
MULTIFACETED ADOLESCENCE

Adolescence is the transitional period between childhood and adulthood, characterized by a complex series of bio-psychosocial changes. The main events, which characterize adolescence, are:

- The attainment of separation and independence from parents,
- Establishment of sexual identity,
- Commitment to work,
- Development of a personal moral system,
- The capacity for sexual love in heterosexual relationship,
- A return to the parents in a new relationship based on a relative equality.

Challenges of Adolescence

The Indian Scenario- Children and adolescents constitute 40-44% of over 1000 million populations.

- 10-12% of under 18 years suffer from disorders in behaviour, learning and development.
- ICMR (2001) study found 12.8% of children and adolescents suffering from mental & behavioural disorders.
- Despite sound policy guidelines, child mental health care- received scant attention in service, research and training aspects in the national context.

1. Educational pressures and intense competition in various fields:

education has become a nightmare for the adolescents and adults alike, because of the increased cut throat competition.

Reasons

- More students and less educational institutions
- Anomalous education system
- Demands at vocation and employment

Consequences

- Psychological problems
- Suicidal tendencies
- Increased vulnerability towards various vices
- Risk of an early burn out

Solutions

- Increase educational institutions, both private and public
- Improve quality as well as the system of education
- Give more thrust to vocational studies thereby nurturing young entrepreneurs

2. More matured at a relatively young age:

due to socio-economic, cultural and other environmental changes, young adults have found to be becoming more mature at a younger age. The knowledge acquired thus sometimes impinges upon the adolescent to have a normal structured growth, both physical and mental.

Reasons

- TV and cinema medium
- Computer and internet
- Inheritance of western culture and mores
- Extent of educational syllabus thrust upon children starting at a very young age

3. Demand more independence:

adolescents have started demanding more Independence and have also become more rebellious in nature.

Reasons

- **Atomic families:** with the trend being a single child, children are pampered and spoilt and become uncontrollable as they grow into adolescents.
- **Working parents:** less time is devoted by parents to attend to the children's needs and their growth. This allows the children to grow in an environment of isolation,

inadequate love and caring etc. Hence any sort of parental control introduced during adolescence is severely resented by the children, and they demand more independence.

4. Use of drugs and other intoxicants:

Reasons

- Peer pressure
- Parental pressures on performance of the child
- Economic well being of the family- more money in the hands of adolescents
- To fight against boredom

Consequences

- Health related problems
- Social stigma
- Lack of self-confidence
- Suicidal tendencies
- Health related problems

Internet chat, net porn and net stalking:

adolescents easily fall prey to some of the negative aspects of the computer revolution.

- **Internet chat:** It is healthy in moderation and at times it is beneficial. However, many a time, internet chat becomes an obsession. **Consequences-** it hinders healthy mental and physical development in adolescents, hampers concentration in other areas and makes the adolescents a social recluse.
- **Net porn:** porn sites are coming up in thousands every day and it is very easy to access many of them. **Consequences-** adolescents visiting these can end up having a completely stunted perception about sex and life and also get addicted to these sites further, leading to mal performances in other areas.
- **Net stalking:** it starts when adolescents, in their ignorance, give out their personal particulars during internet chatting.

Consequences- certain undesirable elements, taking advantage of these situations, indulge in indecent, immoral and unethical practices involving young adults.

Premarital sex and conception:

Reason

- Present age of permissiveness and freedom has allowed healthy relationship to develop between the opposite sexes. At the same time, this has permitted adolescents to experiment freely. Recent research has shown that children as young as 9 years of age have already experimented with sexual intercourse at least once.

Experimentation has further given rise to an increasing number of conceptions and abortion of unwanted pregnancies among adolescents.

Solutions

- Formal sex education
- Help lines to cater to these types of adolescent related problems
- Active involvement of parents in alleviating doubts of adolescents in these areas.
- Guidelines for Parents/ Teachers to deal with adolescents concerns.
- **Rebellion for adult control/ need for direction:** teenagers must have enough freedom to be able to make some bad decisions. Adults must be involved when teens make bad decisions and help them learn from those mistakes.
- **Wish for closeness/ fear of intimacy:** teens would like to have close relationships with others, even adult authority figures; but they are suspicious. They should be made comfortable enough so that they do not hesitate being pally with an adult.
- **Push and test limits/ see limits as a sign of caring:** family, school etc must be stronger enough than the teen that tests it. It is a basic ingredient of security for an adolescent.
- **Think of future/ oriented to present:** an adolescent knows that good academic performance is essential to get into a good college, but will still wander away the time in other things. He/she should be reminded of their ultimate goal and its means but in a friendly approach.
- **Sexually mature/ cognitively not ready to experience sexuality:** teens would be tempted to get into a romantic relationship and probably will engage in sexual behaviour. Teens should be made aware that they should not have sexual reasons because they are not emotionally prepared to handle the break-ups; their bodies are still developing etc.

EDUCATION FOR LIFE PREPAREDNESS- Promoting Life Skills Education in Schools

The goal of education is to promote overall well-being and holistic development of a child, where, psychosocial competencies play a major role.

Psychosocial competence has an important role to play in the promotion of health in its broadest sense: in terms of physical, mental and social well being. In particular, where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution.

The most direct interventions for the promotion of psychosocial competence are those, which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, the teaching of Life Skills in a supportive learning environment can promote the development of psychosocial competence.

Life Skills The Down of Empowerment

World Health Organization (WHO) defines life skills as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.”

UNICEF defines life skills-based education as basically being a behaviour change or behaviour development approach designed to address a balance of three areas: Knowledge, Attitude and Skills.

Life skills can be utilized in many content areas, issues, topics or subjects such as in prevention of

- Drug abuse
- Sexual violence
- Teenage pregnancy
- HIV/AIDS/STD
- Suicide

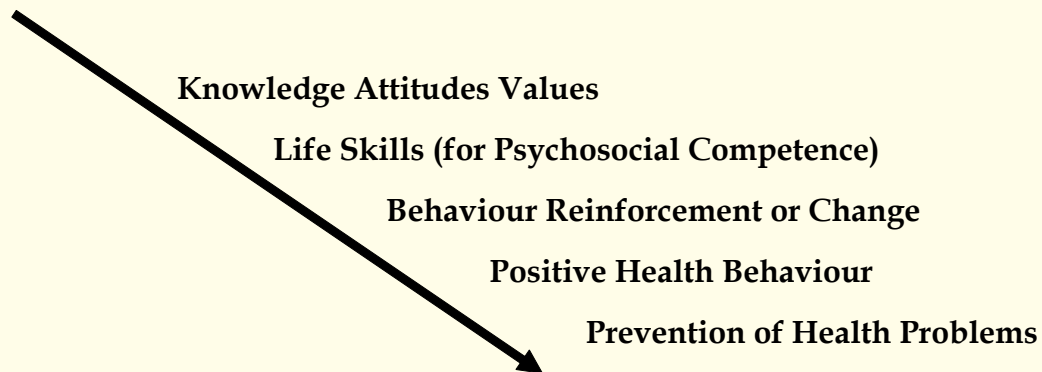
UNICEF extends its use further into

- Consumer education
- Environmental education

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- Peace education
 - Education for development
 - Livelihood
 - Income generation

The Ten Core Life Skills-

- **Self-awareness-** includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure.
- **Empathy-** is the ability to understand what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to accept others, who may be very different from ourselves this can improve social interactions, especially, in situations of ethnic or cultural diversity.
- **Decision making-** It can teach people how to actively make decisions about their actions in relation to healthy assessment of different options, and what effects these different decisions are likely to have.
- **Problem solving-** enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.
- **Creative thinking-** It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives.
- **Critical thinking-** is an ability to analyze information and experiences in an objective manner.
- **Effective communication-** means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations.
- **Interpersonal relationship skills-** helps us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being.
- **Coping with emotions:** include skills for increasing the internal locus of control for managing emotions, anger and stress.
- **Coping with stress-** is about recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress.



The Life Skills can be Imparted Through Training workshops with school counselors/ interested teachers

STEP 1: Identifying prominent psychosocial issues in Indian context.

STEP 2: Counselor training in specific life skills

STEP 3: Identification of peer trainers

STEP 4: Conduction of similar workshops in respective schools by “peer trainers”

STEP 5: Feedback session with resource team

DIFFERENT WORKSHOPS ARE GIVEN IN THE NEXT FEW PAGES-

WORKSHOP I

Developing Emotional Sensitivity (Empathy)



DEVELOPING EMOTIONAL SENSITIVITY (EMPATHY)



2 hours (120 minutes)

INTRODUCTION

Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others, to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support.

OBJECTIVES

Participants will

- ▲ Identify hopes and fears in writing
- ▲ Interact spontaneously with other group members
- ▲ Practice empathic skills by listening to a partner
- ▲ Decrease sense of isolation by giving and receiving feedback with group members
- ▲ Increase empathy with other members by explaining partner's worksheet

MATERIALS

- Copy of "*Highest Hopes, Deepest Fears*" worksheet for each member
- Ink pens or pencils

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

- Divide the participants into pairs (not more than 20 pairs).
- Hand out xerographic copies of the worksheet and instruct members to think about their highest hopes and deepest fears. Tell the group to identify their hopes and fears on the worksheet by writing them out in the spaces provided e.g., if Vikas and Prerna have been at odds



lately, this might be a vehicle through which differences could be overcome. On the other hand, if you are fairly certain that Prerna would use this exercise to expose and humiliate Vikas then the two should not be assigned together.

- Instruct the pairs to share their worksheets with one another, making sure they have a good understanding of what their partner means by the material written on his or her worksheet. Encourage partners to question and explore one another's work. Give 30 minutes for this activity.
- These done, call members back to the group circle. Then ask each member to share his or her partner's worksheet with the group. Encourage feedback from the group, although questions and comments should be directed to the presenter of the worksheet, not the author. Each speaker is given 2 minutes to talk about his partner.
- After this is completed, explain that the author now has a chance to comment on how well the presenter understood him or her.
- Then call on the next member, in round-robin fashion so that every body presents their understanding of their partners.

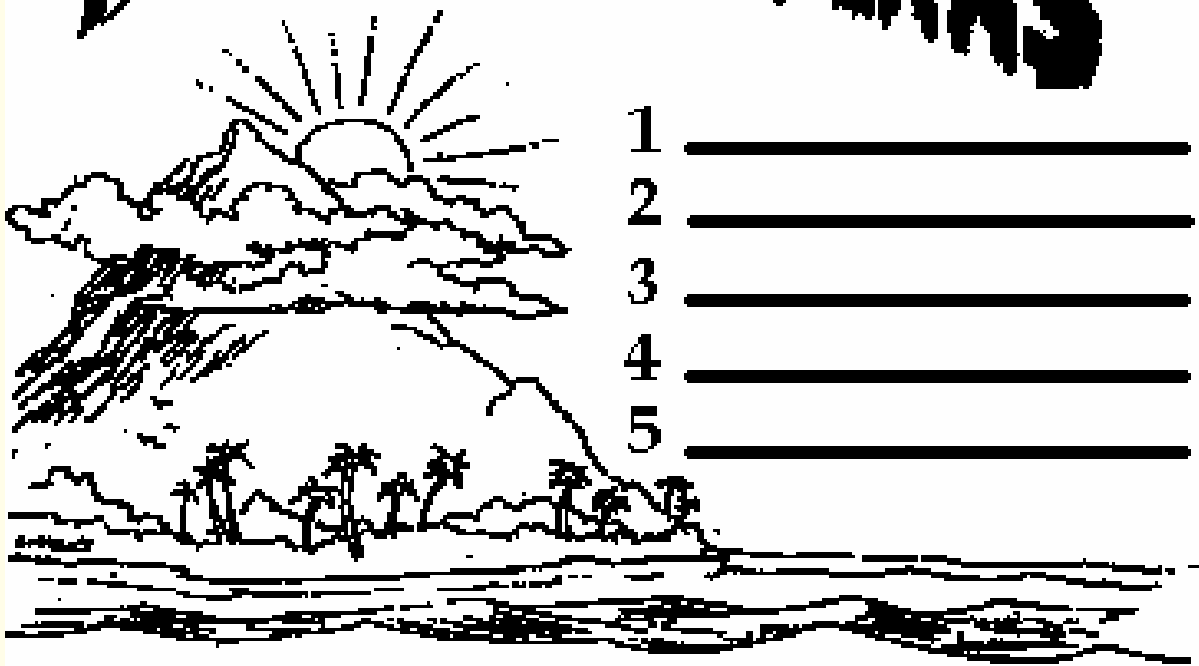
CONCLUSION AND MESSAGE

- Conclude the session with some comments about the following:
 - ▲ Commonality of hopes and fears expressed
 - ▲ Importance of understanding another's perspective (empathy)
- This exercise has two important processes at work: First, a sense of belonging to the group is promoted when hopes and fears are shared; second, empathic skills are practiced when members present their partner's worksheet to the group.

HANDOUTS AND FEEDBACK FORM

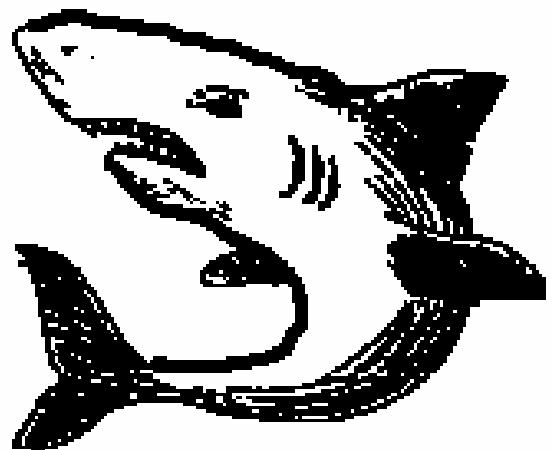
(Distribution and collection of the filled forms)

HIGHEST HOPES DEEPEST FEARS



- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____



LIFE SKILLS EDUCATION FEED-BACK FORM

Name: _____ Class: _____ School: _____ Topic: _____

1= Strongly
Disagree

2 = Disagree

3 = No
Opinion

4 = Agree

5 = Strongly Agree

(encircle the choice)

1. I liked the idea of *discussing life skills* in this group.
2. I learnt something about another group member too.
3. I felt comfortable in this group.
4. I shared something about myself in the group.
5. I felt supported by the peer leader / trainer.
6. My participation and discussions will bring about a change in my '*attitude*' and *behaviour* in future.
7. I am looking forward to the next group meeting.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Life themes that I would like the group to discuss in the future meetings are

Life themes that I would not like to discuss in this group are

WORKSHOP II

Understanding Group Behaviour



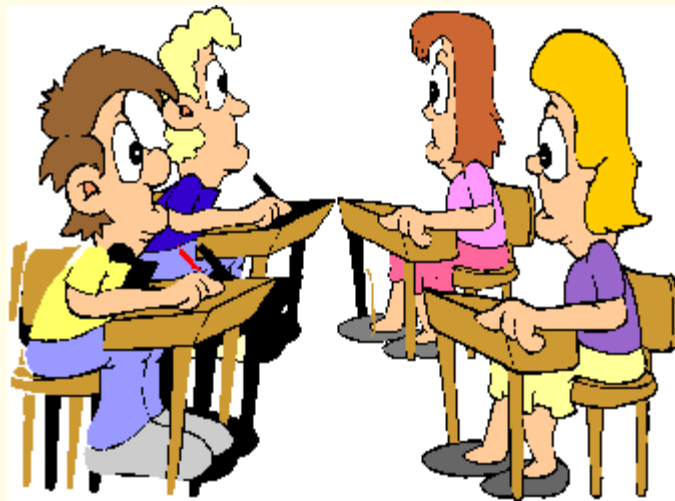
UNDERSTANDING GROUP BEHAVIOUR



2 hours (120 minutes)

INTRODUCTION

Much of our time is spent with others, friends and acquaintances. We seldom do activities which are not influenced by others or which do not influence others. Group behavior is involved in all our activities.



“A group consists of two or more interacting persons who share common goals, have a stable relationship, are somehow interdependent, and perceive that they are in fact part of a group”

People join social groups for several different reasons.

- First, groups help us to satisfy important psychological or social needs, such as those for giving and receiving attention and affection, or for attaining a sense of belonging. These are subtle, but very real.
- Second, groups help us achieve goals that we could not attain as individuals. By working with others, we can often perform tasks we could not perform alone.
- Third, group membership often provides us with knowledge and information that would otherwise not be available to us.



- Fourth, groups help meet our need for security; in many cases there is safety in numbers, and belonging to various groups can provide protection against common enemies.
- Finally, group membership also contributes to establishment of a positive social identity - it becomes part of our self-concept. And the greater the number of prestigious, restrictive groups to which an individual is admitted, the more her or his self-concept is bolstered.
- Contrary to popular belief, groups tend to make more extreme decisions than individuals, in part because of social comparison and persuasion.
- Groups are sometimes subject to groupthink, a strong tendency to assume that the group can't be wrong and to ignore information inconsistent with the group's decision. Groupthink stems, in part, from strong pressures toward conformity with the group's norms.
- Groups often fail to pool the resources of their members: they discuss information already known by most members rather than information held by only one or a few members. Since only information presented can influence a group's decision, this is another potential pitfall facing decision-making groups.

GROUPS AFFECT THE BEHAVIOUR OF ITS MEMBERS THROUGH ROLES

TASK ROLES

Task roles help to get the job done. Their over-riding concern is with content-whether it be identifying what the task is, providing possible answers, or checking up what has been achieved so far. Because of this concern, they have the appearance of being tough. They care not so much for people, as for getting the job done, they are hard-edged. A useful way of thinking of task roles is seeing them as relating to the rational life of the group.



MAINTENANCE ROLES

Maintenance role gives the group, cohesion. They help the group function as a group; they oil the machinery. Maintenance roles are aware of the individual emotional needs of the members of the group and that these needs require some acknowledgement if the group is to work together effectively. A useful way of thinking of maintenance roles is seeing them as relating to the emotional life of the group.

It is easy to see that task roles and maintenance roles contrast with and complement each other. Without individuals assuming task roles, the group would not be able to complete its work. By contrast, if the group lacks individuals who take maintenance roles, then it is likely that the lack of warmth, and sometimes downright open hostility in the group, will impair its ability to work as a single unit, which in turn will impede the task being achieved.

OBJECTIVES

- **Participants will**
 - ▲ Identify the individual roles played in groups. To recognize how these can be used to enhance the group learning
 - ▲ To learn about group behaviour in different roles.
 - ▲ To know the importance of assuming task roles.

