



GENERAL SUPPORT GROUP CURRICULUM

Guidance and orientation package for support group interventions for children, adolescents and families requiring basic emotional and practical support in humanitarian settings



Foreword

The development of this guidance and orientation package seeks to support efforts to address existing gaps in providing needs-based services for populations affected by humanitarian crises. To reach many people, these services would need to be community-based and this calls for wider strengthening of capacities, particularly local capacities, to provide such services. This guidance intends to be a basis for training and orientation for the resource persons who will work with children in small groups.

The design of the guidance and orientation package was informed by a literature review of available group-based interventions with children and young people in difficult circumstances. This was followed by online consultations with Child Protection Area of Responsibility (CP AoR) Coordinators and staff from field-based child protection agencies based in four countries (Afghanistan, Colombia, Syria and Ukraine). Data collected from these combined sources provided the necessary basis to define existing service gaps and determine the feasibility of implementing support group interventions.

Once the draft curriculums became available, an online training was delivered for five non-specialist child protection workers in two of the selected countries. This was followed by induction training, where participants used the draft curriculum on a pilot basis for a period of 5-6 weeks, with regular follow-up support provided by the consultant. At the conclusion of this period, the consultant evaluated the outcome of the pilot implementation for final revisions to the support group methodology.

The Mental Health and Psychosocial Support (MHPSS) staff of IOM based in Maiduguri, Northern Nigeria, totaling 90 workers received training

in this methodology, and a core team was constituted to implement it in IDP camps in this region. The outcomes led to a further improvement of the guidance and orientation package.

The Global Child Protection Area of Responsibility would like to acknowledge the efforts and contributions of many people who were involved in the development of this guidance. From the Global CP AoR: Roei Saul Hillel, Verena Bloch, Sonja Novikov-Bruderhofer and Joyce Mutiso; from the CP AoR Colombia: Maria Gabriela Villota Gavilanes, Grace Agcaoili, Ruth Ferreras and Cesar Bladimir Reyes Roncancio; from the CP AoR Ukraine: Naira Avetisyan, Tatyana Fannouch and Kateryna Martynenko; and from UNICEF: Ruth O'Connell. Keven Bermudez, MHPSS specialist and consultant, led the development of this guidance. The project conception, promotion and supervision was led by Koen Sevenants, MHPSS Specialist, Global CP AoR.

This guidance was made possible through the generous contribution of the USAID's Bureau of Humanitarian Assistance.

The Global Child Protection Area of Responsibility





General Support Group Curriculum

To be facilitated by community workers for children/adolescents and families requiring basic emotional and practical support in humanitarian settings (Level 3 of the Intervention Pyramid for MHPSS).



1. INTRODUCTION

Situations of mass violence or natural disaster disrupt basic safety and security in exposed people's lives. For many, it is difficult to regain desired safety and security while continually facing numerous life challenges without effective coping supports at different levels. This prolonged adverse situation undermines hope, which affects prospects of prompt psychosocial recovery and stabilization.

The common challenges uprooted people by violent conflict and natural disaster might face in this life context include:

- Dealing with the negative physical and psychological/emotional impacts of direct exposure to extreme life events in their natural living surroundings.
- Dealing with grief over loss/disruption of significant attachments to people, belongings, and personal development opportunities, which may never be recovered or normal-

ized (e.g. family members, friends, property, livelihoods, culture, neighborhood life, established daily routines, development plans, body parts, mobility, etc.) and inability to grieve these significant losses/disruptions appropriately while facing major difficulties to resolve multiple life stressors that undermine safety, security, and hope, such as:

- Having to adjust to altered surroundings in regular living area following breakdown of social order and damage done to community resources.
- Unemployment and impoverishment, with consequent dependency on humanitarian aid, living in precarious and unsanitary living conditions, experiencing food insecurity and lack of prospects of being able to secure livelihoods in place of origin/ displacement/exile.
- Difficulties to access essential community resources for safety, security, network expansion, and personal development due to inclusion barriers in destination contexts.
- Having to adjust to new cultural realities and practices in contexts of displacement/ exile.
- Facing discrimination, racism, marginalization, exploitation in destination contexts.

- Threats of deportation back to home country while in exile.
- Continuous security threats in unstable life contexts.
- Family tensions/dispersal.
- Exposure to increased health risks.
- Anxiety over the lack of information about loved ones' left behind or difficulties communicating with them from afar.



