EMPOWERING ADOLESCENTS
WITH
LIFE SKILLS
FOR
PSYCHOSOCIAL COMPETENCE

A Facilitator's Guide

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INTRODUCTION

Dear Facilitator,

Congratulations on your choosing to become a Facilitator for Promotion of Psychosocial Competence among adolescents / youth. This could be both in and out of schools / colleges. If the program is done in the schools, it is called a School Mental Health Program and if outside school Adolescents Mental Health Promotional Program. Facilitators of this program come from varied background – many are teachers in the schools, counsellors, volunteers with NGOs working with schools or out of school population like the street adolescents etc. Educational, motivational, psychological mindedness vary vastly between the various types of facilitators. The type of adolescents with whom you work with, their co-operation, the support from the system, the incentives you may have in this endeavor also vary widely. The duration you do the work with a particular group of adolescents in a continuous manner will differ.

This manual is planned to guide personnel from varied background to have certain qualities, acquire some skills and follow certain processes that are common and necessary for being an effective facilitator in sessions for adolescents towards

1. Building their coping and self–esteem through building of psychosocial and behavioral abilities and skills.
2. Identifying those adolescents who may need more professional help due to mental health issues that affect their development.

Hence the program has two aspects to it

1. A promotional component which is for ALL adolescents and can be done by YOU.
2. An early identification step of mental health issues or impending mental health disorders in adolescents / youth which might need either intervention by YOU as a COUNSELLOR and/or REFERRAL to an expert for further intervention. This would be for a very small proportion of the adolescents/youth with whom you interact.

Both of the above need the support of the school or the set-up where you meet the adolescents/youth like a NGO. Both need the support of the parents/guardians and the

family to take it forward towards programmatic implementation and also professional mental health support when required.

We the authors of the NIMHANS model of the Promotion of Mental Health among Adolescents/Youth using Life Skills for Psychosocial Competence see that there are certain steps to become a Life Skills Facilitator

1. Orientation and Training as a Life Skills Educator by an expert or a master trainer

2. Implementation of the Adolescent / Youth Mental Health Program by you on a regular basis.

3. Identification and referral of those adolescents / youth who need counselling / mental health services

4. Net-working and liaison with other LS Educators to share experiences and improve skills and the mental health services for referral of the identified adolescents who may need further assessment and intervention.

While training to become a Life Skills Educator is the first step, the implementation of the program on a regular basis is larger step of your role as a facilitator for promoting psychosocial competence among adolescents/youth. Conducting the skills training sessions with a specific group or groups of adolescents/youth by you in a practical and continuous manner with periodic feed-back and being there for the adolescents to learn the skills in an experiential manner makes you a facilitator and a mentor.

Adolescence and the Indian Youth

Let us briefly see some of the developmental and societal aspects of adolescence. Later we will also focus on those aspects of adolescent/youth development that make them active partners in your plan to promote psychosocial competence in them.

Adolescents (12 -19 years) / youth (16 - 30 years) are the citizens of tomorrow. Positive health of adolescents is strongly linked to their development. Their physical, psychological and social abilities decide what they do, how they act and with whom they associate. These behavioral

patterns followed by a person during adolescence will last a lifetime. They will influence the health and well-being of the individual.

Worldwide, in the 21st century, life is undergoing significant changes. Technological advances have made the world a global village. Technology has also made education and training necessary. Adolescents/youth are significantly affected by these changes. They are depend on their parents economically for a longer period, more than in the earlier agrarian era. At the same time, today's adolescents/youth are exposed to more information and cultural alternatives than in earlier periods. These provide the adolescent with culturally diverse choices, which cannot be easily exercised due to economic dependence. Ironically, the adolescent has to prepare for a global life of competition, comparison and independent functioning in a dependent environment. Nearly 52% of the one billion population of India are below the age of 20 years. As mentioned above the Indian youth too is at cross-roads now. While being in the Indian culture of being family oriented, there is a slow transition in the culture due to globalization, liberation, technology and media exposure.

Certain society system which acted as 'controls' earlier are there for the adolescent only as 'buffers' and 'support system' when required or sought by the youth.

These are

- Joint Families
- A small closed community or a village with many relatives
- A uniform culture
- Traditional way of life where roles, responsibilities, attitudes are clear and prescribed
- Set ways of thinking, decision making by the family, community

Rapidly changing social, moral, attitudinal and ethical values have ushered in certain "Attitudinal and Behavioral Changes" in the present society especially among the youth/adolescents.

The 'Individual' rather than the 'System' is recognized as the basic unit of today's society.

This change in outlook is also happening in the Indian society.

They have also paved way to 'Life Style Changes"

Some of the them are poor eating habits, preference to fast food, poor eating habits, sedentary life, lack of exercise, need for quick results, pleasure seeking behavior, focus on appearing popular and fashionable, academic and career and stress, lack of rest, focus on achievement and so on.

For the above-mentioned reasons, the stress faced by the youth/adolescents in the current situation is enormous.

This is reflected by growing rate of substance, violence, early sexual experimentation for pleasure, rising suicide rates / crime among young persons.

Hence, it is essential and a must to enable the adolescent to develop skills/abilities to handle a wide variety of choices, demands, challenges and stressors in his/her life and work towards better adjustment and self-esteem. The values of a stab le society and the family have to be replaced with the behavioral and emotional skills (psychosocial skills) of the individual that would enable him/her to be stable amidst rapid transition in the environment. It is our responsibility to incorporate evidence based methods to help the adolescent to develop the required abilities.
Life Skill Education is such a method..

Life Skills

Life-Skills are defined as 'living skills' or 'abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life' (WHO, 1999).
'Adaptive' means that a person is flexible in approach and is able to adjust to different circumstances. 'Positive behavior' means that a person is forward looking and that even in difficult situations he/ she can find a ray of hope and find alternative solutions to problems. In short 'RESILIENCE' Life Skills Education is a 'path of promise' for enabling and empowering adolescents/youth with behavioral processes to deal with issues of growing up.

Life Skills of a person develop over the years continuously in a dynamic manner. There are innumerable skills, which are needed to successfully negotiate each and every situation in one's life every day.

While being a child these skills are learnt passively from parents, grandparents, teachers by modeling, correction and direction. During adolescence/youth one learns these behavioral, communication and emotional skills more actively from peers and significant others in the environment. They are also learnt by trial and error – through experience. The experience provides the youth recognition of the skills. This awareness enables the adolescent/youth and later the adult to draw on these skills when needed. Effective handling and coping with demands and challenges of life with abilities increases one's own self-esteem and resilience.

The core Life Skills have been enumerated and defined with examples in the Activity Manuals.

They are

      1.   **Critical and Creative Thinking.**

      2.   **Decision Making and Problem Solving.**

      3.   **Effective Communication and Interpersonal Relationships.**

      4.   **Coping with Stress and Emotions.**

      5.   **Self-Awareness and Empathy.**

All the skills are interrelated and needed even in a brief interaction and every moment of our lives. Many 'micro-skills' skills cohesively make the generic skills. Enumerating, listing, placing in order, providing importance, seeing the similarities and differences make, identifying relevance in a particular situation make up Critical Thinking.

Life Skills are participative, suitable for all time. They are the processes that make goals of values possible.

Life Skills are the instruments to deal with various demands like being motivated, need for self-discipline, dealing with health issues, sexuality appropriately, being connected and interdependent yet mature, expressing oneself clearly but politely, co-operating with peers, yet

having the ability to refuse when needed, resolving conflicts without breaking relationships, being socially responsible, coping with stress etc. All these demands make their beginnings in an explicit manner in adolescence. The adolescent is expected to tackle them as an individual with support (only) from peers and family. Thus living skills become the building blocks of behavior.

It important to appreciate that the role of LSE for the Indian youth is not to make them into rebels but empowered individuals who are sensitive to the culture and use it for positive growth.

