Annex 4.1
Inclusive Communication Tip Sheet

Communicating with People with Disabilities and Older People - Tip Sheet[1]

Inclusive Language
To guarantee inclusion and respect of the human rights-based approach of disability, it is essential to use appropriate vocabulary. To know what terminology to use, the best option is just asking the person what words they prefer/identify with. This can be different in different contexts and languages.

If this is not possible, as per the table below, it is recommended the use of **"person-first language",** which puts the person before their impairment. For example, we will say "person with disabilities" instead of "disabled".

Labels NOT to use	Person first terminology.
Handicapped, Disabled, PWD	Person(s) with disability/ies
Mental patient Mental handicap, Mentally defective	Person with psychosocial disabilities Person with intellectual disabilities, Person with learning disability Person with cognitive disability
Blind Visually impaired	Person who is blind, Person with visual impairment, partially sighted person
Hearing impaired Deaf	Person with hearing impairment, Person who is hard of hearing, Persons who is deaf Person who experiences communication difficulties.

Labels NOT to use	Person first terminology.
Invalid, handicapped person Wheelchair bound, confined or restricted to a wheelchair	Person with a physical disability Person who uses a wheelchair, Wheelchair-user
Old person, Oldies	Older person

Communication tips

There are some general recommendations2 to improve communication and interaction skills when interacting with older people and persons with disabilities:

- ✔ Do not make assumptions about the skills and capacities of persons with disabilities and older people – this can affect the way we communicate and interact with them. Remember that persons with disabilities are people, first and foremost. Just like all people, they have different opinions, skills and capacities.
- ✔ Address older people and persons with disabilities in the same way as you talk to everyone else, speak directly to them, even if there is an interpreter or a caregiver.
- ✔ Use a normal tone of voice, do not patronize, or talk down.
- ✔ Look at what they can do. This can often give insight into how they can communicate and participate in your activities.
- ✔ Ask first when offering assistance, wait until your offer is accepted before you help, and follow the instructions of the person.
- ✔ Be patient and let the person set the pace in talking and doing things.

- Greet persons with disabilities in the same way you would greet other people. For example, offer to shake hands (if culturally appropriate), even if they have an arm impairment or artificial limb.

- Be close to the person but keep an appropriate distance.

- Ask for advice. If you have a question about what to do, how to do it, what language to use or the assistance you should offer – ask them. The person you are trying to work with is always your best resource.

You should always support older people and persons with disabilities to participate in a survey, an interview or submit feedback and complaints on their own behalf and if required you must provide reasonable accommodation. Alternatively, if an older person or a person with a disability requires and authorizes someone else (such as a caregiver, personal assistant, or family member) to participate, allow them to do so3. However, you must always check with the person that their advocate has conveyed the correct message on their behalf and that you have understood it correctly.

In addition to these general recommendations, below are some tips when relating with specific difficulties:

People with difficulties seeing

- Always identify yourself and others who may be with you.
- Indicate when you move from one place to another and if you leave or return to a room.
- When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues.
- Speak in a normal tone of voice.
- Avoid vague language, such as “that way” or “over there” when directing or describing a location.
- Let the person know when the conversation is at an end.
- Do not touch the person without asking.
- When you offer to assist someone with a vision loss, allow the person to take your arm to better guide this person.
- Use specifics such as “left at 2 meters” when directing.
- When offering seating, place the person’s hand on the back or arm of the seat.

People with difficulties seeing	**Example of reasonable accommodation:** Ask persons with vision impairments if they would like documents in alternative formats, such as Braille or large print. In some contexts where people have access to computers, persons with vision impairments may prefer electronic documents that are accessible through screen reader software (e.g., Word documents).
People with difficulties hearing	✔ Find out how the person prefers to communicate. People with hearing impairments may use a combination of writing, lip reading and/or sign language. This can be done by following the person's cues to find out if they prefer and use sign language, gesturing, writing, or speaking or other alternative communication methods. ✔ Get the person's attention before speaking, by raising your hand or waving politely. ✔ Face and talk directly to a person who is deaf, not to the interpreter (as they are only facilitating the communication). ✔ Look directly at the person and speak clearly, slowly and expressively without overreacting/overemoting to establish if the person can read your lips. ✔ Speak in a normal tone of voice, do not shout. ✔ Keep your hands and food away from your mouth when speaking. Avoid communicating while smoking or chewing gum. ✔ Try not to sit or stand with your back to the light – this can put your face in the dark and make it difficult to lip read. ✔ Try to eliminate background noise. ✔ Written notes can often facilitate communication. ✔ Encourage feedback to assess clear understanding. ✔ f you have trouble understanding the speech of a person who is deaf or hard of hearing, let him/her know and offer to try again or use alternative communication methods. **Example of reasonable accommodation:** Provide sign language interpretation

People with difficulties communicating (understanding or being understood)	✔ Ask the person (or if appropriate the persons accompanying them) about how best to communicate with them. ✔ Encourage the person to communicate in whatever way/s work for them and encourage them to ask questions. ✔ Check how the person indicates yes and no. ✔ Keep your manner encouraging rather than correcting. ✔ Allow extra time for communication and check understanding regularly. Do not attempt to finish a person's sentences – let them speak for themselves. ✔ Formulate simple sentences and use precise language incorporating simple words. Do not give too much information at one time. If necessary, ask short questions that require short answers or a nod or shake of the head. ✔ Use hand gestures, notes, easy-to-read forms, pictures/photographs. ✔ Be patient, do not speak for the person. Take the time necessary to ensure clear understanding and give time to put the thoughts into words, especially when responding to a question. ✔ Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this does not work, then try again using different words. ✔ Give whole, unhurried attention when talking to a person who has difficulty speaking. It is OK to say "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly. ✔ Always check If the person has understood and if you have understood him/ her correctly. Verify responses to questions by repeating each question in a different way. ✔ Revisit any areas of misunderstanding and try to articulate more clearly and simply. ✔ Use real life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the person through the steps they are likely to go through both before and during the appointment. ✔ Give exact instructions: for example, "Be back from lunch at 12:30," not "Be back in 30 minutes" **Example of reasonable accommodation:** Provide Easy-to-Read consent form and formats, if required ensure a support person is part of the process if needed

People with difficulties walking (including wheelchair users)	✔ When speaking with someone in a wheelchair, talk directly to the person and try to be at their eye level, but do not kneel. If you must stand, step back slightly so the person does not have to strain his/her neck to see you. ✔ When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills. ✔ Arrange the interview space to provide for movement in a wheelchair or other assistive devices. ✔ Do not lean on or move someone's wheelchair or assistive device without their permission. ✔ If a person transfers from a wheelchair to a car, toilet, etc., leave the wheelchair within easy reach. Always make sure that a chair is locked before helping a person transfer. ✔ Move at their speed. Do not walk ahead of them if they are moving slower than you. ✔ Discuss transportation options for activities and events. Consider what is going to be safest, most affordable and the least amount of effort for the individual and family. **Example of reasonable accommodation:** Provide transport cost if the location is not accessible.

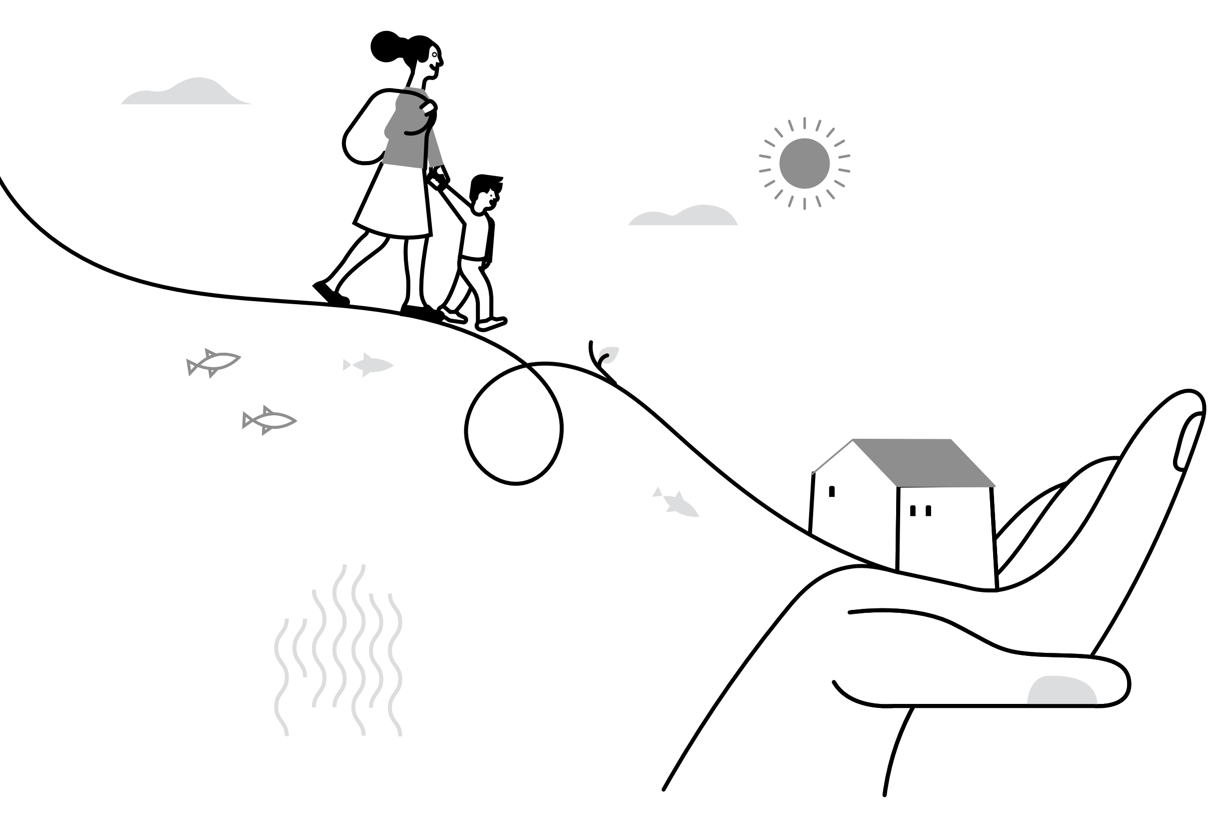
More information on accessible communication product, meeting and events, check this guidance from the Bridging the Gaps initiative: https://bridgingthegap-project.eu/wp-content/uploads/BtG_Inclusive-and-accessible-Communication-Guidelines.pdf and the Listen Include Respect Guidance for persons with intellectual disabilities: https://www.listenincluderespect.com/

Endnotes

1 This guidance paper was adapted from the IRC Inclusive Client Responsiveness Toolkit – May 2021 https://www.rescue.org/resource/inclusive-client-responsiveness-focus-people-disabilities-and-older-people

2 https://bridgingthegap-project.eu/wp-content/uploads/BtG_Inclusive-and-accessible-Communication-Guidelines.pdf

3 https://humanity-inclusion.org.uk/sn_uploads/document/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities-ADCAP.pdf



Annex 4.2

Guidance on Washington Group Short Set Use[1]

The Washington Group Questions are recommended for collecting data on disability status during quantitative data collection (and qualitative under certain circumstances). The most commonly used tool is the short set (six questions) which have been developed and tested extensively by the Washington Group, and are considered the most reliable tool to disaggregate data by disability status, allowing for comparability across a range of international contexts. These questions are designed to identify people who have difficulties in performing basic, universal activities and are at greater risk than persons without such difficulties of restricted social participation and access to services in an unaccommodating environment. The short set is aligned to the rights-based understanding on disability [2].

Six questions on short set

Do you have **difficulty seeing**, even if wearing glasses	Do you have **difficulty hearing** even if using a hearing aid?	Do you have **difficulty walking** or climbing steps?	Do you have **difficulty remembering** or concentrating?	Do you have **difficulty (with self-care** such as) washing all over or dressing	Using your usual language, do you have **difficulty communicating** or being understood?

For each question, the respondent selects one of four possible answer categories:

- ☐ No, no difficulties
- ☐ Yes, some difficulties
- ☐ Yes, a lot of difficulties
- ☐ Cannot do it at all

In addition to providing information on who faces each type of difficulty and what is the level of difficulties, responses to the six questions can be combined into **one binary answer** (disability status = "yes"/"no") determining whether an individual has a disability, regardless of the total number of difficulties.

The cut-off recommended by the Washington Group to determine disability status is:

At least one answer to the six question is either "a lot of difficulties" or "cannot do it at all."

Using the Washington Group Short Set of Questions has the following **advantages:**

- They are designed expressly as an **add-on** to existing censuses and surveys.
- They are **short**, and on average take only one to two minutes to administer.
- They are **internationally standardized** as they use universal activities (seeing, hearing, walking, remembering, or concentrating, self-care and communicating) that can be analyzed and compared across global contexts.
- They identify persons with disabilities as per the **human-rights based** approach to disability.
- They **do not stigmatize** the respondent as they do not use the word disability or discriminatory language.
- They rely on **self-reporting** as only the person experiencing a disability will be able to report accurately the level of difficulties, they are facing.

Depending on the context, other Washington Group questionnaire may be more appropriate:

- The Enhanced Short Set (extra 4 questions) which adds extra questions on anxiety and depression to the short set to better identify psychosocial disability which can be essential is some contexts.
- The Child Functioning Module, developed with UNICEF for children aged 2-4 and 5-17.
- The Extended Set where more details information about disability is required

The Washington Group Questions set was designed to be used at individual level (as individuals are best placed to report accurately the level of difficulties they are experiencing in their environment).

REMEMBER: DO NOT link the question domain (seeing, hearing walking etc.) to an impairment or type of disability (e.g. difficulty seeing =visual impairment/disability). **This will not lead to correct or reliable data,** as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk.

Guidance for Data Collection

When collecting data to answer the Washington Group Questions, keep in mind the following advice:

Preparing for Data Collection	☐ **DO** always add the questions in the demographic section of your tool (along with age and sex) ☐ **DON'T** change the questions and answer categories, **EXCEPT** for the following minor adaptations (which you can **DO** if needed): • Remove references to "glasses" in question 1 when they are not available in your context. • Remove references to "hearing aids" in question 2 when they are not available in your context. • Replace the reference to "stairs" in question 3 if they are not present in your context, and either remove or replace them with "short hill" or "small ladder" • Remove question 5 on "self-care" if this is perceived as offensive or disrespectful in your context. • Move question 6 on "communication" to the start if you want to begin with a more common question on the language barriers. ☐ **USE** the available translated questions on the website. ☐ **DO** specifically train the enumerators on how to ask the Washington Group Questions *(using the guidance below)*

During Data Collection	☐ **DO** use respect and patience when conducting the interview. ☐ **DON'T** use the word "disability" when asking or introducing questions. ☐ **DO** ask questions directly to each respondent/person, and **ONLY** use a proxy/caregiver in situations where this is not possible. ☐ **DO** ask the questions and answer categories using the exact language given. ☐ **DON'T** provide any examples. ☐ **DON'T** translate the questions during the data collection/interview. ☐ **DO** record the answer given to you by the respondent, and **DON'T** challenge or question the respondent's answer. ☐ **DO** remember that these questions are **NOT** a diagnosis tool and **DON'T** use the respondent's answers for referral to health services.

Analysis of the data

Once you have collected information on disability status and the Washington Group Questions as part of your data collection, there are many new and nuanced questions you can ask and answer!

Cleaning the Data	Prior to analysis, all data should be cleaned (e.g. checked for consistency, accuracy, and useability). Depending on the specific information being analyzed, this could include: ☐ No redundancy in the unit of analysis (e.g. the same person does not appear twice in the database unless for a particular reason). ☐ Ensuring no entry errors and conducting spot checks if manually entered data. ☐ Confirming that all quantitative values fall within a reasonable range. ☐ Read across all the data for a few individuals. Do their "stories" (e.g. flow of data) make sense?
Calculating Overall Disability Status	For each client or respondent, the six Washington Group Questions will provide answers to six distinct difficult questions. These should be combined into a single overall disability status ("yes/no"), indicating whether a given person has a disability ("lot of difficult" or "cannot do it at all") in at least one domain. This overall status can be calculated in Microsoft Excel using simple formulas (see an example below).

Looking at type of difficulties	**Note:** While a single overall disability status ("yes"/"no") will be calculated for each respondent, depending on how this information will be used or acted upon, program staff may find it useful to **further disaggregate key questions by specific type of difficulty.** For example, program staff may want to know if people with a certain type of difficulty (e.g. seeing or walking) have more or less access to services (due to specific barriers) or are more or less satisfied with IRC's response. **But, DO NOT** link the question domain (seeing, hearing walking etc.) to an impairment or type of disability (e.g. difficulty seeing=visual impairment/disability) in your analysis. **This will not lead to correct or reliable data,** as multiple difficulties could be present in all impairments e.g. persons who cannot see also often report difficulties to walk. **DO NOT** add all the people who report one type of difficulties as you will double count people who reported difficulties in more than one domain.
Disaggregating Disability with Sex and Age	Disability data should **always** be presented disaggregated by **sex** and **age**. Avoid presenting groups such as "persons with disabilities" as a separated group with no sex and age disaggregation.

Table 1: Sample Washington Group Question responses and overall disability status

Person #		Person 1	Person 2	Person 3
Washington Group Question *(asked)*	1. Do you have difficulty seeing, even if wearing glasses?			
	2. Do you have difficulty hearing, even if using a hearing aid?			
	3. Do you have difficulty walking or climbing steps?			
	4. Do you have difficulty remembering or concentrating?			
	5. Do you have difficulty (with self-care such as) washing all over or dressing?			
	6. Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?			
Disability Status? (1=yes, the person rates “a lot of difficulty” or “cannot do it at all” on at least one item OR 0=no, the person ranks “no difficulty” or “some difficulty” on all items) (calculated)				

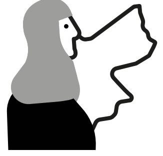
Common challenges or mistakes include:

- ☐ "Double counting" an individual who reports having a lot of difficulties or cannot do it at all in more than one domain (e.g. both visual and mobility difficulties)
- ☐ Disaggregating disability data without an accompanying sex/age disaggregation
- ☐ Linking the level of difficulties to impairments or medical conditions

> **REMEMBER:** While age may be reported in groups, the **actual age** of an individual should always be collected where possible. This can be done by collecting the individual's date of birth where appropriate (e.g. case management services) or asking the individual directly for their age.

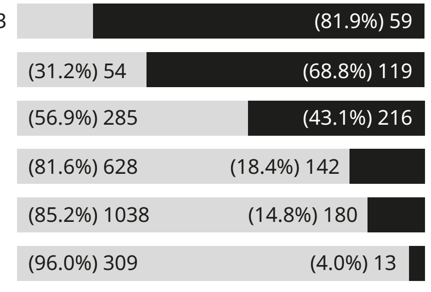
Highlights from analysis can be visualized in different ways to draw attention to key trends or takeaways. Some good examples of data visualization from a study[3] carried out by Humanity & Inclusion and IMMAP can be seen below.

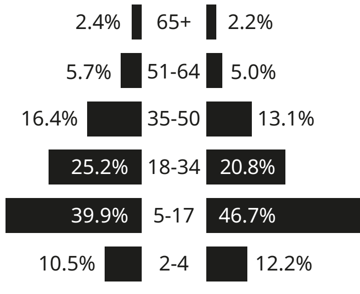
Jordan



Age distribution in the surveyed population aged 2+

23.9%

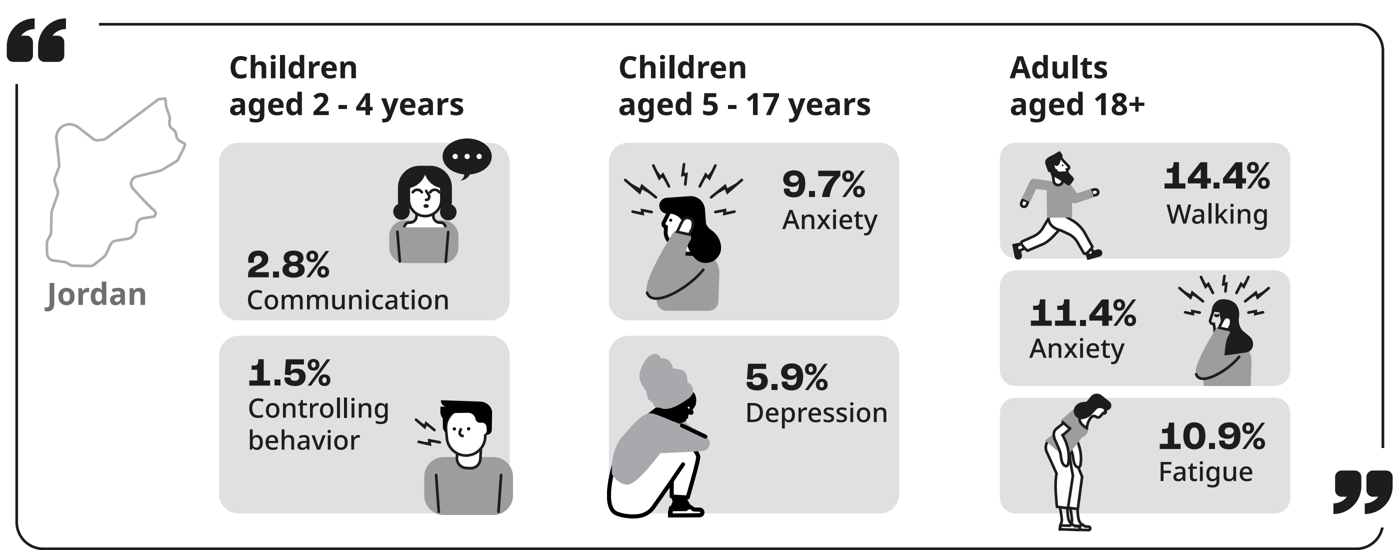




21.9%

(68.2%) 45 (31.8%) 21
(43.8%) 64 (56.2%) 82
(30.2%) 117 (69.8%) 270
(23.9%) 147 (76.1%) 467
(18.2%) 250 (81.8%) 1125
(6.1%) 22 (93.9%) 337

Without disabilities
With disabilities



Common Analysis Q&A

- **What population is my program serving, and what disability considerations should I keep in mind?** One of the simplest analyses is to calculate the proportion of the clients you serve who have disabilities using the Washington Group recommended cut-off. You can also calculate the proportion of clients who have each type of difficulties. For example, knowing that a large proportion of your clients have difficulty walking may affect the extent to which you conduct home outreach or provide transportation assistance. You can also keep these differences in mind as you conduct further data collection and data analysis moving forward (e.g. how might the needs of people with these different disabilities be similar to or different from those of people without disabilities?).

  Note: Some individuals may have multiple types of disabilities, so it is important to separately calculate (i) the proportion of clients with disabilities and (ii) the breakdown of clients with each type of disability. You cannot simply sum the number of people with difficulties in one domain to get the total number of people with disabilities. You will be double counting people who report difficulties in more than one domain.

- **Do I need to disaggregate every single question and response category by disability?** While collecting and analyzing this information may lead you to results you were not expecting, it can also be a way to capture trends and stories you and your team are

already aware of through your work but do not have evidence for. Some questions you could ask yourselves include:
    - To what extent are people with disabilities accessing the organization's services?
    - Where might it be important to understand differences in lived experience between people with different types of difficulties? (i.e. seeing vs. communicating difficulties)
    - Given our own experience and stories we hear, what do we suspect may be affecting the access of people with disabilities to important resources? What information do we need to effectively address these gaps?
    - What information would help us best understand the lived experience of people with disabilities? How might we make decisions differently with this knowledge?
- **There are too many numbers! How could I better understand what this means?** As noted above, looking at this information through visuals and charts may help us see trends and patterns more clearly, particularly when we are trying to understand how the lived experience of people with disabilities may differ from that of people without disabilities.
- **Okay, we made our tables with disability disaggregates. We're done with analysis, right?** No, you're just getting to the interesting pieces! While these tables and charts may look pretty, you're now at the stage where you get to remind yourself, "Why does this matter? What story do we see?" It may be helpful to sit with a colleague, and your team and go table-by-table or chart-by-chart and ask yourself:
    - What makes sense to you or aligns with your own experience?
    - What surprised you or confused you?
    - How might this affect what decisions you make? What other information might you need to do so?
    - What do we need to do next? Which next steps are necessary?

Limitations on the Use of Washington Group Questions- Short Set[4]:

The Washington Group Short Set of Questions on Disability (WG-SS) is widely used to identify persons with disabilities in surveys and censuses. However, it does have several limitations:
- **Severity Thresholds:** The questions use a severity threshold (e.g., "a lot of difficulty" or "cannot do at all"), which might not capture milder forms of disability that still significantly impact an individual's life.

- **Less effective for psychosocial disabilities:** Although many individuals with psychosocial disabilities are identified through questions about cognition (remembering/concentrating) and communication, some are still overlooked. Additionally, those identified with disabilities are not specifically recognized as having psychosocial issues.
- **Omitting aspects of disability:** The questions do not capture critical information such as the age of onset, cause of the disability, use and impact of assistive devices, or environmental barriers. it may not provide enough detailed information to design and implement specific policies or programs tailored to the needs of people with disabilities
- **Limited Range of Disabilities:** The WG-SS focuses on functional limitations in six domains (seeing, hearing, walking, cognition, self-care, and communication). It does not cover all types of disabilities, such as mental health conditions or chronic pain

Additional Washington Group data collection resources:

There are numerous resources available on the Washington Group website and developed by Humanity & Inclusion regarding the use of these questions in humanitarian action:

- [ ] **E-learning:** https://kayaconnect.org/course/view.php?id=1221
- [ ] **FAQs:** https://humanity-inclusion.org.uk/sn_uploads/document/2019-01-WGQs-Frequently-Asked-Questions-final.pdf
- [ ] **UNICEF Resources on Child Functioning Module:** https://data.unicef.org/topic/child-disability/module-on-child-functioning/

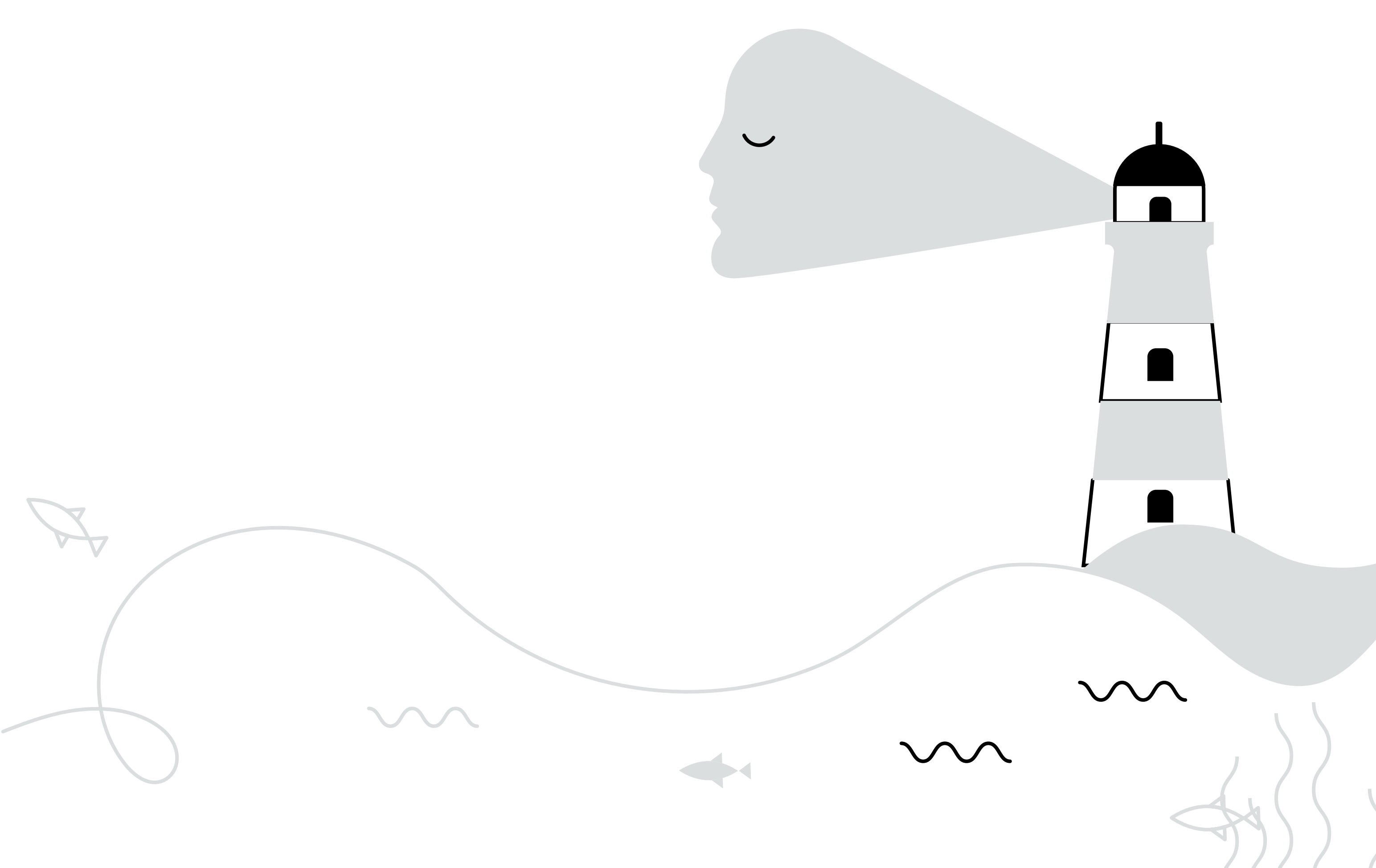
Endnotes

1 This guidance paper was adapted from the IRC Inclusive Client Responsiveness Toolkit – May 2021 https://www.rescue.org/resource/inclusive-client-responsiveness-focus-people-disabilities-and-older-people

2 https://sites.unicef.org/disabilities/index_70434.html

3 https://humanity-inclusion.org.uk/en/news/1-in-5-syrian-refugees-has-a-disability-new-survey-reveals

4 https://e-inclusion.unescwa.org/node/1358



Annex 4.3

Suicide Safety Plan[1]

Introduce the Suicide Safety Plan for those at risk of suicide plan (i.e., optional script): *"A safety plan helps us to understand the warning signs that you may not be safe, and helps us to come up with a plan to help you to feel safe when needed. You will bring a copy of this home with you and you can look at it and use the tools anytime you feel the warning signs."*

1. What are thoughts that make me feel like hurting myself and/or ending my own life?

   ____

   Feelings?____

   Situations?____

2. What activities can I do to help myself feel calm? What has worked in the past?

   ____

3. What are my reasons for living?

   ____________ ____________ ____________ ____________

4. Who can I talk to when I am upset and feeling like hurting myself or ending my own life? (include more than one person)

   ______________________ Phone number______________

   ______________________ Phone number______________

   ______________________ Phone number______________

5. Is there anything I can remove from my environment to make me safer? (e.g., lethal means)____

6. Things I can do when I am not feeling safe:

   Places I can go:____

   Professional I can call:____

   Hotline number:____

   If I am in danger of hurting myself or fear for my safety, I must call emergency response or go to nearest hospital.

   Emergency number:____

   Closest hospital (address and phone number): ______________________

   ____

1 Adapted from IFRC Reference Centre for Psychosocial Support and Suicide Prevention, and Suicide Prevention during Covid-19

Annex 4.4
MHPSS Activities and Resources

Annex 4.4.1: Guidance on MHPSS Interventions and Activities

Introduction

The purpose of this annex is to equip caseworkers with essential information for implementing focused mental health and psychosocial support (MHPSS) services to meet the needs of their clients. It is important to note that while this annex specifically focuses on the role of protection caseworkers in delivering focused MHPSS interventions, caseworkers should employ basic psychosocial support skills that promote mental health and psychosocial well-being throughout the case management process and in every interaction with their clients. Key content related to basic psychosocial support skills is integrated across the Protection Case Management (PCM) Guidance (see particularly Module 4). Prior to implementing services, it is important for organizations to consider and adhere to any local and national regulatory requirements for providing MHPSS interventions

Focused MHPSS Activities

There are many different types of focused MHPSS services that caseworkers can provide to support the unique MHPSS needs of their clients. While not an exhaustive list, this annex highlights four categories of activities and equips caseworkers with crucial information on how to select and implement different focused MHPSS activities with clients. The Annex 4.4: MHPSS Activities and Resources includes 25 activities and step-by-step instructions for implementation.

Categories of Focused MHPSS Activities

Category	About	Goal	Example(s)
Psychoeducation	The provision of information from caseworkers to clients (and family members) to help them understand their experience of distress and connect signs and symptoms to MHPSS activities that can help them cope.	• To educate the client (and family) about key topics related to their distress. • To provide information that can help build practical life skills, normalize reactions, encourage help-seeking behaviors, and ensure clients have basic knowledge about key issues affecting them.	• Psychoeducation on the impact of stress • Psychoeducation on identifying emotions • Psychoeducation on grief and loss
Emotion Regulation	Intentional practices and strategies aimed at managing and modifying one's emotional responses to various stimuli. These activities help individuals maintain mental health and psychosocial well-being by promoting emotional stability, reducing stress, and enhancing coping mechanisms.	• To give clients the tools to recognize and regulate their own emotional state.	• Belly breathing • Progressive muscle relaxation • Five senses

Category	About	Goal	Example(s)
Creative Expression	Forms of expression such as art, dance or music in a supported setting to help clients explore different emotions and situations in which they arise, and transform or modify their emotional reactions.	• To help clients explore, feel, express, and manage their emotions. • To help clients share and process feelings and memories that may be difficult to verbalize.	• Traditional song and dance • Drawing the past, present, and future • Affirmation cards
Solution-Focused	Goal-focused activities where caseworkers co-construct with clients practical and sustainable solutions to address challenges rather than focus solely on problems.	• To highlight the client's ability to solve problems rather than focus on why or how the problem was created.	• Mapping supports • Circles of control • Exception questions

Each category is indicated by a symbol within the Annex 4.4.

Psychoeducation

Emotion Regulation

Creative Expression

Solution-Focused

It is important to note that some MHPSS activities may fall into more than one category, offering versatility in use to address various goals with clients. For example, the activity 'Affirmation Cards' can be categorized as both creative expression and emotion regulation because the caseworker supports the client in creative expression as

they come up with the affirmations and draw the affirmation cards, and then helps the client regulate their emotions as they practice repeating the affirmations to move through difficult moments and ultimately transform negative self-perception to a focus on personal strengths and self-worth.

Within the Annex 4.4: MHPSS Activities and Resources, activities are categorized by the four categories noted above and identified based on the common issues they help address. This categorization and identification ensures flexibility to meet the client's needs while also providing structure and guidance for utilization. It allows for caseworkers and their supervisors to either:

- Select a stand-alone activity to address an immediate need or issue with the client (e.g., emotional regulation activity) or
- Follow standard pathways for addressing specific problems raised by the client (e.g ***Identifying and Regulating Overwhelming Emotions***).

Pathways for Focused MHPSS Activities

Five unique pathways for use are provided for caseworkers to follow with clients. The pathways correspond with common issues (i.e., challenges) that protection case management clients may experience. These include:

1. Identifying and regulating overwhelming emotions
2. Engaging in difficult conversations
3. Enhancing self-esteem and self-worth
4. Building and maintaining healthy relationships
5. Managing acute distress

Each pathway is designed for caseworkers to achieve specific objectives in collaboration with the client. Caseworkers work with their clients to select and prioritize the appropriate pathway(s) to meet the clients' needs. The information gathered during the Form 3 Protection Assessment and Form 5 Basic MHPSS Assessment should inform these discussions and help the caseworker and client to select the most relevant pathway(s).

All five pathways include a range of activities from across the four different focused MHPSS activity categories: psychoeducation, emotion

regulation, creative expression, and **solution-focused.** The activities are purposefully sequenced along the pathways, typically beginning with one or more psychoeducation activity to lay a foundation of understanding, followed by a range of activities designed to foster emotion regulation, inspire creative expression, and cultivate solution-focused skills.

Each pathway provides a recommended sequence of focused MHPSS activities for caseworkers and clients to follow. The activities in each pathway are sequenced and color-coded to help caseworkers identify which of the four activity categories it belongs to. The sequencing may be particularly beneficial for less experienced caseworkers or caseworkers who are new to implementing MHPSS services.

For example, under Pathway #1, ***Identifying and Regulating Overwhelming Emotions*** , the sequence begins with a psychoeducation activity that explains the differences between helpful and harmful stress. Once clients have an understanding of the types of stress and their impact, the next activity helps clients identify and manage overwhelming emotions that arise in stressful situations. The sequence is designed to facilitate an effective process for helping clients to understand and manage their stress.

Experienced caseworkers or those who have a professional background in MHPSS services (e.g., social workers, licensed counselors and therapists, psychologists, etc.) may customize the sequence of activities or integrate additional ones to further meet the specific, and evolving needs of the client. If the caseworker and client identify multiple relevant pathways, it is important to select the pathway the client would like to begin with. Moreover, experienced caseworkers are encouraged to use multiple pathways at the same time to address multiple issues concurrently, when deemed beneficial. Since some of the pathways use the same focused MHPSS activities, when using multiple pathways simultaneously it is important to customize repeated activities to avoid redundancy and ensure relevance to the client's specific issue and how it has evolved over the course of case management.

For example, the activity Identifying Sources of Support is included in all pathways. Rather than complete this activity in the same manner multiple times, caseworkers should customize this activity and facilitate it in a sequence that meets the overall needs of the client.

Each pathway also includes a prompt to incorporate decisions and key actions into the client's Coping Plan) as relevant and necessary. The caseworker and client can add focused MHPSS activities to the client's Coping Plan after each session and/or at the conclusion of a pathway according to what the client feels is most helpful. The caseworker and client should also include goals related to MHPSS into the Form 6 Case Action Plan. Each of the five pathways are described in more detail below.

Pathway 1: Identifying and Regulating Overwhelming Emotions

This pathway focuses on assisting clients in managing stress and coping with grief. It emphasizes identifying disruptive emotions that hinder daily functioning, which often drive them to seek help. Effectively identifying and regulating overwhelming emotions is vital for the client's mental health and psychosocial wellbeing.

Identifying and regulating overwhelming emotions is achieved in two ways:

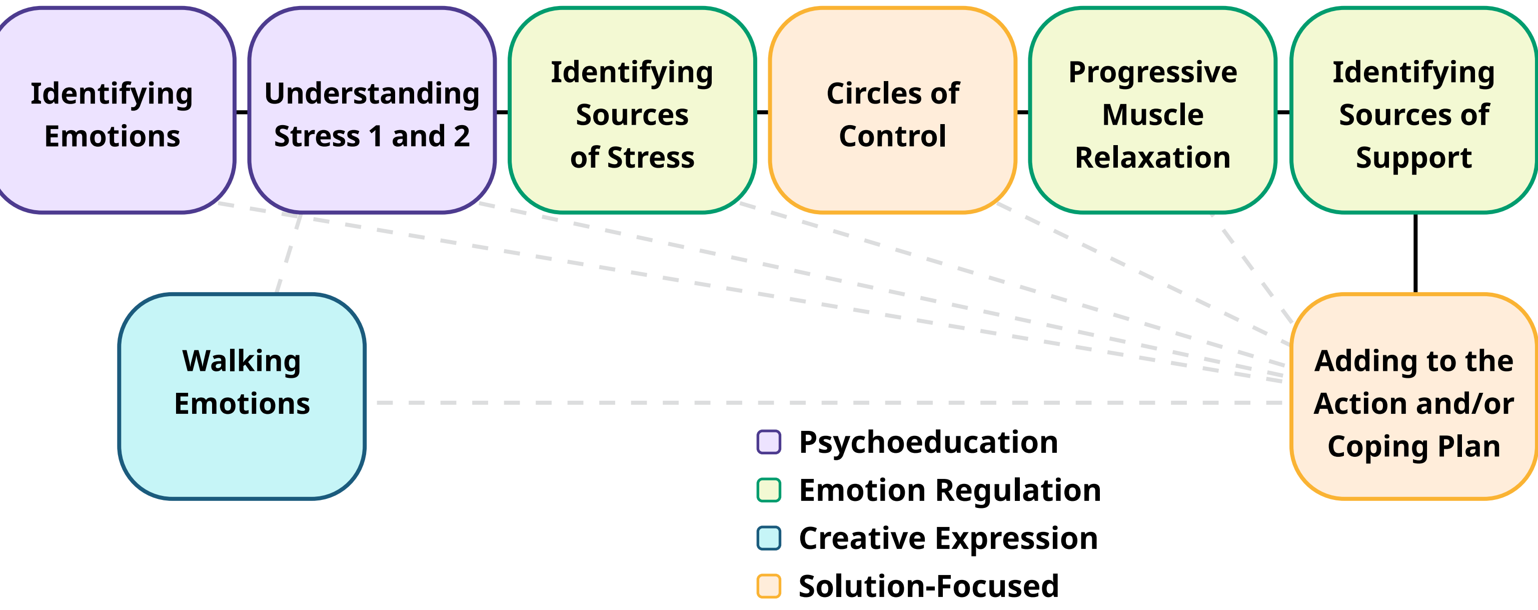
1. By addressing different types of stress stemming from experiences such as displacement, natural disasters, or living in environments with limited resources and supports; and/or
2. By identifying specific support(s) for clients navigating grief due to different types of loss.