2. GENERAL SUPPORT GROUP FOR CHILDREN AND ADOLESCENTS AT LEVEL 3 OF THE MHPSS PYRAMID

These combined challenges establish prolonged situations of dislocation and disenfranchisement, which prevent individuals and families from appropriately processing difficult life memories and grieving over losses endured. Unprocessed memories and unresolved grief over a protracted period trigger other difficult emotional reactions, such as anger, fear, guilt, and isolation, that may further constrain individual and collective ability to counter these life challenges. As life challenges persist unresolved, these difficult emotions become further entrenched.

It is, therefore, important to help uprooted people address these combined challenges so that they can raise their safety and security to the level that allows them to adequately process difficult life memories, grieve over losses, and regain a sense of hope, as essential for full psychosocial recovery.

Young people caught in these situations often lack the personal strengths and adequate parental/ caregiver support they need to mediate these challenges successfully and, therefore, can easily remain blocked. It is, therefore, necessary to offer these young people complementary community-based support that helps them address these challenges so that they can create the space of safety, security, and hope they need for psychosocial recovery and stabilization.

Many young people who have developed difficult emotional reactions consequent to their adverse life circumstances do not reach out for available psychosocial support. There may also be very few MHPSS-trained actors responding to the crisis, especially in remote areas of the country.

Although they are not as numerous as young people who do not experience major blockages in this type of situation, their number combined with the scarcity of MHPSS-trained actors still warrants group-based approaches for psychosocial recovery and stabilization.

The general support group curriculum described below aims to help young people with weak supports to address psychosocial challenges that disrupt their sense of safety, security, and hope, so that they can eventually process difficult memories and grieve their multiple losses as necessary for full psychosocial recovery and stabilization. The emphasis is on encouraging mutual aid among the group's membership and links with wider community supports.

The support group curriculum can be implemented by para-professional staff with a commitment to child protection, preferably under supervision by at least a child protection specialist.

This approach favors the integration of MHPSS into child protection activities.



3. SUPPORT GROUP COMPOSITION

Prior to engaging at-risk young people in this type of support group, it is important to implement a group screening procedure that ensures a high degree of homogeneity among the group's composition.

The general support group curriculum is not themed on a specific life challenge, rather, it provides the group's membership the opportunity to define priority-felt, common life challenges at an appropriate point in the group's natural development.

Since a pre-defined life challenge does not provide the basis for the organization of this support group curriculum, the necessary homogeneity among the group's composition is sought by screening potential candidates for specific emotional reactions.

Online consultations with national CP AoR teams and representatives of child protection humanitarian agencies in four countries currently undergoing violent conflict and natural disasters (Colombia, The Ukraine, Afghanistan, and Syria), carried out to inform the design of support group curriculums for young people at level 3 of the MHPSS pyramid, highlighted five predominant emotional reactions in exposed children and adolescents: sadness, isolation, aggressive anger, fear, and guilt.

The group screening procedure, therefore, is designed to place children and adolescents in support groups according to one of these five predominant emotional reactions. This screening strategy prevents inadequate mixing in the group's composition, e.g. predominantly sad young people interacting with young people who

are predominantly aggressively angry. However, the support group curriculum is common across the different groups, since they are all facing a wide range of life challenges and can likely define one in common.

The para-professional group facilitators do not need to engage support group members in emotion-focused work but help them cope with ongoing life challenges and problem solve by strengthening their support networks through mutual aid.





4. GROUP SCREENING PROCEDURE (TO BE IMPLEMENTED BY CO-FACILITATORS, ONE OF WHOM WILL BE THE NOTE-TAKER)

Name of co-facilitators:

Date of interview with parents/caregivers:

Phase 1: Identification of potential support group participants

- Identify children/adolescents currently involved in child protection programs and schools that are of concern to staff members.
- In partnership with health staff and community workers, identify out-of-school children/adolescents who are not linked to a child protection programme either that are of concern to nearby others.

Phase 2: Parent/caregiver interview

Approach identified children/adolescents' parents/caregivers, if available, to learn more about their current state. Explain that there are concerns about their child's wellbeing and you would like to understand more about their child's present situa-

tion, as help might be available for them.