Since communication, relationships and empathy are also relevant skills, Life Skills when exercised by an adolescent/youth appropriately ensures living in harmony with family, friends and also the culture.   What is acceptable in one family, community and culture may not be so in another. There is a need for the LSE trainers/facilitators to be sensitive while drawing the syllabus for the LSE course for adolescents. An adolescent with adequate behavioral skills will be able to adapt to diverse cultural and societal situations; in the least agree and accept to differ and respect the difference.

In brief this program is envisioned as one that would support the adolescent to grow up as a responsible adult and person

Hence Life Skills Education is the Path with Promise for an Adolescent to Psychosocial Competence and Self-Esteem.

ASPECTS OF ADOLESCENT DEVELOPMENT

They are certain aspects of adolescent development that make the participative learning of behavioral and emotional skills a reality in comparison to children.

Most of us focus on the physical growth, sexuality issues, emotional lability and rebellion of the adolescents.

The relevant developmental aspects of the adolescence are

Cognitive development

- Adolescents learn more and more by deduction than by rote
- Are able to think in symbols – example being able to understand theorems and acronyms

- Hold a though process till it completion

- Think in abstract level – compare between similarities, differences, generalize from a specific issue and relate to a specific issue from general aspects – dog is a four legged animals but not all that with four legs are not dogs and not even be animal – a table

- Use flexibility in language – understand why failure can be considered a 'gift' for a particular reason

- Use language at a superior and implicit level

- Use creativity in their thoughts, language and behavior thereof – write poetry, understand why 'face' is compared to a 'moon' especially for women etc.

- Understand that there are no 'black and white' in world and accept 'shades of gray' example that 'people who are considered good may not be perfect'

Emotional Development

- Adolescents experience a wide variety of emotions than children – romance, love, attraction, disgust, moral anger, jealousy, anger, irritability, sympathy, compassion to the downtrodden, piety, generosity, loyalty, kindness, nurture, conviction, worry, anxiety, sadness, depression and many more.

- They are capable of understanding their emotions, reasons for a particular feeling and the person / group with whom the feelings are felt.

- They can also regulate their emotions if attempted

Social Development

- Adolescents learn to be more independent of parents

- Make social net-work of friends and peer group of different nature and purposes - example an adolescent may have a different peer groups for fun, for studies and for hobbies. However lasting friendships are also made who cut across all purposes and occasions.

- Learn the need for others and role of others in the society, often challenge and later accept it

- Recognize social hierarchy, system, practices by challenging, accepting and adapting to it

- Learn to become socially responsible

- Become interdependent with family and others

RECAP

➢ Adolescent is a period of rapid development in intellectual and emotional spheres.

➢ Adolescents today are under stress due to rapid transition.

➢ Life Skills are abilities which are needed to deal with situations effectively.

➢ Life Skills determine Psychosocial Competence and Self-Esteem.

➢ Life Skills are universal.

➢ Life Skills are building blocks of development and health.

➢ Life Skills are learnt in an interactive manner during childhood and adolescence.

➢ Life Skill Education is a process to develop positive values in the youth.

➢ LSE is culture friendly.

➢ LSE would aid today's youth under stress to have a smooth transition into adulthood.

FOCUS OF LIFE SKILLS EDUCATION FOR INDIAN ADOLESCENTS/YOUTH

LSE involves a process of dynamic and experiential learning. LSE structure can vary according to various developmental and health themes

- Addressing Nutrition and Communicable Diseases
- Addressing Substance Abuse in Adolescents - tobacco and alcohol in India
- Addressing addiction behavior - mobile, video game, cyber chat and porn addiction
- Addressing Sexuality - early marriage in adolescent girls, sexual abuse
- Addressing Aggression - bullying, communal riots and violence
- Addressing Absenteeism - motivation to prevent dropping out of school
- Addressing Gender Issues - women harassment, sex selection in pregnancy
- Addressing Choices - professional, vocational, marriage etc.
- Addressing Attitudinal Needs towards issues of corruption, dowry etc.

THIS PROGRAM

- Mental Health Promotion is the goal
- The present program is planned as a comprehensive program.
- It is a participative program to develop Life Skills.
- Life Skills are promoted to address various Developmental issues in adolescents.
- Teachers/counselors are the Life Skills Educators of this program.
- Training in Adolescent Development, Facilitator Methods and use of the Activity Modules are the components of preparation.
- Planning and implementing of the model in your class/school/organization by you is the main aspect.
- A LS Educator will implement the program with a specific class/group of adolescents/youth in a continuous manner over the year.
- Net-working with other Life Skills Facilitators to be in a continuous mode of learning and improving is needed.

➢ All activities need to be done involving all adolescents; bright - not so bright, out-going - introverted, talkative - quiet, those with problems - no problems, boy-girls.

➢ If done continuously over 3 years, the adolescent has an opportunity to think, discuss and clarify various important issues of living and growing.

➢ Assessment some behavioral indicators every 6 months to measure the changes in the participants.

The first assessment to be done before starting the program.

➢ The experiential learning that takes place during the process makes the adolescents to understand and recognize the various abilities needed to do the activity and the ways to use them in real life demands.

➢ Discussions with other Life Skill Educators once in six months for 40 minutes regarding the program, its usefulness, and impact ensures improvisation.

➢ Sensitization of the parents of the adolescents / youth about these activities at least twice a year - preferably at the beginning of the year and towards the end of the academic year is necessary.

➢ Feed-back of the educators and the students is built into the program

RESOURCE MATERIALS

Life Skills Educator, being trained in the NIMHANS Model of Empowering Adolescents with Life Skills for Psychosocial Competence you would also have the other resource materials by the authors. A brief review of them

Empowering Adolescents with Life Skills for Psychosocial Competence
Life Skills Educators' Activity Manuals

The three Activity Manuals are designed in a manner, that they, after the necessary Life Skills Educators' training, are a continuous support/ aid you to understand and do activities in a participative manner addressing various developmental themes of growing up with the adolescents of your class/ group. They manuals help you to conduct the Competence Sessions in

a graded manner over 3 years and 52 hours based on various themes relevant to the adolescents / youth.

Themes selected are relevant to developmental stage of adolescence. Specific issues have been chosen after Need Assessment involving the students, teachers, parents, educationist, administrators and policy makers using focus group discussion methods. The various themes and the various activities based on the themes covered are,

Motivation

- Continuing School, Understanding Motivation, Improving Concentration, How to Improve Memory (Level I)
- Increasing Motivation to Study and Study Habits (Level II)
- Making Life Choices, Preparing for Examination (Level III)

Discipline

- Television Viewing, Going to Movies (Level I)
- Time Management (Level II)

Nutrition

- Eating Habits, Healthy & Unhealthy Food, Myths and Facts about Food (Level I)

Health & Hygiene

- Being Clean, Prevention of Infectious Diseases (Level I)
- Anemia, Hygiene (Level II)

Relationship

- Parents, Peer Pressure, Saying 'NO' to Drugs, Bullying (Level I)
- Gender Roles, Boy - Girl Relationship, Peer Pressure, Smoking, Empathy (Level II)

Self-Awareness

- Dealing With Anger (Level I)

- Appearance, Sensation Seeking Behavior, High-Risk Behavior, Facing Changes and Problems (Level II)

- Drinking, Facing Failure, Suicide, Self-Esteem (Level III)

Sexuality- Understand Body and Mind

- Understanding Body and Mind, Menstruation (Girls), Wet Dreams and Masturbation (Boys) (Level I)

- Sexually Transmitted Diseases, HIV/AIDS, Sexual Harassment, Sexual Abuse (Level II)

- Marriage, Conception, Contraception, Sexuality - Myths and Misconceptions, HIV/AIDS (Level III)

Social Responsibility

- Recycling - Use Reuse (Level I)

- Keeping Environment Clean, Impact of Advertisement (Level II)

- Dowry (Level III)

The Manuals

1. It has 3 parts to it – Level I, Level II and Level III.

2. Each Level consist of various activities that lead to discussions among and with adolescents /youth.

3. There are about 20 activities/sessions for Level I and Level II and about 12 activities for the Level III.

4. Activities have been placed in Level I, Level II and Level III depending on the developmental tasks and the requirements of that age. The activities address various issues pertaining to development and psychosocial competence of adolescents.

