

EMOTION

A person without emotion is like a body without heart. There are positive and negative emotions.

Emotional well being plays an important role in our physical health. Uncontrolled emotions can lead to serious consequences, which some times may be irreparable.

ಶಂವೇದನೆ

- ಇಲ್ಲದೆ ಮನುಷ್ಯ ಇಲ್ಲ. ನಮ್ಮಲ್ಲಿ ಸಕಾರಾತ್ಮಕ ಜಾಗೃತಿ

- ಸಕಾರಾತ್ಮಕ ಎರಡೂ ಸಾಧ್ಯವಿವೆ. ನಾವು ಸಂವೇದನಾತ್ಮಕವಾಗಿ
ಶರಣರಬಳಕೆ ಎಂದರೆ, ದ್ವಿಜನವಾಗಿ, ಪ್ರಾಣಿಶಾಂತಿವಾಗಿ
ಶರಣರಬಳಕೆ :

Four basic emotion - ನಾಲ್ಕು ಮೂಲ ಶಂವೇದನೆಗಳು :-

Happiness, Sadness, anger and fear
ಶಂಕೋತ್ಸ, ದುಃಖ, ಸಿಟ್ಟು ಜಾಗೃತಿ ಭಯ.

The eight primary emotion are:

Acceptance, disgust, anticipation, anger, fear,
Joy, Sadness and surprise

ಒಪ್ಪಿಗೆ, ದಿಸುತ್ವ, ಎದುರುನೋಡುವಿಕೆ, ಸಿಟ್ಟು, ಭಯ,
ಶಂಕೋತ್ಸ, ದುಃಖ ಔತ್ಸುಕತೆ

Mixed emotion : is a difficult concept to follow. In reality people the way they behave suggest that people do have mixed emotion. It could be a combination of both positive, negative or a combination of both.

eg: Anger + anticipation leads to aggressiveness
Acceptance + Joy leads to love

ಮಿಶ್ರ ಸಂವೇದನೆ:-

ಎರಡೂ ಪ್ರಾಥಮಿಕ ಸಂವೇದನೆಗಳು ಒಂದಾದರೆ, ಮಿಶ್ರ ಸಂವೇದನೆ ಆಗಬಹುದು.

→ ಸಿಟ್ಟು ಜಾಗೃತಿ ಜಾಗರೂಕತೆ = ವ್ಯಕ್ತಿತ್ವ
→ ಒಪ್ಪಿಗೆ ಜಾಗೃತಿ ಸಂಕೋಚ = ಶ್ರೀತಿ

Managing emotion - ಸಂವೇದನೆಗಳ ನಿರ್ವಹಣೆ.

1. Quickly identify our emotions
1. ಕೇಳುವಾಗ ಸಂವೇದನೆಗಳನ್ನು ಗುರುತಿಸಿ
2. Recognise the cause that triggers
2. ಕಾರಣಗಳನ್ನು ಗುರುತಿಸಿ
3. Practice constantly self awareness
3. ಸ್ವಯಂ ಅರಿವನ್ನು ಅಭ್ಯಾಸಿಸಿ ಮಂಡಿಕೊಳ್ಳಿ.
4. Have practice of self reflection and feed back from others
4. ಸ್ವಯಂ ಅರಿವನ್ನು ಅಭ್ಯಾಸಿಸಿ ಮಂಡಿಕೊಳ್ಳಿ

1.	Mr. Chandrashekar REDS (Rag pickers Education and Development Society) 14, Curly street Langford town Bangalore - 560 0027	Mr. Joe Paul	22214247
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2 people from maya

2 people

34

20

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14.	Dr. Saraswathi Ganapathy, Bejai Trust, 697, 15 th Cross, J.P. Nagar II Phase, Bangalore - 560 078.	Dr. Saraswathi Ganapathy,	6630463 6590463
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22.	Ms. Dorothy New Horizon trust for disabled 354, 10 th main 100 feet road Dodda Banaswadi Bangalore - 560 033	Ms. Dorothy	5454653
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24.	Ms. Vari Kamalanathan Sree guru		6662288 6346485

25.	Ms. Vinudha Public Affairs Centre 578, 16 th B main 3 rd Cross, 3 rd Block Koramangala Bangalore - 560 0034	Prof. Samuel Paul	5537260 pvindha@vsnl.com
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28.	Ms. Leena Pascal		6581671

*Subodha - }
poojamma }*

Re: Training on sexual health on 20th and 21th of August

Subject: Re: Training on sexual health on 20th and 21th of August
Date: Thu, 26 Jul 2001 07:22:42 +0100 (BST)
From: Srinivas Sridhar <mantabl2001@yahoo.co.uk>
To: Community Health Cell <sochara@vsnl.com>

Attn: Dr. Sampath Krishnan

Sir,

I regret to inform you that the dates for the training on sexual health (Aug 20th and 21st) you mentioned at our last meeting are not convenient for us owing to the fact that we have already fixed the dates as August 8th, 9th, and 10th with the community youths in the presence of Mr. Chandar on July 13. It would be a serious inconvenience to the youths as they have already requested to be excused from work on these dates. We would therefore request you to hold the training as originally planned on August 8th, 9th, and 10th.

Again, sorry for the inconvenience caused.

Sincerely,
S.Srinivas
Programme Officer
Mamta, Bangalore.

Do You Yahoo!?

Get your free @yahoo.co.uk address <http://mail.yahoo.co>.
or your free @yahoo.ie address <http://mail.yahoo.ie>

Dr Chitra
Dr Veda
Dr Shekar
Dr - Laksh Jagannathan

1) Value
2) Acholo
3) tobacco
4) Drug

SKK → SSC.
I think we should stick to the dates of 8, 9 & 10. as Infant Jesus Hall. I will not be available as I have to go to Chennai. 27/7.

AS
28/7

2/25/17
C

3-18-17
see
file

FR. VAUGHAN KOTTONGAL

Yours sincerely,

workshop

Thanking you and wishing you all the success in the
participate in the workshop which takes on 30th July, 2017.
Due to the busy schedule and all our staff members are
occupied with some important programmes, we are not able to

I received your letter concerning the workshop on 15th July.

Thanking you for your interest.

Yours sincerely,

Subject: ...
Date: 1st July 2017 14:29:47 +0500
From: "DORIS" <...@...>
To: ...

Re: telephone

To *Dr TN for information*

Chandar
14/08/01

Subject: Re: telephone

Date: Tue, 14 Aug 2001 07:51:45 +0100 (BST)

From: Srinivas Sridhar <mamtablr2001@yahoo.co.uk>

To: Community Health Cell <sochara@vsnl.com>


Attn: Dr. Sampath Krishnan
Mr. Chandar

Please find enclosed the feedback of the training conducted by CHC.

Srinivas
MAMTA

Do You Yahoo!?

Get your free @yahoo.co.uk address at <http://mail.yahoo.co.uk>
or your free @yahoo.ie address at <http://mail.yahoo.ie>

 TRAINING ON SEXUAL AND REPRODUCTIVE HEALTH.doc	<p>Name: TRAINING ON SEXUAL AND REPRODUCTIVE HEALTH.doc</p> <p>Type: Winword File (application/msword)</p> <p>Encoding: base64</p> <p>Description: TRAINING ON SEXUAL AND REPRODUCTIVE HEALTH.doc</p>
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SJC/AP/SDR/SKK

14/8

14/8

1 of 1

~~TRAINING ON SEXUAL AND REPRODUCTIVE HEALTH~~

8/14/01 4:35 PM

TRAINING ON SEXUAL AND REPRODUCTIVE HEALTH

DATE: August 8th and 10th

VENUE: Infant Jesus Church Mini-Hall

TIME: From 2- 5 PM

The training was provided by Community Health Cell and the topics were covered from a medical perspective. There were detailed explanations of male and female biology as well as the illness that commonly affect these parts. While on the first day, the explanation was found to be too technical by some, this was remedied on the second day, where the explanation by Dr. Sridhar was easily understood and much appreciated. Mr. Joe Paul of REDS raised some interesting questions regarding the relationship between biology and sexuality and the more liberal attitudes towards sex adopted of late by Indian society. These topics were to be dealt with in detail in later sessions. Overall, the participants found the training to be educative as well as enjoyable because of the approach was participatory and interspersed with games and role-playing activities.

ADOLESCENT THE CRITICAL PHASE

Adolescent is difficult time for young people. It is a time of major physical changes including the adolescent growth spurt in the which size and shape of the body changes markedly and the differences between boys and girls are accentuated. These years also the time when mental and psychological development take place putting great stress on young people and those around them and influencing and affecting their relationships with their peers and adults. Puberty is also a time of behavioral changes when reproductive capacity is established, the sex hormones secreted during this period not only affect the tissues of the body but also related to changes in the sexual and emotional behavior.

Adolescent has been defined by the WHO as the period of life spanning the ages between 10 and 19 years, and youth as between 15 and 24 years.

PHYSICAL CHANGES

Puberty in Girls

puberty in boys

Age :	may begin at 10 or even earlier	Usually later than girls
	Curves develop and breast began to grow	Change of thickening in the voice
	Hair sprouts in the pubic area and under the arms	Growth of hair in the chin, face followed by hair on the chest and increase hair on the body including the pubic area
	Menstruation begins	There is also some development of the genitals
	Ovaries in the healthy girls body begin to ovulate at around 11 to 14 years or earlier once every 28 days. The ovum produced by the ovaries is released and the uterus prepares its self for fertilization. Fertilization occurs when a female eggs unites with a male sperm which leads to pregnancy. If fertilization does not take place menstruation occurs.	Boys experience an occasional erection, particularly in the early morning, they may also experience wet dreams at night when they might involuntarily ejaculate

All these changes are normal and natural and there is no need to be ashamed of them or frightened. It is ignorance that is to be feared.

Nutrition and Growth spurt

Adolescence begins with pubescence which is the time for a final growth spurt in girls and boys. This physical growth is determined by many factors genetic and hereditary, nutritional and behavioral factors like dieting.

The rapid growth which occurs in the adolescence places extra demand on the nutritional requirements. During this period more than 20% of total growth in stature and up to 50 % of adult bone mass are achieved resulting in 50 % increasing in calcium requirements. Girls also have additional requirement of iron up to 15 % to compensate for menstrual blood loss.

During pregnancy the need for energy and protein increases as does the need for increase vitamins and minerals. Some cultures favors male offspring who have given greater share of available food resulting in malnutrition among the girls.

PSYCHOLOGICAL CHANGES

Period of great creativity, empathy, idealism and energy and of new experiences, ideas and skills. The support of family members during this phase is crucial in enabling them to meet the challenges.

- integrated and internalized sense of identity. This means drawing apart from older members of the family developing more intense relationship with peers
- taking major decision.
- Gradual move from involvement with groups of the same sex to mixed group and sexual pairing may take place.
- Girls may experience romantic interest before boys, this some times leads to sexual activity depending on the cultural background.
- Thinking moves from concrete to abstract and being to articulate independently
- Orientation towards future begins
- Moral independence grows, alternative courses of action and their consequences come to be considered

- Look at educational and employment options
- Begin to explore new interest and influences which can mould their thinking and their ideas and actions.

Behavioral Changes

- Look beyond their relationship with their parents and families and begin to form more intense relationship with their peers and adults in their communities.
- Exploring sexual relationship to alcohol, tobacco and other substance abuse
- Tempted to emulate their role model characters on television and movies often with disastrous consequences.
- Peer pressure leads to experiment many things, sex, drop out of school, eating disorders

In all of these situations girls are at greater risk, since in most societies behavioral patterns are more restricted for them. They may also be victims of discrimination, violence, sexual abuse or just be married early.

Success

WHAT IS SUCCESS?

Success is the progressive realization of a worthy goal -

Earl Nightingale

Success and happiness go hand in hand success is getting what you want; happiness is wanting what you get

EXISTENCE ALONE IS NOT SUCCESS! IT IS A LOT MORE!

Do more than exist	- live
Do more than touch	- feel
Do more than look	- observe
Do more than read	- absorb
Do more than hear	- listen
Do more than listen	- understand

QUALITIES THAT MAKE A PERSON SUCCESSFUL

- ◆ Desire
- ◆ Commitment
- ◆ Responsibility
- ◆ Hard work
- ◆ Character
- ◆ Positive believing
- ◆ Given me more than you get
- ◆ The power of persistence
- ◆ Pride of performance
- ◆ Be willing to be student – be mentor

SOME OBSTACLES TO SUCCESS

- ◆ **Ego**
- ◆ **Fear of failure**
- ◆ **No plan**
- ◆ **Lack of formalized goals**
- ◆ **Life changes**
- ◆ **Procrastination**
- ◆ **Family responsibility**
- ◆ **Financial security issues**
- ◆ **Lack of focus, being muddled**
- ◆ **Giving up vision for promise of money**
- ◆ **Doing too much alone**
- ◆ **Over commitment**
- ◆ **Lack of commitment**
- ◆ **Lack of training**
- ◆ **Lack of persistence**
- ◆ **Lack of priorities**

REASONS FOR FAILURE

- ◆ **Un willingness to take risk**
- ◆ **Lack of persistence**
- ◆ **Instant gratification**
- ◆ **Lack of priorities**
- ◆ **Looking for short cuts**
- ◆ **Selfishness and greed**
- ◆ **Lack of conviction**
- ◆ **Lack of understanding of nature's law**
- ◆ **Unwillingness to plan and prepare**
- ◆ **Rationalizing**
- ◆ **Not learning from past mistakes**
- ◆ **Inability to recognize opportunity**
- ◆ **Fear**
- ◆ **Inability to use talent**
- ◆ **Lack of discipline**
- ◆ **Poor self esteem**
- ◆ **Lack of knowledge**
- ◆ **Fatalistic attitude**
- ◆ **Lack of purpose**
- ◆ **Lack of courage**

COMMON SEXUAL PROBLEMS

1. PROBLEMS DUE TO MYTH AND MISCONCEPTION

Semen, Masturbation, penis

Hymen, menstruation, female orgasm

2. INHIBITED SEXUAL DESIRE

To much exposure to sex, pornography,
boredom and homosexuality

3. ERECTILE DYSFUNCTION

Primary: uncommon

Secondary: filling problems

Vascular defects

diabetes mellitus

Drugs

Depression

Situational dysfunction

4. EJACULATORY DYSFUNCTION

Early, late, never

SNEAKY SNAKES

[Exercise]

On the next page is a drawing of eight snakes. Here are the instructions:

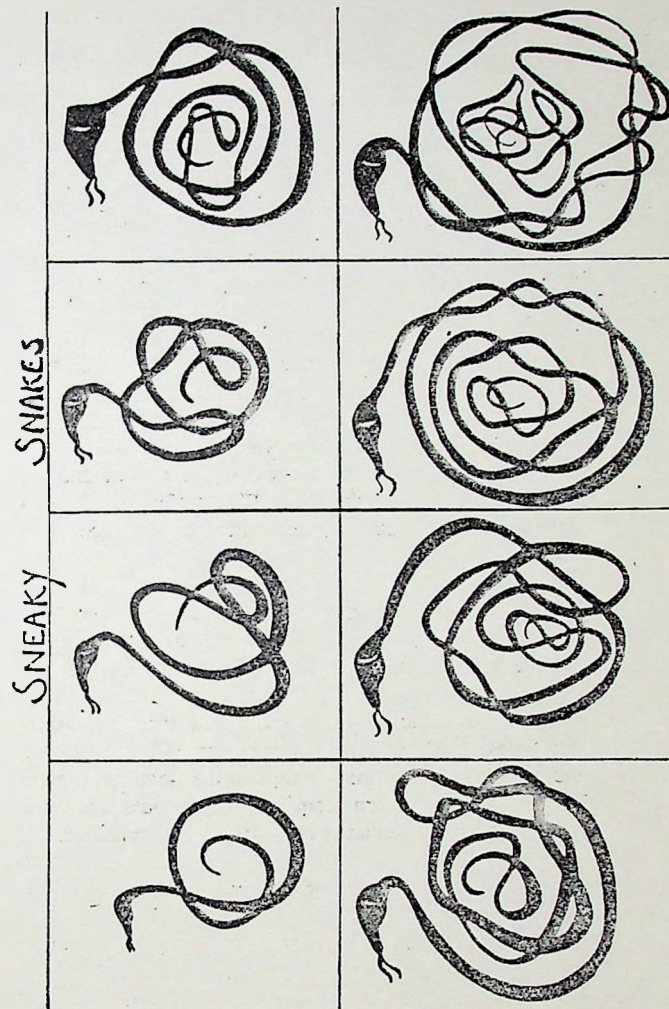
"When the signal is given trace the lines of one snake from the tail to the head with your pencil. You must start from the end with the number one. When the line crosses another line, number the crossing two. Then continue to trace the line until you reach another crossing. Number this three. Continue this way until you reach the head. Number it."

Now quickly choose *one* snake you think you can complete in *thirty seconds*. Ask a friend to time you with a watch. STOP IMMEDIATELY WHEN THIRTY SECONDS HAVE ELAPSED.

When you have finished, do it again, choosing another snake if you feel quite confident (over 50%) that you will succeed. All right, start again: 30 seconds.

After you and, perhaps, your friend have done the exercise, answer these questions:

1. In the first round why did you choose the snake you did? Did you think it would be very easy? Very difficult? Generally do you accept tasks and set goals which are very easy? Very difficult? Or do you take moderate risks?
2. In the second round why did you choose the snake you did? Did you try to choose a snake which was a more realistic challenge: neither very easy nor very difficult?
3. Did your success or failure in the first round influence your second choice? How?



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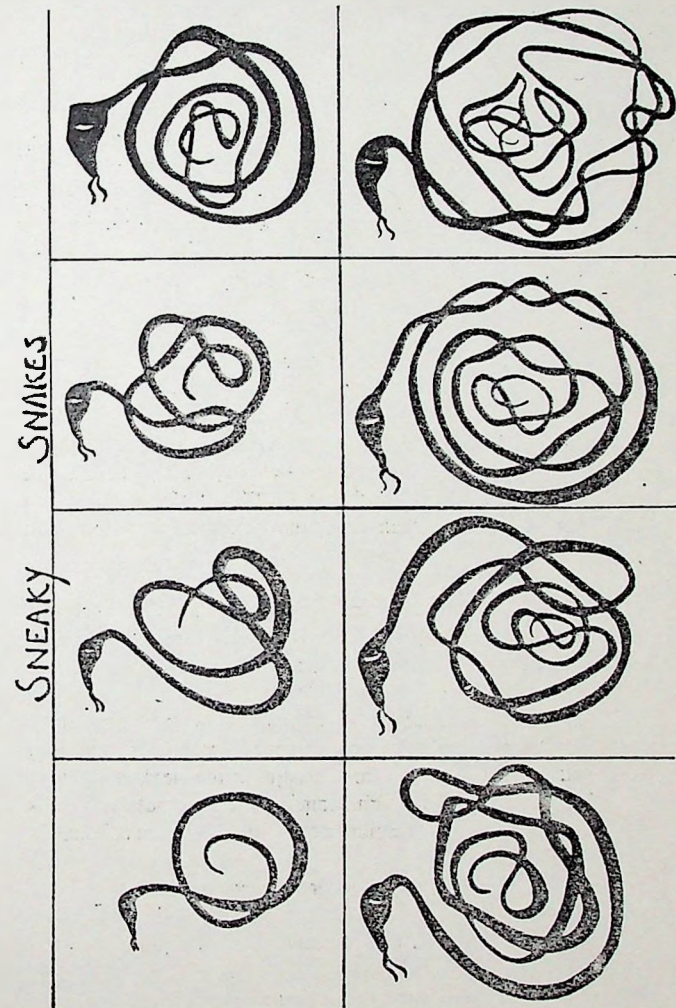
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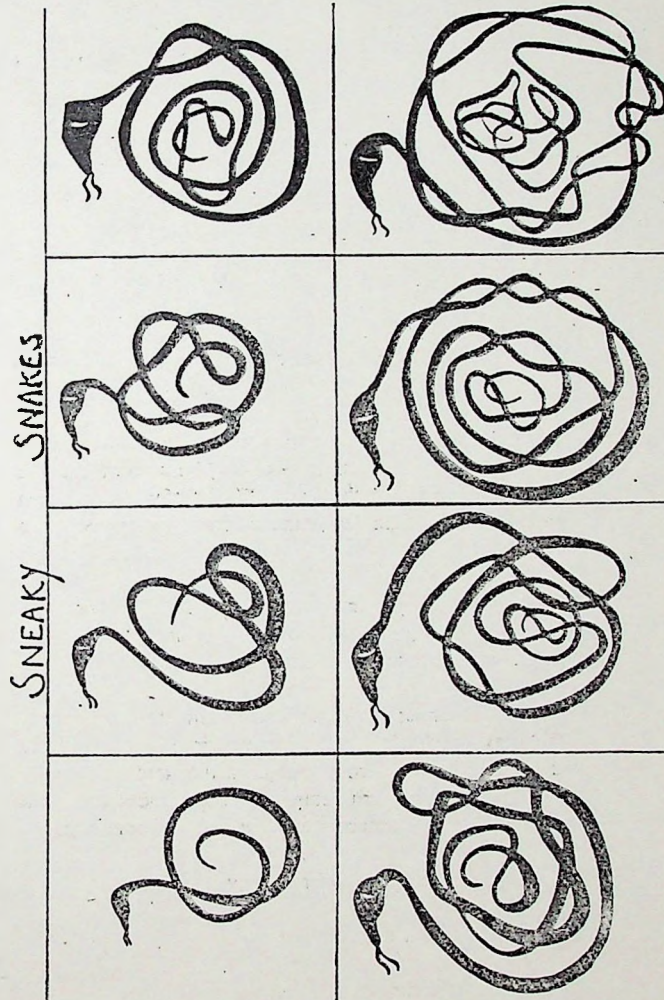
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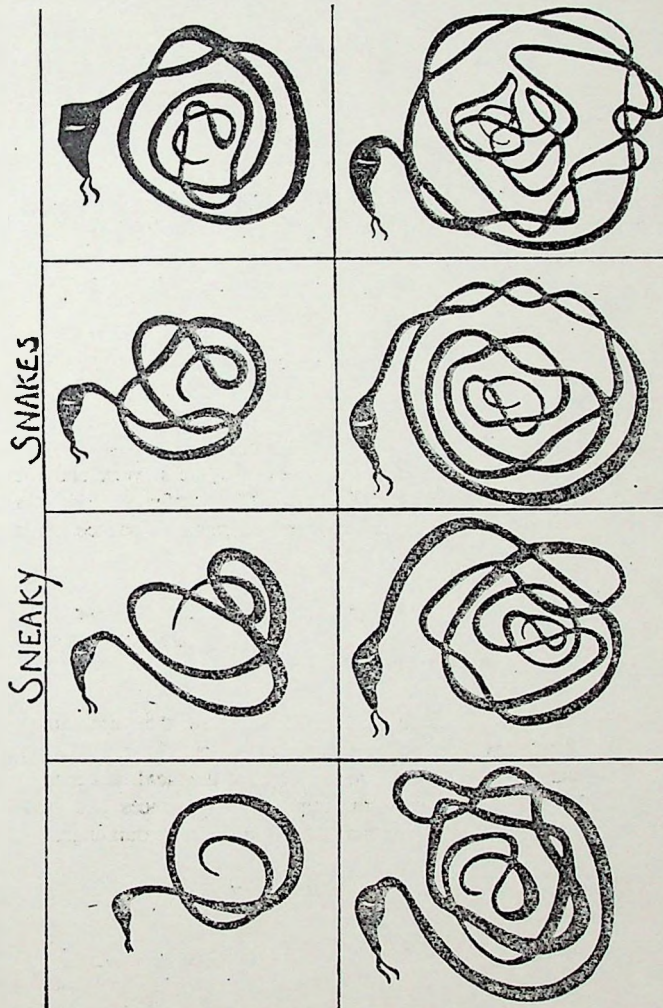
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LIFE SKILLS EDUCATION FOR CHILDREN AND ADOLESCENTS IN SCHOOLS

Introduction and Guidelines to Facilitate the Development and Implementation of Life Skills Programmes

This document was compiled in 1993 to assist with the further development of life skills education. It has been in great demand since that time, and since it is now being reprinted, the opportunity has been taken to make a few small changes. It should be emphasized however, that the document has not been changed in any substantial way. Its purpose is to outline a framework for life skills programme development, both conceptually and practically. The materials focus on the teaching of life skills to children and adolescents in schools. This document is therefore targeted at those agencies involved in school curriculum development, health education, and the development of school-based health and social interventions. Life skills education is relevant to everyone and the contents of this document, although directed at schools, can be adapted and interpreted to guide the development of life skills education for children that are not in schools, as well as for adult education and as part of community development projects.

The two parts contained in this document (Part 1, Introduction to Life Skills for Psychosocial Competence and Part 2, Guidelines: The Development and Implementation of Life Skills Programmes) may be used in conjunction with another document (WHO/MNH/PSF/93.7B.Rev.1) Training Workshops for the Development and Implementation of Life Skills Education by those who are involved in the setting up of programmes. It should be emphasized that the material in these training workshops is not related to classroom activities and is not intended to help individual teachers who may wish to introduce life skills education into their own teaching programmes; it is primarily to assist the training of those people who will be involved in the development and implementation of life skills programmes at national or subnational level.

This document is being circulated as part of the life skills project of the Programme on Mental Health, WHO, Geneva. The Newsletter 'Skills for Life' is also available. This describes life skills initiatives around the world, as well as the work of WHO and other UN agencies in the support and promotion of life skills education. For more information contact The Life Skills Education Project, The Programme on Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.



PROGRAMME ON MENTAL HEALTH
WORLD HEALTH ORGANIZATION
GENEVA
1997

ACKNOWLEDGEMENTS

The following people contributed to the development of this document.

Rhona Birrell Weisen, WHO, Geneva
John Orley, WHO, Geneva
Vivienne Evans, TACADE, UK
Jeff Lee, TACADE, UK
Ben Sprunger, Life Skills International, USA
Daniel Pellaux, Mandat Plus Prevention, Switzerland

The following people are acknowledged for their support and guidance.

Jane Ferguson, WHO, Geneva
Jack T. Jones, WHO, Geneva

G.O. Aderula, National Drug Law Enforcement
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Leonardo Mantilla Castellanos, Ministry of
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Elena Nightingale, Carnegie Corporation of New
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Social Mobilization Section, New York
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Social Mobilization Section, New York
Lakshman Wickramasinghe, Communication
Officer, Uganda
Mohammed Jalloh, Communication Officer,
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Financial support for the development of these materials has been provided to WHO by the Johann Jacobs Foundation, Zurich, Switzerland and the Carnegie Corporation of New York, USA. The Trainer's Guide and Workshops, available as a separate document were prepared by TACADE, UK with a grant from the UK Drug Demand Reduction Task Force.

Further copies of this document may be obtained from

Programme on Mental Health
World Health Organization
1211 Geneva 27
Switzerland

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Part 2

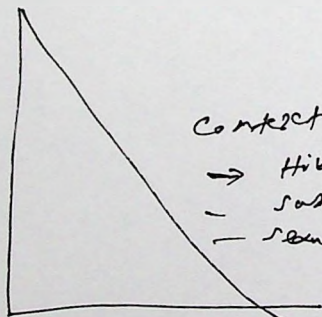
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10 Life
Skills



Context

- HIV AIDS
- substance abuse
- sexuality

Practical Skills

methodology

pedagogy

- experiential
- participatory
- creative

PART ONE

INTRODUCTION TO LIFE SKILLS FOR PSYCHOSOCIAL COMPETENCE

Promoting Psychosocial Competence

Psychosocial competence is a person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment.

Psychosocial competence has an important role to play in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. In particular, where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution. This is especially important for health promotion at a time when behaviour is more and more implicated as the source of health problems.

The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by the teaching of life skills in a supportive learning environment.

Defining Life Skills

Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life.

Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well-being of children and adolescents. These are listed below:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Effective communication
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Coping with emotions
- Coping with stress

Decision making helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have.

Similarly, problem solving enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Creative thinking contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives.

Critical thinking is an ability to analyse information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognise and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

Effective communication means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and help in a time of need.

Interpersonal relationship skills help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively.

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

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

Coping with emotions involves recognising emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately.

Coping with stress is about recognising the sources of stress in our lives, recognising how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems.