MATERIALS

- Trainer information Sheet - individual Roles in Groups
- Individual Roles in Group
- Observer Sheets

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

- Present a brief introduction to the theory of individual roles in groups using *TRAINER INFORMATION SHEET - INDIVIDUAL ROLES IN GROUPS*.
- It is important to stress in this introduction that we are concerned with positive role – those of task and maintenance and that it is useful to spend time on this because these roles actually ensure that work gets done successfully in a group situation, and that progress is made.
- Divide the participants into small groups of 10 people.
- Make Xerox copies of *INDIVIDUAL ROLES IN GROUPS*. Tear them from the perforated lines. Give one piece containing the name of the role and its description to each one of the group members, randomly.
- One member of the group is to act as an observer. Give him *INDIVIDUALS ROLES IN GROUP - OBSERVER SHEET*.
- This is done for as many groups as you have.
- Explain that the groups have to role play a scenario. Give each group one of the scenarios from below. Allow 20 to 30 minutes for this.

ROLE PLAY SCENARIOS

- Your group is the management committee of Interact Club. The purpose of your meeting is to plan a residential trip for your club.

- Your group is the school management committee. Your task is to decide on mobile phones in school policy, which is to include staff as well as students.

- Your group is a parent/teacher association. The purpose of your meeting is to decide on a discipline policy for the school, starting with discussion of the issue of whether or not corporal punishment should be 'banned'.



- When the role-play is finished, ask for the participants to spend a few minutes sharing how they felt about taking on a particular role, and to debrief with each other.

- Bring the participants back together as a whole group and conduct a feedback activity. Ask the observers from each group to report back one at a time. Make appropriate comments and make sure that you concentrate on the value of positive roles in groups.

CONCLUSION AND MESSAGE

- These roles are not static. Indeed, they are likely to be demonstrated many times in the life of the group by many different members. Although certain roles may fit more easily and obviously on an individual's shoulders. One group member may be information giver, then joker, then supporter, and return to information giver within one session.

- Group formation may be either deliberate or spontaneous. The activities, values and behaviour are greatly influenced by the interaction with other group members.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

INDIVIDUAL ROLES IN GROUP- OBSERVER SHEET

Who in your group played

The initiator
Reasons why

The clarifier
Reasons why

The information giver
Reasons why

The supporter
Reasons why

The summarizer
Reasons why

The joker
Reasons why

Sharing experience
Reasons way

The process observer
Reasons why

ROLE PLAY CARDS - INDIVIDUAL ROLES IN GROUPS

Make Xerox copies of this paper and cut along perforated lines.

✂.....

THE INITIATOR: The initiator, quite literally, starts things off. This is obviously applicable when the group first gets together- somebody has to set the ball rolling. Usually this function falls to the person who has brought the group together and who may be identified as the leader. However, the initiator has a broader role than that at various times in the life of a group. Initiators are responsible for changing the direction of the group or for providing some new impetus. The initiator takes initiative - i.e. brings a new state and new possibilities to the group.

✂.....

THE CLARIFIER: The clarifier takes individual contributions and eases out their precise meaning in relation to the group's task. This role may also make connections between individual contributions. Identifying how they relate together. One function of the clarifier role is to encourage people to be specific and avoid unclear generalizations. The clarifier is characterized by statements like "are you saying that" and "it seems to me that what you are saying is..."

✂.....

THE INFORMATION GIVER: This role provides information, which is necessary at that particular time to help the task get done. The information giver may have the knowledge at hand in terms of that individual's particular skills and experience, or may volunteer to find out certain information. The information may be of a technical nature or by contrast, it may relate to understanding what the exact nature of the task is. It might involve the superficial or the profound, but it is characterized by being relevant at that particular time to what the group is trying to achieve.

✂.....

✂.....

THE QUESTIONER: It is the questioner's role to ask basic or fundamental questions about the task of the group. These questions relate to the task itself and may help define its exact nature or they may enquire about some of the assumptions that group members may have made as they have worked on the task. The main characteristics of the questioner's role is his ability to take a step back from what is going on and wherever appropriate, challenge the group on any assumptions it may be making.

✂.....

THE SUMMARIZER: This role pulls various contributions together in a conclusive manner. It does not add anything new to the group's thinking but rather provides the facility whereby the group can check what it has achieved. This role can be taken on informally by somebody in the group simply doing a brief resume of what's been said up to that point or more formally in the form of somebody taking on a secretarial function, taking notes and occasionally feeding this information back into the group. The summarizer's role provides breathing space in the life of a group, allowing the group to reflect on its progress so far and providing a base line for the next phase of the group's work. This role is especially important if a group gets stuck and lacks direction. The summarizer, in identifying what a group has already achieved, will help the group look at how it wants to move forward.

✂.....

THE SUPPORTER: This role is characterized by the demonstration of warmth from one individual in the group to another. This warmth can be shown by providing support for the contribution of that individual or by including them or their contribution, at a later time in the life of the group. The support or inclusion can be verbal (yes, I think that's a really good point, or non-verbal usually in the form of vigorous head nodding or eye contact and open smiling). This latter feature is an important one, because individuals can often be looked upon as non-contributors in the group because they have said little or nothing when, in actual fact, their non-verbal support has increased an individual's confidence and helped the group move towards achieving its task.

✂.....

✂.....

THE JOKER: The joker's role is an obvious one. It provides relief, humour and the opportunity for the group to let-off steam and releases any nervous energy that may have built up in the relentless pursuit of the task. It is worth adding a note of caution here. Often humour can be used in a very destructive manner, highlighting an individual's idiosyncrasies in the group or ridiculing the leader (s) or the task. It can be tempting for individuals or the group to engage in this sort of banter but it is generally destructive to the group and its task, as it breaks down confidence and trust thus undermining the group's cohesiveness. This is not the joker's role. The humour of this role is much more harmless and even silly, although it can be very creative allowing the group the chance to enjoy itself and each other, away from the task for a brief moment.

✂.....

SHARING EXPERIENCE: This role is demonstrated when somebody in the group makes a personal statement about some general issue that the group is working on. This person shares something of themselves, of their lives, or their experience. The demonstration of this role can have the effect of allowing the group to relate on a deeper, more intimate level. Statements like, 'that happened to me once when, or I have some friends who are very concerned about this' characterize this role.

✂.....

THE PROCESS OBSERVER: This role often shows itself when the group has become a little stuck. It was mentioned earlier that maintenance roles acknowledge the emotional needs of the members of a group, this role is demonstrated when these needs and struggles start to block the task. The process observer literally takes a step back from what the group is apparently doing and examines how people are relating and why they might be saying what they are saying.

✂.....

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

	Very much		Somewhat		Very Little
1. Did you find the workshop interesting	5	4	3	2	1

Please write in your reply:

2. Did you find the workshop valuable?	5	4	3	2	1
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Please write in your reply:

3. How can knowledge of roles that individuals play in groups help you?

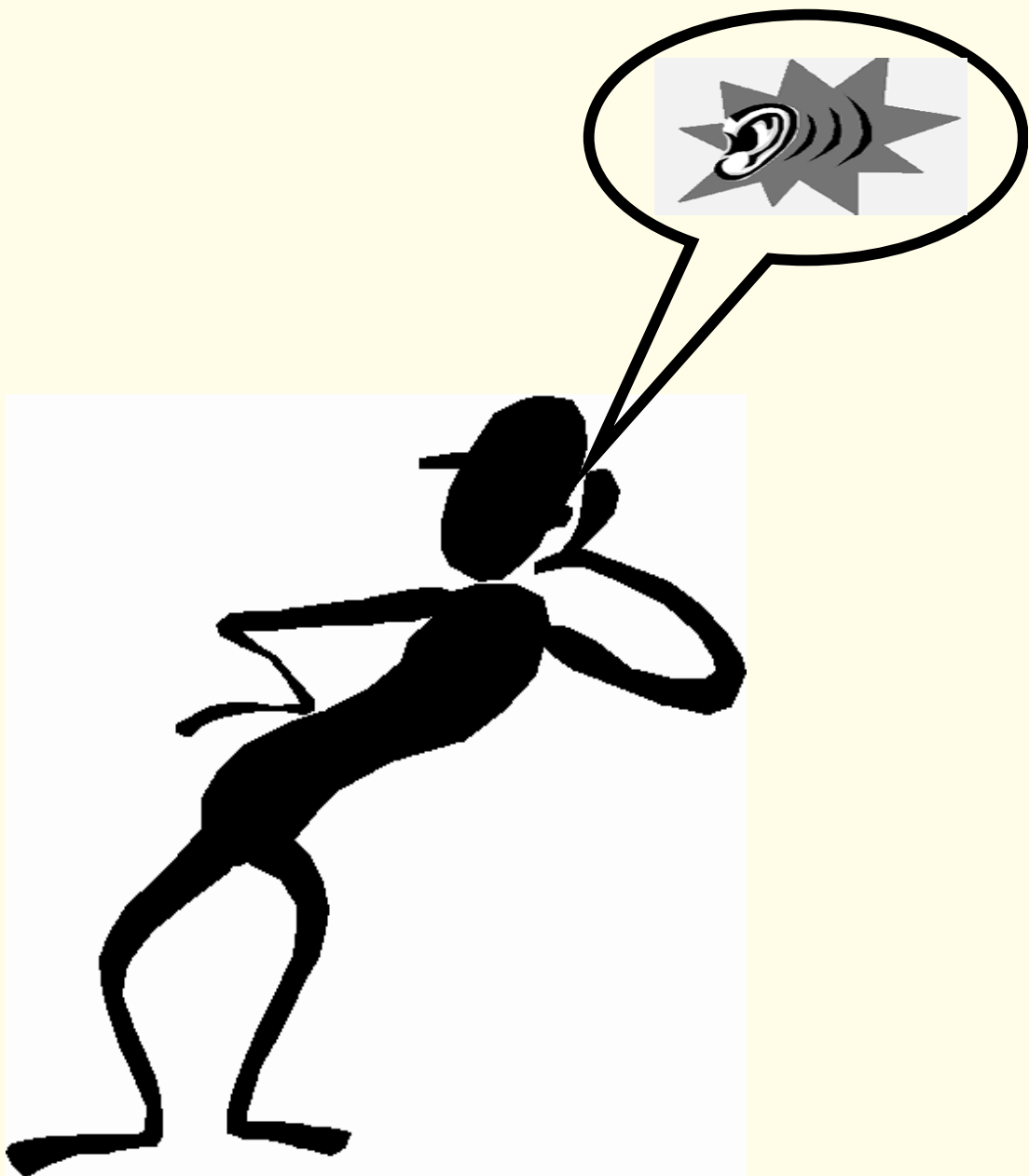
4. Which role / roles do you generally take as part of a group? And why?

5. Which role / roles do you find most difficult to take in a group? And why?

6. Personally, which role do you think is most useful in a group?

WORKSHOP III

Effective Communication through Listening Skills



EFFECTIVE COMMUNICATION THROUGH LISTENING SKILLS



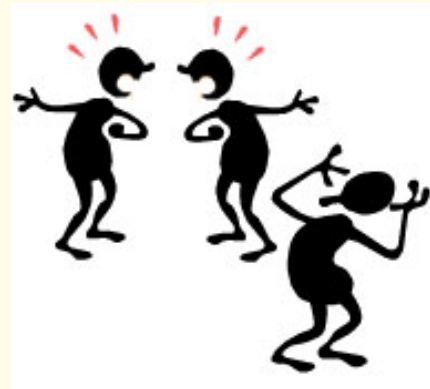
3 hours (180 minutes)

INTRODUCTION

What you say and how you say it are the two keys of success

Effective group communication helps in

- Stimulating actions to achieve group goals.
- Reduces group conflict.
- Improves formal and informal relationships.
- Improves ability for recognizing cues and clues.
- Helps to get to the heart of the matter quickly.



Effective communication is the foundation for good management be it in school, office or home. Communication skills can be divided into two categories: sending and receiving.

Sending Skills (skills used when speaking to someone):

- Deal in the present. Information is more useful when it is shared at the earliest appropriate opportunity.
- Talk directly to the listener rather than about them. When you do this, the other person feels respected and receives accurate information about your feelings.
- Speak courteously. This creates positive role model.
- Take responsibility for statements by using the personal pronoun "I." Example: "when I'm interrupted, I get distracted and have difficulty in focusing".
- Make statements rather than asking questions. Questions often create defensiveness.

Receiving Skills (techniques for becoming a more effective listener):

- Use empathic, non-evaluative listening. This makes the speaker feel that he or she has been clearly heard and that the feelings expressed are acceptable.
- Use paraphrasing, active listening, or reflecting in order to make the speaker feel heard. This allows the listener to become involved in the dialogue.
- Make eye contact and be aware of nonverbal messages.
- Suggest strong leadership by using body carriage, facial expressions, and gestures.



Understanding each other's point of view

- Good communication can be achieved by creating a situation in which each of the different parties come to understand the other from other's point of view.
- A rational argument should be listened to patiently with a willingness to change your mind; if you do, explain why.
- Communication works better if participants are open to new information and different points of view.
- This would help in generating new ideas and make the communication richer.
- Each member should be given the opportunity of expression even if you have doubts about the likely wisdom of their views.

Agree to disagree

- Points of agreement should be stressed and areas of disagreement should be minimized with a view to finding solution to a problem.
- Do not argue on points of difference.

Do not be personal

- Mutual respect is the key to effective group communication.
- If you believe someone is wrong criticize the idea, not the person.
- Cooperate to find an overall solution.

An efficient system of communication aims at removing illusions and misunderstandings by concluding with clear ideas about the topic.

Good listeners have a style that lets the speaker know that he/she is heard, understood, and cared about. A good reflective listener helps a speaker sort out emotions and issues and put the pieces together to make a problem more manageable.

OBJECTIVES

- **Participants will**
- ▲ Practice techniques of reflective listening which is a key to effective problem solving.
- ▲ Understand the difference between open and closed listening styles.
- ▲ Get familiar with a vocabulary of “*good*” and “*bad*” feelings so that they can listen more effectively and understand reasons for misbehavior.

MATERIALS

Blackboard, chalk, markers, handouts, OHP.

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

EXERCISE 1:

UNDERSTANDING THE VALUE OF COMMUNICATION SKILLS

- Before the workshop begins, ask one of your more outgoing participants to think of a problem in his/her family that he/she would feel comfortable sharing with the group.
- Position yourself where all group members can see and hear you easily. Ask your “*volunteer trainee*” to sit beside you. Tell the group that you will be doing a communication exercise, but give no more information.

PART 1

1. Ask the volunteer to begin talking about his/her problem. As he/she talks, use the “*know-it-all*” method to respond. Be sure to over emphasize the body language of a powerful, imposing, inhibiting helper.

“The Know-It-All”

The “*know-it-all*” emphasizes his/her superiority by lecturing, advising, and appealing to reason. He/she views others as incapable of dealing with their own

problems acting as though only he/she has the answers and the speaker better shape up and listen.

2. Continue the conversation for about three minutes, being as inappropriate as possible.
3. Ask the volunteer how he/she felt when you “*listened*.” Ask group members how they felt as they listened to the exchange.
4. List the speaker’s feelings on the blackboard under “*KNOW-IT-ALL*.” Comment on the body language during that exercise. Explain that the “*know-it-all*” style is useless. This is a form of closed communication.

PART 2

Ask for another volunteer to share a minor problem with the group. This time listen as you would if you were “*the judge*”.

“*The Judge*”

The “*judge*” pronounces a person guilty without a trial, proving that he/she is always right and the others are wrong. For judges, the answers to life are always clear-cut. “*The boy is wrong. When I was young, one simply did not do things this way.*” The body language is inhibiting and pompous.



Follow the steps in Part I.

PART 3

Ask for another volunteer to share a minor problem. Then act as the “*consoler*.”

“*The Consoler*”

The “*consoler*” pats the speaker on the back, pretending that there is no real problem. He/she thinks a pat on the back and kind words will make everything better. Consolers make light of things: “*It’s only your mother’s old car.*” “*It’s only puppy love.*”

Follow the steps in Part 1.

PART 4

Ask the first volunteer to return to the chair next to you and talk about his/her problem again. This time, reflect his/her feelings, aiming to clarify the problem. When reflecting remember:

- ▲ Body language is important. Use eye contact and a relaxed, attentive posture.
- ▲ Do not parrot the speaker.
- ▲ Listen carefully and try to give back to the speaker the feeling you hear and the problem that causes that feeling.
- ▲ Reflect until the problem seems clear.
- Do not problem-solve during this session. Discourage others from problem solving.

At the end of the reflecting exercise, ask the speaker to tell how he/she felt about the situation. Write the comments on the board. Ask group members how they felt and why. Emphasize that clarifying the problem is often helpful to a person. Explain that reflective listening keeps communication open.

- Then give a few clear examples of reflecting responses as they might relate to a problem situation.
- ▲ In responding to the tenant who yells, *"I'll never buy anything from that company again!"* - a reflective listener might say: *"Boy!, I am sure you're frustrated because that stove you bought keeps breaking."* or simply; *"You seem frustrated because your stove keeps breaking."*
- ▲ In response to the mom who says, *"She failed again. I give up!"* - a reflective listener might say: *"You seem to feel like giving up because Rashmi keeps getting bad marks."* or simply; *"You seem discouraged because of your daughter's bad grades."*
- ▲ In response to the girl who says, *"I cannot ask Tanishque (a boyfriend) to leave when he misbehaves."* - a reflective listener might say: *"Could it be that you are afraid to kick Tanishque out because he might hurt you?"*
- Show the OHP of **CLOSED STYLE OF LISTENING** and summarize. Distribute Xerox copy of the handout to each participant.

EXERCISE 2:

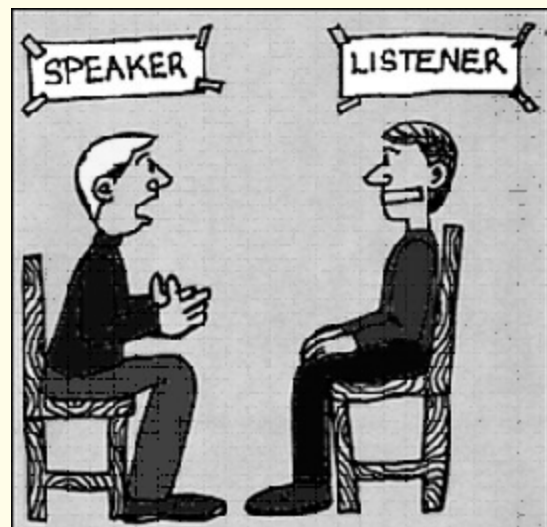
DEVELOPING A REFLECTIVE VOCABULARY

- Tell the group that reflecting is not always easy, especially for those who have never been encouraged to express their feelings. Before you practice reflecting, develop a list of “*FEELINGS*” words.
- Brainstorm with the group, listing on the board, words that express positive feelings.
- Brainstorm with the group a list of words that express negative feelings.
- Keep the lists visible as you go on with this workshop. An already prepared list is available at the end.