5. In each Level the activities are arranged in such a manner that neutral themes are done over the initial sessions and once you and the adolescents have developed a good rapport, more difficult and contentious themes of sexuality, drug abuse are done.

6. The activities are designed in the manual in such a way that they are simple and can be done by you by reading the instructions for 10 minutes before the class.

7. Each activity is independent; hence you need to read only that activity and need not read the whole manual.

8. Initially do the activities you feel confident and comfortable about – e.g. memory and concentration techniques, eating habits.

9. More difficult activities can be done by you once you have done a few sessions and more confident about your facilitating skills egg. Empathy, Sexual Abuse etc.

10. Activities regarding sexuality issues to be done separately for boys and girls by same gender teachers. This is mentioned in the beginning of the session itself.

11. All activities are planned for a period of 45 to 60 minutes. You need to manage time.

12. We suggest that it is done once a week - as the last period on a Saturday if it is a school; on a Sunday if it is an out of school set-up.

13. The methods used to facilitate learning skills include working in small groups using techniques such as brainstorming, role-plays, games and debates.

Layout of Each Session in the Activity Manuals

1. First an activity is based on a Theme is chosen, example Continuing School under Motivation

2. The session in the manual starts with Background Information on the theme – more specific to the activity – Information on Concentration under the activity "Improving Concentration' under the theme of Motivation. This background information is for your reading and information only. This is for your use during discussion and summarizing.

3. Objectives and Outcome of the Activity are clearing outlined – this helps you to focus on why the session is done and the outcome of the session.

4. Materials needed are mentioned for you to collect them before the session.

5. Techniques that are necessary for a specific session are also mentioned for you. This prepares you to use the mentioned strategies and later become familiar with the participative methodologies that ensure experiential learning among the adolescents/youth

6. The various behavioral components involved while doing the activity are provided in a box for each session. This is a very important one. It helps to point out the smaller steps needed for any behavior – approaching, looking at the person's face, greeting, posing a specific question, listening, requesting clarifications, indicating that one has understood, thanking – these are components of communication pertaining to enquiry about a route. When you discuss the activity with the adolescent it is important that you facilitate in such a manner that the youth are able to recognize and state them. Their becoming aware of these component 'micro-skills' depends on your facilitation. Important aspect is you have to draw become aware of them. Statement or mention of these components behavioral steps by you is not participative.

7. Procedure of the session is explained for you step by step. This is mainly to assist you so that you do not have to be puzzled while doing the activity what to do or how to continue.

8. Discussion / facilitative questions are provided for you to use and stimulate discussion in groups. These questions are based on theme and activity. You can add another relevant discussion points. Care needs to be taken by you that all questions are open-ended questions that would lead to discussions.

9. Discussion and identification of behavioral/emotional components of the activity are crucial for the adolescents to think, internalize the skills as theirs.

10. At the end, after discussion of the activity there is a clue to "Summarize" the various discussions. Some of it is provided in the manual itself. Over sessions you would find yourself doing it without much assistance from the manual.

11. As a mentor, it is not only essential that the participants understand the behavioral and emotional skills during the session only which conduct; but also use and test them out in their daily lives. Towards this 'Reflection at Home' is provided as the last step – encourage the participating adolescents/youth to do it at their homes, schools, colleges in the daily lives and provide feed-back in subsequent sessions.

12. Kindly use this Facilitators' Guide in conjunction with those manuals.

13. This guide describes the participatory methods you need to know and handle to made the facilitation effective and promote experiential learning among the participants.

14. It also stresses on self- assessment in a continuous manner help you to prepare for the

session

TRAINING

Earlier Training was considered a Method to provide the Trainees with the Correct Knowledge or Correct Information or the Correct Solution or the Correct Technique

Currently Training focuses on the trainee becoming trained in **processes than products**. Training ought to help trainee

- use information and develop ideas
- devise strategies
- use the generic training and adapt it to the local situation
- use the training to develop abilities to solve problems

Role of a Trainer/Facilitator

So far in training /teaching subjects, often teachers / trainers

1.   Prepare the lesson on an issue/theme - example, "Mutiny War of India" or "Theory of Relativity"

2.   Deliver the lecture to the class of trainees/students.

3.   Clarify doubts if any audience/student raises one.

4.   Give a test to assess the knowledge of the students/trainees using questions, projects etc.

The above teaching method is called Didactic teaching method. Though it is useful, active participation by the students /participants in learning is low. It is a "teacher centric approach".

The role of a trainer is being redefined. Earlier an Expert in a Field was automatically considered a Trainer. Now it is understood that an expert is more of a Consultant in that field. He/ she does not automatically become a capable trainer.

Now an expert who is able to Enable Learning and Development in others in a structured manner is considered an Effective Trainer. An awareness of the process of Different

Ways of Learning by different people is needed for this. Towards this she/he needs to have

Good Communication Skills

Facilitation Skills

A wide Repertoire of various techniques of training

–   Coaching, mentoring, supporting, promoting self-directed learning, enabling peer learning.

Skills in participatory methods.

The following are the some of the basic principles and practices of organizing and implementing participative learning workshops.

1.   Decide and choose the type of participants (here adolescents/youth) you would do the workshop with – in the schools, or colleges or a NGO. Having a homogenous group is easier to work with in the initial part of your being a facilitator as the needs and concerns of those adolescents may be similar. On the other hand having a diverse group is enriching in discussions – but needs a lot of planning and experience in facilitation skills to make it focused and relevant for every participant.

2.   At the beginning of any session with a new group of adolescents / youth it is necessary to spend some time in helping the group to begin to develop its own identity. This can be done by taking participants through a series of fun or introducing activities that make them feel comfortable and secure which in turn create a safe learning environment.

3.   Activities to build a sense of 'we-ness'. These are a part of climate building process, which helps participating adolescents / youth

- To get to know each other's interests, hobbies, opinions, attitudes, outlook to issues

- To begin to feel comfortable with other participants.

- To help to develop group cohesion

- To remove anxieties related to others and a group situation.

- To become a team

4.   Appropriate and minimal use of visual aids like power point, movie. Can be used briefly to enable discussions. Too long a use leads to a didactic classroom set-up.

5.   A structure of the training that removes hierarchy based on age, power and achievement. Focus is on learning than perfection.

6.   Structural arrangement which enables facilitation – a circular seating; encouraging participants to change seating after each session to get know everybody in the group well.

7.   Attention to the place/room/space where the sessions are held

-   Well lit, noise controlled and airy room that would be comfortable for the participating adolescents/youth.

-   Adequate space to have small group discussions or a game.

-   Space with some privacy – no onlookers who can interfere, impede with the discussions.

8.   A truly positive attitude and a respect for the adolescents/youth as the program is all about empowering and enabling them.

9.   Belief in your role as a facilitator and also a learner than knowing more than the participants and wanting to pass on that wisdom.

10. A structured of method of feed-back after each session to know how to proceed further effectively. Reviewing the feed-back and debriefing with the co-facilitators at the end of the day or workshop.

Please recollect that during your Training as a Life Skills Facilitator by the NIMHANS group that stress was on

-   The Positive Aspects of Adolescent / Youth Development in the Changing World

-   Enabling peer learning among the adolescents /youth towards skill development and competence.

-   Familiarity with various Participatory Methodologies for use while implementing the program.

-   Experiential Learning being the underlying paradigm both in the facilitator training and later in the implementation of the program

-   Provision of opportunities for observation and demonstration of facilitating skills

-   Provision of opportunities to net-work with other facilitators and master trainers.

-   Practice of feed-back and review both during training and later during the program.

- Becoming member of a peer group , sharing   information, experiences and support from the LSE group from NIMHANS.