When focusing on addressing different types of stress, this pathway aims to help the client:

- Understand stress and its impact on physical and mental health and wellbeing;
- Identify primary sources of stress and resultant emotional reactions;
- Distinguish what is within and outside of their control;
- Explore and select emotion regulation activities to address overwhelming emotions; and
- Identify sources of support to help manage the impact of stress.

It is important to contextualize the pathway to each client's unique needs, especially when exploring overwhelming emotions. The process of engaging in these exercises and reflections can be difficult for clients. Therefore, it is crucial to take the necessary time to adjust and use emotion regulation exercises whenever needed along this pathway.

[Image 1] Pathway 1: Identifying and Regulating Overwhelming Emotions - Stress Management

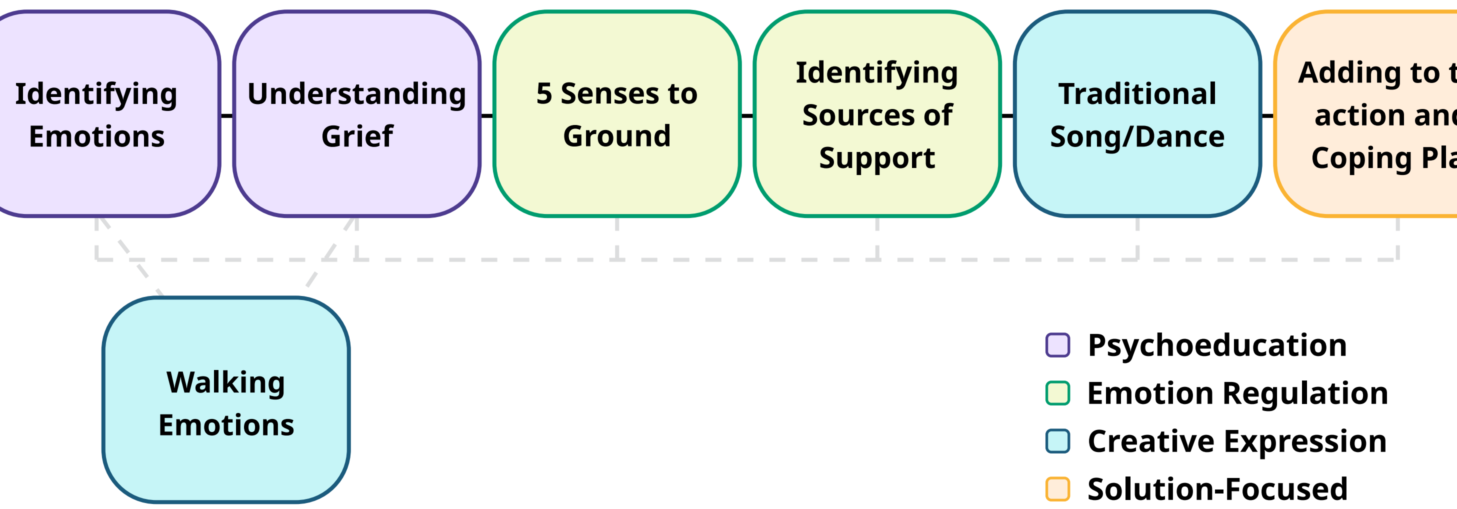


When focusing on navigating grief due different types of loss, the pathway aims to help the client:

- Recognize emotions they are experiencing and/or struggling to move through;
- Understand grief and loss are including causes and impact;
- Develop skills to help manage the emotions that arise with grief;
- Explore what it is like to navigate the different components of grief; and
- Identify supports for the grieving process.

It is important to remember and acknowledge that processing grief is a non-linear journey and requires time and support. The focused MHPSS activities are designed to support this understanding. Moreover, since grief and loss can affect other areas of a client's life, additional pathways may be necessary to comprehensively address their needs and concerns.

[Image 2] Pathway 1: Identifying and Regulating Overwhelming Emotions - Navigating Grief



It is important to note that while clients may experience a wide range of overwhelming emotions, this pathway specifically focuses on stress and grief, as these are commonly associated with clients' needs. The MHPSS Activities within this pathway assist clients in identifying various emotions they may be experiencing, including but not limited to stress and grief.

Pathway 2: Engaging in Difficult Conversations

This pathway is designed to assist clients in identifying sources of stress within their families, workplace, friendships, and communities, and develop strategies for navigating difficult conversations that may emerge from these stressors.

This pathway aims to help the client:

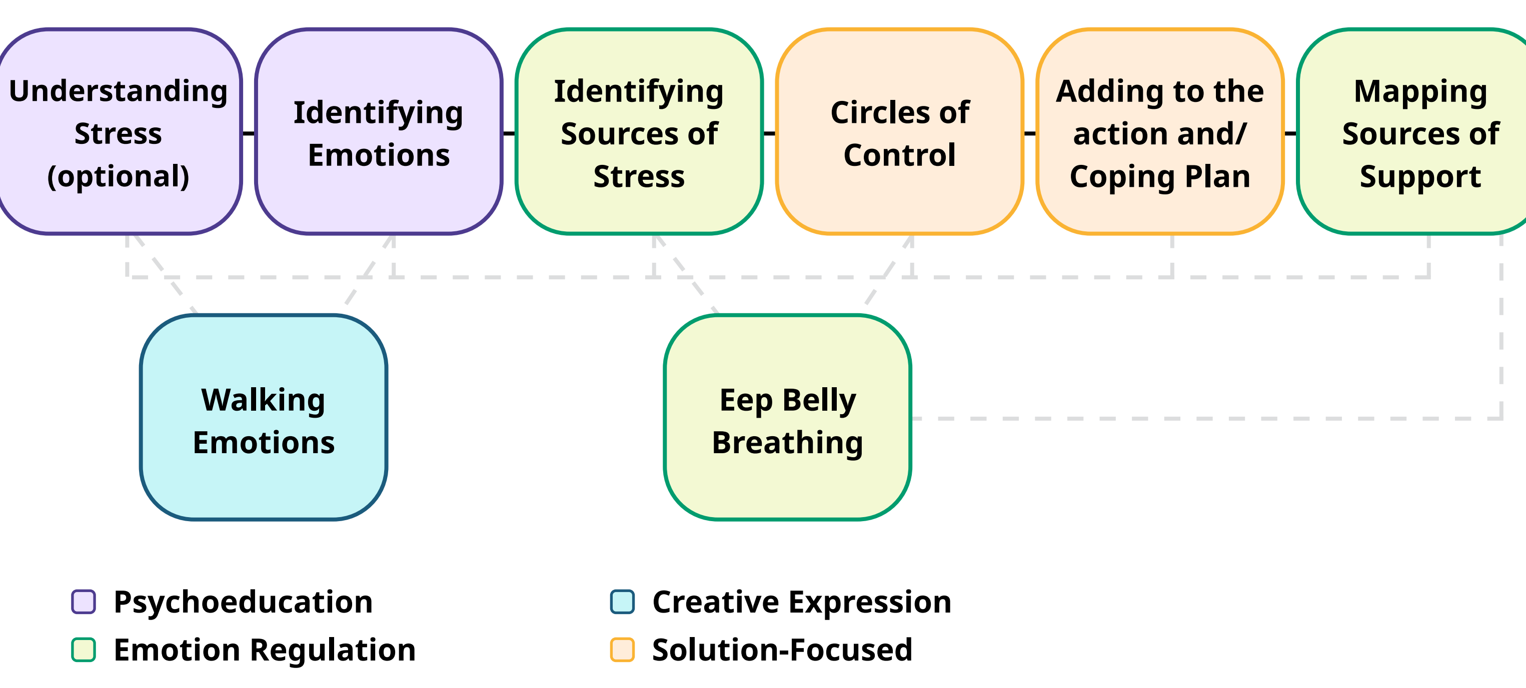
- Recognize the origins and sources of their stress;
- Differentiate between what is within their control and what is beyond their control;
- Learn and utilize emotion regulation techniques to aid in navigating difficult conversations; and
- Identify and understand how to leverage sources of support effectively.

If the client is struggling to understand what stress is and how it impacts them, it is recommended to start this pathway with the psychoeducation

activity *Understanding Stress 1* (refer to Annex 4.4: MHPSS Activities and Resources). If the client already has an understanding of stress but is having trouble identifying the emotions or feelings they are experiencing when engaging with family, friends, and/or their community, begin with the psychoeducation activity *Identifying Emotions* (refer to Annex 4.4: MHPSS Activities and Resources).

It is crucial to recognize the complexity of engaging in difficult conversations. The MHPSS activities provided in this pathway are specifically designed to support clients in reducing stress associated with these challenges.

[Image 3] Pathway 2: Engaging in Difficult Conversations



- Psychoeducation
- Emotion Regulation
- Creative Expression
- Solution-Focused

Pathway 3: Enhancing Self-Esteem and Self-Worth

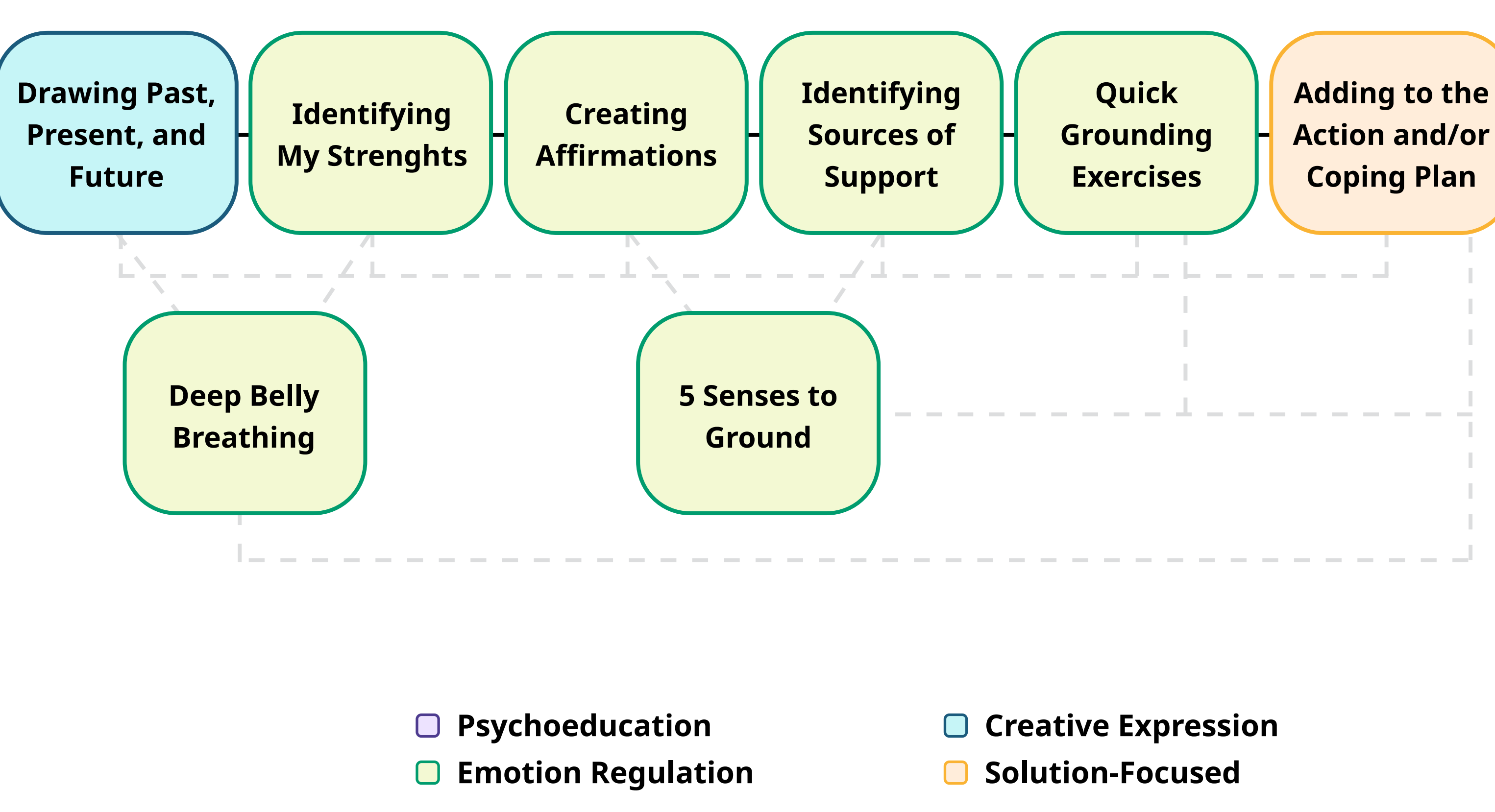
This pathway aims to deepen the client's self-understanding, foster positive self esteem, and emphasize their strengths. The primary goal of the pathway is to enhance self-worth through introspective and personal development exercises.

This pathway aims to help the client:
- Reflect on their life journey;
- Recognize their strengths;

- Create and use affirmations to increase awareness of their strengths;
- Identify, understand the value of, and activate the supports in their lives; and
- Develop additional coping strategies to navigate and overcome feelings of worthlessness, shame, and self-doubt.

This pathway begins with the creative expression activity Drawing past, present and future to assist clients in reflecting on past and present experiences, envisioning their desired future, and setting goals to achieve their vision. The caseworker can use the information discussed during this activity to support the next activity in the sequence, Identifying the client's strengths. Once the caseworker has supported the client to identify their internal and external strengths, the caseworker engages the client in additional activities to help the client increase awareness of and utilize these strengths and celebrate achievements. Over time, these activities will support the client to increase their self-esteem and enhance their sense of self-worth.

[Image 4] Pathway 3: Enhancing Self-Esteem and Self-Worth



Psychoeducation
Emotion Regulation
Creative Expression
Solution-Focused

Pathway 4: Building and Maintaining Healthy Relationships

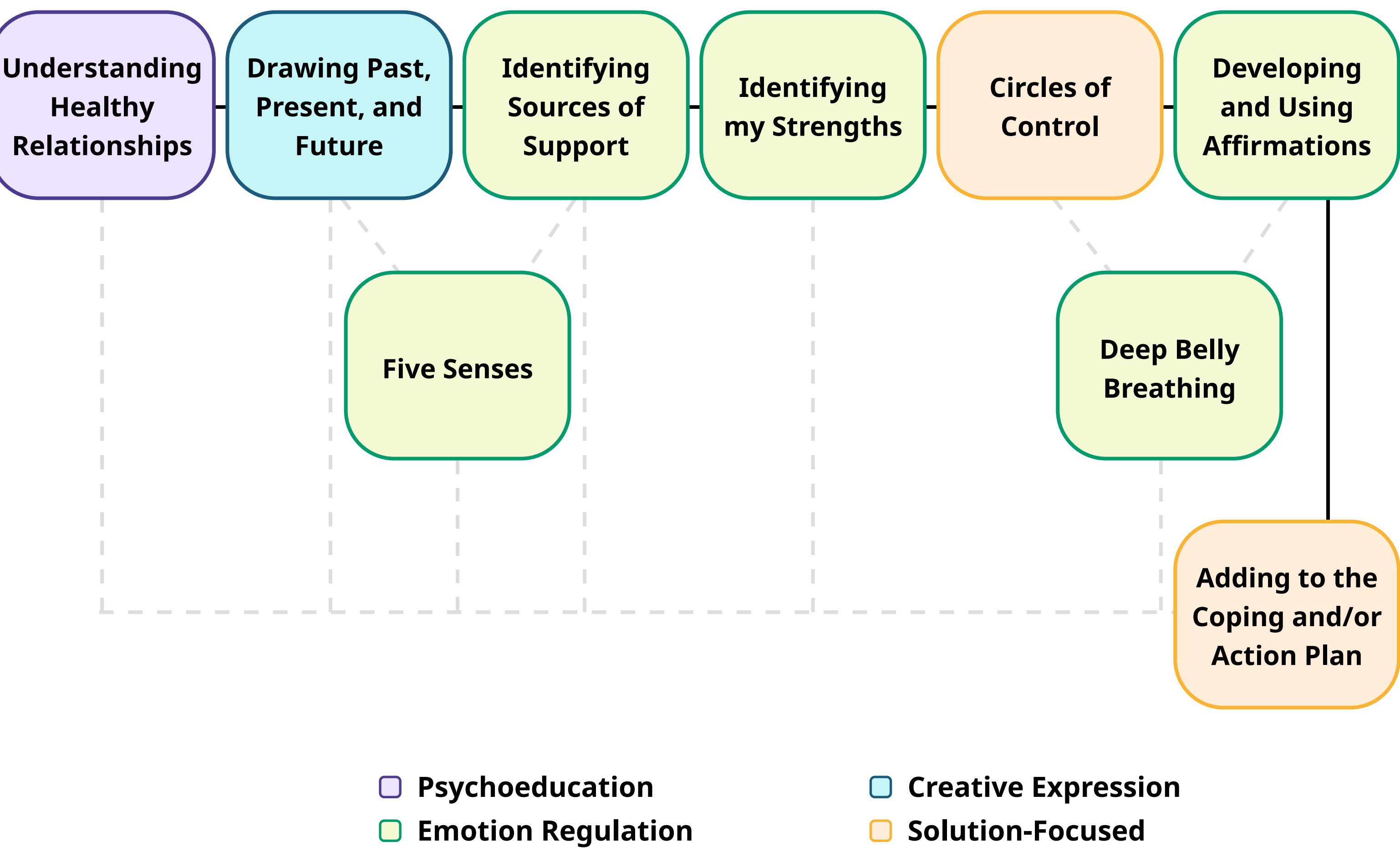
This pathway is designed to enhance the client's relationship-building skills and clarify what they can and cannot control in their relationships with others. The pathway aims to foster increased trust and support, whether in strengthening existing bonds or nurturing new ones.

This pathway aims to help the client:

- Understand the characteristics of a healthy relationship;
- Reflect on the characteristics of healthy relationships in their past and envision qualities they desire in future relationships;
- Recognize existing support systems that are examples of healthy relationships;
- Identify internal strengths;
- Gain insight into what they can and cannot control in relationships; and
- Learn and use emotion regulation techniques to support their efforts to build and maintain healthy relationships/

This pathway uses psychoeducation to explain the traits of a healthy relationship, creative expression to reflect on past relationships and envision future ones, and emotion regulation activities to develop skills for fostering healthy relationships based on trust. Since the development of healthy relationships is not only dependent on the client but also on the other person's reactions, receptivity, and willingness to engage, this pathway also uses solution-focused activities to help the client determine the actions they can take towards a healthy relationship as well as identify what is outside the locus of their control.

[Image 5] Pathway 4: Building and Maintaining Healthy Relationships



Pathway 5: Managing Acute Distress

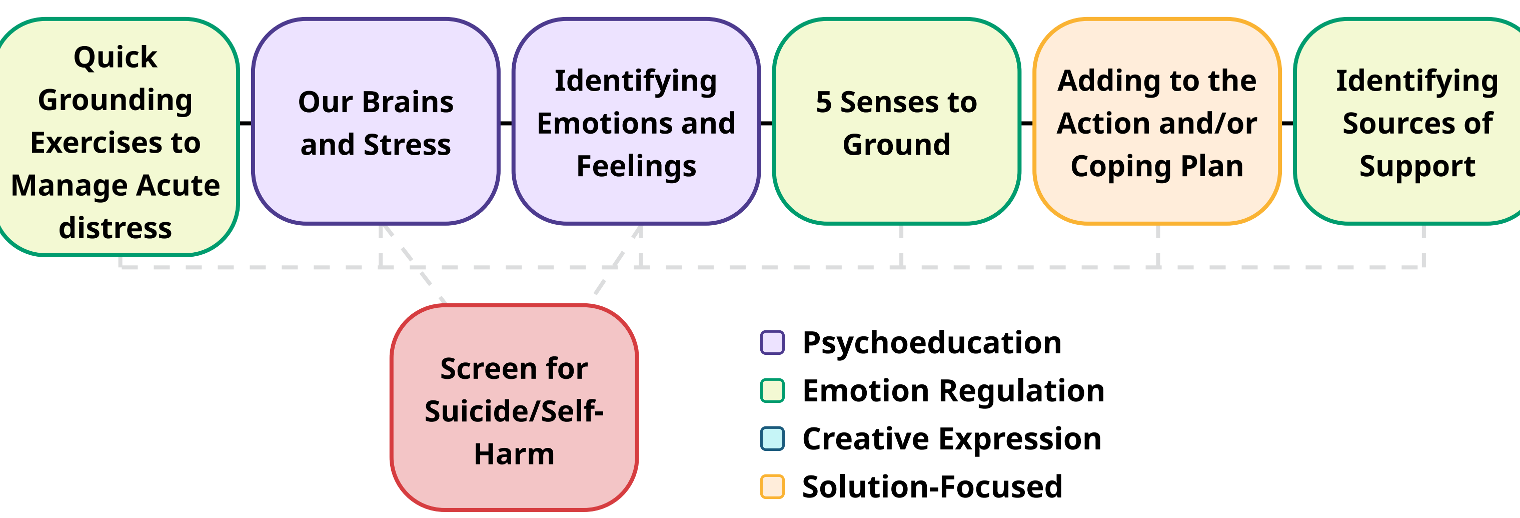
Acute distress refers to when a client is overwhelmed and unable to regain a sense of calm. Examples of acute distress include but are not limited to when the client is: angry and in "fight" mode, upset and unable to stop crying, afraid or anxious and unable to stay focused, or numb or zoned out and "frozen". This pathway and the activities included in this pathway can be selected as a priority pathway during initial discussions between the caseworker and client, or used at any time that the client is presenting with signs of acute distress.

This pathway aims to help the client:

- Return to a state of calm through grounding exercises;
- Understand how stress impacts the brain and body;
- Identify their emotional and physical reactions and what may have caused them; and
- Learn coping skills and understand when to utilize them.

Because this pathway is specifically for use when clients are in acute distress, the sequence begins with an emotion regulation activity - specifically a grounding exercise - to help the client regain a sense of calm. At some point, but not always immediately after the client has regained calm, focus can shift to the next activity in the sequence, psychoeducation. It is recommended that the caseworker integrate the client's experience of acute distress into the psychoeducation activity to normalize the client's experience and ground them in the reality that they can learn to manage these overwhelming reactions during the case management process. Once the client gains this understanding through psychoeducation, the caseworker supports the client in identifying the emotions that seem to "take over" or be "uncontrollable", and building skills and tools for emotion regulation.

[Image 6] Pathway 5: Managing Acute Distress



Frequently Asked Questions

Where should focused MHPSS Activities be implemented? (i.e., considerations on location, privacy, etc.) Activities can be used wherever casework takes place; for example, a community center, or the client's home if it is safe and there is a reasonable degree of privacy throughout the duration of the session. Any meeting in a client's home should be discussed and decided on with the client before sessions take place. Prior to implementing a specific activity, it is important to review the activity and consider if the location you plan to meet the client in is appropriate for that specific activity (e.g., Is the space large enough? Is the topic sensitive and therefore requires more privacy?).

How should a caseworker work alongside the client to select appropriate focused MHPSS Activities? Caseworkers and clients work together to identify, select and practice different activities to find the right set of activities to support the clients MHPSS needs. It is a process of mutual curiosity and practice. The caseworker can suggest different activities based on the client's needs that are identified during the intake and protection assessment process or during any stage of the case management process. Caseworkers should create a safe and collaborative space that empowers the client to have a voice in and provide feedback on which activities they find useful and supportive. Caseworkers should never force or require their clients to complete activities that they do not feel comfortable doing.

Do the focused MHPSS Activities build on each other (i.e., is there a specific order that caseworkers should follow when implementing activities)? The activities follow a sequence when used within a specific pathway. Some activities build on others and, when relevant, this is noted in the activity instructions. For example, caseworkers would first support the client to complete the *Identifying My Sources of Stress* activity and then facilitate the relevant emotion regulation activity to strengthen the skill(s) to address the identified sources. Other activities, however, can be used as standalone activities.

Can caseworkers use the focused MHPSS Activities in a different order or outside of the five pathways? As caseworkers gain experience and become more familiar with activities, they can use the activities with less adherence to the sequences provided for each of the five pathways. When caseworkers are ready to work outside the given sequence or to use multiple pathways at the same time, they can look to the top right corner of each activity sheet to ascertain whether it can be adjusted to focus on multiple pathways. The activities that can be adjusted have two types of symbols in the top right corner. Adjustments often require slight changes to the script provided for the activity in the activity sheet as well as the addition of tailored reflection questions. Additional guidance on adaptations and adjustments are noted within the guidance below and in the activity sheets.

What to do if a client doesn't like a focused MHPSS Activity? Many activities may feel different or strange to the client at first. This is a normal reaction and can be expected. Many of the activities are skills that need to

be practiced to be effective for the client. Caseworkers can explain this to clients to prepare them for different emotions and feelings that may arise when trying these activities for the first time or even the first few times. Caseworkers and clients should think about many of the activities as tools. Not all tools will work for all clients. This is expected. If an activity does not feel useful to a client, there are other activities to try and you do not need to use that particular activity. Caseworkers can identify alternative activities to try within the same category (i.e., psychoeducation, emotion regulation, creative expression, or solutions-focused) by looking at the symbol(s) in the top right corner of each activity sheet. It is important to remember that all activities must be contextualized, and the caseworker and their supervisor should review all activities in advance to determine the ones that are appropriate for the context they are working in. Additionally, building and maintaining a trusting relationship between the caseworker and the client is essential, as this can greatly increase the client's willingness to follow the caseworker's guidance and engage in activities that may feel challenging or vulnerable.

What to do if a client is in "fight" mode (e.g., shouting, swearing, using harsh language, appears tense or agitated)? Approaching and effectively engaging with clients who appear to be in "fight" mode is a challenging task. The caseworker's objective in this situation is to help the client feel safe not to try and finish the planned activity.To help the client feel safe, caseworkers must first remain grounded and calm themselves, remembering that the client has likely not experienced much safety or care from others. Caseworkers should provide the client with the appropriate physical space (i.e., not too close where the client feels threatened or confined, and not too far that the client feels the caseworker is distancing themselves or scared) and use empathy and a neutral tone of voice to name and acknowledge the emotions the client is exhibiting and validate the client's experience. The caseworker can then offer the client some water or to take a walk together (if it is safe and there is appropriate space) to further help calm the client. If the caseworker and client have been working on emotion regulation activities, the caseworker can also suggest doing one of the grounding or relaxation strategies together. Once the client appears to have calmed down a bit, the caseworker can ask the client neutral questions to further ground the client in the present moment and continue to build rapport. The safety of the caseworker is a top priority; prior to implementing services, supervisors and caseworkers should establish a plan to ensure

that caseworkers know what to do in situations where they do not feel safe for any reason.

How can caseworkers prepare the client for focused MHPSS Activities that may spark overwhelming emotional and/or physiological reactions? Some activities may involve difficult or sensitive topics which could result in overwhelming emotional and physiological reactions in clients. Caseworkers should assess each client's unique situation and needs, review activities beforehand, and reflect on the possibility of sparking a reaction in the client before implementing new activities with the client. Caseworkers should always tell clients this may happen and should instruct them on what to do if the feelings become overwhelming. Caseworkers and clients can always choose to stop the activity and discuss if or when to return to the activity. See adaptation section below for additional details.

Contextualizing and Adapting focused MHPSS Activities

Prior to implementing the focused MHPSS activities, it is essential that all activities are reviewed and contextualized by the Protection Case Management team and their supervisors. Ongoing adaptation of the activities should also be done based on the needs of individual clients throughout the case management process. The Protection Case Management team should also consult with local, national, and international organizations providing MHPSS as they may have existing contextually relevant activities.

Key recommendations

When contextualizing focused MHPSS Activities for cultural appropriateness, it is important to ensure the overall goal of the activity stays the same. Caseworkers should select and adapt activities in collaboration with affected community members, peer caseworkers and their supervisors, and if available, engage with a local MHPSS working group or other MHPSS actor(s) for support in contextualization prior to implementing activities.

Key considerations include:

- The type of setting (e.g., acute emergency, protracted crisis, etc.);
- The priority needs/problems of the affected community;
- The age, gender, capacity, resources, language(s), culture(s), and other diverse characteristics of the affected population;
- The available human and material resources to implement MHPSS activities; and
- The available communication media and preferences of different population subgroups (e.g., social media, flyers, radio, announcements in community meetings or forums, etc.)

Importantly, focused MHPSS activities will have the greatest impact if they:

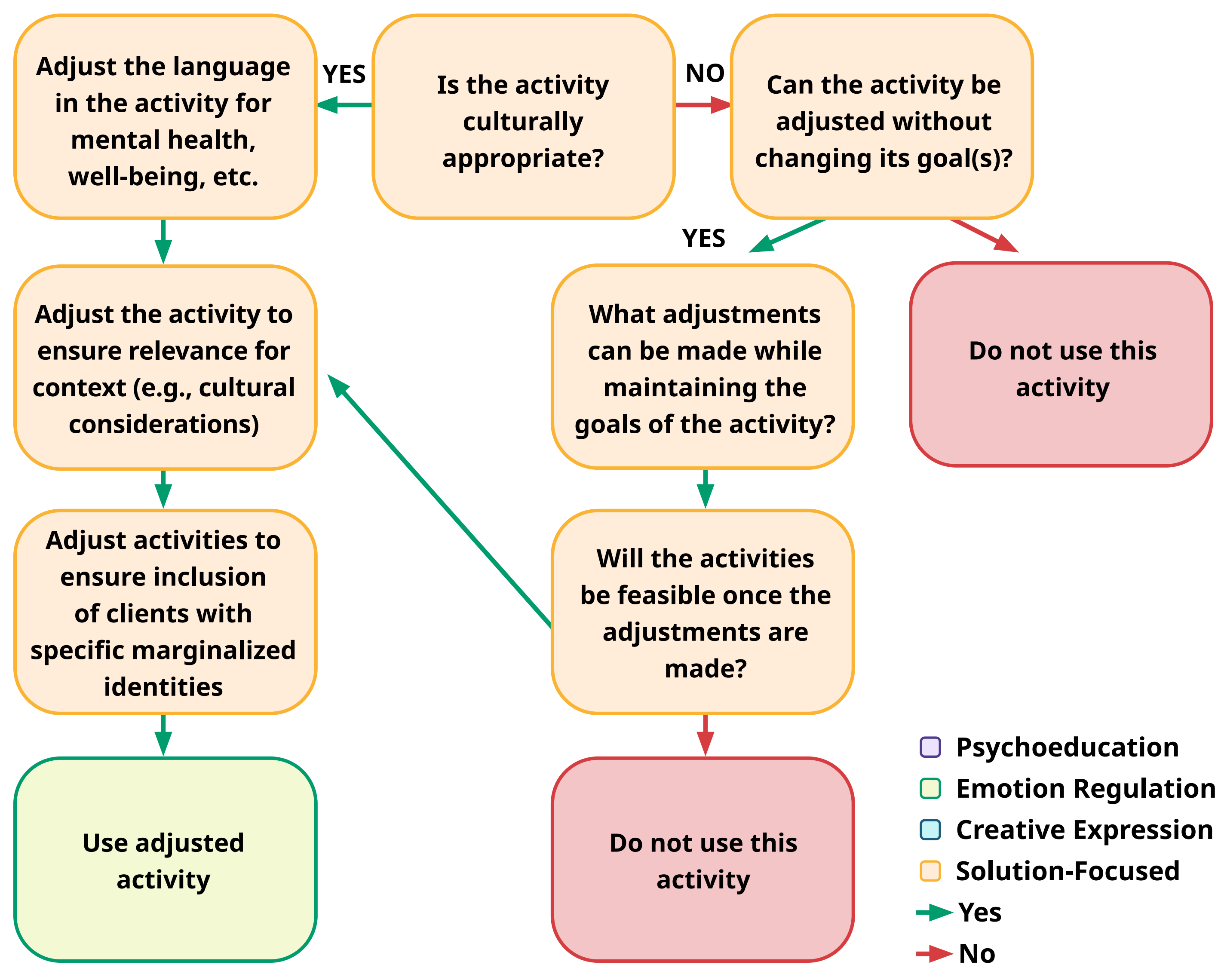
- Address pertinent needs/problems of the clients;
- Use local terminology for MHPSS-related concepts; and
- Use examples that resonate with the local context.

Seminal Global Resources, Guidelines and Tools:
MHPSS MSP Relevant key guidelines, standards and tools on contextualization. For additional participatory resources in the relevant guidance, standards and tools sections of MHPSS MSP activities 2.1)

How to contextualize and adapt focused MHPSS Activities?

The image below provides the recommended process for determining whether the activity is culturally appropriate and, if determined to be culturally appropriate, steps for how to contextualize and adapt the activity. Additional guidance on how to adapt the activity is provided below the image.

Image 7: Contextualizing MHPSS Activities



If the activity is determined to be culturally appropriate, review and adjust the activity to ensure appropriateness of/for:

1. Language
- Adjust language in all activities to match cultural terms used to describe mental health and wellbeing and local dialects.
- Include specific cultural words or names for experiences that may not exist in Western conceptions of stress, distress, mental health, and recovery.

2. Social/cultural norms
- Adjust activities to match social and cultural norms

3. Persons who have historically been marginalized
- Adjust activities to ensure appropriateness for populations that are marginalized, oppressed, and/or discriminated against in the local context.

- For example: If the client identifies as having diverse SOGIESC, their family members may not be supportive and could even cause the client further harm. The emotion regulation activity Identifying Systems of Support of the Annex 4.4: MHPSS Activities and Resources) may need to be adjusted to reflect this reality.

Once all focused MHPSS Activities have been reviewed, contextualized, and adapted, caseworkers will have an updated toolkit of activities relevant to the local context which they can begin using with clients.

How to adapt focused MHPSS Activities for individual clients?
Even after activities have been reviewed, contextualized, and adapted to fit the local context, additional changes may be needed to ensure relevancy for each individual client. Each client has unique needs and preferences. Not all activities will work with all clients. When preparing to facilitate a specific activity with a client, caseworkers should adapt the activity to meet that client's needs. Once caseworkers become more familiar with the activities and comfortable providing activities to clients, they may be able to adapt the activities for the client 'in the moment' rather than prior to the session.

Adaptations for individual clients must still adhere to the overall fidelity of the activity; therefore, any changes should:
- Maintain the overall goal of the activity; and
- Make only the minimum necessary adjustments.
- When adjusting activities for an individual client, consider the following questions:
- What barriers exist in the MHPSS activity in its current form that may prevent the client from reaching the intended goal(s)?
- If the client has any disabilities, what adjustments must be made to the activity to ensure the client receives the intended support?

What other unique social identity does the client have that may impact the efficacy of the activity if kept in its current form? What adjustments must be made to the activity to ensure the client receives the intended support?

Once the adjustments to activities have been made for individual clients, the caseworker and supervisor should discuss these adjustments during ongoing individual supervision sessions to ensure the adjustments have not impacted the overall focus and goal of the activities and discuss challenges, key learning, and recommendations for peers. Contextualization and adaptation of activities should also be discussed during group or peer supervision sessions for cross-learning.

Creating MHPSS Activities

While Annex 4.4 provides a set of focused MHPSS activities, these are not the only focused MHPSS activities protection caseworkers can use with clients. Once protection caseworkers become more comfortable using the activities in this guidance, they will undoubtedly notice opportunities for adding additional activities to meet the specific needs of their clients. They will also likely become more aware of cultural practices that are already used within local communities for healing and mental well-being that may be appropriate to integrate and use within protection case management.

Protection caseworkers and their supervisors will always have more cultural and contextual knowledge about sources of stress, mental health and well-being of communities, and culturally rooted and appropriate activities to bolster mental-well-being than this guidance provides. They can therefore work together to create additional activities for their clients using other materials and their own knowledge and skills. Remember, prior to implementing services, it is important for organizations to consider and adhere to any local and national regulatory requirements for providing MHPSS interventions.

Key recommendations

After adapting and implementing focused MHPSS Activities from Annex 4.4, protection caseworkers and their supervisors should set aside time to discuss and create new activities, when needed. During this time, caseworkers can raise MHPSS needs and client issues that have not yet been addressed through the activities in the guidance and put forward ideas for new activities and/or types of activities they would like to use.

How to create additional focused MHPSS Activities for the guidance?

When seeking to create additional focused MHPSS activities, protection caseworkers and their supervisors can use and adapt other MHPSS materials (e.g., group MHPSS activities, awareness raising sessions, global guidelines and resources, etc.). For example, caseworkers and supervisors may find there are specific behaviors, mental conditions, or reactions to adverse events where clients need more support. Additional psychoeducation topics and materials can be identified and adapted to help clients understand: specific mental conditions, how to support another family member, reactions to certain events, and beyond.

Caseworkers may also wish to include more coping strategies in the Annex 4.4: MHPSS Activities and Resources. There are multiple forms of breathing practices, meditations, and grounding exercises (e.g., tapping, squeezing, body movement) that may be appropriate to include. Caseworkers and supervisors are responsible for identifying the activities that may be useful to clients and how they will use them in protection case management. Caseworkers and supervisors will also need to contextualize and adapt the activity following the guidance above.

Examples of relevant resources that can potentially be pulled from and adapted are included below in the 'relevant resources section'.

Steps for creating or adding new focused MHPSS activities to the guidance

Below are recommended steps and key questions to consider when creating focused MHPSS activities.

Step 1: Identify unmet MHPSS needs and client issue to address

- What client needs are you trying to meet with this activity?
- Is this need currently not being met already through other activities included in the guidance?

Step 2: Brainstorm ideas for new focused MHPSS activities

- What MHPSS goal(s) are you seeking to accomplish (or

contribute to) with this activity?
- What focused MHPSS activities are used by organizations/ community members?
- Are there any additional global or local resources, guidance, curriculums that you can refer to for ideas on additional MHPSS activities to adapt and use with your clients (e.g., group activities that could be adapted for individual use)?

Step 3: Select one idea from the brainstorm and develop into a focused MHPSS activity using the PCM MHPSS Activity Template:
- What is the aim or objective of the activity?
- Which of the four categories of focused MHPSS activities (psychoeducation, creative expression, emotion regulation, solution-focused) does the activity belong to?
- Which pathways does the new activity fit into?
- In which setting should this activity take place?
- Who should participate in this activity? Who should not use this activity? Or when is this activity not appropriate for use?
- What is the time required to complete the activity?
- What materials are required or optional to complete the activity?
- What preparation needs to be done prior to facilitating the activity?
- What are the instructions for completing the activity?
- Are any contextual adjustments needed for gender, age, disability, and other social identities/ characteristics?
- Does this activity need to be flagged as a challenging activity that requires a more experienced caseworker to facilitate it with supervisor support?
- Does this activity need to be followed by an emotion regulation activity?
- How will this activity be reflected in the coping and/or action plan?

