Creating Connections

Sexual and reproductive health & gender rights education

Optional additional sessions for adolescents

Creating Connections is a parent and adolescent education program. This version of the program brings together activities that have been developed for a range of countries in the Asia Pacific region.
Creating Connections: Sexual and reproductive health and gender rights education. Optional additional sessions for adolescents

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Welcome to Creating Connections

Education programs can help to promote sexual health, reduce violence, and build resilience in adolescents and young people. However, social and cultural conditions can work against open dialogue about sensitive issues. Creating Connections aims to address this challenge by using an evidence-based and theoretically-informed approach to provide participants with the confidence, knowledge and skills that they need to talk about social, mental, physical and sexual health issues.

Creating Connections is a comprehensive life-skills based education program targeted at adolescents and parents of adolescents. In the adolescent program, learning activities are designed to build knowledge and skills that enable adolescents to make well-informed, healthy and respectful choices about sexuality and relationships. It includes a focus on building personal resilience and also on providing support to peers. The adult program aims to ensure that parents are well-informed about sexual and reproductive health, and rights. It includes activities designed to build parents’ skills and confidence to talk to partners and children about gender and sexual and reproductive health.

Areas of focus include sexual and reproductive health, understanding gender and gender rights, respectful relationships, help-seeking, peer support, violence prevention, positive coping, and self-care. Each session builds on the next and all sessions involve a combination of knowledge building, critical thinking and skills practice. The theme of friendship and peer support is reinforced throughout.

The session outline provided in this manual is designed to bring parents and adolescents together to build connections and intergenerational dialogue following their earlier experiences in the adult or adolescent program. The activities in this session explore pressures, choices and strategies in relation to gender, sex and relationships. They aim to build comfort and confidence in talking about sex, relationships and gender rights. The session is designed to be delivered following the delivery of the parent and adolescent core programs, and may be co-facilitated by the participants as a way of sharing their previous learning.

Creating Connections materials available for download:

- Creating Connections Introduction & Facilitator Tips
- Creating Connections for Adolescents (Core Sessions)
- Creating Connections for Adolescents (Optional Sessions)
- Creating Connections for Parents
- Creating Connections Joint Adolescent & Parent Session
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Preventing interpersonal violence

Objectives

• To build friendship and support between participants
• To define different types of interpersonal violence and their immediate and long-term consequences
• To identify non-violent alternatives to interpersonal conflict
• To explore violence prevention strategies

Equipment

• Slips of paper and pens
• Flipcharts and markers
• Witnessing violence scenarios (copy and cut up 1 set)
• Questions box and slips of paper

1. Moving together as one game

10+ minutes

a. Ask participants to stand in a circle. Explain that in this game you (the facilitator) will start by making slow movements and the aim is for everyone else in the group to mirror these movements. The effect will be that it looks as though everyone is moving together as one.

b. Aim for a slow meditative style, such as is seen in Tai Chi. After a while you can name one of the participants to take over as leader, emphasising the need for slow motion. Invite them to pass the leadership on once they have had a turn.

c. Ask for key messages from the game.

Possible messages: In this game there is a leader, but the whole group has to work together as a team. Changing problems related to violence also requires leadership from key people, but it also takes a group effort. There are many ways that everyone – including young people – can take a leadership role in violence prevention efforts.

Before this session, identify some of the services that are available to help people if they have experienced, or know someone who has experienced, sexual violence. Anticipate that in any group there may be more than one person who has experienced sexual violence. Tell participants about where people can get help. Add extra activities if you need to lighten the mood. Avoid disclosures and the re-telling of personal stories as they can be upsetting and distract attention from the focus on prevention or intervention strategies.
2. Violence affecting young people

5+ minutes

a. Explain that in this activity participants will work in groups to brainstorm the different kinds of interpersonal violence that young people can experience in different settings. The experience of violence may be as a survivor (or victim), a perpetrator or a witness.

b. Arrange participants into five groups, allocating each group a setting:
   - Home
   - School
   - Relationships
   - Camps (e.g. camps for refugee and/or displaced persons)
   - Public places (street, public transportation etc.)

c. Ask groups to write each example of violence on a slip of paper as they carry out the brainstorm.

d. Ask one group to report back for each setting. Ask others to add if they have any additional ideas.

e. During the brainstorm, discuss: Is violence experienced differently for girls and boys? Children, youth and adults? Richer and poorer people?

f. Point out that we can group interpersonal violence into categories – like physical violence, sexual violence and psychological violence. Some kinds of violence fit into more than one category.

   Psychological violence involves threatening, abusing, scaring, humiliating or shaming people – so they feel bad even though no one has touched them.

   Physical violence involves hurting the body or harming people's belongings or possessions.

   Sexual violence means having sexual contact without the permission of the other person. This includes rape, and also other non-penetrative sexual contact like touching sexual parts of the body without permission.

Choose settings that are relevant to your local context.

When talking about violence, some people prefer to use the word 'target' rather than 'victim' to imply that the perpetrator made a choice and that their act was deliberate. Some prefer to use the word 'survivor' rather than the word 'victim' as they find this word more suggestive of strength and recovery. Others prefer the word 'victim' as suggesting the innocence of the targeted party.

g. Point out that the first step to preventing and responding to violence in our community is to identify the kinds of violence that happen. There are many different forms of violence and some people are more vulnerable to experiencing violence than others.
3. The problem-solving tree

⏰ 30+ minutes

a. Explain that in this activity, groups will use a model to help them think about the underlying causes of violence and some of the actions that can be taken to prevent or reduce violence.

b. Draw an example tree model for the group. Write the kind of violence on the trunk, the possible causes on the roots, the strategies that could be used to prevent or reduce the violence on the branches and the possible results of our strategies on the leaves.

c. Divide participants into groups of around 4. Invite each group to choose one of the kinds of violence that was identified in Activity 2 to be used as their problem.

d. They can start by drawing a tree and writing their problem on the trunk. Then brainstorm the causes onto the roots, the strategies onto the branches and some of the expected outcomes onto the leaves.

e. Ask one person from each group to present on one of the ‘causes’ and a strategy they suggested.

f. Highlight that there are usually many root causes for different forms of violence. Some are difficult to change, while some can be changed more easily. Violence prevention efforts should address underlying causes such as those shown on the roots of the tree. Note that when considering solutions, it is important to think ahead about the consequences of these solutions as there is a risk that the solution may lead to the development of new problems associated with violence.
4. Responding to interpersonal violence

30+ minutes

a. Introduce the following three-step model which can be used to guide responses to interpersonal violence (it is useful to present the model on the board or on a flipchart for participants to refer to). The model helps people think about the following:

**Level 1: Safety & self-care**
The actions an individual takes in the immediate situation to address their need for a safe outcome. (What should they do?)

**Level 2: Telling & reporting**
The actions an individual can take to report the violence and/or ask for help and from whom. (Who should they tell? How can they say exactly what happened?)

**Level 3: Acting for change**
The work that can be done with others at the family/school/community level to prevent this kind of violence from happening (e.g. education and awareness).

b. Invite each group to choose one of the kinds of violence that was identified in Activity 2 as their focus for this task. They should then work as a group to map the different actions that could be taken by people (either the survivor or a witness) at each of the three different levels. Encourage them to name as many actions as possible.

c. Example mapping matrix

<table>
<thead>
<tr>
<th>Type of violence:</th>
<th>Level 1: Safety &amp; self-care</th>
<th>Possible actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Telling &amp; reporting</td>
<td>Possible actions:</td>
<td></td>
</tr>
<tr>
<td>Level 3: Acting for change</td>
<td>Possible actions:</td>
<td></td>
</tr>
</tbody>
</table>

d. Invite groups to share their ideas.

e. Ask participants what they see as key messages from this activity.
f. Possible messages: When thinking about proactive responses to violence, we need to think about actions to ensure safety in the immediate situation, as well as actions to seek help and actions to create preventative change. The following questions can be helpful:

- *What can a person do in the immediate situation to ensure a safe outcome?*
- *How can a person report this event to others in order to get support?*
- *What needs to happen in the broader community to prevent this happening in the first place?*

5. Witnessing interpersonal violence – What can I do?

30+ minutes

a. Explain that even when people are not involved in interpersonal violence themselves, it can still affect them. When people witness other people being violent, it is difficult to know what to do. People worry that if they get involved they might get hurt or make the situation worse for the victim. In this activity we will think of advice for people who witness violence. Note that witnessing violence can include both seeing violence in action or hearing about it.

b. Divide participants into groups of 4 or 5.

c. Provide each group with a scenario. Alternatively, choose one scenario to read aloud.

d. Ask groups to brainstorm answers to the question: What could the character do? Ask them to think of at least three possible actions that the person could take. Once they have finished, ask them to come to the front for another scenario.

e. After the groups have discussed some scenarios, ask one or two groups to feed back the advice they gave. Ask other groups to add ideas. Invite discussion and comment to explore possible consequences. If the person did that, what might happen as a result? If the person did nothing, what might happen?

f. Highlight that it can be difficult to know what to do if we see or hear about violence. This activity helps us think of a range of strategies. Sometimes it is okay to get involved and tell people to stop directly. Other times it is more sensible to report the incident to someone else.
6. Questions and reflection

5+ minutes

a. Provide paper and pens so that participants can write some questions for the questions box if they would like to.

b. Ask the group to think of some take-home messages or information from this session that they can pass on verbally to their friends and family. Ask for some volunteers to share.