EXERCISE 3:

PRACTICING LISTENING SKILLS

- Project the *STEPS OF REFLECTIVE LISTENING* using an OHP or display them on a chart paper.
- Divide the group into pairs. Ask one person to share a problem and the other to practice reflective listening. The goal of the exercise is to identify the heart of the problem. Move around the room and help the pairs through the process when required.
- Reunite the group and have everyone discuss the exercise.
- Now ask for a volunteer pair. Give them one of the situations to role-play their reflective process for the whole group. Highlight what worked during the role-play.
- If time permits ask for another pair to volunteer and give them the second situation.
- Explain that a good reflector can get very tired when listening to too many problems. It is okay to hint that you must end a session. It is okay to say, “*I’m just too worried about something else to listen right now - let’s talk later*”. Make sure



participants know that it's important to say no when necessary and that there are gentle ways of doing this.

CONCLUSION AND MESSAGE

- Conclude the session by discussing that listening also entails communicating which gives the message of being understood.
- When we reflect in listening, we are trying to help the person in need to truly understand their problem. Through clarifying their feelings about what is happening, the person will:
 - ▲ Feel better about the problem at hand and let the situation take care of itself, or
 - ▲ Set up a situation for problem solving that will work.
- With good reflective listening, the person in need will begin to feel some control of the situation at hand. This will empower them to work effectively on that problem.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

Project using OHP and also make Xerox copies and distribute at the end of workshop to all participants (Exercise 1).

CLOSED STYLES OF LISTENING

The Know-It-All: These persons have all the "right" answers because they feel they know everything about the problem. They lecture, quote facts and figures, and often act superior to the person in need. They feel they have helped the person by giving information with the expectation that the person in need will use that information in order to solve their problem.

The Judge: These listeners feel they are always right. No matter what the person in need feels might help the situation, the judge will decide if the solution is right according to his judgment. The judge is always interested in proving that he or she is right and others are likely to be wrong when they disagree.

The Consoler: Consolers try to make things better through a sympathetic ear and lots of stroking. They often make light of problems that seem much more serious to the person in need. They often tell the person in need *“Things will be all right. I’ll be there for you”*.

Commander in Chief: Persons who play the role of the commander in chief are interested in keeping things under control. They tell the person in trouble to *“get rid of the bad feelings”* and take control of their lives. They order, command, demand, or threaten the person in need, thinking that, through demand, the person they are helping will be forced to *“feel better”*.

The Moralist: The moralists find the solutions to problems via their own value system and life’s experience. *“You should do this; you should do that”* is a common line offered. They feel their ideas of what will work best should be the starting point for problem-solving, forgetting that the person in need might live in different circumstances with different pressures affecting their behavior.

The Critic: Critics try to change behavior through criticism, ridicule, cajoling and subtle comments with hidden agendas. Their method can be especially discouraging as the person in need is consistently *“beaten down”* with ridicule relative to their problem.

The Psychologist: Psychologists try to analyze the problem, often with too little information and skills to make a difference. They quote *“experts”* and theory as a way to offer answers. They exasperate the person in need with too many questions as they try to find the *“issue at hand.”*

REFLECTIVE VOCABULARY (Exercise 2)	
“GOOD FEELINGS”	“BAD FEELINGS”
Happy	Unloved
Encouraged	Hated
Satisfied	Hurt
Proud	Dumb
Accepted	Disliked
Comfortable	Unable
Listened-to	Angry
Grateful	Sad
Thankful	Revengeful

Liked	Helpless
Excited	Guilty
Interested	Embarrassed
Safe	Frightened
Wanted	Bored
Great	Anxious
Loved	Indifferent
Confident	Upset
Able	Worried

You can use these examples in *Exercise 3*.

Jaideep is a fifteen-year-old boy who has tried to do well in school. This year he is feeling a lot of pressure from friends to “*take a few days off*.” He has resisted so far. On this particular school day, Jaideep failed a Maths test, was accused of not doing some homework he could not find in his history book, and, on the way home from school, met three old friends who had had a wonderful day in the park (had skipped school).

Jaideep arrives home from school, slams his books on the table, and announces to his mom, “*I hate school! I’m quitting and getting a job so I can earn some money!*”

Jyoti is a working mom who has two young children. She brings the children to day care at 9 A.M., gets to her job at 9:30. She works till 5, picks up the children and arrives home at 6:00. She is new in Noida and has no family to help out.

On this particular day, the alarm clock does not go off. When Jyoti awakens, she is running one hour late. She hurries the children out of bed, dresses two of them, grabs some fruit and rushes to the bus stop to catch a late bus. She hurriedly drops the children off at the day care, leaving the rest of the fruit and clothes, and hurries to catch another bus to get to work. Her workday, which began with the boss questioning her tardiness, consists of one problem after another. Stressed out from the way her day began, Jyoti has a tough day.

When Jyoti arrives back at the day care, the lady at the day care greets her with, “*Your children have had a terrible day today because of their chaotic morning. You need to be more organized.*”

Jyoti responds, “*I wish I never had these kids!*”

Project using OHP or display on a chart paper (**Exercise 3**).

STEPS OF REFLECTING LISTENING

- STEP 1** Let the person know you respect him/her by taking the time to set up a good listening situation with few distractions and enough time to listen effectively.
- STEP 2** Concentrate on what is being said. Make eye contact. Try to listen more than respond.
- STEP 3** Listen and reflect the feelings behind the problem stated.
"You sound frustrated because the husband keeps saying he will help, but never follows through"
- STEP 4** Avoid the "closed responses" of the judge, Consoler, or Know-It-All.
- STEP 5** Do not make every situation a problem-solving session. Often good reflective listening helps the person in need to solve the problem him/herself. Sometimes they will need to explore alternatives to solve the problem.

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

	Very much		Some what	
1. Did you find the workshop interesting	5	4	3	2

Why / Why not? Please write in your reply:

2. Did you find the workshop informative? 5 4 3 2

Why / Why not? Please write in your reply:

3. Which healthy practices of dealing with anger have you been using till now?

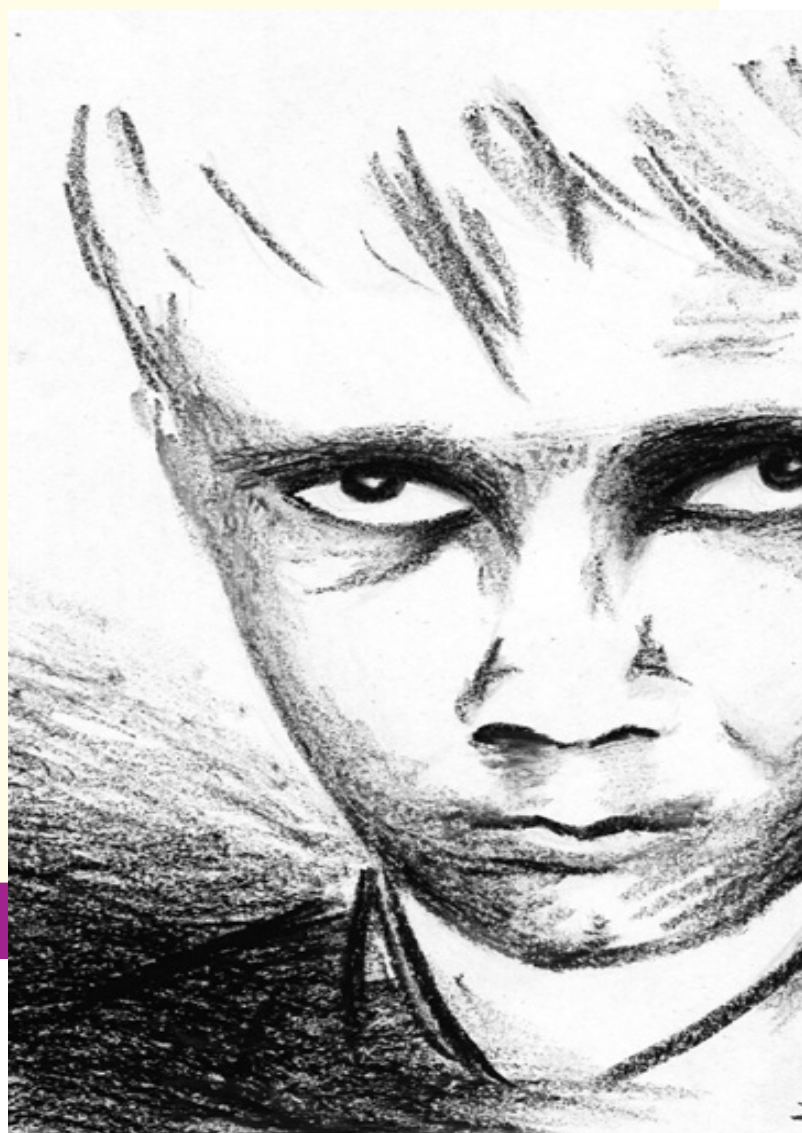
4. Which unhealthy practices of anger expression have you been using till now?

5. What were the commonalities among your group that you discovered during this workshop?

6. How can you help a peer who has anger control problem?

WORKSHOP IV

Learning to Deal with Anger



LEARNING TO DEAL WITH ANGER



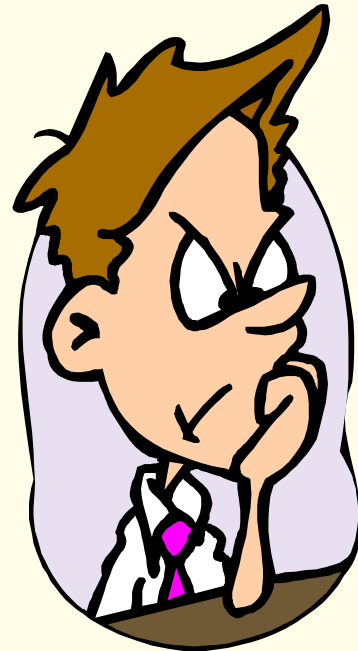
2 hours (120 minutes)

INTRODUCTION

Many adolescents experience aggressive and violent behavior on a daily basis in school, home and community settings. Why do fights highlight the discussion of the day among adolescents? Why, at the slightest provocation or frustration, does a stream of profanity start in playgrounds? Why is there widespread concern over violence on TV and in the movies?

Van Acker (1996) described four types of violence common among adolescents who demonstrate aggressive behavior. These are:

- **Situational Violence:** This results from factors associated with his environment like crowded conditions, poverty etc.
- **Relationship Violence:** Conflicts with persons involved in ongoing relationships.
- **Predatory Violence:** This often results in personal gain from the aggression.
- **Psychopathological Violence:** This type of violence is related to paranoia, depression, skewed views of reality etc.



Are violent children conceived or created? What makes a child violent?

ADOLESCENT RISK FACTORS FOR ANGER AND VIOLENCE

- Physical or sexual abuse
- Severe emotional neglect
- Marked change in physical health

-
-
- Dramatic behavior change (e.g., withdrawal, aggression, petty theft, drunk driving, truancy, sleep patterns, personal hygiene, or agitation)
 - Poor school performance or attendance
 - Serious problems at school (e.g., expelled from school)
 - Multiple uses of emergency medical services for trauma
 - Increase in accidents, injury or gastrointestinal disturbances
 - Impaired or absence of family relationship
 - Alcohol or substance abuse
 - Gang membership
 - Weapon carrying
 - Peer involvement in substance use or abuse, violence or serious crime
 - Involvement in serious delinquency or crimes

Some people explode when they are angry while others keep things inside and let their anger eat at them. Some people get boiling hot and some people get ice cold. From one extreme to the other, it is important for group members to look at themselves and recognize how they handle their anger.



The connection between thoughts and actions is two way. Also feelings and actions affect each other. It is important to acknowledge, accept, manage and appropriately express feelings rather than being overwhelmed by their strength.

OBJECTIVES

- **Participants will**
 - ▲ Complete worksheets on anger within the groups
 - ▲ Discuss their own reactions to feeling angry
 - ▲ Exchange ideas on healthy ways to deal with anger
 - ▲ Explore reactions to anger in self and in others
 - ▲ Identify healthy and unhealthy reactions to anger
 - ▲ Identify false beliefs about anger

MATERIALS

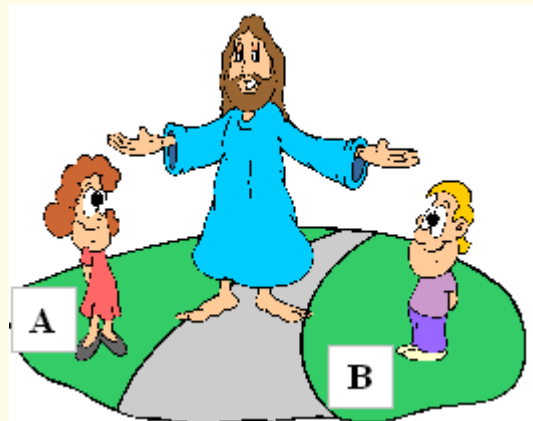
- Copies of “*ALTERNATIVES TO ANGER*” worksheet for each member
- Copy of “*When you are Angry you are most like... ..*” for the trainer
- Pens or pencils, marker board or chalk

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

Exercise 1 - WARM UP: Any simple exercise could be used for a Warm Up (as given in Introductory Manual e.g., ‘Walking Shoes’ etc.).

- Write “A” and “B” with chalk on the floor on the two opposite sides of the room.
- The trainer reads from “*When you are Angry you are most like... ..*” and asks each participant to make their choice.
- Based on their choice they have to stand in either area “A” or area “B”.
- After each choice is read and participants make their choices, the trainer asks them to explain why they particularly chose what they chose.
- Then get the group back together and go on to the next set of choices. The trainer facilitates group discussion among the members using the discussion prompts given below.



DISCUSSION PROMPTS

1. Why did you pick your response?
2. What are the benefits of being like a cat vs. a tiger?
3. How does behaving like a lake feel?

When you are angry you are most like..... (Exercise 1)

- A. Shaken can of pepsi B. A cup of coffee

- | | |
|-----------|------------------|
| A Lake | B. Ocean |
| A Hammer | B. Nail |
| A Swimmer | B. Hockey Player |
| A Flute | B. Trumpet |
| A Tiger | B. Kitty cat |
| A Lava | B. Avalanche |

SITUATION CHOICES (Variation Exercise 1)

1. Your friend breaks your favorite pair of very expensive sunglasses. You... Say
 - (a) It's Okay it was an accident.
 - (b) Yell at him/her and make sure s/he feels bad.
 - (c) Break his/her sunglasses.
 - (d) Make him/her pay for them.
2. Your friend is supposed to be at your house at 7:00 and doesn't show up until 8:00 and gives you no excuse. Inside you feel very upset and hurt. You...
 - (a) Act like it doesn't bother you and let it go.
 - (b) Act like you just got ready and are also running late.
 - (c) Tell your friend that you made other plans and would have to cancel.
 - (d) Ask your friend to explain why s/he is late and then express your feelings.
3. Someone that you know very well tells you that your shirt is really ugly and teases you about how much weight you have gained lately. You...
 - (a) Swear at him/her and make fun of him/her.
 - (b) Ignore him/her and walk away.
 - (c) Tell the person that the comment was rude, that you didn't appreciate it and that it hurt your feelings.
 - (d) Punch the person in the face and tell him/her to "shut up".

DISCUSSION PROMPTS

1. Why did you pick your response?
2. Do you think the other people in the group made correct choices?
3. Do you think that your choice is really the best choice?

Exercise 2 - EXPLORING INDIVIDUAL HANDLING OF ANGER

- Divide the children into groups through any suitable activity suggested earlier. There should not be more than 10 to 12 members per group.
- Distribute the worksheet "*Handling Anger*" to each person. Give 15 to 20 minutes for the participants to fill their sheets without discussion with other group members.
- Ask the group to choose a group representative.
- The group representative discusses the questions given in "*Alternatives to Anger*". He summarizes the group opinions.
- After all the groups have finished each group representative is invited to come forward and present his group opinion.
- The trainer writes every technique (both healthy and unhealthy) of handling anger which emerges from all the groups, on the board.



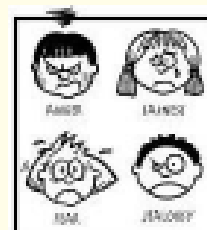
Common responses which may come forth would include the following:

Get even	Throw things
Hide in the room	Run
Talk to a friend about it	Do nothing
Yell	Go work out / exercise
Ignore it	Scream
Take a walk	Hit someone (fight)
Hit something (usually the wall)	

The trainer discusses each response with the large group and gets opinions on whether the response is healthy or unhealthy. Ignoring, bottling up, or doing nothing is not too healthy nor is reacting in a way that is harmful to self or other.

CONCLUSION AND MESSAGE

- Conclude the session with '**anger**' as a natural feeling. Managing our emotions is a big part of growing up.
- Help the group name the "**big six**" emotions:
 1. Mad
 2. Glad
 3. Sad
 4. Scared
 5. Guilty
 6. Lonely



-
- Repeat that all emotions just are; they are not good or bad. How they get expressed is important. Ask the group to try something new the next time they feel angry (try on a new behaviour in reaction to anger; be sure it's a healthy one!).
 - Temper tantrums, violent outbursts, and acting-out behavior fuelled by anger are the common precipitators to both inpatient and outpatient therapy for adolescents. Often, depression and suicidal acting out results from anger directed inward.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

Make Xerox copies and distribute to each participant for filling (**Exercise 2**).



HANDLING ANGER

1. When I get angry, I usually (explain what you do)
2. Does this reaction work for me? Why or why not?
3. How is anger expressed in my family?

Mother:

Father:

Siblings:

Important others:

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

	Very much		Some what	
1. Did you find the workshop interesting	5	4	3	2

Why / Why not? Please write in your reply:

2. Did you find the workshop informative? 5 4 3 2

Why / Why not? Please write in your reply:

3. Which healthy practices of dealing with anger have you been using till now?

4. Which unhealthy practices of anger expression have you been using till now?

5. What were the commonalities among your group that you discovered during this workshop?

6. How can you help a peer who has anger control problem?

WORKSHOP V

Dealing with Loss, Failure and Sadness



DEALING WITH LOSS, FAILURE AND SADNESS



3 hours (180 minutes)

INTRODUCTION

Adolescents are very sensitive to criticism and failure, and can feel sad for any adverse events. These reactive mood changes can be dealt by proper counseling by any person the adolescent loves and respects. This could be you, a teacher or the parents. Such cases do not need a referral to a psychiatrist.



Depressive illness

The symptoms of depressive illness are much the same in adolescents as in adults - low mood, lack of pleasure in any activity, altered sleep and appetite, and depressive thoughts.

Fleeting suicidal thoughts are quite common, but completed suicide is rare.

Moderate and severe depressive illness is uncommon in pre-pubertal adolescents, with a steady increase in incidence over the teenage years.

Adolescents with mood disorders are most often referred to physicians because of their behavior. The most common types of adolescents referred are:

- Adolescents who are irritable, oppositional, and negative; refuse to do work in school; and have severe emotional outbursts at home and school.
- Adolescents with unexplained physical complaints, headaches, or stomachaches and whose degrees of disability are in excess of any clear medical cause
- Hyperactive, impulsive, motor-driven adolescents who tear up the world around them, often with severe aggression and deny all along that anything is wrong.