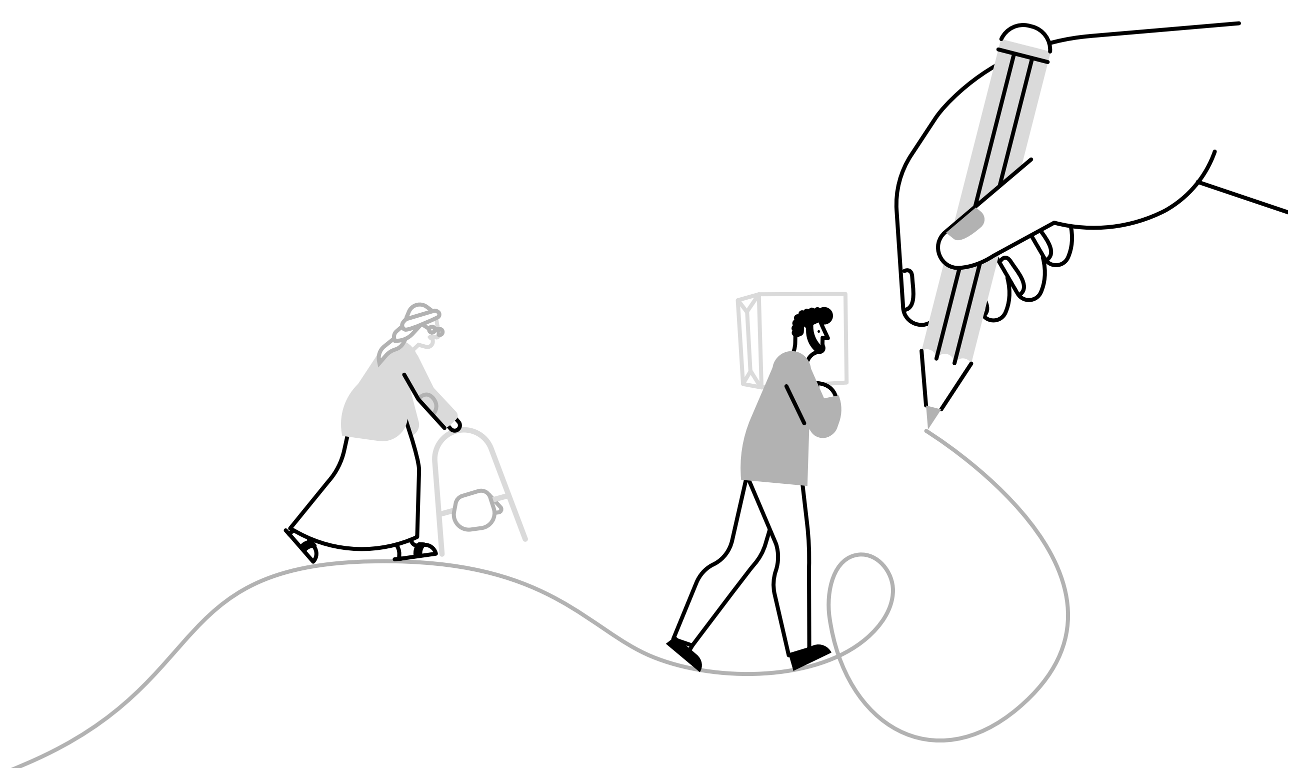
Step 4: Pilot the activity with caseworkers, make adjustments, and finalize the activity
- Pilot the new MHPSS activity by facilitating it to caseworkers (e.g., during peer supervision or capacity building session with supervisor)

- Record feedback and any recommended edits to the activity
- Make edits to the PCM MHPSS Activity Template for the activity and finalize
- Add the new activity to the appropriate activity category(ies) and pathway(s)

Step 5: Use the new focused MHPSS activity with clients as needed/relevant

- Follow the guidance above to adapt the new activity to individual client identities and needs

Whether creating or adding new focused MHPSS activities to the guidance, all activities must be intentional, well thought out, developed complete (i.e., inclusive of the necessary reflection questions, guidance on use, etc.), and appropriate for the local context. Caseworkers and supervisors must allot ample time to develop and refine new focused MHPSS activities. The creation process should not be rushed to ensure the efficacy of new activities and to avoid causing harm to clients.



Annex 4.4.2:
Client Coping Plan

My Coping Plan
Part I: Goals & Priorities to Support My Well-being *Use probing questions to understand the client's challenges and priorities regarding their mental health and psychosocial well-being, stress sources, and the impact on their daily life. (e.g.,"What problems are affecting your well-being?" "How have these issues impacted your well-being?" "Which problem would you like to prioritize addressing first? Second? Third?") If the client struggles to identify challenges and priorities, refer to the intake, protection assessment, and Basic MHPSS Assessment.*
Problems or concerns related to my mental health and psychosocial well-being that I want to address:
Priority 1:
Priority 2:
Priority 3:
Part II: My Stress Reactions (i.e., signs I am stressed or experiencing distress)
When I feel stressed, I currently do the following....
In the future, when I feel stressed, I plan to try the following to help myself...

Client code	Date	Caseworker

Part III: My Strengths and Sources of Support

How I Feel Safe and Comfortable: *(Where do I feel safe and comfortable? Who is present in these spaces? What activities are happening in these environments? Are there places or people that I avoid?)*

My Strengths: *(What activities do I enjoy? What are my positive accomplishments or personality traits? What are examples of when I have overcome a problem or adversity? What gives me hope or joy?)*

My Sources of Support: *(Who are my sources of support? Specific friends, family, community networks, activity groups, religious/spiritual practices or groups, etc.?)*

Other Notes: *(Are there any relevant risks identified? Is there a need for a safety plan in place? If there are imminent physical safety concerns, shift to the safety planning form before completing the coping plan. Elements will be repeated across forms, but safety planning takes precedence.)*

Part IV: My Coping Tools

Things I can do to feel calm in my body:

1.

2.

3.

Things I can do to feel calm in my mind:

1.

2.

3.

Things I can do to feel calm in my emotions:

1.

2.

3.

What makes me feel safe and comfortable? *(Use answers from strengths/sources of support above)*

What are kind things I can say to myself to support my well-being? (*Use answers from affirmations activity or new ones)*

Who can I reach out to if things feel like they are getting too hard? *(Use answers from strengths/sources of support above)*

Focused MHPSS Activities I want to try or practice:	Focused MHPSS Activities I've tried that don't work for me:

Part VI: Actions I can take to Cope with Specific Problems or Concerns

Problem/concern:	Actions:
Problem/concern:	Actions:
Problem/concern:	Actions:

Part VII: My Sensory Kit for Grounding when I feel Stressed

Complete the focused MHPSS activity '5 Senses for Self-Soothing' and use the responses to fill in this section

I can touch:	I can smell:	I can hear:	I can see:	I can taste:

I can keep these in or at:

☐ Home ☐ Work ☐ Bag/backpack ☐ Purse ☐ My pocket ☐ Other space:

Part VIII: Progress Notes for follow-up, updates and other information

Use probing questions to understand the clients progress and needs. (e.g., "What coping tools have you used since we last spoke?" "Have the self-care and coping strategies helped?" "Do we need to review or revise them?" "How do you feel now?" Document any agreed actions in writing, including updates to the coping plan, additional strategies or tools discussed, or any new issues the client has prioritized. Note the date and any key observations related to the client's well-being or important information they have shared.

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Date:

Notes:

Annex 4.4.3: MHPSS Activity Template

Activity Type:	
Title:	
Objective	*What is the objective of the activity?*
Time	*How much time is required to complete the activity?*
Materials	*Are there any materials required or recommended to complete this activity?*
Participation	*Who should participate in the activity? (e.g., is it feasible/appropriate to engage with a family member or trusted adult for this activity?)*
Preparation	*What preparation do you need to complete prior to implementing this activity with a client?*

Facilitators note: Before completing this activity with a client, the caseworker should consider any adjustments needed for cultural context, gender/age/disability or other demographic, setting, specific issues or areas of concern, etc. The caseworker should also consider when NOT to complete the activity. Any key information for the caseworker can be added here before the instructions as a facilitator note.

Instructions

When creating an activity, include clear instructions on how to complete the activity and scripts for the caseworker. Include any visuals to demonstrate activities (e.g., images, examples, etc.). Include any 'alerts' or markers for special considerations or important things the caseworker must remember.

Use the following prompts when drafting the script:

DO: ____

SAY: ___

SHOW:___

ASK: ___

EXPLAIN: ___

Include facilitators notes for any information that is important for the caseworker to know / be aware of when completing the activity with the client. Facilitator notes are information the caseworker will keep in mind but not say aloud to the client.

Facilitators note: ___

Include a prompt to update the client's coping plan.

ASK: Would you like to add any of what we discussed today to your coping plan?
DO: Update the client's coping plan as needed.

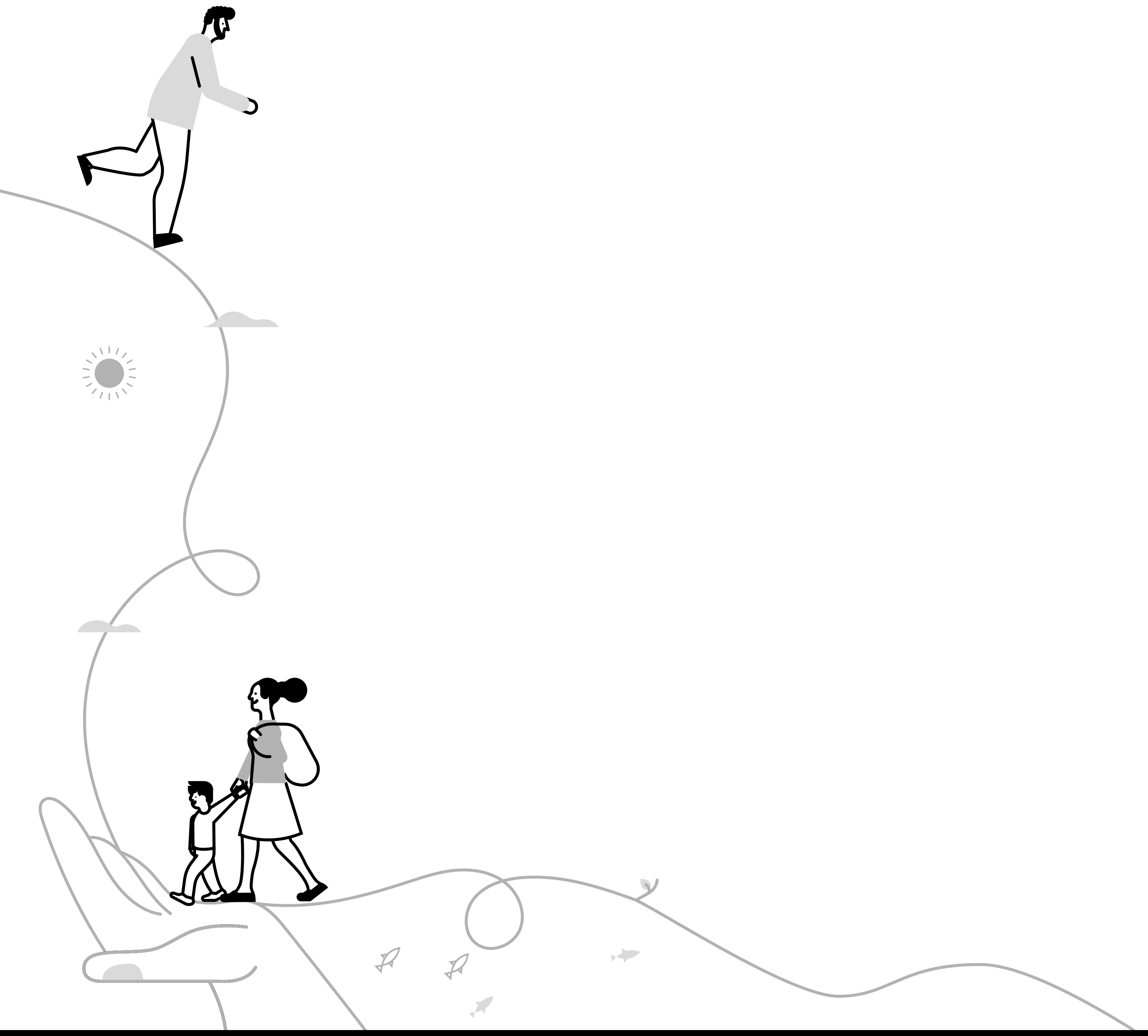
Activity Homework / Follow-up

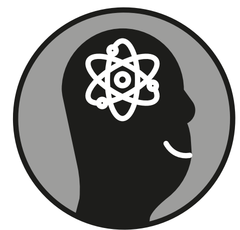
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity and if so, discuss what the client should do to practise at home. Examples of homework may include:

- *Practice skill ___ (insert number) times per week or ___ (insert number) times when feeling, sad, anxious, nervous, angry, etc.*
- *Reflect on ___ (insert feeling) feeling when it arises, notice feelings in your body, etc.*
- *Reflect on what you liked about this activity and what you didn't like and if you would like to practise it again during a future case management session (or individually).*

SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.





Annex 4.4.4: Psychoeducation

Annex 4.4.4.1: Understanding Stress

Objective	To support clients to recognize helpful and harmful forms of stress and begin to identify stressors in their lives.
Time	30 minutes
Materials	Paper, pens/markers/crayon, and flip chart
Participant(s)	Client; a trusted family member or friend can be included if the client wishes
Preparation	The caseworker should practice leading this activity with another caseworker or supervisor and receive feedback before using it with clients. The caseworkers should print the handout or write examples in a notebook or on flipchart ahead of time.

Instructions

EXPLAIN: We want to be able to recognize and define stress. We also want to understand how stress impacts our bodies, emotions and overall well-being.

ASK: What do you think of when you think of ‘stress’? How would you define ‘stress’?

DO: Give the client time to respond.

SAY: Stress is a normal part of life that happens to everyone. It is the body’s automatic response to change and can be either helpful or harmful depending on various factors. Today, we will discuss examples of how stress can be helpful or harmful.

EXPLAIN: When change is perceived, our bodies react to prepare for that change. Examples of how our bodies react include increasing our heart rate, blood pressure, and energy supplies.

This can increase our focus and productivity in the short term.

SAY: Helpful stress is short-term, increases our focus and performance, and allows our bodies to return to a typical state after a productive period.

SAY: However, harmful stress occurs when stress is chronic or prolonged, preventing the body from returning to its typical state, which includes a lower heart rate and blood pressure. It is important to recognize what stress looks and feels like in our bodies.

DO: Give the client the handout of common stress reactions (or read the list to them if they have low or limited literacy skills).

Facilitator note: Handout of common stress reactions is included below.

SAY: We are going to go through this list together. As we go through it, circle the ones you have felt when stressed.

Facilitator note: For clients with limited literacy, read each reaction and ask them to identify which ones they recognize. Circle these for later review. Alternatively, have the client write the common stress reactions on paper (or write them down for them).

SAY: Now that we have gone through the list, think about a time you felt stressed. Identify both what caused the stress and how you felt (i.e., your stress reaction).

DO: After the client shares, ask them to check if their stress reaction is listed on the handout. If it is not, have the client write it under "other suggestions"(or write it for them).

ASK: Are there other times you have been stressed in the past that you would like to reflect on in the same way?

DO: If yes, have the client think of 1-2 more examples, identify the cause of stress, describe how they felt, and locate or write it down on the handout. If no, proceed to the next step.

SAY: We have identified past stressors. Now let's focus on current stressors.

ASK: What are the current stressors in your life? How do they make you feel (i.e., your current stress reactions)?

DO: Support the client in listing their stressors one by one. Help them locate or write down these stressors on the handout.

ASK: Are there any other signs of stress that you want to add to the list?

DO: Have the client write their stressors on the handout under, “my examples of stress” (or write them down for them).

EXPLAIN: the difference between helpful stress and harmful stress and provide examples of each type of stress.
- Helpful stress involves short-term stressors that improve focus and performance.
- Harmful stress involves chronic stressors that cause anxiety and unpleasant emotions often making it difficult to focus and function.

DO: Help the client differentiate between helpful and harmful stressors they identified. Fold a piece of paper in half or divide a flipchart in half and write “helpful stress” and “harmful stress” on each side. Write down the examples the client gives you for each.

DISCUSS: What makes these forms of stress feel helpful or harmful? Use questions like:
- How do helpful and harmful stress feel different for you?
- Can a helpful form of stress become harmful? If so, how?
- How can understanding types of stress help you cope more effectively?

ASK: Do you have any questions about what we discussed today?

SAY: In the next exercise, we will explore helpful and harmful stress more in depth. Would you like to continue to the next exercise now or save it for next time we meet?

DO: Offer to take a break if continuing to the next psychoeducation session on stress, or close the session if deferring the activity to the next meeting.

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client’s coping plan as needed.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.

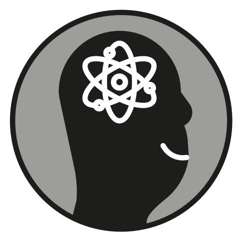
Handout

Possible signs of feeling stressed

- ☐ Eating too much or too little
- ☐ Sleeping too much or too little
- ☐ Extreme focus on a specific task or tasks
- ☐ Working extremely efficiently for short periods of time (can alternate with periods of incredibly low productivity)
- ☐ Difficulty concentrating
- ☐ Worrying a lot of the time
- ☐ Feeling guilty but not sure why
- ☐ Unexplained aches, pains (headaches, stomachaches, muscle tension – particularly in back or shoulders)
- ☐ Low or no energy
- ☐ Weight gain
- ☐ Trouble sleeping
- ☐ Feeling low, sad, or unable to function
- ☐ Difficulty with others – fighting or becoming aggressive, easy to anger
- ☐ Excessive drinking, smoking, using drugs
- ☐ Thinking of hurting yourself or others

Other suggestions:

My examples of stress



Annex 4.4.4.2: Types of Stress in the Body

Objective	Clients further understand how chronic stress may feel different in their bodies from helpful or everyday stress, and are able to identify signs of chronic stress in their bodies.
Time	30 minutes
Materials	Flip chart/paper, pens, markers, crayons
Participant(s)	Client; a trusted family member or friend can be included if the client wishes
Preparation	The caseworker should practise leading this activity with another caseworker or supervisor and receive feedback before using with clients. Draw the 5 stages of grief before starting the session.

Instructions

DO: Remind the client about the previous discussion on common reactions to stress and helpful stress and harmful stress.

ASK: What do you remember from that discussion? (Only ask this question if you are doing this exercise on a different day from Stress Session #1.)

DO: Give the client space/time to respond and affirm what they have shared and clarify any areas of misunderstanding or confusion.

SAY: Now we will explore different types of harmful stress and what these feel like, look like, and the key differences between them.

DO: Remind them that helpful stress is a short-term, natural response that temporarily increases focus and make us more productive. Stress becomes harmful when our bodies stay in a state of stress for a long time and are not able or does not have the chance to return to a calmer state.

EXPLAIN: Stress reactions are how the body responds when a change or threat is perceived. The body prepares for this change or to protect itself from the perceived threat by increasing heart rate, blood pressure, and energy supplies. The body should return to a more typical state once the change or perceived threat has passed.

SAY: However, sometimes the perceived threat does not go away. Or there are so many sources of stress that the body does not feel like it can return to its calm, typical state. This is what we call chronic stress.

EXPLAIN: What chronic stress is in greater detail using the points below.

- Chronic stress is a response to long-term emotional pressure (either from one continuing source or multiple sources).
- Chronic stress often occurs when people feel like they have little to no control over the outcome of a situation or are unable to make changes.
- We may be experiencing chronic stress if we are no longer increasing action (doing activities) and instead are fatigued, tired, and possibly even sick from the constant stress.

DO: Review the signs of stress handout with the client.

Facilitators note: See below for copy of handout with signs of stress included; this is the same handout used in previous activity (Stress Session #1).

ASK: Which of these do you think are some of the effects of chronic stress?

DO: Give the client time to think and answer.

DO: Reinforce or highlight answers the client gives that are common responses to chronic stress. Make sure to include:

- Physical reactions: having headaches, heart disease, and/or excessive weight gain or weight loss
- Emotional reactions: feeling sad, low, and/or anxious or nervous all the time
- Behavioural reactions: having difficulty with sleep (i.e., sleeping too much or too little) over multiple weeks/months, being unable to function for long periods of time, have eating problems (i.e., eating too much or too little) over multiple weeks/months

DO: Give the client paper or a flip chart and ask them to draw an outline of a body to represent themselves (or pre-draw an outline of a body for the client).

SAY: We are going to draw how stress and chronic stress feel in our bodies. You can use

different colours, symbols, and pictures to represent different types of stress reactions and how they feel to you.

SAY: Think about an everyday source of stress – a type of activity where stress can be helpful. For example – having enough time to take care of house chores, starting a new job, meeting a close friend or family member after not seeing them for a long time.

SAY: First, we are going to think about how stress impacts you, as an individual, directly.

ASK: What does it feel like in your body? Where in your body do you feel these kinds of stress?

DO: Give the client time to reflect on the questions.

SAY: Now I'd like you to draw where you feel stress in your body. For example, a headache could be some red lines across the forehead.

DO: Give the client time to draw on the outline of the body.

SAY: Stress impacts the way we act with others as well.

ASK: If you are stressed, how do you treat others? What happens outside of your body – in your family or environment?

SAY: As you think about this, draw symbols to represent what's happening outside of your body when you are stressed. It can be outside of the body in your picture or it can start in the body and move outward.

SAY: Now, think about chronic stress. That stress that does not let up and feels like it is always there.

ASK: How does this feel different in your body (if/when you experience it)? Where and how do you feel it in your body? What does it feel like in your body?

SAY: As you think about chronic stress in the body, draw a symbol for where you feel it and how. It might be a bigger symbol than the previous everyday stress or it might be multiple symbols in different places. Whatever feels right to you.

ASK: How does chronic stress impact the way you interact with others? What happens outside your body, in your environment with family, friends, and/or the community?

SAY: Draw any other symbols you want to add to represent chronic stress inside or outside of your body.

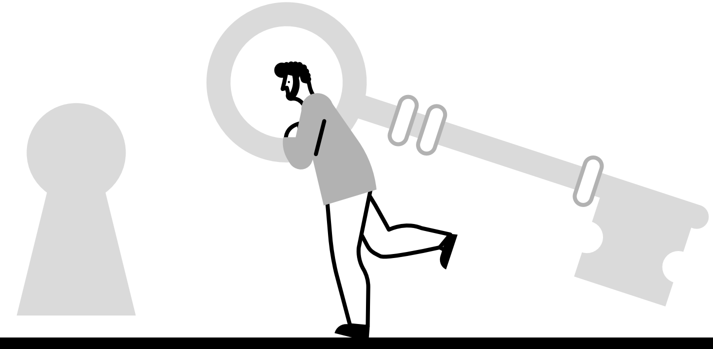
SAY: Now that we have an idea of what chronic stress feels like for you, we can discuss different potential coping strategies that may help with some of these feelings.

DO: Select at least one emotion regulation activity to try with the client. The emotion regulation activity you choose should connect to the stress reactions the client has identified in their body. If you have difficulty choosing, the following activities are helpful for most people: belly breathing, square breathing, and 5 senses for grounding. Explain the activity to the client and practice it with them.

DO: Update the client's coping plan as needed to help them remember this activity and when to use it.

Activity Homework / Follow-up
Facilitators note: decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity (different from the one just practised with the client) and implement with the client before they leave to close the session.



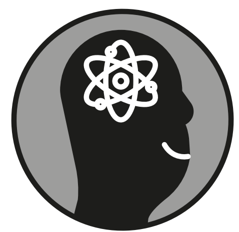
Handout

Possible signs of feeling stressed

- ☐ Eating too much or too little
- ☐ Sleeping too much or too little
- ☐ Extreme focus on a specific task or tasks
- ☐ Working extremely efficiently for short periods of time (can alternate with periods of incredibly low productivity)
- ☐ Difficulty concentrating
- ☐ Worrying a lot of the time
- ☐ Feeling guilty but not sure why
- ☐ Unexplained aches, pains (headaches, stomachaches, muscle tension – particularly in back or shoulders)
- ☐ Low or no energy
- ☐ Weight gain
- ☐ Trouble sleeping
- ☐ Feeling low, sad, or unable to function
- ☐ Difficulty with others – fighting or becoming aggressive, easy to anger
- ☐ Excessive drinking, smoking, using drugs
- ☐ Thinking of hurting yourself or others

Other suggestions:

My examples of stress



Annex 4.4.4.3:
Our Brains and Extreme Stress

Objective	To support clients understand how extreme stress and adverse events that cause it are distinct from other forms of stress. Clients understand how extreme stress impacts our brains and our reactions.
Time	30 minutes
Materials	Printed handout of 'Our brain' (or pre-drawn image on paper), flip chart/ paper, pens, markers, crayons
Participant(s)	Client; a trusted family member or friend can be included if the client wishes
Preparation	Facilitators must practice this activity multiple times before completing it with a client. Adjustments should be made to ensure the terms are relevant for the context (e.g., if the community is familiar with and uses "trauma" and "post-traumatic stress disorder" in their conversations, the term "traumatic event/experience" can be used instead of "extreme stress".) In advance of the meeting, draw a brain on a flip chart to help with explanations.

Facilitators note: This activity may not be appropriate or necessary for use with all clients. Only use this activity when clients describe dealing with symptoms associated with extreme stress. This activity is not appropriate to use when clients are actively in crisis. Caseworkers should not use this activity unless fully confident in providing information on and discussing extreme stress as well as teaching and practicing various coping strategies with the client. Caseworkers should also complete Stress Sessions 1 and 2 before completing this activity with clients.

Video Resource: To aid caseworkers in grasping this activity and practicing the concept before engaging with clients, several brief videos can be beneficial for review. For instance, the video, The Hand Model of the Brain shared on YouTube by Emotion Coaching UK serves as a helpful resource. Link: https://youtu.be/Kx7PCzg0CGE

Instructions

DO: Remind the client of what helpful stress and chronic/harmful stress look like.

ASK: Do you have any additional thoughts or reflections on chronic/harmful stress?

DO: Give the client space/time to respond and affirm what they have shared and clarify any areas of misunderstanding or confusion.

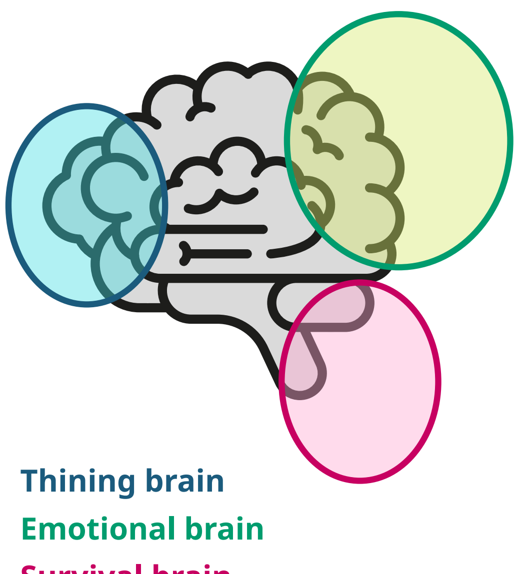
SAY: For today's activity, I would like to talk about extreme stress which is different from chronic stress. There have been times where what you described sounds more like extreme than chronic stress. It can be helpful to understand how our brains work in times of extreme stress. Many people experience extreme stress in times of war, natural disaster, displacement from home, loss, etc.

ASK: Would this be helpful for you?

DO: Give the client space/time to respond.

Facilitators note: If the client answers yes, continue the conversation below. If the client answers no, explore the reasons why they do not think this would be helpful and inform them that they do not have to do the activity and can revisit it in the future if they wish. You can then move ahead to the closing/ grounding activity.

SAY: In order to understand reactions that can occur after experiencing events that can cause extreme stress, we have to understand how our brains work first.



Thining brain
Emotional brain
Survival brain

DO: Bring out the picture of the brain (in a handout or on a flip chart). Use the picture to explain the three parts of the brain.

EXPLAIN: At the base of our neck we have the brain stem. This part of the brain is the ***'survival brain'***. It makes sure we do all the things we need to survive without actively thinking about it. For example, breathing, blinking, swallowing, etc.

In the middle we have the ***'emotional brain'***. This part of our brain thinks like an animal and attaches

emotions to experiences. For example, we know that snakes are dangerous; our emotional brain is the part of our brain that makes us jump out of the way from a snake before our thinking brain even realizes it is a snake.

Finally, towards the top and front of our brain is the ***'thinking brain'***. This is the part of the brain that can make slow, reasoned decisions based on facts, context, etc. and not just based on emotions.

ASK: What do you think happens in our brains during times of high stress, dangerous situations, or situations with a lot of emotions?

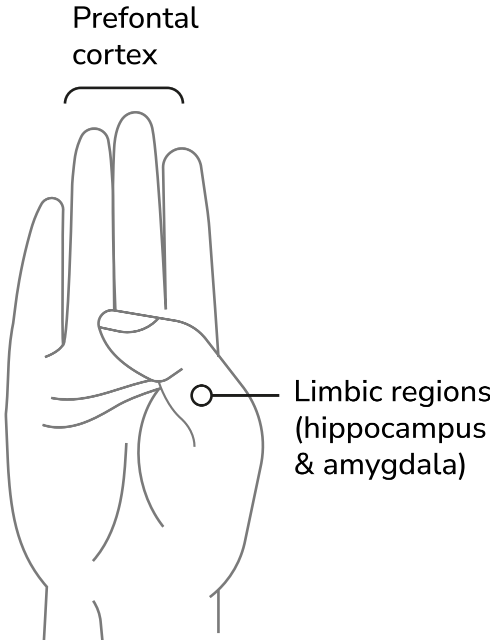
DO: Give the client time to think and answer. As the client gives suggestions, affirm any that are correct.

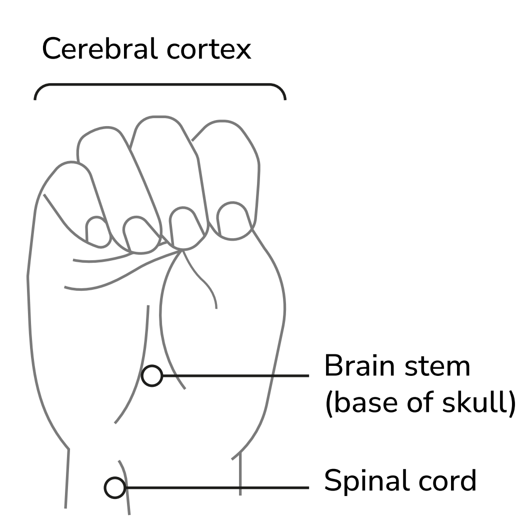
Facilitator note: suggestions like "our brain shuts down" or "there is not thinking, just acting" are correct to some degree and can be agreed with and then explained further.

SAY: Part of our brain shuts down during these times. We can do a short activity now to understand which parts of our brain shut down and which part takes over in these situations.

ASK: The client to take one hand and make a fist with their thumb inside their fingers. Then open the hand back up but keep the thumb where it is.

Hand Model of the Brain





EXPLAIN: Your fingers represent the ***'thinking brain'***. The palm is the ***'emotional brain'*** and the wrist/bottom of your hand is your brain stem ***'survival brain'*** and spinal cord (wrist and arm).

SAY: The thumb is the part of our brain that acts as a messenger. It sends messages about danger and safety to both the ***'emotional brain'*** and the ***'thinking brain'*** so that we can either stay safe or get to safety.

ASK: Do you notice anything about where this messenger (the thubb) is compared to the 'emotional brain' and the ***'thinking brain'***?

DO: Give the client time to reflect and tell you what they notice before moving on.

EXPLAIN: The thumb/messenger is much closer to the ***'emotional brain'*** than the ***'thinking brain'***. In fact, the messenger is so close to the 'emotional brain' that it touches part of the ***'emotional brain'***. It doesn't physically touch the thinking brain at all.

EXPLAIN: This means that when the messenger thinks there is danger or a problem, it can message the ***'emotional brain'*** much faster (this is why we jump automatically when we see a snake before fully realizing it is or isn't a snake). And in times when we are afraid for our lives, experiencing terror, or completely overwhelmed by a situation, the messenger can send messages to our 'emotional brain' and the 'emotional brain' can shut down/override the ***'thinking brain'***.

ASK: The client to close their fingers over their thumbs again.

SAY: When the messenger sends messages to our ***'emotional brain'*** and the ***'emotional brain'*** overrides the thinking brain, we sometimes call this "flipping your lid" – our emotional brain 'switches off' or 'pops off' our ***'thinking brain'***.

DO: Have the client continue to flip the fingers up and down over and over as you are speaking.

EXPLAIN: This is beneficial during times of danger and exposure to potential harm – times when we need to be focused on safety and survival. However, sometimes this happens when it shouldn't - when there is no harm or after the danger has passed. This means that we can often become overwhelmed by emotions, may not feel in control all the time, and do not always know what is going to cause extreme reactions for us.

SAY: Even if we do not fully reach the "flipping our lid" state, emotions can still feel overwhelming and carry more influence than our thoughts during these times.

ASK: Is this making sense so far? Do you have any questions?

Facilitator note: Think about questions you and other caseworkers had when you first learned this activity. Clients may have similar questions. Remember:

- *You may need to repeat some parts of the exercise or use different descriptions to help them understand.*
- *Understanding can be helped by having the client do the hand motion of "flipping the lid" with you as you repeat or reiterate.*
- *If you don't know how to answer the client's question, you can always tell them that you will find out and share with them next time or when you have the answer.*

SAY: What is important to remember is that our brain works in ways to keep us safe or get us out of unsafe situations. This, however, can be counterproductive or even harmful if our brains continue to react to new experiences or perceived threats/dangers in ways it has reacted to extreme stress in the past. For example, this can cause us to feel like we don't have control over our emotions and bodies, make us feel unsafe even in the calmest settings, and impact our ability to keep up with day-to-day activities.

DO: Pause and give time for the client to ask any questions. Answer any questions before moving on.

SAY: Now that we better understand how our brains work, we can dive deeper into understanding extreme stress. Extreme stress can occur as a reaction to an event or events that are very distressing, frightening, life threatening, out of our control, and/or difficult to cope with. When we experience such an event, we often react in one of three ways: fight, flight, or freeze. Following the event, we may think, feel, and behave differently than we did before it happened.

EXPLAIN: It is important to understand how this extreme stress is different from and similar to helpful, everyday stress and harmful, chronic stress. Survivors of distressing, frightening, and/or life threatening events can feel a higher level of stress on a constant basis, which can be debilitating. Extreme stress is different from chronic, everyday stress because extreme stress is more intrusive, disruptive, and affects day-to-day functioning. It is important to be able to recognize extreme stress in ourselves and others in our lives.

ASK: Do you have any questions about the difference between everyday, helpful stress, chronic stress, and extreme stress?

DO: Give space for the client to ask questions and respond accordingly.

DO: Review a few of the common symptoms of extreme stress:

- Unwanted, distressing memories of the disturbing, distressing, frightening, and/or life-threatening event
- Feeling like you are reliving the event
- Severe emotional or physical reactions if something reminds you of the event
- Hopelessness about the future
- Difficulty feeling close to people, even from family and friends
- Always being "on guard" for danger
- Feeling overwhelmed by guilt or shame

ASK: Have you experienced any of these reactions?

If YES, then

SAY: That must be very challenging. Know that you are not alone. I am here to help and we can work on coping mechanisms to bring some relief to the stress reactions that you are experiencing. I'd also like to refer you to a close colleague of mine, who focuses on this type of service.

ASK: Would you like me to refer you for additional support services to help manage and overcome some of these challenging symptoms?

DO: Give space for the client to ask questions and respond accordingly.

SAY: It can be difficult to experience these things. And these conversations can bring up many emotions and difficult memories for us. Because of this, we're going to do a grounding exercise to help us close this conversation.

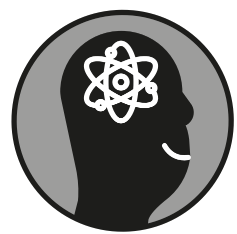
Facilitators note: Make sure to complete the necessary referral process for the client. If the caseworker has not already completed the Basic MHPSS Assessment with the client, complete this assessment during this session or the next in order to better understand the needs of the client and refer appropriately.

If NO, then

SAY: I am glad to hear that you are not experiencing any of these reactions. If you ever notice these reactions in yourself, you can always reach out and let me know and we can figure out how to address them.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close this conversation. These types of conversations can bring up a lot of emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement it with the client before they leave to close the session.



Annex 4.4.4.4: Identifying Emotions and Feelings

Objective	To help the client to gain a greater understanding of the core emotions and feelings that result from them.
Time	30 minutes
Materials	Flipchart/paper, marker, pens
Participant(s)	Client; a trusted family member or friend can be included if the client wishes
Preparation	Make sure to understand the distinction between emotions and feelings. Have a list of culturally common feelings written down to use.

Instructions

SAY: Our emotions help guide the decisions we make every minute of our lives. The world around us (and the thoughts in our minds) cause us to have emotional reactions all the time. Much of what we do is motivated by a desire to change or maintain how we feel. For example, we usually want to hold on to good feelings and to remove or avoid bad feelings.

SAY: Sometimes it is difficult to identify what emotions we are having and how to manage our emotions in difficult times. In this activity, we will explore emotions and the feelings they create in our bodies. This can help us be more aware of how emotions are affecting us. We will also explore how we deal with the emotions we experience.

ASK: When I say 'emotions', what comes to your mind?

DO: Give space for the client to reflect and respond.

ASK: What are some emotions that people experience?

Facilitators note: If the client is having difficulty, tell them they can name emotions in general that all people experience. This does not need to be specific emotions that the client is personally experiencing in the present or has experienced in the past.

DO: Write all the emotions they name on a flipchart or paper.

EXPLAIN: Emotions are intense, short-lived reactions to specific stimuli. Emotions are often brief and intense, triggered by internal or external events, and accompanied by physiological changes. For example, we may experience joy after receiving a job offer or anger when we stub our toe on a chair. We have a limited number of emotions. Emotions usually originate without our conscious effort; they develop in the part of our brain that assesses for danger.

Facilitator's note: If you completed psychoeducation activity "Stress Session 3" with the client, you can refer to the "emotional brain" and the amygdala.

SAY: Some of the most common emotions are sadness, anger, surprise, joy, disgust, and fear. Everyone experiences a range of different emotions throughout their life. This is normal.

DO: Circle the emotions you just named on the flipchart/paper or add them if they are not on the list.

ASK: How are emotions different from feelings?

DO: DO: Give space for the client to reflect and respond.

EXPLAIN: Feelings are subjective experiences that arise from emotions. Feelings are influenced by personal beliefs, experiences, and interpretations. Feelings are individual and subjective and shaped by personal perceptions and often last longer than emotions. For example:

Emotion	Associated Feelings
Joy	Delightness, confidence, self-acceptance
Sadness	Disappointment, neediness, loneliness
Anger	Jealousy, dissatisfaction, intolerance

ASK: What questions do you have about emotions vs feelings?

DO: Give the client time to respond.

EXPLAIN: There are many more feelings than emotions and feelings may not be the same in

every culture. We learn and experience feelings based on our experiences, our culture, our individual personalities.

ASK: What are some other emotions and/or feelings that people experience in their lifetime?

DO: Add the emotions and/or feelings the client names on the flipchart. Work with the client to circle the emotions and to underline any feelings listed on the flipchart.

ASK: Do you think all these feelings are normal?

DO: Give the client time to think and respond.

ASK: Do you think it is important to talk about feelings? Why or why not?

DO: Give the client time to think and respond.

ASK: Would you feel comfortable sharing with me about the feelings you have experienced in the past as well as the feelings you are currently experiencing?

If the client says yes, then

ASK: Looking at the list of feelings we created, which of these have you felt in the past?

DO: Listen to the client and add a star to the feelings the client has experienced in the past (or allow the client to add the star as they wish).

ASK: Which of these feelings are you experiencing in the present/these days?

Facilitators note: It is up to the client and caseworker to define the time for 'present', e.g., it could be that day, that week, that month.

DO: Listen to the client and add an exclamation point !, an arrow --> or another symbol to the feelings the client names they are experiencing in the present.

If the client says no, then

SAY: That's okay if you are not comfortable talking about this today. If you want to revisit this conversation and talk more about this another day, just let me know.