The life skills described above are dealt with here in so far as they can be taught to young people as abilities that they can acquire through learning and practice. For example, problem solving, as a skill, can be described as a series of steps to go through, such as: 1) define the problem; 2) think of all the different kinds of solutions to the problem; 3) weigh up the advantages and disadvantages of each; 4) chose the most appropriate solution and plan how to realise it. Examples of lessons designed to facilitate life skills acquisition are included in the appendix to this document.

Inevitably, cultural and social factors will determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence. The exact content of life skills education must therefore be determined at the country level, or in a more local context. However, described in general terms, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures.

Conceptualizing the role of life skills in health promotion

Complementary life skills can be paired to reveal 5 main life skills "areas", as shown below. For health promotion, teaching skills in each of these areas provides a foundation in generic life skills for psychosocial competence.

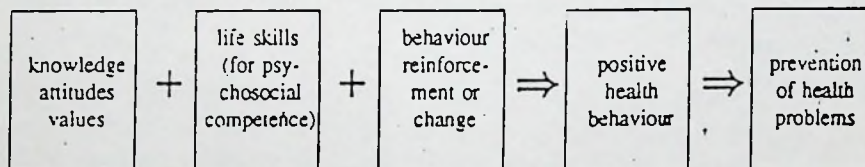
decision making - problem solving	creative thinking - critical thinking	communication - interpersonal relationships	self-awareness - empathy	coping with - emotions stressors
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The teaching of life skills appears in a wide variety of educational programmes with demonstrable effectiveness, including programmes for the prevention of substance abuse (Borvin et al., 1980, 1984; Pentz, 1983) and adolescent pregnancy (Zabin et al., 1986; Schinke, 1984), the promotion of intelligence (Gonzalez, 1990), and the prevention of bullying (Olweus, 1990). Educational programmes teaching these skills have also been developed for the prevention of AIDS (WHO/GPA, 1994; Scripture Union, undated), for peace education

(Prutzman et al., 1988), and for the promotion of self-confidence and self-esteem. (TACADE, 1990). Teaching life skills in this wide range of promotion and prevention programmes demonstrates the common value of life skills for health promotion, beyond their value within any specific programme.

□ Teaching life skills as generic skills in relation to everyday life could form the foundation of life skills education for the promotion of mental well-being, and healthy interaction and behaviour. More problem specific skills, such as assertively dealing with peer pressures to use drugs, to have unprotected sex, or to become involved in vandalism, could be built on this foundation. There are research indications that teaching skills in this way, as part of broad-based life skills programmes, is an effective approach for primary prevention education (Errecart et al., 1991; Perry and Kelder, 1992; Caplan et al., 1992).

□ The model below shows the place of life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour; and in this way contributing to the primary prevention of health problems.



□ Life skills enable individuals to translate knowledge, attitudes and values into actual abilities - ie. "what to do and how to do it". Life skills are abilities that enable individuals to behave in healthy ways, given the desire to do so and given the scope and opportunity to do so. They are not a panacea; "how to do" abilities are not the only factors that affect behaviour. If the model above was placed within a larger, more comprehensive framework, there would be many factors that relate to the motivation and ability to behave in positive ways to prevent health problems. These factors include such things as social support, cultural and environment factors.

□ Effective acquisition and application of life skills can influence the way we feel about ourselves and others, and equally will influence the way we are perceived by others. Life skills contribute to our perceptions of self-efficacy, self-confidence and self-esteem. Life skills therefore play an important role in the promotion of mental well-being. The promotion of mental well-being contributes to our motivation to look after ourselves and others, the prevention of mental disorders, and the prevention of health and behaviour problems.

Promoting the teaching of life skills

In promoting the teaching of life skills, the WHO is promoting the teaching of abilities that are often taken for granted. However, there is growing recognition that with changes in many cultures and lifestyles, many young people are not sufficiently equipped with life skills to help them deal with the increased demands and stresses they experience. They seem to lack the support required to acquire and reinforce life skills. It may be that traditional mechanisms for passing on life skills (e.g. family and cultural factors) are no longer adequate considering the influences that shape young people's development. These include media influence and the effects of growing up in situations of cultural and ethnic diversity. Also the rapid rate of social change, witnessed in many countries, makes the lives of young people, their expectations, values, and opportunities very different from that of their parents.

Life skills for psychosocial competence need to be distinguished from other important skills that we hope young people will acquire as they grow up, such as reading, numeracy, technical and practical "livelihood" skills. These and other skills are usually recognised as abilities that young people should learn, either in schools, at home or in their communities. Life skills are being promoted so that they can gain recognition as essential skills that should be included in the education of young people.

Life Skills Education

For health promotion, life skills education is based on the teaching of generic life skills and includes the practice of skills in relation to major health and social problems. Life skills lessons should be combined with health information, and may also be combined with other approaches, such as programmes designed to effect changes in environmental and social factors which influence the health and development of young people.

The methods used in the teaching of life skills builds upon what is known of how young people learn from their own experiences and from the people around them, from observing how others behave and what consequences arise from behaviour. This is described in the Social Learning Theory developed by Bandura (1977). In Social Learning Theory, learning is considered to be an active acquisition, processing and structuring of experiences.

In life skills education, children are actively involved in a dynamic teaching and learning process. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play, games and debates. A life skills lesson may start with a teacher exploring with the students what their ideas or knowledge are about a particular situation in which a life skill can be used. The children may be asked to discuss the issues raised in more detail in small groups or with a partner. They may then engage in short role play scenarios, or take part in activities that allow them to practice the skills in different situations - actual practice of skills is a vital component of life skills education. Finally, the teacher will assign homework to encourage the children to further discuss and practice the skills with their families and friends.

Life skills have already been taught in many schools around the world. Some initiatives are in use in just a few schools, whilst in other countries, life skills programmes have been introduced in a large proportion of schools, and for different age groups. In some countries, there are several important life skills initiatives, originating in different groups in the country, eg. non-governmental organizations, education authorities, and religious groups.

Identifying an optimal strategy for life skills education

The wide range of motives for teaching life skills to children and adolescents include the prevention of drug abuse and teenage pregnancy, the promotion of mental well-being and cooperative learning. For adults, life skills appear in programmes such as communication and empathy skills for medical students and counsellors, problem solving and critical thinking for business managers, and coping with emotions and stressors for people with mental health problems.

Given the wide ranging relevance of life skills, an optimal strategy for the introduction of life skills teaching would be to make it available to all children and adolescents in schools. Life skills teaching promotes the learning of abilities that contribute to positive health behaviour, positive interpersonal relationships, and mental well-being. Ideally, this learning should occur at a young age, before negative patterns of behaviour and interaction have become established.

The school is an appropriate place for the introduction of life skills education because of:

- . the role of schools in the socialization of young people;
- . access to children and adolescents on a large scale;
- . economic efficiencies (uses existing infrastructure);
- . experienced teachers already in place;
- . high credibility with parents and community members;
- . possibilities for short and long term evaluation.

Even in countries where a significant proportion of children do not complete schooling, the introduction of life skills education in schools should be a priority. Life skills education is highly relevant to the daily needs of young people. When it is part of the school curriculum, the indications are that it helps to prevent school drop-out. Furthermore, once experience has been gained in the development and implementation of a life skills programme for schools, this may help with the creation and implementation of programmes for other settings.

Developing life skills programmes

Designing and implementing a life skills programme is only a part of the life skills programme development process. It is equally important to secure long term support and resources for life skills education, and to engage, from the very beginning, all of the potential agencies that would have a role to play in the process of life skills programme development.

Implementing a life skills programme will require the introduction of teaching methods that may be new to teachers, and the success of the programme will depend very much on the availability of in-service training, as well as efforts to include training in participatory learning methods in teacher training colleges.

The introduction of life skills education will require input from the school and education authorities, for teacher training and the development of teaching manuals, as well as for the ongoing support of teaching programmes once they are in place. This investment is worthwhile considering that the potential gains of life skills education are so far reaching. Apart from the impact on child health, there may be other benefits for the school as an institution. For example, evaluative studies of life skills programmes suggest that the methods used can help to improve teacher and pupil relationships (Parsons et al., 1988), and there are indications that life skills lessons are associated with fewer reports of classroom behaviour problems. There are also research indications of improved academic performance as a result of teaching life skills (Weissberg et al., 1989). Other positive effects include improved school attendance (Zabin et al., 1986), less bullying, fewer referrals to specialist support services and better relationships between children and their parents.

A life skills programme will have to be proven worthy of the resources allocated to it. Process and outcome evaluation studies should be carried out, and results shared with all the relevant decision makers that could affect the future of the life skills programme. A programme that has a component of ongoing assessment of its use and impact offers scope for keeping in touch with changing priorities, and is more likely to be modified and maintained over time.

The main aspects of life skills programme development are discussed in more detail in Part 2 of this document.

The document, *Training Workshops for the Development and Implementation of Life Skills Programmes* (WHO/MNH/PSF/93.7B.Rev.1) provides material that has been designed to assist the process of life skills programme development. Active, experiential and group work methods form the basis of the activities described in the training workshops and the accompanying trainer's guide.

The document *Life Skills Education: Planning for Research* (MNH/PSF/96.2.Rev.1) provides a concise review of the research literature related to life skills education, and provides more information to guide the use of research as an integral part of the process of life skills programme development and implementation.

Well designed, tested and delivered life skills programmes can achieve much in helping children and adolescents become more responsible, healthy and resilient both during childhood and as adults.

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PART TWO

GUIDELINES: THE DEVELOPMENT AND IMPLEMENTATION OF LIFE SKILLS PROGRAMMES

DEVELOPING A LIFE SKILLS SUPPORT INFRASTRUCTURE

Establishing a life skills initiative at national or sub-national level requires an infrastructure capable of developing a life skills programme of widespread relevance and acceptability, as well as managing the implementation and evaluation of the programme over time. This infrastructure may take the form of two bodies, one to manage the technical tasks of programme design, implementation and evaluation, the other to advise and supervise this process. These may be called, for example, the Life Skills Development Group and the Life Skills Advisory Panel, respectively.

The initiative for forming these groups may come from currently established agencies that have responsibility for health education (for example, a school curriculum development group or health education authority) or responsibility for specific aspects of preventive health education or interventions (for example, a drug abuse control council, AIDS prevention agency etc.). The groups, as described here, are not necessarily new structures, since they may involve people that already work together on other areas, and may be brought together using an established forum.

The Life Skills Development Group

A Life Skills Development Group may be formed for the purpose of working on the development, implementation and evaluation of a life skills programme.

The coordinator of this group, the "project manager", is likely to have responsibilities for school (health) curriculum development, or a role in planning and developing school curriculum materials or school-based health and social interventions. The project manager should be in a position to establish links with government agencies, that should be mobilized in support of the life skills initiative.

Members of the Life Skills Development Group might include people that hold posts which entitle them to decision making responsibilities over the content of school-based interventions, or represent established institutions with recognized authority in this field. They would be expected to have expertise in curriculum development or school-based interventions, and should have familiarity or expertise in the design of educational activities that matches the learning capabilities of the age groups targeted for life skills education. However, it should not be limited to these individuals. The contributions of other child and youth experts is helpful, for programme design and later, during the implementation stages.

The Life Skills Development Group should be selected in order to form a multidisciplinary group, and may include professionals from the following domains:

- . school curriculum development
- . health education
- . prevention education
- . public health
- . teacher training
- . developmental and/or educational psychology
- . social services

For the development of a broad-based life skills programme, the multidisciplinary composition of this group should also be supportive of the generic goals and concepts of life skills education as described in Part 1 of this document.

The principal tasks of a Life Skills Development Group include:

- . formulation of objectives for life skills education;
- . formulation of strategies for life skills programme development;
- . management of resources for life skills education;
- . the design of life skills programme teaching materials;
- . the development of training sessions for life skills trainers and educators/teachers;
- . pilot-testing a draft version of the life skills programme;
- . making plans for the implementation of the life skills programme;
- . maintenance of the life skills programme once it is in place.

The tasks are described in the next section of these guidelines, together with points that may serve to guide decision making.

Training the Life Skills Development Group

The Life Skills Development Group will need to be trained in the theoretical basis, objectives and methods of life skills education, as well as in how to design and evaluate life skills programmes. This training could be based on the training workshops described in the document Training Workshops for the Development and Implementation of Life Skills Programmes (WHO/MNH/PSE/93.7B.Rev.1).

The Life Skills Development Group can to some extent be self-trained on the basis of the workshops, and can use the same workshops to provide training or briefing sessions for the life skills advisory group, and for the training of trainers. Ideally, the training of the Life Skills Development Group should be assisted by a trainer with expertise in the area of life skills education. A life skills consultant from another country may be asked to assist this process. However, if resources are not available to cover the services of a consultant, it may be relevant to bring in the help of people with related experience. For example, attempts

could be made to establish links with professional groups currently using active learning methods, and which teach at least one of the life skills areas described in Part 1.

The Life Skills Advisory Panel

Identifying a Life Skills Advisory Panel is an important part of the strategy for gaining support, resources and commitment to life skills education. Such a "panel" would be selected to include relevant opinion leaders and agencies that could act as promoters of the major aims and objectives for the development of life skills education. An advisory panel can play an important role in supporting life skills education, including guiding policy and the decision making process. If problems arise, this group can also provide backing which might be necessary for the very survival of an innovative initiative such as life skills education, which may be misunderstood and criticised. Endorsement from respected individuals and agencies can help dispel criticism as well as give credibility to the effort.

The composition of the Life Skills Advisory Panel might include representatives of:

- . education authorities;
- . health authorities;
- . social services;
- . relevant departments of universities and colleges;
- . youth organizations;
- . minority groups;
- . non-governmental organizations;
- . police;
- . religious institutions;
- . media;
- . popular personalities;
- . charities;
- . public sector agencies - including potential sponsors from business and industry;
- . parents and teachers associations;
- . teachers' unions;
- . international agencies working in the country.

Members of an advisory panel would need to be convinced of the relevance of life skills education in relation to the country's needs and priorities, so it may be necessary to provide training or briefing sessions. Such training could be developed from the relevant workshops provided in the document Training Workshops for the Development and Implementation of Life Skills Programmes (WHO/MNH/PSF/93.7B.Rev.1).

The project manager of the Life Skills Development Group could be instrumental in establishing the Life Skills Advisory Panel, whose members would be consulted as the Life Skills Development Group formulates and implements its plans.

FORMULATING OBJECTIVES AND A STRATEGY FOR LIFE SKILLS PROGRAMME DEVELOPMENT

Formulation of objectives for life skills education

Objectives for life skills education should be based on a needs assessment.

A needs assessment will help identify the most relevant prevention and promotion objectives for life skills education. As far as possible, the needs assessment should make use of existing reports and statistics. Existing statistics, describing the prevalence of particular problems, can help to put force behind new initiatives which are designed to have implications for the prevention of those problems.

In relation to life skills education, relevant statistics include the incidence of health and social problems that are related to mental well-being and behaviour. These include:

- extent and type of substance use and abuse;
- HIV/AIDS prevalence;
- pregnancy rates in school children;
- teenage suicide rates;
- incidence of childhood psychiatric disorder and psychological problems;
- extent of violence in schools.

The formulation of objectives of a life skills programme should also include a review of education and/or health policy, and where possible the Life Skills Development Group should try to pursue the development of life skills education within existing government policy and priorities. Where existing policy is inadequate, the life skills development group, working with or through the advisory panel, will need to present the case for necessary policy changes.

The objectives for life skills education should be placed within a rationale and conceptual framework for the place of life skills in health promotion (see Part 1 of this document). It can also help to relate the objectives of life skills education to already established objectives, such as the Convention on the Rights of the Child (Article 29):

"... the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential; ... the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of the sexes, and friendship among all peoples..."

To increase acceptability and feasibility of the life skills programme, objectives should take into account the realities of the religious, cultural, political and socio-economic conditions.

Two questions that need to be addressed early on are: What life skills are to be taught, and, for which groups and ages?

i) What skills to teach?

For a broad-based foundation in life skills the following were suggested in Part 1, as complementary life skills for the enhancement of psychosocial competence.

decision making - problem solving	creative thinking - critical thinking	communication - interpersonal relationships	self-awareness - empathy	copng with - emotions and stressors
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The Life Skills Development Group will need to determine the exact nature of the skills to be taught, and to determine the specific applications of life skills that will need to be taught to achieve primary prevention and health promotion objectives. (Refer to the table on page 22, and to the Appendix, for example lesson titles and sequence).

ii) What is the target group of the life skills programme?

If a life skills programme is to be developed for the promotion of health and well-being, it should ideally be targeted at all children and adolescents, as a positive response to health needs, rather than as an intervention aimed only at those already at risk or who already have health problems.

If the plans are that the life skills programme should eventually be implemented wide-scale in a country, then the original programme is likely to be developed first for the most dominant, majority language and culture in the country. This may mean that minority groups will not be reached, especially if there are no representatives from such groups in the Life Skills Advisory Panel or Development Group. Plans should be made for programme adaptation, or life skills programme development, for such groups once a programme has been implemented and is being maintained.

Life skills programmes can be developed for all ages of children and adolescents in school. Experience gained in countries where life skills programmes have been developed suggests 6-16 years as an important age range for life skills learning. However, the age groups to be targeted are likely to be determined by education policy and the resources available, as well as by the age at which children are most likely to be in school. It will be necessary to weigh up the value of life skills education to different age groups, to help select who it is for and for how many year groups. Given the role of life skills in the promotion of positive health behaviour, it is worthwhile ensuring that life skills programmes are available in the pre-adolescent or early adolescent years, since young people of this age group seem to be most vulnerable to behaviour-related health problems.

Formulation of a strategy for life skills programme development

One of the main questions about strategy will be whether to develop a life skills programme or to adapt one that is already being used in the country or elsewhere.

The document *The Development and Dissemination of Life Skills Education: An Overview* (MNH/PSF/94.7) provides brief case studies of the development and adaptation of life skills programmes in different countries. It also includes a short annotated list of examples of life skills education resource materials.

It may be useful to obtain copies of several life skills programmes, and to examine them before deciding whether programme adaptation is a feasible and appropriate solution. Even where the best strategy is considered to be the design of a life skills programme, the work may be facilitated by reviewing life skills programmes to generate ideas for style and content. Also, actual implementation of a life skills programme developed elsewhere can, in the short term, help local groups gain valuable experience in life skills education, even if the eventual goal is to develop rather than adapt a programme.

The ability to achieve cultural relevancy and linguistic integrity in adapting a life skills programme is a primary factor in determining whether programme adaptation is feasible. Cost is another important factor. Programme adaptation is not necessarily cheaper than programme development, when licence fees and royalties are added to the adaptation costs. Furthermore, programme adaptation can take as long as programme development.

Experience suggests that the process of life skills development or adaptation can take from 2 to 4 years to complete.

Three main steps in the adaptation process are briefly described below:

i) Language translation

This may be necessary even if a programme is written in the "same" language. So many expressions are culture specific, and may have no meaning in other countries or regions.

ii) A reverse language translation

The translated version of the materials is translated back into the original language. This is done to ensure that what has been translated from the original does not change the basic concepts and content of the programme. There is often no direct translation for a word or concept, and when it is translated it can take on a new meaning that was not intended by the programme developers.

iii) Cultural adaptation

At this stage, attention would be directed at the content of the programme. The skills being taught would need to be examined for relevance and appropriateness, as would each of the activities used to facilitate life skills acquisition. Careful attention should be given to include only the most culturally appropriate content. Other aspects of the programme may need to be re-written to develop culturally sensitive activities.

Whether a life skills programme is to be adapted or designed, the steps for programme development outlined in these guidelines are relevant, and may form the basis of a more detailed strategy.

Management of resources for life skills education

The objectives and strategy for life skills programme development, training, implementation, and maintenance should all be formulated in ways that can be supported with financial resources available within the country.

Although it is impossible to give an estimation of the costs here, a checklist of likely expenses is listed below:

Costs of producing life skills materials, including payment of writers and illustrators, and costs of printing. It can be helpful to choose binding and paper quality to suit climatic conditions: for example, plastic coated paper, although more expensive, has been used for some life skills programmes to ensure durability of the materials.

Costs of distributing life skills materials.

Costs of teacher training, including trainers' fees, and travel expenses for teachers and trainers attendance at workshops.

Costs of a Life Skills Advisory Panel and Life Skills Development Group are likely to include such things as travel to meetings, food and lodging during meetings, secretarial support and stationary.

Costs of consultants for initial training. Although involving life skills consultants can be more expensive in the early stages, it may help to reduce overall costs by helping to organize and implement the initiative more effectively and efficiently and so avoiding expensive mistakes.

Promotion costs for getting the programme launched and on-going publicity for the programme, including costs of providing samples of the programme materials to stimulate interest.

Costs of researchers to carry out the pilot test and subsequent evaluations.

Costs of review and revision of the life skills materials and the training.

It may be possible to recover the costs of programme development from the sale of life skills materials.

Attracting resources for a life skills education initiative: some suggestions

Form partnerships with agencies that should support the development of life skills education.

Carry out publicity campaigns to encourage popular support and positive expectations of life skills education.

Apply for funds from relevant non-governmental and international organizations, charities and foundations, as well as from local authorities and businesses (including banks and insurance companies).

Publish reports that describe the project objectives, the scale of dissemination, pilot test findings, and progress updates.

DESIGNING LIFE SKILLS PROGRAMME MATERIALS

Designing life skills lessons

The acquisition of skills is based on learning through active participation. Life skills lessons need to be designed to allow opportunities for practice of skills in a supportive learning environment.

Refer to the Appendix for short descriptions of life skills lessons.

Life skills lessons are both active and experiential. In passive learning, the teacher passes on knowledge and the learner is the recipient of information (as in didactic teaching). Active learning, however, engages the teacher and pupil in a dynamic process of learning by using methods such as brainstorming, group discussion and debates. Experiential learning is based on actual practice of what is being taught, for example, using games and role play. Life skills lessons use such active and experiential methods, and should also include homework assignments that encourage pupils to extend their analysis and practice of life skills to their lives at home and in their communities. Traditional children's games, often used in life skills lessons, offer one good example of how life skills are learned through doing, and are taught using activities that can be continued outside the classroom. For example, games like being led blindfold around a room are used to teach trust, and whispering games, where a message is whispered from person to person, are used to teach listening skills.

Two methods that are frequently used in life skills lessons - brainstorming and role play - are described below.

Brainstorming is a creative technique for generating ideas and suggestions on a particular subject. Any topic can be explored using brainstorming. A question may be asked or an issue raised, and every one in the group is asked to give suggestions about it in very simple terms, ideally with one word or a short phrase. In brainstorming, people just call out what they think, there should be no need to go round the group one by one. All suggestions would be listed for the whole group to see. Brainstorming gives an opportunity for everyone's ideas to be valued and accepted without criticism. Brainstorming can be a good technique for the life skills teacher to learn from the children how much they understand about a subject and to see how they describe it in their own terms. It is also a very effective way of hearing the ideas from the whole group in a limited period of time. Later in the lesson, the various brainstorm ideas can be assessed in relation to the concepts being taught.

Role play is the acting out of a scenario, either based on text or based on example situations described by the teacher or students. In role play, various aspects of the same situation can be tried out, and the students involved can be given a chance to try out the life skills they are being taught. Role play is perhaps the most important method in life skills teaching, since the students involved can experience for themselves the use of a new skill in different situations. Role play can be of considerable value for dealing with sensitive issues that may cause anxiety in real encounters. The learner can observe and practice ways of behaving in a safe, controlled environment before facing real situations.

Evidently, these activities normally presume that the students are working together in groups or pairs, which is often not the case in many school classrooms. Effective work in groups will depend upon the training of life skills educators in group work methods and as group leaders. For example, for effective groupwork it can be helpful to establish rules for group participation, and to assign people to roles within the group (e.g. timekeeper and reporter) so that everyone is considered responsible for the activities of the group. A group leader will need to give clear instructions, and will need to know how to deal with people who are not actively contributing to the group activities, as well as how to split large groups into small ones of 4 or 5, or into pairs.

Processing questions can be used to structure life skills lessons and to maintain student involvement and reflection on what is being taught. Three processing questions are:

What? What is the lesson about?

So What? What have I learnt from the lesson? What thoughts and feelings did the lesson stimulate?

Now What? What can I do with what I learned/experienced? How can I apply it to my everyday life?

The training workshops described in the document *Training Workshops for the Development and Implementation of Life Skills Programmes* (WHO/MNH/PSF/93.7B.Rev.1) are based on the methods that are used in life skills education. Participating in these workshops can help those designing life skills lessons to become familiar with the methods used.

Designing a life skills education programme

Designing actual life skills lesson activities is usually only one part of life skills programme design. For a broad-based life skills programme, designed to promote psychosocial competence, and to achieve health promotion and prevention objectives, the life skills lessons would need to be designed as part of a sequential and unified programme. To some extent, the life skills lessons would be designed to be carried out in a particular order, with later life skills activities designed to build on the skills lessons provided earlier in the programme. For example, the following model describes three basic levels of life skills lessons, which can be taught in sequence, in order to create a life skills education programme.

Level 1 The teaching of basic components of core life skills, practised in relation to common everyday situations.

Level 2 The application of life skills to relevant themes that are connected to various health and social problems.

Level 3 The application of skills in relation to specific risk situations that can give rise to health and social problems.

An example outline of a life skills education programme, based on titles of life skills lessons covering these three levels, is illustrated below. The model is fictional, and is only intended to illustrate how a life skills programme can be put together to cover a broad-based foundation in life skills. This can be built on so that students have the opportunity to practice the skills relevant to important health issues. The example shows 30 life skills lessons taught over a period of 3 years.

See Appendix for examples of lessons titles and sequence of life skills programmes.

	Year 1 (Level 1)	Year 2 (Level 2)	Year 3 (Level 3)
Self-awareness	Learning about "me as a special person"	Self-control	My rights and responsibilities
Empathy	Understanding how people are alike and how we differ, and learning to appreciate the differences between people	Avoiding prejudice and discrimination of people who differ	Caring of people with AIDS
Interpersonal relationship skills	Learning to value relationships with friends and family	Forming new relationships and surviving loss of friendships	Seeking support and advice from others in a time of need
Communication	Basic verbal and non-verbal communication skills	Assertive communication in the face of peer pressure	Using assertiveness to resist pressure to do potentially health damaging activities (e.g. unprotected sex)
Critical thinking	Learning the basic processes in critical thinking	Making objective judgements about choices and risks	Resisting media influence on attitudes towards smoking and alcohol
Creative thinking	Developing capacities to think in creative ways	Generating new ideas about things that are taken for granted	Adapting to changing social circumstances
Decision making	Learning basic steps for decision making	Making difficult decisions	Decision making about important life plans
Problem solving	Basic steps for problem solving	Generating solutions to difficult problems or dilemmas	Conflict resolution
Coping with stress	Identifying sources of stress	Methods for coping in stressful situations	Coping in situations of adversity
Coping with emotions	Recognition of the expression of different emotions	Understanding how emotions affect the way we behave	Coping with emotional distress

Designing a life skills programme for flexible Implementation

The place of life skills teaching in the school curriculum can vary greatly. Life skills have been taught in schools in the context of various educational initiatives, eg. as a part of comprehensive school health education, life planning education, and mental health promotion. When the life skills programme is included, as a part of the school curriculum it may be referred to as "integrated". Life skills have also been taught within the teaching of academic subjects, such as the teaching of communication skills in the context of language classes. Taught in this way life skills education is often said to be "infused" into the existing curriculum. Life skills education may also be implemented as an extra-curricular activity.

- If the life skills programme can be designed so that it can be both infused into other subjects and integrated either as a new subject, or within an existing subject, this offers greater potential for programme success.
- The materials should be appropriate for children and adolescents of ethnic minority groups. Programme developers should pay attention to language usage (e.g. avoid unnecessary colloquial expressions) and use culture-free illustrations, as far as possible.
- Producing the life skills programme as a loose leaf binder, or putting the lessons on separate cards can be very practical, allowing the teacher to take out the lesson materials he/she requires whilst facilitating the lessons.

An overview of a life skills teaching manual

The most important material of the life skills programme is likely to be a teaching manual, which provides detailed descriptions of each lesson. The teaching manual should also include the following:

- an introduction to life skills education - describing the rationale, theory, values, and methodology;
- activities to support the life skills lessons - for example, warm-up activities to help the students feel more comfortable working in groups;
- activities that facilitate the development of life skills, that the children can do at home and with their families;
- activities that facilitate the development of life skills, that may be carried out with friends or in community projects.

Since life skills education will be new for most teachers and trainers, the format must be clear and concise, so that users can easily understand the approach, pedagogy and the structure of the sessions described. For example, each of the skills lessons could be set out using the same format, as below.

