Getting kids ready for school

The caregiver's perspective and concern:

Being a single caregiver of three children takes a lot out of you. You work long hours every day. You need help around the house. You asked your adolescent to get the two younger children (6 and 8 years old) ready for school every morning. Your adolescent refuses, saying it will make her/him late for high school. On several occasions the younger children are late for school. You feel disappointed that your adolescent can't do this one thing for you. You don't ask much of him/her.

The adolescent's perspective and concern:

Your caregiver asked you to get your younger brother and sister ready for school every morning. It annoys you that she has no consideration for your needs. You study late at night, and it is hard getting up in the morning. It is difficult enough getting yourself ready for high school in time. Besides, both children are hard to control. They seem much worse now that your caregiver works on weekends too. It isn't fair that you are stuck with the two of them. You understand that your caregiver often doesn't feel well. You want to be helpful, but there are limits to what you can do.



Role-play: Getting kids ready for school

CAREGIVER: This morning you said we could talk when you came home from school. Is now a good time?

ADOLESCENT: It's OK.

CAREGIVER: I'm upset about this business of getting the children ready for school. I need your help and I feel disappointed that you can't seem to help me.

ADOLESCENT: Don't try to make me feel guilty.

CAREGIVER: I didn't know that I was.

ADOLESCENT: It annoys me that you are always nagging me to take care of them. Don't you think I feel upset that you are working so hard and our father is not around to help you? It is hard for me to study and keep up with all the things I have to do, too. I just can't get up in the morning like that. Now you want me to get up even earlier. Think of what's good for me once in a while.

CAREGIVER: I know it is hard for you and you are busy in the morning. I suppose you are angry at me for asking you this.

ADOLESCENT: Yes, I get angry. Besides these young ones are hard to control.

CAREGIVER: They are under stress too.

ADOLESCENT: That doesn't make it any easier on me. I don't mind helping, but getting them ready for school is terrible.

CAREGIVER: So, you wouldn't mind giving me a hand?

ADOLESCENT: Of course not. I know you are tired every day. Just let me help after school instead.





CAREGIVER: *But my problem is early in the morning.*

ADOLESCENT: *If I have to get up early and take care of them, they have to behave and do what I tell them.*

CAREGIVER: *Ok! I will talk to them about behaving, anything else?*

ADOLESCENT: *It would save me time if you lay out their clothes the night before and have breakfast set out. And I would really appreciate if you give me time on Saturdays to sleep late.*

CAREGIVER: *Ok, let's talk to them tonight. You can sleep late on Saturdays.*



Group discussion 1

- *What made it possible for this caregiver and adolescent to solve their conflict?*

Let's try to identify each of the Problem Solving Steps that were used in the role-play.

- *Did they define the problem? How?*
- *Did they convey understanding of the problem? How?*
- *Did they state a goal? How?*
- *Did they determine options? What were they?*
- *Did they decide on a plan of action? What was it?*

Facilitator guidance

Problem solving role-play example

What made it possible for them to solve the conflict?

- Both of them had a positive attitude, they respected and listened to each other.

Problem Solving Steps in the role-play

Step 1 – Define the problem.

- Both people state their reasons for being unhappy with the current situation: Caregiver needs help and adolescent needs rest.

Step 2 – Understand the problem.

- They understand the cause of the problem: Everyone is under extra stress and mornings are especially hectic.

Step 3 – State the goal.

- They acknowledge each other's feelings and willingness to help to resolve the issue: Caregiver is upset and adolescent feels annoyed and guilty, both recognize this but agree to help resolve the issue.

Step 4 – Determine options.

- They identify different options to overcome the problem and state their requirements: Adolescent proposes helping after school. Caregiver proposes helping in the morning. Adolescent proposes children behave better.

Step 5 – Decide on a plan of action.

- They agree on a way forward: Adolescent will help in the mornings, but gets to sleep in on Saturdays. Caregiver will speak with children about their behaviour.

Step 6 – Try it and see if it works.

- They will try it out!

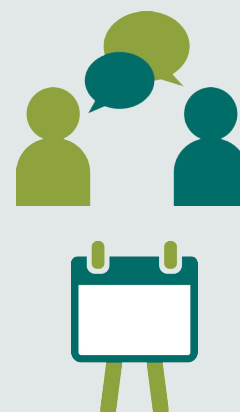
Group discussion 2

- *What are some ground rules we should follow in resolving conflict?*

I will note your suggestions on the flipchart.

These are some great ideas. Let's review the Guidelines for solving conflict hand-out in your workbooks.