None of these adolescents fit the layperson's perception of the mood of depressed adolescents; yet the first two are typical descriptions of adolescents who suffer from depression, and the third describes an adolescent with bipolar disorder.

The diagnosis of depression is based on clinical interviews that use established criteria for depression in adolescents.

Suicidal Adolescent

One of the most serious outcomes of depression is suicide. Suicide is the 3rd leading cause of death in youth ages 10 - 24 years. Majority of the children who attempt or contemplate suicide are likely to suffer from depression. Prompt identification and treatment of depression is important. Untreated depression may lead to failure to achieve full academic potential, disruption of key relationships within and outside the family, loss of self esteem, and self-harming behaviours which may include drug use, risk taking behaviours, and suicide.



Stressors sometimes are acute (sudden losses and unforeseen events e.g. - loss of a parent by death or accident) and sometimes chronic (long-term, ongoing issues for which no solution seems to be forthcoming). The first type of stressors takes the teenager unawares and he / she may find coping with the stress beyond his immediate resources. The second type gradually saps the energy and leads to growing feelings of helplessness, hopelessness and worthlessness. Nothing seems to work.

Young people who have a very inhibited personality, are excessively shy, lack close friends, do not share problems, and tend to be lonely and are extremely sensitive are at a disadvantage. Due of lack of communication with same age group peers, they feel that it is only they who are going through the distressing experience, no one close has suffered similarly and ventilation and sharing which can reduce the depression is not available to them.

OBJECTIVES OF THE WORKSHOP

- **Participants will**
 - ▲ Identify personal losses and share them with the group
 - ▲ Discuss their progressions through the loss cycle and identify the stages they believe they are in now
 - ▲ Gain an understanding of the grieving process
 - ▲ Gain an understanding of teenage suicide
 - ▲ Identify factors that may be contributing to depression

MATERIALS

- Chalkboard, marker board, overhead projector, or easel that can be seen by everyone in the group
- Copy of “*The Loss Cycle*” handout for each member

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

- In this activity the trainers take the role of educator-therapist, as this information is usually new to adolescents. Participants are asked throughout the workshop to participate and share their experiences of loss. The workshop enables participants to reframe loss experiences. It also helps them to start understanding their own reactions to loss.
- Ask each group member to think of a time when he or she felt really sad for an extended period of time. Write responses on the board as members share that memory. Common responses include the following:

Someone died.	I left home.
Lost innocence (through rape or incest).	Shifting residence.
A friend moves away.	Meeting with an accident.
Divorce of parents.	My girlfriend or boyfriend cheated on me.
A love relationship ends.	My friend deserted me for other friends.
A brother or sister leaves home.	I failed in exams.
A pet dies.	

- Define these events for the group as “losses”. Explain that depression is often the result of a loss. Mention that there are two types of depression:
 1. *Endogenous*
 - a) Caused by biochemical condition in the body
 - b) May run in families (inherited)
 - c) Responds well to antidepressant medication
 2. *Exogenous*
 - a) Caused by situation in person’s life (often some loss)

- Display LOSS CYCLE MODEL on OHP or on a chart paper using thick marker pen.
- Explain to the group that life proceeds along, "Like this" (indicating the horizontal line). When a loss occurs (referring to the X-mark), the lifeline is interrupted. The individual is propelled into a predictable cycle of reactions (point to the circle looping downward from the X). Recovering from a loss is painful business, however; the process changes a person, makes him or her stronger and more resilient (point to the line coming out of the circle higher than the line entering the circle to symbolize life on a "higher plane").



Project using OHP and make Xerox copies and distribute to all participants at the end of the workshop.

Divide the participant into groups of 6 to 8 members.

- Now ask the participants to think about the losses in their lives. These losses may be old and resolved, or not yet explored. Each group member shares one significant loss with the group (give 1 ½ hours for this discussion).
- The trainers move from group to group and help the sharing process within the group. Once this is done the trainer can use the following questions for further sharing. Some of these questions are...



1. What would you guess is the most usual response (the first feeling you have) to a loss? e.g., Denial, shock, disbelief
2. Did any of you react that way to your loss, as if you just couldn't believe it?
3. Bartering usually comes next. Can you think of a time when you thought about bartering in reaction to a loss?
4. What reaction do you guess would follow a period of bartering?

e.g., Anger?

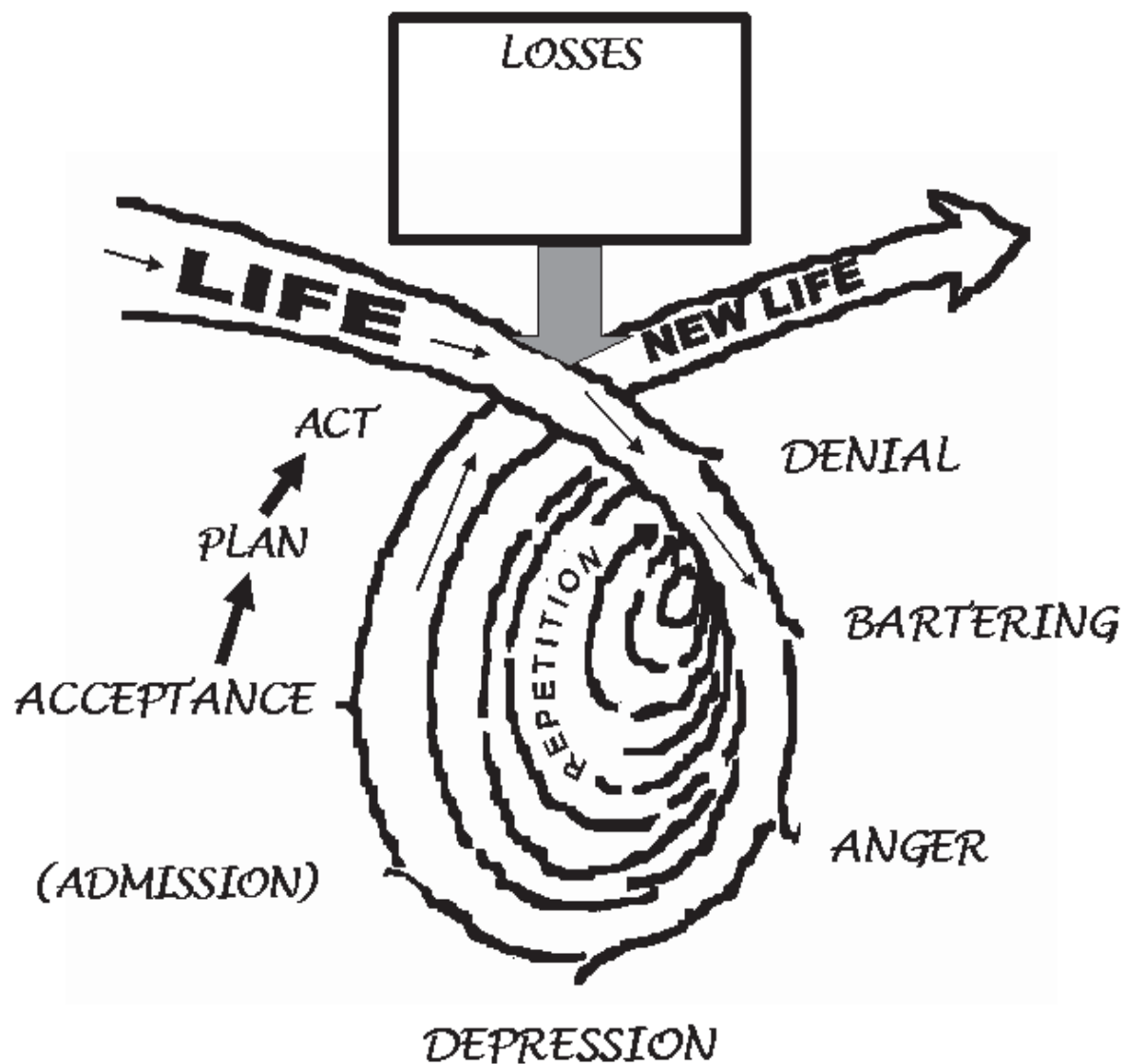
5. Whom would you be angry with?

e.g., Person, God, self, others

- Proceed through the various stages in a similar manner, challenging the group for answers and welcoming self-disclosure and sharing of experiences.
- Keep filling the responses in the various stages of the model.
- Spend extra time explaining the phenomenon of "*hitting bottom*" and exploring the "*despair*" reaction. Teenagers who have attempted suicide usually identify readily with feeling of hopelessness, helplessness, despair, and depression.
- Mention that people do not just click through this process, moving from stage to stage without a hitch. Actually, bouncing around the cycle is more like it. For example, it is not unusual for (the very first stage) to be reactivated during the acceptance stage. The person might have been in the stage of acceptance and then find himself or herself thinking, "*It just can't be true!*"

The Loss Cycle

The Normal Cycle for All Losses



DISCUSSION PROMPTS

1. Do any of you know someone who has attempted suicide?
2. Do you think boys or girls are more apt to be successful with suicide? (Boys. They use more violent methods and so are more likely to succeed.)
3. What are some signs that a person may attempt suicide?
 - (a) The person tells you he or she is thinking about it (suicidal ideation).
 - (b) The person has planned how to do it.
 - (c) There is a change in mood from sad or despondent to near happy or happy (a sign of relief because a decision about suicide has been made).
 - (d) The person gives cherished personal items away (e.g. favorite tapes or CDs, jewellery, clothing).
4. Why is suicide more a threat to teenagers than to adults?
 - (a) Teenagers are more impulsive. They are more likely to act before thinking things through.
 - (b) Teenagers do not have enough life experience to understand that time heals many wounds. They may not believe there's a "light at the end of the tunnel".
5. What should you do if you believe a friend of yours is at risk for suicide? (Tell a responsible adult!)
6. What should you do if your friend makes you swear you won't tell anyone this secret? (Tell anyways, sharing this information may save your friend's life!)



CONCLUSION AND MESSAGE

- After this discussion, it is helpful to explain how some cultures assist people through grieving. In Hinduism, the 13 days ritual, for example, allows mourners a "time out" from their usual lives in order to get through the business of grieving. Crying, weeping, wailing, pulling hair, and tearing clothing are all acceptable behaviors for mourners in some cultures.

-
- Unfortunately, boys are not given permission for such displays of emotionality. Instead, they are encouraged to “*be strong*” and to “*stay in control*”.
 - This exercise allows exploration of depression and suicide in a new light. Most teenagers get information on suicide these days. However, not all teenagers can identify with suicidal ideation or acting out. Presenting information in terms of losses helps all group members identify feelings of depression. Also, this exercise is important because it describes the usual reactions to loss. It may help young people normalize their own behaviour in reaction to loss.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

1= Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree

	(encircle the choice)
1 I liked the idea of <i>discussing losses</i> in this group.	1 2 3
2. I learnt something about another group member too.	1 2 3
3. I felt comfortable in this group.	1 2 3
4. I shared something about myself in the group.	1 2 3
5. I felt supported by the peer leader / trainer.	1 2 3
6. I am looking forward to the next group meeting.	
Next time when I'm feeling depressed this is what I would do?	
Next time when I'm feeling depressed this is what I would not do?	
Now I will think of losses as	

WORKSHOP VI

An Approach to Problem Solving and Decision Making



INTRODUCTION

Decision making includes recognizing that a decision needs to be made, identifying and weighing appropriate alternatives, and choosing among the alternatives.

Problem solving involves implementing decisions in order to achieve a goal or goals. Problem solving includes developing goals, locating and processing information, implementing decisions, and evaluating results.

Problem identification is the first step in the problem solving process. Decision-making is part of the process. Once choices among alternatives are made, the problem solving process continues by implementing and carrying out the decisions in order to reach the desired goal. Problem solvers must find a way to overcome obstacles that prevent goal achievement. A common obstacle is failing to identify the alternatives and consequences of each action.



OBJECTIVES

- **Participants will**
 - ▲ Learn four-step problem-solving process.
 - ▲ Gain knowledge about effective problem-solving strategies.

MATERIALS

Newspaper/blackboard, markers, chalk, handouts.

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

Exercise 1: DECIDING WHEN TO SOLVE A PROBLEM

A. Divide the group into pairs. One member will share a problem which is to be clarified through reflective listening by the other member. Each pair will keep these questions in mind:

1. What is the problem?
2. Has the problem been solved through good listening skills?
3. What is the next step? (Pairs will make notes to keep track of these responses.)

B. After 8-10 minutes, get the large group to reconvene and share some of the problems reflected. List which problems need the next step in the process and those that were solved simply through reflective



blackboard. Decide which problems need the next step in the process. Cross out those

Exercise 2: PROBLEM-SOLVING

A. Show the list of steps in problem solving. Put these steps on a chart paper or projector.

1. Identify the problem
2. Brainstorm for solutions
3. Make a plan of action
4. Set up time for evaluation.

highlighting its importance.

B. Choose one of the problems from the previous exercise. Ask for a volunteer, and role-play the following problem-solving sequence.

1. **Zeroing in on the problem:** Quickly reflect with the volunteer and clarify the problem.

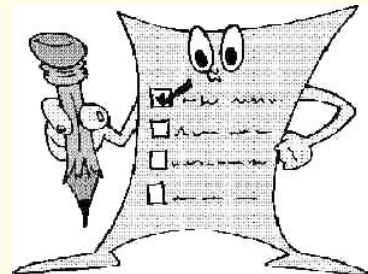
2. **Identifying possible solutions:** Brainstorm with the volunteer to think of ways to deal with the problem. (Add some ridiculous ideas - it's okay to suggest everything that comes to mind.)

Encourage the volunteer to suggest solutions. People tend to follow through more often with their own strategies. Be patient, the volunteer will come up with something. Encouraging him/her to brainstorm for solutions is empowering. List the proposed solutions on board.

3. **Making a plan of action:** Go over the proposed solutions and eliminate the most unlikely. Choose the most favourable, remembering that the person with the problem should make the final decision. You may need to walk him/her through the chosen plan.
4. **Following up:** Set up a time to talk about whether the strategy worked or whether the two of you need to try another alternative.
5. **Evaluating the solution:** Role-play an evaluation meeting. Discuss with the volunteer how well the solution worked or if changes in the solution have to be thought.

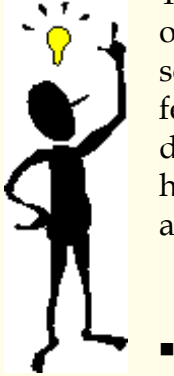
Exercise 3: PRACTICING PROBLEM-SOLVING

- A. Divide the group into pairs. Give one problem from the **PROBLEM-SOLVING WORKSHEET**, to each pair. Have each pair go through the problem-solving process responding to the problem that is assigned to them. Move around the room helping each team.
- B. Reunite the group. Go through the problem-solving process involved in each of the situations given in the **PROBLEM-SOLVING WORKSHEET**.



Role-play the evaluation meeting. Brainstorm solutions to the problems, talking about the pros and cons of each. Then choose the appropriate solution and talk it out. Discuss a follow-up meeting.

Exercise 4 - DECISION MAKING



The trainer requests for 5 to 6 volunteer for a role play. They are given one of the following situations (An argument between a father who wants the son to take science and the son who wants to take commerce because he feels he cannot cope with science **OR** An argument between mother and daughter because the daughter wants to apply for a college outside her home town as it offers better courses. The mother is worried about her safety and wants her to take admission in a local college.)

What is the problem - what happened?

A short role-play is used to show an argument, and the students are asked to define what the problem is, without making judgements about who is right or wrong. The group is asked to consider what effect defining a problem has on the way we perceive it.

The volunteers are asked to write a short play, showing one of the above arguments developing and taking place.

While the volunteers are preparing the play, the rest of the participants are divided into small groups of 8 to 10 people.

The role play is presented.

Each group of 8 to 10 members has to analyze the role play on the following points:

1. Defining the problem.
2. **How does it feel?** The group has to consider each person in the role-play and the feelings that character is having without judging how justified the feeling was.
3. **Option Building:** The groups have to brainstorm how many possible courses of action could be taken to solve the problem.
4. They suggest what could be done to meet the needs of each character,
5. The group has to compare the options to the original problem situation.
6. **Goal Setting:** Groups have to draw a plan composed of small steps that each character involved in the argument has to take to bring about a solution.
7. One member from each group is asked to present what their group has discussed on each of the points mentioned above.

CONCLUSION AND MESSAGE

- While concluding help the participant to discuss advantages and disadvantages of different ways of making decisions, such as



- ▲ by impulse
- ▲ by procrastinating or putting off making a decision
- ▲ by not deciding
- ▲ by letting others make decisions for us
- ▲ by evaluating all choices and then deciding

■ Also conclude on the note that problem solving/decision-making will differ according to the difficulty of the situation, the intensity of the problem, and the source of the problem. Not all decisions or solutions to problems are new. The past is an important resource to use in recurring situations. Regardless of the end result, the decision-maker/problem-solver is responsible for accepting the results. If a decision or solution works it should be retained. If a better solution is possible, a change should be tried.

- Creative thinking process helps in identifying available resources and alternatives while making a decision and while solving problems
- Problem solving and decision making are essential life-skills that are developed over the life span. Having youth learn and practice these skills is critical to the future well being of individuals and society.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

Ask the group members to fill out an evaluation form. Remind them that the evaluation will help you to be more effective. Ask meeting participants to leave the evaluations with you as they go.

Make Xerox copies and distribute to each participant at the end of the workshop

(Exercise 3)

STEPS IN PROBLEM-SOLVING

1. Help clarify a problem through reflective listening. Separate the feelings from the real problem at hand.
2. Explore together ways to solve the problem. List several possible alternatives.
3. Choose the solution that will work best. Think through each step of the solution process.
4. Set up a time to evaluate the effectiveness of the solution chosen. If the problem remains, try again beginning with step 2.

Make Xerox copies and give one copy per pair (**Exercise 4**).

PROBLEM-SOLVING WORKSHEET

.....

Problem 1

Fourteen-year-old Jyoti has been hanging out with a group of teens who skip school regularly. Jyoti is maintaining a 65% in all subjects. The other girls are teasing her, hoping that she will feel embarrassed by her school success and skip school with them this week. Friends are really important to Jyoti. She comes to you saying, *“School is boring. It’s more fun fooling around with my friends at the coffee shop.”*

Assume roles as Jyoti and a helping Trainer.

1. Reflect until you have clarified the problem.
2. Brainstorm to think of at least four possible solutions.
3. Talk about the advantages and disadvantages of each.
4. Decide which solution might work. Talk it through.
5. Make a date to talk about whether the solution worked.
6. Role-play an evaluation. ✕

✕.....