- Ask about and take note of parents'/caregivers' own observations and concerns in relation to their child: Are they concerned about their child at this time? If so, how long has their child been in this state? Does their child's general state change at times?
- Ask about what have they tried already to help their child. How did it work? What else do they think could be useful at this time to help their child improve?
- Following this exchange, determine whether the child's difficulties may be related to poor contact with reality, i.e., appears confused, expresses strange beliefs, displays abnormal behaviors, and if so, raise the possibility of making a referral for evaluation and possible treatment if an appropriate mental health service is available in the community, (in case this referral has not already been made before). **The support group format would not be appropriate for a child who has poor contact with reality.**
- If their child shows adequate contact with reality, ask parents/caregivers whether they would describe their child as mostly:

Tick the appropriate box:

- Sad
- Angry
- Afraid
- Isolating
- Feeling down on him/herself all the time

Phase 3: Provision of information to parents/caregivers.

- Encourage parents/caregivers to continue supporting their child as they have until now.
- Inform them that you will soon be organizing weekly meetings in a given community location with children of their child's same age who display similar reactions, to help them feel much better through different group activities. Ask whether they would be interested in involving their child in these types of meetings. Would they like both of you to meet with their child to discuss this possibility? Or do they prefer taking some time and getting back to you at a later point with their decision?
- Accept any answer they provide, whether negative or positive, and if negative, let them know that there will be more opportunities to participate in these types of meetings in the future. If their child is not linked to any available support program in the community, offer your support to help them make a link with an alternative program.
- If their answer is positive, proceed to the next and final phase:

Phase 4: Matching the identified child to the appropriate support group

- Based on collected information on the child, recommend their referral to one of the following five support groups:
 - Coping with deep sadness.
 - Coping with aggressive anger.
 - Coping with persistent fear.
 - Coping with isolation.
 - Coping with low self-concept.

Co-facilitators' signature:



5. GUIDANCE FOR SETTING UP AND RUNNING A SUPPORT GROUP.

A. Pre-group preparation tasks

- Your child protection agency's child safeguarding policy continues to apply in relation to your role as support group facilitator.
- If possible, find a room that will be of exclusive use for group meetings.
- Make sure that the identified room is of adequate size for a group of 6 to 8 participants and that it does not contain any potential distractions, or else, cover them up.
- The room needs to be easily accessible by all admitted group members, well-lit, and well-ventilated, offering some degree of privacy, to increase group members' sense of safety and reduce disruptive noise. Find a time of day for the group meeting when these conditions are guaranteed.
- Only after establishing the location of the group's meeting point, start implementing the group screening procedure.
- Once the group screening procedure has been completed, arrange a meeting day and time that works into group members' schedule. Keep in mind that young people's attention



span is longer in the morning than in the afternoon/late afternoon. The ideal would be to meet at least twice a week, in the morning, for a maximum of 45-minute sessions with younger children and 1 hour with adolescents.

- Organize a pre-group orientation session (involving group members' parents/caregivers, teachers)
 - After welcoming remarks and personal introductions, start by briefly summarizing what the group their children are going to take part in is for: getting to know and trust new people, share their ongoing concerns safely, learn from each other how best to deal with them, and applying these newly acquired skills

in practice by engaging in joint problem-solving activities.

- Emphasize that whatever is said or done within the group will not be shared outside of the group except if absolutely necessary and with participants' prior consent.
- Provide information on meeting point, days and time, session duration.
- Allow attendees to ask questions.
- Obtain parent/caregiver's written consent to allow their child to participate in the support group. Give them a copy of the support group plan.

B. Recommendations for running the support groups

- It is highly advisable to include a secondary facilitator, if available, to help individual members who might struggle with some of the group tasks to stay on task.
- Make sure to have a clear sense of the session plan and carry out any preparations (purchases, etc.) before starting the session.
- Determine each facilitator's role before the start of the support group session.
- Children love routine, so, follow the suggested session plan consistently so that they know what to expect.
- It is advisable to not admit any new members once the 6-8-member group has been formed, even if some discontinue their attendance.
- Plan to sit the group members around a table and at a comfortable distance from each other, to increase their sense of safety during the session.
- Give each group member a chance to engage in personal disclosures, by going around in circle, but do not force every group members to disclose if some do not feel comfortable doing so, for any reason. Try instead to simplify the question posed. Young people do not typically engage in extensive verbal discussions anyway.
- Keep "rule talk" to a minimum, as young people often disconnect. Just say that the same rules that apply in classroom, and which they know very well, apply in this group gathering. You can ask them: what happens in school when.....?
- Do not allow group members to engage in side discussions during the session. Bring them back to the main activity as soon as possible. If there is need to control a group

member's behavior, do it as briefly as possible to not distract the group's attention, e.g., by giving the child a temporary time-out. Follow up individually later.