SAY: We all experience different feelings at different times. All feelings are normal and completely natural. There are no bad feelings. Everyone has different ways of dealing with their feelings. What is important is learning how to express them or deal with them in ways that are healthy and helpful, rather than damaging to ourselves or others. When we allow ourselves to explore and acknowledge our feelings in a healthy and safe way, we are better prepared to cope with difficult feelings.

ASK: What are some healthy or helpful ways of dealing with or expressing feelings?

DO: Give the client time to reflect and respond. Write down their answers on a flipchart or piece of paper in green marker or crayon, or on one side of the sheet labeled "healthy/helpful".

ASK: What are some potentially harmful ways of dealing with or expressing feelings?

DO: Give the client time to reflect and respond. Write down their answers on a flipchart or piece of paper in red marker or crayon, or on one side of the sheet labeled "harmful".

ASK: What are the different ways you deal with or work through your feelings? Are there any on this list that you do that you feel comfortable sharing with me?

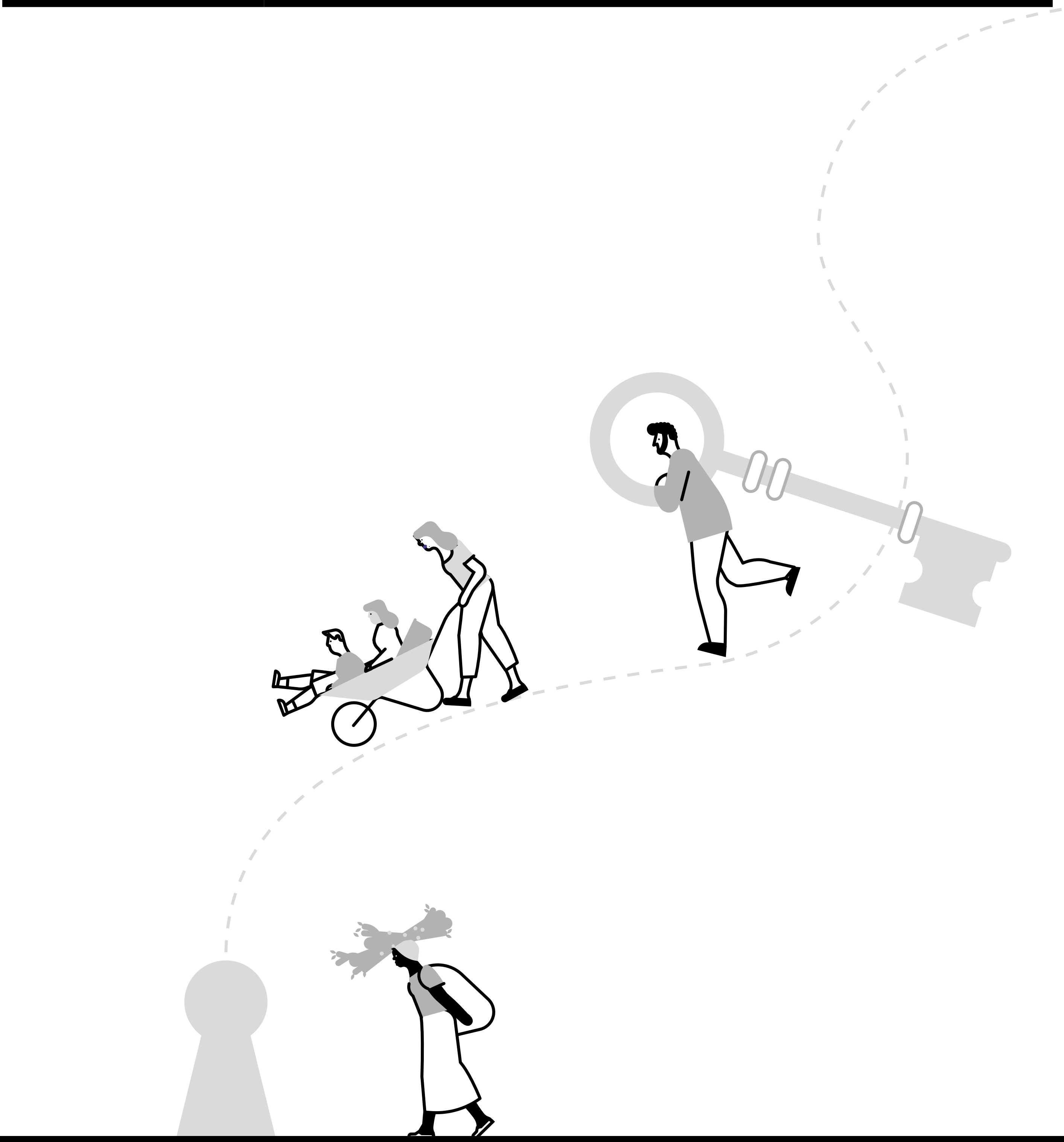
DO: Give the client time to reflect and respond.

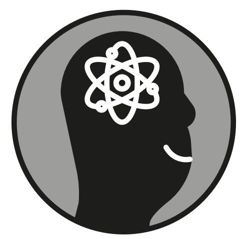
SAY: As we work together, we can learn and practice different activities and skills that can help you process and move through the feelings you are experiencing.

DO: Work with the client to add what was discussed today in their coping plan as needed.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close this conversation. These types of conversations can bring up a lot of emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement it with the client before they leave to close the session.





Annex 4.4.4.5: Understanding Grief and Loss

Objective	To help the client understand what grief is and how the grieving process can look and feel, and to identify effective coping strategies.
Time	30 minutes
Materials	Flip chart /paper, markers/pens
Participant(s)	Client; a trusted family member or friend can be included if the client wishes
Preparation	The caseworker should practise leading this activity with another caseworker or supervisor and receive feedback before using it with clients. Draw the 5 stages of grief before starting the session.

Instructions

SAY: It can be useful to understand what grief is and how it manifests in different situations.

EXPLAIN: Grief is the normal process of reacting to a loss. The loss may be physical (such as a death), social (such as a divorce), or occupational (such as a job). Grief is a normal emotional reaction to any kind of loss.

ASK: What do you think of when you hear the word 'loss' or 'losses'?

Facilitator note: You may need to help them expand their list. Grief can be used to mourn any kind of loss, including death, divorce, miscarriage/abortion, moving, loss of home, loss of possessions, loss of friends,loss of health, change in lifestyle, change in social status, etc. It is much broader than death which is what many people think of when we say grief.

SAY: Many of us often have to cope with the grief of losing loved ones, losing homes, losing opportunities, or losing our connection to our culture.

Facilitator note: Adjust this to reflect the common experiences of people in the context. If it is a displacement site, you can reference the grief that comes with being forced to leave home. If it is a site where a natural disaster has recently occurred, you can reference the grief of that experience.

EXPLAIN: Everyone grieves differently and our experiences are linked to many different factors, including level of attachment, personality, recent life circumstances, other losses experienced before, access to and level of support, etc.

SAY: The pain of loss can be increased by the stressors that result from the loss (e.g., loss of primary provider leading to financial stressors, loss of parenting support).

Facilitator note: This is especially difficult in cases of displacement and for those who lack other support structures.

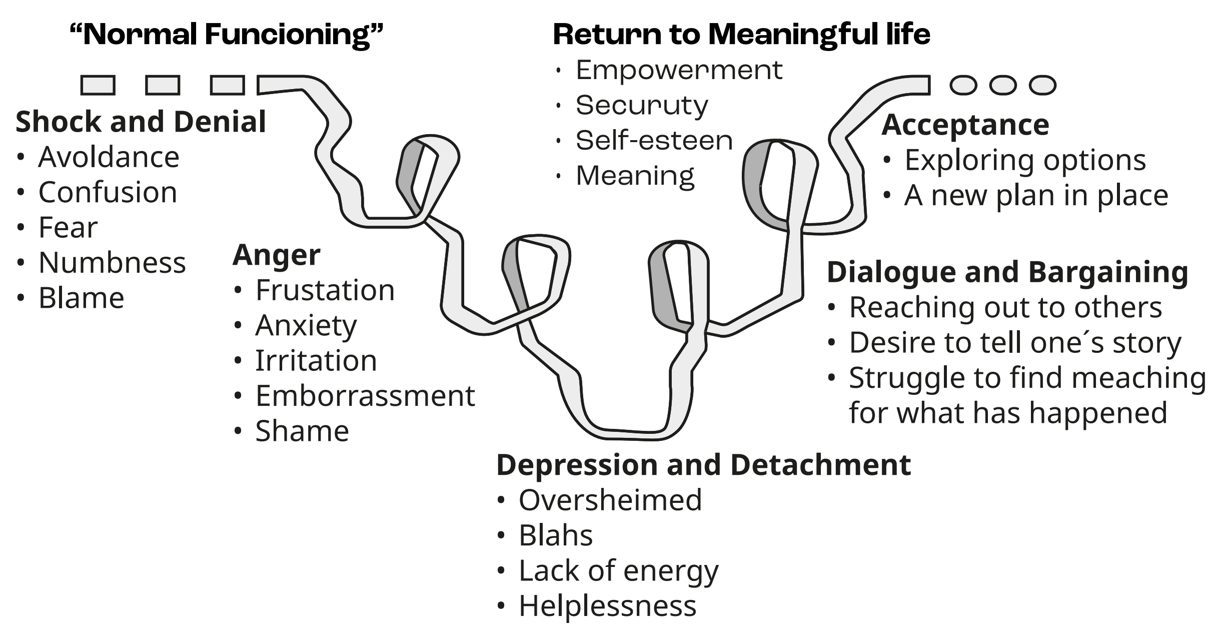
ASK: What does the grieving process look like for you and others in your community?

DO: Give the client time to answer.

SAY: Grief can be individual or communal or both . For example, the death of someone impacts their friends and family, but a __________________________ [Typhoon/Earthquake/Flood/Other natural disaster that occurs in the setting] impacts and can cause grief for the whole community.

DO: Bring out the flipchart with the 5 stages of grief.

SAY: For many of us experiencing individual grief, it can look something like what is on this flipchart/paper.



EXPLAIN: Anyone experiencing grief usually experiences each of these stages: shock and denial, anger, depression and detachment, dialogue and bargaining, and acceptance. The stages of grief are usually not experienced in a linear manner. While some people experience the stages of grief in the order shown on the flipchart/paper, most people will experience the stages in a nonlinear fashion and will go back to specific stages over and over again before accepting and integrating the loss into their lives rather than struggling against it. The length and severity of the stages can also be different for everyone.

ASK: Can you think of a time you or someone else experienced grief?

DO: Give the client time to reflect and respond.

ASK: When you or this other person experienced grief, what was your or their experience with each of these stages? How did your/their grief change over time?

DO: Give the client time to reflect and respond.

SAY: Thank you for sharing that with me. It is okay if some of the stages resonate with your experience of grief or what you have observed in other's grieving process and others do not.

Facilitator's Note: The client may have experienced ambiguous loss, communal grief, or both. Caseworkers should review the provided information and select the relevant psychoeducation materials from the sections below to meet the clients need before meeting with the client. Share only the information pertinent to the client's specific experience. If the client has faced both ambiguous loss and communal grief, choose one topic to discuss during the initial session, and schedule a follow-up session to cover the other topic. Addressing both ambiguous loss and communal grief, along with the other content in this activity, in a single session may be overwhelming for the client.

SAY: Grieving can look particularly different if it involves an ambiguous loss, which is a loss that occurs without a clear understanding of what happened so that the grieving persons are left searching for answers. Ambiguous losses are losses that are unclear or unconfirmed without a significant likelihood of reaching emotional closure. An example of an ambiguous loss is when there is no official verification of life or death of a person.

EXPLAIN: Complicated reactions can arise with ambiguous loss, such as hope, confusion, grief, and the possible differences/disagreements in beliefs of the loss within a family or community.

DO: Explore the differences between a known loss and an ambiguous loss. Note how ambiguous loss can affect an individual emotionally and mentally, as well as how it can affect a family and community.

SAY: Ambiguous loss can be felt both on an individual level and a communal level.

ASK: Have you experienced times when grief is experienced by a whole community? If so, how?

DO: Give the client time to answer.

EXPLAIN: Communal grief often happens after major crises, natural disasters, and man-made disasters such as war.

Facilitator note: If the client has the emotional space to discuss prior experiences of communal grief that have occurred, you can reference specific events that may have been a cause – a prior flood or earthquake, etc.

EXPLAIN: Major symptoms of communal grief include but are not limited to: feelings of helplessness and hopelessness, lack of activity, dependency, frustration, aggression/violence, and the communal image being damaged. These are all common in the aftermath of a communal event/disaster.

SAY: Most of the time, communities are able to recover and these feelings fade. Life returns to normal or a new normal. However, this can take time and requires support for and from the community.

ASK: What are ways that you / your community recognize loss (e.g., funerals, community gatherings, etc.)? What are ways that they have experienced community recovery from loss? What were some of the key supports that helped your (or another) community recover?

DO: Give the client time to answer.

ASK: What, if any, of these ways helped you return to a sense of normalcy? Would any of them be useful in your current experience of grief?

ASK: If you feel comfortable, could you share a loss that you are grieving in this present moment?

DO: Give time for the client to reflect and respond. If the client does not share a loss they are presently grieving, tell them it is no problem and suggest an experience of grief they previously shared.

SAY: It can be especially difficult to regain a sense of normalcy following a loss when we lack support structures and/or when we experience many losses. However, we often recover more quickly when we actively seek to keep the memory of our losses alive rather than try to ignore or push away those memories.

ASK: Can you think of some ways you could keep alive the memory of this loss?

DO: Give the client time to answer.

DO: Build on their answer by adding other suggestions. These could be:
- For grieving a death or ambiguous loss of a person
    - Creating memorials to keep the memory alive,
    - Actively remembering our loved one and identifying what we have learned from them
    - Building and strengthening qualities and strengths in ourselves that we learned from or admired in the loved can honour the loved one.
    - Drawing on these strengths can help to cope with stressors and rebuild after multiple losses
    - Develop a practice or memorial to your loved one(s) and write down or draw a picture of some of the gifts and strengths they have given you.
    - Pick a regular time to remember your loved ones.
    - Focus on connecting with others — your family, friends and group members — and on making new connections.
- For grieving a loss like divorce, a job, home, etc. without a death
    - Remembering the good times and happy memories.
    - Creating a special place for items from a lost home that you may have
    - Reflecting on what you learned from the experience and who you connected with/what you gained from the experience even after it has ended.
    - Think about ways that you can rebuild your life, using these strengths from your loved ones
    - Focus on connecting with others — your family, friends and group members — and on making new connections.

ASK: Which of these ideas could be helpful for you?

DO: Give the client time to answer.

EXPLAIN: We can add this to your coping plan and your homework.

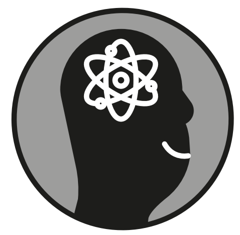
DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close this conversation. These types of conversations can bring up a lot of emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practised with the client) and implement it with the client before they leave to close the session.



Annex 4.4.4.6: Healthy Relationships

Objective	To educate participants on the significance of healthy relationships and how they contribute to overall well-being. This session aims to increase awareness of the characteristics of healthy relationships and the positive impact they have on mental and emotional health.
Time	45-60 minutes
Materials	Handouts or pre-written list of characteristics of healthy relationships; pens/pencils and notebooks or paper for notes (optional)
Participation	This activity is primarily for the caseworker and client. Engaging a family member or trusted friend, with whom the client has a healthy relationship with, might be beneficial for additional support and discussion.
Preparation	Prepare handout or pre-written list detailing the characteristics of healthy relationships. Set up a comfortable and private space for the session. Review any cultural, age, or gender-specific or known relationship challenges / considerations that might impact the discussion.

Facilitators' note: Before conducting this activity with a client, caseworkers should closely review and make necessary adjustments for cultural context, gender, age, disability, and other demographic factors. Additionally, it's crucial to consider clients' backgrounds and relationship experiences with relationships, making any necessary edits to the psychoeducation activity beforehand. Remember to be aware that some individuals may have had negative experiences that make this topic sensitive. Be ready to offer additional support and follow up with emotional regulation activities as needed. Caseworkers must make essential referrals to key providers, such as GBV actors, when necessary.

Instructions
DO: Welcome the participants and introduce the session topic and objective of the psychoeducation activity. SAY: Today, we are going to talk about the importance of healthy relationships and how they contribute to our well-being. Understanding what makes a relationship healthy can help us foster better connections with others and improve our mental and emotional health. SAY: Our psychological health and physical well-being depend heavily on our ability to form close relationships – including non-romantic and romantic relationships. The process of relationship building begins with our families, moves to the formation of friendships, and may eventually lead to romantic relationships. All these relationships help us to develop interpersonal skills and provide experiences that assist us in fine-tuning our emotions and feelings. One of the keys to creating a meaningful and special relationship for life is to affect someone positively at an emotional level. Caring about someone, particularly at a time of need, learning to have faith and trust in others and ourselves, and sharing ourselves with others are some ways to build healthy relationships and to bring about positive outcomes, which will enrich our lives and the lives of others. EXPLAIN: Healthy relationships are essential for our well-being. They provide emotional support, increase our sense of belonging, and help us cope with stress. In contrast, unhealthy relationships can lead to stress, anxiety, and a sense of isolation. ASK: What are some common characteristics of a healthy relationship? DO: Pause for the client to reflect and then share. SHOW: Relationships are based on some commonly accepted values (e.g., trust, respect, effective communication, equality, support, boundaries and beyond). Share the handout with key characteristics of healthy relationships. (This can be shared verbally or a printed handout). ASK: Can you think of a relationship in your life that you consider healthy? What are the qualities that make it so? DO: Pause for the client to reflect and share. ASK: How does this relationship positively impact different aspects of your life? (i.e., what are the benefits of this healthy relationship?)

DO: Provide examples and discuss together of how healthy relationships positively impact different aspects of life, such as physical health, emotional well-being, and overall happiness. For instance, good relationships help regulate stress, reducing the risk of chronic health issues like heart disease and high blood pressure. Additionally, strong social connections are consistently linked to greater happiness and longer life.

ASK: What are some ways we can work towards building healthier relationships in our lives?

EXPLAIN: Building healthy relationships involves effective communication, setting boundaries, showing appreciation, and being supportive. It's also important to recognize and address any issues that may arise and to seek help if needed.

DO: Discuss with the participants how they can practice building healthy relationships in their daily lives. Encourage them to identify one relationship they would like to improve and to apply the strategies discussed during the session.

Facilitators Note: Be sure to encourage open discussion and validate participants' feelings and experiences. Offer practical tips and strategies for improving relationships, such as active listening, empathy, and conflict resolution.

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity and if so, discuss what the client should do to practise at home. Examples of homework may include:

- *Practice active listening in conversations with a friend or family member.*
- *Reflect on and express appreciation for a loved one.*
- *Set a boundary in a relationship where it is needed and observe the outcome.*

SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you.

ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session to support them in coping with any distressing thoughts or emotions that may have arisen during the session.

Psychoeducation Handout: Understanding Healthy and Unhealthy Relationships

Characteristics of Healthy Relationships

Trust:

- In Romantic Relationships: Partners trust each other with their feelings, privacy, and boundaries.
- In Non-Romantic Relationships: Friends or colleagues rely on each other to keep confidences and respect each other's personal space.

Respect:

- In Romantic Relationships: Partners value each other's opinions, feelings, and boundaries. They support each other's goals and aspirations.
- In Non-Romantic Relationships: Mutual respect is shown by listening, valuing different viewpoints, and appreciating each other's contributions.

Effective Communication:

- In Romantic Relationships: Open and honest communication is key. Partners discuss their feelings, listen actively, and resolve conflicts constructively.
- In Non-Romantic Relationships: Clear communication helps avoid misunderstandings and fosters a supportive environment. This includes active listening and expressing oneself clearly and respectfully.

Equality:

- In Romantic Relationships: Both partners have an equal say in decisions and neither person dominates the relationship.
- In Non-Romantic Relationships: Each person feels valued and respected, and responsibilities are shared fairly.

Support:
- In Romantic Relationships: Partners encourage and uplift each other during tough times and celebrate successes together.
- In Non-Romantic Relationships: Friends or colleagues provide emotional support, practical help, and encouragement.

Boundaries:
- In Romantic Relationships: Recognizing and respecting each other's personal boundaries, including privacy, physical space, and time alone.
- In Non-Romantic Relationships: Understanding and respecting individual limits and ensuring that no one feels pressured or uncomfortable.

Independence:
- In Romantic Relationships: Both individuals maintain their own identities and interests outside of the relationship.
- In Non-Romantic Relationships: Encouraging each other's personal growth and pursuits without feeling threatened.

Characteristics of Unhealthy Relationships

Control:
- In Romantic Relationships: One partner tries to control the other's activities, relationships, or choices.
- In Non-Romantic Relationships: One person demands that things be done their way, often disregarding the other's input or feelings.

Lack of Trust:
- In Romantic Relationships: There may be constant jealousy, accusations, or checking up on the other person.
- In Non-Romantic Relationships: Mistrust manifests as skepticism about the other person's intentions, leading to a lack of open communication.

Poor Communication:
- In Romantic Relationships: Partners might avoid discussing important issues, shout, or use hurtful language.
- In Non-Romantic Relationships: Communication might be characterized by passive-aggressiveness, frequent arguments, or complete avoidance of conflict resolution.

Disrespect:

- In Romantic Relationships: One partner belittles, mocks, or dismisses the other's feelings and opinions.
- In Non-Romantic Relationships: There is a lack of consideration for each other's viewpoints, often leading to dismissive or condescending interactions.

Inequality:

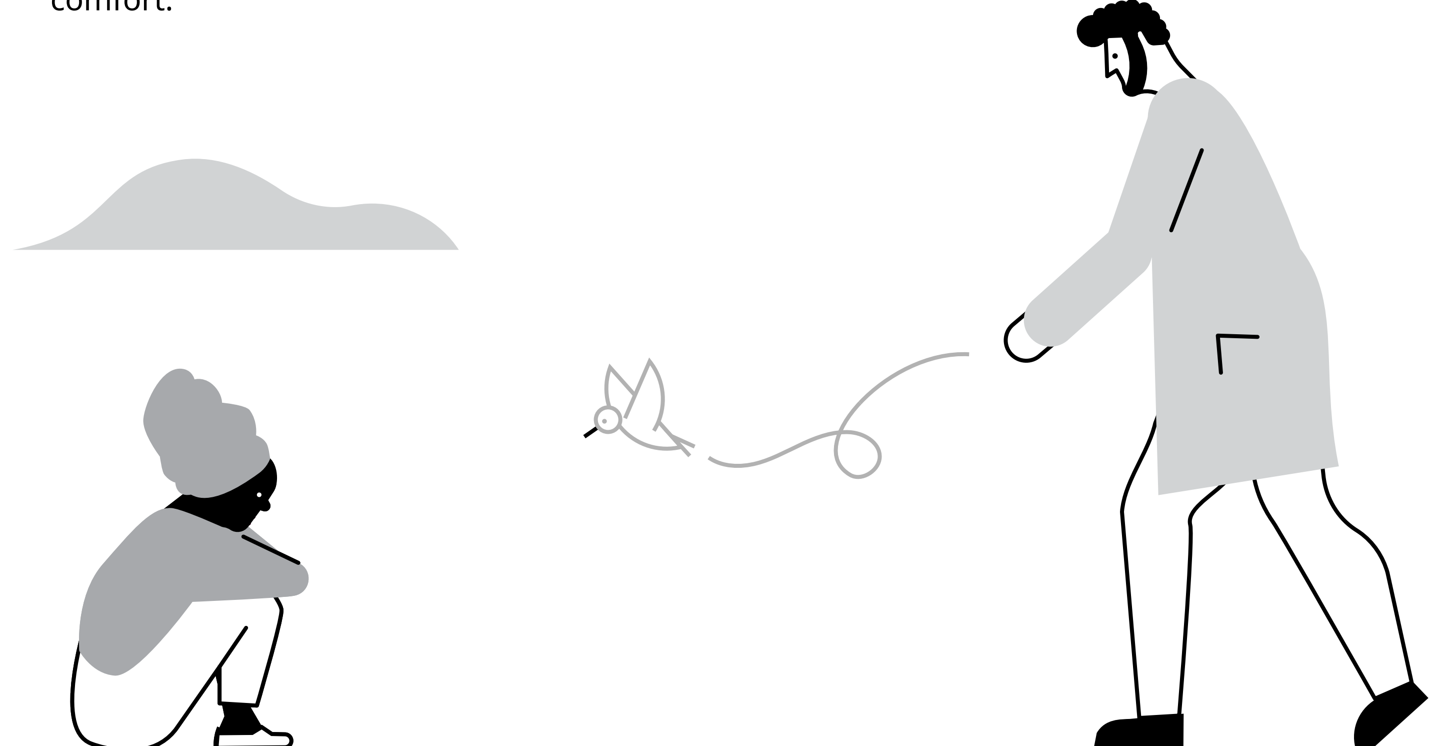
- In Romantic Relationships: One partner dominates decision-making or asserts power over the other.
- In Non-Romantic Relationships: A power imbalance where one person consistently takes control or marginalizes the other's contributions.

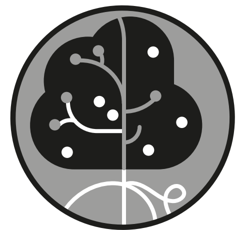
Lack of Support:

- In Romantic Relationships: Partners fail to support each other's goals, often sabotaging or dismissing ambitions.
- In Non-Romantic Relationships: Friends or colleagues might not offer help or encouragement, and may even undermine each other's efforts.

Violated Boundaries:

- In Romantic Relationships: Ignoring or disrespecting personal boundaries, such as excessive neediness, invasiveness, or coercion.
- In Non-Romantic Relationships: Overstepping boundaries like privacy, time, and personal space without regard for the other person's comfort.





Annex 4.4.5: Emotional Regulation

Annex 4.4.5.1: Deep Belly Breathing

Objective	For the client to be able to create a sense of calm, regulate breathing, and become aware of the connection between emotions and breath.
Time	10 minutes
Materials	None
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: The first time this activity is used, it should be done in a quiet, calm setting to allow focus and undisturbed practice. Stop the activity or discontinue use if the client reports starting to feel anxious or overwhelmed while doing the breathing activity.

Instructions

DO: Use a calm, gentle voice. Speak slowly and clearly.

SAY: Today we are going to learn how to take deep belly breaths. Breathing deeply from your belly can help you to:

- Slow down your breathing
- Feel calmer
- Feel refreshed

SAY: Find a seated position that feels comfortable, where you can sit with little movement, similar to how I am sitting.

Facilitator note: Show your seated position. If seated on chair, make sure that you are seated comfortably upright with both your feet firmly touching the floor. You can roll your shoulders back to show the client how they might get more comfortable in their seat. If you are seated on the floor, you can sit on a pillow or mat to get more comfortable and have your hands resting gently on your legs.

EXPLAIN: That the client should make any adjustments to be comfortable. Adjust as needed to find a seated position that is comfortable and allows them to sit upright with a straight spine (if physically able).

DO: Wait until the client is seated comfortably.

SAY: I'd like you to focus on your breath. Notice if you are taking shallow or deep breaths, and if your breathing is fast or slow. Also try to notice where in your body you are breathing. Are you breathing from your belly? Or your chest? Take note in your mind.

DO: Give the client time to notice how they are breathing. If they begin to share what they are noticing with you, validate what they have shared and gently tell them that you will have more time to discuss after practicing the breathing exercise.

SAY: Now that you've noticed how you usually breathe, I'd like for you to focus on breathing through your nose all the way down into your belly. You can also put one hand on your heart and one hand on your belly like this.

DO: Put one hand over your heart and one hand on your belly and allow the client to observe you.

SAY: As you inhale, try to visualize and feel your breath going in through your nose and down to your belly, and your belly getting bigger with your breath. You can even visualize your breath as a color if you'd like. I like to pick the color blue because it is soothing for me.

Facilitator's note: You can switch the color for another color of your choice. It is recommended to choose a soothing or calming color.

DO: Begin to breathe in slowly through your nose as you provide the instruction above, allowing your belly to fill with your breathe.

SAY: Then, exhale all your breath out slowly through your nose until all the breath has left your belly and your belly is back to its normal resting position.

DO: Exhale slowly through your nose as you provide the instruction above, allowing your belly to deflate.

SAY: It is important to breathe out slowly and to spend more time on your outbreath/exhale because this is what calms your nervous system down. Sometimes it also helps to count 1-2-3 as you breathe in, and 1-2-3-4 as you breathe out to help remember to exhale slowly.

DO: Demonstrate breathing in through your nose at the count of 1-2-3 and breathing out through your nose at the count of 1-2-3-4.

SAY: Now, I'd like you to practice. For this first time, find one spot in front of you to gently gaze at. If you want to close your eyes after this first round, you can.

ASK: Are you ready?

DO: Wait for the client to confirm they are ready to begin.

SAY: Place one hand on your heart and one hand on your belly. Now, begin to breathe in slowly through your nose and feel your belly fill up with air. Now exhale slowly through your nose.

Facilitators note: As you guide the client to breathe, observe how they are breathing and support them if they appear to be struggling.

SAY: Breathe in again, allowing your breath to travel through, down your throat and into your belly, filling your belly with air. Exhale slowly through your nose, doing your best to empty out your belly.

SAY: This time, I will count to 4 as you breathe in, and count to 5 as your breathe out. Inhale through your nose at my count of 1-2-3-4, and exhale slowly through your nose at my count of 1-2-3-4-5.

DO: Repeat this inhale and exhale at least 2 more times.

SAY: Now, come back to your regular breath. Notice how you feel after taking these deep belly breaths.

DO: Give the client time to come back to their normal breath and notice how they are feeling. If the clients eyes are closed, you can gently tell them to open their eyes whenever they are ready.

ASK: How was this breathing exercise for you?

DO: Ask the additional reflection questions below as needed.
- How did you feel when taking these big belly breaths?

- What did you notice in your body when doing these breaths?
- What did you notice about your thoughts, feelings, or how you felt physically when doing these breaths?
- How do you feel now after doing these breaths?
- What do you think this type of breathing can help with? How might you use these deep breaths?

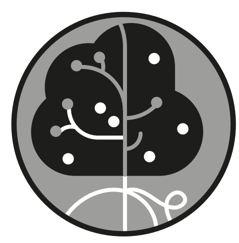
DO: Validate the client's reflections and ask whether they would like to add deep belly breathing to their coping plan. Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.



Annex 4.4.5.2: Box Breath

Objective	For the client to be able to create a sense of calm, regulate breathing, and become aware of the connection between emotions and breath.
Time	10 minutes
Materials	None
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: The first time this activity is used, it should be done in a quiet, calm setting to allow focus and undisturbed practice. Stop the activity or discontinue use if the client reports starting to feel anxious or overwhelmed while doing the breathing activity.

Instructions

DO: Use a calm, gentle voice. Speak slowly and clearly.

SAY: We will do a breathing exercise called box breath. This breathing exercise can help you to:
- Slow down your breathing
- Feel calmer
- Feel refreshed

EXPLAIN: To do the box breath, we will repeat a pattern with our breath. We will inhale to a count of 4, hold our breath to a count of 4, exhale to a count of 4, and then hold our breath again to a count of 4. The reason it is called 'box breath' is because it is helpful to visualize or draw a box or square in the air with your finger to guide your breathing.

SAY: Watch as I give an example. You do not have to try this breath yet. Just watch.

Facilitator note: Demonstrate the breathing exercise to the client by doing the box breathe while saying aloud the following and gesturing with your finger according to the directions below in parenthesis. Take the same amount of time for each step of the pattern noted above.

SAY: Inhale..2....3.....4 (DO: Using your finger, slowly draw a vertical line in the air moving from bottom to top. I.e., your finger should slowly move up in a line as you count. Stop when you get to 4.)

SAY: Hold..2...3....4 (DO: Use the same finger and start at the point you just stopped at above to slowly draw a horizontal line in the air from left to right. Stop when you get to 4.)

SAY: Exhale.. 2... 3....4 (DO: Use the same finger and start at the point you just stopped at above to slowly draw a vertical line in the air from top to bottom. I.e., Your finger should slowly move down in a line as you count. Stop when you get to 4.

SAY: Hold..2...3....4 (DO: Use the same finger and start at the point you just stopped at above to slowly draw a horizontal line in the air from right to left. Stop when you get to 4. The result from each step of the breathing exercise is that you should have drawn a box or square in the air.)

DO: Repeat the example for the client.

SAY: Sometimes this breath can make you feel slightly nervous or anxious, especially on the holds. If this starts to happen, you can return to a normal breath and start the box breath again whenever you are ready.

ASK: Are you ready to try the box breath exercise?

SAY: Find a seated position that feels comfortable, where you can sit with little movement, similar to how I am sitting.

Facilitator note: Show your seated position. If seated on chair, make sure that you are seated comfortably upright with both your feet firmly touching the floor. You can roll your shoulders back to show the client how they might get more comfortable in their seat. If you are seated on the floor, you can sit on a pillow or mat to get more comfortable and have your hands resting gently on your legs.

EXPLAIN: That the client should make any adjustments to be comfortable. Adjust as needed to find a seated position that is comfortable and allows them to sit upright with a straight spine (if physically able) but without being stiff or tense.

SAY: This first time, find one spot in front of you to gently gaze at. If you want to close your eyes after this first round, you can.

SAY: First, let's take a big inhale together.

Facilitator note: Take a big big breath in through your nose while using body language to encourage the client to follow you in taking a big breath in.

SAY: Now a big exhale together.

Facilitator note: Take a long, slow exhale out through your nose while using body language to encourage the client to follow you in taking a big breath out.

SAY: Great. Now we will start the box breath exercise on our next breath and do it 5 times together. You can either make the box in the air with your finger like me, or watch my finger as I create the box.

Facilitators note: Draw the box with your finger in the air as you provide the breathing instructions below.

SAY: Starting our box breath:
- Inhale…2…3…4
- Hold…2…3….4
- Exhale…2….3…4
- Hold…2…3….4

Facilitator note: Repeat this exercise 4 more times with the client, observing the client to see that they are following along without confusion or anxiety. If you observe that the client is confused or anxious, pause the breathing exercise and check-in with them.

SAY: Now return to a normal, easy breath.

DO: If the clients eyes are closed, invite them to open their eyes when they are ready.

SAY: Now that you have returned to your regular breath, notice how you feel after doing the box breath.

ASK: What did you notice?

DO: Allow the client space and time to reflect.

Facilitator note: If the client needs support reflecting, you can use these additional prompts for reflection:

- *What did it feel like when you took these breaths?*
- *How does it feel now that you have returned to a normal breath?*
- *What emotions did you feel when you were doing the box breath exercise?*
- *How do you feel now that you have completed the box breath exercise?*

DO: Give the client time to respond.

ASK: How did you feel about doing this activity?

DO: Give the client time to respond.

ASK: Do you think you would try using this at home?

> *IF YES, SAY:* This activity can bring up a lot of different emotions. You may notice more if you do it again. Practice will help you remember how to do the box breath at home. Would you like to practice again right now?
> DO: Another round of the box breath exercise with the client, inviting them to close their eyes if they wish.
> ASK: How did it feel doing another round?
> DO: Give the client time to respond.
> ASK: Would you like to add the box breath exercise to your coping plan?
> DO: Update the client's coping plan as needed to help them remember this activity.
> *Facilitators note: Go to the "Activity Homework / Follow-up" section.*
>
> *IF NO, SAY:* This activity can bring up a lot of different emotions. You may notice something different if you do it again. Would you like to try it again to see if your feelings or experience change?
> DO: Practice the breath at least once more unless they have a severely negative reaction to it or really strongly do not want to do it again. If the client is willing to practice the breathing exercise again, continue to the prompts below. If the client has a severely negative reaction or strongly does not want to do the breathing exercise again, do not push them to do the exercise again. Validate their reaction/experience.
> ASK: Do you feel comfortable sharing what made the exercise challenging/ difficult/ uncomfortable?
> *Facilitator's note: For the highlighted words above, replace them with the words the clients used or the sentiments they shared about the activity.*

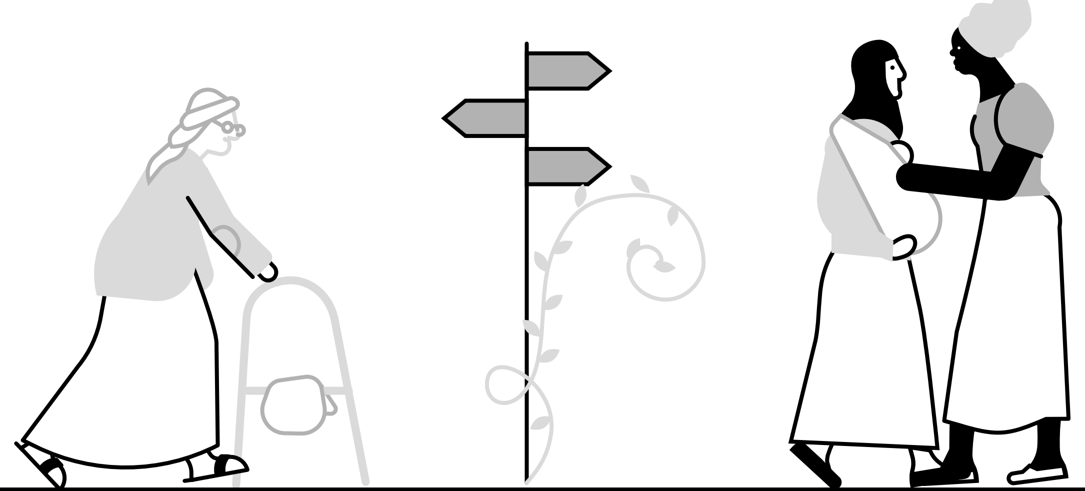
DO: Validate their response.

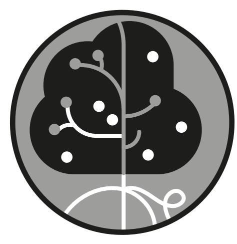
SAY: Thank you for being willing to try this breathing exercise out. Not all activities work for everyone since we are all unique with different experiences. We can make note in your coping plan that this was not the most helpful exercise for you and either try another one next time or revisit again in the future. How does that sound to you?

DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.





Annex 4.4.5.3: Progressive Muscle Relaxation

Objective	For the client to become aware of the physiological impact of stress on the body, the tension they are holding in their body from stress, and to practice relaxing and releasing tension from different muscles.
Time	15 min
Materials	None
Participant(s)	Client
Preparation	The case manager should practice leading this exercise with another case worker or supervisor and receive feedback before using with clients.

Facilitators note: The first time this activity is used, it should be done in a quiet, calm setting to allow focus and undisturbed practice.

Instructions

DO: Use a calm, gentle voice. Speak slowly and clearly.

SAY: When we experience stress, our bodies respond by increasing heart rate, blood pressure, and energy supplies as a part of preparing to guard against whatever real or perceived challenges or changes that come our way. Our bodies also tighten our muscles, almost as a reflex reaction to stress, as a way of protecting our bodies against injury and pain. With the sudden onset of stress, our muscles tense up at once, and then release their tension when the stress passes. When we experience chronic or extreme stress, our bodies often struggle to release the tension even when stress passes.

Facilitators note: If you did the psychoeducation activity "Types of Stress in the Body" (Stress Session #2) with the client, you can remind them of where they identified stress in their bodies.

ASK: Have you ever experienced or seen someone experience this kind of muscle tension before in reaction to a stressful event?

DO: Give the client time to reflect and respond. Validate the client's response.

SAY: To help reduce stress and tension in your body and ease overall anxiety, we are going to do an exercise called progressive muscle relaxation. We will slowly tense and then relax different muscles in our bodies.

EXPLAIN: This is something that works best when it is practiced frequently. With practice, you will likely become more aware of when your body feels tense, where tension is held in your body, and how you can help release that tension.

SAY: During this exercise, I will ask you to tense different muscles or body parts. Tighten the muscles but do not strain so hard it becomes painful. If you have any injuries or pain in any of the areas mentioned, you can skip that area of your body. Do your best to pay attention to releasing the tension and how each muscle feels after you release the tension.

ASK: Do you have any questions?

DO: Give the client time to ask any questions. If the client has questions, do your best to answer before moving on.