BEING A FACILITATOR

There has been a repeated stress on being A FACILITATOR and A MENTOR in your work with the adolescents/youth. You may be a teacher, trainer or a counsellor already.

Life Skills to promote Psychosocial competence among Adolescents is based on participatory, experiential 'student centered learning approach'. So it is important for you to use participatory/interactive learning approaches to involve the students in all the activities of life skills education.

During Facilitation you have to pattern your role according to certain principles that promote active discussion. These are

- Keep in mind your students, their cultural background, education and attitudes.
- Be sensitive to the needs of the group
- Set some ground rules of behavior - have the do's and don'ts clearly. These must be made very clear to students before you start.
- You can ask students/participants to develop their own rules, or you can start with your list of rules and discuss with the students whether they are fair and why they are important.
- Ensure that you make eye contact with the participating adolescents/ youth.
- Always use the names of participants.
- Use simple language
- Use positive language and statements.
- Always use open-ended questions rather than closed questions. Examples of closed questions are – Do you agree with the decision of the other group? Was the activity enjoyable? These questions are direct and tend to elicit "yes" or "no" responses. Sometimes such questions can be threatening and the participant can avoid it by just saying 'Yes' or 'No'.
- Open-ended questions are – What do you think about the decision of   regarding running away from home? What is your opinion about smoking? Would you like to share your opinion on …? How do you feel? - These questions are non-threatening and direct.

- Make sure that you address your questions to the whole group members and not just to one or two of the most vociferous members.

- Silence may often be the immediate response to any question that you ask to group. This means that the participants are thinking. Allow participants to reflect and don't be tempted to disturb the silence by clarifying, elaborating unless asked for.

- Make sure that you take several responses to questions, giving a chance to all those who wish to contribute.

- Intervene in a firm, yet sensitive fashion, if discussion is being taken over by one or two powerful personalities in the group or discussion is losing its way.

- Encourage participation from those students who are shy, and timid. Make sure that everyone participates in the activity in some way or the other.

- Allow students/youth to express their ideas freely - stress that the ideas always need not be good, useful, and socially acceptable/appropriate.

- Very different ideas or opinions also to be listened to welcomed.

- Create and preserve the atmosphere of warmth, freedom and friendliness without the threat of ridicule, humiliation or being put down

- Set general and fair limits for all at the same time. In the name of freedom, students should not use bad language and violence, verbal or physical abuse.

- Respond to criticism openly. Be neutral (non-judgmental).

- Do not take side of some of the participants.

- Conclusion needs to be such that the all discussions and processes that took place in the session are summarized

- Thank all participants for their contribution to discussions.

- Assure confidentiality. It is important for the adolescents / youth to feel that whatever they say in sessions will not be used against them outside the session especially in the staff room/office room.

Listening Skills

The following are some of the strategies are useful to improve your Listening skills

• Show that you are giving your undivided attention by having adequate eye-to eye contact.

• Some body language will directly encourage people to talk to you. I you lean slightly forward you will encourage communication – slouching can indicate boredom/lack of interest. Smiling and occasionally nodding your head generally encourages a participant to continue. Crossed arms can communicate superiority or defensiveness and may create a barrier between you and participants.

• Asking open-ended questions encourages an individual to expand upon what they are saying e.g. what do you feel about….? Can you tell me with example of ….. How……?

• Repeating key words is useful

• Summarizing provides an opportunity for you to check that you have heard accurately what has been said.

• Reflecting back to an individual/group what they are saying can provide helpful clarification for them. It also provides them an opportunity to tell you if you are misunderstanding what they are saying.

• Before finishing a discussion on a topic, take time to check that everyone who wants to contribute has had the opportunity to do so.

• Some of your behavior and body language may create barrier in discussion and participation of the teachers.

These are,

- Displaying boredom, impatience or hostility

- Devaluation by minimizing, disbelieving or laughing inappropriately

- Passing judgment

- Overtly favoring one or two people in the group

- Joining in with a group to scapegoat an individual

- Talking too much

- Interrupting

- Asking too many questions when someone is trying to think something out

- Distracting body gestures like fiddling with a pen or constantly looking at your watch

-        Prematurely drawing conclusions from a contribution

Qualities of Good Facilitator.

o   Open to learning

o   Learns from every session of training and facilitation

o   Flexible depending on the age, situation and place and the goal

o   Tolerant of others viewpoints

o   Is curious

o   Is non-judgmental

o   Is innovative

o   Is enthusiastic

o   Is helpful

o   Encourages Feedback

o   Can communicate at different levels

o   Can guide others constructively in developments

o   Can explain in ways, which others can understand

o   Can acknowledge their own errors or lack of knowledge

    Is interested in what others do.

o   Can understand where various trainees are starting from

o   Can identify outcomes and effects of development

o   Finds learning fun

o   Uses initiative

o   Is empowered

o   Shows respect for others

o   Looks for positives

o   Likes people

o   Checks rather than assumes

o   Influences people with integrity

o   Gives recognition

o   Has a repertoire of alternate strategies

o   Can recognize the need of the individuals

- o Can see opportunities to develop them further

- o Is willing to try to something different if what they are doing is not working

- o Take responsibility for getting their messages across

- o Finally is A Model For Learning and Change for the Trainee

A Good Facilitator Believes that the participating adolescents / youth

- Learn all the time

- Need to find some personal benefit to motivate them to learn

- Willing to learn if the learning is given in the right type of way

- Learn if it is fun to learn

- Learn by example rather than by teaching

- Make the best choice available to them at that time

- Have the resources to be wise and excellent

- Want to develop their potential

- Youth need to practice, not just to learn to discuss

- Will take risks if they are made to feel safe

- Know more than what they think they know

- Can decide for themselves the best way for them to learn

- Doing something always have an idea of how to do it better

- Every youth has some special gifts

During a specific Life Skills Session

- Plan ahead and choose the theme and the specific activity

- Prepare and collect needed materials – questionnaire, materials.

- Make an introduction to the theme and activity

- Define the Objectives clearly.

- Give clear instructions before the activity commences.

- Divide the students into small groups of 8 - 10 students using different methods – example being according to date of birth - January to February is Group 1, March to

April Group 2 etc., color of dress/hair band/bangles, students whose name starts from A to E Group 1, F to L Group 2, etc.

- See that the same students do not form the same groups.

- Help the groups to choose a different spokesperson/moderator each time

- When there is group work/discussion/role play see that there are varied options put forward to the participants — both socially acceptable/not acceptable.

- Set time limits and remind groups of how much time they have left for an activity.

- Discuss is the major part of the session. Encourage discuss by the groups at length.

- Keep the discussion on track.

- Facilitate the smooth flow of discussion among students. However, when the discussion is going away from the point, you should bring the discussion back to the point. Do not allow pointless arguments.

- Encourage multiple responses in the discussion – common/rare, socially acceptable/not acceptable, stated/understood etc.

- Discuss Behavioral, Thinking, Feeling and Social Abilities used during the sessions

- Promote relate these skills to real life situations in adolescent/youth lives.

- Note down the important points of discussion on black boar/flipchart.

- Summarize all the discussions on the theme at the end of the session that the processes initiated during the activity will be continued outside also by the adolescents / youth as practice.

- To ensure this clearly state the Reflection at Home as an assignment for the specific session and feed-back etc.

- Create an atmosphere of learning during Life skills classes

The four pillars of a Psychosocial Competence session are

1. **Activity**
2. **Discussion including highlighting the skills needed in the activity and summary**
3. **Relating to real life situation**
4. **Reflection at Home**

The training CD by the same authors has 2 sessions of Life Skills Class conducted by a facilitator and it focusses on these 4 aspects.

These Indicate a Receptive Facilitation During a Session

- Positioning yourself to face the entire group.

- Smiling at participants.

- Listening carefully while they talk.

- Maintaining eye contact.

- Nodding affirmatively

- Talking with all group members.

- Looking around the group at regular intervals.