- Remain enthusiastic about the group, as young people are very perceptive and unless they sense that the group facilitator is truly invested, will likely disengage.
- If members do not feel positive about an activity, just stop it, and try a different activity.
- Highlight positive changes observed in different group members to encourage their progress as the group proceeds.
- Keep in touch with parents/caregivers, teachers at different points after the start of the support group to collect their observations about their child's progress and answer their follow-up questions.
- Review what transpired during the session with the co-facilitator before the following session.
- Write a progress note at the end of each phase of the group's development (initial, middle, termination). (See proposed format in appendices).
- Clarify the available pathway in context to refer cases for individual follow-up should a group member begin to show signs in session of severe emotional distress.



General Support Group Curriculum

Initial phase sessions

SESSIONS 1 – 3

Building confidence

Objectives:

- A. To help members feel safe and supported in the group.
- B. To create a group atmosphere that encourages members' participation and contributions.
- C. To build group cohesiveness to encourage sharing of experiences in the middle phase.

Proposed trust-building activities:



SESSION 1: GETTING TO KNOW ONE ANOTHER

Think of an activity that you are already familiar with that is good to help people get to know each other for the first time.

Example activity (adapted to context):

Procedure:

- Facilitator provides group members with paper and pencil.
- Facilitator poses different questions, one at a time, that each group member must answer. The facilitator can initially model the response to demonstrate answers.

E.g.:

1. Who is in your family?
2. What is your favorite class at school?
3. What do you want to be when you grow up?
4. What are your two favorite things to do after school?
5. Where else has your family lived?
6. Name the meal that you like the most.
7. Name one thing about your family that makes you happy?
8. What was special about your last birthday?

- Ask group members to exchange their answers with their neighbor and note similarities between them.
- When they are done, ask them to contact a different member for the same exchange and note existing similarities.
- At the end, each member shares their own answers and similarities with different members in public.

Bringing closure: Ask members to share their positive responses to this session’s activities, i.e., what they enjoyed most, learned, found most rewarding. (Repeat this at the end of each session)



SESSION 2: GETTING TO KNOW ONE ANOTHER BETTER

Welcome: Choose a personal way of welcoming group members by their names and checking in with them before engaging them in this session’s activities. You can ask members to take turns at being the leader and ask other members a non-threatening disclosure question at the beginning of the session. (Repeat this at the beginning of each session)

Review: Before starting the new session, review what happened in the previous session. Ask group members what they remember most, what they learned, how did they feel after the session and if they have any further questions. (Do this at the beginning of each session).

Think of an activity that you are already familiar with that is good to help people get to know each

other better after an initial meeting.

Example activity:

Procedure:

- Play an indoor game without much movement, like:

Quiet Statues.

Start by introducing the game and its rules.

- Ask one group member to quietly whisper to other group members what kind of statue she or he wants them to make. Give them some ideas, like different professions, animals, etc.
- At the count of three, group members have to freeze into their statue (no one should move or talk) and the lead group member (the one who whispered) gets to pick the best statue.
- The person that was selected as the best statue then becomes the new lead group member and has to whisper to other group members what kind of statue to make next, and so on until everyone has taken a turn at being the lead group member.
- Do a trial run of the game first.
- Tell members that an additional rule to the game is that in each round, they will have to answer a different question before their turn.
- Play the game and pose a new question each round.

Bringing closure



SESSION 3: INCREASING TRUST IN EACH OTHER

Welcome & review

Think of an activity that you are already familiar with that is good to help people increase interpersonal trust.

Example activity:

Procedure:

- Draw a number of different places that are highly frequented by children/adolescents you are working with, e.g., home, school, fields, communal play areas, etc. and entitle this form “Something that bothers me”.
- Provide pencils and pass out copies of the form entitled “Something that bothers me”.
- Each person gets a turn to pick a place on the form where there could be something that bothers them.
- Once they have named the place, the group has a set time for all members to share their answers.
- The game continues with everyone taking their turn to name the place, with the same game played after each participant’s turn.
- Each round, if the members beat the time, the group gets a point. When the participants do not beat the allotted time (i.e., all members have not been

able to share their pet peeve for that place), the facilitator gets the point. Whoever has the most points at the end wins.