SAY: Let's begin. Find a seated position that feels comfortable, where you can sit with little movement, , similar to how I am sitting.

Facilitator note: Show your seated position. If seated on chair, make sure that you are seated comfortably upright with both your feet firmly touching the floor. You can roll your shoulders back to show the client how they might get more comfortable in their seat. If you are seated on the floor, you can sit on a pillow or mat to get more comfortable and have your hands resting gently on your legs.

EXPLAIN: The client should make any adjustments to be comfortable. Adjust as needed to find a seated position that is comfortable and allows them to sit upright with a straight spine (if physically able) but without being stiff or tense.

SAY: You can close your eyes while we practice this breathing exercise or you can find an object to focus your gaze. Do whichever feels most comfortable to you.

Facilitators note: Do the progressive muscle relaxation together with the client as your say aloud the steps so that they can watch and learn from you.

SAY: Focus on your breath. Begin by taking a deep breath in through your nose and filling your lungs and belly. Hold your breath for a few seconds.

DO: Pause briefly.

SAY: Release your breath slowly through your nose and let the tension from holding your breath leave your body.

DO: Pause briefly.

SAY: Take another deep breath through your nose and hold it.

DO: Pause briefly.

SAY: Release your breath slowly again through your nose.

DO: Pause briefly.

SAY: Now breath in through your nose again even slower. Fill your lungs and belly and hold your breath.

DO: Pause briefly.

SAY: Slowly release the breath. As you breathe out, imagine all of the tension leaving your body.

DO: Pause briefly.

SAY: Keep taking slow, deep breaths in and out as we move through the rest of this exercise.

DO: Pause briefly.

SAY: Now begin to focus your attention on your feet. Curl your toes and the arches of your feet to tense them. Hold the tension and notice what it feels like for you.

DO: Pause for 5-10 seconds.

SAY: Release the tension from your feet. Notice how your feet feel after releasing.

DO: Pause briefly.

SAY: Move your attention to your lower legs. Tense the muscles in the back of your lower legs. Hold them tightly. Pay attention to the feelings as you hold this tension.

DO: Pause for 5-10 seconds.

SAY: Release the tension from your lower legs. Again, notice how your legs feel now and any feelings of relaxation.

DO: Pause briefly.

SAY: Now tense the muscles in your upper legs and hips. Squeeze your legs and thighs together to bring tension into your upper legs. Be sure to avoid straining your muscles.

DO: Pause for 5-10 seconds.

SAY: Release. Let the tension leave your legs.

DO: Pause briefly.

SAY: Move to your stomach and chest. Bring tension into these parts of your body by drawing your stomach in as you exhale and squeezing. Hold this as you breathe. Keep holding.

DO: Pause for 5-10 seconds.

SAY: Release. Allow your whole body to go limp if you can. Notice any feelings coming up.

DO: Pause briefly.

SAY: Continue taking deep breaths. Breathe in slowly and out slowly, noticing the air filling your lungs and belly, and then slowly leaving your belly as you exhale.

DO: Pause briefly.

SAY: Now, tense the muscles in your back by squeezing your shoulders towards each other behind you. Hold them tightly. Tense them as much as you can without straining. Keep holding.

DO: Pause for 5-10 seconds.

SAY: Release the tension in your back. As you feel the tension leaving, notice new feelings of relaxation that may come up. Notice how different it feels to hold the tension and then release it.

DO: Pause briefly.

SAY: Move to your arms – focus from your hands all the way to your shoulders. Make fists with your hands and squeeze tightly. Bring that tension all the way up your arms. Hold it.

DO: Pause for 5-10 seconds.

SAY: Release your arms and hands. Notice how different they feel as you release. Remember to keep taking deep breaths.

DO: Pause briefly.

SAY: Now move to your shoulders and neck. Squeeze your shoulders tightly up to your ears and hold it.

DO: Pause for 5-10 seconds.

SAY: Release your shoulders. Notice how different they feel as you release.

DO: Pause briefly.

SAY: Now tense your face by making an angry face or scrunching your eyes and mouth in. Clench your jaw to bring tension to your neck. Remember to avoid strain and pain.

DO: Pause for 5-10 seconds.

SAY: Release the tension again.

DO: Pause briefly.

SAY: Now we will tense our entire bodies. Tense feet, legs, stomach, chest, arms, back, shoulders, neck, and head. Hold everything.

DO: Pause for 5-10 seconds.

SAY: Release everything. Allow your whole body to go limp and sink into the chair. Pay attention to how your body feels now. Notice how this feels different from the tensing you were just doing.

DO: Pause for 5-10 seconds.

SAY: Begin to move your body gently and bring awareness to this space. Take any movements or stretches and come back to a comfortable seated position.

DO: Guide the client in reflecting on the progressive muscle relaxation exercise. Some suggested questions to guide the client's reflection are below. If asking more than one question, pause and give the client time to reflect and answer and validate them before moving on to the next question.

- How did you feel when tensing your muscles?
- What did you notice in your body when doing this?
- What differences did you notice when you released?
- What did you notice about your thoughts, feelings, or how you felt physically while doing this exercise?
- How do you feel now?
- How might you use this exercise in the future?

ASK: Would you like to add the progressive muscle relaxation exercise to your coping plan?

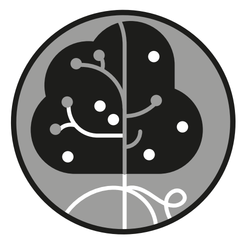
DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.



Annex 4.4.5.4: Five Senses to Ground

Objective	To support the client to stay in the present and gain a sense of calm when experiencing distressing thoughts and difficult emotions such as fear, anxiety, and overwhelm.
Time	10 minutes
Materials	A small cookie or refreshment to be able to taste. (This can be done without using taste if no refreshments are available.)
Participant(s)	Client
Preparation	Ensure if possible there are 4 things to touch with different textures and at least two things that smell differently/distinct. The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

DO: Use a calm, gentle voice. Speak slowly and clearly.

SAY: Many people who experience stress, including chronic and extreme stress, find grounding very helpful. Grounding is an exercise we do to turn our attention to the outside world and present moment, and to shift away from our inner world of overwhelm, anxiety, fear, or other difficult emotions and feelings. In this grounding exercise called the 'Five Senses', we will focus our attention away from our difficult feelings by focusing our attention even more strongly on the outside world.

ASK: Do you have any questions before we practice this grounding exercise?

DO: Give the client time to ask questions and answer to the best of your ability.

SAY: Let's begin. First, find a seated position that feels comfortable, where you can sit with little movement, similar to how I am sitting.

Facilitator note: Show your seated position. If seated on chair, make sure that you are seated comfortably upright with both your feet firmly touching the floor. You can roll your shoulders back to show the client how they might get more comfortable in their seat. If you are seated on the floor, you can sit on a pillow or mat to get more comfortable and have your hands resting gently on your legs.

EXPLAIN: The client should make any adjustments to be comfortable. Adjust as needed to find a seated position that is comfortable and allows them to sit upright with a straight spine (if physically able) but without being stiff or tense.

SAY: For this exercise, I will ask you to keep your eyes open the entire room and to look around the room as much as you like. I will guide you by ask you questions focused on items that are in the room around you. Remember, you are always in control.

ASK: Are you ready to begin?

DO: Give the client time to respond yes.

ASK: First, can you look around the room and name 5 things you see?

SAY: For example, look for small details such as a pattern on the ceiling, the way light reflects on the floor or an object you don't easily notice.

DO: Give the client time to look around the room and name 5 things they see.

ASK: Now can you name 4 things you can feel or touch?

SAY: For example, notice the feeling of the breeze or fan on your skin, the feeling of the chair or pillow you are sitting on... or you can pick up an object and examine its weight and texture. Try to feel four different things.

DO: Give the client time to identify and describe how 4 different things feel to their touch.

ASK: Now, can you name 3 things you can hear?

SAY: For example, try to hear sounds you may not normally pay attention to - the sound of the wind blowing the leaves on the trees, voices of people talking outside, the buzz of traffic in the distance. Try to hear three different things.

DO: Give the client time to listen and name 3 different things they hear.

ASK: Now, can you list 2 things you can smell?

SAY: You can try to notice smells in the air around you or search for something that has a scent, such as a bar of soap, toothpaste, or a marker. Try to smell 2 different things

DO: Give the client time to identify 2 things to smell and to describe the smell to you.

Facilitator note: Make sure you have some small snack for the next step – for example: gum, candy, or biscuits.

DO: Give the client a snack or present a few snacks for them to choose from.

ASK: Finally, can you list 1 flavor you can taste in this snack?

DO: Give the client time to taste the snack.

SAY: Focus your attention closely on the flavors.

ASK: What is the most prominent one?

DO: Give the client time to respond.

ASK: Do you notice other flavors as time goes on?

SAY: Great job.

ASK: How did it feel to complete this activity?

DO: Give the client time to respond.

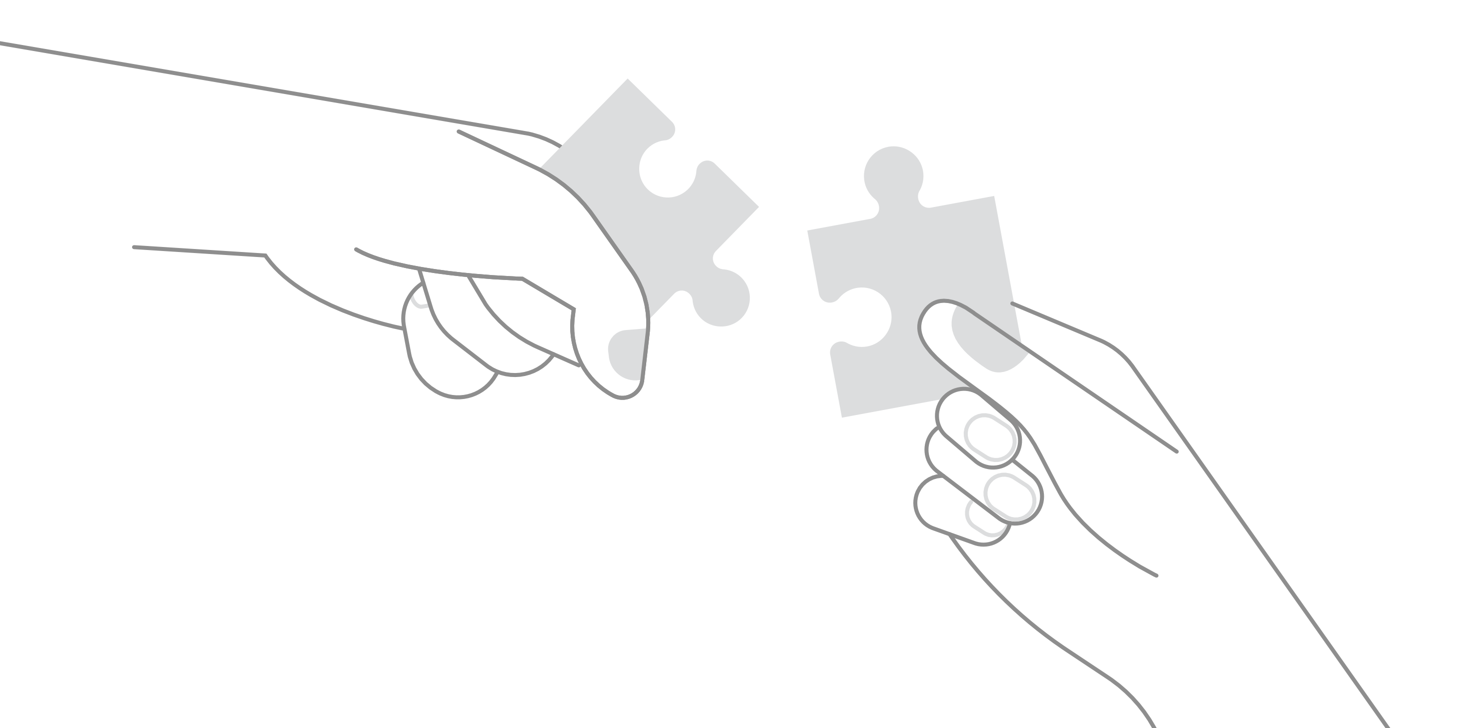
SAY: You can do this activity any time you feel overwhelmed, anxious, or just stuck in the difficult emotions and feelings you are experiencing.

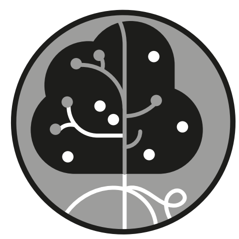
ASK: Would you like to this exercise to your coping plan?

DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.





Annex 4.4.5.5: Grounding Objects

Objective	To support the client to stay in the present and and gain a sense of calm when experiencing distressing thoughts and difficult emotions such as fear, anxiety, and overwhelm.
Time	15 minutes
Materials	Paper, pens or pencils, and a few examples of grounding objects such as a smooth stone, a stress ball, a key chain, small piece of cloth, etc. that can easily be held in a hand or pocket
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients. Make sure to have a few examples of grounding objects on hand for the client to see and touch.

Facilitators note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

DO: Use a calm, gentle voice. Speak slowly and clearly.

SAY: Many people who experience stress, including chronic and extreme stress, find grounding very helpful. Grounding is an exercise we do to shift away from our inner world of overwhelm, anxiety, or other difficult emotions, and to shift our attention to the present moment. There are many different types of grounding exercises.

DO: Pause to see if the client has any reflections or questions.

SAY: One way to ground when we feel difficult emotions is to have a grounding object with us.

Grounding objects provide a tangible anchor to the present moment, helping us to shift away from our overwhelming emotions and intrusive thoughts.

EXPLAIN: Grounding objects can distract you from distressing thoughts or feelings by redirecting your attention to something concrete and immediate. Grounding objects can also have a calming effect when held or touched (depending on what the object is). Grounding objects can also serve as a reminder of the present moment and reality, to help you anchor in the here and now. Finally, touching or holding a grounding object can provide physical sensations that counteract the intensity of your emotions. Overall, grounding objects offer a simple yet effective way to manage emotions by providing a physical anchor to the present moment and offering comfort and distraction.

ASK: Do you have any questions about grounding objects?

DO: Give the client time to ask questions and answer to the best of your ability.

SAY: Today, we will brainstorm on what might be a helpful grounding object for you.

EXPLAIN: Identifying a grounding or soothing object is a personal process since different objects hold different meanings and calming effects for different individuals.

SAY: First, think about the things that usually bring you comfort or joy. This could be a particular texture (e.g., something soft or smooth or cold), scent, or shape. Reflecting on what has helped you feel comfort or calm in the past can guide you. I also have a few objects here that you can try touching and holding to see if you feel a positive sensation. I purposely chose objects that are small enough to be held in your hand or in your pocket, as it is helpful to have a grounding object that you can easily carry around with you and access whenever you need it without causing too much attention from others.

DO: Give the client time to reflect and to touch and hold the grounding objects.

SAY: Did anything come to mind that you feel comfortable sharing with me?

DO: Make note of what the client says and affirm them.

SAY: Great. Now, I would like you to pay attention to your senses and to think about objects that appeal to your sense of touch, smell, sight, or even taste. For example, a smooth stone to hold, a scented candle, a visually pleasing piece of artwork, or a piece of chocolate could all serve this purpose.

DO: Give the client time to reflect.

SAY: Did anything come to mind that you feel comfortable sharing with me?

DO: Make note of what the client says and affirm them.

SAY: You can also think about objects that may hold sentimental value for your or remind you of positive experiences. These can be particularly effective at providing comfort and grounding during stressful times. Can you think of such an object?

DO: Give the client time to reflect and respond.

SAY: Now that you have reflected on objects that bring you comfort or joy, objects that appeal to your senses, and objects that hold sentimental value, can you think of any objects you could easily carry around with you that could help you soothe and ground?

DO: Give the client time to reflect and respond.

EXPLAIN: If the client is having difficulty thinking of possible grounding objects, encourage them to try out the different objects you brought or other objects around the room to see how they make them feel. There may be objects that have an unexpected calming effect on them.

DO: If the client still has difficulty, give them the option of trying out one of your grounding objects for the week that is easily replaceable (e.g., smooth stone) or exploring in their home for one.

Facilitators note: If the client chooses to look for a grounding object at home, you can suggest the remaining part of this exercise for homework. If the client chooses one of your objects, you can continue with the rest of the exercise or allow them to bring the object home with them and to do the rest of the exercise for homework.

SAY: Once you have identified a potential grounding object, spend some time with it (holding, touching, and looking at it) and notice how your body responds to it. Notice whether you feel more relaxed, centered, or focused when holding or interacting with it.

EXPLAIN: If the object feels comforting and calming, then it is likely a good choice for a grounding object. You can try carrying it with you and interacting with it (holding, touching, looking) whenever you begin

ASK: Do you have any questions about the grounding object?

DO: Give the client time to ask questions and respond as best you can.

ASK: Would you like to this exercise to your coping plan?

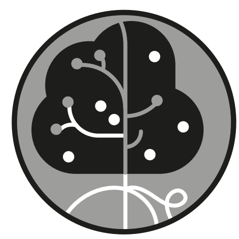
DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.



Annex 4.4.5.6: Identifying Sources of Stress

Objective	To support the client in identifying sources of stress in daily life and the emotions that arise from those sources of stress.
Time	15 minutes
Materials	Blank paper or 'Identifying Sources of Stress' activity sheet, pens or pencil
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

Facilitator note: It will work best to use this activity after doing the psycho-education session on 'Understanding Stress' and potentially after 'Our Brains and Extreme Stress'.

DO: Introduce this activity to the client.

SAY: We are going to work on identifying sources of stress in your life right now that you feel disrupt your daily activities or emotionally overwhelm you. Right now, we are focusing on identifying those sources of stress and how they make you feel. We will use this to identify areas you want to focus on as we build your coping plan.

ASK: Are you ready to begin?

SAY: Think about each of the questions I ask and write down what first comes to mind. When you are finished, you can decide if you want to discuss what you have written or if you want to move on.

Facilitator's note: If the client has limited literacy, you can write for them as they speak as long as they feel comfortable to do so.

DO: Go through each of the questions on the activity sheet 'Identifying Sources of Stress'. If the client is comfortable, discuss and ask follow-up questions about their answers, including their thoughts and feelings about these experiences. This will help when adding to their coping plan.

ACTIVITY SHEET: Identifying Sources of Stress

Starting with what feels most stressful: What happened/is happening that feels stressful for you?

When did it last happen?

- ☐ Today
- ☐ Yesterday
- ☐ This week
- ☐ This month
- ☐ This year
- ☐ Other:

How often does it happen?

- ☐ Hourly
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ So often I lose track
- ☐ Other

How does it make you feel when it happens?

- ☐ Angry
- ☐ Disappointed
- ☐ Frustrated
- ☐ Sad
- ☐ Hurt
- ☐ Lonely
- ☐ Guilty
- ☐ Shameful
- ☐ Scared
- ☐ Weak
- ☐ Tired
- ☐ Worried
- ☐ Confused
- ☐ Unsafe
- ☐ Other:

How does it make you feel when you think about it now?

Which feelings do you feel able to manage or handle when they come up?

Which feelings do you feel unable to manage or handle when they come up?

Repeat for additional sources of stress as needed.

Additional sources of stress: What happened/is happening that feels stressful for you?

When did it last happen?

- ☐ Today
- ☐ Yesterday
- ☐ This week
- ☐ This month
- ☐ This year
- ☐ Other:

How often does it happen?

- ☐ Hourly
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ So often I lose track
- ☐ Other

How does it make you feel when it happens?

- ☐ Angry
- ☐ Disappointed
- ☐ Frustrated
- ☐ Sad
- ☐ Hurt
- ☐ Lonely
- ☐ Guilty
- ☐ Shameful
- ☐ Scared
- ☐ Weak
- ☐ Tired
- ☐ Worried
- ☐ Confused
- ☐ Unsafe
- ☐ Other:

How does it make you feel when you think about it now?

Which feelings do you feel able to manage or handle when they come up?

Which feelings do you feel unable to manage or handle when they come up?

For all identified sources of stress:

Who can help you? How might they help you?

What do you do to help yourself when this happens?

Do you feel able to handle or manage this?	If client feels like they need some help or need a lot of help, ask: What can I or others do to help?	
☐ I think I am able to manage these issues ☐ I think I need some help to manage these issues ☐ I think I need a lot of help to manage these issues.	Actions: 1 2 3 4	Who:

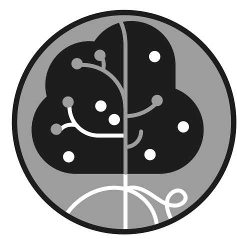
DO: Update the client's coping plan as needed according to identified sources of support and agreed upon actions.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.



Annex 4.4.5.7: Identifying Sources of Support

Objective	To help the client identify people and resources in their lives that provide support in times of need and with identified stressors/issues.
Time	15 minutes
Materials	Pens or pencils, coping plan
Participant(s)	Client
Preparation	The caseworker should familiarise themselves with Part I and Part II of the coping plan as this serves as a foundation for this activity. The caseworker should also review the client's protection risk assessment to build off of what the client has shared. The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

SAY: We have been talking about the issues that brought you in to seek support and other issues that are concerns for you.

EXPLAIN: That we want to identity which issues feel the most pressing to the client.

ASK: What things/people/situations are causing you stress right now? What happens when these things happen?

ASK: How do these issues impact you day-to-day?

DO: Give the client time to think and answer.

ASK: Are there one or two of these issues that feel the most important to try to address right now?

DO: Give the client time to answer.

Facilitator note: If you have already completed the "Identifying Sources of Stress' activity, you can skip the questions above and share back with the client what they identified as their main sources of stress and confirm that these are the issues they would like to focus on.

SAY: Now that we have identified the sources of stress that are causing you the most overwhelm and disruption to your daily life, we now want to think about who and what sources of support you have that can help you manage these issues.

Facilitator note: If you have already completed the "Identifying Sources of Stress" activity, you can review the people they identified in that activity who can help them when they are feeling stressed, as well as the agreed upon actions at the end of the activity sheet as a starting point for this discussion.

ASK: When do you feel particularly safe or comfortable? For example, is there a particular time of day that feels more calming for you? Or, are there places you will go when feeling stressed or overwhelmed?

DO: Give the client time to answer. Then ask follow-up questions such as:
- What contributes to helping you feel more calm during that particular time of day?
- What is it about that particular place that helps you to feel comfortable/safe?
- What is usually happening during that particular time of day or in that place when you feel most calm/comfortable/safe?
- Is anyone else with you during that time of day/in that place when you feel calm/comfortable/ safe?

DO: Reflect back what you have heard the client share. Note down (or have the client note down) the times of day, places, and people and attributes that help the client to feel calm, comfortable, and/or safe.

ASK: What activities do you do that feel supportive for you?

DO: Give the client time to answer. Then ask follow-up questions such as:
- When and how often do you do these activities?
- Who is usually present when you do these activities?
- What is it about these activities that feel supportive?

- Would the individuals present with you when doing these activities be supportive persons to speak with when you are feeling stressed?

DO: Reflect back what you have heard the client share. Note down (or have the client note down) the activities and people and related attributes that feel supportive for the client.

ASK: What resources exist in your community that feel supportive for you? For example, this could be a community center, faith-based group, or other type of organization, group, or activity.

DO: Give the client time to answer. Then ask follow-up questions such as:
- Who within this community resource feels supportive to you?
- What makes this person/these people feel supportive? What do they do that makes you feel supported?
- What specific activities do you do with this community resource that feel supportive?

DO: Reflect back what you have heard the client share. Provide a summary of supports that have been identified.

SAY: Now that you have identified these different sources of support, you can begin to think more about how you might engage these sources of support when feeling stressed.

ASK: Is there anyone listed here that you feel like could help you with “xxx” issue?

DO: Give the client time to respond. Then ask follow-up questions such as:
- How would you like them to support you?
- What specific activities or actions could they take that would be supportive?

DO: Give the client time to reflect and respond. Then reflect back what the client has shared and note down or have the client note this down as needed.

ASK: Are there any activities you identified that might could help you with “xxx” issue?

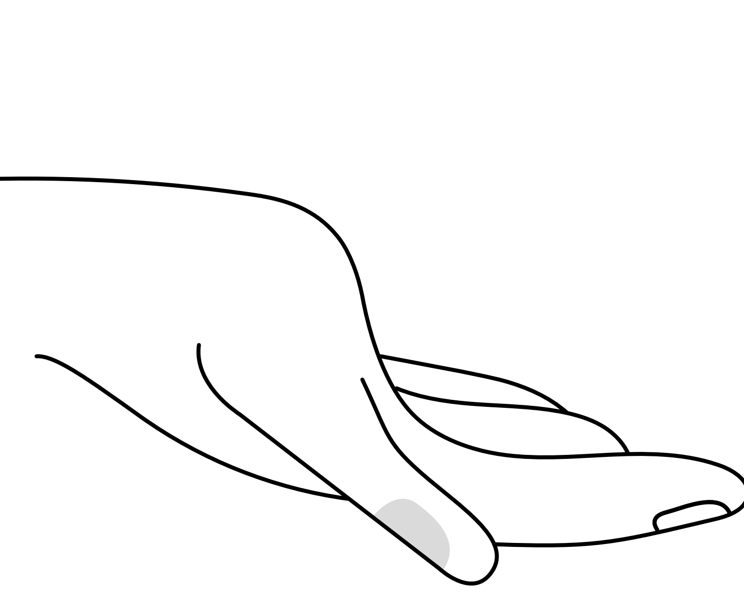
DO: Give the client time to respond. Then ask follow-up questions such as:
- How would you use these activities to support you?
- What could help you in remembering to engage in these activities when feeling stressed?

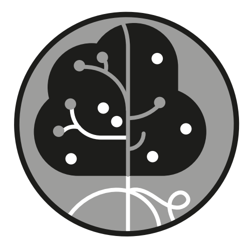
ASK: Would you like to add any of the sources of support you identified to your coping plan?

DO: Update the client’s coping plan as needed to help them remember this activity and the sources of support they identified.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.





Annex 4.4.5.8:
Identifying My Strengths

Objective	To help the client identify sources of internal strength and appreciate these qualities about themselves.
Time	15 minutes
Materials	Pens or pencils, activity sheet
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker or supervisor and receive feedback before using with clients.

Facilitators note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

SAY: It can be helpful to focus on our positive qualities, what we like about ourselves, and what we think we do well as a way to improve self-esteem and recognize our inherent strengths.

ASK: What is a strength of yours?

DO: Give the client time to reflect and respond.

Facilitator note: If the client has trouble thinking of a personal strength, you can use yourself as an example and say one of your personal strengths or you say the prompt below.

SAY: Our individual strengths can be hard for us to identify. This means that sometimes it is easier to think about what our friends and family would say our strengths are and decide if we too feel that these are personal strengths.

ASK: What would your family say are your strengths? What would your friends say are your best strengths?

DO: Give them a few more minutes to think and come up with answers.

Facilitator note: If the client has trouble thinking of what their family or friends might say are their strengths or positive qualities, the caseworker can name a strength they have observed about the client. Examples of strengths that are likely true of many clients are: their support-seeking behavior since they are engaged in case management services; their timeliness (if they come to case management meetings on time); their ability to take risks (since they took a risk in trusting you as the caseworker and the case management process); their respectfulness (assuming the client has been respectful to the caseworker and other staff members).

DO: Give the client a few more minutes to reflect and share additional strengths. Validate the strengths they have shared.

EXPLAIN: It can be helpful to write the strengths you have identified down on a piece of paper to remind yourself of who you are and all you can do and all you have accomplished despite significant challenges. This can be especially helpful to contradict negative self-talk and negative thoughts about yourself.

Facilitator's note: It can be helpful to discuss what negative self-talk looks like and how it can impact someone's self-esteem. You can give some examples of both positive and negative self-talk to assist the client in recognizing these patterns in themselves such as:

- *I always try my hardest. (positive self-talk)*
- *I can't do anything right. (negative self-talk)*
- *ASK: Would you like to write these strengths down or draw them on a piece of paper?*

EXPLAIN: If the client inquires about drawing their strengths, explain that they can draw themselves in a scene that shows their different strengths. They can also draw different symbols or images to represent different strengths, or draw a self portrait and put symbols of different strengths around the portrait. They could also cut pictures out of magazines or newspapers to represent themselves and their strengths. There are many options.

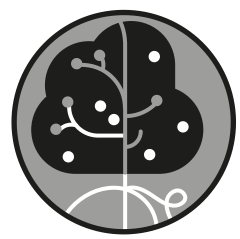
DO: Give the client time to write down or draw their strengths.

Facilitator's note: The caseworker can also offer to write down the strengths for the client as needed. If drawing the activity, this can also be an expressive activity.

DO: Continue to identify strengths with the client and fill out a piece of paper with either pictures or written statements. Once finished, update the client's coping plan as needed to help them remember this activity and their strengths.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we worked on today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.



Annex 4.4.5.9: Affirmations

Objective	To support the client to reduce negative self-talk and strengthen their self-esteem.
Time	20 minutes
Materials	Note cards or blank paper, pens or pencils
Participant(s)	Client
Preparation	It may be useful to complete this activity after the activity “Identifying My Strengths” because the caseworker can help the client use those strengths as a foundation for developing their personal affirmations. Prior to implementing this activity, caseworkers should prepare a list of culturally appropriate affirmations for clients to choose from if they are having difficulty creating their own affirmations. Caseworkers should practice this activity with their supervisor or peers before facilitating with a client.

Facilitation note: Do not actively try to teach what the activity does or its purpose with someone actively in crisis or emotionally overwhelmed.

Instructions

EXPLAIN: Positive affirmations are simple phrases that can be remembered and repeated. They can help change negative thoughts or feelings about yourself, can help you recognize your own strengths and what you accomplish daily, and help to move through difficult moments.

SAY: It is important to create affirmations that feel personal and true to you. An affirmation that works for someone else, may not feel authentic or effective for you.

DO: Give examples of affirmations using either personal affirmations that you are comfortable with sharing or more general affirmations that may be applicable and resonate with the client. For example, “I am talented” or “I am a caring provider for my family”.

SAY: Affirmations can be helpful to use at different times during the day and in many different ways. Some of these are:

- Each morning when you get up (to start the day with a feeling you want to carry through)
- When you are preparing for a task, conversation, or experience that may be difficult for you (to help you prepare yourself mentally)
- When you are feeling intimidated or inadequate around others (to help ‘reset’ your mood/ emotions by reminding yourself of your strengths)

ASK: Can you think of other times affirmations may be helpful for you personally?

DO: Give the client time to reflect and respond. Reflect back what you hear from the client.

SAY: Now that we have identified times where it may be useful for you to use affirmation, we are going to identify and develop affirmations you can use during these times. I have a list of affirmations we can look at first to see if any resonate with you.

DO: Share the list of contextualized affirmations with the client for them to read or verbally share some aloud for the client to hear.

ASK: Do any of these affirmations resonate with you?

DO: Give the client time to reflect and respond. Have them mark or write down the affirmations they find helpful, or note them down for the client.

SAY: Now that we have reviewed the list of affirmations, I would like you to develop some additional affirmations for yourself. Can you come up with 3 personal affirmations?

DO: Give the client the cards or paper and give them time to reflect and write or draw their affirmations. If needed or helpful, offer to write down the affirmations for the client.

Facilitator note: People often struggle to think of positive things about themselves. If the client is having difficulty coming up with personal affirmations, below are three ways the caseworker can support the client.

1. *If the client has completed the ‘Identifying My Strengths’ activity, remind them of the strengths they identified as a starting point.*
2. *Help the client think about how they would talk about other people they love and admire. You can say:*
    - *Think about your best friend or your mother or father. What would you tell that person if they were doubting themself or feeling bad about themself? How would you speak to them?*

- *Now, can you think about yourself and speak to yourself the way you would speak to that person, like the good friend or family member you are to them? What would you say if you are being a good friend to yourself? How would you say it?*

3. *Use the 'Affirmations' activity sheet included at the end of this document to help the client think about and write down things they like about themself, their strengths, what others appreciate about them, and traits they are working on.*

DO: After the client has finished writing (or drawing) their affirmations, ask them to share them with you (verbally).

Facilitators note: It is important to have the client practice saying the affirmations out loud. If the client is not comfortable saying them at first, then you can read each affirmation one at a time and ask the client to repeat after you. It can be very supportive for clients to hear the affirmations out loud. If you are reading the affirmations to the client, then try to look at them in the eyes rather then looking at the paper. After you have read the client's affirmations out loud, ask them again if they are willing to practice saying them aloud on their own.

DO: Give the client time to practice saying their affirmations aloud.

ASK: How did it feel to hear / say these affirmations out loud?

DO: Give the client time to reflect and respond.

SAY: Now that you have created your affirmations and practiced them, can you commit to practicing them this week? either each morning when you wake-up, before you start a task, or when you are feeling intimidated or inadequate?

DO: Give the client time to reflect and respond. If the client is hesitant, explore the reasons for their hesitance and request that they just try it for the week to see how it goes. Once you receive their agreement to try, ask them to choose when they will try using the affirmations (each morning OR before starting a task OR when feeling intimated or inadequate). Remind the client that using these affirmations regularly and as often as possible will increase their effectiveness and impact.

ASK: Would you like to add your affirmations to your coping plan?

DO: Update the client's coping plan as needed to help them remember this activity and their affirmations..

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we worked on today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.

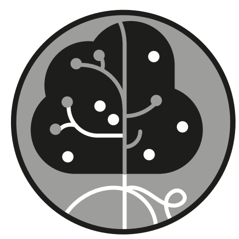
ACTIVITY SHEET: Identifying Sources of Stress

Think about things you like about yourself
I am....

Think about your personal strengths and what you are good at
I am....

Think about what others appreciate about you
I am....

Think about qualities or strengths you are working on or want to develop further
I am....



Annex 4.4.5.10: Quick Grounding Exercises to Manage Acute Distress

Objective	To help the client manage their distress by calming their nervous system and getting them back into their window of tolerance. These exercises can be used with a client experiencing acute distress, as well as with clients who are not in acute distress but may need additional coping strategies.
Time	5-10 minutes per grounding exercise
Materials	Chair, water (either hot or cold)
Participant(s)	Client
Preparation	The caseworker should practice facilitating these grounding exercises with their supervisor or peer before using them with a client. The caseworker must feel comfortable with facilitating all of the grounding exercises and many times because when someone is in distress or overwhelmed by emotion, it may take repetition or more than one exercise to help them calm their nervous system and get back into their window of tolerance.

Facilitators note: These grounding exercises can be used any time the client is experiencing acute distress and/or feeling detached from themselves or their surroundings, struggling to focus, and beginning to feel overwhelmed. If the client is in acute distress, do not actively try to teach what the activity does or its purpose. Rather, guide them to do the activity.

Instructions

Facilitator's note: The instructions are written for when a client is experiencing acute distress and cannot focus or calm themselves. The grounding exercises are listed in a loose order of activities to start with and move through as needed. Each exercise is labelled with a title to help differentiate from the other exercises.

DO: Speak calmly and clearly no matter how upset or distracted the client seems. Even if it seems like they cannot hear you, keep speaking to them in short, calm sentences.

SAY: I need you to look at me and focus on my voice.

Grounding Exercise 1: Deep Breathing
SAY: We are going to take 5 long, deep breaths together. We are going to breathe in through our noses and out through our mouths. Taking deep breaths can help us to calm our bodies and minds.

SAY: One – Inhale (DO: inhale slowly through your nose, observing the client to make sure they are also breathing in slowly)

SAY: Exhale (DO: exhale slowly through your mouth, observing the client to make sure they are also breathing out slowly)

SAY: Two – Inhale (DO: inhale slowly through your nose, observing the client to make sure they are also breathing in slowly)

SAY: Exhale (DO: exhale slowly through your mouth, observing the client to make sure they are also breathing out slowly)

SAY: Three – Inhale (DO: inhale slowly through your nose, observing the client to make sure they are also breathing in slowly)

SAY: Exhale (DO: exhale slowly through your mouth, observing the client to make sure they are also breathing out slowly)

SAY: Four – Inhale (DO: inhale slowly through your nose, observing the client to make sure they are also breathing in slowly)

SAY: Exhale (DO: exhale slowly through your mouth, observing the client to make sure they are also breathing out slowly)

SAY: Five – Inhale (DO: inhale slowly through your nose, observing the client to make sure they are also breathing in slowly)

SAY: Exhale (DO: exhale slowly through your mouth, observing the client to make sure they are also breathing out slowly)

ASK: Are you feeling more calm now?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ('Clench and Unclench Fists'). If the client does not agree to do another exercise, skip to the section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, immediately facilitate the next grounding exercise with them ('Clench and Unclench Fists').

If they say no or are unable to answer your question because they are still overwhelmed, move to the next exercise.

Grounding Exercise 2: Clench and Unclench Fists
SAY: We are going to make fists with our hands. We will clench or squeeze them very tightly and then let go several times.

DO: Demonstrate making fists with both your hands, squeezing and holding them tightly for a few seconds, and then releasing them. Do this a couple of times as you explain the instructions to the client.

SAY: Do this with me now. As you squeeze your fists, try taking a deep breath in. And when you release your fists, exhale.

DO: Clench and unclench your fists while breathing in and out several times, observing the client to make sure that they are doing the exercise with you.

ASK: How are you feeling now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ('Muscle Relaxation'). If the client does not agree to do another exercise, skip to the section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, immediately facilitate the next grounding exercise with them ('Muscle Relaxation').

Grounding Exercise 3: Muscle Relaxation
SAY: We are going to try to focus on tightening all of our muscles and then relaxing them as much as possible.

SAY: First, clench all of your muscles as tightly as possible – just like you did with your hands, now do it with as many muscles as you can. Everywhere in your body from your head, to your shoulders, to your arms, to your stomach, to your legs and feet - squeeze or clench tightly and breathe in as you d this. Squeeze your whole body as tightly as possible and hold your body and breath for a few seconds.

DO: Demonstrate squeezing your whole body together while breathing in, holding your body in this clenched position as well as breath for a few seconds, and then releasing your body while exhaling so that the client has a visual understanding of what to do.

SAY: Now let's do it together. Squeeze everything in and breathe in... Hold it (pause for a couple breaths)... Now, let go of all the tension in your body and exhale deeply and forcefully as you do this.

DO: Observe the client to ensure they are doing the activity with you and to notice whether the activity is helping them to regain their sense of calm.

SAY: Let's repeat that two more times.

SAY: Clench all of your muscles as tightly as possible again, as many muscles as you can. Squeeze, squeeze, squeeze while breathing in. (DO: Demonstrate this while practising with and observing the client.)

SAY: Hold it.... (pause for a couple breaths) Now, let go of all the tension in these muscles. Breath out deeply.

SAY: One more time, clench all of your muscles as tightly as possible. (DO: Demonstrate this.)

SAY: Hold it.... (pause for a couple breaths) Now, let go of all the tension in these muscles. Exhale deeply as you you release.

ASK: How are you feeling now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ("Anchoring Phrase'). If the client does not agree to do another exercise, skip to the section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, immediately facilitate the next grounding exercise with them ('Anchoring Phrase').

Grounding Exercise 3: Anchoring Phrase

SAY: I want you to repeat after me if you can.

SAY: I am in xx place (centre name, their home, etc.). Today is (date) at (time).

DO: Let the client repeat the phrase.

SAY: Repeat after me again and this time add your name.

SAY: I am in ________________________ place (centre name, their home, etc.). Today is (date) at (time). My name is ______________________________.

DO: Let the client repeat the phrase, making sure that the client add's their name. If they do not add their name, say the sentences again and ask them to say the sentences back to you, adding their name.

SAY: Great, now repeat the phrase again with your name and add your age.

SAY: I am in ________________________ place (centre name, their home, etc.). Today is (date) at (time.) My name is ______________________________. I am______ years old.

DO: Let the client repeat the phrase, making sure they add their name and age.

SAY: You can continue adding details to the phrase and repeating it until you feel calmer. You can add things like your hair colour, your job, how many children you have, etc.

DO: Let the client repeat the sentences and add additional details. After a few minutes, check-in with them to see how they are feeling.

ASK: How are you feeling now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ("Visualization'). If the client does not agree to do another exercise, skip to the section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, facilitate the next grounding exercise with them ('Visualization').