7. The back to back strength game

10+ minutes

a. Explain that to work towards communities that are violence free, people have to work together and look out for each other. It is important for people to feel strong if they are going to stand up to violence. In the next game, the challenge is to use strength plus cooperation to face a challenge.

b. Arrange participants into same-sex pairs.

c. Ask pairs to stand back to back and lean their backs against each other. Without separating, they must sit. Once sitting they must move to a standing position again. They then try to move around the room, changing direction and moving around an obstacle course, without coming apart – the backs must stay in full contact. (Those who develop good skills will be able to do this quickly. They may communicate or develop a technique, such as walking sideways).

d. At the end of the game, ask the group to watch one or two pairs who have developed good skills. Ask the group to explain what helps to do this well.

e. Ask the group for key messages from the game. Ask them to think about where people need these skills in their everyday life.

Possible messages: People need to cooperate and to communicate in order to solve a problem. Cooperation and communication is the alternative to violence. Through team work and good communication, we can make things that are difficult become much easier.

8. Design a community anti-violence campaign (Optional)

Remind participants that it is the responsibility of everyone to work towards ensuring people have access to their human rights, including the right to
freedom from violence. Challenge individuals or small groups to design a song or a slogan or a poster with an anti-violence message that they can share in future sessions. If you have the resources, encourage friendly competition. You could provide prizes such as:

- Most creative
- Strongest message
- Best team work
- Best anti-violence message for men
- Best anti-violence message for women
Witnessing violence scenarios

A selection of scenarios developed for the Philippines and Bangladesh

(Copy and cut up 1 set)

When we are out at night one of my friends is always teasing the girls. I can see they don't like it. He is always bragging. My sister tells me that her girlfriends are frightened of him.

What could I do?
What could I say to my friend?
What could I say to a trusted adult?

When I was walking with my sister, some of the girls from her school shouted means names at her. She told me that yesterday when she was walking home, they took her book and threw it in the dirt. She thinks something worse will happen next time.

What could I do?
What could I say to the girls from my sister’s school?
What could I say to a trusted adult?

Sometimes we hang out around at the market. My friends get bored and then they tease some of the younger kids and give them a hard time. I don’t join in. I only watch. Last week they roughed up my little cousin. My cousin had bruises afterwards. Later my cousin asked me why I did nothing to stop them.

What could I do?
What could I say to my friends?
What could I say to a trusted adult?

When my neighbour gets angry, he beats his wife, and sometimes their young children too. I hear them crying. My father says it is not my business, but I want him to stop. When my father is angry he argues and yells, but he does not hit my mother.

What could I do?
What can I say to my neighbour?
What could I say to a trusted adult?
When we are walking home from school my friend thinks it is funny to deliberately bump up against the girls walking in the other direction. I can tell this makes the girls feel uncomfortable and scared.

What can I do?
What could I say to him?
What could I say to a trusted adult?

On the bus, a group of boys from my school shout out mean comments to a boy. They say he acts like a girl and they call him rude names.

What could I do?
What could I say to the boys?
What could I say to a trusted adult?

My best friend Zahid has a girlfriend who he says he is in love with. Last weekend he saw his girlfriend talking to another boy. He went crazy with jealousy and started screaming at her and pushing the other boy to the ground.

What could I do?
What could I say to my best friend?
What could I say to a trusted adult?

I am worried about my friend Siska. She sometimes comes to school with bruises on her face and arms. Every time she has an excuse, like falling off her bike or slipping on the stairs. I think that Siska might be getting hit at home.

What could I do?
What could I say to Siska?
What could I say to a trusted adult?
On the weekend, we were hanging out next to the beach. Some of the boys were swimming. One of the boys did not want to swim, but some of the older boys grabbed him and threw him into the water. He looked scared and I don't think he knew how to swim.

**What could we do?**

**What could I say to the boys who threw him in the water?**

**What could we say to a trusted adult?**

My cousin says she is worried. She and her fiancé have started having sex, but her boyfriend refuses to use a condom. She doesn't know much about STIs, but she knows that she might get pregnant. She has tried to refuse to have sex unless they use a condom, but he says that as his fiancé, she does not have a choice.

**What could I do?**

**What could I say to my cousin?**

**What could I say to a trusted adult?**

My close friend from childhood recently told me that he is being bullied by some of the other boys on our street. He said that ever since he told them that he thinks he is attracted to other boys a couple of people have threatened to beat him.

**What could I do?**

**What could I say to my friend?**

**What could I say to a trusted adult?**

We were out at a friend's house and most people were drinking alcohol. My best friend's boyfriend gets aggressive when he drinks alcohol. On this night he got frustrated with her for interrupting him and threatened to beat her when they left the party. A few people looked anxious, but no one said anything at the time.

**What could I do?**

**What could I say to my friend?**

**What could I say to a trusted adult?**
Alcohol, drugs and peer pressure

Objectives

- To build friendship and support between participants
- To provide knowledge about alcohol and drugs and the association of their use with risky behaviour
- To identify the relative risks associated with different alcohol and drug use practices
- To think critically about strategies for safety and self-care in situations involving alcohol and drugs

Equipment

- Risk ranking cards (copy and cut up 2 or 3 sets)
- Flipcharts and markers
- Fortune game cards (copy and cut up 1 set)
- 3 containers
- Animal cards (copy and cut up 1 set)
- Questions box and slips of paper

1. Robot and controller game

10+ minutes

a. Welcome participants back to the group. Explain that in this session they will focus more on friendships, and especially on peer pressure. They will think about how to keep themselves safe in social situations.

b. Organise participants into pairs. One will be the robot and one the controller. The controller stands opposite the robot and raises one hand with the palm facing the robot's face. The robot must keep their face the same distance from the controller's hand at all times. The controller will signal through hand movement where they want the robot to move as they take the robot for a walk around the room. This should be done without speaking. The controller may move the robot forward or backwards, up or down, as they progress around the room. Play for one minute.

c. Signal that it is time to swap roles.

d. Repeat the game for one minute.

e. Stop the game.

f. Ask participants for key messages from the game.
Possible messages: Sometimes people around us might try to influence us to do things that we would rather not do. This is called negative peer pressure. It is important to have strategies to be able to resist negative peer pressure, especially in situations that involve risky behaviour.

2. Information about alcohol and other drugs
   ![15+ minutes]
   a. Use the fact sheet provided to give basic information about alcohol and its effects in a small amount, large amount and with heavy use over time.
   b. Provide some basic information about drugs such as tobacco, marijuana and methamphetamines. Information about these drugs is also provided in the fact sheet.
   c. Use your judgement to decide whether or not to provide information about tobacco and other drugs. If these drugs are a problem in your local context, it is good to provide some basic information.
   d. Highlight that it is important that we have good information about alcohol and other drugs so that we can keep ourselves and others safe from the harms associated with drug use. Many people who try alcohol or drugs for the first time are not aware of the risks. This might lead them to make bad decisions.