- The game is then conducted following the rules.
- If time allows, discussion questions can be posed to the members to extend their responses.

Bringing closure.

Progress indicators:

- All group members have shown regular attendance to the group or otherwise explained their absences.
- All group members have participated in planned group activities and requested support from group facilitators when needed.
- Group members pose questions to facilitator and to each other, showing their group engagement.





General Support Group Curriculum

Middle phase sessions

Objective: To help group members identify and increase their understanding of common life stressors that affect them and engage in mutual aid interactions to mitigate and improve them.

- Something upsetting that I think about almost every day is

or

- If only

wasn't happening in my life right now I would be so happy.

- On completion, go around the circle asking each member to share their selected sentence.
- Establish commonalities among different members' responses and support them emotionally. E.g., "I'm so glad you mentioned that because many children have had a similar experience in this situation."



SESSION 4: ACHIEVING GROUP CONSENSUS ON A COMMON LIFE STRESSOR THAT AFFECTS GROUP MEMBERS.

Welcome & brief recap on previous session.

1. Introductory activity

Guidance to co-facilitators:

Start session with an age-appropriate, culturally familiar, group activity that draws members' attention to the hardships of life.

Example activity: Ask group members to complete one of the sentences below.



2. Core activity:

Defining the common life stressor within the group.

Guidance to co-facilitators on use of Participatory Ranking Method:

Step 1: Divide the group into even-numbered sub-groups and ask each sub-group to brainstorm to answer the following question: (30 min. to answer)

“If you could solve a big problem affecting many children/adolescents in your community right now, which one would it be?” (E.g. attacks on children, schools destroyed, presence of armed people, etc.)

Go around the sub-groups encouraging members to share their thoughts on this question with each other.

When a sub-group member suggests a problem, ask that person to suggest an object that represents that specific issue, to remember it more easily. If other sub-group members suggest other distinct problems, ask them to suggest a different object that represents those too. By the end, each sub-group may have built a pile of different objects, each standing for different important issues.

You should have 8-10 objects from all the sub-groups by the end of this exercise.

If you, as the facilitators, know of a big problem affecting many children/adolescents in the community that has not been raised by group participants, you can bring it up and ask for their consideration. E.g. “Some children/adolescents might think so and so is a big problem in this community. What do you think?” If they agree, they should suggest an object to add to their pile, otherwise, leave it out.

Step 2: Now, encourage different group members to place the objects representing the identified problems at different points along a line, from left to right, according to their perceived importance and explain why. (The co-facilitator acting as note-taker should record these comments, using the precise words of the group member, if possible).

Each time an object is placed along the line, ask remaining members if they agree with the proposed positioning, and if not, to reposition it as they consider appropriate and explain why. (Note-taker records comments as precisely as possible). These adjustments will often lead to group discussion on the most appropriate positioning for each important issue. Some objects can be grouped together, as they are basically representing the same problem.

At the end, the group as-a-whole must come up with a final ordering of problems that they all agree with.

Closure activity:

- Re-state the major findings regarding the important issues affecting young people in the community.
- Encourage group members to think about the top-listed problem and how it may affect them personally in preparation for next session’s discussion.

PRM DATA COLLECTION FORM

Framing Question: If you could solve a big problem affecting many children/adolescents in your community right now, which one would it be?

Facilitator: Notetaker:

Location: Number in Group: Date:

Group Details:

Key Issues Identified:

Free list:	Rank Order:
<input type="text"/>	1. <input type="text"/>
<input type="text"/>	2. <input type="text"/>
<input type="text"/>	3. <input type="text"/>
<input type="text"/>	4. <input type="text"/>
<input type="text"/>	5. <input type="text"/>
<input type="text"/>	6. <input type="text"/>
<input type="text"/>	7. <input type="text"/>
<input type="text"/>	8. <input type="text"/>
<input type="text"/>	9. <input type="text"/>
<input type="text"/>	10. <input type="text"/>

Comments:

(Please write down what people say, using their own words – don’t paraphrase).



SESSION 5: EXPANDING THE GROUP'S UNDERSTANDING ABOUT THE PSYCHOSOCIAL IMPACTS OF THE SELECTED MAJOR ISSUE ON CHILDREN/ ADOLESCENTS' WELLBEING AND ENCOURAGING EXPERIENTIAL SHARING AMONG GROUP MEMBERS.