Lesson purpose and goal

Learning objectives

Listing and explanation of materials needed for the lesson

Background information, helpful hints, and how the lesson is related to other lessons or to the national curriculum

Lesson activities

- a. exploring and discovering
- b. connecting new concepts and skills
- c. practice new skills
- d. apply skills to life situations

Evaluation (processing questions)

Homework assignments

Additional resources and activities related to the lesson

Life skills programme materials to accompany the teaching manual

Life skills programmes often include a student workbook, for the child or adolescent to use in conjunction with the skills lessons. Also, students are often asked to write about their feelings and what they have learnt in their own personal journals. If these additional materials are not available or affordable, all materials can be incorporated within the teaching manual, and when required, reproduced for the children by the teacher on the board, or other such visual display facilities.

Other support materials might include:

An introduction to life skills education for parents, describing the rationale and objectives of life skills education, and providing suggestions of activities that they can do with their children at home.

A guide to assist teachers' work with parents. This might include an agenda for meetings with parents, and suggestions for ways that teachers can encourage parental support for their child's or children's acquisition and practice of life skills.

An introduction to life skills education for school principals, emphasizing the potential benefits of life skills education for the institutional goals of the school, as well as the need for review periods and on-going training for teachers once the programme is implemented.

A leaflet describing life skills education for other teachers and for school health personnel, school social workers etc., and for community members that should be informed of the content and objectives of life skills education.

TRAINING OF LIFE SKILLS TRAINERS

A training course for life skills trainers can be developed on the basis of the workshops provided in the document *Training Workshops for the Development and Implementation of Life Skills Programmes (WHO/MNH/PSF/93.7B.Rev.1)*.

Trained trainers could then use or adapt the training workshops as the basis for the training of teachers or other life skills educators.

A cascade strategy for disseminating the training is used in many countries. This is to say that people that take part in training sessions then go on to train others using the same, or a similar, training schedule. This model is advocated in so far as trained trainers can go on to train other teacher trainers, and so increase the availability of training resources. Teachers/life skills educators should go through training sessions with a trained trainer. Care has to be taken however, to maintain the quality of the training at all levels.

The training workshops, outlined in the document *WHO/MNH/PSF/93.7B.Rev.1*, are organized as four courses and cover the following workshop topics:

Course I

- The Nature and Purpose of Life Skills Education
- The School Context for Life Skills Education
- Implementing a National/Regional/Local Strategy for Life Skills Education
- Building a Coalition for Life Skills Education

Course II

- Why Work in Groups?
- Key Skills in Training- Part 1
- Key Skills in Training- Part 2

Course III

- Life Skills Lesson Methods and Design
- Review of Resources Materials for Life Skills Education
- Strategies for Developing Teaching Materials - 1
- Strategies for Developing Teaching Materials - 2
- Assessment and Evaluation in Life Skills Education

Course IV

- The Community Contribution to Life Skills Education
- Developing Parenting Skills to Support Life Skills Education

Training on the basis of participatory learning in groups

Active participatory learning in groups is central to life skills teaching; it is also the basis for the training of life skills trainers.

From the experience gained in the training of life skills trainers and teachers, the indications are that training usually requires intensive workshops, over, for example, a 3 day period. There should also be opportunities for follow-up training sessions.

During childhood and adolescence, as in adulthood, much social interaction occurs in groups. This can be capitalized upon, and used in a structured way to provide a situation in which members can learn, share experiences and practice skills together.

The role of the trainer is to facilitate this participatory learning of the group members, rather than conduct lectures in a didactic style.

Participatory learning:

- builds on the experience, opinions and knowledge of group members;
- provides a creative context for exploring possibilities and defining options;
- provides a source of mutual comfort and security which is important for the learning and decision making process.

It is recognized that there are advantages of working in groups, with adults and with young people because group work:

- increases participants' perceptions of themselves and others;
- promotes co-operation rather than competition;
- provides opportunities for group members and their trainers/teachers to recognize and value individual skills and enhance self-esteem;
- enables participants to get to know each other better and extend relationships;
- promotes listening and communication;
- facilitates dealing with sensitive issues;
- appears to promote tolerance and understanding of individuals and their needs;
- encourages innovation and creativity.

The place and importance of participatory learning in teacher training draws some of its influence from adult learning theory and from research into teacher in-service training, which suggests the following:

- The adult learner has accumulated a reservoir of experience that is a substantial resource in the learning process. The experience of the participants must be used and built on.
- Lecturing adult professionals has little effect on their actual work practice. Even lecturing, followed by general discussion does not tend to have much influence on practice.
- There are indications that if teachers are asked to perform practical tasks during in-service training, and if they are explicitly asked to try out new activities in their classroom, this heightens the chance of the in-service training having an effect on teaching methods.

The Trainer's Guide in document WHO/MNH/PSF/93.7B.Rev.1, provides more background information for trainers, with examples of practical exercises and guidance to facilitate participatory training in groups.

PILOT TESTING/EVALUATING A LIFE SKILLS PROGRAMME AND TRAINING

Once life skills programme materials and training have been developed, a small-scale pilot test is required, during which the life skills programme can be assessed and necessary revisions made before the materials are produced and distributed on a larger scale.

Pilot test evaluation is as important as developing the programme materials, because once developed, if there is no evaluation, there may be little to show that the programme has the potential to achieve what is expected of it. With limited resources available, few agencies are going to spend time and money on a new initiative unless they have some proof of its practical value. Also, mistakes or gaps in the materials may only be noticed when the training schedule is actually put into practice with teachers or when the teacher's manual is used to guide lessons. This sort of problem can be anticipated, and prepared for from the beginning with a plan to pilot test the materials. Furthermore, the pilot test evaluation can serve as an example of ways in which the life skills programme can be assessed in the longer term, and hence serve as a model for future evaluation.

Evaluation tools used in the evaluation of life skills programmes include: questionnaires given to pupils, teachers and trainers; individual and group interviews; and assessment through observation, e.g. of the teacher conducting a life skills class.

The document, *Life Skills Education: Planning for Research (MNH/PSF/96.2.Rev.1)* provides further information about evaluation of a life skills programme. Programme evaluation is described as part of a plan for research as an integral part of life skills education, development, implementation and maintenance. The appendices to the document provide examples of research related to life skills education and descriptions of instruments used in life skills programme evaluation.

The number and type of schools that should be included in the pilot test depends on the overall scale of the planned implementation of the life skills programme.

If the life skills programme is destined for wide-scale implementation in a country, during the pilot test schools should be selected to include a representative sample of urban and rural schools, as well as a sample of the different types of schools (for example: private, public, single sex schools, religion or culture based schools). To be sure of meaningful results of the pilot test, a minimum of 8-12 schools, involving at least 2 teachers and 50 pupils from each school, is likely to be required.

In pilot testing a programme, the principle question will be what to evaluate. What are the indicators of life skills programme effectiveness?

What to evaluate?

Evaluation questions that might be asked include process evaluation questions and outcome evaluation questions, examples of which are listed below.

Process evaluation questions

- Is the programme implemented as expected?
- How well does the programme fit the socio-political, socio-economic and cultural climate?
- How do teachers, trainers, and the young people themselves perceive the life skills programme?
- How do parents and community leaders perceive the programme?
- How "user friendly", i.e. easy to use, are the materials and training?
- Are the programme contents, and the concepts behind it, understood by the users ("users" could be the trainers, teachers and students)?
- What is the potential relevance of the programme to different ethnic groups in the country?
- Do participants enjoy the life skills programme?
- Does it seem relevant to the user's needs?

Outcome evaluation questions

- Does the programme achieve what it sets out to achieve?
 - i.e. - do the children learn life skills?
 - are there any indications of changes in health-related behaviour?
 - are their changes in indicators of mental well-being, eg. improved self-esteem and self-confidence?
- Does the programme bring about other changes? Apart from the acquisition of life skills and changes in health-related behaviour, other indicators of life skills programme effectiveness include:

- improvements in teacher-pupil relationships;
- improved academic performance;
- reduction in school drop-out;
- improved school-family links.

Pilot test data may be compiled as a report to illustrate the value and effectiveness of the life skills programme, and the programme's potential. Recording the results in this way could be important for promoting the programme, or validating it if the usefulness of life skills education is challenged. Such a report could be distributed along with the training and teaching manual at the phase of wider dissemination of the programme.

Evaluating/pilot testing the teacher training

All participants on training courses can be given an evaluation form (see the example below). Feedback from each training course should be recorded, and future should be revised as a result of such feedback.

EVALUATION SHEET		Please circle one number for each of the following questions.				
		very much		somewhat		very little
1.	Did you find the workshop(s) interesting?	5	4	3	2	1
2.	Did you find the workshop(s) valuable?	5	4	3	2	1
Please write in your reply.						
3.	Which part of the workshop(s) did you find the most enjoyable, and why?					
4.	Which part of the workshop(s) did you find the least enjoyable and why?					
5.	What have you learned that will be of most help to you?					
6.	What additional training do you need?					

IMPLEMENTING A LIFE SKILLS PROGRAMME

Following the pilot test phase, including any necessary revisions of the training and life skills materials, dissemination and implementation of the life skills programme can begin.

The financial resources available for printing, distribution and training will be an important factor in determining the rate and scale of implementation of the life skills programme. If plans are made for wide scale implementation in a country, the rate and scale of implementation will also be determined by the cultural, ethnic and linguistic diversity. Programme implementation in countries with a relatively homogeneous population may be faster and easier. Countries with greater diversity may find it necessary to set priorities for making adaptations for different ethnic and linguistic populations.

Minimum criteria for Implementing a life skills programme

Although these guidelines focus on the implementation of life skills programmes in schools, there may be plans for use of the programme in settings other than schools. If this is the case, or indeed if there is concern as to the appropriateness of school settings in a particular location, it is worth considering the following minimum criteria that should be met for life skills education to be effective, as below.

- The teaching of life skills requires a learning environment in which a teacher/group leader can organize active and experiential learning activities.
- It is important that the teacher/group leader has had training in active and experiential teaching methods, and in facilitating the learning of life skills. He/she should be equipped with a teaching manual that describes life skills lessons.
- The life skills activities should, ideally, be led by a teacher/group leader that the group can work with over a period of time, e.g. over a one-year period.
- The teacher/group leader should be sensitive to the capabilities and understanding of those taking part in the life skills programme, and be able to adapt life skills lessons accordingly.
- The life skills teaching should have continuity and sequence over time, i.e. life skills lessons should, to some extent, relate to and build upon previous lessons. One-off life skills lessons are unlikely to be effective.

The focus on the school in this document partly reflects these minimum criteria, since in most countries, the school is the setting that is most likely to meet these criteria. The most likely person to be able to play the role of a life skills educator is a trained teacher, although a school psychologist, social worker, or guidance counsellor could also be trained as a life skills educator.

Life skills programmes are best implemented by teachers or life skills educators that have taken part in life skills education training sessions, and it may be appropriate to limit distribution of the life skills teaching resource to teachers that have taken part in training sessions. To this end, it may be best to deliver the life skills programme materials to training centres, rather than directly to schools.

Monitoring the distribution of the life skills materials and training may be of value as an indicator of the success of the life skills initiative, and such information may be of help in securing future financial resources. Inventory systems are therefore useful, to gather information on the destinations of the life skills education programme materials and training courses, and to keep track of the scale of implementation.

A dissemination strategy: Life Skills Coordinators

The following outlines a number of guidelines regarding the use of coordinators to facilitate the dissemination of life skills education.

1. A network of coordinators at local or regional level (depending on the geography of the country) should be set up, who would assist in the dissemination of programme materials and training.
2. Regional level coordinators would be trained as "trainers of trainers". Local level coordinators would be trained as teacher trainers.
3. Life skills coordinators would receive support and further training together with other local or regional coordinators.
4. Funding will be necessary for the posts of local and regional life skills coordinators. In many countries this has been provided by local or national governments - thus stressing the importance of involving key senior governmental officials in the development of life skills education.
5. The experience in many countries is that the appointment of local coordinators is the best strategy to ensure implementation and further development of life skills education. There need to be people "on the ground" who will take on the day to day management tasks, cultivate networks and offer encouragement and support. These coordinators can offer the Training Workshops (WHO/MNH/PSF/93.7B.Rev.1) at school and local level.
6. Training in working with parents and involving the community should be offered as part of the training of life skills coordinators.

MAINTENANCE OF A LIFE SKILLS PROGRAMME

Once a life skills programme has been developed and implemented, the Life Skills Development Group should ensure its longer term function in order to manage the longer term implementation and maintenance of the programme. Otherwise, the Life Skills Development Group should ensure that a relevant agency takes on this responsibility.

Incorporating review periods

Systematic review of the use of the life skills programme will be an essential part of ensuring its long term value. Even when a programme is securely in place and running well, it will continue to require ongoing assessment and revision, to ensure that the life skills programme continues to meet the needs of young people.

The information generated in a review of programme implementation should be recorded and included in periodic progress reports.

Follow-up training for teachers

Follow-up training sessions should be provided, if possible, even if the programme and training is not changed as a result of the review periods. Teachers will require follow-up training sessions to guide them in the longer term use of the programme, and to provide them with an opportunity for raising questions about its content and methods.

To ensure the long term availability of the teacher training sessions, it may be helpful to institutionalise the training, for example, by trying to make it available in teacher training colleges.

Ongoing funding and support of the life skills programme

The Life Skills Coordinator in each district would be responsible for actively promoting the programme, and ensuring that relevant groups and agencies (local authorities, parents' and teachers' groups, businesses, charities, etc.) are encouraged to provide support and funding for the programme in the longer term. To this end, the Life Skills Coordinator would have an overview of the life skills "network" in his/her location, and should encourage relevant people to support life skills education, for example, by inviting them to planning meetings or by making progress reports available to them.

For the maintenance of a life skills programme over time, the Life Skills Coordinator could facilitate the involvement of children and adolescents in community projects, and projects to improve the school environment and school "climate" (or atmosphere) in ways that support the objectives and ethos of life skills education. He/she could also facilitate communication between parents and teachers.

Programme adaptation

As the programme begins to be used on a wider scale, the programme is more likely to be used by ethnic or cultural groups other than the target population for whom it was initially designed. If this happens, the relevance of the life skills activities may be gradually diluted and programme effectiveness reduced. As a part of programme maintenance, it is therefore important to consider making adaptations of the programme, as necessary.

APPENDIX

SAMPLE LIFE SKILLS LESSONS AND LIFE SKILLS PROGRAMME LESSON TITLES AND SEQUENCE

The sample lessons described here are based on lessons from life skills programmes used in schools in various countries. They represent only a small part of programmes that they were taken from, and the lesson descriptions have been abbreviated, so it would not be appropriate to copy them. They are to illustrate what life skills lessons are like, and to show the variety of ways in which life skills can be taught using active and experiential teaching methods.

The examples of life skills programme lesson titles and sequence illustrate the ways in which lessons have been put together to create three prevention education programmes based on life skills.

SAMPLE LIFE SKILLS LESSONS

"Steps to solutions and four questions for problem solvers"

The lesson is based on four steps to problem solving, with activities designed to help students work through each step.

1. What is the problem - what happened?

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

The group is asked to write a short play, showing an argument developing and taking place, followed by a definition of the problem.

Problems that the children experience are introduced as examples of problems for the class to work on together.

2. How does it feel?

A quarrel is illustrated using role play (alternatively the role play of step 1 is described). The group then considers each person in the role play in turn, and they write down the feelings each person may have had, without judging how justified the feeling was.

3. Option building

The students brainstorm to show how many possible courses of action could be taken to solve the problem.

The group looks at the list of feelings generated at step 2 and suggests what could be done to meet the needs each feeling represents. Once something has been suggested for each feeling, and for each person in the problem scenario, the list of options is compared to the original problem situation, and the group put forward suggestions for an appropriate solution.

4. Goal setting

Finally, a plan is drawn up, composed of small steps that each person involved in the argument could take to bring about a solution.

FROM: *Ways and Means: An Approach to Problem Solving*
(1988) The Handbook of the Kingston Friends Workshop Group,
Kingston Polytechnic, UK.

"Making decisions step by step"

The students are asked to explore the advantages and disadvantages of different ways of making decisions, such as:

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

The teacher then tells the group that the last way - evaluating different aspects of the situation - is the best process to use when making an important decision. And the following model for decision making is presented.

- Step 1 Name the choices and alternatives involved in your decision
- Step 2 Gather information about the decision (considering values, goals, and list what facts you need to know)
- Step 3 List the advantages and disadvantages of each choice
- Step 4 Make your decision and list your reasons for this choice

The students go through the model for example decision making dilemmas situations, first together and then in small groups. Then the students compare how the different groups handled the same dilemma. The teacher asks if anyone wants to share a real dilemma that the group could try to look at using the decision making steps.

The following questions are raised.

1. Has anyone in the group ever made a decision that didn't turn out well? Would the decision making model have helped? How? Which step?
2. How do you know if you have all the facts you need to make a decision? Who could you talk to?
3. Do you think you could really use this model?

FROM: *Life Planning Education: A Youth Development Program*
 (1985) The Center for Population Options, Washington, D.C., USA.

"Do your own think: Critical thinking skills"

The teacher provides examples which contrast critical and "un-critical thinking, and introduces the critical thinking steps, as below.

1. Choose a subject to examine.
2. Ask questions about the subject.
3. Gather information to get answers to your questions.
4. Review the information.
5. Determine how you will react.

The teacher uses one of the examples given earlier to go through the critical thinking steps. Then the students work in pairs through a worksheet on which the students have to show their use of the critical thinking steps.

The teacher asks the students to consider why it is so important to understand and use critical thinking skills in making decisions, and to think about areas in their lives when these skills can be applied.

A worksheet with examples of other situations in which the students can practice applying the critical thinking steps is given as a homework assignment, and the students are asked to write about a time when they could have done something differently, if they had only asked a few critical questions beforehand.

FROM: *Skills for Adolescence: Curriculum Guide: A Programme for Ages 11-14*
(1986) Quest International, USA. (TACADE version, printed in the UK).

"Communication Skills"

As an introduction, the students engage in an activity in which one student whispers a message to another, and this is then whispered from person to person until it has gone around the whole class. At the end, the students compare the final message to the original, to see if it has changed.

Students are asked to define communication, and under what conditions effective communication is said to have taken place. The teacher tells the students that communication can be verbal and non-verbal, and asks the students to say what they think is meant by verbal and non-verbal communication. The teacher is ready with definitions to help the students if they cannot think of any.

The teacher suggests that effective communication is when verbal and non-verbal communication are the same: difficulties arise when words contradict our nonverbal behaviour. The teacher asks students for examples of this, and may provide some to help, like:

"I always have plenty of time to talk to students after school" - and as this is said the teacher glances at his/her watch and nervously begins packing his/her briefcase.

Three students are given cards with the words "angry", "nervous", and "content" written on them. Each student uses non-verbal behaviour to communicate the emotion on the card. The rest of the class takes turns to guess the emotion that is being expressed.

Students are asked to give examples of a misunderstanding in communication that they have experienced, and to think about how it might have been avoided. A role play is made up to illustrate one or more of the situations given as examples by the students. The group is asked how the misunderstanding could have been avoided, and the suggestions are incorporated in a new role play of the situation.

To illustrate the value of asking questions to clarify what is being said, the teacher uses the following activity:

One student is asked to describe a figure containing different geometric shapes to the rest of the class, who are to draw it without asking questions about it. Two of the students then show what shape they thought was being described. The student describes the figure again, this time the others can ask questions. Two of the students show their drawings and these are compared to the original, to see if this time it was easier to understand what was being described.

FROM: *Life Skills Training: Promoting Health and Personal Development: Teacher's Manual*

G. J. Botvin (1989) Cornell University Medical College, USA.

"Appreciating Family and Friends"

The teacher explains that when something is important to us, we say we value it. He/she asks the students to think of something that they said they valued, yet did not take care of. The teacher then explains that we sometimes do the same in our relationships with family and friends.

Students are asked -

What do you do to show that you value a friendship or a family relationship?

Who makes you feel that someone does not value your relationship with him or her?

(Answers are put on the board for all to see).

Students are divided into groups of three or four, and they are asked to consider different scenarios that illustrates a bothersome quality that someone has. Students are asked to think about the scenarios using several questions:

What are the positive qualities of the person?

What quality is causing the conflict?

Is this necessarily a bad quality? When might it be a useful quality?

If you were in this situation, how would you handle this problem in a positive way?

Why do you think this quality bothers the person in the scenario so much?

Each group presents their scenario to the class, and describe what they would do to resolve the relationship problem.

As a homework assignment, students are asked to describe ways in which they show that they care for and value their family and friends, and for up to four people, they are to write about one additional thing they could do to further demonstrate their appreciation for that person.

FROM: *Teenage Health Teaching Modules: Strengthening Relationships with Family and Friends*
(1991) Education Development Center, Inc. Newton, MA., USA.

"The Uniqueness of Me"

The teacher asks the children to write their names on a large sheet, and to say what it means and how they feel about their names.

In pairs, the children discuss their characteristics eg. physical characteristics, skills, achievements, and also things they would like to be able to do.

Older children are asked to stick a picture of themselves into a circle drawn on a large sheet of paper. In other circles drawn around this central circle, the headings include: my special things, my special people, what I can do, my favourite foods, etc.

Younger children are asked to paint self-portraits and label it with their name. On scrap paper the children are asked to draw things, people and places that are special to them, and to stick these around the edge of the self-portrait.

The children are then asked whether they enjoyed the activity, and what they have learnt about themselves. They are asked to finish the statement: "Something I discovered about myself which makes me feel good is....."

As an activity to do at home, the children are asked to complete the statement "I am glad that I am me because.....", and they are to ask family members to contribute three positive comments for inclusion.

FROM: *Skills for the Primary School Child: Promoting the Protection of Children*
(1990) TACADE Salford, UK.

'The Way I Feel'

To start, the teacher asks the group to brainstorm the variety of feelings they know of. These are listed, and the group discusses the list and classifies the different feelings (eg. as mild or strong, positive or negative etc.).

The group writes down which of the feelings they have experienced, and a different list for those they have not.

Students look at drawings of facial expressions and they are asked to think about what feelings are being expressed. They then compare their reactions with other children in small groups.

The students look at different pictures, eg. of a girl waving goodbye as a bus leaves, and imagine a story that describes the picture, and the feelings of the people involved.

Students watch a short film (or hear a short story) and then discuss the mood and atmosphere that is created in the piece, the feelings portrayed by the characters, and the effects these feelings can have on others.

Students are asked to mime a feeling and let others guess what it is. They then role play a situation to see how feelings may affect how we behave.

FROM: *Peacemaker: Module One of a Post Primary Peace Programme: Teacher's Book and Students' Worksheets.*

(1988) The Joint Peace Programme of the Irish Commission for Justice and Peace and The Irish Council of Churches.

"Coping with Stress"

A situation is role played in front of the students who are asked to look for verbal and non-verbal cues of stress.

A bully is trying to get another student to smoke drugs. The student doesn't want to, but doesn't know how to deal with the situation. He reacts by stuttering, fiddling with his clothes, and avoids looking at the bully.

The role play then changes and the young boy is being interviewed about the situation, to tell the group about the other cues of stress that were not apparent to the group. He says he was sweating a little, his stomach hurt, his heart was pounding, and he was breathing faster than normal. In the role play, he is then reassured that lots of people feel that way when they are in a difficult situation.

The students are asked to think about a stressful situation they were in, and which they would like to cope with better if that situation came up again. They are asked to imagine the situation with their eyes closed, and to remain calm. Then they are to think of a time when they did well in that kind of situation and how good they felt to have coped. They are asked to think how they might improve on the way they handle the situation in the future, and rehearse this in their mind, before slowly opening their eyes.

Students are then introduced to the value of saying positive things to themselves during a stressful situation. Students are told to prepare for a situation by saying to themselves that they can do it. They are encouraged to cope by talking themselves through a situation by giving calm and positive instructions, focusing on what is going well, and to praise themselves after the situation for the things they did well, however big or small.

FROM: *Coping with Junior High: A Manual for Stress Management and Preventive Intervention*
S. P. Schinke and M.Y. Babel (1987) Columbia University School of Social Work, New York, USA.

LIFE SKILL LESSON TITLES AND SEQUENCE

The following are examples of lesson titles and sequence of life skills programmes designed for the prevention of substance abuse.

Drug Abuse Resistance Education (D.A.R.E), Ohio, USA.

One lesson is presented each week throughout a grade school semester.

1. Personal Safety Practice
2. Drug Use and Misuse
3. Consequences
4. Resisting Pressures to Use Drugs
5. Resistance Techniques
6. Building Self-Esteem
7. Assertiveness: A Response Style
8. Managing Stress Without Taking Drugs
9. Media Influences On Drug Use
10. Decision Making and Risk Taking
11. Alternatives To Drug Use
12. Role Modelling
13. Forming a Support System
14. Resisting Gang Pressure
15. DARE Summary
16. Taking A Stand
17. Culmination

UNESCO and Government of Ghana Life Skills Alcohol and Drug Prevention Programme (School and Youth Agency Curriculum Model)

produced in consultation with Life Skills International, USA.

First Term: Me as a Special Person (9 weeks)

1. I Am Unique
2. From Child to Adult
3. Getting Along With Others
4. Communicating and Listening
5. Making Friends
6. Sustaining and Surviving Loss of Friends
7. Male/Female Relationships
8. Stress Management
9. Coping Skills

Second Term: Me as a Social Person (9 weeks)

1. Critical Thinking Skills
2. Decision Making
3. Taking Responsibility for me
4. Negotiating Skills
5. Goal Setting Skills
6. Study Skills
7. Study Skills
8. Summing Up

Third Term: Taking Care of Myself (9 weeks)

1. Drugs from Good to Bad
2. Drug Use and Misuse
3. Alcohol: Use and Abuse
4. Tobacco
5. Marijuana and other Illegal Drugs
6. Assertiveness skills
7. Risk Behaviour and Characteristics of Users
8. It is Okay to be Drug Free
9. Taking Care of Myself Resistance Skills/Assertive skills /Goal Setting
10. Continuation of 9.
11. Commitment

LIFE SKILL

01. DECISION MAKING

02. PROBLEM SOLVING

03. EFFECTIVE COMMUNICATION

04. INTERPERSONAL RELATIONSHIP

05. CRITICAL THINKING

06. CREATIVE THINKING

07. EMPATHY

08. SELF AWARENESS

09. COPING WITH EMOTIONS

10. COPING WITH STRESS.

CHAPTER VI CONCLUSION

The previous chapters have laid out a series of ideas and practices that outline ways in which theater can be used to teach life skills. Like any undertaking the manual represents a journey of sorts. As in any journey new doors may have been opened for some readers. Other readers may still find cause for scepticism. The feeling of scepticism, if evoked is quite natural since what is on paper can never accurately represent the vigor and vitality of a live theater session. Further, a person sceptical of the methods outlined here may point out that theater is artificial and unreal. In part this criticism is true.

Yet, any one who has been to a theater performance may remember the sound of collective laughter or their own emotional reactions to a scene or play. The person may remember empathizing with a character on stage, or agreeing with a philosophy or point of view expressed in the play. These reactions underscore the fact that often theater acts to educate, inform, and enrich rather than simply entertain. Education, information, life enrichment, and entertainment are precisely some of the positive contributions that theater can make in today's schools.

The true test for the sceptical or otherwise resistant reader is therefore a visit to the local theater, dance or music performance. Some color and vivacity, some energetic activity might be in evidence there. It is these elements that this project is attempting to introduce in our schools. This write-up is thus like an invitation to a new type of experience. The invitation promises much, and only those who accept it can know the true value of the experience that lies beyond.

In summary, the aim here has been to set up an adjunct method in schools that can equip students with skills to deal with everyday issues. Theater cannot substitute for all elements of the school curriculum, nor is that the intention of this manual. However, the field can certainly augment the methods of learning available to students today. One hopes the handbook inspires not just those who are concerned about the state of education today, but also others who are curious and open to experimenting a little.

The number of people willing to use theater or other arts in schools, can make a significant difference. It is the difference between knowing the ceaseless confusion, fear, and anxiety of our children, and seeing instead the light of aliveness and hope in their eyes.

APPENDIX A

There are many games and exercises used in a theater session. Readers of this manual will find several examples listed below. The list of exercises written below is not comprehensive. Instead the Appendix provides a sampling of activities that fall into three categories: warm up; mid-session; and closure. For more detailed theoretical descriptions of these three phases, please refer to Chapter III.