3. Exploring reasons for alcohol and other drug use and non-use
   ![10+ minutes]
   a. Explain that there are different reasons why people drink alcohol or use other mood altering or recreational drugs. Sometimes it is the reasons for use that make the drug use more risky. There are also many reasons people have for not using alcohol or other recreational drugs. The next activity will help us think about these different reasons.
   b. Organise participants into groups of about 5 or 6.
   c. Ask groups to brainstorm on one side of the page the reasons why some young people drink alcohol or use other drugs. On the other side, they should brainstorm the reasons why some young people choose not to drink alcohol or take other drugs, or not to drink alcohol at certain times (see example on next page).
   d. Ask the groups to then put a mark next to the reasons for use that they think are the most likely to be associated with short term (S) and for longer term (L) risk or harm and discuss why.
   e. Ask them to report back to the group.
f. Ask for key messages from the activity.

**Possible messages:** There are many different reasons why people choose to use alcohol and drugs and even more reasons as to why people choose not to use them at all, or only to use them at certain times. It is very important for young people to understand what the influences on their decisions are, be aware of the effects of drugs, and know how to make good decisions for themselves.

Example:

<table>
<thead>
<tr>
<th>Reasons for using alcohol and drugs</th>
<th>Reasons for not using alcohol and drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Curiosity</td>
<td>• Fear of consequences</td>
</tr>
<tr>
<td>• Pleasure</td>
<td>• Lack of knowledge of consequences</td>
</tr>
<tr>
<td>• To relieve stress</td>
<td>• Against personal values</td>
</tr>
<tr>
<td>• Wanting to escape reality</td>
<td>• Against religion</td>
</tr>
<tr>
<td>• Peer pressure</td>
<td>• Too young</td>
</tr>
<tr>
<td>• Seeking a thrill</td>
<td>• Too risky</td>
</tr>
<tr>
<td>• To show off</td>
<td>• Cannot trust themselves</td>
</tr>
<tr>
<td>• To celebrate</td>
<td>• Believe it is wrong</td>
</tr>
<tr>
<td>• To fit in with what others are doing</td>
<td>• Have to study or work the next day</td>
</tr>
<tr>
<td>• To feel more confident</td>
<td>• Concerned about effects on behaviour</td>
</tr>
</tbody>
</table>

4. **Risk-ranking**

20+ minutes

a. Explain that it is important to be able to assess when people’s use of alcohol or other drugs may create a risk for themselves or others. In this activity, we will engage in some problem-prediction or risk assessments.

b. Divide participants into two or three groups (ensure there is one facilitator per group). Give each group a set of the risk ranking cards.

c. Divide the cards among the group members. In turn, each person must place their card on an imaginary line on the floor which goes from most risky to least risky. As they do this, they will explain a little about what they think the situation will involve and why it is more/less risky than others. They may comment on amount, reason, context, setting or the company in which the drinking is taking place.

d. Tell participants they may move other people’s cards when it is their turn, as long as they explain why they are doing so.
e. Once everyone has had a turn, ask the group to discuss the answer to the following question: What are the different factors that contribute to the relative riskiness of the alcohol or other drug use behaviour?

f. Once all of the groups have finished, ask for someone from each group to report back on what they put at the top and the bottom of the line. See if the groups agree with each other. Ask participants to point out the main differences between the situations they put at the most risky end of the line and those that they put at the least risky end.

g. Ask for key messages from the activity.

*Possible messages*: It is important to be able to predict or think ahead about the sorts of harms that can occur as a result of alcohol or other drug use. Being able to imagine what might happen is an important first step for avoiding or preventing harm to oneself or others. When you assess possible risk, you need to consider a number of factors including the drug, the amount, the person, the context, the environment and the reason for the drug use.

5. Dealing with peer pressure

20+ minutes

a. Explain that peer pressure can be both positive or negative. Friends can encourage each other to be healthy, hardworking and caring – this is positive peer pressure. They can also influence each other to take risks or engage in negative behaviour. Ask the group for some examples of negative and positive peer pressure.

b. Highlight that people may be pressured to join in sexual harassment, watch pornography, smoke, be violent or drink alcohol when they do not want to. Knowing how to resist negative peer pressure is important. It can be useful to have ideas about what people can do or say if their peers want them to do something that is not right for them.

c. Begin with a group brainstorm of things that people can say to resist negative peer pressure to drink alcohol (see example ideas on the next page).

d. Organise the participants into groups of 3 to prepare for a role play. One person will play a character who does not want to drink alcohol and two people will play characters who are encouraging them to drink alcohol. The character who does not want to drink should try to apply some of the tactics brainstormed above.

e. Ask the groups to work out their own scene and try it out a few times.

f. Ask one group to play their scene again for everyone. Ask the observers to think about what each of the characters might be thinking or feeling, but not saying aloud in the scene.
g. Once the scene has been played, ask for volunteers to become the Hidden Thoughts of each character. The people who are the Hidden Thoughts stand behind the character whose thoughts they will speak.

h. Ask the Hidden Thoughts character the following questions:

• What might this character be thinking or feeling, but not saying out aloud?
• What might this character be afraid of?
• What might this character be hoping for?
• What does this character need right now?

i. Call on those watching to give additional answers.

j. Organise for the original scene to be played again. Ask those watching to look this time to see other possible ways the person under pressure could respond.

k. Once the scene is played out, ask those who have watched to come and show other possible approaches in a replay of the scene. The volunteer with the idea simply swaps into the role and the scene is played again so that the audience can see how that approach might work. Role play a few approaches.

l. Ask for key messages from the activity.

Possible messages: People can feel pressured to drink alcohol. Resisting negative peer pressure shows great personal strength. It is useful to know some good strategies to resist negative peer pressure. These strategies are also useful in other situations that involve pressure to engage in risky behaviour.

<table>
<thead>
<tr>
<th>You could try:</th>
<th>This might sound like:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing the topic</td>
<td>Did you hear about …?</td>
</tr>
<tr>
<td>Explaining</td>
<td>I am not the drinking type.</td>
</tr>
<tr>
<td>Apologising</td>
<td>Sorry to let you down, but I don’t like what happens when people drink.</td>
</tr>
<tr>
<td>Joking</td>
<td>I turn into a water buffalo when I drink beer!</td>
</tr>
<tr>
<td>Making up an excuse</td>
<td>I already have a headache and drinking might make that worse for me OR My parents would not approve and I don’t like to disappoint them.</td>
</tr>
<tr>
<td>Giving reasons</td>
<td>I have to get up early tomorrow OR It is against my religion.</td>
</tr>
<tr>
<td>Reassuring</td>
<td>Do not worry about me, I do not need to drink to have a good time.</td>
</tr>
<tr>
<td>Distracting them</td>
<td>Do you think X likes Y?</td>
</tr>
<tr>
<td>Thanking</td>
<td>Thanks for the offer, but I prefer to drink water.</td>
</tr>
<tr>
<td>Arguing</td>
<td>You must be crazy, I might do stupid things if I drink. I cannot take that risk.</td>
</tr>
</tbody>
</table>
6. Fortune game – Positive and negative outcomes

30+ minutes

a. Explain that the next activity is used to look at how our actions can lead to more positive or more negative outcomes, depending on our choices.

b. Ask each group to send one player up to choose their fortune situation. They must choose one card from the ‘person’ container, one from the ‘place’ container and one from the ‘situation’ container.

c. The group members then work together using information in the three cards to predict:

- What are the possible harms that could occur?
- What actions could be taken to prevent these harms and turn the story into one with a happy ending?
- What actions could be taken that would mean that the story is likely to come to an unhappy ending?

d. Ask groups to report on their scenarios and the actions they thought matched with the good and bad endings.

e. Ask for key messages from the activity.

Possible messages: People can be lucky and not come to harm when they take risks, but if we really want to remain safe and well, it is the actions that we take that will help to influence whether we have a safe or an unhappy ending.

7. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask participants to think of one important thing that they learnt or that was reinforced for them in this session and to share this with the person next to them.
8. Behaviour change game

5+ minutes

a. Explain that the first game will involve them all turning into animals. This will be a chance to think about how people's behaviour can change for the worse as a result of alcohol or other drug use. Some can become silly and giggly, some can become aggressive and angry, some can behave in crazy or dangerous ways, others can become sleepy or slow.

b. Give each person an animal card. They do not show this to anyone.

c. Tell them how many cards you gave out in each category.

d. Ask the players to stand up and mix evenly within the space made by the circle of chairs. When the whistle blows, they are to close their eyes. The only sound they can make is that of their animal (dog can bark, chicken can cluck, snake can hiss, and buffalo can moo). They need to find the other members of their animal group, moving slowly in the room as everyone has their eyes shut. Once they find another of the same animal they should join hands with that person and stay together until all in their group are found.

e. The game is finished when all have found their group.

f. Ask the group if they can think of any key messages in this game which relate to the impact of drug or alcohol misuse.

Possible messages: This game provides a chance to think about how people's behaviour can change for the worse as a result of alcohol or other drug use. Some can become silly and giggly, some can become aggressive and angry, some can behave in crazy or dangerous ways, others can become sleepy or slow.
Fact Sheet: Alcohol and other drugs

Alcohol

*What is alcohol?*

Alcohol is a drug that slows down the messages from the brain to the rest of the body. It has a relaxing or calming effect in small amounts. In larger amounts it can cause people to lose control of their behaviours and do things they would not do if sober. When drinking alcohol, a person is much more likely to make poor decisions because they are unable to process all the facts and think things through. They might get violent or get sexually involved with someone. In higher amounts, people lose coordination and this can cause injuries and accidents, especially in traffic. In higher amounts again, people can vomit and go into a coma. They can choke on their vomit while in a coma and die. Very high amounts of alcohol can cause a coma, which results in death.

*Effects of alcohol*

*In small amounts alcohol can cause people to:*

- Slow down
- Feel more happy and relaxed
- Get a bit confused
- Feel more confident
- Feel tired and sleepy
- Become clumsy
- Become giggly or silly
- Feel less inhibited and do or say things they might not if sober

*Larger amounts of alcohol can cause people to:*

- Slur their speech
- Disrupt their concentration
- Behave differently
- Feel sick or vomit
- Feel very sad or down
- Engage in sexual activity
- Have a hangover the next day
- Get into trouble with parents or school
- Have an accident
- Be embarrassed because they said or did something they wouldn’t normally do
- Have unprotected sex
- Get into fights or cause damage
- Feel angry or become violent
- Become unconsciousness
- Suffer memory loss about what happened when drink
Heavy use of alcohol for a long period of time can cause:

- Brain damage - including memory loss
- Heart problems - increased blood pressure, heart attack
- Addiction
- Liver damage - food cannot be broken down properly
- Diabetes - the body can't break down sugar very well

**Tobacco**

*What is tobacco?*

Tobacco is the main ingredient that is in cigarettes. People often smoke cigarettes because it makes them feel relaxed. However, tobacco has negative health consequences and leads to diseases affecting the heart and lungs. There are over 4,000 chemicals in cigarettes, 51 of them are known to be carcinogenic. A carcinogen is something that causes cancer. Many of the chemicals are poisonous.

**Effects of tobacco**

*Tobacco can cause:*

- Stained fingers
- Less oxygen to the brain
- Bad breath
- Stained teeth
- More coughs and colds
- Increased heart rate and blood pressure
- Reduced fitness
- Shortness of breath
- Dental problems
- Pregnancy complications

*Heavy use of tobacco in the long-term can cause:*

- Stroke
- Blindness
- Gum disease/tooth loss
- Mouth/throat cancer
- Heart disease/heart attack
• Emphysema (walls of lung tubes collapse)
• Lung cancer
• Stomach ulcers
• Skin becomes dry, discoloured and wrinkled
• Bladder cancer
• Reduced fertility in women
• Erectile dysfunction

Crystal Methamphetamine

What is crystal methamphetamine?
Amphetamines, including methamphetamines, are a group of related drugs. They can come as powder, tablets, capsules or crystals. Amphetamine powder can range in colour from white through to brown. Crystal methamphetamine, is a strong form of amphetamine. It generally comes in large ‘sheet-like’ crystals or as a crystalline powder. Illegally produced, amphetamines are often mixed with other things, like caffeine, sugar, baking powder, starch and ephedrine. These other things can have unpleasant or harmful effects.

Methamphetamines can be snorted (sniffed), injected, or simply dissolved in a liquid. When a person increases their use, their tolerance for the drug also increases, and they need greater quantities to get ‘high’.

Effects of crystal methamphetamine
The effect of any drug (including amphetamines) is different for different people. How a drug affects a person depends on how much is taken, how strong it is, how it is taken, if any other drugs are taken, whether the person is used to taking it, the mood of the person, and many other things.

If used in small quantities, crystal methamphetamine can cause:
• Increased heartbeat and blood pressure
• Breathing to get faster
• Dry mouth
• Increased sweating
• Enlarged pupils
• Reduced appetite
• Feelings of energy and alertness
• Experience of a false sense of confidence
• Restlessness
• Problems sleeping
• Aggressive behaviour
If taking large amounts, crystal methamphetamine can cause:

- Headaches and dizziness
- Stomach cramps
- Loss of coordination
- Shakiness
- Irregular heart beat
- Violent or aggressive behaviour
- Collapse, overdose and death.

With heavy use over a long period of time, longer term effects may include:

- Depression, anxiety and paranoia
- Aggression and violence for no apparent reason
- Chronic sleeping problems
- Malnutrition due to loss of appetite
- Increased risk of getting sick due to not eating or sleeping properly
- Dental problems
- Kidney problems
- Increased blood pressure and heart problems
- Drug-induced psychosis where someone may suffer delusions, hallucinations and confused thinking.

Other considerations

The way a person uses amphetamines can also affect their health. For example:

- Injecting drugs can damage blood vessels
- Snorting drugs can damage the lining of the nose
- Smoking drugs can damage the lungs
- Sharing equipment can increase the risk of transmitting a blood borne virus (e.g. HIV).

The effects of crystal methamphetamine (ice), such as feeling over confident and invincible, can affect driving ability. It can also have people take risks with sex or have people become more violent. The symptoms of coming down and withdrawal can also affect a person's ability to drive safely, make them moody and difficult to be with.
Marijuana

What is Marijuana?

Marijuana is made from the dried leaves and flowers of the marijuana plant. It is sometimes called grass, dope, pot, weed, skunk or ganja.

Effects of Marijuana

Like alcohol, marijuana has relaxing effects and in small amounts it affects coordination and judgement and can make people anxious or paranoid.

In larger amounts, it can cause people to have headaches, feel nauseous, have delusions or hallucinations. If used heavily over a long period of time, longer-term effects may include problems with concentration, learning and memory, physical health, mental health and fertility problems.

If used in small amounts, some of the following changes can happen:

- Feel more relaxed and calm
- Become giggly
- Become less coordinated
- Feel mixed up, confused and less able to concentrate and make decisions
- Become more aware of sensations like colour and sound
- Get bloodshot eyes
- Experience increased heart beats and decreased blood pressure
- Feel hungry
- Become anxious and paranoid.

If used in large amounts, some of the following changes can happen:

- Have headaches
- Feel sick and possibly vomit
- Get dizzy or faint
- Have delusions or hallucinations.