- *Are there any questions about using the Problem Solving Steps approach for conflict resolution?*





Instructions (Part 3)

1. Introduce and explain the next part of the exercise using the '**Group participation scenarios**' text as needed.
2. Read '**Scenario 2: The boyfriend**' as a group.
3. Ask about the conflict and allow for only quick responses that note the conflict is about a caregiver's feelings about her daughter's boyfriend. Ask for a caregiver and a female adolescent to volunteer to initiate the role-play based on '**Scenario 2**'. Reverse the roles, where the adolescent plays the caregiver and vice versa; refer to '**Role-play**' text as needed to explain.
4. Stop the role-play after 3 minutes. Thank them for participating.
5. Conduct the '**Group discussion**' questions, first asking questions of the caregiver who played the adolescent, then the adolescent who played the caregiver, then the observers. After a few comments, offer any suggestions of your own and thank the participants. Refer to '**Facilitator guidance**' (provided at the end of session) as needed to aid in the discussion.
6. If there is still time available for the exercise, group members can role-play '**Scenario 3**' about smoking. Repeat steps 2-5 above for Scenario 3. Ensure that different volunteers participate.
7. Review the '**Take home point**'.



Group participation scenarios

We will now role-play one or two scenarios as a group depending on how much time we have left. We will first read the scenario together and briefly identify the conflict. Then I will ask for two volunteers, a caregiver and adolescent, to role-play the situation, you will make up what you would say based on the background we provide in the scenario. .

Scenario 2: The boyfriend

The caregiver's perspective and concern:

You are very unhappy about your daughter's choice of boyfriend – he is 10 years older than her, much too slick, and doesn't work but has lots of money. You wonder, is he a drug dealer? He gives your daughter expensive gifts. You think he is using her.

The adolescent's perspective and concern:

You are dating an older man who seems to have everything: he's really cool, polite, takes you nice places and gives you expensive gifts. Your caregiver is against him. She thinks he's a drug dealer. He's been very good to you. It bothers you that your caregiver doesn't trust your judgment.

Role-play

- *What is the conflict in this situation?*
- *Can I get two volunteers please?*

We are going to change roles in this role-play. The adolescent will play the role of the adult caregiver and the caregiver will play the role of the adolescent. The other group members will be observers. Based on the scenario, make up what you want to say, but remember to try to apply the guidelines for conflict resolution that we discussed. We will then discuss as a group how they resolved the conflict.





Group discussion

Ask the caregiver who played the role of the adolescent:

- What did you like about how the caregiver responded?
- What would you have done differently?

Ask the adolescent who played the role of the caregiver:

- What did you like about how the adolescent responded?
- What would you have done differently?

Ask the observers:

- What are the helpful comments that you can give the caregiver?
- What are the helpful comments that you can give the adolescent?
- What are examples of their use of Problem Solving Steps for conflict resolution guidelines that you saw in this role-play?



Scenario 3: Smoking

The caregiver's perspective and concern:

You realized that your adolescent is smoking at home in the afternoon when you are not at home. You do not like him smoking, and you don't want him smoking at home. He smokes in front of the smaller children and is setting a bad example.

The adolescent's perspective and concern:

It annoys you that your caregiver criticizes your behaviour. You want to smoke because everyone your age is smoking. Your caregiver is just old fashioned. You don't smoke often so what is the big deal?

Facilitator guidance

Possible things to highlight in the role-plays³¹

Did they:

- Identify the problem/conflict that needs to be solved?
- Not blame or criticise the other person ?
- Ask the other person for suggestions and made some of their own suggestions to solve the problem?
- Each party agreed to try to solve the conflict?
- Each party explained how he/she felt?
- Each was respectful towards the other person?
- Discuss all of the options available before deciding on a solution ?
- Avoid bringing up old issues not related to this conflict?
- Made a decision on which action to try?

Take home point

Using the Problem Solving Steps and conflict resolution guidelines can help caregivers and adolescents understand each other's needs and priorities better, and to arrive at mutually acceptable solutions when they disagree. Practicing this at home will help you to get better at resolving conflicts when they arise.



³¹ Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

EXERCISE 4: WHAT CAREGIVERS AND ADOLESCENTS NEED FROM ONE ANOTHER³²



(20 minutes)

Rationale

The caregivers and adolescents identify and share what they need from one another in order to open communication channels. This is done to raise awareness of each other's needs and to build communication skills. Communicating as a group, and not directly with their own caregivers or adolescent children, helps promote honesty and sharing.



Instructions

1. Introduce the exercise, explaining that young people and caregivers need to know what they want from each other; refer to '**Introduction: Needs**' text as needed.
2. Split the group into adolescents and caregivers as separate groups, ensuring privacy for each group. The Facilitator and Co-facilitator each attend a group and guide them towards focusing on positive things; what they want rather than what they do not want.
3. Each group should put their final list of ideas on a flipchart and one person from each group should be responsible for reporting this back to the full group.
4. When both groups are ready, call them back together.
5. Conduct the '**Group discussion**'. Give time for each group to present their ideas while the other group listens. Then ask if they would add anything to one another's list followed by a general discussion on what they have learned.
6. Review the '**Take home point**'.