- Moving around so that a feeling of being proximal to every participant is achieved.

- Keep your body open i.e., unfold your arms, look straight and forward.

- Calling participants by their name than 'trainee' or 'student'

- Appreciating when adolescents/youth discuss issues

- Appreciating enthusiasm.

- Recognizing co-operative work.

- Appreciating when issues not usually stated are mentioned example 'smoking promotes friendship with some'

- Being open and when even a negative point is stated, rephrasing it in positive.

- Being a model to the adolescents/youth in facilitation.

  .

These do not work in Facilitation

- Frowning or looking irritable or looking disapproving when points which you do not approve of are mentioned.

- Remaining quiet for long.

- Talking to only a few people in the group.

- Allowing some participants to dominate the discussions.

- Imposing your beliefs as the only correct ones.

- Getting personal, argumentative.

- Dominating and criticizing students.

- Interrupting

- Lecturing.

- Advising.
- Moralizing - eating non-vegetarian is bad; our wise elders have indicated that 'menses' is impure.
- Taking the side of some students/participants.
- Concluding before diverse responses have been made during discussions.
- Rushing to finish the activity.
- Showing your anxiety in front of students while discussing certain difficult issues like conception, contraceptives etc.
- Providing your personal conclusions for the activity /session.
- Discussing information of students got in class with others as 'news' with other trainers

CHALLENGES TO EFFECTIVE GROUP FACILITATION

Successful facilitation requires practice. Many difficulties arise across during a training program or a participative session. These are,

A. Adolescents/youth want to argue with you

This can be a positive sign as it shows that participants feel comfortable expressing their own points of view. By allowing discussions of alternate opinions you are allowing people to think critically about what they are learning. This is a very profitable learning tool so long as each side respects other's opinion, even if their beliefs remain unchanged. However, some participants will argue merely for the sake of arguing. Although this trait can be useful to a group discussion, it can become tiresome and time-consuming and it will be up to you to tactfully control this behavior to protect the needs of the group.

B. The group looks bored and tired

Some time you need to change a topic, or change a teaching technique. Some questions you can ask yourself include:

- Have I been using the same teaching techniques for too long i.e., too many lectures or too many large group of activities?
- Have I been repeating material?
- Have I been enthusiastic enough or too enthusiastic?

- Is the venue suitable i.e., too big, or too small, too hot/cold?

C. Nobody is answering your Questions

If nobody is answering your questions, here are some questions to ask yourself to solve this problem:

- Am I speaking loudly or clearly enough for the group to understand me?
- Am I waiting long enough for a response? Many adolescents/participants will take time to think about the questions and carefully formulate an answer before volunteering their answer.
- Is the group focused on the discussion at hand?

D. Some adolescents/ participants do not seem to be involved in the discussion

Some adolescents/participants by nature quiet. They may be embarrassed to speak in front of a group or they may simply be learning form what others are saying. Do not confront them with specific questions if they do not appear ready to respond, however, offer them the opportunity to add their opinions or feelings when the chance arises.

E. Some youth/participants are monopolizing the discussion

Some participants will naturally answer questions more quickly and more often than others will. While their responses can be valuable for their content and for sparking responses by the rest of the group their frequent outputs can also cause others to feels left out or unable to contribute. It is your responsibility to ensure that the less assertive youth also haves the opportunity to make a contribution by expressing his or her views. You may have to tactfully ask the overzealous participants to delay their responses until others have had a chance to make their own contributions.

F. Private conversations erupt

Private conversation may arise often. Try to develop eye contact with, and move closer to the participants who are having private conversations. These simple cues are enough to eliminate off-topic conversations. Alternately give one of them with a responsibility in the activity.

However, Respect Privacy and do not attempt to overhear private conversations. Encourage these participants to share their views with the rest of the group.

G. Two or more adolescents/participants are arguing

If two are more youth become argumentative redirect the discussion to others and do not choose sides. However mention the views of these youth in the summary.

H. Handling resistance

You need to identify the reason behind the resistance to learn. Understanding the reason will help you to make adjustments to solve the problem.

Facilitator qualities may be inherent. It can be learnt and improved through training and experience. Towards this training in participatory methods is imperative and understanding peer learning towards promoting it for psychosocial skills is essential.

PARTICIPATORY METHODS

These are strategies used by trainers especially facilitators to encourage participation by every participant present in the training. They are in contrast to 'didactic training / teaching' in which the trainer shares his knowledge and skills with the participants in a one way manner. Participatory strategies ensure participation by every participant in a training in a circular manner including the facilitator. They enable learning by experience by the participants which is powerful, and lasting. Participative methodologies place the responsibility of learning on the participants. This enhances motivation to learn and put the learnt skills to practice. Ownership of the learnt skills is that of the trainee leading to empowerment of the self.

Commonly used participatory methods are

1. Brain-storming : When a topic of debate is stated and opinions, attitudes, options, outcomes are sought from every one present.

2. Buzz Group : When participants discuss in pairs or discuss the topic of debate – each of the pair taking a different stance and later if needed thinking and working through a changed stand.

3. Small Group Discussion: Participants divide into smaller groups of 6-8 members and discuss the topic of discussion. The membership of the groups can change allowing participants to discuss the issue threadbare.

4. Debate: Contradicting opinions / aspects of an issue or a topic are enumerated initially and each of participant is asked to choose a specific opinion / attitude and debate on it, to establish it. This enables the participants to think through the issue in its totality. It also enables her / him to listen carefully to others' views to discuss it.

5. Survey: Various aspects of a topic are stated and each participant provides his / her opinion in a written or verbal manner. This is collated by the facilitator and discussed.

6. Quiz: Often used to assess knowledge or issues that need to be discussed. It is a method where all present can participate and in a written quiz there is also anonymity especially for difficult topics like body-image, sexuality etc.

7. Fish Bowl: When the group is large, this method is used to enable participation by everybody. 3-4 seats are in the inner discussion circle; this is the fish-bowl. At the outset discussion on a topic is started by the adolescents occupying those seats. Other youth are

in circles around them observing closely like watching the fish swimming in a tank; when one of them wants to contribute, on request takes the place of one of the adolescents in the inner most circle. So the members of the inner discussion circle keep changing depending on the need of the situation and observers /contributors. Variation to the technique are many.

8. Role- Play: A specific situation with a theme is described to the participants briefly and they are asked to develop a brief skit involving the members based on the brief and play it in front of the other participants. Observers discuss what they observed their interpretations and compare with the thoughts and opinions of the players. The role play can have different versions by different groups among the participants; example perspective of 'domestic violence' by boys and girls as separate groups.

9. Games: They are very participative and encouraging; example monopoly, hide-seek etc. However in a participative workshop, the game and the behavior and feelings of each player needs to be discussed and reviewed to understand the abilities involved.

The above are the commonly used participatory methods. There are many others like simulated play like passing the parcel for elimination of opinions, pyramid technique of learning etc.

PEER GROUP LEARNING

Peers: It is a social and non-formal group where the members belong to similar age and social background. Peers usually share similar interests, goals etc. Important aspect of a peer group is its shared similarities.

Peer group are of great relevance during adolescence. Adolescents / youth spend more time with their peer group than with parents or those older or younger. Significant learning occurs with the peers during adolescence / youth. This is both positive and useful. However there are negative aspects of peer learning also which you as a facilitator should be aware of.

In this program 'peer learning' is the paradigm that is used to inculcate develop behavioral, emotional and social skills in the adolescents / youth relevant for their effective living.

Cliques: Is a smaller group among peers due to friendship. As it is by choice the bonding and the influence is stronger.

Positive Aspects of Peer Learning:

1. Peers are important agents of socialization.

2. Adolescents learn gender –role behavior, attitudes, opinions, customs, social norms, etiquette, and protocols from peers.

3. Having learnt the norms the peer group serves as practice ground to exercise these behavior.

4. Peer group provides security and safety.

5. Peer groups also promote collective behavior, unity and interdependence.

6. It also provides a significant influence on one's self – identity and esteem.

7. Issues pertaining to sexuality – gender –roles, rights, boy- girl relationship, body – image are mainly learnt and influenced by peer group.