If used heavily over a long period of time, longer term effects may include:

- Problems with concentration, learning and memory
- Breathing problems like asthma and bronchitis
- Cancer of the mouth, tongue, throat and lungs
- Irregular menstrual cycles
- Lowered sperm count
- Mental health problems
- Drug-induced psychosis where someone may suffer delusions, hallucinations and act very strangely
<table>
<thead>
<tr>
<th>Risk ranking cards</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Copy and cut up 2-3 sets)</em></td>
</tr>
<tr>
<td><strong>Telling your friend to drink so that they have the courage to talk to someone of the opposite sex</strong></td>
</tr>
<tr>
<td><strong>Drinking with older boys and girls who like to get drunk and then race their motorbikes</strong></td>
</tr>
<tr>
<td><strong>Giving a person a lot of alcohol because you want to get sexually involved with them</strong></td>
</tr>
<tr>
<td><strong>Trying a drug because your friend told you it would make you feel confident</strong></td>
</tr>
<tr>
<td><strong>Getting drunk on a boat</strong></td>
</tr>
<tr>
<td><strong>Driving a car when drunk</strong></td>
</tr>
<tr>
<td><strong>Drinking heavily when pregnant</strong></td>
</tr>
<tr>
<td><strong>Drinking with a girl/boyfriend to make you feel more confident to have sex</strong></td>
</tr>
<tr>
<td><strong>Injecting methamphetamines with others</strong></td>
</tr>
</tbody>
</table>
Getting drunk and then walking home with other drunk people

Having a small amount to drink at a party

Forcing a male friend to drink to prove his manhood

Going to a sex worker after drinking a lot of alcohol

Trying an alcoholic drink just to see what it tastes like

Having a drink because you are angry with someone

Having a small amount of alcohol with your aunty

Having sex without a condom after drinking

Adding some alcohol to a person’s drink without telling them
<table>
<thead>
<tr>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking beers with friends while playing cards</td>
</tr>
<tr>
<td>Injecting a drug with a syringe already used by others</td>
</tr>
<tr>
<td>Drinking home-brewed alcohol when you do not know how strong it is</td>
</tr>
<tr>
<td>Letting a primary school child drink alcohol</td>
</tr>
<tr>
<td>Trying an illegal drug when you don’t know what it is</td>
</tr>
<tr>
<td>Encouraging a friend to drink a bottle of spirits with you</td>
</tr>
<tr>
<td>Getting into a fight after drinking</td>
</tr>
<tr>
<td>Having sex with a stranger after drinking a lot of alcohol</td>
</tr>
<tr>
<td>Walking home with people who have been drinking alcohol</td>
</tr>
</tbody>
</table>
Having a few drinks at the cousin’s wedding

Having a puff of your cousin’s cigarette

Drinking alcohol when there are weapons around

Drinking alcohol to try to ‘fit in’ with the group

Drinking a lot of beer in a short amount of time as a dare
Fortune game cards

*(Copy and cut up 1 set)*

‘Person’ cards

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl</td>
<td>16 years</td>
</tr>
<tr>
<td>Girl</td>
<td>14 years</td>
</tr>
<tr>
<td>Boy</td>
<td>22 years</td>
</tr>
<tr>
<td>Boy</td>
<td>15 years</td>
</tr>
<tr>
<td>Girl</td>
<td>21 years</td>
</tr>
<tr>
<td>Boy</td>
<td>13 years</td>
</tr>
<tr>
<td>Girl</td>
<td>19 years</td>
</tr>
<tr>
<td>Boy</td>
<td>18 years</td>
</tr>
</tbody>
</table>
‘Place’ cards

<table>
<thead>
<tr>
<th>Outside the market place, late in the afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside the Karaoke bar, late at night</td>
</tr>
<tr>
<td>At the edge of the village, at sunset</td>
</tr>
<tr>
<td>Beside the river, during the day</td>
</tr>
<tr>
<td>Along the road to the village</td>
</tr>
<tr>
<td>On the beach after dark</td>
</tr>
<tr>
<td>In the city plaza</td>
</tr>
<tr>
<td>Outside a cinema</td>
</tr>
</tbody>
</table>
### Situation cards

<table>
<thead>
<tr>
<th>Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking a lot of home-brewed alcohol with friends</td>
</tr>
<tr>
<td>Drinking a lot of beer with strangers</td>
</tr>
<tr>
<td>Drinking with an older man who offers gifts if they will spend time with him at his hotel</td>
</tr>
<tr>
<td>Drinking beer with a group of friends to celebrate a birthday</td>
</tr>
<tr>
<td>Drinking with others who are drinking beer and then going to race their motorbikes</td>
</tr>
<tr>
<td>Letting an older person flirt with them, buy them drinks, and begin to touch them</td>
</tr>
<tr>
<td>Letting an older friend, who has been drinking, show you pornography on their phone</td>
</tr>
<tr>
<td>Drinking a lot of strong spirits</td>
</tr>
</tbody>
</table>
Animals cards
(make one copy and cut up)
Mental wellbeing and self-care

Objectives

- To build friendship and support between participants
- To identify a range of stressors and methods for managing stress
- To explore the different emotions that may occur/co-occur in response to certain experiences
- To explore strategies for promoting wellbeing and for managing stress in ourselves and others

Equipment

- Bell
- Flipcharts and markers
- String (optional)
- Slips of paper
- Relaxing music (optional)
- Questions box and slips of paper

1. The greetings game
   
   ![Clock icon] 10+ minutes

   a. Explain that the game will focus on the theme of friendship and belonging.
   
   b. Ask group to walk around inside the space created by a circle of chairs. When the bell rings they take a nearby person as their partner (if there are odd numbers, make a trio). This person is Partner Number 1. They have one minute to make up a special greeting (e.g. a handshake, special movement). The greeting should include a sound as well as a form of physical contact.
   
   c. Ask the pairs to practice their greeting a few times.
   
   d. Then ask them to walk around in the space. When the bell rings they are to find their partner as quickly as they can and do their special greeting.
   
   e. Once this is done, ask the group to walk on again. Ring the bell. Now the players must find a new partner. This is Partner Number 2. Together they must design a completely new greeting. Give them one minute to practice it.
   
   f. Ring the bell. Ask them to move on. When the bell rings again they are to find Partner Number 2 and do that greeting. Then they must find their Partner Number 1 and do that greeting.
g. Repeat with another round, but for the final round have them form a group of 4 and do a special greeting for the 4 people to do together. They move around and when the bell rings they find their group and do the greeting.

h. Ask participants for key messages from the game.

Possible messages: It is good when people receive a friendly greeting as everyone likes to know that they are welcome. One way we give support to friends and family is to find ways to show that they have good friends they can turn to for advice and support.

2. What do people get stressed about?

15+ minutes

a. Organise participants into 6 groups and allocate each group one of the following ‘environment’ categories:

- Home
- School
- Work
- Friends
- Romantic relationships
- Physical environment

b. Explain that each group will be given time to brainstorm the stressors that young people face in this environment. For example, the school group will consider the kinds of stressors young people face at school (e.g. assignment pressure, friendship problems, pressure from teachers etc.). Ask them to write each stressor on a separate slip of paper. Note that they don’t have to talk about their personal stories, rather things that young people in general can find stressful.

c. Give groups five minutes to brainstorm (encourage each group to think of at least five things).

d. While groups are brainstorming, create a map on the floor using a large sheet of paper or some string (see example below).

e. Bring the group back together in a circle.

f. Ask groups to report back one by one, laying their papers down on the mapping area. Ask other participants to add anything that they would like to add. Some example answers are provided on the next page.

g. Note that people can experience many different kinds of stress. Stress can be an ongoing thing, it can go up and down, or sometimes it can seem like it gets stuck on high. Use the metaphor of a rollercoaster to illustrate this. Once people become stressed, they can become more easily triggered by daily upsets and get suddenly angry or teary, even over little things.
h. Ask for key messages from the activity.

*Possible messages:* Stress is a normal part of life and it is important to be aware of the various things that can make people stressed. Later in the session we will look at stress management strategies.

---

3. Signs of stress

峙 15+ minutes

a. Remain in the same groups from the activity above.

b. Ask each group to draw the outline of a body. On the outside of the body, brainstorm and write some of the behaviours or actions that people might do when they feel stressed.

c. On the inside of the body, brainstorm some of the things that people feel in the body when they get stressed. An example is provided above.

d. Invite some groups to report back on their brainstorms. Ask other groups to add ideas.

e. Ask for key messages from the activity.

*Possible messages:* It is important to be able to identify how we respond to stress both in terms of our behaviours and physical reactions. If we are conscious of these things we can develop positive strategies to manage stress.
4. Talking about emotions

20+ minutes

a. Explain that when we are going through times of stress or change, it is important to be able to identify and label our emotions, it is also important to be able to tune in to what might be going on for other people (e.g. friends or family).

b. Draw an example ‘Emotions Boat’ for the group. The boat is a metaphor to show the way in which some emotions can be happening close to the surface, whilst others may be buried (under the sea), but are still affecting the person. Emotions that are deeper below the surface may even be causing the ones closer to the top. For example, fear or hurt or shame often causes anger or jealousy, though it might be just the anger that shows.

c. Read the scenario aloud (or choose an alternative scenario from the ones provided on the next page).