WARM-UP EXERCISES

This section deals with the initial phase of a theater session. As mentioned in Chapter III, the exercises detailed here act to energize the group mentally and physically. These exercises act as a springboard that provides a stimulating initiation into the session.

[a] Walk-Freeze sequence

This is usually an excellent way to begin a session. The participants begin by walking as they usually would in everyday life. As they walk around the room the facilitator asks them to become aware of themselves. In particular, s/he guides them to focus on how they are feeling, what they are thinking, and so on.

The instructions also guide them to be aware of any empty space in the room and immediately fill up that space. Filling up the empty space while walking encourages people to create their own rhythm, instead of following where the group goes and bunching up with others.

Soon the facilitator asks people to increase the pace of their walking. S/he calls "faster" and then again after a few seconds "faster". This sequence continues till the teacher calls out "run". At this point everyone begins to run in the space, taking care not to bump into one another.

When everyone has run for a few seconds, the teacher suddenly calls "freeze". At this point everyone needs to be absolutely still. A moment or two later, the participants are instructed to run again and then freeze. Or they can be instructed to walk briskly and then freeze.

This can be repeated two or three times. The "freeze" command can be right after movement or a little delayed. Similarly, the "unfreeze/ move again" command can be

immediately after a "freeze" has been called or when a few seconds have elapsed. Varying the timing of the "freeze-run/ walk briskly" command is recommended because it sets up an unpredictable rhythm. This in turn, releases a lot of energy for the group.

Variation 1

Non-directional walking that is backwards, sideways to the left and right respectively is added to the normal forward walking. Non-directional walking is best done after a normal walking rhythm has been set up first. The same instructions apply as for the pacing and freeze sequences of normal walking.

Variation 2

No pattern walking is a warm-up that again is best done after normal walking has been initiated. In this exercise participants must walk randomly without establishing any particular pattern such as for example just forwards or backwards. They may walk in a circle, then a straight line, then backwards, then sideways, followed by a square, etc. They need to walk in a way that breaks a particular walk sequence as soon as it is set up. As before "freeze" and "unfreeze/ move" may be called by the teacher at any time.

Variation 3

Participants are asked to imagine that there is a weight on their back and walk leaning forward. Next they are asked to imagine that there is a weight on their stomach and to walk leaning backward. Finally, they can be asked to lean sideways to the left or right, again imagining that there is a weight on the right or left of their body (the opposite side). In each case a "freeze" can be called so that the group really gets a sense of what carrying a weight on a part of their body feels like when they are still.

If appropriate for the level of the group, the instruction can be to imagine an emotional weight in the same areas of the body instead of a physical weight. Or the choice of either can be left to each person.

Variation 4

The group is asked to imagine walking through substances such as water, mud, stone, syrup etc. (Regional or culturally specific substances will evoke a stronger associative response.) "Freeze" may be called at any time during each of the substance walks to heighten the experience of being in a particular substance.

Variation 5

The group is asked to walk while making eye contact with others and generally increasing their awareness of people in the group.

Variation 6

Feelings such as happiness, joy, stress, anxiety, pain, anger etc. are introduced. The group is asked to walk really experiencing and verbally-physically expressing these feelings to another.

Variation 7: Self-awareness walks

First the group members are asked to begin walking normally, and to gain an awareness of their normal style of walking. They can focus on the way their arms move at their side or the way they transfer of their body weight as they move forward. They can also focus on the rhythm set up by their feet as they walk or on their breath.

Next, the group members are asked to walk taking up lots of space, and afterwards very little space. If appropriate, people can be asked to think of taking up too little and too much space in a psychological sense as well. In both cases, they are asked to note any differences in how they feel. For instance, does taking too much space feel better or worse than taking up too little space.

Further, as they walk, they can be asked to remember feelings such as joy that are generally expansive, followed by feelings of sadness, which generally feel constrictive. Again the object here is to gain a sense of how they feel internally while they experience these feelings.

Variation 8

Each person is instructed to imagine that there is a string attached to a part of their body such as the head, shoulders, jaw, chest, stomach etc. They are asked to walk with that part of their body leading them. For instance when they are asked to lead with their jaw, it can be prominently thrust out. Each time, people are asked to greet each other with "hello" or "namaste" as they pass by. The outlandishness of this exercise again causes a great deal of comic release and sense of fun.

As a next step, the facilitator tells the group that s/he will not be calling out instructions about which part of the body to lead with. Instead the group is free to choose and randomly use the various parts of the body called out earlier to lead with.

Variation 9: Walk of life

In the walk of life people are asked to imagine they are in various life situations such as in a crowded bus station pushing their way through the crowd. Or they are asked to walk like some person they know. Alternatively, they are asked to imagine that they are, for example, searching for a watch they have lost while walking home.

[b] Freeze

The group is instructed to move around the room as they like. At any time the teacher can say "Freeze" and the group has to go completely still. People can only move again after the teacher says so. A freeze, unfreeze rhythm can be set up as above, with the instructor timing the commands unpredictably so that movement and stillness are sudden interruptions of one another.

Variation 1

Set up a rhythm as above. Those who move after the freeze command are out. Or those who don't move after the unfreeze command are out. This is a musical chairs version of freeze because soon there are more people out than not. However, it isn't necessary to continue the exercise till there are only two people left. After some people are out, the facilitator can continue with some other activity.

Variation 2

As the group moves around the room, the facilitator calls out a number instead of freeze. In response, the participants have to form a group of that number of people. The ones who are left out or cannot form a group are out.

Variation 3

The teacher instructs the group to move about in any particular way. The participants can thus be asked to move like an animal (a lion), type of person (a policeman), or thing (a car). "Freeze" is then called out.

Variation 4

The facilitator instructs the group to move like anything that starts with an alphabet they call out, like "g" could be goat, god, girl. The teacher then calls "Freeze".

[c] Group Interaction

Group interaction based exercises are often a good follow up to a walk-freeze beginning to a session. However, they are also, in themselves, a good individual beginning to the class.

Fast-Speed Handshake

This is a good way to end one phase of a walk-freeze sequence. Each person in the group is instructed to greet other people while walking, say their name, and shake hands. Soon they are asked to increase their pace of handshake. (This can also be initiated by the leader simply increasing his/ her speed. The group generally follows the facilitator's lead.) The faster the exercise is done the more fun it is because many more people can be met. At some point, if appropriate, participants can be instructed to say their name and use both their hands to simultaneously shake hands with two people.

Variation 1

After a certain speed of handshakes has been attained, the leader calls "freeze" when the group has ended up in a small cluster. This is often a good prelude to the exercise "Categorical Grouping".

Variation 2

Instead of fast speed handshakes between group members, different levels of pacing can be introduced, including slow-motion handshakes.

Categorical Grouping

People are instructed to form quick, temporary groups based on the categories called out by the leader. For instance, the leader may shout to the group to find others in the room whose first letter in their first name is the same as their own. The participants mingle about shouting their first name-first letter till everyone has formed the appropriate clusters. Then each person in each group says their name aloud. If the group members are new to one another this is a good way for the group to get more familiar with each other's names.

Examples of other categories are: same astrological sign, position in birth order (i.e. first, second, third born child in the family), moods being experienced presently, what feeling the participants want to leave the session with and which parts of the body are feeling most energy at the moment.

Party with Secret Roles

The facilitator places several slips of paper on the floor. Each slip has a role written on it such as 'Observer', 'Trouble-maker', 'Peace-maker', 'Distracter', 'Avoider' etc. Each person picks up one of these slips and is instructed to imagine that s/he is at a party playing the role written on the piece of paper. Everyone in the group is also told to have as much interaction with one another as possible. In addition, people are told to try their best to keep their "role" focus, and not let it slip because of any distractions. When the "party" ends, the group sits down and guesses which participant was playing which role.

[d] Observation and Concentration

A variety of theater exercises encourage a strong sense of focused observation. These are often preceded by a group interaction based exercise or two, because these allow the group time to warm up to comfortably interacting with one another.

Three Changes

Participants pair up and the entire group is asked to stand in two rows. Each member of the dyad faces their partner. One row of people is designated to observe the appearance of their dyadic partner. Then the "observing" row turns their back to the "observed" row of people, while the latter make three changes to what they are wearing.

For example, taking off a watch that was being worn, removing a bangle, rolling a sleeve up or down etc. The "observers" are then instructed to turn and one by one each person identifies which three aspects their respective partners have changed. Following the identification, the roles are reversed.

Variation 1

Instead of only modifying their appearance on their own, participants in one row are allowed to freely exchange rings, glasses, watches, bindis, necklaces, belts, etc. The observation proceeds as before. Observations can be of what has

changed for each partner, or of what has been exchanged between people in one row. Then, the roles are reversed.

Variation 2

Both groups simultaneously change three things. Each row turns its' back on the other one as the changes are made. The rows and turn and both participants simultaneously identify the three changes.

Variation 3

More than three changes can also be made depending on the capacity of the group to focus.

Variation 4

Instead of only having one turn each to make changes and guess, several rounds can happen. The level of changes can become more subtle, thus increasing the level of challenge.

Guess Who's Guilty

The group is divided in half and the members stand or sit in two rows facing one another. One sub-group is designated as the "police detectives". They are asked to observe the other sub-group closely and try to identify who the guilty one is in the lineup of "suspects".

After the teacher designates the subgroup roles s/he asks all the participants to close their eyes and taps one person at random in the "suspects" subgroup. Although the rest of the row is innocent, everyone including the guilty person is asked to behave in a normal way while imagining what it would be like to be in this role and situation.

Next, each member in the detectives subgroup makes their guess, outlining why they think a particular person in the other row is guilty. The suspects subgroup is asked to stay silent and neutral while this process is going.

In other words, even though only one person has been tapped, everyone in the suspects sub-group must maintain the suspense by continuing to behave normally even if they have been identified as the "guilty person".

When all the detectives have reported their guesses, the person who had been tapped earlier is asked to step forward. If a lot of participants chose someone else, they can be asked why they didn't suspect the real guilty person. Conversely, those who guessed correctly are asked why they didn't suspect other people. After this the roles are reversed with the detectives becoming the suspects, and vice versa.

Variation 1

Instead of solely observing the other subgroup, the detectives are allowed to question the people they suspect.

Variation 2

Each person in the suspects subgroup is asked to imagine or remember a situation in which they were actually guilty of something. They remain aware of this event while being observed by the detectives.

Guess Who's Missing

This is best done in a fairly large group in which people are unfamiliar with one another. Everyone closes their eyes. The facilitator taps one person on their shoulder, who leaves the room. The rest of the people open their eyes and identify who they think is missing. This can be repeated a few times.

Kartik Says

The facilitator gives various instructions. The participants do them only if the instruction is prefixed by "Kartik says". If they do something the teacher tells them and it is not prefixed by "Kartik says" they are out. For example, if the teacher says "Kartik says jump" the participants should jump. However if s/he only says "jump" they should ignore the instruction.

Who Started the Motion

One person leaves the room while the others stand in a circle and choose a leader. The "leader" starts a motion which s/he continues and changes which the others copy as closely as possible. The person who left the room returns and tries to guess who is initiating the motion.

The leader can change movements as many times as s/he wishes but remains careful about not getting caught while making the changes. If the person guessing finds out who the leader is, the latter leaves the room and a new leader is chosen. Alternatively, anyone can volunteer to leave the room once the "leader" has been "caught". If the person who left the room is unable to guess correctly after several tries the leader can identify himself/ herself. As above, a volunteer can leave the room and the game continues.

The Opposite

In this verbal game, one person is 'it' and sits in the centre. S/he is asked questions which have to be answered in the opposite. The only responses allowed are "yes" or "no". For example, the participant in the centre (a boy) is asked "Are you a boy". He has to respond "no" or he is out, and someone else sits in the centre.

Banana

Another verbal game in which one person sits in the circle as 'it'. In response to every question asked, s/he has to give the answer "banana". For example, if the question is "What's on your head?" the answer has to be "banana", or the person is out and someone else takes over.

[e] Mirroring

Partner Mirror

In pairs one person is asked to begin making any kind of action or movement which is exactly copied or "mirrored" by their partner. Emphasis is placed on the leader doing the action slowly so that s/he and the person mirroring can really gain a close coordination in their actions. Both people need to maintain close eye contact in order to maintain synchronicity. After a little while, the roles are reversed.

Variation 1: Flow Mirroring

After taking turns mirroring, the pairs are instructed to keep switching between leading and following as they mirror one another. This requires concentration and sensitivity to subtle shifts that each person might make. No verbal communication is made between the partners. The signal to now lead, or follow, and lead again

becomes a matter of intuition and following the cues of one's own, or the other person's, body.

Variation 2: Face Mirroring

As before, one person leads and the other follows. But the mirroring is restricted to making various facial expressions. After a short while, the roles are reversed.

Variation 3: Voice Mirroring

In pairs, people take turns to make loud or soft sounds, speak words in a staccato or smooth manner etc., which their partner copies.

Variation 4: Voice and Body Mirroring

Both the voice and body are used during the mirroring. One person leads and the other follows till the roles are reversed. This exercise often leads to a lot of emotional expression and enjoyment. Instructions can be given to heighten particular expressions or to magnify certain movements during the exercise.

Variation 5: Mirroring Feelings

In the course of a non-verbal mirroring sequence, the facilitator introduces certain emotions. One person begins to express these feelings, while the other person copies them as closely as possible. The roles are then reversed. The same procedure can be followed in a verbal mirroring interplay. Feelings can be suggested and the participants can take turns in using their body and voice to express these feelings which are copied by their partner.

Group Circle Mirror

The entire group stands in a circle. Generally the exercise works best if the facilitator volunteers to begin it. S/he simultaneously does a sound and movement, which is closely copied by the rest of the group. The person leading the group can repeat this two or three times, while varying the volume, expressiveness, and range of his/ her actions. Everyone needs to mirror all those variations as closely as possible.

After the facilitator's turn, the person next to them initiates a sound and movement, which is again copied by everyone else. The exercise proceeds in this way till all the participants have had a turn to lead the group.

Variation 1: Pass the Mime

The group stands in a circle. One person mimes (copies) something. The person next to him/ her has to respond by repeating this mimed action as exactly as possible. Then this second person mimes something new which is copied by the person adjacent to him/ her. The exercise proceeds till everyone in the circle has had a turn.

Variation 2: Pass the Sound and Movement

The group stands in a circle as before. One person (generally the group leader) does a sound and a movement which is mirrored only by the person next to the facilitator. Again this mirroring can be done two or three times while the rest of the group watches.

Subsequently, the individual who was responding to the group leader's actions, turns to the person standing adjacent to them and does something completely different two or three times. Again, the adjacent person mirrors them no matter how outlandish the action, before turning to their neighbour with a different sound and movement. The activity continues in this way till all people in the circle have had a chance.

Variation 3: Group Free Form Mirror

One person in the group is selected as the leader. S/ he moves around the room (instead of staying in the group circle) while doing varied movements accompanied by words or sounds. The rest of the group copies this person exactly. After some time, someone else takes over and is copied by the group.

MID-SESSION

This section deals with the core or middle phase of a theater activity which takes place after the warm-up period of the session. In this phase, the theater exercises help the group explore deeper issues and themes. More developed theater enactments can also occur here along with discussion and feedback.

[a] Trust

In pairs one person is asked to close their eyes as the other person leads them around the room. After a while the pair reverses and the person with the eyes closed before

open their eyes and leads the former leader who closes his/ her eyes. If the exercise is introduced to a group already familiar with one another, blindfolds can be used instead of asking people to close their eyes. However if the group members are becoming familiar with each other, blindfolds can be threatening or anxiety provoking. In this case it is preferable to have people simply close their eyes.

Variation 1

Both people in each pair are instructed to close their eyes. (Or if people in the group have some familiarity with one another each is blindfolded.) Both make sounds through which they have to find one another.

The Bridge Lean

In pairs, both people stretch out their arms with palms upright. Each leans on the other through their outstretched palms which form the point of contact. The pairs begin by standing two-three feet apart. Gradually, in steps each pair is instructed to move backwards while still leaning on the other person till the maximum possible extent.

It is important to remind the participants that the aim of the exercise is to fully support the other person and ensure that they don't fall. Once the maximum comfortable "stretch" has been reached the dyads are instructed to move back to their positions at the start of the exercise. This process can be repeated three or four times.

The Trust Fall

One person stands behind their partner who has his/ her back turned. The latter is instructed to relax, close his/her eyes and slowly fall backwards. The "faller" must keep his/ her feet firmly planted on the ground as they sway backwards. The person standing behind, arms outstretched, gently catches their partner as they fall. The "catcher" must assume a physical posture in which, feet solidly planted on the ground, they stand with one foot behind the other and with bent knees. This can be repeated a few times depending on response and comfort level of the group. Next the roles of "faller" and "catcher" are reversed and the same procedure is repeated.

Variation 1

The same exercise as above but done with three people. One person (the "catcher") stands in front of the "faller" while the other person (the second

"catcher") places themselves behind the "faller". The person in the middle then falls backward and forwards respectively and is caught by the other two in turn.

Variation 2

One person stands inside a circle made by the group with eyes closed and relaxed body. S/he then falls backwards and forwards in any direction. The group supports the person and then gently pushes him/her towards the centre with just enough force to direct the central person's fall towards another area of the circle. Then the person in the centre is replaced by someone else in the circle.

Variation 3 (for Circle Fall)

In situations in which the group has a high level of intimacy, the central person utters sounds, or self-affirmative words as they fall. These sounds or words are repeated by the group. As above, after some time another person takes the central position.

[b] Emotional Expression

Exercises that introduce participants to playfully and interactively express or dramatize their feelings to one another are very useful in energizing a session. They are also an excellent launch pad for role playing and scene work.

Back to Back Emotional Greetings

Partners stand a few feet apart facing away from one another. The group leader calls out a feeling, or attitudes such as happiness or sadness. In response, each person turns and greets their partner with the emotion called out. People can be encouraged to have a brief conversation incorporating the emotion called out.

After a few seconds, the leader instructs the pairs to go back to their original positions, facing away from one another. Then another emotion is called out and the exercise proceeds as before with both partners having a brief conversation expressing this new feeling. The activity works best when it is fast paced and the greetings themselves run for a few seconds at a time, especially if the participants are getting to know one another.

Group Sentence Greetings

All the participants mingle in the room repeating a line which expresses a particular feeling as they meet one another. The sentence can be suggested by the group members themselves. This gives them the chance to speak feelings that may actually be going on for them in the moment. The sentences don't have to be long and can be restricted to words such as "I'm hopeful" or "I'm scared", or "I'm calm" and so on. Three or four sentences can be elicited and three or four rounds of greetings can take place. In each round only one phrase is repeated as the group intermingles.

Tug of War

This activity is an apt prelude for the next exercise. In pairs, everyone engages in a tug of war for one or two rounds. The back and forth nature of the tug of war is very similar to the verbal interchange of the next exercise.

Sentence Tags

A good prelude to this exercise is for people in dyads to conduct a physical tug of war with their partner. Sentence tags consist of a pair of opposing lines such as "Yes I can--No you can't". In dyads, each person chooses one portion of the tag. So, one partner would choose to say "Yes I can" and the other person would respond "No you can't". The pairs are allowed to move about freely having a "walking" conversation, or stand still while continuously repeating only their portion of the tag.

After some time, based on the energy of the group's response to the exercise, the roles are reversed. That is, each participant now responds by speaking the tag their partner was repeating before. From the example above, the first person would now say "No you can't" repeatedly to which their counterpart responds "Yes I can". Another sentence tag can be done in the same way after this.

Examples of other sentence tags are: "Yes--No"; "You can't make me—I can"; "You're wrong---I'm right"; "Stop it--I won't"; "I have to go--Please stay"; "Please leave—I won't"; "You have to—I don't want to"; "You're ready—No I'm not"; and "You know it—No I don't".

Variation 1: The Emotional Continuum

The pairs speak their respective tags at first a normal level of just getting the communication across. Then each person speaks and responds at a medium level

of expressiveness. Finally, the pairs repeat their portion of the tag at the most extreme level of expression that they are capable of. The facilitator can guide the group through these levels two or three times in succession.

Then, the group can practice going up and down the continuum on their own. So, they may begin softly, then build up to a loud pitch, and then come down to a medium level. Or they may begin at a high level of expression, come down to a medium level, and go back up to a high level. In this way the participants get an idea of the range and depth of emotional expression. It also informs them about their own emotional tendencies and comfort level with different feelings.

[c] Improvisation

A core element of theater is the spontaneous dialogue or action that takes place without prior planning. Improvisation exercises are excellent launch pads for group discussions, brain storming, journal writing, or drawing. They evoke questions about life issues raised by a particular situation which has just been improvised.

Dyad Story Telling

In pairs, the group is instructed to verbally create a fictional story that has a clear beginning, middle, and end. The first person in the dyad begins a story about the first topic or event that comes to mind (e.g. "one day I was walking down the street when I saw"....). The other person simply listens. After a short time, the first person stops speaking (particularly if they can't think of anything else to say) and the partner continues the same story. Again, when the second person feels they have run out of ideas, they can hand back their continuation of the same story to the first person, who again develops it further. The activity continues this way till each dyad ends their story. Depending on time and the energy of the group, the facilitator can let the exercise run for about 5-6 minutes.

Variation 1

After each pair completes their story in the previous exercise, they join with another dyad. Each dyad now retells their own respective stories as the other dyad listens (e.g. first person in first dyad begins with "one day I was walking down the road when I saw...", followed by second person's continuation of this story, and so on).

When the first pair ends its story, the second dyad begins to tell their own story,

while the first dyad listens. The object of the exercise is to enjoy the variations in the story as now told to the other dyad, rather than replicate it exactly from the previous exercise.

Variation 2

At the end of the dyad story telling activity, each dyad joins with another one, and the four people create a new story. Each person takes turns furthering this new story, (after the first volunteer begins it). After some rounds of the story being continued by all four people the activity can be ended by any of the four people.

Improvising with Properties

A few common objects are collected such as a bottle, rope, bag, shoes etc., and placed in the centre of the group circle. Each member of the group has to go to the centre and use any one of the objects, as anything but what they are. For example a bottle can't be used as a bottle but can be used as a stick, or comb, or rope.

Moving the Object

The participants are divided into sub-groups. Each sub-group decides to move an object together such as a bus, piece of luggage etc. Sounds and dialogue are permitted as the participants improvise moving things to the end of the room, up a flight of "stairs", onto a train, or any imaginative variation they choose.

Being moved by the Object

As above, the sub-groups improvise a situation in which they agree on an object that is going to move them such as a tree, train, etc. Each person in the improvisation attempts to really experience how it feels to be moved by an object. The facilitator needs to encourage the group to let their imagination help them feel the object as it moves them.

Filling the object

In sub-groups of three or more, the participants decide on an activity in which containers are filled, emptied, and then re-filled again. For example filling a large bucket, putting fruit in a big box, or packing clothes in a trunk. The focus here is on experiencing the variations in weight between full and empty objects.

The Continuous Activity

One person volunteers to begin an activity (such as painting a wall, cooking etc.), in the centre of a circle. Next, another group member enters (having already chosen a specific role) and begins to interact with the first person. The former has to accept whatever role the second person comes in with and play along.

For instance, if the person begins by painting a wall, the second person can enter and say "lets go for a brake—its' lunch time. The first person accepts the other participant as a co-worker and they begin to go to the dhaba. Other group members keep entering (for instance as dhaba staff, or other customers) till everyone is in the scene. The facilitator needs to allow for a certain amount of chaos here. In exchange this activity can release a lot of energy and excitement.

Variation 1

The first person defines a character and begins to enact his/ her role (e.g. a classical singer). A second person enters with a defined role (e.g. an audience member at the concert) and begins to interact with the first one. Both allow a scene to develop till the first person leaves. The second participant briefly carries on playing the role of an audience member alone (s/he can also immediately change the role to something completely different e.g. commuter on a bus). Now, a third person enters (say as a bus conductor) and begins to interact with the second person, etc. The entire exercise continues in this way till the last person completes it by playing a role alone for a few moments.

Variation 2: Follow the Leader

As in the activity above, the first person defines his/ her role spontaneously and enacts this alone for a short time. Next s/he points to a person in the group who joins the former in their pre-defined activity. The object here is for the second individual's role to fit into the first person's role play. Thus when a second person enters the scene, their role is defined by the first person.

For instance, the first person can play a doctor, then point to someone and say "it's your turn for the injection". The person pointed to now comes in and plays a patient. After the first person leaves, the second person can change their role (e.g. become a teacher). As s/he plays this new role, a third person is pointed to with the sentence " Did you finish your homework?" The person pointed to joins the scene

by playing a student. The exercise continues in this way till everyone has had a turn.

The Interview

The participants sit in a circle around one person who is in the centre. The central person is designated as the interviewee, while the surrounding group members are his/ her interviewers. The "interviewers" ask this person questions that s/he answers. This is a good way for people to get to know one another in a group. The exercise can also be incorporated into a subsequent role play such as a job search situation.

Variation 1

The person sitting in the centre of the circle pretends to be someone else. The group asks him/ her questions to which s/he responds in accordance with the nature of the role. For instance, the person in the centre plays the role of a politician and responds to all questions like a politician would.

Occupational Mime

As a group all the participants have to simultaneously show or mime actions which suggest occupations. Again, this exercise is a good precursor to role playing and character building.

Waiting for the bus

The group is formed into pairs. With no prior preparation each pair uses the designated space to enact waiting for a bus. The scene can be verbal or non-verbal, interactive or non-interactive depending on the choices made by the twosome on the spot. The facilitator can help end the scene by announcing the arrival of the bus. Then the next pair enacts the same situation.

Variation 1: Approaching the bus stop

This exercise is best done in small groups of 8-10 slightly older participants. Also, since the exercise requires individual acting with no prior planning, it is best introduced after the group has warmed up to various interactive theater processes.

Each group member spontaneously acts out a situation in which s/he approaches the bus stop as a person of a certain age. The choice of age is left to the person

themselves. The facilitator needs to emphasize spontaneity by simply setting up the location of the scene and asking for the first volunteer.

After a short enactment the facilitator announces the arrival of the bus. The volunteer continues to play his/her age as s/he gets into the "bus" and "rides" off. Then the next person approaches the bus stop as a person of a certain age, and so on.

Variation 2: Waiting at the bus stop

This activity is more advanced and would work best if done after the previous two exercises. Or it can be introduced after several weeks of group meetings in which the participants have indicated their ability to handle more and more subtle or complex material. Each person quietly "waits" for a bus at an imaginary bus stop while sitting on a bench. Again the emphasis is on playing a certain age. However, this time the participant cannot move from the bench till the bus arrives. This exercise develops subtlety of both facial and bodily expression.

(d) Role Characterizations & Scene Work

Role playing is a central aspect of a theater session. Examples of role characterizations and scene work can involve a variety of life situations such as present, historical or future events in the group member's lives, dealing with immediately relevant social or political issues, enacting feelings and emotions, place based scenes etc. For role play and scene work to happen several aspects need to be defined, namely:

- Who are you? (what are the roles for each person);
- What are you doing? (what is the nature of the action in the scene);
- Why are you doing what you are doing? (provides the motivation for the scene.
- Where are you? (the geographic location of the scene); and
- How is the situation resolved? (a response to this question defines the way the scene ends).

Using these five guidelines, many of the exercises described above can be used to generate roles and situations which can then be enacted. Some roles and situations are described below.

For instance, after the trust exercises the group can be sub-divided. Each sub-group can then be asked to recreate a situation in their lives in which a sense of trust was compromised or broken.

Further after a sentence tag exercise such as "Yes I can-No you can't" two dyads (four people) can join together and define a situation and roles. The situation of an older and younger sibling arguing for example, can begin with this sentence tag. The other two people can play the role of parents, aunts, grandparents etc. depending on the imagination and expressive needs of the group.

In addition, after practicing the emotional continuum exercise, the sub-groups can be asked to enact a situation of their choice (or be given a specific suggestion). The theme of this situation can be the low, medium, and high intensity of people's feelings in the scene.

Another role play can result from the dyad story telling activity. In groups of four, each, the story of either dyad (or the story created by all four people) can be enacted in a role play.

Some other specific exercises are also listed below.

Restaurant Scenes

Participants are divided into sub-groups of 4-5 people each. Each set of people is asked to plan a restaurant scene. If the theater process is in early the stages, and the group seems unsure about roles, the facilitator can lay out roles for everyone such as waiter, customer, manager, etc. Everyone is given 5-7 (or more) minutes to plan a scene and show it to rest of the group. Each sub-group is required to show a conflict in the scene as they role play it.