8. Peers in any culture enable the adolescent to become an autonomous person which is a demand of the approaching adulthood.

9. Peers also serve as a reference point.

10. If an adolescent has a stable, enabling peer group with a positive goals and outlook, he / she would learn in a continuous from them, be supported and later become a peer – motivator to other members of the group.

11. Peer learning is a reverberating cycle – the effect is much superior and stronger than learning from parents or books / technology.

12. Serve as a source of information.

13. Issues difficult to discuss with parents like sex, romance, aspirations can be discussed with peers.

14. Peers provide one with perspective beyond one's opinions and view- points.

Negative Aspects of Peer Learning

1. Since peer learning is very powerful any negative aspect promoted by a peer group can influence one's behavior, emotions, social relations and self –identity of the adolescent and later the adult.

2. Negative opinions, attitudes, prejudices can be the outcome of a peer group.

3. Violence, drug abuse, sexual promiscuity can be learnt more easily from peers than modeled after parents or other adults in the society.

4. When an adolescent uses only peer learning to the exclusion of learning from experience, family members, books and other sources, it can be very skewed learning. Positive or negative is solely based on the type of peers she/he has.

MENTAL HEALTH DISORDERS IN ADOLESCENTS

As mentioned earlier this Program has a second prong where the Life Skills Educator / Facilitator who is in touch with the adolescents/youth on a regular basis over the year is expected to identify those wards who are at risk to develop psychological problems / mental health disorders. Often mental health disorders in adolescents/youth resemble the difficulties which they have or exhibit due to the transition of development. Hence there is a need for teachers, life-skills educators and counsellors to be aware of some of the common mental health disorders and psychological problems in youth, observe them when seen in a particular adolescent/youth, intervene as counselling if needed and to refer to the mental health professional once observation over some time and discussion with the adolescent, parents and teachers confirm the disorder/problem.

Following chapters briefly outline the mental health disorders in adolescents/youth and also some basic counselling strategies.

Mental health

It is often said that "there is no health without mental health" . Mental health can be defined as a "state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities."

Burden of Mental health disorders in Adolescents

- 10% of adolescents have a diagnosable minor mental health disorder
- 1-2% of adolescents have a major mental health disorder
- 90% of adolescents with a mental health disorder are not currently receiving any specialist service

Challenges in the area of Mental health disorders in adolescents

- Identifying mental health problems in adolescents is difficult, given the substantial changes in behaviour, thinking capacities, and identity

- Parents and teachers may dismiss the disorders as merely reflecting adolescent turmoil.

- Adolescents often fail to seek help

- Organized facilities for mental health care of adolescents are sparse

- Co-morbidity (co-occurrence of more than one disorder) is common

- Adherence to treatment and follow-up is difficult when compared to adults

Key features of Mental health disorders

- Presence of a set of recognizable symptoms and/or signs

- Symptoms and/or signs should be present for a specified period of time

- There should be impairment in functioning . This could affect domains like academic, social, self care, work, interpersonal relations etc.

Concern Vs Problem Vs Disorder

- All concerns need not be problems e.g. : parental over expectation regarding studies

- All problems are a matter of concern e.g.: aggressive behaviour at home/school

- All problems are not a part of mental health disorder e.g. : poor academic performance due to physical ill health

Causes of Mental health disorders

Causation of Mental health disorders is explained using a Biopsychosocial model . Biological factors include Temperament (nature of the child), genetic risk, physical illnesses especially neurological disorders, changes in certain neurochemicals in brain which are called 'Neurotransmitters'. Psychosocial factors include academic stress, bullying, abuse (physical/emotional/sexual),marital discord between parents, poverty, disturbed peer relationships etc.

Types of Mental health disorders

Mental health disorders can be broadly classified into Major/Severe mental health disorders and Minor/Common mental health disorders. Major mental health disorders have a prevalence of 1-2

% . These include Schizophrenia and Bipolar affective disorder . Minor mental health disorders have a prevalence of 10-12% . These include Depression , Anxiety disorders (Social phobia, Specific phobias, Generalized anxiety disorder, Panic disorder , Obsessive Compulsive disorder), Stress related disorders   (Acute stress reaction , Adjustment disorder and Post-traumatic Stress disorder).

Case vignettes of Mental health disorders : The few case vignettes given below depict common presentations of mental health disorders.

1) **Case vignette of Depression** : Kavya is a 14 year old girl studying in 9th std. She first/second rank in class, is good at singing and dancing and a favourite student of all teachers. Since 3 weeks, parents report that she doesn't talk to friends remains aloof ,has not participated in music and dance competitions. Parents say that she has become slow, dull ,cries for no reason, is not eating and sleeping properly

2) **Case vignette of Mania** Manish is a 14 year old boy studying in 9th std. He was brought to the hospital with complaints of talking excessively and very fast, making several 'new plans', 'boasting' about his abilities, talking personal things and family issues with strangers, says that he is very happy and keeps smiling all the time keeps demanding for costly items e.g. : laptop, iPad etc. Parents say that ' he is very restless and wants to do many things, doesn't complete anything'

Depression, Mania and Bipolar affective disorder are classified as "Mood disorders" as these have a primary disturbance of mood. Mood disturbance needs to be " Pervasive" for a minimum period of 1 week in Mania and 2 weeks in Depression . Bipolar affective disorder is characterized by recurrent episodes of mania or episodes of mania and depression.

3) **Case vignette of Psychosis:** Manoj is a 14 year old boy studying in 9th std. He was a good student till 7th std. Since 2 years he started talking and smiling to himself, says that other children are planning to kill him, has heard voices of children talking bad things about him. At home , says that parents will poison his food and eats food only after it is eaten by others. He doesn't bathe regularly and there is a gradual decline in academic performance

Psychotic disorders are severe mental health disorders. These include Acute Psychosis, Schizophrenia, Schizoaffective disorder etc. In these disorders the person loses touch with reality. They experience false beliefs (Delusions) and false perceptions (Hallucinations). They can become chronic.

4) **Case vignette of Social phobia:** Ayesha is a 13 year old girl, studying in 8th std. Parents report that since the age of 5 years she has no friends at school, doesn't show interest to attend social events, said to be "shy", cannot talk in front of "new" people or in a "group "and doesn't participate in sports and cultural events at school. Ayesha reports that she feels intensely anxious when she has to interact with others . At this time she has palpitations, breathlessness, dizziness and headache.

5) **Case vignette of Obsessive Compulsive Disorder (OCD):** Meghana is a 13 year old girl, studying 7th std .Since 8 months, she gets repeated thoughts about 'cleanliness', keeps washing hands repeatedly, doesn't use bathroom at school, scolds her friends if they touch her bag, books etc. Mother says " she wants us to clean and wash   things several times . She takes about 1 hour to take bath and gets upset if we ask her not to waste water or to get ready quickly"

Anxiety disorders are often unrecognized in adolescents as the experience of excessive anxiety is often not reported by adolescents and it is mistakenly thought that these disorders are uncommon in adolescents. These disorders often co-occur with Depression.

6) **Case vignette of Dissociative disorder**: Harshitha is a 15 year old girl studying 10th std.2 days back, suddenly fell down in classroom and was unresponsive for 20 minutes . She was sent home   and continued to have similar 'attacks' with a frequency of 15- 20 times per day .Immediately after the attack she was fine .Parents are worried about girl's health and have consulted multiple doctors ,all tests were reported to be normal. On evaluation, it was noted that she scored low marks in the recent exams and was punished by her class teacher in front of her classmates.

Dissociative disorder is a condition where person presents with symptoms like becoming unresponsive, jerky movements of body like fits etc. There is often underlying psychological stress. Dissociative disorder can mimic many medical disorders and a careful evaluation is needed for diagnosis.