(Originally developed for the Philippines)

Mona has had a boyfriend, Isko, for nearly one year. He is very good looking and nice and she likes him very much. One evening, Isko tells Mona that his family is leaving the village to find a better life in the city. Isko says he will not be able to see her for several months and he wants to have sex with Mona to show his love and commitment. He says he will come back one day to marry her. Mona has always wanted to wait until marriage to have sex.

Character 1 = Mona        Character 2 = Isko

d. Ask groups to draw an emotions boat for each character. Emotions that are closer to the surface should be written above the ‘waterline’, and those that are hidden or more deeply felt will be written below the ‘waterline’. An example is provided.

e. Ask groups to look at the emotions below the surface and discuss: Why might the characters be trying to hide these emotions? Are there different pressures on males and females to hide certain emotions?
f. Ask some groups to report back.

g. To finish, ask what kinds of support the characters in the scenario might appreciate from their friends, family or teachers?

h. Ask for key messages from the activity.

Possible messages: It is important to be able to identify and manage our own emotions. It is also important to be able to identify others’ emotions, even the ones that they may be trying to hide. This helps us to know how to respond to that person appropriately.

Alternative scenarios

(Originally developed for the Philippines)

Alladin is staying at his cousin Datu’s house. He notices that Datu looks down and tired and has no energy for playing basketball or joking around. When Alladin asks what is wrong, Datu says that his parents have been fighting a lot since his dad lost his job.

Character 1 = Alladin    Character 2 = Datu

Rodel’s father recently died. His mother is having a hard time caring for the family. She tells him he must leave school as he is now responsible for helping the family earn income. He has looked and looked, but he can’t find any work.

Character 1 = Rodel    Character 2 = Mother

Lerma is 15. She has recently met a nice boy. One day, the boy tells her that he would like to be her boyfriend. When she goes home and tells her father that she met the boy, her father tells her that she is too young to have a boyfriend and she is no longer allowed to speak with this boy.

Character 1 = Lerma    Character 2 = Father
5. Basic information about mental illness

15+ minutes

a. Explain to the group that you are going to give some information about mental health.

b. Draw a picture of a bucket. Show different containers pouring water into the bucket. Explain that if we keep pouring water in and if there is no way for it to get out, it will eventually overflow.

c. Draw another picture of a bucket, but this one has holes and you can see that water is coming out the holes, whilst the containers are pouring more in.

d. Explain that our mental health can be like this bucket. The water pouring in represent stress and the holes represent our coping strategies. When there is a lot of stress happening, and there are not enough coping strategies, the bucket will overflow and our mental health will not feel in good shape. If we have coping strategies and supports we can manage better through these tough times.

e. Sometimes when the pressure is too much, or lasts too long, or a big problem comes all at once, the pressure can cause a person to develop a mental illness.

f. Both mental health and physical health can go up and down, however there are things we can do to look after ourselves or to seek help when we are not well. Sometimes, just as with physical health, a person can suffer from a long-lasting mental health problem that needs medical care and medication. Like some physical health problems, certain mental health problems are treated with medicine which the person may need to take in an ongoing way across their life, just like someone would need to do if they had an ongoing physical problem like asthma, or diabetes.

g. Mental illnesses are common. There are three common types of mental illness which we are going to learn about, as these are very common and in most people their effects only last for a certain period of time – not for a lifetime.

*Depression:* Everyone feels ‘down’ or sad from time to time – it’s part of being human. Depression means that feelings of sadness last longer than normal, affect most parts of a person’s life, and stop them enjoying the things that they used to. It can affect sleep patterns and appetite. Usually it makes it very difficult for people to just do the things they usually do in life. A person with depression will benefit from additional support and care from a doctor or a psychologist.
**Anxiety:** Anxiety is like worry. It’s an unpleasant emotion that most people feel at some time when they’re faced with challenges. Mild anxiety, like just before a sporting event or an exam, is normal and can help people perform at their best. But when anxiety is a mental illness it is more intense, lasts for a longer time, interferes with daily living, and won’t go away. It can affect sleep patterns and make people feel panicky or scared to do the things they need to do in life. A person with an anxiety condition will benefit from additional support and care from a doctor or a psychologist.

**Post Traumatic Stress Disorder (PTSD):** When a person experiences a traumatic event like a natural disaster, a car crash or violence, it’s normal to have a really hard time dealing with it straight away and for a time afterwards. Most people begin to recover from a traumatic experience in the following few weeks. However, some people find that their symptoms get worse rather than better over time. They may also feel depressed or anxious. They may continue to have flashbacks and nightmares about their bad experiences. If the reaction is severe, lasts longer than a month and does not begin to lessen over time, it is possible the person has Post Traumatic Stress Disorder (PTSD), rather than just post traumatic stress. In this case they would benefit from additional support and care from a doctor or a psychologist.

h. Explain that many young people experience these mental health problems, but that they also recover from these problems. Their recovery can be helped along if they have support, care and understanding from others. It can also be helpful for people to understand what is happening to them so as they can also work on their own self-care. Self-care can include things like getting exercise, sleep and healthy food, doing activities with others, and challenging their own negative thoughts.
6. Basic coping strategies

15+ minutes

a. Divide participants into groups of 4 or 5. Ask each group to create 4 freeze frames each of which show a different type of coping strategy:
   - A calming down coping strategy
   - A cheering up coping strategy
   - A coping strategy that involves interaction with others
   - A coping strategy that involves physical activity

b. Ask the groups to present their freeze frame. As they present, the audience will guess the type of strategy being used and discuss how this can be used to help in stressful situations or to deal with stressful feelings.

c. After all of the groups have presented, explain that we can’t always tell how a person is feeling by looking at them, but sometimes when we see these signs of distress it might mean that the person is experiencing a mental health problem. It is good to ask them how they are. This will be one way to start to provide some support.

d. Explain that there are many things that we can do to look after ourselves to prevent the onset of mental health problems or to care for ourselves if we experience mental health distress. They include exercise, rest, meditation, singing, dancing, eating well, connecting with friends or family, and finding something meaningful to do. There are also things we can do to help others. Social support from caring friends, workmates or family can help people to deal with and recover from mental health problems.

e. When problems are severe, doctors can help. Sometimes they prescribe medications for more serious problems. Psychologists can also help by talking with people and helping them to learn coping strategies and different ways of thinking about the things that are causing them distress. When people cannot access medical support, it is important to use some good coping strategies like the ones suggested in the freeze frames.

f. Ask participants to talk to the person next to them about their favourite coping strategies.

g. Highlight that we all need a range of different coping strategies to help us to deal with stress and challenge. We can also help friends to calm down or to cheer up when they are in bad times.
7. Mental health and stigma

★★★★★
10+ minutes

a. Explain that one of the barriers for people to get the support they need for mental health distress is that there can be stigma, ignorance or shame about mental health problems.

b. Ask participants to talk in small groups. They should share their thoughts about the following scenario:

_A young person was experiencing a long period of feeling anxious, finding it very hard to sleep well, having bad dreams, and finding it hard to join in their usual activities. They were afraid to tell anyone about this._

What might they be afraid of?

What do you think a friend or family member would encourage them to do?

c. In reporting back, ask for some volunteers to share their thoughts with the group.

d. Point out that sometimes people don't ask for the help they need because they are afraid of what others will think or because others might think badly of those who suffer mental health distress. Point out that this negative attitude is a form of stigma. It is important to break down stigma about mental health distress.

e. Ask for ideas about what people can do to help break down stigma or negative attitudes about mental health problems.

f. Highlight that there is sometimes a lack of understanding about mental health problems which means that people feel shame and are not willing to be open about these issues. It is important to challenge these negative attitudes and accept that mental health problems are common and treatable conditions, just like physical health problems. This is important so that people can get the right help.

8. Questions and reflection

★★★★★
5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask one or two participants to reflect on what they learned in the session.
9. Traffic lights game

5+ minutes

a. Explain to participants that this game will call on them to remember five different formations. Ask three volunteers to come and demonstrate what each of these formations will look like.

Hospital
Groups of 3: One person lying on the floor (representing the patient), and one person kneeling at either side (representing doctor and nurse).

Date
Groups of 2: Two people stand opposite each other with one hand pointing towards their partner, and the other hand on their heart.

Thinking
1 person: Each person stands on one leg with their hands on their head.