Restaurant or similar scenes are relatively simple to enact and serve to enhance the groups confidence level about role play. Also because they take place in "public places" they tend to de-emphasize intense emotions which creates a sense of safety for the group's enactments. The technique is therefore best used in the early phases of the group's development.

Variation 1

Instead of letting everyone plan the scene in their own way, the facilitator can instruct the group that the conflict in the scene has to be between the customers. This focuses the scenes and allows the potential for more complex role play interactions.

The Letter/ Telephone

In sub-groups of four or five people, a letter or telephone is the centre piece of any situation the sub-group wants to create. The scene can begin with the arrival of a letter, or if the social context is appropriate the ringing of a telephone. The scene progresses with one or another of these beginnings as a necessary requirement of the role play.

Variation 1: Breaking the News

In a scene between two people, the nature of their role connection to each other is established (e.g. brother and sister, husband and wife etc.) before the role play. Next one person chooses or is instructed to give the other a fresh piece of information in the role play. In order to heighten the dramatic impact, the participant hearing the news is not told what the news will be prior to the scene beginning. This role play variation should only be used in groups where the level of cohesiveness and trust is at an advanced level.

Audience Suggestions

As a role play progresses, the audience is free to call out their suggestions which then have to be incorporated into the scene. For instance, in a situation with four people, the audience can suggest a particular emotion such as anger. The four participants immediately have to switch to enacting anger in their role play. As other emotions such as sadness, or joy are called out, each time the actors have to incorporate those feelings into their activity. The audience can be specifically instructed to call out feelings that they think underlie the interaction. This helps the emotional expression of the scene.

Family Roles

The entire group is divided into sub-groups of 4-5 people each. Each person selects a role to play and the sub-group decides the relationships between all the four roles. The sub-groups plan a scene for 5-10 minutes, which is then shown to the rest of the

group. After each role play the facilitator can engage the group in a brief discussion about the roles the four people played, the nature of the relationships and feelings expressed, and how the role-players felt about their roles and what happened in the scene portrayed.

Variation 1

As in the exercise above, the group is divided into sub-groups of 4-5 people each. But this time, the facilitator gives everyone a choice of 4-5 roles. For example the designated roles could be mediator, observer, distracter, blamer, and attention-getter. The four or five people in each sub-group can only choose from these designated roles. Again, some time is given for the preparation of scenes which are then shown sequentially to the rest of the group. After each scene the teacher can then facilitate a discussion.

The Court Trial

The group is divided into sub-sets of 6-7 people each. The sub-groups are instructed to plan a court scene with a judge, witnesses, lawyers etc. and a specific case to be tried. The case itself can be relevant to the immediate experiences of the group members, or be a fictional recreation of events. After some planning, each group presents their scene to the others. This exercise can generate a lot of excitement, provoke discussion, and raise questions about fundamental issues such as decision making, responsibility, the nature of authority, right and wrong etc.

Variation 1

Rather than breaking the group up into sub-groups, the entire group is enlisted to be in the court scene. In this case, the facilitator takes a more active role in helping to decide the roles, and also in planning the scene.

The Ideal Fantasy Place

In this activity, first sub-groups of 4-5 people are formed. Each sub-group has to jointly come up with a situation in which their ideal fantasy place is enacted. The ideal can focus on people's behavior, the way feelings are experienced and expressed interpersonally, the way people interact with one another, the kind of social, political, or educational system prevalent etc. This exercise offers a group burdened by the pressures of the outside world a respite from their concerns. The activity can end with

a discussion of how they can incorporate some of the qualities of the fantasy places enacted into their everyday life.

CLOSURE

This section represents the last portion of a theater session. It occurs after the middle phase of the theater activity and lays emphasis on bringing a sense of completion to the participants experience. Closure allows the group integration. It acts to provide an end - point that demarcates the end of the session from the reality of people's lives afterwards. At the end of the closure activity the group disperses.

All the exercises described here take place in a circle, unless otherwise specified.

Verbal Closure

At the end of the group the facilitator asks each person to briefly verbalize their feelings, or thoughts on what happened in the session. The time is set aside for listening rather than discussion which can take place in the next session. After everyone has spoken, the group can either disperse, or do a version of hand squeezes described below.

Variation 1

Prior to each person's feedback about the session, if appropriate, everyone can join hands and then speak. This variation is appropriate when the group members feel some degree of closeness and comfort amongst one another.

Passing the Hand Squeeze

The group sits in a circle and joins hands. The facilitator instructs each person to receive a hand squeeze on for example their right side, and then squeeze the hand of the person to their left. The facilitator can then begin the process by squeezing the hand of the person sitting to his/her right (could be the left side too). The hand squeeze can then go around the group 3-4 times at the same speed.

Variation 1

Instead of maintaining the same speed, the facilitator can vary how fast the hand squeeze goes around the circle. For instance, the facilitator can instruct the second and third rounds to be progressively faster, the fourth round to be really fast and the fifth and sixth rounds to be progressively slower, while the seventh round is again

normal in its pacing. The speed increase is appropriate when the session has released some amount of energy and excitement for the group.

On the other hand if deep emotions or experiences have come up in the session, then the hand squeeze can be especially slow, affectionate, and supportive for 2-3 rounds.

Variation 2: The Shoulder Squeeze

Instead of doing a hand squeeze, each person places their hands on the shoulders of the persons on either side of them. As above when one of their shoulders is squeezed, they pass on the shoulder squeeze to the shoulder of the person next to them.

Variation 3: Huddle Hand Squeeze

This exercise is more appropriate for groups that have achieved a reasonably strong degree of emotional closeness. After performing a round or two of the normal hand squeeze as detailed above, the group forms a seated huddle. Each person then reaches out and takes the hand of someone else who is not seated next to them. This results in interesting configurations of joined hands. Now a hand squeeze sequence is started for 2-3 rounds. After this, the group can return to a normal circle and then disperse.

Variation 4: The Double Direction Squeeze

This exercise is only appropriate for groups that have a good sense of orientation and ability to deal with more complex tasks. For other groups it may prove confusing and therefore counter productive.

Instead of a hand squeeze passed only from left to right, the facilitator initiates a squeeze from right to left as well. It is important that the reverse direction is only introduced after one direction has been clearly established. Both directions now function which can release a lot of surprise and humor in the group. The facilitator can then end with one clear direction established again so that the group leaves with some sense of coherence.

Variation 5: Adding Words

In this exercise, as the participants pass on a hand squeeze to their left or right, they also say a word that embodies their feelings or experiences in the session. It can also

represent an intention to take with them into their lives, or express an appreciation of the group.

The Foot Tap

This exercise is again more appropriate when there has been a lighter tone to the group's prior activities in the session. The group sits in a circle with everyone's feet in contact. Next, in progression everyone taps the foot of the person to the right or left of them. This can go on for 3-4 rounds or more if the group has energy for it.

Transforming the Object

Each person is instructed to mime an object in their hands and then pass it onto the next person who receives it as is. (The object can be a comb, a flower, a book, or an imaginative creation of the person.) Then, the second person transforms the first person's object into something else. After briefly defining its size, shape etc. the second person gives the "object" to the person next to them, etc. If people feel like it they can also add sounds or words to their creations while they are giving or receiving the object.

Variation 1: Passing the Substance

In this activity, all people pass an imaginary substance around the group. The substance remains the same from person to person. The substance is given one quality such as hot, cold, sticky, heavy etc. and everyone in the circle experiences the object with that particular quality. In the next round another object with another quality is passed from person to person. This can go on for a few rounds depending on the energy and response of the group.

Variation 2: Transforming the Real Object

A real object such as a cap, bottle, stick etc. is passed around the group and each person has to use the object in a different way. For example, one person may use a bottle to drink from, another to put a letter in and cast it to sea, a third to put a flower in it etc. A given object can be passed around the circle twice, or a second object can be introduced for round two.

Passing a Facial Expression

This exercise is more appropriately used when the energy of the session has been quite high and extroverted. One person in a circle makes a facial expression which s/he then

passes on to the person next to them. The other person tries to mimic the expression as closely as possible. Then this person passes the same expression to the person next to them. The basic focus here is for everyone to mimic the face of the person who first initiated the expression. After the last person in the circle mimics this initial expression, another round begins with someone else making a new face. This face is again copied in turn by everyone else.

Variation 1

One person in the circle begins by making a face. The person next to them first copies this face and then transforms what they received into another expression of their own. This new expression is passed onto the person adjacent who copies it and then creates an original expression, etc. The activity continues till everyone has had a turn.

Pass the Gift in Mime

In a circle each person creates a gift in mime form and "gives" this to the person adjacent. The latter receives the offering and then creates a new one which is then handed to the next person, and so on. The gifts can be either material objects, or human qualities such as courage, or feelings such as calmness.

The Machine

This activity could be used either when the session has been quite upbeat, or when a session seems to have had a low amount of participation and energy. A person in the group begins to create, in sound/ word and movement, an aspect of a machine. A second person joins the first one and adds another complementary sound and movement. The process continues in this way till everyone in the group is part of the machine. Once everyone is part of the machine, the facilitator can let the activity continue for a few minutes.

The Emotional Machine

In this activity everyone in the group jointly creates a machine that expresses particular emotions. The exercise can allow a safe venting of unprocessed emotions in the group. This is particularly relevant for those groups or people that are uncomfortable talking about their feelings at the end of a session but are willing to express them in some other form.

Group Poem

Group poem is best used to end those sessions in which much introspection has occurred, or in those situations where deeper feelings have been released. One person writes a line of an original poem on a piece of paper. This section of the piece of paper is then folded up and passed to the adjacent person. The latter writes another original line, folds the section they wrote on, and passes it to the next group member etc. At the end of the circle the completed poem can be read out aloud by a group member or the facilitator. After the reading, the group can also come up with a title for the poem.

APPENDIX B SAMPLE LESSON

The following material describes a sample lesson plan. Each part of the example deals with a particular life skill in the warm-up, mid-session, and closure phase of a theater session. The lesson is only one in a sequence of possible sessions that can spend several months focusing on a particular life skill and a particular issue.

WARM-UP EXAMPLE

The following example considers how a life skill such as **self-awareness** is integrated into a warm-up. The warm-up detailed here could go on for about ten minutes. Please note that the instructions given below are broadly applicable in a range of situations. The reader needs to adapt the spoken language and other contents according to his or her particular situation.

The group can begin with the self-awareness walking exercise. Initially, the instructor can say "Before I begin today's session I want to remind the group that if anyone doesn't understand my instructions, they should not hesitate to ask me. All questions are welcome because I want you to get the best out of today's session. What is our motto today?"

Various people respond: "Enjoyment; Learning; fun; friendship."

The instructor takes all these suggestions and says: "Okay our motto for today is enjoyable learning while having fun and making friends. If that sounds right lets hear the motto from everyone." Everyone repeats the motto. Then the session goes on.

(This is an example of building trust through joining with the group. By offering the participants encouragement to ask questions, the teacher has reduced the sense of hierarchy and distance that separates teacher's and students. In addition, s/he has encouraged the group's participation immediately by asking them for suggestions about the session motto.)

"Today's session is about the ways in which we understand and know ourselves. For instance, a simple way to learn about ourselves is to focus on how we walk. Begin by walking around the space as if you were walking to the bus stop or market. Focus on walking normally without exaggeration. Keep your focus on the way your arms move, the length of your strides and the way your body transfers its weight forward. "

At this point the facilitator pauses for a moment or two as the group gets into the rhythm of walking. Then s/he continues: "Now begin to focus on your breath. Keep your focus on yourself rather than on what other people are doing. Do you walk confidently or diffidently? Do you walk slowly or quickly? Is your weight evenly distributed when you walk or do you tend to lean more to one side or the other when you walk? Do you walk lightly or heavily? Do you tend to look ahead or more downwards as you walk?"

Other questions that generate self-awareness of one's walking style may also be asked as appropriate. Now the facilitator introduces another dimension to develop self-awareness: "Now walk taking up too little space. What does this feel like? Do you feel constricted or insecure while walking like this. Do you feel like walking more quickly or slowly when you walk taking up very little space. Does this feel more like your normal walk or does this feel abnormal? What feelings or moods do you associate with this kind of walk?"

After the group spends a little time walking like this they can be instructed to return to their normal walk: "Now let go of this walk and return to your normal style of walking How does it feel to walk normally again? Is it a relief or were you quite comfortable taking up very little space while walking?" This sequence of normal to constricted walks can be repeated again, if appropriate. Otherwise the facilitator can go into the next section of the warm-up.

The group now goes into walking in a way that takes up a lot of space: "Begin walking now as if the entire space was yours. Use up the entire space-really expand your body and your arms to take up all the space you can. The aim here is to have an expanded walk without bumping into anyone else. Are you comfortable walking like this, or are you uncomfortable

now? Do you like this feeling of expansion or do you dislike this? What feelings and moods do you associate with this walk?"

After a brief while, the group returns to a normal walking pattern: "Return to walking normally again. Do you like returning to your normal walk or do you prefer the earlier walk? How do you feel now as you walk?" Depending on the level of group energy the facilitator can ask the group to repeat the sequence of normal to expansive walks another time. Alternatively, s/he can move onto the mid-session phase of the theater activity.

MID-SESSION EXAMPLE

The example given below continues an exploration of self-awareness as a life skill. There are several options that are applicable to a middle phase that continues from the previous section. The group can divide into sub-groups or dyads and have a discussion about self-awareness. (These two options are more applicable, in all cases, within a group that has formed some interpersonal bonds and has developed some sense of trust.)

Each person in the group can also write or draw their impressions of what they experienced in the previous exercise. (In this case they would write or draw their impressions of the self-awareness walking activity.) Another option is to focus on a particular aspect of self awareness such as feelings that a person has or their sense of trust. These aspects can be explored through the exercise emotional greetings and blind lead walk, respectively.

All these options serve as strong avenues of learning when combined with a subsequent group discussion of self-awareness. A group discussion that directly follows the self-awareness walking activity, is itself, a final option for the next phase of the mid-session. With some groups, a circle discussion immediately after the self-awareness walk can be helpful in continuing the session smoothly. For instance, younger children will generally have a greater sense of focus in a circle discussion. They can be distractible in smaller groups or dyads. In most situations, older children can, however, maintain their focus in a smaller group, or dyad.

Whether the group discussion occurs before or after the other options, the focus in each case is identical. The brainstorming and collective feedback focuses on what each participant learnt about themselves through the previous activity (e.g. self-awareness walking).

Say for example the facilitator decides to poll the group for the best way to continue the session. The mid-session phase would then continue in the following manner:

"Take a moment and find your own space. Let go of the self-awareness walk and just stand where you are." After a pause the facilitator continues: "Now we are going to begin understanding what self-awareness means through a discussion. Here are some options of what we can do. We can either have a discussion in a circle, or we can form smaller groups or form pairs. We can also do another exercise on self-awareness. Tell me what you would like to do."

(Here, the teacher has opened the process to the group without overburdening them with too many confusing choices. The four choices give the group a sense of enough structure. Fewer instructions and clear choices thus allow for clarity and create confidence in the group through the clarity of what the options are.

However, there are no strict rules about fewer choices. Depending on the group's ability to deal with complexity, more choices can be provided too. On the other hand, in a group that is confused or disoriented, choice-making itself may be anxiety-provoking. In such cases, the facilitator needs to build up the confidence of the group by allowing them to feel comfortable with the theater activities for some length of time. The facilitator can then introduce simple choices that allow such groups a voice in how the session proceeds.)

Let's say that the group chooses to have a discussion in a circle format in this case. The facilitator now proceeds by asking the following questions: "Let's all sit down. We are now going to discuss what you understood about self-awareness from the previous exercise. Let's share what feelings, moods, ideas, or associations we had in response to the previous exercise. The idea here is for everyone to respect other people's ideas as being equally important as one's own. So let's make an effort to listen to the person who is speaking and not interrupt them before they are finished".

(Here again, the teacher has laid down a clear structure that can guide the group in its next activity. There is both a sense of freedom and of limits in these instructions. Children are free to speak, and at the same time they need to express themselves in ways that do not hinder other people's ideas. Activity structure that encourages free expression along with some limits can reduce confusion and increase security for children.

Children will also appreciate a sense of freedom that has some boundaries more than the imposition of purely rigid limits. If the instructions sound like a litany of only what can't be done, they will resist the teacher by testing precisely to what extent they can do what is forbidden. Much of the teacher's efforts are then focused on a power struggle that is far less productive than facilitating a collaborative exploration of life skills.)

Once the discussion begins, the teacher can let ideas and impressions that the group has about self awareness emerge. Depending on the situation, s/he can make notes or write the principal ideas on a blackboard. A key aspect of the discussion is to summarize the ideas that have emerged so far, at some regular intervals. This gives the participants a sense that the facilitator values their ideas. It also gives the group a thread of continuity to hold onto as the discussion continues.

A second aspect of the discussion, can subsequently focus on exploring what ideas or knowledge the group has about specific life situations in which self-awareness can be used:

"So far you have suggested many good ideas about your experience of self-awareness. What I have heard so far is" (The facilitator summarizes the feedback.). "Now lets focus on how you can use self awareness in your life. Can you think of any situations in which self awareness can be used in your lives?"

(Apart from the summary of ideas, a key aspect of this response from the teacher is the affirmation of the group's ideas. This encourages the group to continue participating constructively.)

Suppose, for example, a series of real life situations emerge that describe the participants experience of self-awareness in their lives. This is an excellent platform to move into the next portion of the mid-session phase: role play and scene-work. Typically the initial ideas for role play and scene-work are formed in discussions such as those described above. These activities offer an excellent tool for the group to deepen their understanding of self-awareness and practice its use in their everyday life.

The facilitator continues: "All of you have described very interesting examples of how you view self awareness in your life. Now let us set up some situations in which you can understand how to use self-awareness in your lives. Lets form some sub-groups."

(How the groups are divided depends on the nature of the group and the immediate situation. If the group is distracted, the teacher can himself or herself actively and randomly

divide the group into smaller sections. (Pointing to one section of the class - "The four of you are one in group", and you four are in another group, etc.) This also applies to groups in which the teacher wants certain antagonistic participants to be in different group rather than be together.

On the other hand, the teacher can allow a focused group to choose their own sub-groups. Early in the session series, this allows members to bond through their natural affiliation for one another. The choice can increase security and allow for smoother role play planning because the participants are dealing with others whom they are familiar with.

Another option is to give the group some responsibility in the choice-making process by repeatedly counting in a circle from 1-4/5/6 (depending on the total number in the group). Here each person says a number depending on their order in the circle. After everyone has a number, the ones in the circle get together, as do the two's in the circle, and so on.

When the sub-groups are formed the facilitator says: "Now each group needs to create a drama scene. A drama scene is a make-believe situation in which we play make-believe roles. Sometimes these make-believe roles and situations are very real though. Is everyone following me so far?"

(Here the facilitator is introducing role play to the participants. So, pausing and checking if the group is following the instructions is a good choice. If there is any confusion, it can be clarified at this point before moving on.)

The teacher continues "Try to form a clear beginning, middle, and end to the scene. You need to decide what role each person is going to play and where the situation is going to take place. Is it at home, in school, in a park or elsewhere? You also need to decide what the situation is about. Finally, you need to decide why this situation has happened and how you are going to end the scene. I will be coming and assisting each group to set up its scene wherever needed. But if you have any difficulty before that just call out to me. You have about ten minutes to decide your scene. If you need more time tell me".

(The facilitator has set out the requirements of the situation which involves collaboration and decision making in the sub-groups. While allowing for autonomy, the teacher has also clearly indicated his or her willingness to assist any one who needs help. This acts to encourage the group to make independent decisions while still providing a sense of security that the facilitator is available to clear up confusion or difficulty in the decision process.

Clear time limits are generally also helpful because they establish boundaries for the exercise and help to maintain focus. Depending on the group situation, flexibility in the limit set for time can be appropriate. Groups that tend to lose focus, or where the participants are unable to cooperate, may need to have less flexible time limits.)

Next, the teacher allows time for the roles to be created and assists or clarifies confusion wherever necessary. Then one by one the role plays can be enacted. The facilitator needs to initiate appreciation of each scene by calling for applause from the group. Applause raises self-esteem and creates confidence about future participation.

In addition, depending on the group, feedback of each scene can follow each enactment. On the other hand, feedback about each enactment can follow after all the scenes are complete. The choice depends on how much attention the participants are capable of. If they are less attentive, brief feedback may need to occur after every scene. If their attention span and retention is at a good level, feedback can happen after all the scenes are complete.

Once the role play process is complete, the teacher culminates the session with the final phase of the activity.

CLOSURE EXAMPLE

It is time for the session to close. The type of closure exercise depends on the energy of the group, the nature of the activity just before, and the overall session goals. In the closure phase, the facilitator can first initiate a brief discussion of the main aspects that emerged in the role plays. This discussion can help to summarize what or how much the participants now understand about self-awareness.

The group can end with this discussion. Alternatively, the teacher can choose another closure exercise from Appendix A. Let's say the teacher chooses to maintain a thread of more introspective continuity at the end of the group. S/he decides, for this reason, to initiate a slow hand squeeze after the brief verbal discussion:

"Let's slowly do an exercise called passing the hand squeeze. I am going to squeeze the hand of the person to my right. Then they are going to squeeze the hand of the person next to them, and so on. As you receive the squeeze and pass it onto the next person, keep your focus on how the squeeze feels to you. Do you feel surprised when you receive it? Do you

like the way your hand is squeezed? Do you like receiving the squeeze more than giving it to the person next to you?"

Other questions may be asked as needed. Once two or three rounds of the hand squeeze exercise have occurred, the session ends. For younger children, the facilitator can also end by having the group applaud itself. This creates a feeling of self-appreciation and energy that the participants can take into their lives immediately after the session.

APPENDIX C LIFE SKILLS LESSON TITLES

DRUG ABUSE RESISTANCE EDUCATION

1. Personal Safety Practice
2. Drug Use and Misuse
3. Consequences
4. Resisting Pressures to Use Drugs
5. Resistance Techniques
6. Building Self-Esteem
7. Assertiveness: A Response Style
8. Managing Stress Without Taking Drugs
9. Media Influences on Drug Use
10. Decision Making and Risk Taking
11. Alternatives to Drug Use
12. Role Modeling
13. Forming a Support System
14. Resisting Gang Pressure
15. Drug Abuse Resistance Education Summary
16. Taking a Stand
17. Culmination

ALCOHOL AND DRUG PREVENTION

This program can be conducted in a sequence of 9 weeks each for three terms.

First Term: Me as a Special Person (9 weeks)

1. I am unique
2. From child to adult
3. Getting along with others
4. Communicating and listening
5. Making friends
6. Sustaining and surviving loss of friends
7. Male/ Female relationships

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8. How to say "no"
9. Gaining self-confidence
10. Coping with stress
11. Coping with anger
12. Responding to criticism
13. Criticizing and praising
14. Critical thinking skills
15. Decision making skills
16. Stages of problem solving
17. Coping with conflict
18. Negotiating skills
19. I'm unique
20. Teenager: A child or an adult?
21. How to start friendships
22. Sustaining friendships
23. How to end harmful friendships
24. Relationships with members of the opposite sex
25. Relating with adults
26. What are drugs?
27. Good and bad uses of drugs
28. Drug misuse and abuse
29. Tobacco
30. Alcohol
31. Drugs and other Toxic substances
32. Behaviours of drug users
33. It's okay to be drug free
34. How to be a responsible person and say "no" to drugs.

W.H.O. LIFE SKILLS EDUCATION
ORIENTATION AND PLANNING WORKSHOP
NIMHANS, BANGALORE
23-27 NOVEMBER 1998.

PRELUDE:

Life skills are abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of every-day life. There is a core set of skills that are the heart of skills-based initiatives for the promotion of the health and well being of children and adolescents. These are:

(i) Decision making (ii) Problem solving, (iii) Creative thinking, (iv) Critical thinking, (v) Effective communication, (vi) Interpersonal relationship skills, (vii) Self awareness, (viii) Empathy, (ix) Coping with emotions, and (x) Coping with stress.

These skills can be provided to young people as abilities that they can acquire through learning and practice. Well designed, tested and delivered life skills programmes can achieve much in helping children and youth to become more responsible, healthy and resilient both during childhood and grown up adults.

Indian professionals (40) from the fields of education, health, mental health, welfare, media, national and international organisations and NGO's met from November 23-27, 1998 at NIMHANS, Bangalore. This group reviewed the 20 experiences of work with life skills and concluded with the following recommendations:

RECOMMENDATIONS

1. LIFE SKILLS EDUCATION:

Life skill education is an important and an urgent need for the children in schools and out of schools situations for the full physical, social, emotional development of potentials and competence of the children and youth. These skills are essential to effectively master the complex challenges faced by children as part of their own development process, the demands of studies, expectations of families and the impact of the societal changes. The group strongly support the WHO Life Skills Education programme for adaptation to the Indian needs, against the background of the already existing national policies and programmes for children and youth.

2. ADVOCACY:

The group recommended advocacy efforts at all levels and with all stakeholders on a priority basis.

3. INDIAN SITUATION:

Reviewing the Indian initiatives in Life Skills Education, the group recognised the important initiatives at different centres. Majority of them are pilot efforts and require further wider application. These experiences also highlight the need for cultural and local adaptations.

4. LIFE SKILLS EDUCATION AS PART OF CURRICULAR ACTIVITY:

Recognising the value of LSE, the group recommends that the Life Skills Education should be integrated into the existing curriculum of schools and should not be seen as extracurricular activity. The curriculum and methodology need to be reviewed to facilitate integration of LSE.

5. CORE GROUP:

The group recommends core-groups at the national, state and district levels. There is a need to organize a series of sensitisation orientation workshops for government officials, NGOs, institutional heads, principals, and members of Directorates of Education/Public Instruction, State Councils for Education, Research Training, District Institute for Education and Training, Technical Teacher Training Institute, State Resource Centre, Nehru Yuva Kendras etc.

6. INTERSECTORAL COORDINATION:

Life skills education cuts across all aspects of life. There is a need for intersectoral sensitisation, cooperation and coordination (especially the education, welfare, health, labour and development) to harmonise the goals of the different sectors of developmental activities.

7. MODELS OF LSE:

There is an urgent need for the development of sustainable and replicable model of Life Skills Education for wider implementation in different parts of the country. It is recommended that all the available materials related to Life Skills Education need to be collected, collated, organised, translated, documented, critically reviewed and made available to all people working with life skills education.

8. OUT OF SCHOOL CHILDREN:

Recognising the current situation in India where a large number of children are in a wide variety of out of school settings, there is a need to innovately meet these childrens' Life Skill Education needs. There is scope for sharing LSE with paraprofessionals and volunteers to reach the out of school children.

9. PARTNERSHIP:

Simultaneous to the school and out of school initiatives, such as dissemination of written material, workshops need to be organised. In addition, Parent Teacher Association meetings and networking should be strengthened. The following groups are recognised as important partners in LSE movement: (i) parents and family members, (ii) caregivers, (iii) peer animators/educators.

10. MONITORING AND EVALUATION:

For wider acceptance, there is need for continuous monitoring and evaluation of the life skills education initiatives. These efforts could lead to the development of indicators of change. Research should be ongoing process and part of the programme implementation.

11. MEDIA:

Recognising the strong influence of media, the group recommends the use of media for dissemination of Life Skills Education, media-professional interaction on a continuous basis and continuous monitoring of life Skills Education issues appearing in the media.

12. NETWORKING OF PROFESSIONALS:

Intersectoral and multidisciplinary professional networking is an important way of advancing the movement of Life Skill Education. Specific efforts should be made through periodic workshops, (similar to the current one), newsletters and other means to develop a professional group with interest, commitment and capacity to promote Life Skills Education in the country. A directory of professionals/NGO's working in LSE and allied activities needs to be brought out.

13. FOLLOW-UP:

The group has identified activities to be taken up by all the participants for the next one year and mechanisms for networking. It was decided to meet after twelve months to review the progress.

Life Skills and Positive Prevention Programme
(Russian Programme)

- produced in consultation with Life Skills International, USA.

1. Getting Started
2. Establishing Rules for our Group
3. Listening Skills
4. Various Forms of Communication
5. How to Start and Stop Conversations
6. Aggressive Behaviour and Assertive Behaviour
7. Types of Group Pressure
8. How to Say "No"
9. Gaining Self-confidence
10. Coping with Stress
11. Coping with Anger
12. Responding to Criticism
13. Criticising and Praising
14. Critical Thinking Skills
15. Decision Making Skills
16. Stages of Problem Solving
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25. Relating with Adults
26. What are Drugs?
27. Good and Bad Uses of Drugs
28. Drug Misuse and Abuse
29. Tobacco
30. Alcohol
31. Drugs and Other Toxic Substances
32. Behaviours of Drug Users
33. It's Okay to be Drug Free
34. How to be a Responsible Person and Say "No" to Drugs.