7) **Case vignette of Post-traumatic Stress disorder** : Kiran is a 13 year old boy studying in 7th std. He was brought to Emergency services of a private hospital with sudden onset complaints of difficulty falling asleep, reporting that he feels " emotionally numb", crying spell and vivid dreams of the accident which happened 2 months back in which his parents died.

Post-traumatic stress disorder (PTSD) occurs following catastrophic stress like death of close relative/friend, natural calamities (earthquake, Tsunami) , physical/sexual abuse etc.

8) **Case vignette of Somatoform disorder** : Maria is a 1 4 year old girl studying in 9th std. She was brought by her mother with complaints of episodes of severe headache occurring with a frequency of 4 -5 times in a week. Maria describes that her headache is present all over her head and when it happens she cannot do any activity. Multiple specialists had opined that all tests were normal and probably she has a "Psychological disorder" .On evaluation it was noted that there was severe marital discord between parents and father had history of alcohol abuse.

Somatoform disorders present with physical (bodily) symptoms like pain . In most cases the symptoms run a chronic course . It is often seen that there are multiple consultations and investigations prior to visiting a mental health professional.

In addition to the mental health disorders described above adolescents can have other disorders which can be recognized in the school environment and necessary intervention can be initiated. These disorders include disruptive behavior disorders and substance use disorders.

Disruptive behavior disorders (DBD)

There are two main types of disruptive behavior disorders: oppotional defiant disorder (ODD) and conduct disorder (CD).

DBD appear to be more common in boys than in girls. Adolescents ODD are openly hostile, unco-operative and irritable. They lose their temper and are mean and spiteful towards others. They often do things to deliberately annoy other people. Most of their defiant behaviours are directed at authority figures.

CD is characterised by a repetitive and persistent pattern of dissocial, aggressive or defiant conduct. Such behavior should amount to major violations of age appropriate social expectations; it should therefore be more severe than ordinary adolescent rebelliousness and should imply an enduring pattern of behavior. Examples of the behaviours on which the diagnosis is based include: excessive level of fighting or bullying, cruelty to other people or animals, severe destructiveness to property, fire setting, stealing, repeated lying, truancy from school and running away from home etc.

Substance abuse

Adolescents commonly experiment with alcohol and drugs. Experimental use is often in the company of peer group. Few adolescents continue alcohol and drug use on a regular basis and get dependent in these substances. Substance abuse is the well-known risk factor for several physical and psychological disorders. High-risk behaviours like rash driving, unsafe sexual intercourse, needle sharing by intravenous drug users, etc. are associated with substance use. Licit substances like alcohol tobacco, OTC (over the counter) medications are easily available than illicit drugs like opiates, cannabis, etc.

Warning signs of substance use include:

Physical: Fatigue, red and glazed eyes, chronic cough, weight loss, loss of appetite, injection marks on body.

Emotional: Personality change, sudden mood changes, irritability, reckless behaviours, low self-esteem, poor judgment, depression and a general lack of interest

Family: Starting arguments, breaking rules, withdrawing from the family.

School: Decreased interest, negative attitude, drop in grades, many absences, truancy and discipline problems.

Social: New friends who are less interested in standard home and school activities, problems with the law, changes to less conventional styles, dress and music.

MANAGEMENT OF MENTAL HEALTH DISORDERS:

Mental health disorders are usually managed by two forms of interventions namely pharmacotherapeutic and psychosocial interventions. In the pharmacotherapeutic intervention, medications like antidepressants, anxiolytics, antipsychotics, mood stabilizers etc. are used to correct the neurotransmitter imbalance in the brain. These medications have to be used only on the advice and prescription by a qualified Psychiatrist.

Psychosocial interventions include individual and family psychotherapy. Follow-up care is of utmost importance in the effective management of mental health disorders.

Prevention: The following strategies are useful in the prevention of mental health disorders

- Early Identification & Early Intervention
- Education of public
- Sensitization of Parents, Teachers and other child care providers
- Effective Liaison between all stakeholders
- Effective use of print and electronic media
- Mental health awareness campaigns
- Targeting Peer groups

Referral process for life-skill educators (Next page)

Conclusion

Mental health disorders, disruptive behavioural disorders and substance use disorders are common is adolescents but are often unrecognized. These disorders impair functioning of the adolescents in several domains like academic, family, social, etc. typically help-seeking is low and resources that cater to mental health needs of adolescents is sparse. Early identification and management are the key strategies to deal with these disorders.

REFERRAL PROCESS FOR LIFE
SKILL EDUCATORS

Symptoms of
any mental
health

Providing initial
Psychological support
e.g. : crisis intervention

Informing parents and
encouraging help-
seeking form MHP's

Continuing
Psychological support
Addressing School
related stressors
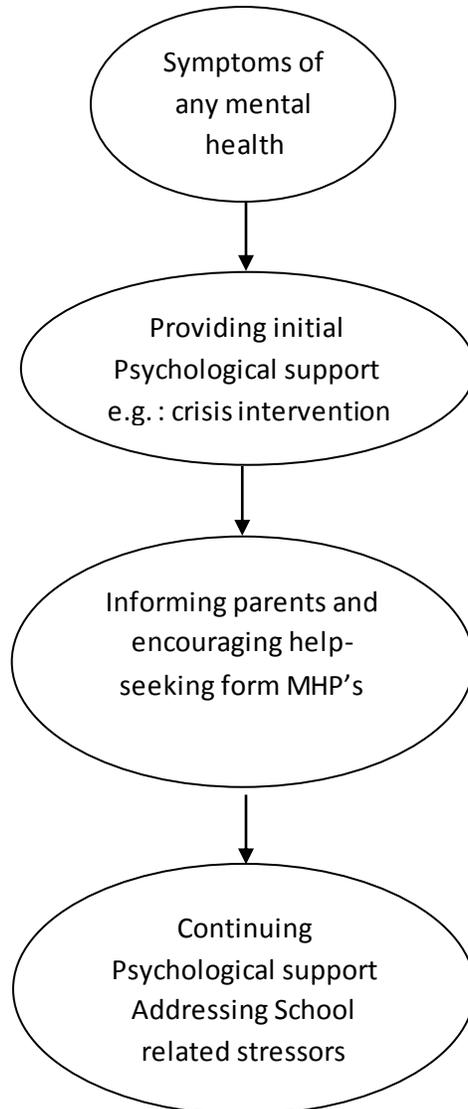
Mental Health Disorders In Adolescents And Youth

COUNSELLING

Psychological Counselling is a treatment modality in which a trained professional interacts with a client (Adolescent/youth) or client group (family) towards addressing an issue, problem or disorder.

Fundamentals of Counselling:

Several words that we may associate with counselling are similar to the words we may use to describe what we do to support significant others in our lives on a day to day basis , for example, listening, trying to   provide emotional comfort, helping in   find solutions, recognizing efforts made,   encouraging a hopeful stance in the face of challenges   etc. So there are a few similarities between counseling and help-giving in informal contexts. But we also need to remember the differences between the two. Counselling, unlike informal help giving involves a professional helping relationship that is expected to help the counselor stay as objective as possible and focus on specified goals with the help of training in   systematic use of established principles & techniques.

All forms of counselling involve two overlapping processes:

a) Exploring: receiving information & understanding (observe & explore) and

b) Responding therapeutically to the information

Exploring

Responding without sufficient understanding or understanding but responding in unhelpful ways can be considered as two major kinds of problems in the process of counselling. This means that the counselor needs to master the process of exploring and responding through reading, discussions, awareness building, practice and self-reflection.

What are the issues that are typically explored in counselling?

- Explore circumstances in which problems occur/increase/decrease

- Explore life-situation and the person not just the problem

- Explore client's perspective

- Explore concerns

- Explore beliefs & knowledge

- Explore feelings & severity of distress

- Explore resources (& what is going right)

Tip: Use of open- ended questions, especially in the beginning phase can allow important information to emerge. 'How have you been feeling this week?' is an example of an open-ended question in contrast to 'Are you feeling OK ?'