Problem 2

Six-year-old Sachin has been dropping by your home at all hours of the day and night. His mom, who has just begun a full-time job after getting divorced recently, seems overwhelmed with balancing her obligations at home with her new work situation. Sachin, who always seems to be hungry, underdressed, and unsupervised, appears to be the one suffering. Tonight it is seven o’clock when Sachin arrives at your door. You return him to his home only to see his mother sitting at the table talking on the phone, apparently unaware that Sachin was gone. When she sees you, she starts crying.

Assume roles as Sachin’s mother and a Trainer.

1. Reflect to clarify the problem.
2. Brainstorm to think of at least four solutions.
3. Talk about the advantages and disadvantages of each.
4. Decide which solution might work. Talk it through.
5. Make a date to talk about whether the solution worked.
6. Role-play an evaluation.

Problem 3

Mallika is very excited about her new job. Unfortunately, her father is not. At first he demanded that she quit the job. Mallika would not. He has refused to drop her to work, which means she must take a bus. She missed the bus yesterday, and her boss reprimanded her. Last night her father switched off her alarm clock, and she was late for work again today. Mallika comes to you crying hysterically. You cannot understand what she is saying.

Assume roles as Mallika and a Trainer.

1. Reflect to clarify the problem.
2. Brainstorm to think of at least four solutions.
3. Talk about the advantages and disadvantages of each.
4. Decide which solution might work. Talk it through.
5. Make a date to talk about whether the solution worked.
6. Role-play an evaluation.

✂.....

Problem 4

Eighteen-year-old Deependra has begun hanging around with a group of drug dealers. When he goes to visit his grandmother, she pleads with him not to get involved. She is worried about his safety. To make matters worse, the police are keeping a check on anyone suspected of drug associations along with the neighbours under the “*Neighbourhood Watch*” programme. She comes to you for help.

Assume roles as Deependra’s Grand Mother and a Trainer.

1. Reflect to clarify the problem.
2. Brainstorm to think of at least four solutions.
3. Talk about the advantages and disadvantages of each.
4. Decide which solution might work. Talk it through.
5. Make a date to talk about whether the solution worked.
6. Role-play an evaluation.

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

1. Has anyone in the group ever made a decision that didn't turn out well? Would the decision making model have helped? How? Which step?
2. How do you know if you have all the facts you need to make a decision? Who could you talk to?
3. Do you think you could really use this model?
4. Why do you teach clients to problem-solve rather than give them the answers?
5. How will your helping strategies change, based on what you learned in this session?
6. What is the most important thing you learned this evening?
7. What did you like best about this training?
8. What is one thing about the training you would change?

WORKSHOP VII

The Family Bond and Attachment — The Changing Scenario



THE FAMILY BOND AND ATTACHMENT – THE CHANGING SCENARIO



2 hours (120 minutes)

INTRODUCTION

LIVING WITH FAMILY

From the traditional parental roles of close physical contact and emotional support – hugs, kissed grazed knees, reading books together at bedtime, walking together to and from school, cooking regular meals and sitting down and eating them as a family – gradually you have to move to a looser, more independent, but still interdependent form of living together. You have to be there for your children ‘just in case’, but your teenagers are somewhere else much of the time, ‘finding themselves’ out there.



On the positive side, one of the features of young people is their enormous adaptability to new situations, and how quickly they learn to use the social surroundings they find themselves in to their own advantage.

A major concern of teenagers is their families and, within their families, how unpredictable the behaviour of their parents can be. Teenagers like stability at home as they go out to explore and experiment with the world. They need to have a fall-back position, both geographically and emotionally. The dilemma for parents is to try to be patient and to understand their teenager’s behaviour, but sometimes something they lose their patience. Try to discuss with teenagers as to what drives you mad about their behaviour, before you completely spare them. It is better than appearing as if everything is sweet and happy and then suddenly losing your temper.

Some families do many things together while others just seem to live in the same house but don’t do much together. Activities can build relationships among family members if everyone enjoys what the family is doing together. Sometimes people don’t realize that they could be doing more with their families, and their family fun time (or lack of) needs to be evaluated.

OBJECTIVES OF THE WORKSHOP

■ Participants will

- ▲ Identify with their family members and they will evaluate their existing communication level with their family members through evaluation of their leisure time activities.
- ▲ Begin to understand the family bonding and communicative patterns.
- ▲ Identify areas that need more participation, interaction and communication with parents.

MATERIALS

Paper, Pens or pencils

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

- (A) Start the activity by asking each person to identify the people in their life that make up their family. For some people a family is obvious but for others it may be an aunt, uncle, grandparent or neighbour. After the group shares about their families, give each person a piece of paper and ask them to brainstorm and make a list of ten things their family enjoys doing together (anything from eating popcorn to going out of station). Then ask them to look at their list and to put different symbols by each activity. Write this on a chest paper or project on OHP.

- Rs** - If the activity cost more than Rs 500
- »** - If you must go more than 100 Kms. away for the activity
- o** - If the activity brings your family closer together
- :)** - If your family has done this in the last three months

- (B) Now circle your three favourite activities and think about what these activities say about your family values or lifestyle.
- (C) Divide the larger group into smaller groups of 5 to 7 children using any group dividing activity. Ask the group to choose a group representative who helps to

summarise the group discussion after brainstorming has been done using the discussion prompts given below.

DISCUSSION PROMPTS

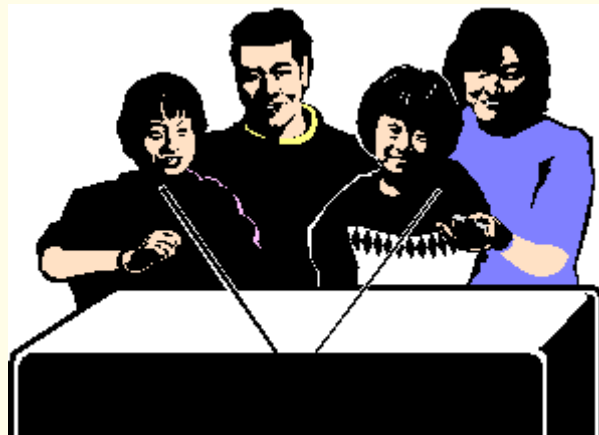
1. What do these activities say about your family's values or lifestyle?
2. Do most of the activities require money?
3. Do you have to travel far for many of the activities?
4. Do the activities bring your family closer together?
5. Do you do activities with your family very much?
6. What things would you like to do with your family but don't do now? (you may add these to your list)
7. Why don't you do these activities? Would it be possible to do these activities?
8. How can doing things with your family help your relationship with your family members?



(D) The facilitator takes the feed back from all the group representatives and summarises it in take home messages.

CONCLUSION AND MESSAGE

- Conclude the session by suggestions - having activities at home that would build family relationships and be enjoyed as well.
- It should cover some understanding of changing family values, greater need for communication within families and how spending time together can enhance relationships.
- A permissive home environment helps initiative, independence, better socialization and cooperation. Less of inner hostility.
- The family helps to develop patterns of communication and also it promotes acculturation through the process of imparting social values, norms, the influence of the family is tremendous.



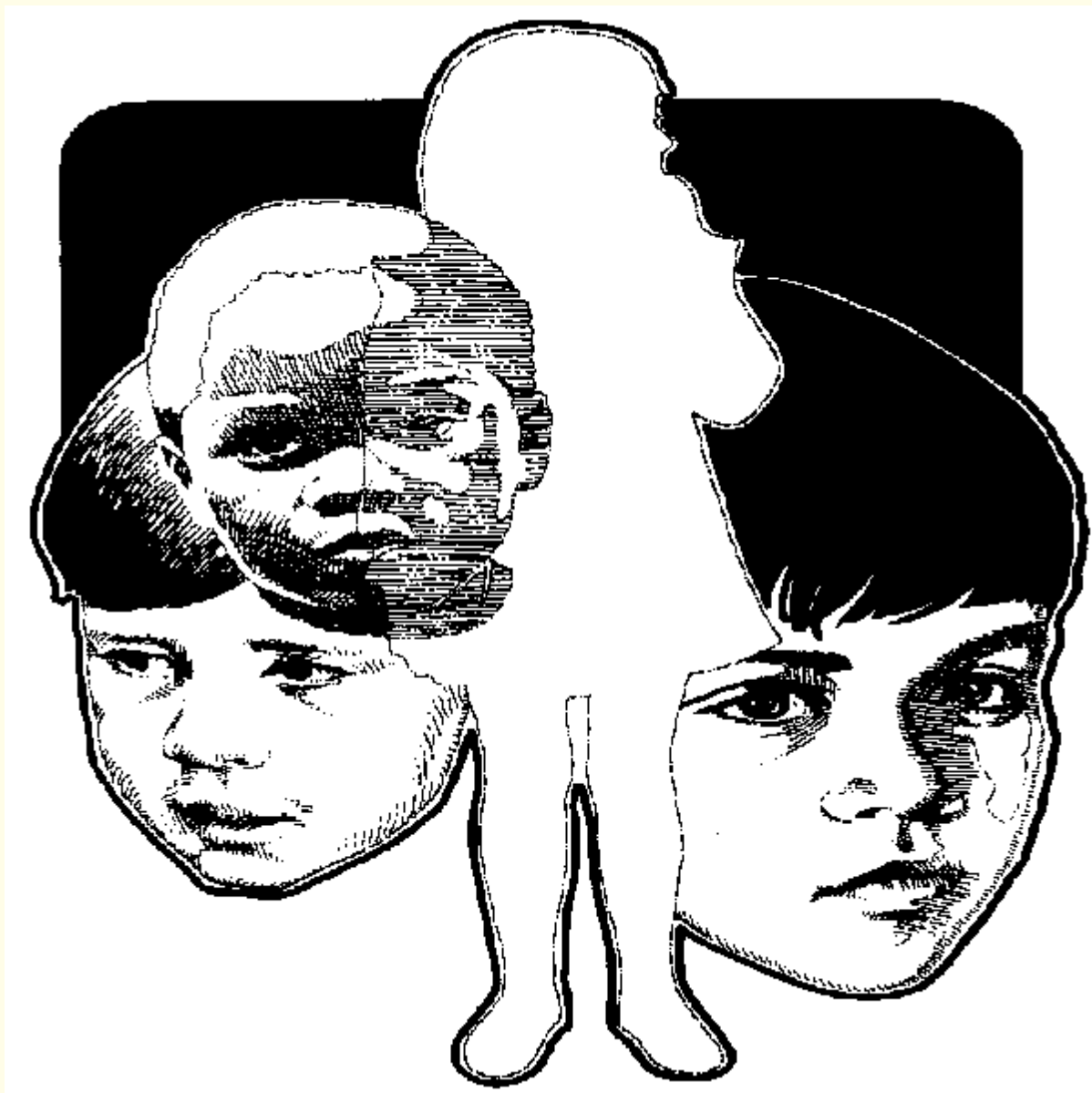
HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

<u>LIFE SKILLS EDUCATION FEED-BACK FORM</u>					
Name: _____ Class: _____ School: _____ Topic: _____					
1= Strongly Disagree	2 = Disagree	3 = No Opinion\	4 = Agree	5 = Strongly Agree	
			(encircle the choice)		
1. I liked the idea of <i>discussing my family</i> in this group.	1	2	3	4	5
2. I learnt something about another group member's family too.	1	2	3	4	5
3. I felt comfortable in this group.	1	2	3	4	5
4. I shared something about myself in the group.	1	2	3	4	5
5. I felt supported by the trainer.	1	2	3	4	5
6. My participation and discussions will bring about a change in my " feelings " I have towards my family.	1	2	3	4	5
7. My participation and discussions will bring about a change in my " behaviour " towards my family.	1	2	3	4	5
When I go home I will discuss the following with my family					
The most important message that I have learnt from this workshop is					

WORKSHOP VIII

Surviving a Dysfunctional Family — Learning through Psychodrama



SURVIVING A DYSFUNCTIONAL FAMILY — LEARNING THROUGH PSYCHODRAMA



2 hours (120 minutes)



INTRODUCTION

The term family means different things to different people. Its meaning is highly variable according to the cultural, legal, and contemporary context in which it is used. *A family is a collection of persons consisting of some mix of generations (parents and children) who, by living arrangements or biological or other ties, form an economic and emotional unit.*

. Some types of families are given below:

The Inadequate family: This type of family is characterized by inability to cope with the ordinary problems of family living e.g., lack of resources, maladjustment between parents, growing tensions due to industrialization and modernization and undue ambitiousness etc.

- and modernization and undue ambitiousness etc.

- **The disturbed family:** In this family, the parents are grossly eccentric, unstable or destructive to others as well as to themselves. The important characteristics of disturbed homes include

- (i) The presence of parents who are fighting to maintain their own equilibrium and are unable to give the child needed love and guidance,
- (ii) Exposure of the child to the emotional conflicts of the parents. The parental quarrelling, conflict and general tension are unfortunate conditions for the growing child. The child can show behaviours like thumb sucking, nail biting, head banging, stammering, bed wetting, sleep disorders etc.



- **The antisocial family:** Here the family follows values which are not accepted by the wider community. In some families, the parents are overtly or covertly engaged in behaviour that violates the standards and interests of society.

The disrupted family: Disrupted families are incomplete whether as a result of death, divorce, separation or some other condition. Detrimental effects of disrupted family on the teenager may be minimized if a substitute model of the missing parent is available

OBJECTIVES OF THE WORKSHOP

- **Participants will**
 - ▲ Participate in structured psychodrama
 - ▲ Discuss their family compared to the one portrayed in the psychodrama
 - ▲ Identify the role they play in their families
 - ▲ Gain awareness of the family as a system
 - ▲ Gain understanding of family dynamics in a dysfunctional family
 - ▲ Enhance understanding of the dynamics of their own families
 - ▲ Enhance self-awareness

MATERIALS

Follow instructions in *Role of Trainers* and use the material as instructed.

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

The trainer gives a brief explanation of survival roles that emerge within troubled families. (*Using background information for the facilitator*).

Tell the group that *to understand these patterns the group is going to do a skit*.

Ask for 8 volunteers. Encourage members to volunteer for parts; threaten to choose people yourself if no one volunteers. If you are patient, usually volunteers will emerge or the group will volunteer someone.

Once you have the volunteers take them to a corner of the room (away from the rest of the participants). Explain their roles to them.

Ask someone to be Dad. For the purposes of this skit, Dad is alcoholic. Once you have Dad, ask him to stand with you in the center of the room. Explain that Dad has been a problem drinker for several years and that his drinking has been getting worse every year. *Dad's line in the skit is, "I want a drink. I've got to have a drink!"*

Now, ask for a volunteer to be Mom. Mom joins Dad, in the middle of the room. Say that Mom has a sort of blindness about Dad's alcoholism. Allowing herself to know the seriousness of Dad's alcohol abuse is too frightening. It threatens her whole life and she knows it. It threatens her family, her financial security, her emotional security, her relationship with him, her status in the community, everything. Mom's reaction is to pretend that this terrifying specter doesn't exist. *Her line is, "Everything's fine"*. There's no problem here. "To depict Dad's lack of emotional strength, ask him to stand behind Mom and to place his hands on Mom's shoulders.

Next, choose the first-born child (male or female, it doesn't matter). Have this child stand next to Mother. This child comes to believe that if he or she is just good enough, the family will be okay. This child is called the *Family Hero* and is an overachiever in almost everything. He or she probably is an excellent student, is a good athlete, holds a student council office, and has a job. The family Hero is dependable and responsible. *The family Hero's line is, "It's all right, Mom. You can lean on me."* Have the family Hero and Mom link arms.

The second-born child is the *Rebel-Scapegoat*. When this child comes along, the space for being good is all filled up by the family Hero. The second child believes that he or she can never be as good as the Hero and so finds an identity in being bad. The Rebel's job is to go against family values. The Rebel does poorly in school, chooses the wrong friends, may have trouble with the law. Is likely to abuse alcohol and other drugs, and

Dysfunctional Family



generally stirs up trouble wherever he or she goes. Sooner or later, everything bad that happens in the family is blamed on the Rebel-Scapegoat. Actually, this child understands more clearly than anyone else what's going on in the family. The Rebel knows about Dad and is angry! The Rebel's part is to run in a circle around Dad, Mom, and the Hero, shaking a fist **and saying, "I hate you, Dad. Get out of my life!"** The Rebel is the child most likely to have substance abuse problems or to require treatment for aggressive behaviour.

The third child in this family finds the situation quite chaotic as he or she grows up. Dad is always gone or drinking or drunk or yelling at Mom and storming around the house. Mom is pretending nothing's the matter, the Hero is busy being perfect, and the Rebel

is constantly in trouble. The third child survives by becoming invisible. This child is called the *Lost Child*. It's the child who is in the bedroom most of the time, plugged to the TV. It's the child who feels alone in the company of others. Being alone means feeling safe, but it also means feeling lonely. This is the child most likely to be depressed and to attempt suicide at some point. The group member playing the Lost Child will sit in a chair some distance away from the rest of the family. *This child has no line to say.*

The fourth child in the family is the *Sick Child*. This child learns that the only safe way to get his or her dependency needs met is through being sick. This child may be the saddest one of all-only feeling worthy when ill. The Sick Child sits on the floor. He or she recites this line while bending over the holding the stomach: *"I think I'm going to be sick!"*



The baby of the family is called *the Mascot*. As the name implies, this youngest child receives attention and affection for his or her childish antics and behaviors. The family can gather around this little "*bright spot*", who distracts them from more serious concerns. The Mascot skips around the family members, pulling on their sleeves or skirts and begs, *"Won't you come play with me?"*

The last member of this family is optional. If you have enough group members, use her. She's the Mother-in-law, Dad's mother. She stands on a chair and yells at Mom, *"It's all your fault!"*

Now, you have all of the players, and they know their parts. Have each one recite his or her line to be sure each remembers it. Then explain that, in this drama, everyone says his or her line at the same time. Remind those characters who have an action (the Rebel, who runs around; the Sick Child, who bends over; the Mascot, who skips around; and the Mother-in-law, who points her finger) what they're supposed to do.

It's time to begin. Instruct the players to begin saying their lines and performing their actions when you say, "Go!" Tell them to repeat the lines and actions over and over until you say, "Stop!" Let them practice for 2 - 3 trials in the corner.

While they are practicing have the rest of the group move all the furniture to the walls of the room. Tell them that they would be observing a drama and subsequently they have to discussed with the trainers what they felt/saw.

Call your actors and make them demonstrate the role play in the middle of the room so that all the rest of the participants can see.

Ask each character to describe his or her experience while playing the character. Start with Dad. A common exchange will sound something like this:

Trainer:	What was it like for you to be Dad in this family?
Dad:	I don't know (pause). It felt like I didn't have any control over anything not me or my family.
Trainer:	How did not having control make you feel?
Dad:	Everyone knows dads are supposed to sort of be in charge of things. I think I felt like a failure as a man.