Traffic light
Groups of 3: One behind each other with the front person kneeling, the second crouching just behind them and the third standing upright. Each should open and close their hands on either side of their face to represent flashing traffic lights.

Motorbike
Groups of 2: One person kneels with their hands in the air and the other stands behind them holding their hands.

b. Explain that when the facilitator calls a command, the all participants must find people to make the right sized group and quickly make the relevant formation.

c. The participants who are last to find a a group, create their formation, or fail to correctly complete the formation, go out. The winners are those who are left in the game.

d. Ask for key messages from the game.

Possible messages: In times of stress and challenge, it is important to find time to have fun, play and laugh with other people – just like we do thin this game! Social and physical activity is good for our mental wellbeing. It is often said that 'laughter is the best medicine' and research has shown that experiencing positive emotions is good for our psychological wellbeing.
Positive coping

Objectives

• To build friendship and support between participants
• To identify a range of positive coping strategies
• To understand the distinction between positive and negative coping strategies
• To investigate the concepts of positive and negative self-talk

Equipment

• Slips of paper and pens
• Relaxing music (optional)
• Questions box and slips of paper

1. Three ways to support game

10+ minutes

a. Explain that this game will get participants thinking about providing support to our friends and family.

b. Organise participants into groups of 3 or 4.

c. Each group must find three different ways to ‘support’ one of their group members. They must support this person by lifting them so they do not touch the ground. (For example they may link arms and sit the person in their arms, or the person may stand on the other group members’ knees or backs.)

d. Ask for key messages from the game.

Possible messages: Each of us needs support, and each of us can provide support to others. We need to find many ways to give support to our family and friends, and to receive support from them. Seeking help and support from others can be a great coping strategy.
2. Positive coping strategies

30+ minutes

a. Explain that we all have many different coping strategies that help us to deal with the stress and challenge. Coping strategies help us feel better when things get tough. Coping strategies can be positive or negative.

b. Positive coping strategies are actions you take to manage and reduce stress in your life, in a way that isn’t going to be harmful or detrimental.

c. Negative coping strategies include things like taking it out on others, use of violence and aggression, taking alcohol or other drugs, and self-blaming. We aim to reduce or cut these out of our profile as these types of strategies tend to make things worse rather than better, either for ourselves or for others.

d. Ask each group to brainstorm at least 5 positive coping strategies, writing each on a separate piece of paper.

e. Explain that positive coping strategies can be grouped into categories. Ask one group to present their strategies, placing each into one of the five categories below. Ask other groups to add any additional strategies they have. Some examples are provided:

<table>
<thead>
<tr>
<th>Energetic</th>
<th>Calming</th>
<th>Social</th>
<th>Shift attention</th>
<th>Get organised</th>
</tr>
</thead>
<tbody>
<tr>
<td>• exercise</td>
<td>• drawing</td>
<td>• play</td>
<td>• watch TV</td>
<td>• make a list</td>
</tr>
<tr>
<td>• sports</td>
<td>• meditation</td>
<td>• phone a friend</td>
<td>• read</td>
<td>• tidy up</td>
</tr>
<tr>
<td>• dancing</td>
<td>• prayer</td>
<td>• party</td>
<td>• work</td>
<td>• make a plan</td>
</tr>
<tr>
<td>• lie down</td>
<td>• music</td>
<td>• talk about it</td>
<td>• study</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• seek help</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f. Explain that in general we aim to have a wide range of positive coping strategies, and to be able to use them in combinations to match the challenges we are experiencing.

h. Remind the group that it is useful to have a range of positive coping strategies to apply in different stressful or challenging situations in our life.
3. Introducing ‘self-talk’

15+ minutes

a. Remind the group that at different times, we feel many different emotions. Life will always have ups and downs and every now and then we will face a challenge or a stressful situation. It is good to have some tools to use to help us cope in these situations. In this activity we are going to look at how what we say to ourselves in our minds can help or hinder stress levels. Write the term ‘self-talk’ on a flipchart. Ask the group to guess what they think this term means.

b. Explain that sometimes our level of stress is affected by the things we say to ourselves about what an experience means. For example:

c. I might miss a catch and tell myself ‘nice try’ or I might tell myself ‘chumsy idiot, you are letting the team down.’ If I use the the second approach, I am going to feel a lot more upset.

d. I might get a low result on a test, and tell myself ‘that’s disappointing, but I am going to work at doing better next time’, or I could tell myself ‘I am no good at this, I might as well give up.’ The second example is much more negative and is going to lead to me feeling more upset.

e. This talk we do in our head is called our ‘self-talk.’ It makes a big difference to how we cope with the challenges. You can hear from the examples that we can have positive self-talk and/or negative self-talk. If we tell ourselves negative things all the time, it can make it hard to keep going when things go wrong. Using positive self-talk can help us get through challenging times and to maintain our determination and effort. It is an important life skill to learn how to argue back to negative self-talk with positive talk.

f. Divide the group into pairs. Read the first scenario aloud.

g. Riza is shy and wants to make some friends. There is a group of girls around her age who play and laugh together. She wants to go and talk with them. She is struggling with both positive and negative thoughts about whether she can do this.

h. One person in the pair should think of some negative self-talk and the other person positive self-talk that the character might have. For example, on the positive side Riza might think, ‘I have met new people before, most people like a friendly smile, at least they will know I like them’ and on the negative side she might think, ‘they won’t need any new friends, no one will think I am fun to be with.’

i. Repeat with another scenario if you have time.

j. Highlight that positive self-talk will help us to cope well in times of stress. Just like any other skill, practice will make us better at positive self-talk.
If the group needs some help thinking of positive self-talk statements, write the following list to give them some ideas:

- ‘Even if I don’t succeed, at least I know I tried hard.’
- ‘It might be lonely at first, but I will eventually get to know people and settle in.’
- ‘Even if it is scary to talk in front of others, it won’t last that long, and I can keep control of my nerves.’
- ‘I am going to stay calm and focused and give this my best effort.’
- ‘I can stick at this.’
- ‘I have stuck at things before, so I am not going to give up this time.’
- ‘Even though I missed a shot, I tried my best.’
- ‘It hurts when people say mean things, but that meanness is more about them than me, and I don’t have to believe what they say.’
- ‘Life is tough right now, but I have come through tough times before and I can do it again.’
- ‘It is scary to ask for help, but if I try, it may pay off for me.’

Self-talk scenario options

(Originally developed for the Philippines)

Rodel is afraid. He wants to be with his friends, but they often drink too much alcohol and then play pranks on each other. Sometimes they get violent. He wants to talk to his friends about the dangers of drinking too much alcohol, but he has both positive and negative thoughts about whether he can do this.

Adele has a friend who is in love. She knows her friend is now sexually active with her boyfriend. She wants to check if her friend is using contraception, but she has both positive and negative thoughts about whether she can manage to do this.

Jimmy’s best friend goes to the streets some nights to make some money by selling sex to older men. This is the only way he can make money to look after himself since his parents died. Jimmy wants to check if his friend is using condoms as he does not want his friend to catch HIV or an STI. Jimmy has both positive and negative thoughts about whether he can talk about this with his friend.

Lucille wants to tell a friend about how she is feeling very down and stressed, but is scared the friend won’t understand. Lucille has both positive and negative thoughts about talking to her friend.

Aries wants to start High School again, but is scared that his parents won’t listen to his reasons for wanting to go back. Aries has both positive and negative thoughts about how his parents might react.

Jeffry wants to tell his friends to stop pushing the younger kids around and bullying them. He has both positive and negative thoughts about what might happen when he brings this up.
4. Building the positive self-talk

25+ minutes

a. Explain that in this activity, they are to create a role play in which they will act out what someone’s self-talk or thinking might sound like. They will work in groups of 3.

b. One person is the body of the character and the other two take the roles of the negative self-talk and the positive self-talk that happen inside this person’s mind. The negative self-talk and the positive self-talk will be arguing with each other. The aim is to get the positive self-talk side to win. Groups can be allocated one of the scenarios provided in the previous activity or come up with one of their own if they prefer.

c. Challenge them to find a way to have the positive self-talk win the argument. The role play should be time limited to one minute.

d. Each group should prepare and present their role play. At the end of each role play presentation ask:
   - What kinds of messages was the negative self-talk sending?
   - What kinds of things did the positive self-talk argue?
   - How can we make the positive self-talk more convincing than the negative?

e. Point out that often we need courage to act on our positive self-talk.

f. Highlight that we all have emotional reactions. However, our own self-talk can also produce further emotional reaction; negative self-talk can increase distress, shame, guilt, or feelings of worthlessness. The best way to deal with negative self-talk is to argue back with positive self-talk. This is a skill we can get better at with practice.