20th Oct 2002

SEVASADAN LIFE SKILL EDUCATION FOR BOYS DOING THE VOCATIONAL TRAINING COURSE

A 2 day evaluation of the health awareness program conducted by the community health cell at Sevasadan technical training institute was carried out on the mornings of 9th and 10th October, 2002 by Dr. Mani Kalliath, consultant with CHC assisted by Dr. Anant Bhan.

On the 9th October, 2002, 2 batches of students from Seva Sadan were approached to give their feedback about the health programs that had taken place about a year ago for 3 months in 2001.

The first batch of students was from the carpentry division. This was a group of about 15 students. The first few minutes spent in familiarizing with the students. The students remembered about most of the topics that had been covered in the program. The students especially liked and recollected the topics of cancer, malaria, cleanliness and personal hygiene, sexuality and condom usage. The students were of the opinion that the knowledge that smoking and oral usage of tobacco was harmful and could cause cancers had helped them; some of them divulged that they had stopped smoking as a result also and were trying to influence others to stop too. However, they did not remember about the other types of cancer besides the tobacco related ones. While a student said that he had dealt with his pimples by avoiding oily soap and using 'Cinthol', when asked what caused them, he said 'heat in the body'. The students were also concerned about cleanliness and personal hygiene and said they endeavored to keep themselves and their surroundings clean. The knowledge about HIV/ AIDS in terms of mode of spread, symptoms and window period was good. However, they did not know the difference between HIV and AIDS. They had fairly good knowledge about family planning methods- temporary and permanent. Also they said that they had realized the importance of discipline, friendship and helping others and how to deal with their emotional problems. This batch of students wanted the frequency of classes to be increased from once a week to twice a week and also the duration of course to be longer than 3 months. Also they felt the need for training on how to deal with their family backgrounds, which were traumatic in some cases. They also said that they preferred more audio- visual aids as that helped them to retain more information. They felt that they could not approach any of their teachers for personal problems but said that they trusted Brother Prabhudas and Bro. Paulus, for the same.

get a clinical psychologist/counsellor involved in the training

The 2nd session was with the welders and turners batch. This group was less forthcoming and very few students actually spoke. The topics that liked included sexuality, malaria, HIV, tobacco awareness. One of the students said that he believed that sex in young age group could cause birth defects in the child. However the students had very limited information about family planning methods and the concept of safe period. The students had lesser information about HIV/ AIDS compared to the first group and still had some doubts in the topic. A group of students said that they wanted more Kannada to be used in the teaching. They said that there was nobody among the staff or faculty whom they could approach for problems.

We need to explore why the difference. The language one of them

Imp. to get Seva Sadan staff more involved.

The next groups that we met were the teachers on the 10th of October 2002. They came across as a disinterested lot. They spoke about the adjustment problems that the students had when they joined the institution because of their diverse backgrounds. They felt that

Sevasadan life skills education file 10/22/02

10/22/02

since 75% of the students came from a rural background, it would be better more time given for orientation and to overcome the language barrier as it would help the students to retain more. Also, one of them said that his students had told him that they found the health education classes boring! Most of the teachers seemed reluctant to take up additional responsibilities in guiding the students about the health issues. Some of them were however ready to volunteer to be trained in the program themselves to help the students as well as themselves and their families. Later on, we met the principal of the institution with whom we shared about our observations. He said that he was satisfied with the program but expressed his inability in making this a continuous process, as it would require permission from the higher ups in the organization.

We also later met the group of trainers and interacted with them. They said that they needed more support in terms of materials including audio-visual media as they felt that lecturing alone was not enough to sustain the interest of young boys. We also asked them about the topics that they liked teaching. They said that the students had given them good feedback.

Observations-

While the first group was quite forthcoming and shared their opinions about the program quiet readily, the 2nd group seemed to be governed by the politics of language based formations where there was a leader whose opinion was paramount and hence prevented others from sharing their thoughts. Also there was a lot of negativity in the group. Most of the students seemed to retain only a few topics well, which would ordinarily be of curiosity to them such as sexuality etc. also there were lacunae- e.g. while the students knew about HIV/AIDS, they had no knowledge about STDs. Also there opinion of sexuality seemed to revolve around it being as a tool for reproduction rather than something that two consenting adults could enjoy provided if it was practiced safely. Similarly while the students seemed to remember the other topics, they did not seem to retain the important content of the topics. The teachers seemed to not be much interested in the health awareness program and were not very forthcoming about being a part of any initiative to try to improve the program, there being only a few exceptions. Also, the management seemed to put the onus of conducting the program entirely on CHC not wanting to involve much in either conduction or long-term commitment.

Suggestions-

- 1) The sessions to be shorter – 90 minutes, maybe twice a week with more audio visual aids and also constant reinforcement of past topics to ensure more retention.
- 2) The interested teachers to be trained themselves so that they could help the students with their doubts when the CHC team is not around.
- 3) To take up the program as a continuous initiative with Seva Sadan rather than a yearly contract.
- 4) To ensure that there is mixing of various groups of students and the problems related to language are addressed.
- 5) To try to ensure structured learning- the program could run longer than 3 months.

How much time would be required will need to be carefully worked out, once the curriculum content & methodology is spread upon

- 6) The retention of the content of the topics and not just the topics alone to be more important.
- 7) To maybe expose the students to some community health initiatives. ✓ *results + interactions with inspirational persons would be useful, + to be done*
- 8) To try to train some peer educators from among the younger teachers and staff to address the doubts and problems of the students. ✓
- 9) To organize a health check-up for all the students on a regular basis.
- 10) To arrange for some type of counseling for the students to address their individual needs. ✓
- 11) The trainers to be fixed according to their topics of interest. *with encouragement and support to enhance teaching skills.*
- 12) bring about inputs from female trainers who can also do a bit of counselling as the boys seemed to relate well to prior lady educators { young age group }.

Anant

21/10/2007.

SDR/STC Additional points for next training programme

1. To develop training materials. Training team to do practice sessions within the team as preparation. To also have written learning objectives, methods + teaching aides for each session
2. Send Sader to give us something in writing prior to the next course.
3. KG to follow-up ref. some small payment for the last course - as was done earlier.
4. After discussions on 22nd + 23rd a draft curriculum to be put up by 24th evening
The time scheduling will be developed later, with other details

to take it seriously, or they get less votes and did not get selected. The boys enjoyed the process.

Introductory game was played followed by the selection. It was done in pairs. Each one was asked to introduce their ~~partner~~ partner by telling the group one thing that his partner liked most and one thing liked least. Most of the boys said they liked, most movies, music and friends. The thing they did not like was drinking, smoking and betraying. With this the session concluded.

Dr. Jai told them two stories to emphasize the ~~need~~ importance of Life Skill Education

1) The story of boat man and the traveller.

2) The sage and a woman

ANSWERING QUESTIONS

Special concerns - What to do when these characters show up?

The Speechmaker

He wants his own platform. Pleasantly but firmly interrupt with "I am not sure what your question is..." or "Do you have a specific question?"

The Intimidator

His purpose is to deflate you as a speaker and inflate his own importance. Graciously expect and accept - remain in charge. Don't fall into the trap of the intimidator. (that's an interesting point of view...").

The Nit Picker

He is over-interested in the minor details. Acknowledge his interest but don't lose your main focus - you can't afford the time. Answer briefly and move on.

The Side-Tracker

He will try to derail you - keep on the track - maintain focus. (That's an interesting position, perhaps we could discuss it after the session...").

The Heckler

His purpose is distraction, frustration and annoyance. Don't lose your cool, stay in control - remember his purpose. Don't let him win (Silence may be your best response.).

*Subtler
poorly*

*A. J. Chandler
J. J. Chandler*

✓

factors other than the speaker's words. Suppose we are arguing with someone-especially about something that is "near and dear" to us. What are we usually doing while the other person is making his point? Probably not listening for understanding. We may be planning a rebuttal to what the other person is saying, or formulating a question.

Remedy:

Next time you get into an argument, stop the discussion and institute this rule: Each person may speak up with his own thoughts only after he has first stated the ideas and feelings of the previous speaker. Any distortion may be corrected immediately by the original speaker.

BARRIER 4

People listen only for factual data and want to be spared the "details".

Remedy:

The so-called details often are composed of principles and the main ideal. The facts make sense only when they support such principles. To remember dates and statistics is unimportant if the main point is lost.

BARRIER 5

People try to outline everything they hear in a conference or at a convention. But in their busy efforts to outline what's said, they hear one-third of it.

Remedy:

Be a flexible note-taker. Within a few minutes you can tell how well the speaker has organized his main points and supporting facts. Adapt your note-taking system to this pattern.

BARRIER 6

People frequently pretend to give the speaker their undivided attention at the start of his talk. They tune him in or out at will, retain an attentive facial expression.

Remedy:

Good listening is not a relaxed and passive activity at all, say the experts. Good listening is characterized by

SOME PRINCIPLES OF EFFECTIVE COMMUNICATION IN TRAINING

1. Use language that is clear and common to all participants.
2. Give permission to question.
3. Verify (check out) all assumptions.
4. Use a Socratic, rather than a didactic approach.
5. Choose materials and content that have a common meaning.
6. Avoid:
 - inappropriate editing
 - ambiguity (possibility of more than one interpretation)
7. Start where people are (experiences, etc.) and move on from there.
8. Involve the learner or participant in decision-making.
9. Use a positive attitude. (See the learner/colleague/child as partly full, not partly empty).
10. Practice active listening.
11. The trainer's role should be one of concern and caring and closeness.
12. The trainer should practice supervision of participants:
 - in order for everybody to succeed,
 - not in order to "catch" people, or for punishment.

IV. Feeling words that can be used to reflect the speakers feelings:

Positive

good
happy
nice
beautiful
lovely
wonderful
liked
loved
warm
friendly
satisfied
honest
straight-forward
kind
sensitive

Negative

rejected
unwanted
unsatisfied
annoyed
bored
frustrated
bitter
troubled
odd
upset
low
terrified
agitated
mad
shocked
anxious
terrible
horrible
misunderstood
devalued

It is important to be tentative in suggesting your perception of a person's feelings. "That must have made you feel very..." This allows the speaker the option of agreeing or disagreeing, and in so doing, s/he becomes more clear about how s/he actually does feel.

V. Some additional suggestions:

- A. Remember that as a listener, you are obligated neither to AGREE with what the speaker says, nor to CORRECT it. Your role is simply to help the speaker clarify his feelings about it.
- B. Beware of too strong reactions to what the speaker says. If you begin attacking the person or situation about which he is complaining, the speaker may end up defending what he started out complaining about. What he needed was to clarify his feelings by ventilating them. However, he ends up triply frustrated: first at the original situation, second, at you, the "listener", for not listening and third, at himself for having permitted himself to be manipulated into the new, even more uncomfortable position.

COMMUNICATION

COMMUNICATION IS PERCEPTION

- The receiver communicates, the sender utters
- Perception is not logic; it is shared experience
- Culture and emotions are barriers

COMMUNICATION IS DEPENDENT UPON EXPECTATIONS

- The unexpected is not perceived
- Ask "What does the person expect to hear"?
- Sometimes you have to risk the "shock of alienation" to break through perceptual barriers

COMMUNICATION MAKES DEMANDS

- It elicits a reaction
- It demands that the recipient become somebody, do something, or believe something
- It appeals to motivation
- It is propaganda
- Negative or threatening information is suppressed

COMMUNICATION AND INFORMATION ARE DIFFERENT

INFORMATION:

- Is logic, it is formal, it has no meaning
- Is impersonal
- The more it can be freed of emotions, values, expectations and perceptions, the more valid and reliable it becomes...it becomes increasingly informative

COMMUNICATION:

- May not depend on information
 - perhaps the most perfect communication may be purely shared experiences without any logic whatsoever
- Downward communication cannot work - it focuses on what we want to say
 - It assumes that the utterer communicates
 - One cannot communicate downward anything connected with understanding or motivation - this requires upward communication.
- More information may only widen the gap.

LISTENING

An ability to listen is a very important aspect of learning. There are many misconceptions about listening. In this section we shall try to understand what is listening.

I. Definition :

- A. Hearing-attentively
- B. Paying attention
 - 1. Will be governed by level of interest of the participant to the content of communication.
 - 2. Is more than the physical act of hearing.
 - 3. Active or reflective listening is looking for the values and feelings the speaker attaches to what is being said.
 - 4. It is helping the speaker to better understand his or her own feelings and to be more comfortable with them.

II. Most "listening" is:

- A. Hearing only.
- B. Waiting for the other to finish.
- C. Thinking about:
 - 1. What is being said
 - 2. When the other will stop - so that "listener" can speak.
 - 3. What to say when the speaker finishes.
- D. Being bored

III. How can you tell if someone is listening to you?

- A. Eye contact that the listener maintains with you during communication.
- B. Direct small verbal responses ("yes, hmm, uh uh") that the listener makes during communication.
- C. Actions by the listener such as:
 - 1. Nodding head
 - 2. Facial expressions
 - 3. Gestures-smiling, hand motions, etc.
 - 4. Posture-intent, leaning forward, etc.
- D. Exclamations whenever your message either shocks the listener or pleases him.
- E. Questions that you could ask in between your communication. ("Could you explain...? Could you clarify...? What is your opinion about...? Is this what you mean...? What do you think about...? How does that make you feel? What does that mean to you?")
- F. If they repeat what you have said in their own words ("If I'm understanding you correctly, you're saying that...")

IV. Feeling words that can be used to reflect the speakers feelings:

Positive

good
happy
nice
beautiful
lovely
wonderful
liked
loved
warm
friendly
satisfied
honest
straight-forward
kind
sensitive

Negative

rejected
unwanted
unsatisfied
annoyed
bored
frustrated
bitter
troubled
odd
upset
low
terrified
agitated
mad
shocked
anxious
terrible
horrible
misunderstood
devalued

It is important to be tentative in suggesting your perception of a person's feelings. "That must have made you feel very..." This allows the speaker the option of agreeing or disagreeing, and in so doing, s/he becomes more clear about how s/he actually does feel.

V. Some additional suggestions:

- A. Remember that as a listener, you are obligated neither to AGREE with what the speaker says, nor to CORRECT it. Your role is simply to help the speaker clarify his feelings about it.
- B. Beware of too strong reactions to what the speaker says. If you begin attacking the person or situation about which he is complaining, the speaker may end up defending what he started out complaining about. What he needed was to clarify his feelings by ventilating them. However, he ends up triply frustrated: first at the original situation, second, at you, the "listener", for not listening and third, at himself for having permitted himself to be manipulated into the new, even more uncomfortable position.

SOME PRINCIPLES OF EFFECTIVE COMMUNICATION IN TRAINING

1. Use language that is clear and common to all participants.
2. Give permission to question.
3. Verify (check out) all assumptions.
- ④. Use a Socratic, rather than a didactic approach.
5. Choose materials and content that have a common meaning.
6. Avoid:
 - inappropriate editing
 - ambiguity (possibility of more than one interpretation)
7. Start where people are (experiences, etc.) and move on from there.
8. Involve the learner or participant in decision-making.
9. Use a positive attitude. (See the learner/colleague/child as partly full, not partly empty).
10. Practice active listening.
11. The trainer's role should be one of concern and caring and closeness.
12. The trainer should practice supervision of participants:
 - in order for everybody to succeed,
 - not in order to "catch" people, or for punishment.

✓

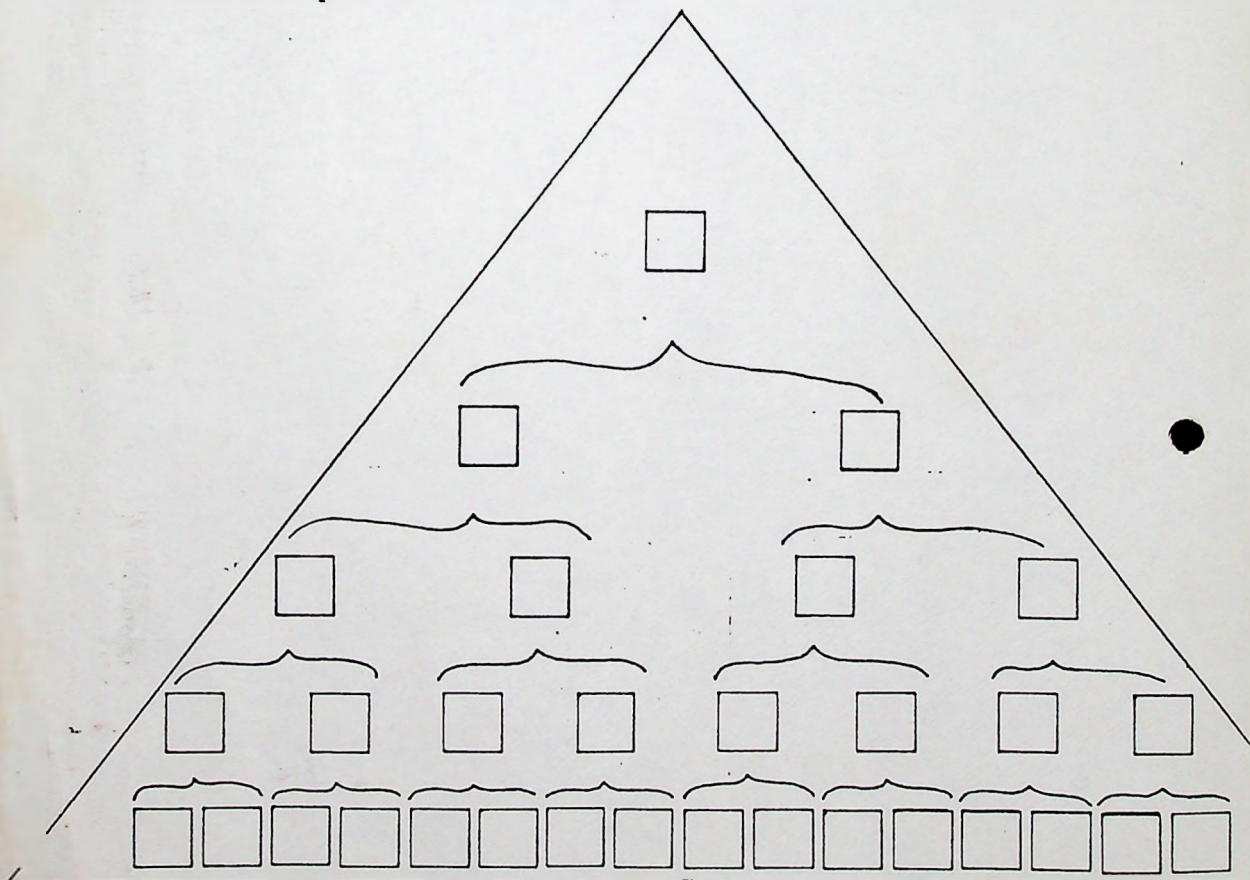
SOME OBSTACLES TO EFFECTIVE COMMUNICATION IN TRAINING

1. Expectations - trainer's and participants'
2. Fears - trainer's and participants'
3. Pre-occupation - trainer's and participants'
4. Poor attitude - trainer's and participants'
5. Inappropriate choice of method
6. Lack of relevance
7. Ambiguity
8. Details - too many
- too few
9. Inability to conceptualize - difficulty to make a general mental picture based on specific stimuli-things heard, seen, read, or experienced in some other way.

PYRAMIDING:

A group process whereby a large amount of information can be reduced to its most important elements.

1. Large group brainstorms a list, individually or as a group.
2. Group is divided into pairs or other smaller groups.
3. Each small group reduces large list to a smaller list, according to a standard.
4. Each two small groups are combined, and in each new group their two lists are reduced to one, again, according to a standard.
5. Combining is continued until one final reduced list results; sometimes it is useful to end with two final lists to compare.



Success

WHAT IS SUCCESS?

Success is the progressive realization of a worthy goal -
Earl Nightingale

Success and happiness go hand in hand success is getting what you want; happiness is wanting what you get

EXISTENCE ALONE IS NOT SUCCESS! IT IS A LOT MORE!

Do more than exist	- live
Do more than touch	- feel
Do more than look	- observe
Do more than read	- absorb
Do more than hear	- listen
Do more than listen	- understand

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QUALITIES THAT MAKE A PERSON SUCCESSFUL

- ◆ **Desire**
- ◆ **Commitment**
- ◆ **Responsibility**
- ◆ **Hard work**
- ◆ **Character**
- ◆ **Positive believing**
- ◆ **Given me more than you get**
- ◆ **The power of persistence**
- ◆ **Pride of performance**
- ◆ **Be willing to be student – be mentor**

COMMON SEXUAL PROBLEMS

1. PROBLEMS DUE TO MYTHS AND MISCONCEPTION

Semen, Masturbation, penis

Hymen, menstruation, female orgasm

2. INHIBITED SEXUAL DESIRE

To much exposure to sex, pornography,
boredom and homosexuality

3. ERECTILE DYSFUNCTION

Primary: uncommon

Secondary: filling problems

Vascular defects

diabetes mellitus

Drugs

Depression

Situational dysfunction

4. EJACULATORY DYSFUNCTION

Early, late, never

ನವೀನ ಕಲ್ಪನೆಗಳು ಮತ್ತು ಸೃಜನಾತ್ಮಕ ಆಲೋಚನೆ ಬೋಧನೆ ಮತ್ತು ಕಲ್ಪನೆಗಳಿಗೆ ೧೨ ಹಂತಗಳು

ಇತಿಹಾಸದಲ್ಲಿ ಎಲ್ಲಾ ಮಹತ್ವದ ಕಲ್ಪನೆಗಳು ಸ್ಪಷ್ಟವಾಗಿ ಒಂದು ಸಾಮಾನ್ಯ ವಾಣಿಜ್ಯವನ್ನು ಒಳಗೊಂಡಿವೆ. ಎಲ್ಲವೂ ಮಾನವನ ಮೇಧಾ ಶಕ್ತಿಯಿಂದ ಬಂದಿವೆ. ಮದುವೆಗೆ ವಿಷಯಗಳನ್ನು ಸಂಗ್ರಹಿಸಿಡಲು ಏಷಿತ್ರ ಸಾಮರ್ಥ್ಯ ಇರುವಂತೆ ವಿಷಯಗಳನ್ನು ಹೊಸ ರೀತಿಯಲ್ಲಿ ಜೋಡಿಸಿ ಸಂಗ್ರಹಿಸಲು ಹೊಸ ಅಭಿಪ್ರಾಯಗಳನ್ನು ಸೃಷ್ಟಿಸಲೂ ಸಹ ಸಾಮರ್ಥ್ಯವಿದೆ. ಮತ್ತು ಅಪ್ಪಟ ಸರಳವಾಗಿ “ಒಂದು ಕಲ್ಪನೆ ಯು ಹಳೆಯ ಮೂಲಧಾತುಗಳ ಹೊಸಜೋಡಣೆ”. ಇದನ್ನು ಬರೆದಿಟ್ಟುಕೊಳ್ಳಿ. ಗೆರೆ ಎಳೆಯಿರಿ ಮತ್ತು ಬಲಪಡಿಸಿ, ಇದು ನೀವು ಎಂದೂ ಬರೆಯುವ ವಾಕ್ಯಗಳಲ್ಲಿ ಅತ್ಯಂತ ಪ್ರಾಮುಖ್ಯದ್ದಾಗಬಹುದು. ಇದು ಹೊಸ ಪರಿಹಾರಗಳ ಸೃಷ್ಟಿಗೆ ಕೀಲಿಕೈ ಆಗಬಹುದು. ಹೊಸ ಮೂಲಪಸ್ತುಗಳಲ್ಲಿ ಹೊಸ ಸಂಯೋಜನೆಗಳು ಮಾತ್ರ ಇವೆ.

೧೨ - ಹಂತಗಳು ಯಾವುದೆಂದರೆ

೧. ನಿಮ್ಮ ಸಮಸ್ಯೆಯನ್ನು ಸ್ಪಷ್ಟವಾಗಿ ನಿರೂಪಿಸಿ
೨. ಒಂದು ಆದರ್ಶ ಪರಿಹಾರವನ್ನು ಕಂಡುಕೊಂಡು ನಿರೂಪಿಸಿ
೩. ಸತ್ಯಾಂಶಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ - ಸಾಮಾನ್ಯ ಮತ್ತು ನಿಶ್ಚಿತ
೪. ಈ ಆದರ್ಶ ನಮೂನೆಯನ್ನು ಭಗ್ನಗೊಳಿಸಿ
೫. ನಿಮ್ಮ ಕ್ಷೇತ್ರದಿಂದ ಹೊರಗೆ ಬನ್ನಿ
೬. ಹೊಸ ಜೋಡಣೆಗಳನ್ನು ಪ್ರಯತ್ನಿಸಿ
೭. ನಿಮ್ಮ ಎಲ್ಲಾ ಜ್ಞಾನವನ್ನು ಉಪಯೋಗಿಸಿ
೮. ಕೊಂಡಿಗಳನ್ನು ತೆಗೆಯಿರಿ ಅದು ತಳಮಳಿಸಲಿ
೯. ವಿಶ್ರಮಿಸಲು - ಪ್ರಕೃತಿ ಅಥವಾ ಸಂಗೀತ ಉಪಯೋಗಿಸಿ
೧೦. ಆದರೆ ಮೇಲೆ ನಿಲ್ಲಿಸಿ
೧೧. ಯುರೇಕ! [ನಾ ಕಂಡುಕೊಂಡೆ!] ಇದು ಜಗಿಯುತ್ತದೆ
೧೨. ಪುನಃ ಪರೀಕ್ಷಿಸಿ

ಸೂಚನೆ: (*) ಒಂದು ಮತ್ತು ಎರಡು ಹಂತಗಳನ್ನು ಬದಲಾಯಿಸಬಹುದು.

ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ ಎಂದರೇನು?

ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ ಎಂದರೆ ಸಕಾರಣ ನಿರ್ಧಾರಗಳನ್ನು ಮಾಡುವುದು, ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ, ಎಲ್ಲಾ ವಿಷಯಗಳಿಗೂ - ಪಾಕಕಾರ್ಯದಿಂದ - ಸಂಶೋಧನೆಯವರೆಗೂ ಪ್ರಮಾಣಗಳನ್ನು ಉಪಯೋಗಿಸಿ ಒಂದು ವಸ್ತುವಿನ ಗುಣಮಟ್ಟವನ್ನು ನಿರ್ಧರಿಸುವುದು, ಸಾರಾಂಶವಾಗಿ, ವಿಮರ್ಶಾತ್ಮಕ, ಆಲೋಚನೆ, ಯಾವುದಾದರೊಂದರ ಸಮರ್ಥನೆಗೆ ಒಬ್ಬ ವ್ಯಕ್ತಿ ನಡೆಯುವ ಶಿಸ್ತಾದ ನಡವಳಿಕೆ [ಹೇಳಿಕೆಗಳು, ಹೊಸಕಥೆಗಳು, ವಾದಗಳು, ಸಂಶೋಧನೆ ಇತ್ಯಾದಿ.

ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ ಸುಮ್ಮನೆ ನ್ಯೂನತೆಗಳನ್ನು ತೋರಿಸುವುದು ಅಥವಾ ಒಪ್ಪಿಗೆ ಕೊಡುವುದು ಅಥವಾ ಕೊಡದಿರುವುದು ಅಲ್ಲ. ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ ಇವುಗಳನ್ನು ಒಳಗೊಂಡಿದೆ.

೧. ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುವುದು ೨. ಉತ್ತರಗಳನ್ನು ಹುಡುಕುವುದು, ೩. ಆಯ್ಕೆಗಳನ್ನು ತುಲನೆ ಮಾಡುವುದು ಮತ್ತು ೪. ನಿರ್ಧಾರಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದು. ಜೊತೆಗೆ ವಿಷಯಗಳನ್ನು ಮುಂದಿನ ದೃಷ್ಟಿಯಲ್ಲಿ ಇಡುವುದು ಮತ್ತು ಅನುಭವವನ್ನು ಅಭ್ಯಾಸ ಕಲಿಯುವುದು.