Proceed in this manner until you get to the Lost Child. Skip that character as if you forgot him or her and go on to the Mascot. The group, at some time, will remind you that you skipped the Lost Child. Agree that you did and that's what happens to the Lost Child in families-they get forgotten, left out. Then process the experience with the Lost Child.

Now, ask group members (audience) if they saw themselves and their families in this psychodrama. Questions such as the following usually arise:

Member 1: Can you be in one role for a while then switch to another?

Trainer: Did that happen in your family?

Member 1: My brother was the Hero, and I was the Rebel. But when he went away to college, I think I sort of moved to the Hero position. Is that possible?

Trainer: Yes. It's probably because you believed you had "room" to fill that new empty space. Also, maybe you knew, somehow, that your family needs you to be the Hero now.

Member 2: I think I've moved in and out of more than one role. What does that mean?

Trainer: Tell us about how your family changed. You may have moved into another role because something changed.

Member 3: In my family, the Lost Child is the oldest. Why is that?

Trainer: Tell us about your family.

CONCLUSION AND MESSAGE

- The trainers should have a working knowledge of survival roles. Be prepared for almost any reaction to this powerful exercise. Tears, anger, and aha! Experiences often are elicited as teenagers recognize their own families or themselves. Support staff may become crucial.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

FAMILY ROLES

(Background information for the facilitator)

Members in a dysfunctional family often adjust to the stress in the family in different ways. These ways of adjusting have been described by Sharon Wegscheider-Cruse (1981). Following is Wegscheider-Cruse's description of a chemically dependent family, which applies to any dysfunctional family:

1. **Family Hero:** Sensitive and caring. Feeling responsible for the pain of the family, the Hero tries to improve the situation. The family Hero strives for success, but because the family doesn't change, he or she ultimately feels like a failure.
2. **Scapegoat:** Opposite of family Hero. Tries to gain recognition by pulling away in a destructive manner, bringing negative attention to self by getting into trouble, getting hurt, or just withdrawing. (**NOTE:** Any attention is better than being ignored).
3. **Lost Child:** Offers relief for the family by taking care of his or her own problems and avoiding trouble. The family ignores the child. This inattention results in loneliness and personal suffering.
4. **Sick Child:** Finds acceptance and attention in being ill, the only path available for strokes.
5. **Mascot:** Provides relief and humor for the family by being charming and funny during stressful times. This humor does not help the Mascot deal with personal pain and loneliness.

LIFE SKILLS EDUCATION FEED-BACK FORM

Name: _____ Class: _____ School: _____ Topic: _____

	Very much	Somewhat	Very Little		
1. Did you find the workshop interesting	5	4	3	2	1
<i>Please write in your reply:</i>					
2. Did you find the workshop valuable?	5	4	3	2	1

Please write in your reply:

3. Which part of the workshops did you find the most enjoyable, and why?
4. Which part of the workshops did you find the least enjoyable and why?
5. What did you learn about your family from the workshop?
6. How would you bring about the changes in the different roles that your family members have adopted?

WORKSHOP IX

Being an Effective Leader



BEING AN EFFECTIVE LEADER



2 hours (120 minutes)

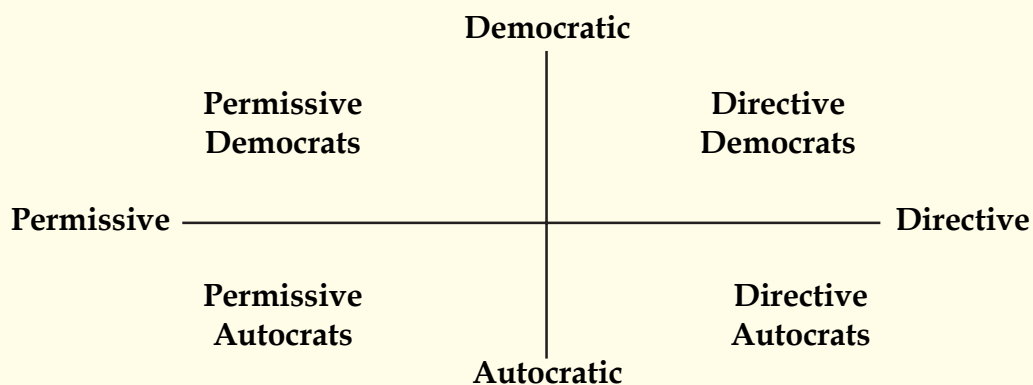
INTRODUCTION

It is difficult to think of a group without a leader. Leadership is frequently used in our daily lives. Some people excel, have a high level of skills and are competent to achieve group goals. The leader exerts influence on the group.

Leadership is the process through which leaders influence other group members toward attainment of specific group goals.

Great Person Theory: Theory suggesting that all great leaders share key traits that suit them for positions of authority.

Basic Dimensions of Leadership Style: Leaders differ greatly along the two dimensions shown here: democratic-autocratic and directive-permissive.



Transformational Leaders: Leaders who exert profound influence over followers by proposing an inspiring vision and through several other techniques.

Charismatic Leaders: Leaders who induce high levels of loyalty, respect, and admiration among their followers.

OBJECTIVES OF THE WORKSHOP

- **Member will**
 - ▲ Identify and practice the skills required to lead a group and to deal with difficult members of the group
 - ▲ Learn and experience group collaboration
 - ▲ Know the importance of participation and support

MATERIALS

- Leadership styles - role cards
- Question card
- Role play scenarios



ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

- Conduct an appropriate climate building activity, bearing in mind that this workshop demands a high degree of group collaboration and support. Explain that the next activity is designed to identify and appreciate 3 different leadership styles in groups and that the methodology is that of a popular TV show, called “KAHIN NA KAHIN KOI HAI”.
- Ask for 3 volunteers, all of the same sex, and for one volunteer of the opposite sex. Conduct the activity with the whole group and encourage a large amount of ‘audience’ participation and good humour
- Ask the 3 volunteers of the same sex to sit together at one end of the room. Give them each a **LEADERSHIP STYLES CARD** - Authoritarian to one, Laissez-faire to another and Democratic to the third. The fourth volunteer will receive the **QUESTION CARD**. Arrange for the fourth volunteer to sit apart from the others, where he/she can hear them but not see them. His/her task is now to question the 3 volunteers in order to find out which one is representing which style. Each of the 3 volunteers are to respond to the questions based on the characteristics of each leadership style that they have read. The task of the fourth volunteer is to choose one style and person. Encourage the other participants to offer their suggestions for the choice.

- Once the choice has been made, conduct a brief processing activity with the whole group:
 - ▲ Why and how did you make your choice?
 - ▲ What are the advantages and disadvantages of each particular style?
- Now ask the whole group to work together to brainstorm the difficult types of behaviour which they may have come across when they have worked as a group in the past. Write these on the board/OHP. Add the following if they are not suggested by the group:
 - ▲ Questioning everything that is said by other group members
 - ▲ Challenging the usefulness of work that the group had to do
 - ▲ Refusing to do the task as set
 - ▲ Never speaking and contributing
 - ▲ Talking too much, interrupting when others are speaking
 - ▲ Pulling rank and referring to status in group discussions
 - ▲ Telling anecdotes
 - ▲ Theorizing, rather than offering practical suggestions
 - ▲ Whispering to a nearby member of the group, whilst others are talking
 - ▲ Passing notes
 - ▲ Playing, scribbling, reading...
- Now explain that the purpose of the next activity is to demonstrate and experience some difficult behaviours, and leadership styles.
- Divide the participants into 3 groups (15 to 18 people per group). Ask one third of the members of each group to role-play difficult behaviours when it comes to their turn. Ask them to use the list of behaviours on the board/OHP. They have freedom to choose any of the difficult behaviours.
- Now ask one of the groups to sit in '*fishbowl*' fashion in the middle of the room, and the other participants to sit surrounding them.
- You, as the trainer, will play the group leader, demonstrating a different leadership style for each of the 3 role-play groups. Announce which style before you begin, and set the scene, using the ideas of the **Role-Play Scenario Sheet**. Encourage group members who are not taking difficult roles to respond appropriately. Allow each role-play to run for about 10 minutes, or until you feel there has been enough productive interaction.

DISCUSSION PROMPTS

1. How did you feel about being a destructive and difficult group member?
2. How did you react to the different leadership styles? What kind of feelings did the behaviour of the group leader and the difficult group members provoke in you?
3. How would you use this activity in your own life if you were a leader in a group activity?
4. What have you learned as a group member from this activity?
5. Which leadership style do you now think is the most suitable for you?
6. How will you use what you have learned today in 'real life'?

- Now take the feedback from the participants in terms of how you as the trainer dealt with the difficult group behaviours.
- Brainstorm the strategies, and list as many practical suggestions as possible for dealing with difficult group members.

CONCLUSION AND MESSAGE

- Try to conclude by discussing on the different aspects of leaderships. How leadership is a matter of degree as leaders may vary from situation to situation and person to person.
- The leader carries out manifold functions for the group. These functions may vary from group to group.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

LEADERSHIP STYLES: ROLE CARDS

.....

DEMOCRATIC: You are aware that, though you might have a degree of expertise, good learning depends on the learners being actively involved in the learning process. You really believe this and are committed to it. You see your role as drawing out your students' knowledge and blending it with your own, so that all the resources in the group are utilized. You are definitely prepared to adapt your presentation to the needs of the group, although you do see your role, within this democratic process, as leader. *It is your intention to take every contribution of the course members seriously and attempt to blend them all together to form a creative whole.*

✂.....

AUTHORITARIAN: You know or believe that *you are an expert* in your field and that you have something worthwhile to say. You also believe you express yourself clearly and that if group members take the trouble to listen, there is much for them to learn.

Whilst you are willing to allow some questions to be asked, as you believe this helps the learners to get a complete picture, you don't appreciate any time wasting by the unnecessary involvement of the group members. You have something to say, they are there to learn, so let's get on with the job. *You are not keen on too many interruptions* as you feel it breaks the flow, so if you think there are too many people interrupting you, you will make a point of showing them who is in charge and whose session this is.

✂.....

LAISSEZ-FAIRE: You believe in *letting group members come to their own conclusions* about the issues under consideration. You see your role as setting the ball rolling and then providing information and advice when it seems most appropriate.

You do not see that this must be got across to the group at all costs and you are quite *willing to let the discussion ramble around*. You believe that group members must take responsibility for their own learning, you are there simply to provide them with a few triggers. You think that much of learning is in the exploration. Your motto is enjoying the journey is more important than arriving at the destination. You do not always respond to the contributions from group members and you are willing to allow silences to occur so that other members can make a contribution.

QUESTION CARD

- What do you like doing in your spare time?
- Which is your favourite book?
- Which is your favourite sport?
- What are the three things you think most important about leading a group?
- Why do you like leading a group?
- What do you think are your particular skills for leading a group?
- What do you not like about leading a group?
- How do you deal with difficult group members?

ROLE PLAY SCENARIOS

- You are head boy of the school. One of the most respected and valuable teacher's of the school is leaving to work in another town and you have the task of working with your team of prefects to arrange a leaving party and buy a present.
- You are the leader of the staff welfare committee at your school. Recently, there have been some suggestions that a long-serving member of staff has been drinking heavily and taking lessons while under the influence of alcohol. You have to decide on a plan of action, help and support.
- You are the leader of an expedition of young people, which involves camping and climbing. One of the young members of your group becomes sick, but you feel that you cannot leave the others on their own while you go for help, but you are afraid that if you don't the situation will become worse. You believe in making democratic decisions.

LIFE SKILLS EDUCATION FEED-BACK FORM

Name: _____ Class: _____ School: _____ Topic: _____

1. My particular strengths for leading a group are...
2. The skills I need to enhance/develop further are...
3. The new skills I need to practice are...
4. How would you rate the following:

	Good	Avg.	Bad
Trainers knowledge about the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to keep the discussion focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to listen to the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to generate group interest and participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to conclude the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to control the difficult participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers ability to stick to the theme of the workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Other suggestions / comments

WORKSHOP X

Boy-Girl Relationship — Growing with Adolescent Sexuality



BOY-GIRL RELATIONSHIP – GROWING WITH ADOLESCENT SEXUALITY



2 hours 30 minutes (150 minutes)

INTRODUCTION

Most young people feel that they have invented sex for themselves, blissfully ignoring the results of a few hundred million years of evolution and the fact that almost everyone on earth is here because of it. The bizarre thing, given this evolutionary need for us to have sex in order for us (and our selfish genes) to exist, is how difficult many people still find it as a subject for open and easy discussion.

There are, however, many less sexual taboos for today's parents than when they themselves were teenagers. What hasn't changed is that most parents would prefer it if their teenagers did not start having sexual intercourse at a young age because of the risks of pregnancy, leading to an increased chance of failing to complete their education; because of the risk of sexually transmitted infections; and because of their child's general immaturity.

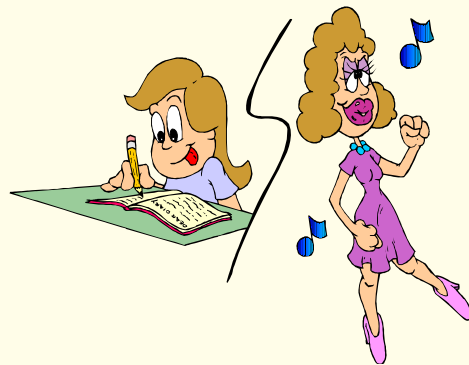
Girls tend to be better informed than boys at all ages, both about sex in general and about contraception, and this knowledge improves with age. The choices of contraception available are condoms, the combined pill, the progesterone only pill, the diaphragm or cap, spermicides, the females condom (Femidom), the safe period with fertility awareness, withdrawal, progesterone injections and the 'coil' or intra-uterine device (IUD).



Many parents are afraid that if they discuss the facts about sex with teenagers, or even if their school provides explicit sex education, it will encourage earlier sexual activity. The facts show the opposite. Research in this country and others clearly shows that the more informed a young person is about sexual matters, especially if the sex education is linked with teaching social skills, the more likely they are to delay the timing of when they first have sex, and the more likely they are, when they do have sex, to use contraception.

KEY MESSAGES

- Most of sex is not about having sexual intercourse. Don't be in too much of a hurry.
- Remember the main erogenous zone is the brain.
- Remember the down sides to sex are pregnancy, sexually transmitted infections, disappointment, and emotional turmoil.



Dating and relating to the other sex is like stumbling through fog for most adolescents. It may seem that the only time the light shines clearly is when one makes a mistake-falls into a hole or bumps into a barrier. Then everyone sees! This exercise does not dissipate the fog, but the territory becomes a little more familiar-at least, less mystifying.

OBJECTIVES

- **Participants will**
 - ▲ Ask, in writing, questions about sex
 - ▲ Participate in discussion with same-sex peers
 - ▲ Talk about sexual issues in a mixed- gender group
 - ▲ Listen to questions posed by group members and answered correctly by peer-trainers or counselor
 - ▲ Correct misconceptions about sex
 - ▲ Enhance sense of belonging with same-sex group members
 - ▲ Become sensitive to sex role stereotyping
 - ▲ Become more aware of other-sex perspective
 - ▲ Experience sex as a topic of conversation in a structured, safe environment

MATERIALS

- Pens or pencils
- Note-sized paper
- Two small baskets or boxes

ACTIVITY AND DISCUSSION

NOTE

This exercise is not for groups of both younger and older adolescents together. An inexperienced 11-year-old's questions are quite different from a sexually active 17-year-old's.

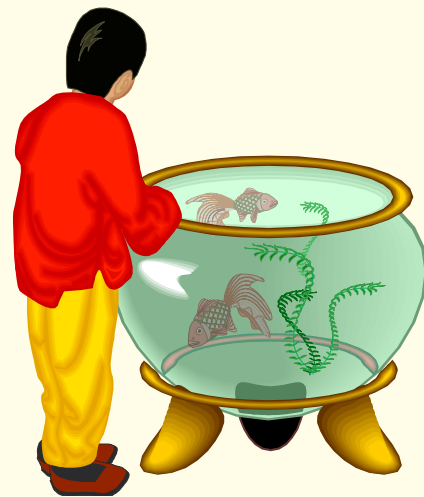
Both boy and girl trainers should work together. It is a good idea to include medical doctor/biology teacher/school counselor to sit in as a guest if the trainers feel ill equipped about the subject matter.

ROLE OF TRAINERS

At the beginning of the session, boys and girls separate. Same-sex members get together to generate questions for the other-sex group to answer. The focus is on boy-girl dating and relating. The boys' questions to the girls are collected in a basket or box, and the girls' questions to the boys are collected in a separate basket or box.

The exercise uses a fishbowl format: Girls sit on the floor in a circle, with the boys behind them in chairs so that they can look in on the girls' discussion.

Later, boys and girls change places, and the boys read and discuss questions from the girls.



The facilitator stands back from the fishbowl formation as an observer.

It is best to begin the fishbowl with girls in the middle and boys listening to their discussion. This is because of two reasons: **First**, girls are usually more verbal than the boys and quickly turn the answering of questions into an animated discussion. **Second**, adolescent girls are usually more mature than boys their age. There is lesser tendency for the girls to devalue the exercise by making fun of it or acting silly. The girls serve as models for the boys' group, which will follow.

Place the basket of questions from the boys into the middle of the group of girls. Instruct the girls to take turns around the circle, drawing a question and reading it aloud. The person reading the question is in charge of discussion of that question. The boys may not contribute to the discussion unless the discussion leader first recognizes them. Boys must raise their hands and wait to be recognized. After all of the questions from the boys have been discussed or after the girls have used approximately half of the time in the hour, girls and boys change places. Now, the boys read and discuss questions, from the girls. Girls may not speak until recognized by the discussion leader.

CONCLUSION AND MESSAGE

- Save about 5 minutes in which to highlight examples of sex role stereotyping that almost always emerge during this exercise. Challenge the group to think about how preconceptions and prejudice affect the way they think, feel, and behave with the other sex.
- Another direction is to summarize by asking the group what came up during the exercise that surprised them or was new to them.
- Conclude the session by reminding the group that human beings are sexual beings. Ignoring, discounting, denigrating, or devaluing the sexual side of ourselves leaves us misinformed about who we really are. Knowing, claiming, and respecting our sexuality is essential to total health.

The trainers are likely to face the following obstacles during these discussions. Also given below is the approach that they should take to handle these situations.

1. Members of the group almost always groan, giggle, show dismay, or outright hostility toward the trainer. Don't panic; this preliminary outbreak is the group's way of attempting to take control of an uncertain experience. The more unruffled and in control you appear, the more quickly this initial reaction subsides. Explain to your group that this is an understandably awkward situation. Where else in their lives could such a discussion take place? Probably, no where. The session provides an environment where boys and girls can talk about some of the things they are most interested in without fear of being judged, or getting into trouble, or having others think they're weird or ignorant or stupid.
2. Either the whole group or one or two "*smart*" members decide they're above it all. Common comments in response to the instructions are "*I don't have any questions; I already know everything*", "*I've been doing this stuff since I was 12 year old!*" And "*This is stupid; what's to ask?*"
The best response to this reaction is to appeal to their pride and their intellect. Say that only unintelligent people don't have questions. Smart people give birth to question in twins and triplets and quadruplets. Tell them you know that none of the group members are "*slow*". Only those leading the unexamined life

would not be writing down questions. It may sound manipulative-it is, but it works.