Use the scenarios from previous activity, or participants can make their own scenarios.

Negative self-talk tends to include exaggerations about how severe or how long lasting a bad situation will be. It tends to place total blame on the individual and not allow for the influence of other circumstances. It tends to tell people they are no good, and not account for any of their strengths. It tends to assume that things will go from bad to worse.

Positive self-talk has people share responsibility for what goes wrong. It says specific not general things. It shows how things do not last forever, but are limited to periods of time. Examples:

Negative: 'I can't make friends' vs. Positive: 'I am finding it hard to make friends right now.'

Negative: 'I might as well give up' vs. Positive: 'I can keep trying small social interactions, because actually I have made friends before.'
5. Relaxation techniques

10+ minutes

a. Explain that in times of stress, it is helpful to use relaxation as a calming technique.

b. Ask the group to sit quietly and comfortably in their own chair or lie on the floor and close their eyes. If you have music, play it quietly in the background. Choose one of the following options.

OPTION 1: Take the group through a progressive muscle relaxation, starting with the feet.

Instruction: ‘You will be tensing different muscles as much as you can then relaxing them. You will hold each muscle tension for the count of ten, the relax and enjoy the sensation of release from tension. You should watch your breathing keeping it slow and deep.

Let’s start:

Tighten the muscles in your toes and feet, focus your attention on the sensation coming from the muscles, breathe slowly and deeply. Hold for 10 seconds, then relax.’

Move up through the body, asking participants to tighten each group of muscles, holding for 10, then relaxing: legs, stomach, back, neck, face.

‘Now tense every muscle in your body, hold for 10 seconds, then relax. Feel a wave of calmness as you stop tensing.’

OPTION 2: Take the participants through a guided imagery exercise.

Instruction: ‘Imagine a place that is calming and restful for you. It may be on the grass, under a tree, on a mountain, or anywhere else that you choose. Try hard to imagine that you are really there and concentrate hard on your senses – what you can see, hear, smell, touch or taste in this place.

Breathe in slowly and gently though your nose. Close your eyes. As you breathe out, think about how your body is resting gently and starting to relax along your back. Imagine your scene. It is a peaceful and gentle place.

Now imagine that the relaxing feeling is spreading into your arms and legs. Your feet and toes are relaxing. Your arms and hands are relaxing. Let your breath fall gently in and out. Now the soft relaxing feeling is spreading to the back of your neck, your head and even across your face.

As you relax in your special place, your entire body feels comfortable and calm.

Take a moment to enjoy the feeling of relaxation and the peace of this scene. Look around your scene again to get a really clear image of this, your special place. When you are feeling stressed or upset remember that you have the power to imagine a place or a feeling of relaxation, as you have done now.’
When you are ready, open your eyes, wiggle your fingers, wiggle your toes, take a big breath, and bring yourself back into the room. Now you should be feeling alert and awake, but also relaxed and calm.

c. Ask participants to talk to a partner about the activity: What benefits did it have?

d. Ask participants to share other self-calming strategies that they could use when facing challenging situations.

e. Highlight that relaxation and meditation are useful self-calming strategies. We all need to be able to use self-calming techniques, particularly when we get anxious or angry or experience periods of intense or long-lasting stress.

6. Questions and reflection

5+ minutes

a. Answer any remaining questions in the questions box.

b. Ask the group to think of some take-home messages or information from this session that they can pass on verbally to their friends and family. Ask for some volunteers to share.

7. Cheering up or calming down

10+ minutes

a. Arrange participants standing in a large circle.

b. In turn, each person should step forward and say, ‘To cheer up I like to…’ OR ‘To calm down I like to …’ they then mime an activity that they like to do that cheers them up (e.g. dancing, playing football, cooking, reading etc.) or calms them down (like going for a walk, having a lie down or rocking a baby).

c. The rest of the participants should guess what they are miming.

d. Ask for key messages from the game.

Possible messages: There are many different positive coping strategies. It is good to have a lot of different ones to call on. We can learn new coping strategies from others. You may have seen one in this game that you can try for yourself. These everyday coping strategies will help us look after our mental health.
The Creating Connections Story

The first *Creating Connections* curriculum was developed for the Viet Nam Women’s Union in 2006. It was funded by Ford Foundation and developed in partnership with staff from the WARC centre within the Women’s Union. The original proposal for *Creating Connections* was developed with support from WHO Viet Nam and UNAIDS Viet Nam with the objective to improve the dialogue on sexuality, gender rights and HIV prevention for mothers and adolescent girls in the context of a changing social environment. The Viet Nam version of the program was subsequently expanded to include adolescent boys. The lead author of the Viet Nam materials is Associate Professor Helen Cahill, with contributions from Michelle Pose and Ian Seal and Dr Tu Anh Hoang, Director of the Centre for Creative Initiatives in Population and Health, Viet Nam.

Following promising evaluation results in Viet Nam, in 2010-2011 regional UNICEF and UNFPA offices invested in a refinement of the girls’, boys’ and mothers’ program materials and expansion of the program into several countries. The materials were revised and updated by Associate Professor Helen Cahill and Sally Beadle. Technical advice was provided by Dr. Josephine Sauvarin (UNFPA Asia Pacific Regional Office), Justine Sass (UNESCO Bangkok) and Margaret Sheehan (UNICEF East Asia Pacific Regional Office). Input from Bangladesh, Cambodia, Laos, Myanmar, Nepal and Indonesia has further enriched the programs for girls, boys and women, via country-based versions of the curriculum. The program was translated into Cambodian, Laotian, Nepalese, Bengali and Myanmar languages.

In 2012, with support from UNICEF Indonesia, *Creating Connections* was adapted by Helen Cahill and Sally Beadle for implementation in Papua Province as part of the Joint UN initiative *Combating violence against women and girls in Papua Province, Indonesia*. Programs were developed for adolescent girls, adolescent boys, mothers and fathers. The program was renamed *Membangun Masyarakat Tangguh* (*Building Strong Communities*) for this context. Technical advice for this adaptation was provided by Dwiutari Tamanbali (UNICEF), Adolfine Krisifu (UNICEF), Gracia Augusta (UNICEF), Nancy Wompere (Cenderawasih University) and Andy Wally (Cenderawasih University).

In 2012, UNESCO supported the adaptation and implementation of *Creating Connections* in Myanmar and Cambodia.

In 2013, together with members of the Adolescent Cluster, UNICEF Bangladesh and partners supported a program adaptation, train the trainer and dissemination of the program in Bangladesh. Program adaptation and implementation support was provided by Helen Cahill and Sally Beadle. In 2014, UNICEF Bangladesh supported a similar adaptation for the boys’ and fathers’ programs. Revisions were made by Helen Cahill and Sally Beadle, with assistance from Sarah Natali Soysa and Rosie Yasmin. Technical advice and feedback on this adaptation was provided by Luna Shaila (UNICEF), Parveen Rashida (BRAC), the Ministry of Women and Children Affairs and members of the Adolescent Cluster.

In 2014, UNESCO China commissioned Helen Cahill to adapt and implement the *Creating Connections* for parents of adolescents. As of 2016, the program has been implemented in 12 provinces and cities across China. Technical advice on this adaptation was provided by Hongyan Li (UNESCO).

In 2014, UNICEF Philippines supported an adaptation of the program for adolescents (mixed groups). Rewriting, extension and implementation support was provided by Helen Cahill and Sally Beadle. Technical advice and feedback on this adaptation was provided by Emma Brathwaite (UNICEF), Ced Apilado (UNICEF), Jordan Chaffin (UNICEF), Aladin Borja (UNICEF), Arlene Aragones (UNICEF), Scheree Herrera (UNICEF) and representatives from the Department of Social Welfare and Development, the Department of Health and the Commission on Population.