The Healing Process of a Wounded Society Training guide

Updated 2018
THE HEALING PROCESS OF A WOUNDED SOCIETY

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1. INTRODUCTION

Historical Background

Rwandan history is characterized by different conflicts starting from 1959; Killings of the Tutsi became a common practice in the 1960s, 1970s, 1980s and early 1990s. These conflicts contributed to fleeing of many Rwandans to neighboring countries as refugees. In 1980s Rwanda was one of the countries that had a large number of refugees in Diaspora in the World. Rwandese in Diaspora was marginalized and was forced to attack Rwanda to liberate their country in 1990-1993. The then government of Rwanda planned and executed genocide against Tutsis in 1994.

Genocide against Tutsis killed more than a million people and drove about two million others to exile. Inside the country, particularly we have seen the emergence of a group of persons of extreme vulnerability, the survivors, among them, widows and orphans. Survivors sustained visible and invisible injuries (wounds) which were never treated well.

The government of Rwanda and civil society organizations established different peace and reconciliation initiatives to promote unity and reconciliation as well deliver justice among Rwandans. These initiatives have contributed to a peaceful co-existence between Rwandans from diverse backgrounds. Some of these initiatives include Gacaca, which was established to deliver justice and promote unity and reconciliation. While Gacaca prompted truth and reconciliation, it also re-opened wounds of both victims and ex-perpetrators because none of these groups were psychologically supported during or after Gacaca contributing to traumatic tensions and psychological problems including illness.

It is also important to acknowledge that it is not only genocide that contributed to trauma, but there are other factors including refugee associated challenges of both Rwandans who fled Rwanda in 1959 and those who fled during the war and genocide. Similarly the armed groups of 1997-98 caused traumatic injuries to communities in Northern and Western Provinces due to loss of lives of family members and property. Both historical events of before and after genocide characterize Rwanda as a traumatized/wounded society.

It is from the above context that NAR is implementing society-healing program in partnership with Interpeace to openly discuss sensitive past, current or emerging issue to settle differences through dialogue and cooperate to implement activities towards a shared vision of the future. The program also aims to foster social cohesion and critical thinking for sustainable peace in Rwanda. As the first activity of this program, NAR conducted a mapping exercise to find out the peace actors involved in healing, approaches used, successes and challenges.

One of the key findings from mapping exercise demonstrated that many people in community need healing, yet there are very few actors focusing on healing programs in Rwanda. Societal Healing Program and Reconciliation among youth and community members aim to enable diverse groups of community members, and youth, to openly discuss sensitive past, current or emerging issues, to settle differences through dialogue and increase social cohesion and critical thinking for sustainable peace in Rwanda.

The program will be implemented across all provinces and specifically will be implemented among 10 youth groups (5 non-schooling and 5 schooling represented in all provinces) and 5 groups from community members. These groups will be facilitated by peace agents selected from these groups based on qualities for selection of peace Agents below.

The Rationale of the training Guide

The guide was developed by NAR for training of youth Peace Agents to promote healing and reconciliation in their respective communities through dialogue.

The Guide also intends to provide youth and community members with information to help them support groups discuss openly wounds and sensitive issues in the community. It is important to remember that this guide is a starting point for Peace Agents and the group. You can refer to this guide when forming the group and during group meetings.

Training Objectives and expected outcomes

Objective

• The major objective training is to build capacity of Peace Agents on healing to support youth and community members.
• To provide skills to peace agents to support youth and community members to solve conflicts non-violently.

Expected outcomes

• Awareness on individual and community wounds and healing approaches increased among Peace agents
• The peace agents gain skilled in facilitating peace dialogues

Qualities of peace agents

• Peaceful and recognized by his/her fellow community members
• NAR peace agents are open minded, warm, friendly and committed to helping others.
• They have basic education but not necessarily professionals with special interest in the Societal healing program
• Peace agents should be emotionally stable
• Peace Agent tells his or her story, in order for him/her to hear other people’s story which is an important part of providing support.
• PA should preferably have engaged in community work of some kind, and they should value community service for its contribution to the society.
• He/she should not have any responsibilities, which can conflict his/her role as a peace agent.

Methodology
• This guide was developed for Peace agents to learn concepts and methods in participatory group processes and provide guideline for interactive facilitation. Peace Agents are requested to feel free to amend as appropriate for their groups.
• Instead of providing answers to the group, Peace Agents will work out together with group members in discussions based on the personal experiences of every participant. Interactive training allows for the possibility of delivering a lecture or presentation in which the facilitator explains and the participants listen. But the basis is that everybody is a resource person who can contribute to the learning process of the whole group.
• The training methodology relies on interactive exercises, discussion, and role-plays, for participants to learn by doing in dealing with strong emotions, struggling to find positive meaning in their experiences, feeling insecure and unsure of how others respond to them.

2. TRAINING CURRICULUM for PEACE AGENTS

DAY 1

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<td>10:30 – 10:45</td>
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<td>Exploring wounds in the Rwandan society [wounds Awareness]</td>
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Welcome and Introductions

Welcome to the training organized by Never Again Rwanda, a peacebuilding and social justice organization that was founded in response to the 1994 genocide perpetrated against Tutsis. Guided by a vision of where a society enjoys sustainable peace, development, and social justice,

NAR aims to empower Rwandans with opportunities to become active citizens through peace building and development. NAR places a particular emphasis on the youth as the future of a peaceful society. With nearly 17 years of experience, NAR is one of the leading national peace building organizations in Rwanda.