ವಿಮರ್ಶಾತ್ಮಕ ಆಲೋಚನೆ

[ಎಸ್.ಜಿ. ಚಂದರ್ ಅವರಿಂದ ಸಂಗ್ರಹಿಸಿದೆ]

ಆಲೋಚನಾ ಕಾರ್ಯವಿಧಾನ ಎಂದರೇನು?

ಇಂದ್ರಿಯ ಜ್ಞಾನ :

ಕಣ್ಣು, ಕಿವಿ, ಮುಗು, ಚರ್ಮ ಇವು ಹೊರ ಪ್ರಪಂಚದಿಂದ ಪಡೆಯುವ ಜ್ಞಾನವನ್ನು ನಮ್ಮ ದೇಹಕ್ಕೆ ಒದಗಿಸುತ್ತೇವೆ. ಈ ಜ್ಞಾನವನ್ನು ನರಗಳ ಮೂಲಕ ಜೈವಿಕ ರಚನೆಗೆ ತಲುಪಿಸುತ್ತವೆ ಇದು ಈ ಜ್ಞಾನವನ್ನು ಅನುವಾದಿಸುತ್ತದೆ.

ಜೈವಿಕತೆ:

ಇಂದ್ರಿಯಗಳಿಂದ ಪಡೆದ ಜ್ಞಾನವನ್ನು (ಕಣ್ಣು, ಕಿವಿ, ಕೈಗಳು, ಬೆರಳುಗಳು ಮತ್ತು ಚರ್ಮ, ಮೂಗು, ನಾಲಿಗೆ) ನರಗಳ ಮೂಲಕವೇ ಮೆದುಳಿಗೆ ತಲುಪಿಸುತ್ತದೆ. ಮೆದುಳು ಈ ಜ್ಞಾನವನ್ನು ಅನುವಾದಿಸಿ, ಸಾಂಕೇತಿಸಿ ನರಗಳ ವ್ಯವಸ್ಥೆಯ ಮೂಲಕ ಹೊರಕ್ಕೆ ಕಳುಹಿಸುತ್ತದೆ.

ಮನೋವೈಜ್ಞಾನಿಕ:

ಸಂದೇಶಗಳನ್ನು ಮೆದುಳಿನಿಂದ ಪಡೆದು ಗ್ರಾಹ್ಯ ವಿಷಯಗಳಾಗಿ ಮತ್ತು ಪ್ರತಿಕ್ರಿಯೆಗಳಾಗಿ ಪರಿವರ್ತಿಸುತ್ತದೆ.

ಆರಿಯಬಹುದಾದ ಕಲ್ಪನೆಗಳು:

ಗ್ರಾಹ್ಯ ವಿಷಯಗಳನ್ನು ಮತ್ತು ಪ್ರತಿಕ್ರಿಯೆಗಳ ಆಲೋಚನಾ ವಿಷಯಗಳನ್ನು, ಜೈವಿಕ ಮತ್ತು ಮನೋವೈಜ್ಞಾನಿಕ ಆಯಾಮಗಳ ಮೂಲಕ - ಸಾಮಾನ್ಯ ಜ್ಞಾನ, ಮನೋಭಾವನೆಗಳು, ಊಹನೆಗಳು ಗ್ರಹಿಕೆಗಳು, ತೀರ್ಮಾನಗಳು, ಸಿದ್ಧಾಂತಗಳು, ಪ್ರಶ್ನೆಗಳು, ನಂಬಿಕೆಗಳು, ಬರಹಗಳು ಮತ್ತು ತರ್ಕಗಳಾಗಿ ಅನುವಾದಿಸುತ್ತದೆ.

ಸಂಪರ್ಕಗಳು:

ಮೆದುಳಿನ ಮೂಲಕ ಸಂದೇಶಗಳನ್ನು ಪಡೆದು ಉತ್ಪತ್ತಿಯಾದ ಶಾಬ್ದಿಕ ಮತ್ತು ಅಶಾಬ್ದಿಕ, ಬರಹಗಳನ್ನು ಅನುವಾದಿಸಿ ಸಂಪರ್ಕಿಸುತ್ತವೆ.

SEVASADAN TRAINING

- 14/09/01
1. Difference between Health & Disease.
 2. Concepts of Positive Health.
 3. Dimensions of Health.
- 21/09/01
1. Social Dimension of Health - > Importance of Health for themselves and the community.
 2. Mental Health.
 3. Spiritual Dimension
 4. Determinants of health
 - a) Heredity
 - b) Environment
 - c) Socio-economic condition, life style
 - d) Health Services.
 5. Emphasis on
 - Immunization
 - Nutrition
 - Physical Exercise
 - Healthy Habits
 - Water Supply
 - Sanitation
 6. Standard of living.
 7. Quality of living

Self-Awareness

Self-awareness is a remarkably difficult concept to define.

The Webster's third new international dictionary, 1981 provides a working definition.

Self-awareness is an awareness of one's own personality or individuality.

Self awareness helps us to:-

- delineate our ego boundaries.
- self monitor.
- Notice when we are being stretched beyond our limits.
- Notice physical and Psychological changes.

It helps you to realize that

1. I love myself because I'm special.
2. It's OK to have different feelings.
3. I take care of my body because it's the most valuable thing I'll ever own.
4. I'll strive to take care of my body.

Self-Awareness Management

(a) Delineate our ego boundaries.

The ego boundary is our psychological line of concept(LOC). The LOC is the place where "I" ends and "you" begin. The LOC demarcates which problems belong to us as opposed to the problems of others. The LOC mediates optimum psychological distance in relation to others; neither so close that we are over involved nor so far detached that we are unable to appreciate the problems of others.

(b)self monitor.

As we begin to notice our actions and reactions, we are better able to choose certain lines of action rather than feel acted upon. We initiate action. We begin to take responsibility for what we do.

© Notice

When we are being stretched beyond our limits. Without self awareness we fail to notice and are "blind" to our own actions.

(b) Notice

Physical and psychological changes; If we are not particularly self aware, we lose touch by failing to "connect" with our physical (we don't notice what is happening to our bodies or our physical fitness)and psychological states(we don't notice our changing moods). We tend to be more aware of some areas of our self-awareness as compared to other areas. Self-awareness is heightened by discovery and confirmation through self - observation, observation by others and in interactive observational situations.

We can increase the depth and range of our self-awareness through practicing (with a view to action) the self-awareness strategies mentioned below.

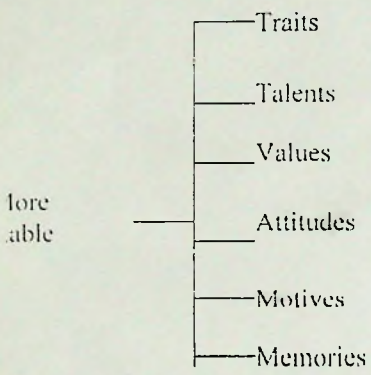
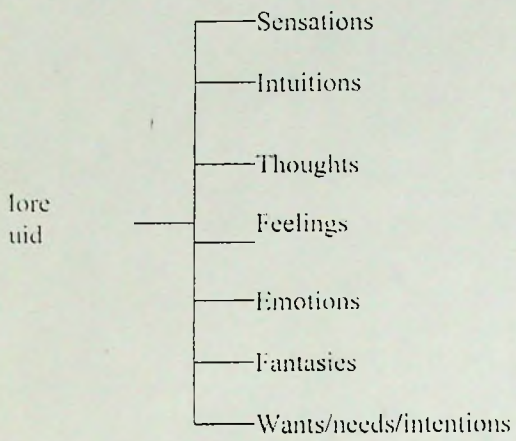
- TALK/write
- SUPPORT / groups
- Counselling
- Uncover, challenge and replace **IRRATIONAL BELIEFS**
- **CLARIFY** values develop other assertive qualities and skills.

Sara Paddison, *The Hidden Power of the Heart*
As you sincerely go for deeper levels of love, the results you'll have in well-being and increased quality of life will motivate you, leading you to a wider dimensional awareness. The results are so rewarding you can easily develop a passion for self-management.

Robin Williams, comedian once said- you are given one streak of madness, do not lose it.

Anonymous

Blessed are those who can laugh at themselves, for they shall never cease to be amused.



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The model of inner self-awareness above makes the process of raising our self-awareness more systematic.

- Λ am I thinking?
- S What am I sensing?
- K What am I feeling?
- What am I?

SELF – ESTEEM

- ◆ Self – esteem is how we feel about ourselves
- ◆ Our opinion of ourselves critically influence everything, from our performance at work, our relationships and our role as a parent to our accomplishments in life.
- ◆ Self – esteem is a major component in determining success or failure.

Advantages of Self-esteem:

- Builds strong conviction
- Creates willingness to accept responsibility
- Builds optimistic attitudes
- Leads to better relationships and fulfilling lives.
- Makes a person more sensitive to other's needs and develop a caring attitude.
- Makes a person self-motivated and ambitious
- Makes a person open to new opportunities and challenges.
- Improves performance and increases risk-taking ability
- Helps a person give and receive both criticism and compliments tactfully and easily.

Behavior patterns of a person with poor self-esteem

- They are generally gossipmongers.
- They have a critical nature. They criticize as if there is a contest going on and they have to win a prize.
- They have high egos – they are arrogant – and believe they know it all.
- People with low self-esteem are generally difficult to work with and for. They tear down others to get a feeling of superiority.
- They are closed minded and self-centered.
- They constantly make excuses – always blaming others.
- They have a fatalistic attitude – no initiative and always waiting for things to happen.
- They are jealous by nature.
- They are unwilling to accept positive criticism. They become defensive.
- They are bored and uncomfortable when alone.
- Poor self – esteem leads to break down in decency.
- People with low self – esteem don't know where to draw the line – where decency stops and vulgarity starts. It is not unusual for people to tell jokes at social get-together but with every drink, the jokes get dirtier and dirtier.
- They don't have genuine friends because they are not genuine themselves.
- They make promises they know they are not going to keep. A person with low self-esteem would promise the moon to make a sale. Unkept promises lead to loss of credibility. A person with high self-esteem would prefer loss of business than loss of credibility because they realize that one cannot put a price on one's credibility.
- Their behavior is senseless and erratic. They swing from one end of the pendulum to another. They may be all sugar and honey today but the same people may be out to cut your throat tomorrow. They lack balance.
- They alienate people and tend to be lonely.

- They are touchy in nature – This is called the fragile ego. Anytime something is said, a person with a fragile ego takes it personally and gets hurt. It leads to dejection.

Some Characteristics of peoples with:

High Self - Esteem	Low Self - Esteem
<ul style="list-style-type: none"> • Talk about ideas • Caring attitude • Humility • Respects of Conviction • Confidence • Concerned about character • Assertive • Accepts responsibility • Self – interest • Optimistic • Understanding • Willing to learn • Sensitive • Solitude • Discuss • Believes in self-worth • Guided • Discipline • Internally driven • Respects others 	<ul style="list-style-type: none"> • Talk about people • Critical attitude • Arrogance • Rebels against authority • Goes along to get along • Confusion • Concerned about reputation • Aggressive • Blames the whole world • Selfish • Fatalistic • Greedy • Know it all • Touchy • Lonely • Argue • Believes in net worth only • Misguided • Distorted sense of freedom • Externally driven • Looks down on others

- Remember all times are not the same. Ups and downs are part of life
- Make the best of every situation
- Keep yourself constructively occupied.
- Help others less fortunate than yourself.
- Learn to get over things. Don't brood.
- Forgive yourself and others. Don't hold guilt or bear grudges.

- Give yourself positive. Auto – suggestions.
- Have patience
- Take inventory: Make a list of all your strengths and weaknesses.

Synopsis:

I Problem Management

One definition-

Problems are *thinking choices* which can adversely affect happiness and/or performance unless prevented, managed or solved.

Advantages.

Ex- Prevention of Stress.

Problem management style

Ex- Rational

Problem management analysis

Grid

1. Am I checking problem solving grid?
2. Am I owning responsibility for the authorship of life?
3. Am I in touch with underlying feelings?
4. Am I using self-talk constructively?
5. Are personal rules and directives helpful or harmful?
6. Are perceptions regarding others and self-accurate?
7. Are attributions of cause accurate?
8. Are predictions realistic?
9. Am I clearly articulating goals and do they reflect self-values?
10. Am I using visualizing to best effect?

CASIE: A FIVE STEP PROBLEM SOLVING FRAMEWORK

C Confront problem.

A Assess and define problem.

S Set goals and plan.

I Implement plan.

E Evaluate the consequences of implementation.

Assessing and defining a problem shifts description to a working definition that identifies specific 'handles' enabling working towards change.

Working definitions identify thinking skill strengths, weaknesses and focus on action skill deficits sustaining and perpetuating the problem.

Searching for 'handles' problems can be prevented or managed by considering thinking skill areas based on the problem analysis grid.

Working definitions are translated into statements of working goals.
Time spent thinking problems through and planning management is time well spent.

II Decision Making

Introduction:

Life is a series of decisions. Each decision defines existence and is an act of renunciation.

Every 'yes' involves a 'no'.

One definition-

Decision-making is the art of drawing sufficient conclusions from insufficient premises.

Decision making styles:

People possess a profile of decision-making styles rather than a single strongly predominant style. Style alters in joint decision-making.

Types-

Rational

Feelings based hyper-vigilant

Avoidant

Impulsive

Compliant

Ethical

Joint decision making styles:

Types-

Competitive

Compliant

Collaborative

Decision making stages:

Stage 1: confronting and making the decision

Step 1: *confront* the decision.

Step 2: *generate* options and *gather information* about them.

Step 3: *assess* the predicted consequences of options.

Step 4: *commit* yourself to a decision

Stage 2: implementing and evaluating the decision

Step 5: *plan* how to implement the decision.

Step 6: *implement* the decision.

Step 7: *assess* the actual consequences of implementation.

Improving quality of decision making:

Check list-

1. Am I engaging in the steps of rational decision-making?
 2. Am I owning responsibility for the authorship of my life?
 3. Am I in touch with my underlying feelings?
 4. Am I using self-talk constructively?
 5. Are my personal rules and directive helping rather than harming me/
 6. Are my perceptions accurate regarding myself and others?
 7. Are my attributions of cause accurate?
 8. Are my predictions realistic?
 9. Am I articulating my goals clearly and do they reflect my values?
 10. Am I using visualizing to best effect?
-

III Critical thinking

Introduction

Critical Thinking is objective, rational, reason based logical left-brain, non-emotional thinking. Most of the major achievements of human civilization in the last century are due to **critical thinking**. Major advances in medicine & engineering have been largely due to critical thinking. The high quality lifestyle & material prosperity in the developed countries can be attributed to critical thinking.

Definition

Critical thinking is the process of applying conscious control and intelligent thought to human affairs, sure that every effect has a cause and impartial scientific investigation will reveal those causes and sufficiently determined effort will remove them.

Critical thinking errors (ctes) best illustrate the concept of critical thinking; making it easier to say what critical thinking is consequently.

Critical Thinking Errors (CTEs)-

1. Emotional meanings

Factual –words- suggesting- *emotional- attitude* critical thinking error.

2. All and some

General -form -of correct- formulation -with –incorrect- internal –premises critical thinking error.

3. Logical Fallacies

Emotions- conceal- general –structure- where -steps of -argument -left out/hidden -by multitude of- words critical thinking error.

4. Words & Facts

A problem of words is treated as a problem of fact Critical Thinking Error.

5. **The dangers of Speculation**

Failure to understand the relation of words to facts by speculative thinking taking the place of observation and interpretation of facts- critical thinking error.

6. The Meanings of Words

Structure of our language not corresponding with the structure of the factual world we use language to describe critical thinking error.

7. Definition and some of its difficulties

Use of definition to indicate opinions and prejudged controversies critical thinking error.

8. Tricks of suggestion

Oratorical device of speech using repeated affirmation; a confident insistent manner of speech and prestige to induce belief independent of soundness and truth- critical thinking error

9. Habits of thought.

Overcoming resistance to a doubtful proposition by a preliminary statement of a few easily accepted propositions- critical thinking error.

11. Pre-digested thinking

The use of generally accepted formulae (over simplifications) of thought as premises in argument- critical thinking error.


12. Pitfalls in analogy

Use of a concrete illustration in order to deduce new conclusions- critical thinking error.

13. Prejudice

Opinions are badly wrong and reasoning is used to support these wrong opinions and not to criticize them-critical thinking error.

There are 38 critical thinking errors with methods to correct them.

- 10. William Harvey compared the heart to a "pump" and extended the metaphor to discover "blood circulation". Think of a concept you are developing? What can it be compared to? A raging river? A bud about to open? Building a house? Raising a child? Waging war? What similarities are found?
- 11. Combining unusual ideas is the core of creative thinking. What different ideas can be combined?
- 12. Each of us is carrying mental maps in our heads. What fears hold you back? What fears can you slay?
- 13. Think up three captions for the illustration below?

- 14. Ask: what resources and solutions are right in front of me?
 Don't miss the obvious.
- 15. What problems are you working on that will benefit from a pause?
- 16. Remember your role models. Who were your role models growing up? What advice would they give you today? How would they motivate you? What kind of role model are you?
- 17. Do you have a clear sense of mission? "Want to" will always outperform "have to". How can you convert "have to" to "want to"?
- 18. What can be edited out of a current project to make it better? What can be simplified?
- 19. Prevention is better than cure- what potential problems can be identified and removed?
- 20. What rules can be broken in solving a current problem?
- 21. Work method analysis- what new tools can be adopted? What new skills can be learnt? What's out of date? What's a waste of time? How can what you do be made more fun?
- 22. What two amazing things can you find today?
- 23. What is your number priority? What three factors make it difficult to attain? Are the factors used as excuses? How can you go over, under, or through these obstacles?
- 24. What are the two best ideas you had yesterday? Which ones did you act on? When asking yourself these questions tomorrow, what will you say?
- 25. What will you be doing one year from today? What creative things will you have accomplished/ what goals will you have reached?

V & VI Communication and Inter-personal Skills

These two life skills are dealt with as separate entities in the WHO life skills list but in practice it is very difficult to tease out the ingredients which go to make up ~~one or the~~ other. Here, for purposes of convenience both life skills will be handled as a single unit titled **Interpersonal Communication**.

This is a complex multi-dimensional topic interfacing with many different areas.

1. Self Awareness- rooted in Freud's psychoanalytical theory of personality development; the four facets of the Johari window.
2. Transactional analysis
3. Piaget's theory cognitive development.
4. Tolman's mental representation/schema theory.
5. Kohler's Apes.
6. Kohlberg's notion of moral development
7. Synder's self monitoring theory of perception.
8. Carl Roger's humanistic theory
9. Maslow's motivation theory and self-actualization.
10. Dynamics of emotion and anger.
11. Attitudes and prejudices.
12. Unpopular patient.
13. Sullivan's interpersonal theory.
14. Erikson's psychosocial theory.
15. Learning theory,
16. Watson/Pavlov classical conditioning
17. Skinner's operant conditioning.
18. Bandura's social learning
19. Stress and behavior
20. Anxiety
21. Obedience, conformity and compliance.
22. Learned helplessness
23. Group formation and dynamics; roles; leadership and leadership styles.
24. Interpersonal conflict and conflict resolution.
25. Communication-core skills.
26. Dimension proxemics, territoriality, gaze, touch and silence.
27. Micro skills-listening, attending and responding. The focus is therapeutic listening.
28. A therapeutic relationship- trust, disclosure, feedback and the Johari window.
29. Assertiveness, submissiveness and aggressiveness.
30. Heron's six-category intervention analysis.
31. Egan's and Brammers models of helping.
32. Learning- experiential, concrete and formation of abstract concepts and generalization.

Interpersonal communication-

Micro skills:

- **Listening**

The art of capturing the true essence of the sender's message.

- **Attending**

The art of being physically and psychologically present and in tune with what is being said.

Therapeutic Listening:
S.L.O.R.

Activity

Sit closely facing a colleague. The colleague speaks and is listened to for 5 minutes after which roles are reversed. Note recalling listener's role. Thoughts and feelings, listening; behavior exhibited during listening.

Proxemics & Listening:

Establish right proxemic for a comfortable chat with a colleague. Listener constantly gazes at speaker speaking for 5 minutes. Compare notes and explore thoughts, feelings and behavior. Discuss emerging issues.

Gaze & Listening

Activity

Sit back to back with colleague and hold a conversation in listener and speaker roles. Process the exercise according to concept of experiential learning.

Activity

Sit side by side with colleague and repeat activity.

Attractiveness and listening.

Activity

Imagine listening to an attractive person. Note thoughts, feelings and behavior and to what extent listening ability is affected.

Activity

Repeat exercise imagining unattractive person is being listened to.

- **Responding**

Art of giving appropriate feedback to message received. Questioning; focusing, reflecting and echoing.

Brainstorm what to disclose. Note and ask each member to select what is felt as comfortable to disclose. Choose any three items (philosophy, culture, music, food, relationships etc) and take turn telling each other.

- **Feedback**

Being told by others what you're doing right so that you can continue to do it, and what you're doing wrong so you can stop it. Focus is need to know what others think of oneself. Gives important information about self. Feedback is a mirror reflecting thoughts, feelings and actions.

- **Johari window** (dynamics between trust, disclosure, feedback and self awareness)

Feedback Activity-

Reflect on situation when given feedback and note: who? How? How did you feel after? How did you respond?

- **Assertiveness**

Activity

Reflect on self and make list of positive attributes.

Heron's six category intervention analysis

Unskilled intervention-

Reflect on clinical or personal experiences and see if you can recognize unskilled or degenerate interventions and raise awareness of recognition. Discuss with colleagues action to be taken if such interventions are encountered.

Perverved intervention-

Reflect and go through above procedure.

Prescriptive intervention-

Exercise – from clinical or personal experience list verbal and non-verbal behaviors classed as prescriptive.

Informative intervention-

Activity

Reflect on clinical practice and list rationale of informative interventions.

Confronting interventions-

Self-explanatory

Supportive intervention

Work from a transcript and identify and classify interventions used. Check appropriate use and scope for improvement.

Helping

List communication skills used to help clients describe their situations. Carry out individually and discuss findings with colleagues.

Egan's model

Activity

List opening statements used to initiate clients telling story. Ensure statements not too threatening, too direct or too uncomfortable.

Workout possible answers and explore responses given on what you want to know.

As a way of reflecting on stories ask clients to make a list of communication skills to describe their situations. Discuss findings with colleagues/group.

Brammers Model of Helping

Activity

List different opening statements initiating client into telling story.

Interpersonal Communication

Related skills (relating to other areas and lifeskills)

- Self-Awareness – see under Self-Awareness Life Skill.
- Cognitive development: Piaget's Theory; Tolmans mental representation/theory

Activity

Write down what you think of the following – Doctors, Nurses and Patients. Discuss with colleagues and establish similarities and differences in ideas.

- TA

Activity

Reflect on yourself and consider situations when you thought that you're superior/inferior to others; the whole human race is bad; there is good in everyone; you could do a job better than someone else.

Feel brave enough to discuss above with colleague/group.

Activity

Reflect on some of your thoughts and list under pessimistic/optimistic thoughts. Analysis identifies some of the rationale as to why you think the way you do. You may well find that one of the contributing factors is the way you have been brought up.

- **Kohlberg's Theory of Moral Development**

Activity

Do your thoughts and morals influence the way you deliver healthcare?

• **Snyder's self-monitoring theory of perception**

Activity

Consider the following statements as your personal reactions to different situations. Mark down **T** for true and **F** for false against each item:

- My behavior is usually an expression of my true inner feelings, attitudes and beliefs. I can make impromptu speeches even on topics about which I have almost no information.
- I guess I put on a show to entertain or impress people.
- I am not always the person I appear to be.
- I can look anyone in the eye and tell a lie with a straight face.
- I may deceive people by being friendly when I really dislike them.

- **Carl Rogers and Self Theory**
- **Maslow**
- **Dynamics of emotion and anger**

Activity

Make a list of:

- a) Physical attributes b) Roles you have in society. Whatever you come up with will be your self-image.

Activity

Reflect on the times you experienced mixed emotions. Explore the different emotions at play and share with someone.

Activity

Have you always expressed your true feelings? Reflect and recall when true feelings were not expressed and establish the reason.

Activity

Reflect on times when angry and note ABC sequence.

Activity

List ways you behave when angry.

Activity

Think of people you know who have anger as a personality trait.

Activity

Reflect on how you deal with other people's anger. Discuss/share.

• **Attitudes and Prejudices**

Definition – mental state of readiness organized through experience and exerting direct influence on response to all objects to which it is related.

Components – cognitive, affective and behavior.

Cognitive component – Activity

Make a brief statement of belief, idea of your patients. What or who do you think patients are?

The cognitive component of your attitude basically expresses your opinions, ideas and impressions about your patients.

Affective component – write a brief statement about your emotion/feelings about patients. What do you feel about patients/how do patients make you feel?

Behavioral component – following on from the above two activities what action can you take? What would or could you do for patients?

Activity

Reflect, recall and note attitudes having utilitarian/adaptive purpose.

Reflect and recall ego defense functions of attitudes displayed.

Reflect and list things you do fitting into value – expressive function of attitude.

Try and link attitudes to principles of CC.

Explain those listed in terms of condition, unconditioned, stimulus and response.

Choose two objects of your attitudes. Ex – religion and caste.

Values

Definition – important life goal or societal condition desired by a person.

Activity

List some values and note their special significance for you. Discuss/share.

Beliefs

Definition – statements indicating subjective probability that an object has a particular characteristic.

Activity

Make short statements of beliefs about mental health, medical profession.

Prejudice

Definition – aversive or hostile attitude towards a person who belongs to a group simply because he belongs to that group.

Activity

What is the nature of prejudices? List prejudices to try and recognize and acknowledge one's own prejudices.

Are you prejudiced or not? Try this simple, very common exercise.

1. Choose any group as long they are of different ethnic origin.

2. Construct social distance scale with a statement with type of relationship found acceptable.

Ex: I would find it acceptable for a person in that group to –

Non-verbal responding

Communication and helping

- **Therapeutic relationship**

W.A.G.E (Warmth, Acceptance, Genuineness & Empathy)

- **Genuineness-**

WYSIWYG (What You See Is What You Get)

- **Trust**

Belief or feeling that no harm will come from others in a relationship.

Activity

List all persons trusted and note reasons for trusting. Check characteristics of people trusted. Compare notes with colleague.

Activity

Repeat above activity with persons not trusted.

Activity (Trust exercise)

Backward fall and catch- stand few steps away with back to colleague. Close eyes and fall back and let colleague catch you, thus ensuring you don't hurt self.

Forward fall and catch- similar to above except fall is forward.

Backward and forward fall and catch.

Fall in a circle- stand in middle of a circle formed by colleagues with eyes closed and allow your self to fall or be pushed gently in all directions.

Blind walk- with eyes closed walk and allow self to be guided by colleagues.

- **Disclosure**

Revealing information about self.

Activity

List 20 sentences starting with; I am....

Review list and decide what is appropriate to disclose. Explore rationale for inappropriate statements. Engage in disclosing appropriate self statements to colleague/group.

Work through stages of experiential learning process and enrich self-knowledge. Select colleague and start with 'my name is...' and continue till appropriate self-statements exhausted.

Communication:

A definition-

Finding a common understanding between two or more people.

Interpersonal skills:

A definition-

Skills enabling effective communication between two or more people.

For purposes of convenience, communication and interpersonal skills will be jointly considered under the heading – **Interpersonal Communication.**

Interpersonal communication – Core skills

Communication models:

Johnson and Johnson; Laswell's; Shannon & Weaver's.

Dimensions of communication:

Why? How?

Verbal and non-verbal.

Activity:

Make a list of all possible non-verbal communications.

- **Proxemics & Territoriality**- Inter-related observations and theories of man's use of space as a specialized elaboration of culture.

Activity-

Stand as close as possible to a colleague. Make a mental note of the degree of discomfort felt. Create some distance between the two of you and stop when you feel comfortable with the in-between distance.

- **Gaze:** visual or looking behavior

Activity- Make a list of the people you have a tendency to look or stare at?

- **Posture & Gesture**

Posture- Movements involving the whole body.

Gesture- Movements confined to one or more parts of the body.

- **Touch** –

Para-language

Nonverbal aspects of communication.

- **Silence**

- a) visit/ reside/work in my country
- b) live in my area
- c) be my neighbour/close friend
- d) marry family member

- **Stockwell's concept of the unpopular patient (heart sinks)**

VII Empathy

Definition

Activity scenario

Empathy Scale

Empathy training/enhancement

- Increasing awareness of feelings
- Retuning to emotional signals of others
- Acceptance of feelings of self and others
- Developing vocabularies to communicate feelings and emotions
- Separating one's feelings from those of others
- Sensitive restatement by reflecting feelings of others
- Metaphors and similes
- Imagery
- Physical sympathy: holding someone's hand, hugging etc
- Empathic awareness

VIII Self Awareness

Definition

Knowing of oneself.