Introduction: Needs

For families to work together, young people and caregivers need to know what they want from each other. So, we would like the group of caregivers to make a list of what you need from your adolescents to have a good family. We would also like the group of adolescents to make a list of what you need from your caregivers to have a good family. There are two important guidelines to keep in mind as you work on these lists. First, these lists will be confidential—we should not say who made which suggestion. Second, we want you to focus on what you WANT, not what you DON'T WANT.

³² Adapted from Miller, S. (1995) Teens and Adults Learning to Communicate (TALC: LA), Phase 3, Session 1. Los Angeles: Center for HIV Identification, Prevention and Treatment Services.

Group discussion

Let's start by asking the young people to present their list of what they need from their caregivers.

After adolescents present their list, ask caregivers:

- If you were young people, what do you think you would want to add to the list?

Now it is time for the caregivers to share the list of things they need from their adolescents.

After caregivers present their list, ask adolescents:

- If you were caregivers what would you have added to the list?

Next I want to hear about what you all learned from this discussion.

Ask the full group:

- Were there items on the lists that surprised you, or that you didn't know before?



Take home point

Knowing and respecting each other's needs is a good way to start communicating better, and better communication can lead to a better relationship. It is also important to think about what you can do to meet one another's needs to help improve your relationship.



REFLECTION AND SHARING



(15 minutes)



We are at the end of today's session on **positive family relationships**. This is your time to share your ideas about the session with the group.

I would like each person to share one important thing you learned today and how you might use it in your day-to-day life.

GOAL SETTING AND PRACTICE AT HOME



(10 minutes)



[Caregivers & Adolescents Home practice/Goal]: During our first joint session we talked about a project or activity you would do together with your caregiver/adolescent, and everyone chose something to do. Your home practice is to continue to do the project. If conflicts arise while doing the project, apply the conflict management steps we discussed today.

In addition, each of you are asked to set a goal on something you can do to improve your relationship with your caregiver or adolescent. Consider the following guidelines in setting the goal:

- *The goal should be a behaviour you can do or change during the course of the program to improve your relationship.*
- *Focus only on positive behaviours that you can do, not negative behaviours that you do not want to do. For example, an adolescent goal could be: I can complete my chores each day on time and without complaining or being asked to do it, rather than negative: I should stop ignoring my chores. Similarly a caregiver's goal could be: I can listen to what my adolescent(s) has to say without judgment and without becoming angry, rather than: I should stop shouting so much.*

Decide on a positive behaviour that you can do that will improve your relationship between now and the next session. Take a few minutes to think about it and then you can record this on your Relationship goal sheet in your workbook. Keep these goals confidential for now. We will share this goal with one another at a later joint session.

Facilitator guidance

Relationship goals

'Goals' should focus on things that they can do, or ways they can change their behaviour for an improved relationship.

Adolescent examples include:

- I can inform my caregiver of my whereabouts and who I am with when I leave the house.
- I can follow my caregivers' rules and take responsibility for the consequences if I don't.
- I can complete my chores each day on time and without complaining or being asked to do it.
- I can listen to my caregiver and try to understand things from their point of view and without becoming angry.
- I can discuss my problems honestly with my caregiver.
- I can make time to talk to my caregiver each day to tell them what is going on in my life.
- I can say thank you to my caregiver at least twice a week to express my gratitude.
- I can show my caregiver affection by hugging or kissing them at least weekly.
- I can listen to what my caregiver has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my caregiver is interested in, such as hobbies, their work, or their family background.
- I can do fun activities with my caregiver, such as going on a walk together, preparing meals together, or playing a game as a family.

Caregiver examples include:

- I can set clear rules and communicate these to my adolescent(s).
- I can inform my adolescent(s) of the consequences that will follow if they do not obey the rules.
- I can listen to what my adolescent(s) has to say without judgment and without becoming angry.
- I can listen to what my adolescent(s) has to say and try to understand things from their point of view, even when we disagree.
- I can take the time to learn about the things my adolescent is interested in, such as hobbies and career interests.
- I can do fun activities with my adolescent, such as going on a walk together, preparing meals together, or playing a game as a family.

CLOSING THE SESSION



We will close the session by having a lottery draw. Please put your name tag with your name on it into this cup. We will then draw a name and that person will win this lottery gift.

Thank you for attending the session. I would be happy to speak with anyone individually about your experiences with the session and if we can improve anything for next time. I'm looking forward to the next session when we will work on **issues related to adolescent sexuality. In the next session, you will not be together rather again resume participating in your individual caregiver and adolescent groups.**

I will see you next time at _____ (time and place) on _____ (day and date).

Support for this project is provided by USAID Southern Africa under the United States President's Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement AID-674-A-12-00002 awarded to Tulane University. The views expressed in this document do not necessarily reflect those of USAID or the United States government.