Responding:

Responding begins with exploration as it involves actively listening. In other words it means attentively hearing, observing and remembering the information received. When the counselor actively listens, it helps the client to feels understood.

Empathy is one of the core ingredients of responding. Empathy involves listening and understanding (internal process) AND Communicating that understanding (external process) so that the client becomes aware and feels understood. It involves understanding the situation and the feelings from the perspective of the patient so that such an understanding can be used to help the client. Empathy can be communicated through Verbal, non-verbal communication, as well as silences, depending on a given context.

Reflection

Reflection is another commonly used technique that can serve multiple purposes   during the counselling process. Reflection may involve conveying back the content of what the client said as well as the feelings that the client expressed /was trying to express. In doing this, the counselor must try to be accurate in reflecting back the nature of the feelings as well as their intensity (for example, if the counselor is extremely angry about something , then reflecting back stating that he/she seems to be a bit irritated would not be accurate).Reflecting back can help in the client feeling that the counselor is interested and paying attention, trying to understand and validating his/her distress. It can also help the client in articulating his /her thoughts better and thereby gaining more clarity.

The counselor needs to check his/her understanding rather than merely say "I understand". Also, he/she needs to be open to accepting feedback/corrections in his or understanding of client's perspective.

General Do's during counselling

- De-stigmatize

- Try to Identify the core issue/ more manageable part when there are multiple problems

- Jointly explore alternative solutions

- When suggesting specific techniques : Explain the rationale for the techniques

- Jointly set realistic short term goals/tasks

- Acknowledge and appreciate efforts and small gains

- Educate and support significant others in the family-Mobilization of support for the person

- Maintain confidentiality unless there is risk of harm to self /others. Discuss and collaborate with the client as to what may be discussed and how and when something may be discussed with the family/significant others and what may be the advantages /disadvantages of such disclosures, depending on the context and the needs.

- Summarize and check understanding periodically

- In case of potential suicidal risk, regularly monitor severity of suicidal thoughts, feelings of hopelessness and plans /thoughts about ways of ending one's life and refer to a mental health professional if the suicidal risk is significant/on the rise.

- Examples: Permitting expression of distressing thoughts & feelings: Client: "I feel very hopeless" Counselor: "… Please tell me…"/ "It must be very difficult to deal with"

- Validate psychological pain/suffering: Counselor: Invalidating statement - "It is all in your mind. You don't have a physical problem" vs. validating statement: "I can imagine how difficult it must be for you"

General Don'ts in counselling:

- Premature /frequent advice giving

- Superficial /vague reassurance

- Premature re-assurance before fully listening (e.g. saying 'don't worry', even before the client has completed narrating his/her concerns)

- • Stating potential interpretations /explanations bluntly or in a blameful way and as though these are facts (e.g. "Your headaches are all because you don't like your study -situation" . Example of a better option: "It is possible that your stress may be contributing to your headaches….")

- Offering solution when the person only wants to share feelings (e.g. "Just concentrate on you study" without sufficiently hearing the client out about how upset he/she is feeling)

- Not treating all adolescents as a homogenous group but tailoring the approach through taking in account that person's cognitive and social-emotional maturity, style of engagement, strengths, limitations and the situational context

Honing one's counselling skills

Honing one's counselling skills requires the counsellor to pay attention to the following:

- Improving one's awareness of one's own emotions that may arise during the counselling process and one's skills at dealing with one's own emotions. This is essential for optimum responding to emotions in others. Insensitivity to emotions/distancing from emotions (one's own and the client's) can create a barrier in developing an alliance with the client and empathizing with him/her, while being overwhelmed by   emotions can result in losing objectivity and impairment in the capacity to help. Self-reflection, discussions with and support from peers /supervisors about challenges during counselling   may be used to maintain objectivity.

- Learning to developing flexibility and balance in use of listening- mode (listening, empathizing, validating etc.) in counselling as well as action-mode (collaboratively generating potential solutions, discussing their relative merits/demerits, developing action plans, teaching certain skills to handle issues etc.) in counselling . The counselor needs to be aware of the need to switch from one to another mode within /across sessions/ across different phases of counselling.

- Continuing to use opportunities for learning with the awareness that learning counselling can be a lifelong process. It helps when the counselor stays aware of his/her powers as a counselor in client's life and uses that therapeutically. The counselor also needs to be aware of his /her limitations (e.g. difficulty in handling a

given kind of a problem/issue or in developing/maintaining alliance with a given client/ use   of a given technique/approach etc. A clear understanding of the nature of the problem, monitoring progress and knowing one's limitations is vital for making right decisions at the right time regarding referral of a client to a mental health professional.

ROLE OF THE MASTER TRAINERS: BEYOND TRAINING

For any school based program to be impactful, the quality of training that the teachers receive is very important. However, the quality of training is not sufficient to ensure the successful implementation of a program. The master trainers can play a critical role in maintaining the motivation and enthusiasm of the trainers in the life skills program as well as reiterating the importance of the same in their discussions with school authorities.

As the implementation of the life skills training program requires significant investment of time and resources, it is plausible that trainers at times feel de-motivated /demoralized as a result of lack of encouragement, appreciation as well as time constraints. Also, they may occasionally experience doubts about the utility of the program for adolescents. When the master trainers are able to create opportunities for the trainers to interact freely with them on a periodic basis, it becomes easier for the trainers to share their challenges and concerns and brain storm ways of dealing with different kinds of constraints/barriers in implementing the program. These interactions can also be used to provide the trainers positive feedback about their efforts and the value of their work. Such interactions can be organized by the master trainers at least once in 3 months, in- person /over phone / over email, depending on the need and the feasibility.

Similarly, it would be helpful if the master trainers are able to expand their role to strengthen their connections with the school administrators. This would help to improve the acceptance of the life skills program as well as to discuss ways of decreasing the logistic barriers to its implementation.

What can the master trainers do beyond working with adolescents/youth?

1. Periodically engage in dialogue with the administrators in schools to understand their views and observations, to reiterate the value of the life skills program for adolescents, to discuss ways of overcoming hurdles in program implementation as well as to express appreciation of the school for going an extra mile beyond the routine management of academic affairs.

2. Regularly contact the trainers   with the purpose of providing reinforcements for their efforts into the life skill program, highlighting its value even though all students may not benefit from it to the same extent , sharing frustrations in implementation and brainstorming ways of handling such issues. These contacts

could also be used for discussing challenging moments during the training and discovering ways of handling the same.

3. Regular network with the parents to get support and provide the current information of the program. Encourage to discuss skills at home also in a positive and encouraging manner. Invite volunteers among the parents to become facilitators in the program.

4. Sensitize the community leaders about the program and encourage expansion of the program.

When a master trainer is able to incorporate the above mentioned aspects into his/her role, it can go a long way in sustaining the life skills program in a given setting. This requires a master trainer to be pro-active (without being intrusive and without coming across as 'too pushy'), being sensitive to the ground realities in a given situation, being open in validating efforts and expressing appreciation as well as in using creative ways of dealing with roadblocks/challenges in life skills program implementation.

Vision of the program

- Empowering adolescents with skills.
- Developing positive and adaptive behaviour in the adolescents.
- Promotion of mental health in adolescents.

"You must be the change you wish to see in the world" - Mahatma Gandhi

APPENDIX

Life Skill Session - Facilitator's Report

NAME…………………………………………………………..SEX………………..

SCHOOL……………………………………………………………………………...

Conducted for:………………………………………………………………………...

Number of Adolescents/Youth/Students:……………………………………………..

LIFE SKILL EDUCATION SESSION

……………………………………………………………………………………………

Date:………………………….

Activity Conducted:

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Issues identified by students:

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Skills focused:

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Participation by Students: Poor/Average/Good

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My ability to facilitate: Poor/Average/Good

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Key message delivered:

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What was new for the facilitator?

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Benefits Identified:

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Limitation Identified:

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Remarks:

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