Welcome & brief recap on previous session.

Guidance to co-facilitators:

Prior to this session, carry out brief research and prepare a brief presentation on major psychosocial impacts of the selected top issue affecting children/adolescents in the community and appropriate coping strategies.

Introductory activity:

At the start of this session, use a psycho-educational approach to provide group members with key information on the psychosocial impacts of the selected major issue affecting children/adolescents in the community. E.g. "Today we are going to learn more about the ways in which..... (the selected topic) affects children/adolescents".

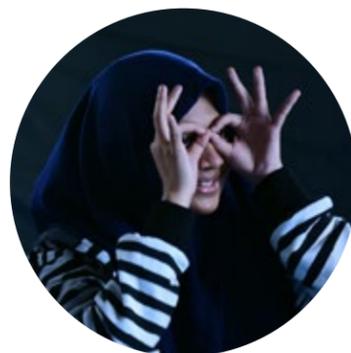
Allow group members to raise questions about the information provided.

Core activity:

Then, go around the circle asking individual group members if they would like to share how the issue under discussion has personally affected them and their families.

Closure activity:

- Conclude this time of experiential sharing by highlighting commonality of psychosocial impacts among the group's membership.
- Express appreciation to group members for their personal disclosures. Let them know that at the next session, they will be able to discuss ways to cope with these psychosocial impacts.



SESSION 6: RAISING GROUP MEMBERS' AWARENESS ABOUT AVAILABLE FORMAL AND INFORMAL STRATEGIES TO COPE WITH THE IDENTIFIED COMMON LIFE STRESSOR, WITH AN EMPHASIS ON MUTUAL AID.

Welcome & brief recap on previous session.

Guidance to co-facilitators:

- Prior to this session, identify a group member who is willing to be a peer model at the start of this session, who will share his/her experience of effective coping with the priority issue by continued reliance on available individual-family and community-based supports.
- Tell group members that the aim of this session is to help them recognize effective ways of coping with the priority issue.

Introductory activity:

- Ask the peer model to take the lead at the start of the session and share his/her coping experience with the priority issue and outcomes. Take note of this coping strategy on a flipchart sheet.

- Allow other group members to pose questions to their peer to obtain a fuller understanding of the coping strategy described.

Core activity:

- Go around the circle asking different group members if they would like to share their own or their family's way of coping with the priority issue by reliance on individual-family and community supports. Add these coping strategies to the flipchart sheet and highlight commonality of approaches.
- At this point, you, as the co-facilitators, can also suggest appropriate coping strategies based on prior research and experience.
- Encourage the group membership to decide which of the described coping strategies they would like to try out, if they have not already tried them.
- Explore with the group membership ways in which they can support each other outside of sessions to implement the coping strategies they have decided to try out.

Closure activity:

- Express appreciation to group members for sharing their individual/family coping strategies.
- Ask group members how they feel after sharing their individual/family coping strategies.
- Summarize the main take-aways from this session.



SESSIONS 7 - 9: PROMOTING GROUP/COMMUNITY-LED RESOURCE IMPROVEMENT STRATEGIES TO ENHANCE COPING AND PROBLEM-SOLVING IN RELATION TO THE IDENTIFIED COMMON LIFE STRESSOR.

SESSION 7

Welcome & brief recap on previous session.

Guidance to co-facilitators:

Prior to this session, collect basic information on available community-based resources that may help to address the group-defined priority issue and their current state of functioning. In situations of violent conflict or natural disaster and ensuing displacement, these resources often sustain some degree of damage or become less available for other reasons. They are, therefore, unable to adequately perform their usual supportive function.

Introductory activity:

At the start of this session, ask group members to identify the available community-based resources that are required to successfully cope and problem solve with regard to the priority issue they have defined. Complete their list with the information you have collected previously.

Core activity:

Step 1: Ask different group members to provide information on the current capacity of these resources to deliver appropriate support with their stated priority issue. Complete their individual descriptions with the information you have collected previously.

Step 2: Help group members reach consensus on the available community-based resource (among those identified) that needs to be improved on a priority basis for increased coping and problem-solving support in relation to their top priority issue.

Once defined, they must also reach agreement on a particular aspect of the identified community-based resource that they would like to help improve through a group effort.

Note: If the identified resource did not already exist in context prior to the crisis, they can also formulate the need for a new community-based resource that addresses their top priority issue.

Closure activity:

Express appreciation to group members for their contributions.