Grounding Exercise 4: Visualization

SAY: I want you to imagine an activity you enjoy doing and to describe that activity aloud to me. For example, if you like cooking a certain type of food, describe to me what the food is and how you make it. As you describe the activity to me, engage all of your senses - tell me what you see, hear, feel (or touch), taste, and smell.

ASK: Do you have an activity in mind?

DO: Give the client time to think and respond. As the client describes the activity, prompt them to engage their five senses. For example:

- What do you see?
- What do you hear?
- Is your body touching anything? How does it feel?
- Can you taste anything? Describe it to me.
- Describe to me what you smell around you.

Facilitator note: If the client is unable to visualize an activity or is having a difficult time doing so, skip to the next activity.

DO: After the client has finished describing their activity, check-in with them to see how they are feeling.

ASK: How are you feeling now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ("Warm/Cool Water') at the end of the document. If the client does not agree to do another exercise, continue to the next section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, facilitate the next grounding exercise with them ('Warm/Cool Water').

Once a client has regained calm:
DO: Take some time to talk with the client about using these activities when they are feeling overwhelmed or distressed in their everyday life.

EXPLAIN: That it is normal to feel upset, overwhelmed, and/or distressed, and that it is normal to cry and/or struggle to feel calm again. These feelings, however, can make us feel out of control and disrupt our ability to function (or complete daily tasks). It is therefore important to have tools to help us quickly regain a sense of calm.

ASK: What would it be like to use some of these activities in your home or community when you are feeling upset?

DO: Give the client time to reflect and respond.

ASK: Would it be helpful to practice a few more quick grounding exercises?

Facilitator note: If the client says yes, practice the three additional grounding exercises at the end of this document. If the client says no, move on to the following prompts.

ASK: Would you like to add any of these grounding exercises your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we worked on today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.

ADDITIONAL EXERCISES:

Grounding Exercise 5: Warm/Cool Water
EXPLAIN: We are going to use warm (or cool) water to focus.

DO: Either walk the client to a faucet or water pump, or set a bowl of water in front of them that they can place their hands into.

SAY: Place your finger-tips into the water. Notice how it feels.

DO: Give the client time to place their fingers into the water and to notice how it feels.

SAY: You can move your hands in and out of the water slowly. As you do, notice changes you feel in the water and out of the water. As you do this, take slow deep breaths.

DO: Let the client run their hands under the water for 1-2 minutes. Observe if they are taking the breaths. If they are not, gently encourage them to do so.

ASK: Are you feeling more calm now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ('Name the Objects Around You') at the end of the document. If the client does not agree to do another exercise, continue to the next section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, facilitate the next grounding exercise with them ('Name the Objects Around You').

Grounding Exercise 6: Name the Objects Around You

SAY: Look around the room/space/place around we are in. Name as many colors as you can that you see.

DO: Give the client time to name different colors they see until they cannot name anymore.

SAY: Great. Now name as many objects as you can.

- Facilitator note: If the client is having a hard time naming objects, ask questions about objects or things that are around you that the client can turn their attention to and see such as:
- How many trees do you see? How many clouds in the sky?
- How many windows are in this room? How many chairs?

SAY: Wonderful. Now, pick one object or thing around us and describe everything you can about it - its color, shape, how heavy it is, the smell it has, etc.

DO: Give the client time to respond. After the client has finished describing their activity, check-in with them to see how they are feeling.

ASK: How are you feeling now?

DO: Wait for the client to respond.

ASK: Would you like to do another exercise?

Facilitator note: If the client says yes, ask if they would like to do another exercise. If the client agrees to do another exercise, move to the next exercise in this document ('Counting Breaths') at the end of the document. If the client does not agree to do another exercise, continue to the next section of this document 'ONCE A CLIENT HAS REGAINED CALM'. If the client does not answer whether they are feeling calmer or says no, facilitate the next grounding exercise with them ('Counting Breaths').

Grounding Exercise 7: Counting Breaths

SAY: Count each breath you take in and out until you reach 10. Every time you notice you have been distracted by a thought, return to 1 and start over. Take slow, deep breaths as you count.

DO: Give the client time to breathe and count. Sit quietly and calmly as they do this. After they have been able to reach 10, check-in with them to see how they are feeling.

ASK: Are you feeling more calm now?

DO: Wait for the client to respond. If the client is not feeling calmer, suggest that the client take a break and continue breathing deeply. Most clients should feel better at this point, even if they still have some overwhelming emotions. The caseworker can sit with the client and when the client is ready, continue to the section 'ONCE A CLIENT HAS REGAINED CALM'. If the client is still in acute distress after taking the break and not showing any signs of feeling a little calmer, explain to the client that you would like to call your supervisor for additional support and make the call with the client there with you.

Annex 4.4.6: Creative Expression

Annex 4.4.6.1: Walking Our Emotions

Objective	To help clients connect emotions to physical sensations, improving their understanding of the mind-body connection. This activity helps clients recognize and process emotions physically, fostering a better understanding of their emotional experiences and supporting mental health and psychosocial wellbeing.
Time	15 minutes
Materials	None.
Participant(s)	None.
Preparation	This activity can be done with the client and caseworker, independently at home, or with a trusted family member or friend.

Facilitators note: Avoid using this activity with a client actively experiencing crisis. Ensure a private area for comfort. The setting should have enough space for the client to walk for 20-30 seconds at a time; a larger space is preferable, but a small room can suffice.

Instructions

Facilitator note: Caseworkers should complete the entire activity with the client.

DO: Provide a clear space for walking.

SAY: “Our emotions impact how we feel in our bodies. This activity helps us consciously experience different emotions physically. Would you like to try it now?”

If the client agrees, proceed. If not, offer an alternative activity.

EXPLAIN: We will walk around the room. As we walk around the room, I will call out different emotions. When I name/say an emotion, really try to feel that emotion and let the sensations come into your body.

Facilitators note: For each emotion that is named, walk 20-30 seconds, then return to a normal/ typical walk before moving to the next emotion. If the space you are in is small (I.e., minimal to no space to walk), then identify a different area (preferably private) that you can complete this activity.

SAY: If this activity ever becomes overwhelming, just return to your typical walk and walk slowly around the room focusing on each step you take and/or tell me that you'd like to take a break and we can shift the activity together.

SAY: First, we will both stand up. Next, we will begin walking slowly around the room.

DO: Walk with the client around the room (or outside in a private space) for 10 seconds.

SAY: Now, walk like a young child who is happy. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

Facilitators note: instruct the client to repeat the walking activity for 30-45 seconds using the following prompts – angry young child, joyful, angry, excited, sad, happy, anxious or scared, and absolute happiest. After each prompt, instruct the client to return to a typical walk for 20-30 seconds. Below is a script for reference.

SAY: Now, walk like a young child who is angry. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel joyful. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel angry. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel excited. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel sad. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel happy. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel anxious/scared. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds)

SAY: Walk like you feel your absolute happiest. (walk 30-45 seconds)

SAY: Return to your typical, everyday walk (walk 20-30 seconds).

SAY: Go ahead and sit down.

ASK: What did you notice when you were walking like you were happy? What about when you were feeling sad or angry? What sensations or feelings did you notice in your body? How did your walk change?

DO: Give them time to reflect on and then share their responses.

Facilitators note: For clients who enjoys writing, invite them to journal their reflections, give them time, and then invite them share a summary of verbally.

EXPLAIN: Emotions are not 'good' or 'bad', but they result in different sensations and reactions. Some can be more difficult to move through and return to a 'typical' state. Recognizing these can help us manage them and reduce their impact on our lives.

Facilitators note: Everyone's 'typical' state can be different. The goal is to support clients in recognizing when they are at their 'typical' state and what that feels like and also to recognize how different emotions can impact them throughout their day, week, or different times in their life. By recognizing these emotions, clients can better work to address and manage them and subsequently reduce their impact on their everyday lives.

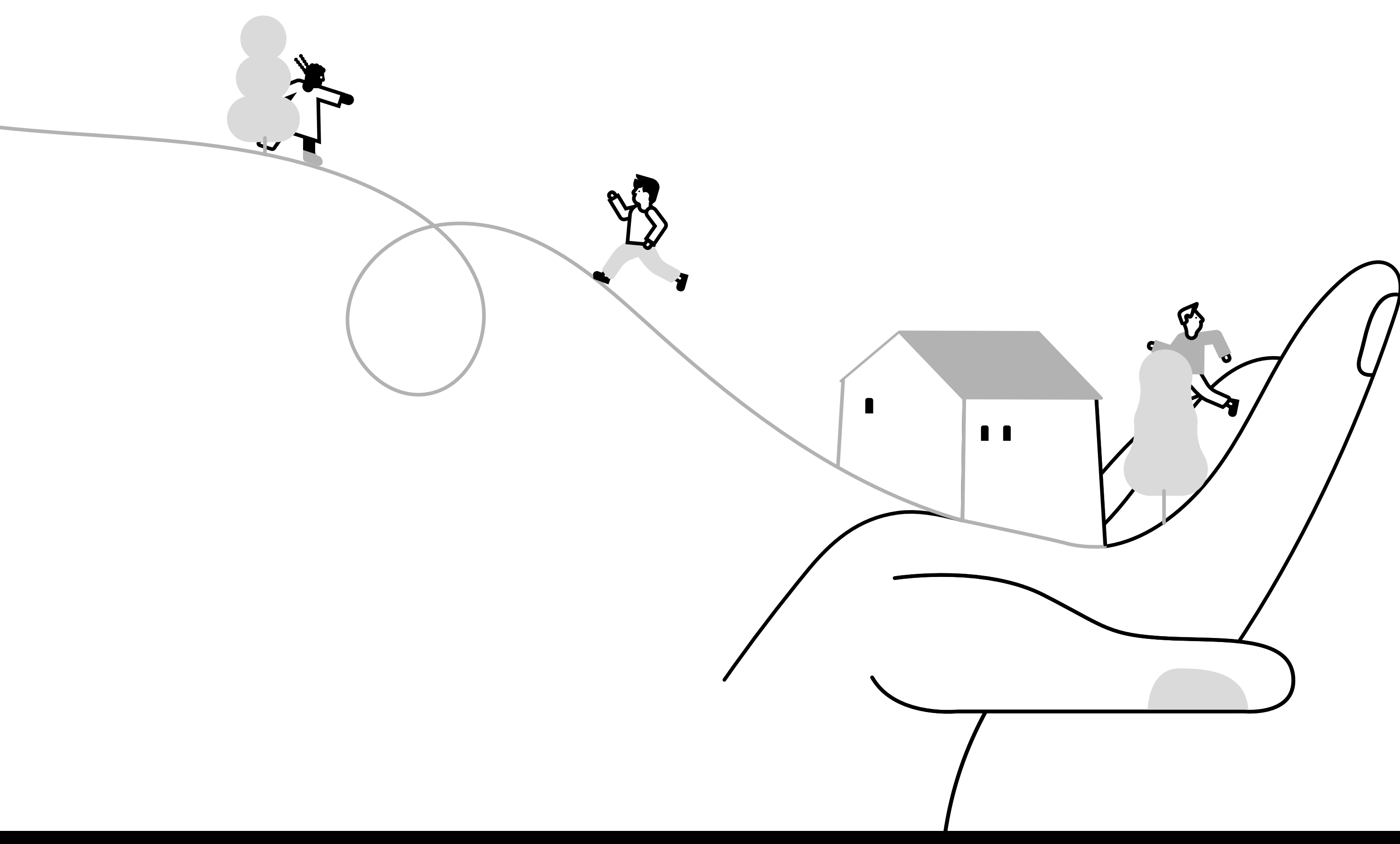
EXPLAIN: We need to find supportive and healthy ways to process emotions and how they feel in our bodies. Different exercises and tools can help us process emotions and move those sensations out of our bodies.

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. Possible homework includes: • *Noticing and connecting with how different emotions feel in their body* • *Identifying which emotions come up most frequently and in which situations* SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.



Annex 4.4.6.2: Traditional Song or Dance

Objective	To help clients use traditional cultural expressions to regulate emotions, express themselves, and work through difficult feelings.
Time	15 minutes
Materials	None. Optional: music.
Participant(s)	Initial introduction to this activity and practice should be completed in a private area.
Preparation	The caseworker should think of traditional songs and/or dances from their own culture to use as examples. They can brainstorm with peers to identify appropriate, contextually relevant examples of songs and/or dances for their clients.

Facilitator notes: Avoid this activity if the client is actively in crisis, presenting with signs of severe distress or has low emotional regulation and is easily triggered by memories. Consider cultural context, gender, age, and specific issues. In some cultures, certain groups (e.g., women) may not be allowed to dance, or there may be stigma around it. Adjust the activity accordingly.

Instructions

EXPLAIN: In many cultures, traditional songs and dances are a form of expression that everyone knows and loves. These expressions can be particularly helpful during difficult times. For some cultures, this type of expression may be seen as only for young children, adolescents or for specific genders, but in many cultures' song, dance, storytelling are important across ages and genders. Some songs or dances are only done during certain times or events.

SAY: We can use these songs and dances when feeling strong emotions (e.g., upset, anxious, sad, or angry) to help 'reset' ourselves, feel better, and move through those emotions. Movement is important because is important because it helps us to process and release emotions.

ASK: Are there particular songs or dances that come to mind that you enjoy and/or already use for this purpose?

DO: Give them time to answer.

ASK: How would it look if you used these intentionally to 'rest' when feeling a difficult emotion or after a difficult conversation? Could you use these during times of stress?

DO: Give them time to answer and share examples of songs and dances they have used.

Facilitator's Note: If the client says "no" to having any particular songs or dances they enjoy or do frequently, ask them to think about songs or dances they enjoyed when they were younger or if there are any that are used in their culture during times of celebrations or specific events. The client and the caseworker can work together to brainstorm ideas together. Discuss whether the client likes music and movement; if they do, but can't think of specific examples, they can collaborate to identify some suitable songs or dances.

SAY: We can practice using a song or dance right now to help 'reset' our body and mind. Would you like to do that?

Facilitators note: If yes, follow the steps below. If no, skip ahead to the section below.

ASK: Before we start, think about an emotion that you have been feeling this week that may have been difficult for you. when you are ready, tell me which emotion you want to focus on today.

Facilitators note: If the client has a hard time identifying an emotion, prompt them with examples of emotions they have mentioned during the current or prior sessions together (e.g., "earlier today, you said that you feel very frustrated and overwhelmed at the end of the day before bed because there is still so much to do and you don't have any help. Do you want to use that or a different example?)

DO: Give them time to answer.

SAY: Sit or stand comfortably. Close your eyes or focus on one point on the floor. Remember a time when you felt very [name emotion they listed]. Let yourself feel the sensation in your body that comes with this emotion.

SAY: When you are ready, begin ______________________ (singing or dancing the pre-selected song or dance). Sing or dance at least one full time through the (song or dance) or as long as it takes you to release the emotion. If you would like, I can join you, or I can observe or step out of the room to give you privacy.

DO: Allow the client time to complete the exercise. Join if invited, otherwise observe silently or step out of the room. Let the client decide how they want you to engage and when to end the exercise.

DO: Once they have completed the exercise, have the client sit down again if they were standing.

ASK: How do you feel now after singing or dancing.

DO: Give them time to reply.

ASK: Would you like to continue this exercise by selecting another song or dance (or repeating the same) to help 'reset' the body and mind?

ASK: follow up questions such as,
- How can you use this activity in the future?
- How will you know when would be a good time to use this activity?
- Will you use the song/dance when you start feeling overwhelming sensations in your body? (like rapid breathing, muscle tension, flush, etc).
- You can also do this alone or with family and friends. Will you use the song/dance with others during times of stress (e.g., with friends or family) or only when alone?

SAY: Today we identified one (or more) songs or dance that you can use to help regulate your emotions. I encourage you to continue to think about additional songs or dances that you want to use to help 'reset' when you are feeling different emotions. As you continue to practice this activity, you will find that some songs and dances may be more uplifting or empowering for you, while others might be more calming and grounding.

If client is not comfortable practicing immediately

Facilitators note: If the client responds 'no', they would not like to participate in this activity at this time, then or the client has very low emotional regulation skills and is easily triggered, then the caseworker can explain the activity and encourage the client to think about potential songs or dances, but not complete the activity (i.e., practice) during this specific session.

SAY: That's okay too. We can instead identify times when it would be helpful to use different songs or dances instead of practicing now.

ASK: What are some situations where you feel intense emotions?

DO: Give the client time to think, identify and share situations.

SAY: Which of these situations would you feel comfortable singing or dancing (or listening to music) to help with the emotions you are experiencing?

DO: Give them time to answer.

ASK: follow up questions such as,

- "How will you know when to use the song/dance?"
- "Will you use the song or dance when feeling overwhelming sensations in your body?"
- "Will you use it with others or alone?"
- "Will you use it as a first response, or try other strategies first?"

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. Possible homework includes:

- *Identify additional songs/dances that you can use to help yourself 're-set' when you are feeling specific emotions.*
- *Practice this activity any time you feel ____________________ [identified emotion or scenario] and notice sensations afterward.*

SAY: Next time we meet, we can review what we learned today, check-in on how this is working for you and discuss what is most helpful for you moving forward.

ASK: Do you have any questions before we do our closing activity?

Closing Exercise

DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.

Annex 4.4.6.3: Mapping My Safe Space

Objective	To help clients identify and visualize a personal safe space where they can mentally retreat to feel secure and calm. This activity promotes a sense of safety and grounding.
Time	30 minutes
Materials	Blank paper (A4 size), coloured pencils/markers or crayons. Optional: calming background music.
Participant(s)	This activity is suitable for individual participation. It may also be adapted for use in group settings, with each participant creating their own safe space map and then sharing if they feel comfortable.
Preparation	Ensure you have enough blank paper and drawing materials for each client. Set up a quiet, comfortable space for the activity. Optional: Prepare a playlist of calming instrumental music to play softly in the background.

Facilitators note: Before beginning, ensure the client understands the purpose of the activity and feels comfortable with creative expression. Adjust the activity as needed to fit cultural contexts, individual preferences, and any disabilities. Be aware of any trauma triggers related to the concept of "safe spaces.

Instructions

Facilitator Note: Remind clients that there are no right or wrong ways to create their safe space. Encourage them to use colors and images that make them feel comfortable.

DO: Provide the client with a piece of blank paper and access to drawing materials.

SAY: "Today, we are going to create a map of a safe space—a place where you can feel secure and at peace. This can be a real place you know, or an imaginary one. It's your personal space, so it can look however you want it to."

SHOW: Demonstrate by drawing a simple example of a safe space (e.g., a community center, a room or space in their home, a friends house, a place that brings them comfort such as a river or tea house).

ASK: “What are some places or things that make you feel safe? Can you think of colors, objects, sounds, smells, or people that help you feel calm and protected?”

EXPLAIN: “Take your time to draw your safe space. Use any colors or shapes that feel right to you. This space is yours, and you can put anything in it that makes you feel safe. This can be a place that you know and go currently or a place that you create in your mind.”

DO: Allow clients to work on their drawings, providing encouragement and support as needed. Play calming music in the background if you choose.

SAY: “When you’re ready, we can talk about your safe space. If you’d like, you can share your drawing with me and tell me about the different parts of your safe space.”

Facilitator Note: Be sensitive to the client’s comfort level in sharing their drawing. Some clients may prefer to keep their safe space private.

EXPLAIN: To the client that the goal of this activity helps them to identify and visualize a personal safe space where they can mentally retreat to feel secure and calm.

ASK: “Can you think of a time recently when you felt stressed or anxious? How might imagining your safe space help you feel better in that moment?”

DO: Allow the client time to reflect and respond.

ASK: “Are there any small items or reminders from your safe space that you can carry with you or keep in your home to help you feel calm during the day?”

DO: Allow the client time to reflect and respond.

ASK: “How can you incorporate the feelings of safety and calm from your safe space into your daily routine? For example, can you spend a few minutes each day visualizing your safe space?”

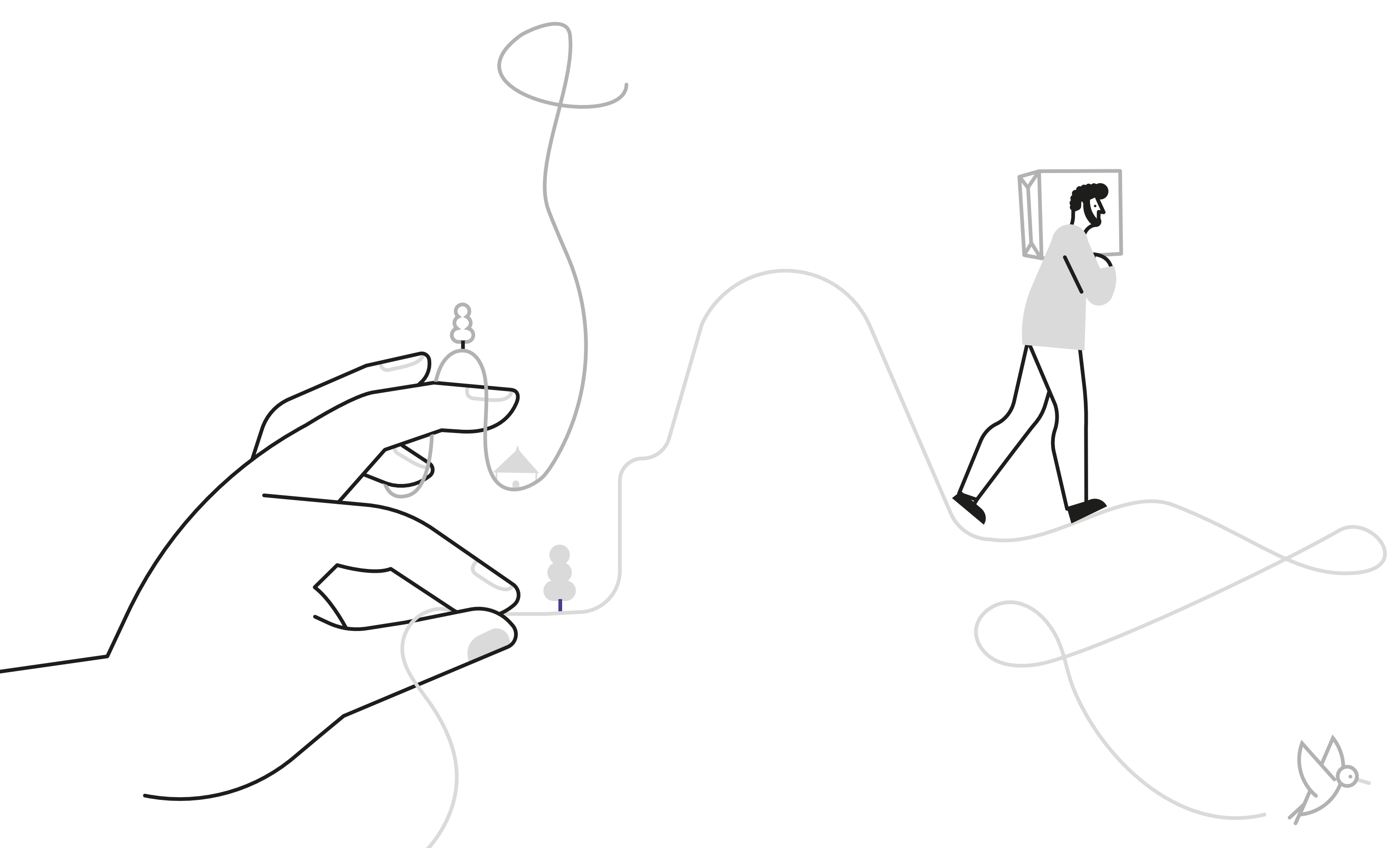
DO: Allow the client time to reflect and respond.

ASK: “Would you like to add any of what we discussed today to your coping plan?”

DO: Update the client’s coping plan as needed.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. Possible follow-up could include: • *Practice visualizing their safe space when feeling stressed or anxious.* • *Reflect on the feelings they experience when thinking about or visualizing their safe space.* SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session. SAY: "Let's end our session with an emotional regulation activity to help you feel calm and grounded before you leave." DO: Guide the client through an emotional regulation activity.



Annex 4.4.6.4: Drawing Your Past, Present and Future

Objective	Client can visualize how they want life to look in the future and develop goals to reach some of that vision through reflecting on past and present circumstances, experiences, and growth.
Time	30 minutes
Materials	Paper, pens, pencils, crayons, etc. Optional to have newspapers, magazines and other similar materials to facilitate creativity and the use of pictures/words, etc. to add to drawings. If using more than drawing materials, scissors and glue/tape are necessary.
Participant(s)	Complete activity with the client and caseworker. Better for a private area. Recommended to complete with client on an individual basis.
Preparation	The caseworker should practice leading this exercise with another caseworker and / or supervisor and receive feedback before using with clients.

Instructions

EXPLAIN: that the client will have the opportunity to now reflect on challenges in the past as well as times when they felt happy and content in life, where they are now in life, and their hopes for the future.

- PAST: They can think about what it felt like in the past when they struggled vs when they felt content – what was happening? When they felt content/happy, what was life like? Who was present? What were their worries and hopes in these moments?
- PRESENT: the qualities and skills that they have now. How they have grown and changed over the years and what they like about their life and themselves right now.
- FUTURE: What do they want to bring from the past and present into their future? What do they want to leave behind? (certain emotions, feelings, fears, challenges, etc.).

SAY: We will complete this reflection exercise by using drawing (or art) as a medium. The drawing does not need to be beautiful or 'perfect'; this is not an art test! We want to reflect

and represent different emotions, experiences, strengths and challenges in whatever way you choose. If you want, you can draw people and/or use symbols to represent different ideas.

DO: Give out a few pieces of paper.

SAY: Divide your paper into three sections – in whatever way your want. (e.g., one page for each or one piece of paper divided into three sections).

EXPLAIN: In these sections write and draw:
- PAST: Consider a challenge they successfully overcame in their life in the past. Ask client to draw what skills or qualities they used to overcome this challenge as well as support and resources they may have used.
- PRESENT: Consider and draw their current positive qualities and skills and how they use them in their life right now. And any supports/resources they have right now?
- FUTURE: Consider their hopes for the future – one goal or change that they would like to work on during case management sessions.

SAY: Draw the skills, qualities, support, and resources you will need to accomplish this goal.

Facilitator note: Make sure that the client knows to choose a goal that they want to work on throughout the sessions. This is a goal that the client and caseworker can add to the clients coping plan and come back throughout their time together.

ASK: What is the same or similar between your past, present and future? What is different?

ASK: How did you feel reflecting on the goal for the future? What support do you need to reach your future goal? What do you feel like we need to focus on during case management sessions first?

ASK: How did you feel recalling the challenge you overcame and your present skills/qualities?

SAY: We can come back to these drawings throughout our time together and we will be able to add to them as we work towards your goals.

ASK: Would this be helpful for you?
- If yes, make sure to keep the drawings in their file to return to throughout the case management process.
- If no, you should still keep the drawings in their file in case they change their mind. Make sure to say that it is fine to not want to revisit this.

EXPLAIN: Drawing and other types of activities can help us think about things in new ways and uncover things we have not thought about before. We can continue doing activities like this throughout the case management process if they feel useful to you.

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.

Annex 4.4.6.5: Affirmation Cards

Objective	To strengthen self-esteem through affirmations
Time	15 - 20 minutes
Materials	Note cards, pencils, coloured pencils, markers.
Participant(s)	Complete the activity with the client and caseworker. Client can complete activity independently at home. Client can complete with trusted family member or friend.
Preparation	The caseworker should practise leading this exercise with another caseworker and / or supervisor and receive feedback before using with clients.

Instructions

EXPLAIN: How using positive affirmations, or simple empowering phrases, can change negative self-talk, help you grow, and move on after difficult times.

GIVE: Examples starting with “I am . . . ” that address past mistakes or trigger positive thoughts to create a growth mindset. For example, “I am strong.”

DO: Tell client that now they are going to create their own positive affirmation cards.

DO: Give examples of when positive affirmations can be especially helpful—for example, when feeling inadequate around others. Discuss with the client specific times when positive affirmations can be helpful for them.

Facilitator note: Provide a variety of examples of positive affirmations to inspire the client to find one that really resonates. Client can use one of the examples for one affirmation card and then should be encouraged to think of their own words to use for a second affirmation card. The client can make as many affirmation cards as they want during this session (or as time affords).

SAY: Using the materials we have, you are now going to create affirmation cards on note cards. You can write the affirmation and then decorate the card with the materials we have if you want.

SAY: You can take these cards with you if you wish and put them in an easily accessible place to use in a troubling moment.

ASK: Where is a place where you can put your affirmation card(s) so that you can easily access it and see it?

DO: Remind them to use their affirmation cards as often as they need to possible—even while doing mundane tasks.

ASK: Would you like to add any of what we discussed today to your coping plan?

DO: Update the client's coping plan as needed.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.

Annex 4.4.7: Solution-focused

Annex 4.4.7.1: Adding to the Client's Action Plan

Objective	To support the client in developing concrete next steps based on their prioritised issue and the MHPSS pathway they are working through.
Time	15 minutes
Materials	The client's existing case management action plan (or a blank case management action plan if not completed yet), the client's coping plan (if you have been completing it with the client), paper, pens or pencils
Participant(s)	Client
Preparation	Review the client's existing action plan and coping plan (if you have been completing it with the client) and have both on hand to look at together with the client.

Facilitator note: The instructions include suggested questions and discussion points for 4 of the MHPSS pathways. ('MHPSS Pathway 5: Managing Acute Distress' is not included because caseworkers should prioritize activities to support the client's acute distress first using emotion regulation activities.) Skip to the pathway you are using with the client (or the pathway that most closely aligns to the client's prioritised issue and your previous work with them) to find suggested guiding questions to ask the client. You can adapt the guiding questions based on the client's specific situation. The guiding questions should help the client develop concrete next steps to add to their action plan.

Instructions

DO: Navigate to the MHPSS pathway you are currently using with your client or the pathway that aligns closest to the client's prioritised issue and/or your work with them. Once you have identified the appropriate MHPSS pathway, follow the instructions for that pathway, adapting as needed to the client's situation.

MHPSS Pathway 1: Identifying and Regulating Overwhelming Emotions

SAY: Now that we have completed different activities to help identify and manage overwhelming emotions we may be experiencing, let's think about concrete ways to integrate these activities in your daily life.

ASK: Which of the activities we completed felt most useful to you?

DO: Give the client time to reflect and respond. Remind the client of some of the activities you completed if they are having trouble remembering.

SAY: I'm glad you found those activities helpful.

ASK: What support do you need to be able to confidently use those activities when feeling overwhelmed by emotions or feeling very stressed?

SAY: Remember, sources of support are not just people or things in your life, but your own strengths and characteristics too.

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to come up with support needs.

ASK: What would help make it more realistic to use these exercises?

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to respond.

ASK: What are the specific situations when you anticipate needing to use some of these activities and when are these situations happening?

DO: Give the client time to reflect and respond.

ASK: How much would you like to practice these activities more before trying to use them on your own, and in particular in anticipation of the situations you mentioned?

DO: Give the client time to reflect and respond.

ASK: What would be a realistic schedule to practice over the next week (or leading up to the situations you mentioned)?

DO: Give the client time to reflect and respond. Then, based on what they have shared, help

them to develop a concrete action to practice over the next week or other relevant time frame according to the client's needs and/or situations they named where they believe they may need to use the activities. For example: I will practice x exercise xx times over the next week. Write down or ask the client to write down the agreed upon goals and next steps in their action plan.

MHPSS Pathway 2: Engaging in Difficult Conversations

Facilitators note: Make sure to first complete the previous activities in 'MHPSS Pathway 2: Engaging in Difficult Conversations' pathway and in particular the activities 'Identifying Sources of Stress' and 'Mapping Sources of Support' as you will reference them in this solutions-focused activity.

SAY: Now that we have completed different activities to help us engage in difficult conversations, let's think about concrete ways to use these to support you in having difficult conversations. Remember, sources of support are not just people or things in your life, but your own strengths and characteristics too.

DO: Reflect back to the client the sources of support they identified when completing the 'Mapping Sources of Support' activity.

SAY: Since you have identified these sources of support, it can be a good time to think about how you can rely on and use these sources of support when trying to talk about ________________________ issue.

Facilitators note: Fill in the blank space above with the specific issue(s) the client has named has needing support with.

SAY: We can work together to update your action plan to reflect how you can try to address this issue and have these conversations with ___________________________________.

Facilitator's note: Fill in the blank space above with whoever the client has identified needing to have the conversations with – this could be one person or multiple people.

ASK: What sources of support (or who) do you think will be most helpful to you in this/these conversations?

DO: Give the client time to reflect and respond.

ASK: How will the support you have identified help you? What would support look like for you?

DO: Encourage the client to be as specific as possible with what support would look and feel like for them, and who or what could provide different aspects of support during the process.

ASK: What can these supports do for you during this/these conversation/s?

DO: Encourage the client to get specific on whether they would like the support to be present during the conversation, the support they may need before and after the conversation, etc.

ASK: How can you engage these supports to help you? When/where/what words will you use?

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to respond.

ASK: What will be your next steps if you are able to engage the supports? What will be your next steps if the supports are not available to or cannot help?

DO: Give the client time to reflect and respond. Then, based on what they have shared, help them to develop concrete next steps over the next week or other relevant time frame according to the client's needs and/or situation(s). Write down or ask the client to write down the agreed upon goals and next steps in their action plan.

MHPSS Pathway 3: Enhancing Self-Esteem and Self-Worth

SAY: Now that we have completed different activities to help enhance your self-esteem and self-worth, let's think about concrete ways to integrate these activities in your daily life.

ASK: Which of the activities we completed felt most useful to you?

DO: Give the client time to reflect and respond. Remind the client of some of the activities you completed if they are having trouble remembering.

SAY: I'm glad you found those activities helpful.

ASK: What support do you need to be able to confidently use those activities when feeling stuck in negative self-talk and/or unhelpful thoughts about yourself?

SAY: Remember, sources of support are not just people or things in your life, but your own strengths and characteristics too.

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to come up with support needs.

ASK: What would help make it more realistic to use these exercises?

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to respond.

ASK: What are the specific times or situations when you anticipate needing to use some of these activities?

DO: Give the client time to reflect and respond. If the client is struggling to respond, provide suggestions based on what the client has shared about challenges they have or have had.

ASK: What might help you to remember to use these activities when you begin to ruminate in negative self-talk and/or unhelpful thoughts about yourself?

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to respond.

ASK: How much would you like to practice these activities more before trying to use them on your own, and in particular in anticipation of the times/situations you mentioned?

DO: Give the client time to reflect and respond.

ASK: What would be a realistic schedule to practice over the next week (or leading up to the situations you mentioned)?

DO: Give the client time to reflect and respond. Then, based on what they have shared, help them to develop a concrete action to practice over the next week or other relevant time frame according to the client's needs and/or situations. For example: I will practice x exercise xx times over the next week. Write down or ask the client to write down the agreed upon goals and next steps in their action plan.

MHPSS Pathway 4: Building and Maintaining Healthy Relationships

SAY: Now that we have completed different activities to help us build and maintain healthy relationships, let's think about concrete ways to use these to support you to have healthy relationships. Remember, sources of support are not just people or things in your life, but your own strengths and characteristics too.

ASK: Based on the activities and reflection you have done regarding healthy relationships, which relationships do you want to focus on?

DO: Give the client time to reflect and respond. If the client is struggling to respond, reflect back people they have previously mentioned that they'd like to strengthen their relationships with.

ASK: When thinking about your relationship with this person, what is in your control to work on or do to strengthen the relationship in a healthy manner?

DO: Give the client time to reflect and respond. Gently redirect the client if they name things that are clearly outside of their control.

ASK: What support do you need to be able to work on those areas that are within your control?

SAY: Remember, sources of support are not just people or things in your life, but your own strengths and characteristics too.

DO: Give the client time to reflect and respond.

ASK: How will the support you have identified help you? What would support look like for you?

DO: Encourage the client to be as specific as possible with what support would look and feel like for them, and who or what could provide different aspects of support during the process (including sources of support they have within themselves).

ASK: How can you engage these supports to help you? When/where/what words will you use?

DO: Give the client time to reflect and respond. Provide ideas, suggestions, or additional questions if the client is struggling to respond.

ASK: What will be your next steps if you are able to engage the supports? What will be your next steps if the supports are not available to or cannot help?

DO: Give the client time to reflect and respond. Then, based on what they have shared, help them to develop concrete next steps over the next week or other relevant time frame according to the client's needs and/or situation(s). Write down or ask the client to write down the agreed upon goals and next steps in their action plan

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we practiced today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.

Annex 4.4.7.2: Circles of Control

Objective	To identify areas within the client's control and outside of their control, and to identify coping mechanisms to assist in managing feelings arising from areas outside of the client's control.
Time	25 min
Materials	Paper, pens/pencils
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker and / or supervisor and receive feedback before using with clients.

Instructions

SAY: We often feel flustered and out of control when we experience long term, unrelenting stress. It can be very hard to take care of ourselves during these times. However, one thing that can be helpful is to identify what we can and cannot control when experiencing stress.

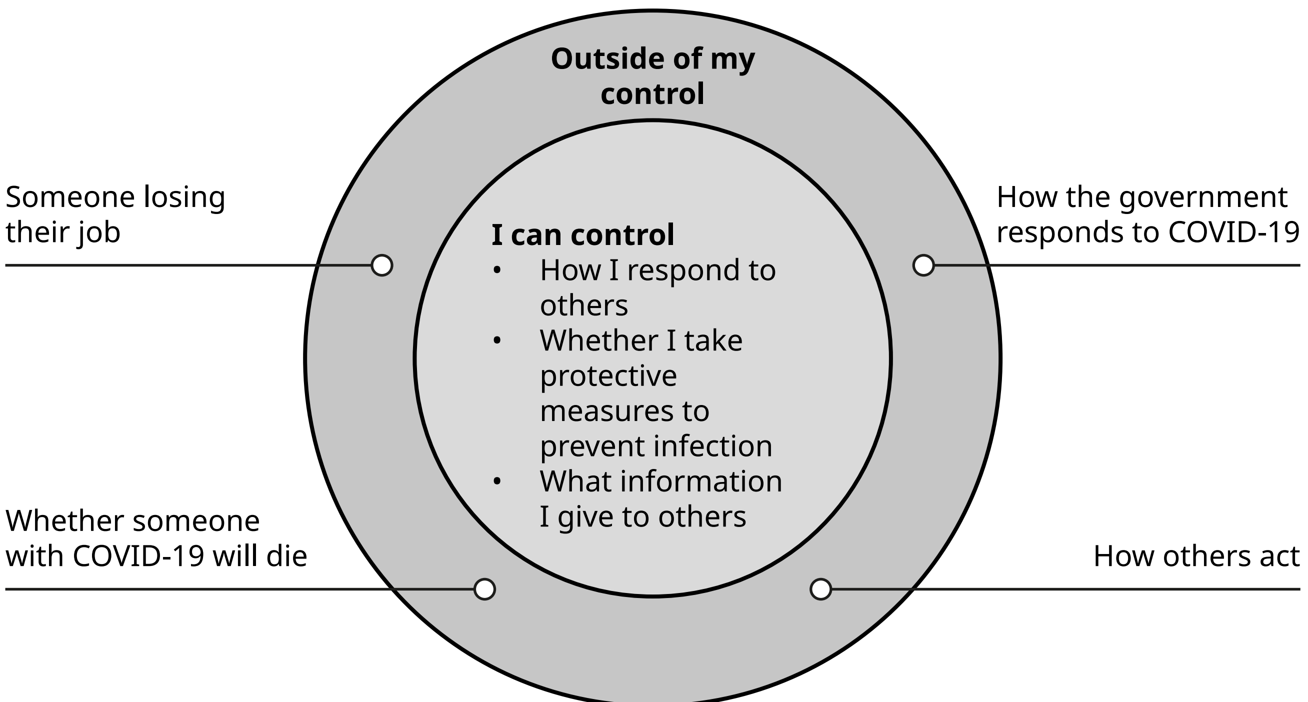
SAY: If you are feeling overwhelmed by everything you cannot control, knowing what you can control and taking actions to impact things you can control can be helpful. It can also help you identify where to focus your actions and effort.