3. Questions asked by the group may seem to require moral answers. Often, questions about abortion come up. Explain that this is not a forum for question of morality. Encourage members to discuss those concerns with parents and spiritual authorities of their choosing. Factual questions about the anatomy and physiology of pregnancy and termination of pregnancy should be answered.
4. Often you may not be sure of the answer to a question. Tell the group you don't know the answer but that you'll find out and report back next session.
5. The question that is obviously meant to embarrass or ridicule is inappropriate. Don't answer it.
6. Questions about oral sex, anal sex, homosexuality, and masturbation probably will be raised.

The trainers should discuss among themselves how they will handle these commonly raised questions.

- As compared to the other exercises in the manual, this exercise tests both the scientific and artistic aspects of the trainers. Teenage sexuality is such a loaded subject; factual reproductive information falls short, whereas moralizing falls on deaf ears. It is an area where mystery and myth rival actuality and factuality in the minds of youth. The trainer who agrees with open or indiscriminate sexual behavior is irresponsible; the trainer who moralizes will not be listened to by participants. It is a tightrope.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)



LIFE SKILLS EDUCATION FEED-BACK FORM

Name: _____ Class: _____ School: _____ Topic: _____

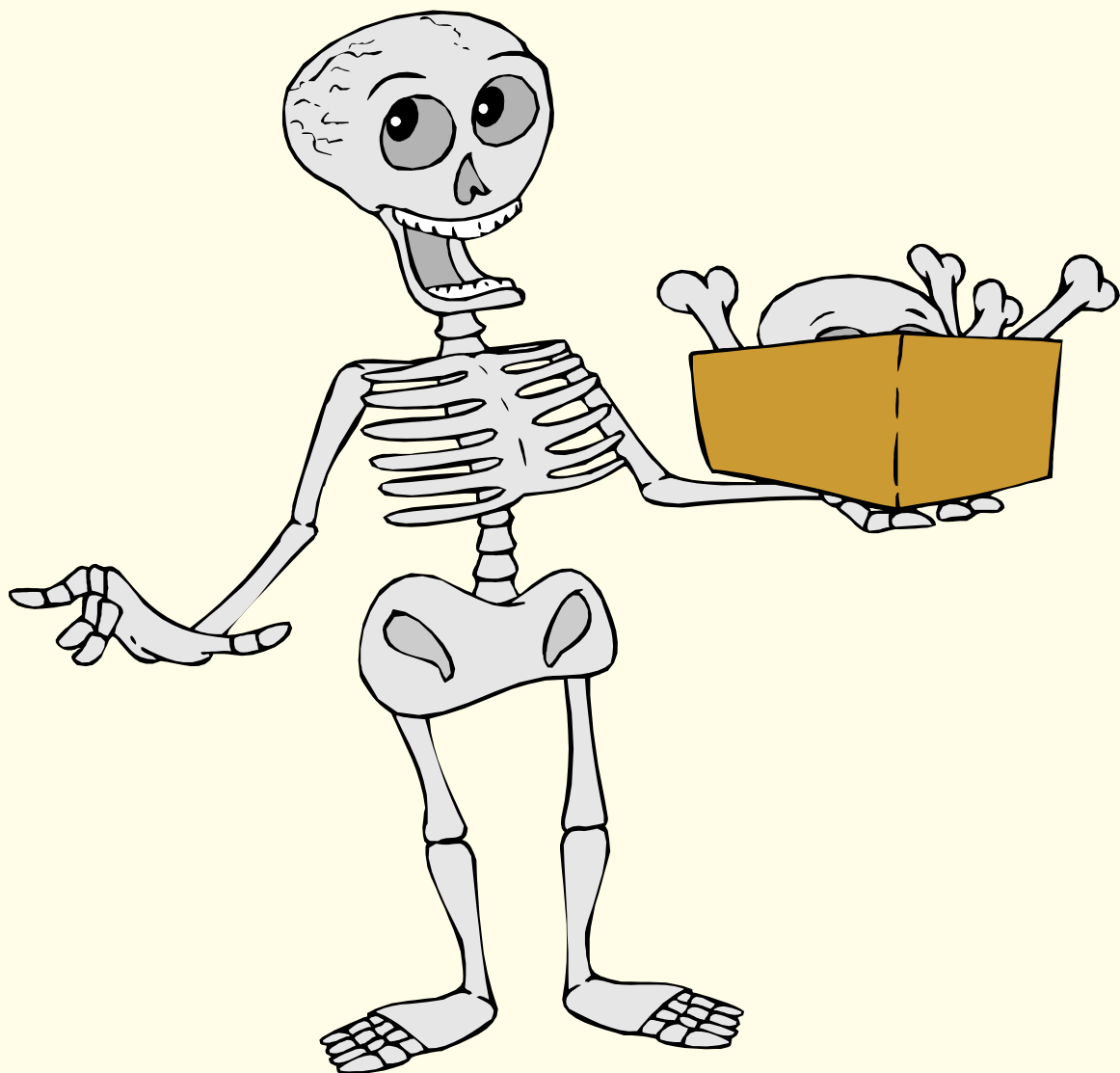
	Very much	Somewhat	Very Little		
1. Did you find the workshop interesting	5	4	3	2	1
<i>Why / Why Not? Please write in your reply:</i>					
2. Did you find the workshop valuable?	5	4	3	2	1

Why / Why Not? Please write in your reply:

3. Which part of the workshops did you find the most informative, and why?
4. Which part of the workshops did you find most embarrassing and why?
5. What have you learned that will be of most help to you?
6. What are the additional questions or doubts in your mind that still need answering?

WORKSHOP XI

Adolescent Drug Taking Behaviours — Experimentation and Learning



ADOLESCENT DRUG TAKING BEHAVIOURS – EXPERIMENTATION AND LEARNING



3 hours (180 minutes)

INTRODUCTION

The adolescents of today grow up in an environment that surrounds them with mixed messages about sex, drug use, alcohol, adolescent pregnancy, etc. On the one hand, parents and teachers warn about the dangers of early and promiscuous sex, adolescent pregnancy, STD's/HIV/AIDS, drugs and alcohol and on the other hand, messages and behaviour from entertainers and sports figures and peer pressure contradict their messages, even promoting these opposite behaviours.

It is through life skills that teenagers can fight the challenges and protect themselves from teenage pregnancy, STD's and AIDS, drug violence, sexual abuse, and many other health-related problems.



SUBSTANCE ABUSE

The onset of tobacco, alcohol and other drug use generally occurs during adolescence. Many teenagers experiment with these substances and then use them to the point that their behavior interferes with school, family, social relationships and general productivity. Tobacco and alcohol are the most common drugs used by young people and invariably the drugs first used.

TOBACCO



Description It consists of the crushed and dried leaves of the tobacco plant.

- It is the second most popular drug.
- The nicotine in tobacco is largely responsible for the short-term effects of smoking and its addictive nature.

Other Names Cigarettes, smokes, sticks, butts

Short-Term Effects The person's pulse rate and blood pressure will rise. The person's skin will become cooler. The amount of acid in the stomach will increase. The amount of urine produced will decrease. Activity in the person's brain and nervous system will speed up first, then slow down. The person's appetite decreases. The person will be less capable of vigorous physical activity.

Long-Term Effects Blood vessels in the heart and brain will narrow or darken. The person will be short of breath and cough often. Infections in the lungs, such as pneumonia, are more likely. Chronic bronchitis or emphysema may develop. Cancer of the lungs, mouth, larynx, oesophagus, bladder, kidney or pancreas is more likely. Stomach ulcers may develop. The skin ages prematurely. A pregnant woman who smokes is more likely to have a premature baby, or one with a lower birth weight. A woman smoker who takes birth control pills is more likely to develop blood clots and also increases her risk for heart attack and stroke. Hands get stained.

ALCOHOL



Description

- It is the most commonly used drug.
- It is a depressant that slows down the activity of the central nervous system.
- It is made through the fermentation of fruits and/or grains.

Other Names Beer, brew, suds, wine, spirits, booze, grog, hooch, moonshine

Short-Term Effects At first, the person feels more relaxed and less inhibited. The person will not be able to think as clearly, and judgment and decision-making will be affected. The person's reflexes

will become slower; he or she will have trouble working and doing anything that requires any physical and mental co-ordination. The person's mood may change; he or she may become angry or take more risks. If the person drinks a large amount of alcohol on a single occasion (binge drinking), the breathing system may slow down seriously or even stop, causing death (alcohol poisoning). The effects of alcohol may increase if combined with certain other drugs. Short-term effects are intensified with binge drinking. Hangover may occur. (Discomfort the next day due to rebound excitation of an alcohol-depressed nervous system. Symptoms include headache, low blood sugar levels, dehydration and irritation of the lining of the digestive system).

Long-Term Effects A person who drinks heavily on a regular basis may develop:

- Inflamed stomach or pancreas
- Cirrhosis of the liver
- Certain cancers of the gastrointestinal tract
- Heart disease; high blood pressure
- Brain and nerve damage.
- In men, especially, the production of sex hormones will decrease.
- In pregnant women, prenatal exposure to alcohol can cause Foetal Alcohol Syndrome (FAS) or Foetal Alcohol Effects (FAE) (facial abnormalities, growth deficiencies and damage to the central nervous system which can result in developmental delays, learning disabilities, hyperactivity and memory deficits).

OPIATES (OPIOIDS, NARCOTICS)

Description



- Opiates include natural substances, such as drugs from the opium poppy, and opiate-related synthetic drugs such as codeine and methadone.
- Technically, the term opiates should be used to refer only to drugs of natural origin.
- They are used medically for the relief of pain.

Other Names Junk, horse, smack, H., skag (heroin), M, morph. This family of drugs is frequently referred to as narcotic analgesics or narcotics.

Short-Term Effects The higher centres of the brain get briefly stimulated but then the central nervous system gets depressed. There is an initial surge of pleasure or a rush. Restlessness, nausea, vomiting and dry mouth may develop. There is a warm feeling in the body and extremities will feel heavy. User will go “*on the nod*” – a state where the user is in and out of consciousness. Breathing becomes slower. Pupils contract to pinpoints. Skin is cold, moist and bluish. Profound respiratory depression can result in death. Overdose potential is high.

Long-Term Effects A person who uses opiates may experience:

- Infections from unsterilized needles: including infection of the heart lining and valves, HIV and AIDS, abscesses, cellulitis, liver disease and brain damage
- Depressed respiration in overdose
- Dependence
- Withdrawal symptoms upon stopping drug.

CANNABIS



Description Marijuana comes from the dried tops, leaves, stems and seeds of the cannabis plant and somewhat resembles oregano. It is smoked in pipes or in “*joints*.” Hashish is a dried, caked resinous substance found as soft or hard chunks, usually mixed with tobacco and smoked. Hash oil is an oily extract, usually stored in small glass vials. It is the third most popular drug used by youth. The active drug is THC (delta-9-tetrahydrocannabinol). Hashish and hash oil are more concentrated than marijuana.

Other Names Marijuana, hashish, hash, hash oil, THC, pot, ragweed, dope, ace, Colombian, Mary Jane, spliff, hemp, weed, Thai sticks, ganja, “*J*” or jay, B.T., grass, reefer, roach

Short-Term Effects Person will get a “*high feeling*,” and become more relaxed and talkative. The person’s pulse rate, heartbeat and blood pressure will rise. Eyes may get red. After a while, the person will become quiet and sleepy. Short-term memory, concentration, and ability to think clearly will be impaired. With larger doses, the person may feel that sounds and colours are sharper or distorted. In a very large dose, the person may become confused, restless, excited and

may hallucinate. It can be used to control pain and nausea for some medical ailments, e.g., chemotherapy, AIDS.

Long-Term Effects Regular, heavy use will make the person dependent on the drug. The person may lose interest in activities; the ability to learn new information is decreased. Problems with memory may develop. The person may also get infections more easily because of harm to the immune system. The person may develop chronic bronchitis, throat cancer, heart attack, stroke, and blood pressure complications.

SOLVENTS & AEROSOLS/ INHALANTS

Description Solvents and aerosols are substances that were never intended to be used as drugs. They are manufactured by the chemical industry to be used in all sorts of products, such as gasoline, shoe polish, paint removers, model airplane glue, nail polish remover, spray deodorants, hairsprays and insecticides. These are only a few of the hundreds of products that contain solvents and aerosols.

Other Names Glue, gas, sniff

Short-Term Effects Feelings of euphoria occur that are characterized by lightheadedness, exhilaration and vivid fantasies. Nausea and drooling can develop. Sneezing and coughing can occur. There is a loss of muscular co-ordination. Reflexes are slow. The person is sensitive to light. Death from suffocation or heart failure and permanent brain damage could occur with one use.

Long-Term Effects Physical effects such as pallor, thirst, weight loss, nosebleeds, bloodshot eye and sores on the nose and mouth occur. There is interference with the formation of blood cells in bone marrow. Liver and kidney function is impaired. Mental confusion and fatigue may occur. Depression, irritability, hostility, paranoia may occur. Mental function is severely impaired due to brain damage. Lack of motor co-ordination and tremors may develop. Lead poisoning may develop.

CAFFEINE

Description

It is derived from a number of plants, including coffee, tea, cocoa and some nuts. It is the most widely used drug in the world, mainly because caffeine is found in coffee, tea, soft drinks and chocolate.

Other Names None in common use



COCAINE (CRACK)

Short-Term Effects It may elevate mood, while reducing feelings of drowsiness and fatigue. Larger doses may cause irritability, restlessness, nervousness and insomnia. It constricts blood vessels and increases heart rate and blood pressure. It increases the amount of urine produced. It increases the production of gastric juices. It increases the likelihood of birth defects in pregnant women.

Long-Term Effects Daily use in low to moderate doses does not appear to produce any harmful effects. Large daily doses (250 mg/day) may cause restlessness, nervousness, excitement, insomnia, gastrointestinal disturbances, muscle twitching, abnormally rapid and irregular heartbeat and periods of inexhaustibility and agitation.

Description

Cocaine is a powerful drug that stimulates or speeds up the body's central nervous system. Cocaine may be snorted, injected or converted to a freebase form that is smoked. Freebase cocaine has been purified by heating with ether, and is taken by inhaling the fumes or smoking the residue. The conversion process to freebase is dangerous because some of the chemicals used can easily catch fire. Crack cocaine is an extremely potent freebase form of the drug, which is usually smoked. Cocaine is a fine white powder; crack is usually whitish-yellow chunks or "rocks."

Other Names "C", coke, flake, snow, stardust, blow, nose candy, rock, ice

Short-Term Effects Appetite will decrease. The person will have more energy and will not get tired easily. The person will feel more alert but actually is not. Breathing will speed up. Heart rate and blood pressure will increase, and the person will be at greater risk of stroke, heart attack and angina. The person's pupils will be enlarged. The person may act bizarre or violent. The person may experience paranoid psychosis. The person may experience a seizure (convulsion).

Long-Term Effects If cocaine is sniffed, the nose tissues will be damaged. The person may be undernourished. The person may get infections more easily. It is highly addictive. With continued use, tolerance develops and more of the drug is needed to get the same

effect. With increased tolerance comes increased risk of overdose. There is a risk of HIV infection if injected. The person may experience paranoid psychosis (may be irreversible).

ECSTASY (MDMA)



Description

- It is a psychoactive drug with hallucinogenic and amphetamine-like effects.
- It has no approved medical use.
- It is sold in tablet or gelatin capsule form.
- It is taken orally in doses of 50 to 200 mg.
- It is also sold in powder form, or the tablets may be crushed and then snorted.
- Ecstasy comes in different shapes, sizes, and colours depending on who is making it.
- It is produced through chemical synthesis, mostly in illicit laboratories, and is often called a “*Designer Drug*.”
- Ecstasy’s use has been associated with young people who attend “*raves*.” Recently, it has also gained popularity among urban professionals at nightclubs.

Other Names E, XTC, Adam and Mitsubishi

Short-Term Effects Scientific evidence shows that earlier claims of ecstasy as a “*safe drug*” are unfounded. In low to moderate doses, it produces a mild intoxication, a strong sense of pleasure and feelings of euphoria, increased sense of sociability or closeness with others, enhanced communication skills and increased energy and confidence. Users may also experience an increase in sweating, increased blood pressure and heart rate, nausea, grinding of the teeth, jaw pain, anxiety or panic attacks, blurred vision, vomiting, insomnia, paranoia and convulsions. Higher doses of ecstasy may intensify the negative effects and may produce a distortion in perception, thinking or memory. It also may produce psychosis, paranoia, hallucinations, and long-lasting bouts of anxiety or depression. There is a potential for strong negative effects and psychiatric complications that may last for days or weeks.

Additional Effects Ecstasy can interfere with the body’s ability to regulate temperature. Young people attending all-night raves sometimes over-exert themselves while dancing. Combine this

with the heat, heavier sweating, and failure to drink enough fluids, and there is substantial increased risk of harm associated with the drug's use. There have been several fatal incidents associated with ecstasy use. Deaths have occurred from kidney or cardiovascular failure induced by a very high body temperature and dehydration.

Long-Term Effects In animal studies, nerve damage has been well documented. In humans, some serotonin cause damage to the nerve leading to memory and learning problems has been shown. More information is needed on how much or how often ecstasy needs to be ingested before the user develops problems or experiences a serious adverse effect. There are reports of weight loss, confusion, irritability, depression, paranoia, psychosis and exhaustion. Reactions may be severe and unpredictable. Jaundice and liver damage have been reported.

PROTECTIVE FACTORS WHICH PREVENT THE TEENAGERS FROM SUBSTANCE ABUSE AND DEPENDENCE

INDIVIDUAL

- High intelligence
- Positive self esteem
- Optimistic - about future
- Coping skills
- Belief in self, expectations, norms & values.

FAMILY

- Strong parent - youth attachment
- Consistent discipline & Supervision
- No family h/o Substance abuse.

PEER

- Non-substance abusers
- Have conventional values & shared interests.

SCHOOLS

- Connectedness
- Quality schools with opportunity to succeed.

COMMUNITY AND SOCIETY

- Health, support & recreational facilities
- Safe neighborhood.
- Connectedness to culture, religion etc.