Ask group members to complete the paragraph below, which summarizes this session's learning:

"We need _____

(resource) to successfully cope and problem solve with regard to the priority issue we defined. This resource needs to be improved by _____

so that it can adequately serve its intended purpose. We can help improve it by jointly _____

Inform group members that at the next session, they will be able to develop a joint action plan to achieve desired improvements.

SESSION 8

Welcome & brief recap on previous session.

Guidance to co-facilitators:

- Inform group members that this entire session will be dedicated to design a joint action plan to implement the desired resource improvement.
- Guide group members in the completion of the action plan below.

Action plan

Action's objective	How will the objective be accomplished? (General strategy)	Who will be responsible to do what?	What are the training needs to implement assigned tasks?	What other community supports are required?	How long will the action last?	What evidence will show improvement?

Closure activity:

Ask group members if they are enthusiastic about implementing this joint action plan and confident about being able to achieve its intended objective.



SESSION 9

Welcome & brief recap on previous session.

Guidance to co-facilitators:

- Prior to this session, collect information on the available training and orientation resources that group members might need to implement their assigned task in the joint action plan.

Full session activity:

- During this entire outdoor session, facilitate group members' links with identified training resources and other community supports required to successfully achieve the joint action plan's objective.

Final notes:

- Once group members have completed their basic training and orientation to implement their assigned task, and are connected to wider community supports, they are ready to launch their joint action plan out of session for its expected duration.
- As co-facilitators, you can support the development of their joint initiative by shouldering different group members while implementing their respective tasks.
- It would be appropriate to bring group members back together at different points in the course of the joint action so that they can update each other on progress made, share experiences and new insights, and refine the action's objective, if necessary.
- The last session, (Session 10) should only take place once the joint action has been completed.

Progress indicators:

- a. Group members have coalesced to mitigate a common psychosocial risk factor in their living environment.
- b. Group members acknowledge the value of peer and community support to cope with and mitigate life challenges.





General Support Group Curriculum

Termination phase activities



SESSION 10

Group closure activities.

Session objectives:

- A. To give members the opportunity to share what they have gained from the group experience and have their personal contributions acknowledged by other members.
- B. To allow members to plan for the continuity of their group-based, joint initiative on a peer support basis.
- C. To celebrate the group's achievements in a culturally appropriate way.

Proposed closure activities:

Note: Prior to this last session, ask group members how they would like to celebrate the end of the group experience and make necessary arrangements, with their involvement.

At the last session:

Welcome & review.

- Introduce the form “If my heart could talk, it would say...” Ask group members to share what their fondest memories of the group are. They can either write it or draw a picture. Note, for example, increased knowledge, skills, improved feelings, etc.
- Go around the circle asking each group member to share their responses with the rest of the group.
- Finally, ask group members to respond to each member's presentation by sharing with him or her what they have come to like about him or her through the group experience.
- Once everyone has done their presentation, ask group members how they intend to carry on with their group action to maintain their achievements.

Bringing closure.

Progress indicators:

- a. Group members are able to describe what the group experience has meant for them.
- b. Group members feel more capable of turning to others for support to deal with personal issues.
- c. Group members contribute their ideas to celebrate their group achievements.

GENERAL SUPPORT GROUP PROGRESS REPORT

(To be filled at the end of each phase).

Support group name:

Date of support group meeting:

Session number:

Number of group members present in session:

Names of co-group facilitators:

Comment on group members' progress towards group phase objectives, highlighting any problems:

Initial phase progress indicators:

A. All group members have shown regular attendance to the group or otherwise explained their absences.

B. All group members have participated in planned group activities and requested support from group facilitators when needed.

C. Group members pose questions to facilitator and to each other, showing their group engagement.

Middle phase progress indicators:

D. Group members have coalesced to mitigate a common psychosocial risk factor in their living environment.

E. Group members acknowledge the value of peer and community support to cope with and mitigate life challenges.

Termination phase progress indicators:

F. Group members are able to describe what the group experience has meant for them.

G. Group members feel more capable of turning to others for support to deal with personal issues.

H. Group members contribute their ideas to celebrate their group achievements.

BIBLIOGRAPHY

1. *A Guide to Working with Young People who are Refugees. Strategies for Providing Individual Counselling and Group Work.* Victorian Foundation for Survivors of Torture Inc. 2000.
2. Ager, A. et al. *Rapid Appraisal in Humanitarian Emergencies Using PRM.* Program on Forced Migration & Health, Mailman School of Public Health, Columbia University, New York, 2011.
3. Bermúdez, K., Vergnon, R. Bray, M. *Move On & Engage Youth Curriculum.* Terre des hommes 2020.
4. Bronwyn Hyde (2013) *Mutual Aid Group Work: Social Work Leading the Way to Recovery-Focused Mental Health Practice,* Social Work With Groups, 36:1, 43-58, DOI: 10.1080/01609513.2012.69987.
5. Dawson, K.S., Watts, S. et al. *Improving access to evidence-based interventions for young adolescents: Early Adolescent Skills for Emotions (EASE).*
6. Dennison, Susan T. *Creating Positive Support Groups for At-Risk Children. Ten Complete Curriculums for the Most Common Problems Among Elementary Students, Grades 1-8.* Jalmar Press, 1997.
7. Dotterweich, J. *Positive Youth Development 101: A Curriculum for Youth Work Professionals.* Cornell University, 2021.
8. Figueroa, L. et al. *The Peace Road Curriculum User's Manual.* World Vision, 2000.
9. Gitterman, A. & Shulman, L. (Eds.) *Mutual Aid Groups, Vulnerable and Resilient Populations, and the Life Cycle.* Third Edition. Columbia University Press, 2005.
10. Green, J. et al. *Health Promotion. Planning and Strategies.* 4th Edition. SAGE, 2019.
11. *Group Problem Management Plus (Group PM+): group psychological help for adults impaired by distress in communities exposed to adversity* (generic field-trial version 1.0). Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
12. *Helping adolescents thrive toolkit: strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours.* Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BY-NC-SA 3.0 IGO.
13. IASC, *With us & for us: Working with and for Young People in Humanitarian and Protracted Crises,* UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.
14. L'Abate, Luciano. (Ed.) *Low-Cost Approaches to Promote Physical and Mental Health. Theory, Research, and Practice.* Springer, 2007.
15. *Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement.* International Organization for Migration, 2019.
16. *Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice.* UNICEF, 2020.
17. Moyse Steinberg, Dominique. *A Mutual-Aid Model for Social Work with Groups.* Third Edition. Routledge, 2014.
18. O'Kane, C. et al. *Engaged and Heard! Guidelines on Adolescent Participation and Civic Engagement* (PDF). UNICEF, 2020.
19. O'Kane, C. *Guidelines for Children's Participation in Humanitarian Programming.* Save the Children, 2013.
20. Pegon, G., Calvot, T. *Mental Health Support Groups: From Individual Suffering to Forming a Collective of Users.* Handicap International, 2017.
21. Purgato, M. et al. *Focused psychosocial interventions for children in low-resource humanitarian settings: a systematic review and individual participant data meta-analysis.* Published as an Open Access article by Elsevier Ltd. in The Lancet, Vol. 6, April 2018.
22. Snider, L. *Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families. Operational Guidelines, Field Test Version.* UNICEF, 2018.
23. *The Adolescent Kit for Expression and Innovation Facilitator's Guide.* UNICEF, 2018.
24. Trickett, E.J. *Community Psychology: Individuals and Interventions in Community Context. Chapter on Building Community Capacity/Resources.* Annual Review of Psychology, 2009.
25. Zagdanski, D. *Teenagers and Grief.* Michelle Anderson Publishing Pty Ltd. Australia. 2012.

PHOTO CREDITS

- COVER PAGE: © UNICEF/UN055816/AL SHAMI P. 20: © UNICEF/UN0149743/DEJONGH, © UNICEF/UN0241235/WILANDER
- P. 2: © UNICEF/UN0213312/NADER P. 23: © UNICEF/UN0410508/CHNKDJI
- P. 4: © UNICEF/UN0512086 P. 25: © UNICEF/UN077164/NESBITT
- P. 7: © UNICEF/UNI356877/URDANETA P. 26: © UNICEF/UNI367271/FAZEL
- P. 10: © UNICEF/UN069359/ROMENZI
- P. 12: © UNICEF/UN070642/HATCHER-MOORE
- P. 15: © UNICEF/UN068657/OATWAY
- P. 16: © UNICEF/UN0474802/KEÏTA
- P. 18: © UNICEF/UN0209726/GILBERTSON VII PHOTO

**GENERAL SUPPORT
GROUP CURRICULUM**