Tri-dimensional concept: cognitive, affective and behavioral

Elements-

- Thoughts
- Feelings
- Values
- Beliefs
- Attitudes
- Prejudices
- Inner conflicts
- Likes and dislikes
- Opinions and ideas
- Perceptions and inferences
- Preferences for and aversion to
- Past experiences and memories
- Assumptions and interpretations
- Our ability to differentiate and discriminate

- Our sensitivity or resistance to stimuli
- Our fears
- Morals
- Doubts

Model of inner self awareness-
Elements-

- Thoughts
- Feelings
- Values
- Beliefs
- Attitudes
- Prejudices
- Inner conflicts
- Likes and dislikes
- Opinions and ideas
- Perceptions and inferences
- Preferences for and aversion to
- Past experiences and memories
- Assumptions and interpretations
- Our ability to differentiate and discriminate
- Our sensitivity or resistance to stimuli
- Our fears
- Morals
- Doubts

Model of inner self awareness-
Johari Window

Activity

Reflect on your thoughts, feeling and actions and identify one example in each of the following situations-

- 1 Your behavior has influenced your thoughts
- 2 Your thought has influenced your behavior
- 3 Your behavior has influenced your feeling
- 4 Your feeling has influenced your behavior
- 5 Your feeling has influenced your thought
- 6 Your thought has influenced your feeling

Discuss these with a friend, colleague, partner or in a group.

Self Awareness- Deeper
Selective
Superficial

Activity

- Try and identify some things you're superficially aware of.
- Identify some things you feel the need to be self aware of and explore its context.
- Identify some of your deeper awareness.
- Reflect on what goes on within your self and list as many factors as possible.

Find a friend to share thoughts and ideas.

* Reflect on your behavior and identify on one situation where there was in congruency between –

- Thoughts and behavior
- Feelings and behavior
- Feelings and thoughts

Discuss in pairs or small groups.

- Identify three things you're conscious of in the 'here and now'.
- Reflect on any day last week and note some things recalled.
- Note things you didn't know about yourself but found out from someone else.
- Reflect and recall defense mechanisms used and discuss
- List behavior, feelings, thoughts and motivation known to yourself and others.
- Identify for yourself behavior, thoughts, feelings and motivations known to you but not to others.

IX STRESS MANAGEMENT

Stress

A definition

A transaction between the self and the environment.

I don't think this particular lifeskill has to be elaborated upon. Plenty of information is available in the media.

A Sample Quiz

1 How often have you been upset because of something that happened unexpectedly?
0=never 1=almost never 2=sometimes 3=fairly often 4=very often

2 How often have you felt that you were unable to control the important things in your life?
0=never 1=almost never 2=sometimes 3=fairly often 4=very often

3 How often have you felt nervous and "stressed"?
0=never 1=almost never 2=sometimes 3=sometimes 4=very often

4 How often have you felt confident about your ability to handle your personal problems?
4=never 2=sometimes 3=almost never 1=fairly often 0=very often

5 How often have you felt that things were going your way?
4=never 3=almost never 2=sometimes 1=fairly often 0=very often

6 How often have you been able to control irritations in your life?
4=never 3=almost never 2=sometimes 1=fairly often 0=very often

7 How often have you found that you could not cope with all the things that you had to do?

8 How often have you felt that you were on top of things?
4 never 3 almost never 2=sometimes 1=fairly often 0=very often

9 How often have you been angered because of things that were outside your control?
0=never 1=almost never 2=sometimes 3=fairly often 4=very often

10 How often have you felt difficulties were piling up so high that you could not overcome them?
0=never 1-almost never 2=sometimes 3=fairly often 4=very often

How You Measure Up

Stress levels vary among individuals - compare your total score to the averages below:

AGE	GENDER
18-29....14.2	Men....12.1
30-44....13.0	Women..13.7
45-54....12.6	
55-64....11.9	
65 & over..12.0	

Marital Status

Widowed.....12.6
Married or living with.....12.4
Single or never we.....14.1
Divorced.....14.7
Separated.....16.6

X EMOTIONAL MANAGEMENT

Definition

The laws of emotion based on Tridja's work on Dutch rational philosopher Baruch Spinoza's book on ethics which discuss emotions-

- The law – *of situation*
of concern
of apparent reality
of closure
of care of consequence
of lightest load and the greater gain
of habituation
of affective contrast
of comparative feeling
of conservation of emotional momentum

Emotional quotient:

Quiz

1. Situation: A friend has borrowed something small, but high in sentimental value. You've asked for your friend to return the item, but your friend has failed to bring it back.

Your Response:

You admit to your friend how important the item is to you and why you would like it back, and ask your friend to return the item to you.

You end the friendship. You don't need a friend who disrespects you and your feelings.

You let it go. Friendship is more important than material items.

You give your friend the cold shoulder until he or she returns your item.

2. Situation: Your long-term partner has ended your relationship and you are upset because you wanted the relationship to continue.

Your Response:

You stay home every night and cry about the breakup.

You decide to make the best of it and find healthy outlets for your feelings.

You get involved with someone you don't care about just to be with someone.

You immerse yourself in many projects -- maybe you won't think about it.

3. Situation: Your significant other has a habit that annoys you more and more each day.

Your Response:

You threaten to leave the relationship if things don't change.

Live with it! You have annoying habits too.

You tell the person what annoys you and why.

You try to make a joke about it so he or she might get the hint to stop.

4. Situation: Your boss has assigned you your first big project, and the success or failure of the project could make or break your career.

Your Response:

You get nervous and pace. Nervous energy helps fuel the process.

You push it aside, you'll get to it later.

You spend the next week planning the project out in careful detail before telling anybody.

You take a few minutes to relax, give yourself time to think, bounce ideas off a colleague, and decide to pursue the idea that makes you feel most confident.

5. Situation: You are walking down the street, suddenly trip, and almost land flat on your face.

Your Response:

You get mad and curse yourself under your breath.

You regain your poise, laugh at yourself, and continue on your way.

You look around and give anyone who is looking at you a dirty look.

You turn red with embarrassment, put your head down, start walking, and hope no one noticed.

6. Situation: You are on a first date, and you notice that your date seems to be very uncomfortable.

Your Response:

You decide that on your next date you will plan something he/she likes to do, even if you don't enjoy that activity.

You start to obsess that there is something wrong with you.

You make an effort to get your date involved in a conversation and find out more about him or her.

You assume your date isn't interested in you -- then start flirting with someone across the room.

7. Situation: You find out that the promotion you were hoping for was given to someone else.

Your Response:

You lock yourself in your office and cry.

You obsess over what the other person had that you didn't and compare yourself to him or her unmercifully.

You continue to do your best; you know the next promotion is yours.

You forget about it. You didn't want the job that much anyway.

8. Situation: Your significant other is spending a lot of extra time at the office and acting distant.

Your Response:

You have been so busy you haven't noticed.

You devise a plan to get your partner's attention at all costs.

You automatically assume that your partner is having an affair with a coworker.

You talk to your partner about what is going on at work and see if there is anything you can do to help.

9. Situation: You are hanging out with a group of friends and one of your friends starts to make negative comments about a friend who isn't there.

Your Response:

You add a few negative comments about the friend who isn't there.

You say nothing at the moment, and later you privately talk about your feelings to your friend who made the comment.

You tell your friend that you don't feel comfortable talking about people who aren't there, and change the subject.

You keep quiet and beat yourself up for not saying anything to stop it.

10. Situation: Your best friend has recently broken up with someone and is taking it hard.

Your Response:

You take him or her out for a wild night on the town to get his or her mind off the breakup.

You start to worry about your own relationship and if you might get dumped.

You bash your friend's mate and tell your friend that he or she is better off alone.

You ask your friend what you can do to help him or her get through this.

Emotional regulation

- Flexible Planning
- Creative thinking
- Mood redirected attention
- Motivating emotions

There are *six positive* ways of coping with and enhancing emotional management.

1 Identification

2 Acceptance

3 Control

4 Redirection

5 Switching

6 Transmutation

SEX PERVERSION/PROBLEMS

God/Nature had made the **male** and **female** the **two sexes** for mutual gratification and **reproduction** of their own species.

But if one **derives pleasure** from **self-stimulation** of “**auto eroticism**” by **seeking stimulation** form an **individual** of the **same sex** or form an individual of a **different species** altogether (as an animal)

or from an individual **very young in age** or from **many individuals** and that also so **many times** will be deviation form the more socially or individually desirable and healthy means of seeking gratification. Such attempts can be taken as sex perversions.

- a. **Self-stimulation** (masturbation)
- b. **Homosexuality** (Sex with person of the same sex- male with male or female with female)
- c. **Bestiality** (sex with animals)
- d. **Loose promiscuous** or **heterosexuality** consisting in **prostitution**
- e. **Rape** of young children
- f. **Sex relation** with the daughter or son, brother sister, **exhibitionism**, **fornication**, morbid interest in **pornography** literature, **lewdness** etc.

ADOLESCENT THE CRITICAL PHASE

Adolescent is difficult time for young people. It is a time of major physical changes including the adolescent growth spurt in which size and shape of the body changes markedly and the differences between boys and girls are accentuated. These years also the time when mental and psychological development take place putting great stress on young people and those around them and influencing and affecting their relationships with their peers and adults. Puberty is also a time of behavioral changes when reproductive capacity is established; the sex hormones secreted during this period not only affect the tissues of the body but also related to changes in the sexual and emotional behavior.

Adolescent has been defined by the WHO as the period of life spanning the ages between 10 and 19 years. and youth as between 15 and 24 years.

PHYSICAL CHANGES

	Puberty in Girls	puberty in boys
Age :	May begin at 10 or even earlier	Usually later than girls
	Curves develop and breast began to grow	Change or thickening in the voice
	Hair sprouts in the pubic area and under the arms	Growth of hair in the chin, face followed by hair on the chest and increase hair on the body including the pubic area
	Menstruation begins	There is also some development of the genitals
	Ovaries in the healthy girls body begin to ovulate at around 11 to 14 years or earlier once every 28 days. The ovum produced by the ovaries is released and the uterus prepares its self for fertilization . Fertilization occurs when a female eggs unites with a male sperm which leads to pregnancy. If fertilization does not take place menstruation occurs.	Boys experience an occasional erection , particularly in the early morning, they may also experience wet dreams at night when they might involuntarily ejaculate

All these changes are normal and natural and there is no need to be ashamed of them or frightened. It is ignorance that is to be feared.

Nutrition and Growth spurt

Adolescence begins with pubescence which is the time for a final growth spurt in girls and boys. This physical growth is determined by many factors genetic and hereditary, nutritional and behavioral factors like dieting.

The rapid growth, which occurs in the adolescence, places extra demand on the nutritional requirements. During this period more than 20% of total growth in stature and up to 50 % of adult bone mass are achieved resulting in 50 % increasing in calcium requirements. Girls also have additional requirement of iron up to 15 % to compensate for menstrual blood loss.

During pregnancy the need for energy and protein increases as does the need for increase vitamins and minerals. Some cultures favor male offspring who have given greater share of available food resulting in malnutrition among the girls.

PSYCHOLOGICAL CHANGES

Period of great creativity, empathy, idealism and energy and of new experiences, ideas and skills. The support of family members during this phase is crucial in enabling them to meet the challenges.

- integrated and internalized sense of identity. This means drawing apart from older members of the family developing more intense relationship with peers
- taking major decision.
- Gradual move from involvement with groups of the same sex to mixed group and sexual pairing may take place.
- Girls may experience romantic interest before boys, this some times leads to sexual activity depending on the cultural background.
- Thinking moves from concrete to abstract and being to articulate independently
- Orientation towards future begins
- Moral independence grows, alternative courses of action and their consequences come to be considered
- Look at educational and employment options
- Begin to explore new interest and influences, which can mould their thinking and their ideas and actions.

Behavioral Changes

- Look beyond their relationship with their parents and families and begin to form more intense relationship with their peers and adults in their communities.
- Exploring sexual relationship to alcohol, tobacco and other substance abuse
- Tempted to emulate their role model characters on television and movies often with disastrous consequences.
- Peer pressure leads to experiment many things, sex, drop out of school, eating disorders

In all of these situations girls are at greater risk, since in most societies behavioral patterns are more restricted for them. They may also be victims of discrimination, violence, and sexual abuse or just be married early.

Emotion Management

Prepared by S.J.Chander

Community Health Cell, Bangalore

INTRODUCTION

A person without an emotion is like a body without a heart. **Emotion** is the very essence of being. **Emotion** is a very difficult construct to define. We all know what emotion means by experiencing it but how does one explain what one means by the term. In the English language there are 400 words for emotion. Emotions integrate subjective experience, bodily changes, planned action and social relating. Emotions are caused by conscious or unconscious cognitive evaluations (cognitive: knowing and perceiving) In a typical emotional experience, people are aware of an emotion and some aspects that gave rise to it. People may be unaware of the emotion signal and unaware of their emotional state. Also, people may have an emotion without realizing its cause or intensity.

TYPES OF EMOTIONS

The four basic emotions although their causes are usually known, can be experienced causally as happiness, sadness, anger and fear. Emotion has three characteristics:

1. **Physiological**- emotion has its roots in the ancient part of the brain, buried deep inside, in the middle of its substance. Part of the ancient brain is the limbic system from where emotions arise.
2. **Expressive**- related to facial expression, vocal cues, & body movements.
3. **Experiential**- crucial to daily functioning as it is responsible for motivating action.

There are eight primary emotions, they are:

1. Acceptance
2. Disgust
3. Anticipation/Expectation
4. Anger
5. Fear
6. Joy
7. Sadness
8. Surprise.

Combinations of primary emotions lead to secondary emotions. Example:
Anger + anticipation = Aggressiveness,
Acceptance + joy = Love

Mixed emotion is a difficult concept to follow. In reality the way people behave suggest elements of mixed emotion.

CONSEQUENCES OF EMOTIONS

Recent studies have revealed that the state of our emotional well-being plays an important role in our physical health. For instance, people who are depressed are at a higher risk of a heart attack, and those who have experienced a traumatic event are more likely to report poor physical health, often complaining of tiredness, loss of energy, body ache and other vague physical symptoms.

Conversely, people with positive attitudes towards life generally feel good about themselves, are more joyous and happy about their lives. A good laugh can lift the spirit up and can even increase the body's resistance to infections. Feeling good about ourselves also makes us comfortable in our relationship with others.

In a moment of anger, we often say things we regret later. Unfortunately, words once spoken can never be withdrawn. In this way, many good relationships have been scarred, some beyond repair. Thus it is important for us to learn to manage our emotion, particularly our anger.

"Big problems arise from small problems; the wise takes care of all his small problems,

Thus he has no problems." - Tao

MANAGING EMOTION

Being able to manage our emotion well is crucial to our own health as well as our ability to foster healthy relationships with others, particularly our loved ones. Emotional maturity means being clear about the personal identity one values, being able to recognize when that identity has been threatened or is being threatened, recognizing and even seeking opportunities to enhance that personal identity

Thus, an effective way to manage our emotion is to quickly identify our feelings and acknowledging them when they arise. This also makes it easier for us to recognize the cause or trigger that give rise to the feelings. Of course, this is easier said than done.

To be able to recognize and identify our feelings the moment they arise, we need to practice constant self-awareness. This can be achieved through meditative practice, journaling or self-reflection. Another method is through feedbacks from those around us.

CONCLUSION

Often, unacknowledged feelings such as the simmer within us, and they slowly and silently grow into full-blown anger or outbursts when we are least able to control them. It is easier to manage minor frustrations before they become big and unmanageable.

EMPATHY

Prepared by S.J.Chander

Community Health Cell, Bangalore

INTRODUCTION

We are created to be interdependent not independent. In a world where we are living, more and more people are becoming individualistic without realizing life would be unlivable if every one becomes individualistic. Life also has been given to us not as bed of roses; each day has its joys and sorrows, ups and downs. Some times these feeling affect our lives deeply and some of us do not have the ability to mange. As result it affects every area of life. There are people who end their lives. Most of the times people who go through difficult times do not expect any support from others. Just the feeling that some one is able to understand exactly how they feel (this is what is known as sympathy) help them overcome the situation.

Most people who go through difficult time get the support form family members, friends and community members. Generally those who support do not realize that the person who goes through difficult situation does not need their sympathy but empathy. We have the natural tendency to be sympathetic but many a times it does not help the people in difficult situation. Empathy is the ability to imagine how others actually think and feel and communicate.

DEFINITION:

In the everyday sense of the word empathy means the ability of one person to understand exactly how another person is feeling and experiencing his inner subjective world at that moment in time and to transmit this emotion to the other person such that the other person feels understood.

APPLICATION OF EMPATHY SKILLS

Empathy is a skill that one can acquire by being aware and consciously making an effort to learn may be by reflecting upon each time when one gets opportunity to help

some one in a difficult situation and find out, how well he/she has applied the steps in empathy.

Firstly one needs to be a good listener to understand the experience of the person who narrates his or her experience and application of critical thinking skills would be useful in identifying what exactly the feeling of the person. Thirdly empathy needs to be communicated both verbally and non-verbally according to the situation. Finally application of creating thinking skills with communication skills would be helpful in sending the message across to the person that he or she is being understood.

Empathy involves a process of being *with* and *in* another person; that is attempting to step into another persons shoes; see the world through the other persons eyes; laying aside our perceptions, values, meanings and perspectives as far as possible.

Empathy is frequently confused with sympathy, identification and intuition. We need to differentiate empathy from SYMPATHY, IDENTIFICATION and INTUITION.

Sympathy is defined as the ability to share another person's emotions or sensations; pity or tenderness towards a sufferer, liking for each other. Without sympathy, we can't ever really be aware of others, or of our relationship with others; yet without empathy we'll never be able to understand why others are the way they are, or why they do what they do, in the way that they do it.

Identification – is defined as being familiar with the situation of others, leading you to respond from your own experience rather than frame of reference of the other.

Intuition is the power of knowledge (you just instinctively know) without learning or reasoning.

CONCLUSION

Empathy is often harder than sympathy, because we have to make a deliberate effort to let go of our own prejudices and assumptions: it can be very hard but it is worth as it builds up a person.

CREATIVE THINKING SKILLS

Compiled By S.J.Chander.

Community Health cell

All the great ideas in history, all the great inventions, obviously have one thing in common. All have come from the human brain. Just as the brain has fantastic ability to store information, it has an equal ability to reassemble that information in new ways: to create new ideas. An idea is a new combination of old elements. There are no new elements: there are only new combinations.

Creative thinking skills use very different approaches. They involve a much more relaxed, open, playful approach. This can require some risk-taking. Creative thinking skills involve such approaches as:

- ❖ Looking for many possible answers rather than one
- ❖ Allowing yourself to make wild and crazy suggestions as well as those that seem sensible
- ❖ Not judging ideas early in the process - treat all ideas as if they may contain the seeds of something potentially useful
- ❖ Allowing yourself to doodle, day-dream or play with a theory or suggestion
- ❖ Being aware that these approaches necessarily involve making lots of suggestions that are unworkable and may sound silly making mistakes
- ❖ Learning from what has not worked as well as what did

A state of mind

Creative thinking skills are as much about attitude and self-confidence as about talent. Creativity is often less ordered, structured and predictable. As you are not looking for 'one' answer, you are likely to come up with lots of suggestions that are not 'right'. This can be difficult if you are more used to analytical and logical

approaches. It can also be experienced as 'risky' as the prospect of making a mistake or not coming up with an answer is more likely.

Creativity and emotions

Strong emotional self-management is often needed in order to allow creative thinking states to emerge. It is important to be able to cope with risk, confusion, disorder and feeling that you are not progressing quickly.

Creative thinking techniques

There is no limit to ways there are of thinking creatively. Some techniques you can begin with are:

- ❖ Brainstorm ideas on one topic onto a large piece of paper: don't edit these. Just write them down.
- ❖ Allowing yourself to play with an idea whilst you go for a walk
- ❖ Draw or paint a theory on paper.
- ❖ Ask the same question at least twenty times and give a different answer each time.
- ❖ Combine some of the features of two different objects or ideas to see if you can create several more.
- ❖ Change your routine. Do things a different way. Walk a different route to college.
- ❖ Let your mind be influenced by new stimuli such as music you do not usually listen to.
- ❖ Be open to ideas when they are still new: look for ways of making things work and pushing the idea to its limits.
- ❖ Ask questions such as 'what if....?' Or 'supposing....?'

There is no limit to ways there are of thinking creatively. Some techniques you can begin with are:

Critical Thinking

LIFE SKILLS TRAINING PROGRAMME

Conducted by Community Health Cell, Bangalore

Compiled by S.J.Chander

What is thinking?

Thinking is a process that happens in the following stages:

Sensation- Eyes, Ears, Nose, Tongue, Skin provide our bodies with sensations which they pick up from the outside world. These sensations are transmitted by nerves to the biological structures, which will translate them.

Biological-the sensations provided by the senses (eyes, ears, hands, fingers & skin, nose, tongue) are inputted by nerves to the Brain, which then translates, decodes, and encodes messages and sends them out through the nervous system

Psychological-Takes the messages from the brain and translates them into perceptions and reactions

Cognitive-Translations through the biological and psychological dimensions of the thinking process of the perceptions and reactions into concepts, ideas, assumptions, suppositions, inferences, hypotheses, questions, beliefs, premises, logical arguments, etc...

Communications-Takes the messages from the brain and translates them into verbal, non-verbal, and written language to communicate the thoughts and ideas which were generated.

What is Critical Thinking?

When examining the vast literature on critical thinking, various definitions of critical thinking emerge. Here are some samples:

- "Most formal definitions characterize critical thinking as the intentional application of rational, higher order thinking skills, such as analysis, synthesis, problem recognition and problem solving, inference, and evaluation
- "Critical thinking is thinking that assesses itself" (
- "Critical thinking is the ability to think about one's thinking in such a way as 1. To recognize its strengths and weaknesses and, as a result, 2. To recast the thinking in improved form").

"Critical thinking... means making reasoned judgments" (critical thinking as using criteria to judge the quality of something, from cooking to a conclusion of a research paper. In essence, critical thinking is a disciplined manner of thought that a person uses to assess the validity of something (statements, news stories, arguments, research, etc.).

CRITICAL THINKING

Critical thinking isn't just pointing out flaws and giving something a "thumbs up" or "thumbs down". Critical thinking involves

1. Asking questions,
2. Seeking out answers,
3. Comparing options,
4. Making decisions.

It is also about keeping things in perspective and learning from experience and practice

RATIONAL DECISION MAKING

TWO MAIN STAGES

STAGE1: CONFRONTING AND MAKING DECISION

Step 1: Confront the decision

Step 2: Generate options and gather information about them

Step 3: Assess the predicted consequences of options

Step 4: Commit yourself to a decision

STAGE2: IMPLEMENTATION AND EVALUATING THE DECISION.

Step 5: plan how to implement the decision

Step 6: implement the decision.

Step 7: assess the actual consequences of implementation.

IMPROVING DECISION MAKING QUALITY

When making a decision you may help yourself by asking the following questions:

1. Am I engaging in the steps of rational decision-making?
2. Am I owning responsibility for the authorship of my life?
3. Am I in touch with my underlying feelings?
4. Am I using self-talk constructively?
5. Are my personal rules and directives helping rather than harming me?
6. Are my perceptions accurate regarding others and myself?
7. Are my attributions of cause accurate?
8. Are my predictions realistic?
9. Am I articulating my goals clearly and do they reflect my values?
10. Am I using visualizing to best effect?

VARIOUS LIFE SKILLS

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. The following are the 10 generic skills. They are five pairs of related skills.

Critical Thinking:

It is the ability to analyze information and experience in an objective manner.

Creative Thinking:

It is an ability that helps us look beyond our direct experience and address issues in a perspective which is different from the obvious or the norm. It adds novelty and flexibility to the situation of our daily life. It contributes to problem solving and decision making by enabling us to explore available alternatives and various consequences of our actions or non-action.

Decision Making:

The process of assessing of an issue by considering all possible /available options and the effects that different decisions might have on them.

Problem Solving:

Having made decisions about each of the options, choosing the one which suits best, following it through even in the face of impediments and going through the process again till a positive outcome of the problem is achieved.

Interpersonal Relationship:

It is a skill that helps us to understand our relations with relevant others and relate in a positive reciprocal manner with them. It helps us to maintain relationships with friends and family members and also to be able to end relationships constructively.

Effective Communication:

It is an ability to express ourselves both verbally and non-verbally in an appropriate manner. This means being able to express desires, opinions, fears and seek assistance and advice in times of need.

Coping with Emotions:

It is an ability, which involves recognizing emotions in others and ourselves, being aware of how emotions influence behaviors and being able to respond to emotions appropriately.

Coping with Stress:

It is an ability to recognize the source of stress in our lives, its effect on us and acting on ways that help to control our levels of stress. This may involve taking action to reduce some stress, for example, changes in physical environment, take action to solve the problem and learning to relax etc.

Self Awareness:

This includes our recognition of ourselves, our character, strengths and weakness. It is a prerequisite for effective communication, interpersonal relationship and developing empathy.

Empathy:

It is an ability to imagine what life is like for another person even in a situation that we may not be familiar with. It helps us to understand and accept others their behavior that may be very different from ourselves.

HEALTH AND LIFE SKILLS TRAINING PROGRAMME FOR THE I.T.I BOYS OF SEVASADAN

PROGRAM SCHEDULE:

Duration : 14th November 2003 to 19th March, 2004 (only Fridays)

Time : 10 a.m. to 12 p.m.

Total Hours : 34 Hours

SL. NO	DATE	TOPICS
1	14.11.2003	<ul style="list-style-type: none"> • Introduction • Health Promotion in adolescents using life skills Approach • Orientation to 10 basic skills
2	21.11.2003	<ul style="list-style-type: none"> • Nutrition
3	28.11.2003	<ul style="list-style-type: none"> • Eating habits • Healthy and unhealthy food • Myth and facts about food
4	05.12.2003	<ul style="list-style-type: none"> • Health and Hygiene
5	12.12.2003	<ul style="list-style-type: none"> • Decision making and problem solving skills
6	19.12.2003	<ul style="list-style-type: none"> • Boy-Girl relationship • Peer pressure – saying 'No' to tobacco and alcohol-techniques • Gender role
7	02.01.2004	<ul style="list-style-type: none"> • Communication skills • Interpersonal relationship skills
8	09.01.2004	<ul style="list-style-type: none"> • Self awareness • Self esteem
9	06.02.2004	<ul style="list-style-type: none"> • Communicable and non-communicable diseases
10	13.02.2004	<ul style="list-style-type: none"> • Facing failure • Coping with failure • Dealing with anger • How to improve memory power
11 ✓	20.02.2004	<ul style="list-style-type: none"> • Sensation seeking behaviors / high risk behavior • Tobacco use
12 ✓	27.02.2004	<ul style="list-style-type: none"> • Alcohol use, effects and prevention • Myth and misconception about alcohol use
13	05.03.2004	<ul style="list-style-type: none"> • Critical and creative thinking skills
14	12.03.2004	<ul style="list-style-type: none"> • Changes in adolescent • Understanding body and mind-body mapping • Menstruation, wet dreams and masturbation

15	19.03.2004	<ul style="list-style-type: none"> • Intercourse • Conception • Contraception • Myth and misconceptions about sex
16	26.03.2004	<ul style="list-style-type: none"> • Empathy – HIV/AIDS • Sexually transmitted diseases • Sexual harassment and abuse x <i>rape</i>
17	02.04.2004	<ul style="list-style-type: none"> • Evaluation

Methodology :

- Lecturing
- Group activity / group discussions
- Games
- Role play
- Story telling
- Questions and answers

Each sessions will contain activities. All the life skills will be promoted in the context of the above topics.

Linguistic - groups and Resource persons :

Sl No	Language	Resource person	Participants
1	Kannada	Mr. Prahalad / Mr.Chander / Dr. Rajan.R. Patil	No. of Boys - 21
2	Tamil	S.D.Rajendran / S.J.Chander / Mr.Xavier	No. of Boys - 17
3	Malayalam	Bro.Mathew / Mr.Navcen / Dr. Mary Thomas	No. of Boys - 30
4	Hindi & English	Mr. Rajan. R. Patil / S.D.Rajendran	No. of Boys - 13