DO: Bring out a sheet of paper and draw a circle in the middle of the paper that is big enough to write in. Label it "I can control." Then draw a circle bigger than the first circle around it. Label it "Outside of my control".

ASK: What are the things or people or other sources of stress that are currently impacting you?

DO: Give the client time to answer.

ASK: Of these, which can you control or have influence over?



DO: Give the client time to name what they feel they have control over.

DO: Challenge and question some of the client's answers if they do not have control over them. Focus on control being centred on the client's actions, thoughts, and feelings, rather than anything outside of or external to them.

Facilitators note: For example, if someone says "I can control having a job" you may say, "You can control how much effort and time you put into a job, but if the organization loses funding, the jobs may go away."

DO: Ask the client to put the different sources of stress they name into one of the two circles. Continue to discuss each of the things they have identified. Once you have placed everything in one of the two circles, focus on what they have identified as things they can control. It should be largely their actions and reactions to circumstances.

SAY: In your circle of control you have ________________________ and ________________________ (use two examples from their circle of control).

ASK: What can you do to support yourself so that you can influence what is in your control?

DO: Take some answers from the client. Highlight any that seem particularly supportive or useful for the client – if they seem excited about a particular few, note those.

Facilitators note: If the client is struggling to come up with a response, suggest the examples below to help them.

- *Eating well, getting enough sleep, taking walks or other forms of exercise*
- *Doing an activity you enjoy each day (reading, art, prayers, talking to a friend, etc).*
- *Engaging in communal and familial activities (dinner, family games, community football)*
- *Listing things you did that you are proud of accomplishing or doing at the end of each day*

DO: Validate the client after they have come up with some ideas for supporting themselves.

EXPLAIN: There are several different exercises and tools the client and caseworker can practice and decide if they will also be helpful.

SAY: We can continue to work on supports you identified as well as additional exercise and tools as we move forward.

DO: Update the client's coping plan as needed to help them remember this activity.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we worked on today and discuss what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.
DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.

Annex 4.4.7.3: Mapping Sources of Support

Objective	The client identifies sources of support in their relationships and relationships that may cause tensions, stress, or feel unsupportive.
Time	20 min
Materials	Paper, pens/pencils
Participant(s)	Client
Preparation	The caseworker should practice leading this exercise with another caseworker and / or supervisor and receive feedback before using with clients.

Facilitators note: This activity is not appropriate to use with clients who are presenting with signs of acute distress. Use this activity when a clients seems to be or expresses to you that they are struggling with not feeling supported, have tension with their family, or have difficulty navigating relationships.

Instructions

DO: Introduce this activity by referencing conversations you have had with the client about family tension, navigating difficult conversations, or feeling unsupported within their relationships.

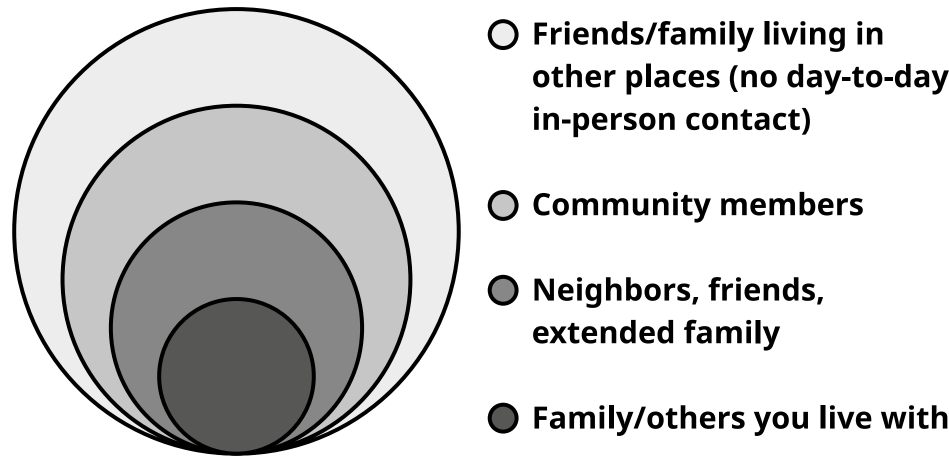
SAY: We are going to do an activity to help identify who in your life feels like someone you can rely on and who may feel less supportive or are people you have strained relationships with. We will explore what makes the supportive relationships feel supportive and what makes strained relationships feel strained.

DO: Draw on the piece of paper the circles of relationships and show it to the client.

SAY: Please take some time to share or list each person in your life at the different levels (i.e., circles) who impact your life either negatively or positively. In the outer levels, it may be fewer

people that really impact your life. That's typical of most relationships.

Facilitator's note: The client can write or the caseworker can write as they name different people.



SAY: As you write down people in each of the circles, think about how the interactions you have with them make you feel. Think about what and how you speak to each other, how you are similar and how you are different.

DO: Give the client time to think of different people at each level.

SAY: Now that you have listed each person, think about if that person largely feels like a positive, supportive relationship or a relationship that has tension or feels less supportive to you. For the supportive relationships, just put a star by them. Put an X by those that feel less supportive.

DO: Give the client time to complete this next step.

ASK: Now that you have identified the people and relationships that feel supportive, what do you think makes those relationships feel supportive?

DO: Give the client time to answer. Ask follow-up questions as needed to explore further.

ASK: Who, if anyone, feels the most supportive in your life? Can name more than one, maybe 2-3 that feel especially supportive?

SAY: Circle those people. We will come back to them.

ASK: Now, thinking about the relationships where you feel tension or less supported, what makes you feel this way? What are some specific issues that you'd like to address?

DO: Give the client time to answer. Ask follow up questions, as needed, to explore.

ASK: Which of the relationships and / or issues you have identified here feel most important to focus on and gain strategies around them?

DO: Give the client time to answer.

SAY: We can add this to your coping plan and begin to identify strategies and tools that can help address this issue.

ASK: Of the people you identified as most supportive, can any of them be of support with this person/these people and this issue?

DO: Give the client time to answer.

ASK: In what ways can they (i.e., the people who the client has described as most supportive) be supportive or helpful to you?

DO: Give the client time to answer.

DO: Validate the client's responses and update the client's coping plan as needed to help them remember this activity and the supports they identified.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity. SAY: Next time we meet, we can review what we worked on today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions. DO: Select an emotional regulation activity (different from the one just practiced with the client) and implement with the client before they leave to close the session.

Annex 4.4.7.4: Positive Journaling

Objective	To help clients focus on positive experiences, achievements, and things they are grateful for, thereby fostering a positive mindset and improving overall well-being. Additionally, to support clients in reflecting on past challenges and identifying strategies to overcome current challenges.
Time	15-20 minutes (once or daily)
Materials	Paper/journal or notebook and pen or pencil
Participation	This activity can be done individually by the client after introduced by the caseworker. It can also be shared with the caseworker or a trusted person if the client is comfortable. This journal exercise should be completed by clients who express they are able to and enjoy reading and writing (in any language they prefer).
Preparation	The caseworker should practice leading this exercise with another caseworker and/or supervisor and receive feedback before using with clients.

Facilitator's Note: Avoid this activity with clients who may be unable to maintain a journaling routine due to cognitive impairments or severe emotional distress. Adjust the prompts based on cultural context, literacy level, and specific client needs. Ensure the client understands that the focus is on positive experiences and gratitude, not on minimizing or ignoring distressing emotions.

Instructions

EXPLAIN: The objective of the activity.

SAY: This structured and clear positive journaling activity helps clients focus on the positive aspects of their lives, promoting a more positive mindset and enhancing their overall mental health and psychosocial wellbeing.

DO: Ensure the client has a piece of paper, journal or notebook and a pen or pencil.

SAY: Today, we are going to start a positive journaling activity. This involves writing about positive experiences, achievements, and things you are grateful for. This can help you focus on the positive aspects of your life and improve your overall mood. Are you comfortable trying this activity?

If the client agrees, proceed. If not, offer an alternative activity.

SAY: I'd like you to reflect on and write down a few sentences about something positive that happened, something you did well, and/or an challenge that you overcome or are working to overcome. You can also write about things you are grateful for. Here are some prompts to help you get started:

SHOW: Provide the client with the following prompts:
- "Today, I am grateful for..."
- "A positive experience I had today was..."
- "Something I did well today was..."
- "A happy moment I experienced today was..."
- "I felt proud of myself today when..."
- "A challenge I overcame today was..."
- "In the past, I faced [describe a situation or challenge] and I overcame it by [describe how]."
- "When I face challenges, I can remind myself to [describe a helpful strategy or mindset]."
- "A time when I used my strengths to overcome a difficulty was..."
- "If I encounter a challenge tomorrow, I can handle it by..."

SAY: Take a few minutes to reflect on these prompts and write in your journal. You can choose any prompt that feels right for you or come up with your own positive thoughts.

DO: Give them time to start their first journal entry. Offer support and encouragement as needed. Encourage journaling moving forward if they enjoy writing.

ASK: How do you feel after writing about these experiences? Did any specific memories or feelings come up for you?

DO: Give them time to reflect and share their responses.

EXPLAIN: Focusing on positive experiences and things we are grateful for can help us develop a more positive outlook on life. Thinking about challenges we've overcome in the past and ways we can overcome challenges in the future can help us develop solutions to the challenges we

are facing. It’s important to acknowledge and celebrate these moments, no matter how small they might seem.

ASK: Would you like to add this activity or any of what we discussed today to your coping plan?

DO: Update the client’s coping plan as needed.

Activity Homework / Follow-up
Facilitators note: Decide with the client if they would like any homework or follow-up for this activity and if so, discuss what the client should do to practise at home. Examples include: • *Writing in the journal daily for a week.* • *Reflecting on how journaling about positive experiences impacts their mood and outlook.* • *Identifying any patterns or recurring themes in their positive experiences.* SAY: Next time we meet, we can review what we learned today and discuss what was most helpful for you. ASK: Do you have any questions before we do our closing activity?

Closing Exercise
DO: Select an emotional regulation activity and implement it with the client before they leave to close the session.

Annex 4.4.7.5: Exception Questions

Objective	To help the client identify times in their life when they have overcome challenges, and to create a sense of hope by recognizing their strengths and resources.
Time	30 minute
Materials	flipchart with paper or regular paper, markers, pens or pencils
Participant(s)	Client
Preparation	The caseworker should familiarise themselves with the exception questions and adapt or contextualize as needed. Not all of the questions need to be asked; the caseworker can select 1-3 questions that would be helpful for the client. The caseworker should also be prepared to guide the client through reflective thinking. The caseworker should practice leading this exercise with another caseworker and / or supervisor and receive feedback before using with clients.

Facilitators note: This activity is not appropriate to use with clients who are presenting with signs of immediate or active distress / crisis.

Instructions

DO: Create a comfortable and safe environment for the client. Ensure you are both seated comfortably and without distractions.

SAY: We are going to explore some questions that will help us understand times in your life when you weren't experiencing some of the same challenges/issues you are experiencing now. This can help us to recognize strengths and supports, and help us develop solutions to address the challenges.

Facilitators note: You can name some of the client's prioritized issues or challenges as you explain the activity using the language provided above.

ASK: How does this activity sound to you?

DO: Give the client time to reflect and respond.

Facilitators note: If the client says they are unsure of the activity, explore their concerns and address them the best you can. Encourage the client to try the activity, explaining that the client can choose to stop the activity at any time.

SAY: Before we begin the questions, let's do a quick exercise to calm our bodies, minds, and emotions.

DO: Lead the client in a quick grounding exercise such as deep belly breathing. Take 5 deep breaths with the client before beginning the questions.

Facilitator's note: You can use '1. Emotion Regulation - Deep Belly Breathing' in Annex 4.4 for guidance, if needed.

SAY: Now that our minds, bodies, and emotions are a little calmer, we can start the activity.

ASK: Are you ready to begin?

DO: Give the client time to respond.

Facilitators note: You do not have to go through all of the questions below with the client. You can start and stop at any time, or you can select a few to do with the client. Be sure to pay attention to how the client is doing and check-in with them as you go along, taking pauses and breaks or stopping as needed.

SAY: First, I'd like you to tell me about times when you don't get angry. If helpful, you can think of specific situations where you have handled things calmly.

DO: Give the client time to reflect and respond.

ASK: What helped you to stay calm during those times?

DO: Give the client time to reflect and respond. Write down the things they share that helped them to stay calm.

ASK: Now, can you tell me about the times when you felt the happiest?

DO: Give the client time to reflect and respond.

ASK: What contributed to your feelings of happiness during those times? For example, what were you doing, who were you with, and what made these times special?

DO: Give the client time to reflect and respond. Write down the activities, people, and other things that the client shared that contributed to their happiness.

ASK: Now, can you tell me the last time where you feel you had a better day?

Facilitators note: If needed, guide the client to think about a recent day within their current circumstances/situation that felt better than other days, rather than having them choose a day that was in the past or a long time ago before the emergency, crisis, etc. happened.

DO: Give the client time to reflect and respond.

ASK: Can you describe what happened that day and how it was different from other days?

DO: Give the client time to reflect and respond. Write down the things they share that helped the day to be better than other days.

ASK: Now, can you think about a time when you felt happy in one of your significant relationships?

Facilitators note: A significant relationship could be any relationship that is important to the client. For example, this could be a relationship the client has with their child, a friend, another family member, spouse, etc.

SAY: Think about moments of joy or connection in this relationship. What were the circumstances?

DO: Give the client time to reflect and respond. Write down the things they share that helped them to feel joy or connection.

ASK: Finally, can you think of a time when your prioritized issue/challenge was not present in your life or less severe/problematic?

DO: Give the client time to reflect and respond.

ASK: What was different then?

DO: Give the client time to reflect and respond. Write down what was different for the client.

SAY: Thank you for answering all of those questions and for sharing your responses with me. Now, let's take a look at activities, people, factors, circumstances, and other things that contributed to some of these positive moments in your life.

ASK: Which of these are you able to access in the present moment?

DO: Give the client time to reflect and respond. Circle the things that they name they are able to access. If they are struggling, select one you think they can access and suggest it. Then encourage them to take another look to try and identify at least one or two more they can access in the present.

SAY: Great. Now let's think through how we can incorporate the things you've selected over the next week.

Activity Homework / Follow-up

Facilitators note: Decide with the client if they would like any homework or follow-up for this activity.
SAY: Next time we meet, we can review what we discussed today, including what was most helpful for you.
ASK: Do you have any questions before we do our closing activity?

Closing Exercise

SAY: Now, we are going to do a grounding exercise to help us close our time together. Our meetings can bring up emotions and memories, so it is important to do an exercise to help us relax and feel calm in our body, mind, and emotions.

Annex 4.5
Working with Clients in Severe Distress, Self-harm and Suicidal Ideation

Introduction

This document provides essential information, templates, and resources for caseworkers managing clients in distress and severe distress, including instances of self-harm and suicidal ideation. Caseworkers must be trained in assessing and discussing difficult topics, including suicidality. These conversations should not be avoided due to personal discomfort or biases. Preparation is key; caseworkers must be ready to address challenging subjects and seek support when needed. This support should come in the form of supervision, ongoing capacity building, peer support, and mental health and psychosocial support (MHPSS) services for staff. By doing so, caseworkers can effectively and compassionately assist clients experiencing severe distress.

Key terms[1]

The terms used to discuss MHPSS services and needs are not always consistent within or across sectors, so for the purposes of the Protection Case Management (PCM) Guidance and this annex document, it is important to define key terms based on global standards, such as the IASC Guidelines on Mental Health and Psychosocial Support in Emergencies.

Distress: A state of emotional suffering that can occur when a person is overwhelmed by stressors that are difficult to cope with in daily life. Distress can be the result of a one-off event such as a traumatic life event or crisis, or can be from stress that has been building over time[2].

Harm to others: When someone hurts another intentionally, by inflicting physical or emotional harm.

Self-harm: When a person injures or harms themselves to cope with or express extreme emotional distress and internal turmoil. It most frequently takes the form of cutting, burning, non-suicidal self-injury or other high-risk behaviours (WHO).

Severe distress: A heightened state of emotional suffering where symptoms are extreme and debilitating. Individuals in a state of severe distress may experience extreme sadness, hopelessness, exhaustion, and thoughts of self-harm or suicide.

Stress: Strain or tension that is a normal part of life and is a reaction to both negative and positive events.

Suicide ideation: Thoughts, ideas, or ruminations about the possibility of ending one's own life, ranging from fleeting considerations to detailed strategies (WHO).

Suicide: The act of deliberately killing oneself (WHO).

Window of tolerance: A term used to describe the "zone of arousal" or the right amount of stimulation in which a person is able to function most effectively. (Refer to Annex 4.5 for additional information on the window of tolerance.)

Supporting Clients Experiencing Severe Distress Reactions, Self-Harm, and Suicidal Ideation

Protection caseworkers play an essential role in identifying and providing life-saving MHPSS services (levels 1-3 of the MHPSS pyramid) to clients experiencing severe distress. They also provide an invaluable service by referring clients to specialised MHPSS service providers (level 4 of the MHPSS pyramid). When working with clients experiencing severe distress, key actions and considerations include: (1) preparation, (2) identification (inclusive of recognizing signs of severe distress and assessing client needs), (3) provision of MHPSS Services, and (4) follow-up.

Preparation

The preparation phase is essential and must be completed before caseworkers engage with clients. This phase lays the foundation for

building trust, ensuring effective communication, establishing referral pathways, and providing tailored MHPSS services throughout the case management process.

Key actions for caseworkers and supervisors/program managers include:
- Complete onboarding and training.
- Establish a schedule and set expectations for ongoing supportive supervision and peer support.
- Review organisational protocols and the scope of practice for caseworkers.
- Coordinate with key sectors and stakeholders including national and local coordination groups (e.g. MHPSS Technical Working Groups).
- Collaborate with community stakeholders, non-governmental organisations (NGOs) and individuals from affected communities, including those with lived experience of mental health conditions.
- Complete or update stakeholder mapping and service maps.
- Develop clear referral pathways and complete the High-Risk Referral Contact List Template (refer to page 639), including identifying emergency referral contacts and pre-programing phone numbers.
- Conduct an assessment of the context, client needs, and current resources to guide programming.
- Complete Managing Severe Distress Checklist (refer to page 639).

The form section of this annex includes the following key resources to prepare caseworkers to work with clients experiencing severe distress, self-harm or suicidal ideation.
- *High-Risk Referral Contact List Template (refer to page 639)*:[3] This template is to be completed and updated regularly by caseworkers or supervisors to ensure caseworkers have the contact information of the appropriate focal points within their organisation on hand to refer clients who are experiencing severe distress or at urgent risk of suicide (*refer to page 185 for important information on consent for referrals*). In addition to organisational focal points, the template includes space for country and location specific resources and referral agencies such as contacts for medical emergencies. This template should be completed and kept up to date before engaging with clients.
- *Managing Severe Distress Checklist (refer to page 639)*: This checklist supports caseworkers, supervisors, and organisations to provide

support to clients experiencing severe distress, particularly clients who are at risk of self-harm or suicide. The checklist provides a minimum standard; organisations may add additional steps to enhance support for clients in severe distress or at urgent risk of suicide. Caseworkers should contact their supervisor if any items on the checklist are missing within their program/organisation. Key considerations are included for: prior to engaging with clients in severe distress or at urgent risk of suicide, while providing services to these clients, and after referring these clients to specialised/ additional services to support their needs.

Mental Health Case Management (MHCM)1 integrates elements of clinical social work and human service case management practices. The MHCM approach primarily focuses on supporting the MHPSS needs of the service user. Mental health case management is based on the “biopsychosocial” framework for treatment and focuses predominantly on restoring mental health and normal functioning for individuals. International Medical Corps (IMC), is the lead agency working in MHCM and authored the seminal resource MHCM Training package (field-test version). Importantly, MHCM does not and should not replace GBV, CP, or Protection Case Management services; the reverse also holds true. Mental Health Case Management is an important service in providing a comprehensive MHPSS response and can be provided through health, protection or other relevant actors.

Seminal Resources, Guidelines and Tools:

- IASC Minimum Service Package Mental Health and Psychosocial Support (2022)
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)
- IASC Guidelines on Mental Health and Psychosocial Support: Checklist for Field Use (2008)
- IASC Handbook, Mental Health and Psychosocial Support Coordination (2022)
- IASC Guidelines on Mental Health and Psychosocial Support: What should Protection Programme Managers Know? (2010)

- IASC: Who is Where, When, doing What in Mental Health and Psychosocial Support (2012)
- IASC Reference Group Mental Health and Psychosocial Support Assessment Guide (2013)
- Review of the Implementation of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. How are we doing? (2014)
- IASC Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings (2014)
- A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming, 2018
- IASC Guidance on Basic Psychosocial Skills – A Guide for COVID-19 Responders (2020)
- IASC Guidance, Addressing Suicide in Humanitarian Settings (2022)
- LIVE LIFE: An implementation guide for suicide prevention in countries (2021)

Identification

Identifying the MHPSS needs of clients presenting with signs of severe distress, self-harm, or suicidal ideation is vital for providing individualized care and support. Addressing these specific challenges promotes holistic recovery while adhering to 'do no harm' principles. Caseworkers must be able to recognize potential warning signs of distress, severe distress, self-harm, and suicidal ideation through observation in order to identify clients needing assistance. In addition to observation, caseworkers must be able to effectively complete assessments and utilise the information gathered to formulate a comprehensive case action plan together with the client and make necessary referrals with the client's informed consent. By thoroughly assessing for these challenges, caseworkers can tailor interventions and referrals to meet the unique emotional, psychological, and social needs of each client, fostering a more empathic and effective approach to case management.

Key actions for caseworkers include:

- Observe client behaviour and recognize potential warning signs that they may be experiencing severe distress, self-harm, or suicidal ideation.
- Complete Protection Risk Assessment (Form 3) and understand risk

and protective factors for severe distress, self-harm, and suicidal ideation.
- Complete Basic MHPSS Assessment and Suicide Risk Assessment (Form 5).
- Complete Psychosocial Wellbeing Assessment (Form 4) (optional).
- Engage in ongoing discussions with the client.

Signs of severe distress, self-harm, and/or suicidal ideation may be identified at any time and during any step of the case management process. It is important caseworkers are prepared to identify and respond to clients who are presenting with signs of severe distress at any point in time, and not wait until a situation occurs to receive training on how to identify and support these clients.

Seminal Global Resources, Guidelines and Tools:
- IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0) (2021)
- IASC Guidance, Addressing Suicide in Humanitarian Settings (2022)
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Distress & Severe Distress

Psychological distress reactions are commonly experienced by people affected by humanitarian emergencies. They are normal reactions to abnormal life events. Distress reactions are to be expected in emergencies and for most individuals they will improve over time once they are safe, have their basic needs met, and have access to community support.

It is important that caseworkers do not assume that everyone who has experienced an adverse or terrifying event, such as a humanitarian emergency, is traumatised or unable to access and use existing or emerging coping mechanisms. Caseworkers must take a strengths-based approach and be able to recognize resilience at the individual and collective levels rather than make assumptions about others' experiences. Each individual has protective factors and risk factors

that affect the way they experience an event and the impact it has on them. Care must be taken to avoid terminology that could lead to disempowerment and stigmatisation of people in distress. For example, instead of using “trauma” and “traumatic events” it is recommended to use alternative terms like “distress”, “severely distressed individual”, and “terrifying event”.

How to recognize signs of distress

It is common for caseworkers to work with clients who are experiencing varying levels of stress and distress. Stress, whether from negative or positive events, is a normal part of life. Stress can be helpful or harmful. Helpful stress – e.g., excitement for a forthcoming birthday or nervousness for an upcoming exam – is short-term, increases our focus and performance, and allows our bodies to return to a typical state after a productive period. Harmful stress occurs when stress is chronic or prolonged, preventing the body from returning to its typical state.

Individuals facing significant challenges or adversity may experience heightened levels of harmful stress. If harmful stress accumulates over time without opportunities for relief, this can lead to a state of distress. Distress can also be the result of a one-time terrifying life event or crisis, and can also arise suddenly due to difficult or stressful events such as the death of a loved one or the rejection of an asylum claim. Individuals experiencing distress may struggle to perform daily tasks.

Severe distress is a heightened state of distress where the symptoms are extreme and debilitating. Individuals in a state of severe distress may experience extreme sadness, hopelessness, exhaustion, and thoughts of self-harm or suicide. Daily functioning is significantly impaired, including the ability to carrying out simple daily tasks.

Stress, distress, and severe distress manifest in physical, behavioural, emotional, and/or cognitive signs and symptoms. Whether a client is experiencing stress, distress, or severe distress depends on the frequency at which the client is experiencing the signs and symptoms and the extent to which the experience disrupts their daily functioning. Below are some common signs and symptoms with examples to help differentiate stress from severe distress reactions. Cultural and contextual presentation should also be kept in mind when considering these reactions, as they present differently across cultures, contexts, and individuals.

Physical reactions: headaches, muscle aches, stomach aches, nausea, rapid heartbeat or palpitations, shortness of breath, lack of energy, extreme fatigue or exhaustion, chronic pain.

Example: If an individual is experiencing stress they may have the physical reaction of fatigue which manifests in feeling tired or slightly drained, often alleviated by rest or relaxation. However, if an individual is experiencing severe distress, fatigue can escalate to an overwhelming and persistent state of exhaustion with symptoms such as profound lethargy, difficulty concentrating, and a sense of chronic depletion that significantly impairs daily functioning and is not easily alleviated by typical self-care measures.

Emotional reactions: intense feelings of sadness or fear, anxiety or excessive worry, feelings of hopelessness or helplessness, emotional numbness or detachment, irritability or anger.

Example: If an individual is experiencing stress, they may have the emotional reaction of anger which can manifest in irritability, frustration, and tension in their muscles, chest, and/or head, often alleviated by relaxation techniques such as deep belly breathing or progressive muscle relaxation and/or emotional expression through journaling, talking to a friend or another supportive person, etc. However, if an individual is experiencing severe distress, they may no longer feel in control of their anger, manifesting in outbursts and other behaviours that may harm themselves and others such as shouting, cursing, throwing or breaking things, isolating, self-harm, and doing or saying things they regret that negatively impacts their relationships with others.

Behavioural reactions: socially withdrawn or isolated, changes in eating habits (e.g., overeating or loss of appetite), increased use of substances (e.g., alcohol or drugs), difficulty maintaining daily routines or responsibilities, erratic or 'unusual' behaviours outside of the norm for the client, risk-taking behaviours, observable actions such as shaking or pacing, self-harm or suicidal behaviours.

When someone is overwhelmed by emotions such as sadness, fear, or hopelessness and has difficulty calming down, this is primarily categorised as emotional distress. However, it can also manifest as behavioural distress due to the observable actions (e.g., crying, shaking, pacing, screaming uncontrollably) that result from their emotional state.

Example: Crying is a natural human response to a wide range of emotions, offering benefits such as self-soothing, pain and stress relief, and mood enhancement. Individuals experience crying at varying levels of severity for different reasons. If an individual is experiencing stress, crying is a common reaction that can serve as a healthy outlet for emotions and may occur in response to sad or stressful events, providing temporary relief when facing adverse situations (e.g., grieving the loss of a loved one or loss of work or home). However, crying uncontrollably is more often associated with severe distress. While grief and loss are common amongst most people, uncontrollable crying without reason is not. Bouts of uncontrollable crying differ from feelings of sadness in that crying won't stop and the feelings don't go away and are often not easy to explain. While crying is normal and may be a sign of stress or distress, uncontrollable crying may be an indication of severe distress.

Cognitive reactions: difficulty concentrating or focusing, racing thoughts, memory problems, fixation on a problem, trouble making decisions, confusion or disorientation, hallucinations and delusions, or intrusive thoughts or flashbacks.

Example: If an individual is experiencing stress, they may have the cognitive reaction of intrusive thoughts or memories that briefly disrupt their train of thought or the activity they are engaged in. Individuals experiencing stress or distress can usually re-focus on the thought or activity they were engaged in without significant effort or negative impact. Individuals experiencing severe distress are usually not able to re-focus as easily or quickly and are often stuck in ruminative cycles that disrupt their daily functioning.

Individuals experiencing severe distress can also experience the cognitive reaction of flashbacks where they are pulled from the present moment into the past and re-experience/re-live a previous distressing event.

When clients are experiencing severe distress, caseworkers must be vigilant in recognizing if a client is at risk harming themselves or others, indicating a potential safety risk. Signs and symptoms indicating severe distress which could pose a safety risk include:

- Extreme hopelessness, social isolation, withdrawal, or severe depression
- Medical emergencies such as visible wounds, bleeding, or intoxication, whether self-inflicted or otherwise
- Unresponsive, incoherent, comatose, or unconsciousness
- Physical or verbal aggression towards oneself
- Physical or verbal aggression towards others, animals, or objects in the environment
- Uncontrollable disruptive behaviour
- Threats to harm themselves or others
- Statements like, "Everyone would be better off if I were dead"
- Previous suicide attempts or expressions of self-harm, with prior attempts being the most significant risk factor for suicide

If the client is exhibiting these signs and symptoms, the caseworker should promptly seek additional support from their supervisor and refer clients to specialised MHPSS services. Additional information on clients at risk of self-harm and suicide, as well as when to seek additional support and refer can be found later in this annex.

Clients often experience distress due to extreme and prolonged stress from exposure to humanitarian emergencies, often inclusive of displacement, violence, and loss. Expressions of distress and severe distress can manifest differently across individuals based on their culture, age, sexual orientation, gender identity, and other demographics. Caseworkers should work with their supervisors and colleagues to understand what these expressions might look like for their clients before implementing case management services and on an ongoing basis during supportive supervision sessions. This understanding is crucial when working with clients and contextualising materials.

How to use assessments to identify clients experiencing severe distress

The primary purpose of the Basic MHPSS Assessment (Form 5) is to help caseworkers identify signs that a client may be experiencing distress, objectively assess the severity, and monitor changes over time. This form supports caseworkers in identifying challenges the client is facing and action items the caseworker and client can include in the action plan to support the client's mental health and psychosocial wellbeing. This form also aims to identify clients who may require referrals for additional and/or specialised MHPSS services (e.g., MHPSS, GBV, Health, Protection).

This form should be completed as part of the Protection Risk Assessment or after it. If the caseworker observes any changes in the client's distress level or the client reports problems related to their mental health and psychosocial wellbeing, the caseworker may want to complete this form again. Additionally, this form can be used during the mid- and end-line stages of case management to assess progress. Please be aware that this form contains sensitive information that may cause distress to some clients. Caseworkers should be prepared and ready to support a client in distress.

The Basic MHPSS Assessment (Form 5) includes nine questions and the Suicide Risk Assessment. This form also includes an 'open-response' section where caseworkers should write additional comments and observations about the client, including their appearance and behaviour, which could indicate their level of distress and mental health and psychosocial wellbeing. After the client has responded to all nine questions, the caseworker will add up the client's total score.

Total scores will range from 0 to 27. The client's total score can be grouped into five severity levels, described further in the table below.

Minimal *Score range: 0-4*	Clients experience few or no symptoms. They may occasionally feel down, but these feelings are infrequent and fleeting. They continue to perform well in their work, social interactions, and other daily activities without significant issues. Daily functioning is generally unaffected. They might not require any specific treatment but should maintain healthy lifestyle habits to prevent escalation.

Mild *Score range: 5-9*	Clients experience more frequent feelings of sadness or lack of interest, but these symptoms are still manageable. Tasks may feel a bit more challenging, and there might be a slight drop in productivity or social engagement. There is a minor impact on daily life. It might be beneficial to incorporate lifestyle changes such as exercise and/or better sleep to address these mild symptoms.
Moderate *Score range: 10-14*	Clients have symptoms that are more pronounced and persistent, such as frequent sadness, significant loss of interest in activities, and fatigue. Work performance, relationships, and social activities may suffer. Daily functioning is moderately affected. Individuals might struggle with maintaining their usual level of productivity and could benefit from a structured support plan.
Moderately severe *Score range: 15-19*	Clients experience symptoms such as intense sadness, persistent fatigue, and feelings of worthlessness or excessive guilt. Individuals may find it hard to perform at work, maintain relationships, or take care of daily responsibilities. There is a considerable impact on daily functioning. Focused intervention is typically necessary at this stage.
Severe *Score range: 20-27*	Clients experience symptoms that are debilitating. Individuals may experience extreme sadness, hopelessness, lack of energy, and thoughts of death or suicide. It becomes difficult to carry out even simple daily tasks, and there is a high risk of self-harm or suicide. Daily functioning is significantly impaired; clients find it difficult to carry out simple daily tasks. Referrals to focused specialized MHPSS services is needed.

The Basic MHPSS Assessment (Form 5) includes detailed instructions for implementing and scoring this form. If caseworkers are not comfortable completing the Basic MHPSS Assessment with a client, approaching and discussing specific topics of concern with their clients, worried that the client may be at risk of harming themselves or others, or are unable to obtain informed consent from the client to proceed with the referral, they must reach out to their supervisor for additional support on how to address the situation.

Importantly, caseworkers are NOT responsible for diagnosing clients with mental health conditions and SHOULD NOT attempt to do so. If at any time the caseworker has concerns regarding the safety or mental

well-being of clients, it is crucial for the caseworker to promptly notify their supervisor to determine the safest way forward.

When to seek additional support and refer

Caseworkers must seek additional support from their supervisor and refer clients to specialised MHPSS services if:

- The client scores in the “moderately severe” or “severe” range on the Basic MHPSS Assessment;
- The client shows signs of being in severe distress;
- The client indicates risk of self-harm or harming others; and/or
- The caseworker and supervisor feel the client’s MHPSS needs are beyond their scope of practice.

If the client scores in the “severe” range (severity level 20-27) of the Basic MHPSS Assessment, caseworkers should approach the client with concern and discuss options for specialised MHPSS services in the area and obtain their informed consent before making the referral. If the client refuses to be referred to a specialised MHPSS service provider, the caseworker should inform the client that they would like to further discuss with their supervisor on the safest way forward and request the client to stay with them while they make the call. If a client is grouped in the moderately severe level (15-19), the caseworker should also discuss with the client options for specialised MHPSS services in the area and continue to provide focused MHPSS services within their scope of practice.

Self-Harm

Self-harm refers to behaviours that intentionally cause harm to oneself to cope with difficult emotions. It often manifests as cutting, burning, non-suicidal self-injury, or other high-risk behaviours. Importantly, most individuals who engage in self-harm do not intend to end their lives.

Everyone encounters stress and anxiety. While many people manage these feelings by talking to friends and family, some find these difficulties overwhelming. When emotions are not expressed and feelings of distress, anger, or sadness are bottled up, the pressure can become unbearable. Some individuals turn this inward, using their bodies to express thoughts and emotions they cannot verbalise, leading to self-harm.

Self-harm is most prevalent among adolescents and young adults, though it can occur at any age. The reasons for self-harm vary. Known triggers include:

- Significant life changes such as a death, displacement, divorce
- Livelihoods stress, extreme pressure, or fear of failure
- Witnessing or experiencing abuse at school, home, or in relationships
- Witnessing or experiencing a severely distressing or traumatic incident
- Loneliness, feelings of guilt, or feeling unloved
- Low self-esteem or body image issues
- Criticism from family, friends, or community members
- Exposure to violence, including but not limited to gender-based violence

When several of these issues converge, they can become overwhelming. Instead of finding ways to express their feelings, some individuals turn their pain and anger inward. The motivations behind self-harm are diverse and can vary even for a single individual. People may self-harm to express distress, regain control, escape troubling situations, distract from painful memories, feel something when they are otherwise numb, and/or gain a sense of relief. Regardless of the reason, self-harm generally indicates intense emotional pain and distress. Sometimes, for some individuals, it is a way to punish themselves due to feelings of guilt.

It is crucial to understand that if a client is self-harming, they are not doing it for attention. It may be a sign they need support and reassurance to adopt safer coping mechanisms. Self-harm has many causes and varies from person to person; open communication with the client and finding the right support is essential for managing self-harm and aiding recovery.

How to recognize signs of self-harm?

Self-harm manifests in various ways and its frequency varies among individuals—some may engage in it once, while others may do so for many years. Common methods include:

- Cutting, burning, biting, or scratching the skin
- Picking at wounds or scabs to prevent healing
- Pulling out hair, punching, or hitting the body
- Ingesting harmful substances (such as poisons, or misuse of over-the-counter or prescription medications)

Self-harm behaviours come with significant risks. Some prevalent warning signs include:

- New marks on the body, such as bruises, cuts, or burns
- Withdrawal from friends, family, school, and work
- Decline in performance at school, work, or in activities
- Changes in mood, sleep, and eating patterns
- Avoiding activities once enjoyed or places where injuries may be exposed, like a lake or ocean
- Wearing inappropriate clothing to hide wounds
- Making excuses for injuries or behaviours
- Being secretive, hiding sharp or dangerous objects

While these warning signs might suggest self-harm, it's crucial to understand some of these warning signs may also signal other serious issues, such as gender-based violence or intimate partner violence (IPV).

When to seek additional support and refer

If a caseworker notices signs of self-harm in a client, it is crucial that the caseworker handle the situation with empathy, explore support options – in particular MHPSS services specialized in harm reduction, if available – with the client and refer accordingly, and notify and discuss with their supervisor. Caseworkers can also continue to provide MHPSS services within their scope of practice, such as psychoeducation on self-harm and identification of additional, safer coping strategies. If uncomfortable discussing self-harm with their clients, caseworkers should seek guidance from their supervisor. People who self-harm require care, understanding, and support for recovery. Stigma and simply stopping or not allowing the client to harm themselves without identifying and agreeing to try additional, safer coping strategies can be highly detrimental and prevent them from getting the help they need.

Suicidal Ideation

Suicidal ideation includes thoughts or plans about taking one's own life, ranging from fleeting considerations to detailed strategies. Although not everyone experiencing these thoughts will attempt suicide, they are significant indicators of distress and must be taken seriously.

Identifying clients experiencing suicidal ideation is a critical skill for caseworkers. There are many reasons why it might feel difficult or uncomfortable to ask someone if they have thought about or tried to harm themselves or take their own life, but it is important to know that talking about it can bring comfort to the individual and help them to feel less alone. It can also help the caseworker to know how best to support them.

Talking about suicide
There is a common misconception that talking about suicide can increase the likelihood of someone taking their own life. In reality, the opposite is true.[4] Studies have shown that talking about suicide does not increase risk of suicide or cause suicides to happen.[5] Talking about suicide and being heard in a non-judgemental, compassionate way can help a person to access support and decrease their feelings of being all alone in their pain, depression, and fear. By not talking about suicide, feelings of hopelessness and distress can become amplified and the person may feel they have no options or support available to them.[6]

The language to talk about suicide is important. Phrases like "commit suicide" should be avoided as it is connected with the idea that suicide is a criminal or immoral act. While it is possible that suicide is criminalised in certain contexts, it is important that caseworkers do everything they can to help reduce the stigma around suicide to help create a safe environment for people to seek help. According to those with lived experience, the following phrases are more appropriate: attempted suicide, died by suicide, took their own life.[7]

How to recognize warning signs of suicidal ideation?
Recognizing signs of suicidal ideation and supporting clients requires sensitivity, understanding, and prompt action. By identifying the signs and assessing the risk, protection caseworkers can play a crucial role in preventing suicide and providing the necessary support to those in crisis. Warning signs can be categorised into three main types: verbal, behavioural, and situational. Each type provides different clues that, when identified, can help caseworkers intervene appropriately.

Verbal Warning Signs: Individuals experiencing suicidal thoughts may express their distress through verbal cues, whether directly or indirectly.

Direct statements: Explicit mentions of self-harm or suicide such as "I want to die" or "I'm going to kill myself."

Indirect statements: Subtle hints or less direct comments such as "I can't go on," "Everyone would be better off without me," "What's the point of living?", or "no one cares what I do".

Behavioural Warning Signs: Changes in behaviour can sometimes signal that someone is struggling with suicidal thoughts.

Withdrawal: No longer participating in regular activities and isolating from friends, family, or social activities.

Changes in sleep patterns: Either sleeping too much or experiencing insomnia.

Risk-taking behaviours: Engaging in reckless actions, substance abuse, or self-destructive activities.