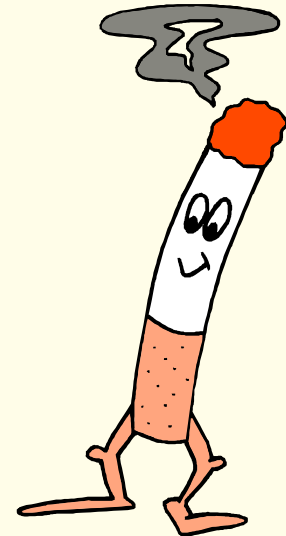
PREVENTION is directed towards the education of adolescent with regard to attitude and behavior about harmful substances. It is targeted at family/home, teachers/schools, community & society/media.

Research studies have shown that life skills education was more effective in bringing about delay in the onset of alcohol and marijuana use and in developing attitude and behaviour necessary for avoiding high-risk behaviours.

This workshop is to introduce a wealth of highly valuable educational resources that exist in the field of experimentation with drugs of abuse. It would have never been read simply because they are not easily accessible since very few users probably know where they are located. Even if they can be accessed, they come in both highly technical and unreadable language, not to say in overwhelming volumes or very poor presentation that discourages reading.

OBJECTIVES

- **Participants will**
 - ▲ Learn assertiveness and refusal skills required for handling peer pressure and social influences.
 - ▲ Learn about substances of abuse, factors that make adolescent more vulnerable and long and short term effects of these substances.



MATERIALS

- Black board, OHP, chart paper, handouts

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

SESSION 1 HIGH RISK BEHAVIOURS – TOBACCO/DRUG USE AND ABUSE

- Use a combination of brainstorming and lecture method (*use MATERIAL TO PREPARE LECTURE*). Address the entire group covering the following information.
 1. Examine reasons that leads adolescents to smoke/take drugs
 2. Explore factors that affect adolescent smoking/ drug taking behaviour
 3. Convey short-term, long-term negative consequences of cigarette smoking/ various drugs
 4. Explore Normative Expectations
 5. Learn that cigarette smoking/taking drugs is not a normative behaviour for adolescents

- Keep writing salient points that emerge on the board. Add any factors which are missing by referring to the *MATERIAL TO PREPARE LECTURE*.

SESSION 2

1. ASSERTIVENESS: A RESPONSE STYLE

2. TAKING CARE OF MYSELF: RESISTANCE SKILLS/ASSERTIVE SKILLS

STEP 1

- Explain the steps of a decision-making model. Use a relevant drug related problem (e.g., being offered a ride from someone who had been drinking). The model should include:

Project the model given below using OHP or by writing on a chart paper.

DECISION MAKING MODEL

Identify the decision to be made.

(What is the decision to be made? Is there more than one decision to be made?)

Discuss the decision options and their consequences.

(What are the positive and negative consequences of the decision?)

Evaluate the options and select a choice.

(Which solution is the best choice?)

Act on your decision.

(Follow through. Is there anything else you need to consider?)

Learn from your decision.

(What did you learn? Would you make the same choice again?)

Encourage participants to learn the acronym **IDEAL** to remember these steps.

STEP 2

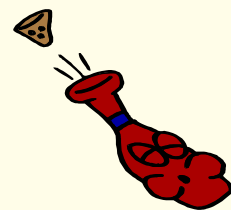
- Have the students discuss and come up with a list of strategies that teenagers would use to refuse drugs.
- Ask them to describe the technique and its suitability in various situations. Refusal techniques that should be included are: *no thanks, making an excuse, walking away, avoidance and changing the subject*.
- Explain the concept of assertion and refusal skills by discussing the material given at the end. (Make OHP slides/ Write boldly on a chart paper and display).
- Divide the group into smaller groups of 10 to 15 participants. Give each group one *Drug-taking scenario*. The group has to role-play the situation and practice the assertion and refusal skills. Allow 30 to 45 minutes for the activity.
- Each group comes forward one by one and presents their play for the larger group.
- Encourage the viewers of the role-play to identify, suggest and give their opinions about the skills being depicted.
- After all the groups have presented their role-plays, the facilitator summarizes key points of the presentation.

STEP 3

- Each student is given *Refusal Skills-Student Worksheet* to fill independently. A group vote is taken to identify which skills the whole group sees as relatively easy and why. Reasons are discussed. Those that are voted as most difficult are practiced and discussed once again.

CONCLUSION AND MESSAGE

- The harmful effects of drug abuse could be summed up as hazardous to health both mental as well as physical.
- The emerging trend of alcohol abuse makes it important to realize the pros and cons of the use of alcohol. Adolescents must understand mechanisms of harm from alcohol use.



HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

MATERIAL TO PREPARE LECTURE

Ensure that these points are covered during discussions in Session 1

Perceived Advantages and Disadvantages of Drug Use

	Advantages	Disadvantages
Personal	<ul style="list-style-type: none"> ■ To satisfy curiosity ■ To cope with boredom ■ To have something to do ■ To rebel or defy parents ■ To get revenge ■ To gain attention from family ■ To avoid loneliness ■ To deal with stress/to survive ■ To forget disappointments ■ To avoid family arguments or family problems ■ To forget family (or friends) for a wh 	<ul style="list-style-type: none"> ■ Curiosity gets satisfied – then what? May or may not try something else ■ Excitement levels off ■ May get the “<i>wrong</i>” type of attention ■ May lose control of emotions, i.e. may become angry or violent, depressed or anxious ■ Against family/religious values ■ Creates problems with family, e.g., loss of trust ■ Does not resolve family or personal problems ■ May lose pleasure in everyday activities ■ May lose self-esteem
Social	<ul style="list-style-type: none"> ■ To fit in with a group or find new friends ■ To deal with shyness or lack of confidence ■ To be able to talk with strangers or feel comfortable in large groups ■ To avoid having to talk ■ To imitate role models ■ To create a positive social image (along with “<i>approved</i>” dress, hair and music) ■ To be the “<i>real me</i>” 	<ul style="list-style-type: none"> ■ Often groups/friends change. May let friends down. Gives false sense of confidence or courage. May become more isolated. May say or do things and regret later. May make a fool of oneself or act bizarre. May become uncharacteristically rude. May become someone no one recognizes. May lead to negative episodes, e.g., Drive when should not have; get involved in sexual situations otherwise would not have (others could take advantage of you)

	Advantages	Disadvantages
Performance at School	<ul style="list-style-type: none"> ■ To stay awake ■ To feel more creative ■ To have an edge ■ To try to focus/concentrate better ■ To forget school disappointments ■ To be in control of emotions ■ To avoid having to live up to too many pressures ■ To forget that school is not where they want to be 	<ul style="list-style-type: none"> ■ Difficult to sleep/rest. May become very sleepy. ■ May become less motivated to do well in school/at work – a “<i>who cares</i>” attitude. ■ Memory, ability to concentrate and think clearly may be affected. ■ Moods may change and may have difficulty controlling emotions.
Health/Physical	<ul style="list-style-type: none"> ■ To control pain ■ To control weight ■ To gain muscle mass 	<ul style="list-style-type: none"> ■ May lead to chemical dependence. May become undernourished. ■ May cause the appetite to increase. ■ Females may become masculine-looking – includes body hair. ■ Males may experience breast development, decrease in size of testicles/lower sperm count. ■ May get infections more easily (e.g., HIV/AIDS or hepatitis may be contracted through needle use). ■ May damage major organs, body systems.
Financial Legal		<ul style="list-style-type: none"> ■ Cost of purchasing drugs ■ Negative implications regarding possession, purchase and use of various substances. ■ Could jeopardize opportunities in future.

Why are teens at risk of developing substance use problems?

PERSONAL FACTORS

- Beliefs and perceptions about the benefits of substance use.
- Lack of knowledge of consequences (i.e. the dangers of substance use)
- Factors such as self-efficacy.
- Personality factors, e.g., depression, low self esteem
- Psychological well-being (Exalted and elevated mood)

BEHAVIOURAL FACTORS

- Teenagers tend to be heavy and frequent users of substances compared with adults.
- Teenagers often use more than one substance.
- Academic achievement (statistically, low achievement = higher risk).
- Teenagers tend to be less averse to high-risk behaviour than adults.
- Teenagers may lack well-developed self-control and may behave more impulsively than adults.
- Curiosity leads to experimentation.

ENVIRONMENTAL FACTORS

- Attitudes and values of parents and peers
- Parental, sibling and peer use of substances
- Advertising media
- Accessibility of substances
- Social and cultural norms
- Factors such as low socio-economic status are statistically related to the tendency to use substances.

PHYSIOLOGICAL FACTORS

- Developing brains and bodies are more sensitive to drugs.

SUGGESTED DRUG-RELATED SCENARIOS (Session 2, Step 2)

1. Javed and Aryaan are playing football in the park. Ramit arrives and starts to brag about his skills and abilities. *"Hey! You could score hits too, if you tried these!"* he said, showing them some pills. He explained that the pills would help them to *"toughen up."* He offers both boys some pills to try. Discuss what Javed and Aryaan should do.
2. Your boyfriend's/girlfriend's parents are away for the weekend. He or she invites you over to her house to see the class picnic photographs. When you arrive, you discover that an older sister has bought some beer to liven up the evening. After your first beer, you start to have second thoughts, but you don't want to lose your boyfriend/girlfriend. What should you do?
3. The principal of your school speaks to your class regarding a classmate who has been hospitalized for a near-fatal drug overdose. The school staff and the classmate's parents are worried that if the person trafficking the drugs isn't caught, someone else could suffer the same fate. It is suggested that all information can be reported anonymously. You are aware of a classmate, with whom you are friends, who sells these drugs. What should you do?

Project using OHP or write boldly on chart paper and display (*Session 2, Step 2*).

CHARACTERISTICS OF ASSERTIVE COMMUNICATION

- Strong and steady voice
- Direct and to the point
- "I" statements
- Confident
- Honest
- Aware of people's feelings
- Eye-to-eye contact
- Open to resolution of problem

Project using OHP or write boldly on chart paper and display (**Session 2, Step 2**).

COMPARISON OF ASSERTIVE, AGGRESSIVE AND NON-ASSERTIVE COMMUNICATION

ASSERTIVE	AGGRESSIVE	NON-ASSERTIVE
Strong and steady voice	Loud and explosive voice	Soft, uncertain voice
Good eye contact*	Intimidating looks	Downcast eyes
Strong body language	Intimidating body language	Shifting weight back and forth
Aware of other feelings (sensitive)	Insensitive (what you want isn't important)	Doesn't feel comfortable talking about how he or she feels
Confident	Demanding	Nervous
In control	Cannot control temper	Uncertain
This is what I think	This is what I want	My thoughts aren't important
"I" statements	<i>"You'd better," "If you don't, then look out"</i>	<i>"I guess, maybe"</i>
I would like to hear what you think	This is what I want	Is everyone else doing it?

Make Xerox copies and distribute to all participants at the end of the workshop
(Session 2, Step 2).

DELAY AND NEGOTIATION TECHNIQUES

DELAY TECHNIQUES

Don't make any decisions until you have had time to think it over. Includes statements such as:

- Please, not now, I'm not ready.
- Sorry, my friend's waiting. We'll decide later.
- I'm busy right now. Let's find a better time to talk about this.
- Let's wait and make a decision in a week or two.
- I need to talk to someone else first.

NEGOTIATION TECHNIQUES

Try to find a decision you think is acceptable to both parties. Includes statements such as:

- Let's try this instead.
- Do you think we can find something to do that will make us both happy?
- How about we try to do this instead?

Make Xerox copies and distribute to all participants at the end of the workshop.

REFUSAL TECHNIQUES

1. **"No thanks" technique** *"Would you like a smoke?"
"No thanks."*
2. **Give a reason or excuse** *"Do you want a drink?" "No thanks, I have basketball practice."*
3. **Broken record** *"Just try this joint."
"No way."
"Come on, just one puff!"
"No way."
"Come on"
"No way."
"Don't worry. You won't get caught, wimp."
"I said, No Way!"*
4. **Walk away** *"Are you coming outside for a smoke?" Say "no" and walk away while saying it.*
5. **Avoid the situation** If you know or see places where people often cause trouble, stay away from those places or go another way.
6. **Cold shoulder** *"Hey, are you coming to the party on Saturday night? There will be lots of beer!" Just ignore the person.*
7. **Change the subject** Start talking about something else
*"Do you want some beer?"
"Hey! I'm not into this music at all.
I'm going to go request something else."*
8. **Strength in numbers** Hang around with people you trust, especially in problem situations.
9. **Humour** Make a joke of the situation.
*"Want a beer?"
"No thanks, too much work with my button fly."*
10. **State a health problem** *"Do you want to smoke?" "No thanks, I'm allergic to smoke."*
11. **Reverse the pressure** *"I saw beer in your fridge. You should get it." "You get it if you want it so badly."*

Make Xerox copies and distribute to all participants to fill **(Session2, Step 3)**.

REFUSAL TECHNIQUES STUDENT WORKSHEET

1. "No thanks" technique
2. Give a reason or excuse
3. Broken record
4. Walk away
5. Avoiding the situation
6. Cold shoulder
7. Change the subject
8. Reverse the pressure
9. Strength in numbers
10. Humour
11. State a health problem

1. Choose a couple of your favourite refusal skills and explain why.
2. Choose two refusal skills that are most difficult for you and explain why.
3. Choose two refusal skills that you would recommend to a younger sibling. Why would you recommend these?

Make Xerox copies and distribute to all participants at the end of the workshop.

- There is no automatic progression from stage to stage.
- Patterns of use can be influenced by many environmental factors (e.g., family, peers, media, other interests).

DRUG USE CONTINUUM

<i>Non-use:</i>	Never used a particular drug.
<i>Experimental use:</i>	Has tried a substance once or several times. Use is motivated by curiosity about the drug effect and peer influence.
<i>Occasional use:</i>	Use is infrequent and irregular, usually confined to special occasions (holidays, birthdays, etc.) or when opportunities present themselves directly. Availability, accessibility and affordability influences use.
<i>Regular use:</i>	Use has a predictable pattern, which may entail frequent or infrequent use. The user actively seeks to experience the drug effect or to participate in the drug-taking activities of the peer group. Usually he or she feels in control of the drug use. (i.e., he or she can take it or leave it.)
<i>Dependence use:</i>	Use is regular and predictable and usually frequent. The user experiences a physiological and/or psychological need for the drug. He or she feels out of control vis-à-vis its use, and will



LIFE SKILLS EDUCATION FEED-BACK FORM

Name: _____ Class : _____ School : _____ Topic: _____

1. Were you able to relate to the workshop theme? Yes / No
Please state the reason for your answer
2. What were the deficits you discovered in your growing personality?
3. What changes you think you need to make: -
 - In your attitude and behaviour
 - In your friends or family

4. How would you rate the following:	Good	Avg.	Bad
Trainers knowledge about the subject	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to keep the discussion focused	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to listen to the participants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to generate group interest and participation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to conclude the session	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to control the difficult participants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trainers ability to stick to the theme of the workshop	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Other suggestions / comments

WORKSHOP XII

Self Awareness and Acceptance of Young Adulthood



SELF AWARENESS AND ACCEPTANCE OF YOUNG ADULTHOOD



2 hours (120 minutes)

INTRODUCTION

Self-awareness includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure. It is also often a prerequisite to effective communication and interpersonal relations, as well as for developing empathy for others.

What the person knows about himself or herself will determine how he then feels about himself - his self esteem. Adolescent's self concept and self esteem will then form the basis for his confidence, motivation, ability to take risks and the choices he makes for the rest of his life.



How do beliefs about self develop? Let us start with a simple question: Are you a fast runner?

If you ask a child in pre-school, or the early primary grades, the answer may well change from week to week. If they recently did well in a race, or somebody recently told them they were fast, this becomes their answer. Alternatively, if they recently lost a race, or another child teased them about being slow, they may well answer you that they are slow.

The crucial ages of 7 to 13 years

The situation changes in the years prior to puberty. Instead of reacting to the most recent events, they put it all together - all they have heard, seen, felt, been afraid of and been proud of. They use this accumulated experience to determine their place.

What this means in practice is that if you ask a child the same question about themselves, provided they are telling you what they believe, you will get the same answer months and years apart. Their ideas about themselves have become stable, abstract beliefs which remain constant despite the variations in day-to-day experience.

From Puberty onwards

People often believe that the adolescent years are when children construct their beliefs about themselves. This is quite wrong - the beliefs are usually well established before the adolescent enters the period of identity struggle. Following puberty, these beliefs continue to modify because there is a larger world to test them against - however they rarely fundamentally change.

If a child believes they are 'a failure', regardless of their abilities, they are more likely to make poor academic and social choices. If a girl believes she is fat and unattractive, these beliefs still influence her behaviour regardless of how attractive you may feel she is.

OBJECTIVES OF THE WORKSHOP

- **Participants will**
 - ▲ Give and receive positive comments and explore how group members view them.
 - ▲ Share feelings of self-perception with the group. Each individual will learn how a peer perceives him.
 - ▲ Perceive enhanced self-esteem by receiving positive affirmations from others in the group.

MATERIALS

Paper, Coloured markers, Pens or pencils

ACTIVITY AND DISCUSSION ROLE OF TRAINERS

Give each group member a blank piece of paper. Have each person draw a mirror frame, leaving at least one inch of blank space around the outside. Everyone must put their names on the top of the pieces of paper and then write down words or sentences inside of the mirror frame that describes how they view themselves.

Once everyone has completed this task, have them all place their mirrors in a pile. Allow time for everyone to write positive comments for everyone else in the blank space on the outside of each of the mirrors in the group. These comments should reflect how each individual views the others in the group. Encourage the group to be positive.

Once everyone has finished this task, give everyone back their mirrors and allow time for them to read the comments prior to discussion time.

DISCUSSION PROMPTS

1. How do you feel after hearing all those positive things about yourself?
2. Do you often hear positive things from others? How does this affect you?
3. Will you keep this frame? Why or why not?

DISCUSSION TOPICS

1. Is there a difference between how you view yourself and how others view you?
2. Are you surprised by what others see in you?
3. Why is it important to find positive aspects of your personality?

CONCLUSION AND MESSAGE

- When we look in a mirror, we may not see ourselves the same way that other people see us. Often we see the negative parts, what we don't like about ourselves, how we fail to do what we think we should do. We may simply fail to see the good in ourselves that others see in us.
- In our daily lives we try to understand ourselves and others. Interaction often changes the course of our lives through the self which is affected by social interaction.

HANDOUTS AND FEEDBACK FORM

(Distribution and collection of the filled forms)

LIFE SKILLS EDUCATION FEED-BACK FORM



Name: _____ Class: _____ School: _____ Topic: _____

	Very much		Somewhat		Very Little
1. Did you find the workshop interesting	5	4	3	2	1

Please write in your reply

	Very much		Somewhat		Very Little
2. Did you find the workshop valuable?	5	4	3	2	1

Please write in your reply

3. Which part of the workshops did you find the most enjoyable, and why?

4. Which part of the workshops did you find the least enjoyable and why?

5. Why is it important to hear positive things from others?

6. Do you believe everything that was said about you? Why or why not?