Giving away possessions: Distributing valued belongings, which may indicate preparations to no longer exist in this world.

Sudden improvement: An unexpected shift from deep sadness to apparent calm or happiness; this might be due to the person deciding to end their struggle by ending their life.

Situational Warning Signs: Certain life circumstances or events can increase the risk of suicidal ideation.

- Recent loss: Experiencing the death of a loved one, a breakup, job loss, or other significant losses.
- Chronic illness or pain: Dealing with prolonged physical or mental health issues.
- High-stress events: Facing overwhelming stress from situations like financial problems, legal issues, or academic pressures.
- History of exposure to adverse life experiences and/or severely distressing events: Previous experiences, including abuse, neglect, or other forms of violence.

A caseworker's vigilance about these warning signs can make a significant difference in the lives of clients. Early identification and intervention can provide individuals with the help they need.

How to assess the risk of suicide?

Risk of suicide can be assessed by: (1) recognizing the warning signs, (2) directly observing the client, (3) reviewing risk and protective factors, and (4) completing the suicide risk assessment with the client. It is also important to be aware of any trends of suicide within the community to understand most commonly used means, availability of means, locations, and specific populations that might be more vulnerable.[8] Assessing risk of suicide can happen at any point when working with a client.

1. *Warming signs that indicate heightened risk:* Recognizing warning signs can be challenging, as each client is unique. It is important to understand the individual and what might not be normal for them. Examples of verbal, behavioural, and situational warning signs have been provided above.
2. *Direct Observations:* Notice signs such as extreme hopelessness, erratic behaviours, impact from chronic illnesses, depressed or anxious mood can be beneficial when assessing for risk. Each individual is unique; some may appear visibly agitated or distressed and verbalise their desire to take their own life, while others may appear apathetic or calm and give no indication at all that they are suicidal.
3. *Protective and Risk Factors:* Protective and risk factors can be at the individual, relationship, community, and societal levels. What can be a protective factor for one person can be a risk factor for another (e.g. closeness to family or religion). It is important to explore the meaning of risk and protective factors with the client rather than make assumptions. Examples of factors that that may increase risk of suicide include:[9]
   - *Individual:* previous suicide attempt, mental conditions, job or financial loss, chronic pain, genetic and biological factors, harmful alcohol or substance use
   - *Relationships:* feelings of isolation and lack of support, violence or conflict within relationships
   - Community: Discrimination, barriers to accessing healthcare, access to means for suicide easily available, exposure to potentially traumatic events, such as abuse, disaster, war and conflict, dislocation

- *Society:* Media reporting sensationalises suicide, stigma towards mental health seeking behaviour

4. *Suicide Risk Assessment:* The Basic MHPSS Assessment (Form 5) includes key questions and guidance on use of the Suicide Risk Assessment.[10] The Suicide Risk Assessment should be completed immediately as a follow up if the client responds "several days", "more than half the days" or "nearly every day" to question nine (9) of the Basic MHPSS Assessment, "Had thoughts that you would be better off dead or of hurting yourself in some way". A copy of the Suicide Risk Assessment, including a script for caseworkers and guidance information can be found in the forms section of this annex.

Key Resource: The EQUIP Platform "Assessing and Supporting People with Suicidal Behaviours"
The EQUIP Platform provides a self-guided course on assessing and supporting those with suicidal behaviours. Within this course, caseworkers can learn more about how to ask about suicide, and how to assess suicidal behaviours, how to determine level of risk, and safety plan for those at risk of suicide. Sample scripts are provided as well as a video to support caseworkers and teams in their learning. To access this course and additional key resources and courses for caseworkers and supervisors, visit www.equipcompetency.org; registration is required and free. To access this course directly, visit https://equipcompetency.org/en-gb/node/929#page-1.

When to seek additional support and refer?
If at any time a caseworker observes warning signs of suicidal ideation in a client, whether through verbal admission or other indicators, or the client indicates risk of suicide when completing the Basic MHPSS Assessment and the Suicide Risk Assessment, it is crucial for the caseworker to take immediate action. The caseworker should inform their supervisor, refer the client to specialised MHPSS services if available with their consent, and continue to provide support within their professional scope of practice. If caseworkers feel uncomfortable discussing suicidal ideation with their clients, it is important they reach out to their supervisor for additional support on how to address the

situation. Additional guidance, including required timeline for the referrals of clients experiencing suicidal ideation, can be found in the Basic MHPSS Assessment (Form 5).

Provision of MHPSS Services

Caseworkers play an essential role in providing MHPSS services to clients and referring clients who are experiencing severe distress, self-harm, and suicidal ideation. Training on how to provide MHPSS services to clients should not be delayed; instead, caseworkers must be prepared and trained in how to provide MHPSS services in advance. Knowing how to support clients, refer when needed, and engage emergency services effectively can significantly reduce stress and complications for caseworkers and ultimately, this preparedness can save the lives of clients.

Key actions for caseworkers include the following:

- *Use Basic Psychosocial Support Skills:* Hold space for the client without immediately trying to fix the issue.
- *Address Acute Distress:* If a client shows signs of acute distress, immediately select and engage in an appropriate focused MHPSS activity to support them.
- *Make Key Referrals:* Inform clients about specialised MHPSS services and other relevant providers (e.g., health, GBV), refer them to the services they consent to, and continue to provide support services within scope of practice.
- *Create a coping plan:* Work with the client to create a coping plan and update the coping plan regularly during the case management process.
- *Provide Focused MHPSS Activities:* During case management sessions, provide focused MHPSS activities that meet the needs of the client.
- *Case Conference:* Caseworkers should actively organize and participate in case conferences with MHPSS service providers to address the client's MHPSS needs. Coordinate with health teams, doctors, psychiatrists, counsellors, and other caseworkers (e.g., GBV) to address bottlenecks (e.g., barriers to accessing care, quality issues, etc.), assign follow-up responsibilities and monitor the client's progress and risk status. Caseworkers are not and should not be the sole source of support for clients experiencing severe distress or at risk of self-harm or suicidal ideation.

- *Create a Suicide Safety Plan:* For clients at risk of suicide, develop and complete a Suicide Safety Plan together.
- *Emergency situations:* If concerned that a client may harm themselves or others, or is in immediate danger, follow pre-established procedures (e.g., do not leave the client alone, complete referral to specialised MHPSS service providers or health provider, contact supervisor, etc.).
- S*eek support from supervisor:* Caseworkers should continuously engage in capacity-building activities and individual and peer-support sessions with their supervisors. Seek immediate guidance from supervisors when questions or concerns arise; waiting to discuss concerns could put the client or caseworker at risk of more harm.
- *Prioritise staff-care and wellbeing:* Caseworkers and their supervisors should ensure that staff-care and wellbeing services are available and prioritised.

The safety of the caseworker is a top priority; prior to implementing services, supervisors and caseworkers should establish a plan to ensure that caseworkers know what to do in situations where they do not feel safe for any reason.

Using **basic psychosocial support skills** can go a long way in supporting someone who is experiencing severe distress. Often when a person feels like they are heard and not judged for their reactions, they will calm naturally. **Psychological First Aid** is a set of skills that can support case workers when working with those in distress or who are at risk. The principles of Look, Listen, and Link will give a structure to follow when things may seem chaotic. Remembering that challenging behaviours are usually coming from a place of hurt, hopelessness, and pain can help to remain empathetic if someone is being difficult.

Tips for working with clients experiencing severe distress

Below are some tips for working with someone who is experiencing distress or severe distress.

1. Stay grounded and calm: Take deep breaths and remain composed. Remember that the client may not have experienced much safety or care from others.
2. Use de-escalation techniques: The use of de-escalation techniques (examples can be found in following section of annex “managing clients experiencing severe distress”).
3. Provide appropriate space: Maintain a safe distance where the client does not feel threatened or confined, yet not too far to seem distant or scared.
4. Use empathy and a neutral tone of voice: Acknowledge and name the emotions the client is exhibiting (e.g., “I can see that you’re very upset right now”) and validate the client’s experience without judgement.
5. Offer water or a walk: If it is safe and appropriate, suggest taking a walk or offer a glass of water to help the client calm down.
6. Engage in emotion regulation activities: If the client has previously practised emotion regulation activities such as grounding or relaxation techniques, suggest doing one of these activities together.
7. Ask neutral questions: Once the client appears to have calmed down a bit, ask neutral questions to ground them in the present moment (e.g., “Can you tell me about your favourite place to relax?”). Continue to build rapport by showing understanding and patience.

Below are some key ‘Do’s and Don’ts’ for when working with someone who is experiencing distress or severe distress.

Do’s	Don’ts
Remember to stay calm. Use a calming tone of voice and speak slowly and clearly.	Avoid appearing upset or anxious (even if that is the reality!). There is a higher chance of the distressed person picking up on heightened emotions and becoming more distressed themselves.

Do's	Don'ts
Treat the person with respect and dignity, even if their behaviours are frustrating or challenging.	Don't try to handle the situation or support the client alone. Always have a plan in place to ensure you can ask for backup support.
Keep open body language and maintain eye contact as appropriate. Try to match the distressed client's level, so if they are sitting on the floor, ask if you can join them.	Avoid standing over the person, as this may feel threatening.
If not a risk to the caseworker, invite the distressed client to a calm, safe environment – ideally a place that feels comfortable and away from others' watching eyes.	Do not stay alone in a room with someone if you are at risk. Immediately activate escalation protocol.
See that basic needs are attended to; perhaps the client needs a drink of water, or to take a deep breath, or would like to have a blanket to warm them up.	If you are not at risk, do not leave the person alone.
Ask permission and give choices where possible. This can give the client a sense of control over the situation and their distress reactions.	Don't attempt to introduce or implement focused MHPSS activities, especially more complex activities, if the client is in acute distress or has expressed they do not want to participate.
Explain what is going on as much as possible in clear and simple language. *"We are going to go to a room that is more private, would that be ok for you?", "I am going to invite my supervisor into the sessions so we can work together to support you. Their name is ______________ and they are very helpful in situations like these."*	Don't immediately ask the person to stop being distressed, if possible. It is important to understand why they are distressed, and often beneficial for them to have a non-judgmental space to have their feelings.

Do’s	Don’ts
Remember that emotions, while sometimes intense and difficult to watch, are important and valuable. It is important that the person be able to have space to express their emotions without judgement.	Don’t wait until a difficult situation emerges to be aware of your organisational protocols in case of urgent situations.
Use basic psychosocial support skills the entire time. Once the person has calmed, continue to use these skills to understand causes of distress.	
After some time, the caseworker can take steps to support the distressed client to feel calmer and more in control of the situation including completing focused MHPSS activities, such as short breathing exercises or a coping strategy of their choice. Knowing what works for the client will work best.	
Ask the client if they would like to invite someone into the space with them who is supportive and that they trust. This can be a relative or friend or anyone they are comfortable with.	
Once calmed, work with the client to understand what is in their control and out of their control, and jointly come up with a coping plan or action plan to address what is in their control.	
Provide continuous follow up and check-ins within the caseworker’s scope of practice.	

Do's	Don'ts
Complete a referral for specialised MHPSS services and additional MHPSS services as needed and with the informed consent of the client.	
Engage in case conferences to ensure appropriate support and address any barriers the client is facing in accessing quality services	

De-escalation techniques for caseworkers[11]

De-escalation for caseworkers is an important skill to have. Natural reactions that happen when we are confronted with aggressive behaviours can be to freeze, walk away, or fight back and argue with the person. It is important for caseworkers to practise de-escalation techniques regularly when faced with difficult situations to be able to manage their own reactions before attempting to manage the distress reactions of the client.

- Remember: safety first! It is essential that the caseworker is physically and psychologically safe. It is important to be in an open space with clear exits. If the client is displaying aggressive behaviours, the caseworker should maintain a safe and comfortable distance from the client and always be ready to activate their organisation's safety protocol.
- Take a deep breath! It can be difficult in the moment to not react, especially when feeling threatened. Taking a deep breath and then doing a quick grounding exercise such reminding oneself of the organizational safety protocol can help to respond calmly to the situation at hand.
- Awareness of physical reactions and body language are always important when working with clients and especially so when de-escalating a situation. Using a calm tone of voice and simple, clear language is important. Be sure to keep hands out in the open and to not turn your back on the client. If possible, stand at an angle so not directly opposing the client. Smiling or laughing may be perceived as a threat, as can direct, consistent eye contact.
- Consider word choice. Be sure to not try to rationalise with a client who is displaying aggressive behaviours or defend yourself. When

clients are experiencing distress or sever distress, they are often not able to be persuaded or convinced. Even if the client says or shouts insults, it is important to stay calm. Do not tell the client to 'calm down' as this may escalate rather than de-escalate the situation.

- Be respectful and treat the client with dignity. Do not shame or judge the client if they displaying aggressive behaviours. Remember their humanity and that there is something that has made them act this way. When connecting to the organizational safety protocol or other support, continue to treat person with dignity and respect, and inform them of what is going on as appropriate.
- It is important caseworkers receive support for themselves after a tense or stressful situation. They may need to take a break from work and talk to a supervisor or a peer. Organisations should make every effort to ensure support is readily available.

Tips for Clients Under the influence of Drugs or Alcohol
A client may also come to session under the influence of drugs or alcohol. For some clients, this may increase their likelihood of displaying aggressive behaviours. If this happens, it is important to immediately use organisational safety protocols to receive assistance and use de-escalation techniques as needed while awaiting assistance.

Tips for Clients in "Fight Mode"
When a person is experiencing distress or severe distress, they may go into "fight" mode (e.g., shouting, swearing, using harsh language, being physically aggressive towards property or people, appearing tense or agitated, etc.). They may have unmet MHPSS needs, situations in their life that feel unmanageable and overwhelming, and have levels of frustration that push them to feel out of control. It is important for caseworkers to remember that a client in 'fight mode' is likely experiencing something distressing and displaying these behaviours/emotions to try and keep themselves safe. The use of de-escalation techniques (examples can be found above or in the following section of annex "managing clients experiencing severe distress"), psychological first aid, and other calming and non-judgmental approaches can often lessen disruptive behaviours so that caseworkers can understand

the cause for the behaviours and make appropriate linkages for support. The caseworker's objective in this situation is to help the client feel safe.

Tips for Clients Who Express the Desire to Harm to Others
If you are working with a client who expresses that they would like to harm another person, it is important to understand the risk level. Even if the client says something like this jokingly, caseworkers are encouraged to explore with the client their meaning and intent. Expressions of harming someone might include:

- *"I am going to kill that person"*
- *"Sometimes I want to strangle them"*
- *"I am going to beat them up"*

If a client uses this kind of language, you can use basic helping skills to explore the meaning and intent behind their words. For example:

- *"I can understand your frustration with that person. It sounds like you have been feeling very hurt and frustrated by them the past few weeks. You mentioned that you would like to kill him. I wanted to check in to see if you have had any thoughts or plans to hurt this person?"*

Caseworkers should follow their organisation's protocols for harm to others, as well as legal and ethical guidance on mandated reporting requirements. Caseworkers should always escalate this to their supervisors.

If a situation feels dangerous or unsafe to the caseworker, it is important to prioritise physical safety. If necessary to leave the room or space to ensure safety, caseworkers should follow their organisation protocols for staff safety and contact their supervisors immediately. Organisation protocols should include information on follow up and next steps for the caseworker and client.

Tips for Working with Clients Experiencing Self-Harm

If the caseworker suspects that a client is self-harming, it is important to approach them with concern and discuss options for referrals for specialised MHPSS services, if available. Caseworkers should avoid trying to force clients to stop the self-harm, as it can exacerbate the situation. Talking about self-harm in a supportive manner can be both safe and beneficial. In addition, caseworkers can support clients to identify additional, safer coping strategies. Caseworkers trained specifically in harm reduction can also support the client with harm reduction techniques. If caseworkers are not comfortable approaching and discussing self-harm with their clients, it is important that they reach out to their supervisor for additional support on how to address the situation.

Tips for Working with Clients Experiencing Suicidal Ideation

If the caseworker has identified a client is at risk of suicide, it is important to know how best to manage that risk. The form section of this annex includes a table called 'Levels of Risk of Suicide and How to Respond' to support caseworkers in understanding the level of risk of suicide and how to respond. Prior to working with clients, caseworkers should be trained on and understand the levels of risk and recommendations on how to respond. When working with clients who are presenting with signs of suicidal ideation, it is important to involve the client by providing them with information and telling them what they can expect along the way to help them feel supported and more comfortable and confident about what is happening. Involving the client can also support the client to feel a sense of control over their life. In medical emergencies this might not always be possible. It is essential that organisational protocols are in place to manage risk, and that all caseworkers have a working knowledge of how to use those protocols.

Sample script for supporting clients at high risk of suicide

The following is a sample script that can be used for supporting clients who are at risk of suicide. Specific actions taken should always reflect organisational protocol, and the script should be contextualised to fit the language and culture that it is being used in. Examples of things that can be adapted include the language used to talk about suicide (while remembering to still ask directly!), and normalisation that suicide is often stigmatised and how the caseworker is not there to judge, but rather support.

Sample script:
I am glad you feel comfortable sharing with me how you are feeling right now. I really appreciate you being open with me. You are not alone. It is common for people to feel this way sometimes and I want to make sure you have the help you need.

You may remember that when we started working together, we talked about the limits of confidentiality and how everything we talk about is kept private unless you or someone else is in immediate danger. This means I won't talk to anyone about you without your permission unless I am concerned for your or someone else's safety.

Given what we talked about today, I think it is important to have other people involved so that we can keep you safe. This is because I care about you and I don't want you to take your own life. I will need to let my supervisor know that you are thinking of taking your life and that you have a plan, and we will need to get you the best kind of care and help we can. I know this all probably sounds very overwhelming, but it is to help keep you safe.

Is there someone who you would like to call who can support you? Perhaps a friend or a family member? They can join us in the session and together we can make a plan to keep you safe.

Suicide Safety Plan
A Suicide Safety Plan can support clients in reducing suicidal thoughts and actions and can be used with anyone who is experiencing risk of suicide, with the exception of those who need to be medically stabilised or are at urgent risk of suicide. Safety plans should be personalised, and are only effective when the information is meaningful to them.

When developing a Suicide Safety Plan with a client, it is important to explore both the warning signs of when the client might be feeling at risk of suicide, and the supports they have in their life to reach out for help. Caseworkers should also explore with the client ways to limit access to means of harm as this is an evidence-based way to prevent suicide.

Developing a Suicide Safety Plan should be as conversational as possible, allowing for the client to explore for themselves what is most meaningful to be included. The Suicide Safety Plan usually takes about 30-45 minutes to complete and caseworkers should not rush through the process with the client. A physical copy should go with the client. The caseworker should keep a copy on file and revisit it regularly with the client. A template for the Suicide Safety Plan can be found at the end of this annex.[12]

Following the completion of the Suicide Safety Plan with the client, caseworkers should help the client to contact one of the supports identified in their Suicide Safety Plan to request accompaniment home or to a calm, safe environment void of any potential means for suicide. When the client's support person arrives, the caseworkers should help the client to explain the client's need for support and inform them of the Suicide Safety Plan. It is important to ensure that the client is not left alone after their disclosure.

Support for loved ones of those at-risk or who have died by suicide

Caring for someone who is at risk of or who has died by suicide can take a heavy toll on wellbeing. In some cases, it can increase risk of suicide for the carer themselves. It is important for caseworkers to also support carers of clients at risk of suicide. Examples of support that can be provided to carers include:

- Psychoeducation on suicide, how to help make an environment safe by restricting means to suicide and self-harm, and how to have healthy boundaries with the person who is at risk of suicide.
- Information on communication skills that can create a supportive space for the person who is at risk of suicide (e.g. validating their feelings and not the desire to end their life, responding in a non-judgemental manner, etc.).
- Psychoeducation on self-care (i.e., care for the carer).
- Information and referrals for additional supports, including counselling, support groups, bereavement and grief groups

Key Resources for more information:

- WHO Instruction on how to start a survivors' group
- WHO messaging for family and friends
- Alliance for Hope: for suicide loss survivors

Follow-up

Follow-up is a vital phase in the case management process, serving as a cornerstone for ensuring the ongoing well-being and safety of clients. This step is critical for several reasons. First, it provides an opportunity to assess the effectiveness of the interventions and support services that have been implemented, allowing for adjustments as needed to meet evolving needs. Second, regular follow-up helps build trust and rapport between caseworkers and clients, fostering a sense of stability and continuity. It also enables early detection of any new or recurring issues, ensuring timely and appropriate responses. By maintaining consistent contact, follow-up strengthens the accountability of all parties involved and reinforces the commitment to achieving long-term positive outcomes for the clients being supported.

Key considerations for follow-up include:

- *Team approach:* Caseworkers should not be the sole providers of support for clients in distress, severe distress, or at urgent risk of suicide. Caseworkers should regularly discuss clients in distress, severe distress, or at urgent risk of suicide with their supervisors in individual supervision. Caseworkers may also seek support from other caseworkers during group supervision, case management meetings, or peer support sessions without sharing any of their client's identifying information.
- *Maintaining contact:* Caseworkers should maintain regular contact with the client for the first two months, following organisational protocols (e.g., home visits, phone calls, scheduled appointments). Caseworkers should continue follow-up as long as risk is present, adjusting the frequency as needed.
- *Making referrals:* If specialised MHPSS providers and other practitioners are available and not already part of the client's care team, discuss these service options as relevant with the client and obtain their informed consent before making the referrals. If the client does not consent to working with specialised MHPSS providers and other practitioners, the caseworker must discuss with their supervisor on the safest way forward.
- *Case conference:* Collaborate and convene case conferences as needed with other service providers involved in the client's care such as doctors, nurses, psychiatrists, counsellors, and other caseworkers (e.g., GBV) with the consent of the client to troubleshoot barriers to accessing care and/or meeting client goals, and to monitor the client's progress and risk status.

- *Routine assessments:* At each point of contact during the first two months, the caseworker should ask the client about thoughts of suicide and explore their risk. If the client is not improving, refer them for specialist support and maintain or increase regular contact until improvement is seen.

By incorporating these considerations into the case management process, caseworkers can ensure comprehensive support for and continuous monitoring of clients in distress, severe distress, or at urgent risk of suicide.

If the Client Does Not Return
There are some situations in which the client may not return to services. This can happen for a number of reasons: perhaps they have chosen not to or they are receiving support in other places. The caseworker should reach out as usual for missed appointments. If an emergency contact person is on file, they should reach out to that person. If that person has not previously been involved in care, it is important to maintain the client's privacy while still checking in on their safety. Case conferencing with other practitioners will also help to understand the situation and if there is cause for concern.

Staff Wellbeing
Caseworkers need to have access to their own support services when working with clients in distress, severe distress, and/or at urgent risk of suicide. This is especially important if a client has died by suicide or if there was an incident of aggression or hostility. This type of work adds pressure and responsibility, and it is important to have time and space to reflect, and to process with a supervisor and other trusted providers. Supervisors should regularly check-in with their caseworkers to offer emotional support and help strengthen skills to work with clients in distress, severe distress, and/or at urgent risk of suicide.

For additional key information on follow-up, caseworkers should refer to case closure in Module 4.

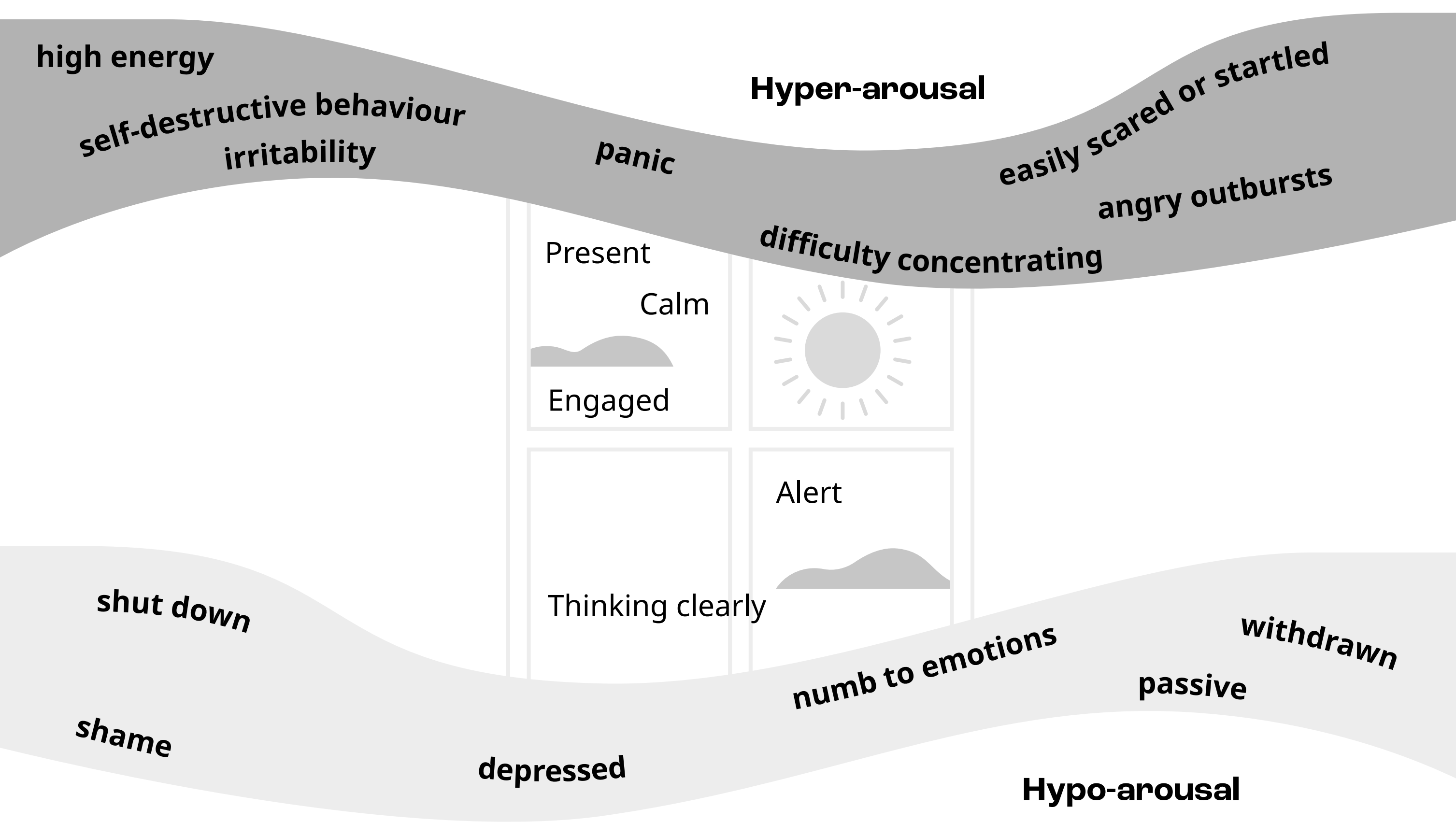
Click here to enter text.Seminal Global Resources, Guidelines and Tools:

- ☐ ...
- ☐ ...
- ☐ ...

Handouts & Forms

Handout 1: Window of Tolerance

The window of tolerance is a term used to describe the “zone of arousal” or the right amount of stimulation in which a person is able to function effectively. When someone is within their window of tolerance, they can handle the ups and downs of daily life while remaining relatively stable, and process information and respond to the demands of everyday life without too much difficulty. Their brain functions well, allowing them to think rationally and make decisions without feeling overwhelmed or withdrawn.



When someone is operating outside of their window of tolerance, this indicates a problem. Extreme stress can push someone outside this window, leading to hyper-arousal (increased responsiveness to stimuli) or hypo-arousal (decreased responsiveness to stimuli), compromising their ability to cope and respond appropriately. Hyper-arousal and hypo-arousal are forms of self-protection and are also considered ‘survival mode’. In either of these states, an individual may become unable to process stimuli effectively.

Hyper-arousal: When someone is above their window of tolerance, they are experiencing hyperarousal or overactivation of the nervous system. Hyper-arousal, otherwise known as the “fight/flight” response, is often characterised by hypervigilance, feelings of anxiety or anger and/or panic and racing thoughts.

Hypo-arousal: When someone is below their window of tolerance, they are experiencing hypo-arousal or under-activation of the nervous system. Hypo-arousal is a state of shut down where an individual has stopped acting or reacting. This state may cause feelings of emotional numbness, emptiness, or paralysis, as well as restricted functioning and social withdrawal.

Each individual’s window of tolerance varies. Those with a narrow window of tolerance may find their emotions intense and difficult to manage, while those with a wider window of tolerance can handle intense emotions or situations without significant impact. The window of tolerance can also be affected by the environment: people are generally more able to remain within their window when they feel safe and supported. Distress or severe distress can push someone into hyper-arousal or hypo-arousal, especially for those who have experienced exposure to adverse life experiences such as war, displacement, or famine, resulting in a smaller window of tolerance.

Caseworkers can support clients to expand their window of tolerance and support clients in distress or severe distress to move back into their window of tolerance by providing MHPSS services.

Template for High-Risk Referral Contact List

To be completed by caseworker and regularly updated to include safe referrals for those who are in distress or severe distress and for emergency situations (e.g., urgent risk of suicide).

Location	Focal point/ organisation, resource	Contact information	Language(s)
Organisational focal points and supervisors			
On-site	Jane Smith, supervisor	555-55555 jane@smith.com	Dari, Pashto, English
Medical emergency services for immediate risk			
Main street hospita	Dr. Brown	454-5544 drbrown@hospital.com	Dari, English, Arabic
Ambulance service			
Emergency Room			

Location	Focal point/ organisation, resource	Contact information	Language(s)
Mental health and psychosocial support resources			
Main street community health centre	Aysha Brown	444-7777 Aysha@cmh.com	Dari, Pashto, English
General emergency/other			
Other important info			

Checklist for Managing Severe Distress

This checklist supports caseworkers, supervisors, and organisations to provide support to clients experiencing severe distress, particularly clients who are at risk of self-harm or suicide. The checklist provides a minimum standard; organisations may add additional steps to enhance support for high-risk clients. Caseworkers should contact their supervisor if any items on the checklist are missing within their program/organisation. Key considerations are included for: prior to engaging clients experiencing severe distress, while providing services to clients experiencing severe distress, and after referring clients experiencing severe distress to specialised/ additional services to support their needs.

Table 1: Prior to engaging clients experiencing severe distress

Caseworkers	✔	Supervisors	✔	Organisations	✔
Participate in trainings on managing risk, de-escalation, and suicide prevention Engage in supervision to ensure confidence in identifying and managing risk Confirm organisational safety policies for managing risk and clarify anything that is unclear Complete High Risk Referral Contact List template (see page 636)		Ensure completion of risk management training and how to manage risk within supervision Confirm duration, frequency, modality, and timing of supervision with caseworkers Ensure organisational safety policies, tools for assessing and responding to risk of suicide, and referral pathways are in place and understood by caseworkers		Ensure access to risk management training for all caseworkers Ensure that risk management is part of induction process for all new staff Ensure availability of staff trained to identify and manage risk Ensure availability of supervision for caseworkers with those experienced in managing risk	

Caseworkers	✔	Supervisors	✔	Organisations	✔
Ensure awareness of referral pathway and how to establish contact				Ensure service mapping and referral pathways exist and are regularly updated Establish feedback mechanism for caseworkers and supervisors about risk management	

Table 2: While providing services to clients experiencing severe distress

Caseworkers	✔	Supervisors	✔	Organisations	✔
Be able to identify risk through MHPSS assessment and follow up questions Be able to identify and assess risk at any point of case management process (not just at assessment) Be aware of levels of risk and actions to take for each level Know how to follow organisational safety policies		Ensure regular supervision for those working with clients experiencing severe distress Ensure organizational safety policies are in place and the availability of immediate support for clients experiencing severe distress and/ or at urgent risk of suicide		Ensure safety policies and protocols in place for managing emergency situations Ensure availability of supervision for all caseworkers Ensure availability of regular training and refresher trainings on managing risk Ensure staff care mechanisms in place to support staff working with those at-risk including referral pathways for those affected by loss	

Caseworkers	✔	Supervisors	✔	Organisations	✔
Be aware of referral pathways for those who are at risk and how to make safe referrals Keep High Risk Referral Contact List up to date Be able to complete Suicide Safety Plan for those at risk of self-harm and suicide Ensure continuous check-ins with clients experiencing sever distress, including regular review of Suicide Safety Plan for those at risk of suicide Participate in case conferences as applicable and needed		Ensure referral pathways are up-to-date and maintain relationships with external service providers		Ensure that relationships are established and maintained with primary healthcare centres and other healthcare facilities who can work with those who are high risk Maintain feedback mechanism for caseworkers and supervisors about risk management; revise protocols as needed	

Table 3: After referral to specialised/ additional services to support clients experiencing severe distress

Caseworkers	✔	Supervisors	✔	Organisations	✔
Engage in case conferences as needed and take action according to what is agreed upon in the case conference		Provide ongoing supervision		Ensure referral pathways are functioning, safe, and effective	

Caseworkers	✔	Supervisors	✔	Organisations	✔
Participate in supervision and reflect on clients and impact on self, and if additional skills are desired Access Duty of Care support as needed to manage impact of working with clients experiencing severe distress		Support caseworkers in facilitating case conferences as needed Determine if caseworkers need or desire additional skills to support continuous growth in ability managing risk Engage in own supervision on regular basis		Ensure access of supervision and Duty of Care supports for all caseworkers and their supervisors	

Suicide Risk Assessment

This form includes the Suicide Risk Assessment. These questions can also be found included at the end of the Basic MHPSS Assessment (Form 5); they should be completed as a follow-up if client responds 'several days', 'more than half the days', or 'nearly every day' to the suicide ideation question (i.e., question 9) of the Basic MHPSS Assessment (Form 5).[13]

Introduce the Suicide Risk Assessment (i.e., optional script): *"Oftentimes when people have been experiencing challenges or emotional difficulties in their life, they can begin to feel sad or hopeless, and have thoughts of ending their own life. It is important to know that this is not uncommon, and that people often feel better after talking about it. I will ask you some questions on the thoughts you have been having. The reason I am asking these questions is because your responses will help me to connect you to the right type of support. Would it be ok if we continued?"*

If the client does not want to continue with the Suicide Risk Assessment questions, inform them of specialized MHPSS services if available and request their consent to refer them to the specialized MHPSS provider

for assessment and support. If the client does not consent to the referral or if no specialized MHPSS provider exists, the caseworker must contact their supervisor immediately to discuss the safest way forward. The caseworker should inform the client of the need to call their supervisor and ask the client to stay with them as they call.

If the client answers ‘several days’, ‘more than half the days’, or ‘nearly every day’ to question 9, continue with the Suicide Risk Assessment	
A. In the past month, have you had serious thoughts or plans to end your own life? *Guidance: If the client responds ‘no’ to Question A, thank them for answering your question and inform them of specialized MHPSS services if available. Request their consent to proceed with a referral to the specialized MHPSS provider for further assessment and MHPSS service provision. This should also be done if the client declines to complete the suicide risk assessment because without further information, the client should be categorized as a high-risk client and be referred for specialized MHPSS services. If the client does not consent to the referral, you must contact your supervisor immediately to discuss the safest way forward.*	☐ Yes ☐ No
B. If yes, what plans have you made or actions have you taken to end your life? *Guidance: Plans or actions could mean the client has plans to or has obtained items (e.g., poison, a knife) to aide in ending their own life, or has previously attempted to end their own life.*	Write response here:

C. Do you have plans to end your life in the next two weeks? *Guidance: If 'yes' or 'unsure', ask the client to describe their plan to you. The aim is to understand whether the client is planning on ending their life in the immediate future. If the answer is yes, and/or the client has a plan to end their life in the immediate future, or you are unsure, then inform the client that you would like to conduct a referral to a specialised service provider. If the client does not provide consent to be referred, inform the client that you must contact your supervisor for additional guidance and ask the client to remain with you as you call.*	☐ Yes ☐ No ☐ Unsure Write response here:

Table 4: Levels of risk of suicide and how to respond[14]

Level	Indicators	Response
Low	Thoughts of suicide, but no plan or access to means to self-harm Thoughts or plans to self- harm in past month, or an act of self-harm in the past year.	Provide immediate psychosocial support services (e.g., psychoeducation about suicide, use basic psychosocial skills to normalise client's feelings, create safe non-judgemental space) Create Suicide Safety Plan (refer to Annex 4.3) Activate social supports that are meaningful to client (e.g. family member, friend, trusted member of community) Connect with supervisor

Level	Indicators	Response
Low		Provide ongoing psychosocial support services as a part of your case management services (e.g., regularly check- in about thoughts of suicide, continue to educate about suicide, use psychosocial skills to promote trust and safety) Refer with client's consent to additional support services to address key needs/ risks highlighted by client (e.g., livelihoods, GBV, health, food distribution, etc.) Refer with client's consent to additional MHPSS services, including but not limited to specialized MHPSS supports, as needed Follow-up and check-in regularly with the client about their own safety
High	Has thoughts of suicide and plans for suicide in the last two weeks Access to means to end their own life Previous attempt to take their own life in past year or thoughts and plan in past month	Do not leave the client alone Connect with supervisor immediately Complete the Suicide Safety Plan with the client (refer to Annex 4.3) Remove any means for harm (e.g. consider windows if on top floor, sharp objects, ingestible toxins)

Level	Indicators	Response
High		Move to safe supportive environment that allows for privacy and easy access to support if needed Invite supportive person of the client's choice to join Invite supportive person to be with client and provide psychoeducation on steps that can be taken to help to ensure safety of client Provide psychoeducation to client and support person (e.g., about how to promote safety, how to connect to support, how to care for the carer) see accompanying text box for additional resources Refer with client's consent to specialist mental health providers who are equipped to support those at risk of suicide (e.g., medical support, specialised mental health provider) Engage in regular follow- up during the first two months and continue to ask about risk Continue to provide psychosocial and suicide management support during follow up

Level	Indicators	Response
High		Case conference with providers engaged in supporting the client (e.g. members of health team, doctors, psychiatrist, psychologist/ counsellor)
Emergency	Physical indicators such as signs of poisoning, bleeding from wound that is self-inflicted, loss of consciousness	Activate organizational safety policy immediately to access medical services to medically and/ or psychologically stabilise the client. Assist person to be brought to a secure and supportive environment in a healthcare setting that is equipped to support those who are at risk of suicide. Ensure client is told what is going on in way that ensures their dignity, and give choices when possible. Do not leave person alone. Stay with person until you have passed care to another individual. Provide psychosocial support to client's support person(e.g. carers). Continue to provide support after stabilised and case conference as needed.

Endnotes

1 For more information about terminology, see: McBride, K., Engels, E. Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021.Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021. Padmanathan P, Biddle L, Hall K, Scowcroft E, Nielsen E, Knipe D. (2019) Language use and suicide: An online cross-sectional survey. PLoS ONE 14(6): e0217473. https://doi.org/10.1371/journal.pone.0217473. Retrieved from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0217473

2 Definitions adapted from https://pscentre.org/wp-content/uploads/2019/07/PFA-Intro-low.pdf

3 This template has been adapted from IRC's template escalation protocol for acute protection concerns

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8 Inter-Agency Standing Committee (IASC). Guidance Note: Addressing Suicide in Humanitarian Settings. IASC, Geneva, 2022.

9 Adapted from: World Health Organization (2014). Preventing suicide: A global imperative and Inter-Agency Standing Committee (IASC). Guidance Note: Addressing Suicide in Humanitarian Settings. IASC, Geneva, 2022.

10 Questions adapted from: Ensuring Quality in Psychological Support (EQUIP) Assessing and Supporting People with Suicidal Behaviours, McBride, K., Engels, E. Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021.Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021.

11 Adapted from INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM) (2023). *IOM CASE MANAGEMENT GUIDELINES*. IOM, GENEVA, Box 15. https://publications.iom.int/books/iom-case-management-guidelines

12 Adapted from IFRC Reference Centre for Psychosocial Support and Suicide Prevention, and Suicide Prevention during Covid-19

13 Questions adapted from: Ensuring Quality in Psychological Support (EQUIP) Assessing and Supporting People with Suicidal Behaviours, McBride, K., Engels, E. Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021.Suicide Prevention. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2021.

14 MhGap, IFRC publication TBC after review