NAR’s mission is to empower communities for peace and social justice.

We are very pleased to have this opportunity to introduce you to the concepts of wounds and healing.

Let’s start by introducing ourselves.

EXERCISE: Getting to Know You

We all tend to introduce ourselves in the same way, usually with our name, where we come from, and what kind of work we do. This might change depending on who we are talking to, but even so, this information is limited and doesn’t always make conversation very easy.

Here is a new way to share who you are and to get to know others. The exercise can help us remember that we all hold many roles and have many stories, in addition to the one we are presenting to each other at the moment. Introduce yourselves to each other by completing the following sentences, either symbolically or in writing.

• My river is …
• My mountain is …
• My family legacy is …
• My favorite food is …
• My name is …

Participants should comment on similarities and differences after introductions.

Ground rules

• Setting ground rules is one way to establish an appropriate code of conduct for the group.
• If possible, let one of the participants facilitate this exercise and plan enough time for discussion.
• Support the process and assist if necessary.
• Contribute with rules that are important to you if were not mentioned by participants.
• The final list of rules has to be written down and kept visible throughout the training sessions. Refer to it, when participants’ behavior becomes counterproductive to the training process.
• Guidelines to manage participants’ contribution can be used to enhance full participation of all participants, to restrict individuals dominating.
• Give each person three pieces of paper (or some other object, such as beans or small stones) with the instruction that whenever someone talks, they have to put one piece in front of them. When all their pieces have been used, this person is not allowed to talk again in this session.
• One may negotiate for an additional piece from another participant who has not used her/his own pieces. Agree together (facilitator and participants) how to limit this request.

Discussion: Why Are We Here?

Learning Objectives and Goals

To each participant, ask:

• Why are you here?
• What do you expect to learn?
• What would you like to learn?

When everyone has answered, go through the following list, answering any questions and clarifying the meanings of words or phrases if necessary.

As a result of this training, you will be able to:

• Understand ways in which we cope after a tragic experience
• Understand the needs of a person who has been hurt, frightened or humiliated.
• Understand the value of support provided by another person who understands what you have been through
• Help individuals manage their strong emotions
• Help individuals recognize the importance of sharing their thoughts and feelings
• Know the best ways of talking to and listening to each other
• Understand the importance of the individual’s personal story
• Know what questions to ask that will help a person understand his or her experience
• Help a person think constructively about the future
• Know how you can build a trusting relationship
• Know how you can restore self-confidence in a person suffering from shame and guilt

Section 1. Exploring wounds in the Rwandan society (wounds Awareness)

Learning objective and material needed

Learning objective:
By the end of this session, participants should be able to:
• Name and describe types of wounds
• Discuss about implications on emotions felt by participants
• Explain ways and why it is needed to heal these wounds.

Material needed
Flipchart papers, markers,
Projector
Audio-visual material

Activity 1. Brainstorm: What is a wound?

Brainstorm with pieces of paper - Organize the participants in groups and invite them to come up with their associations to the word “Wound”:
• What does a wound mean for you?
• Give examples of wounds

During and after this exercise:
• Ask them to put all their ideas on a paper.
• Ask the participants to share in groups wounds written.
• The facilitators write on the flipchart each meanings provided
• He also writes examples of wounds on another flip chart, categorizing labeled examples in a) Physical wounds, b) Psychological wounds c) societal wounds.

Activity 2. Lecture

The presenter clusters the responses according to the three main meaning of wounds. Explain the concept of wounds using the following pictures:

Picture: Robin L Wulffson (2013) from University of California, Los Angeles
• The term wound mean basically a disruption of normal anatomic structure and function (Weston, 2002).
• The disruption can be caused by a shock, a weapon, or a burn.
• In most cases, the wound causes pain to be taken care of medically. However, humans are not mere physical bodies.
• Wounds can also affect non-physical bodies of humans (the mind and to the social body).

Wounds: being exposed to violence

The term wound has therefore three different meanings (according to the Merriam-Webster Dictionary, 2008):
• An injury to the body (as from violence, accident, or surgery) that typically involves laceration or breaking of a membrane (as the skin) and usually damage to underlying tissues,
• A mental or emotional hurt or blow.
• Something resembling a wound in appearance or effect; especially: a rift in or blow to a political body or social group.

Reviviscences Intrusives

Examples of expression of wounded people

• The bullet that killed my son killed something in me as well.” “I was like a wild animal. I lived in total fear, every day ready to run away!” These statements from two different Bosnia-Herzegovina women may seem short but demonstrate how external events can hurt emotionally and leave wounds and long-term scars.

1 (Lazarus et al, 1994) title?
2 (Weston, 2002, p.17) or we can use references
• Emotional and psychological wounds can be quite destructive and affect for many years how people relate to each, work, and feel.
• Statements from these Bosnian women mirror what so many Rwandan men and women whose children, spouse, siblings and parents were killed in 1994 genocide have expressed. “My heart is rotting”, 'I am the living dead " . Emotional and psychological wounds are a reality in daily life in Rwanda.

Activity 3. Flashcards exercise on the wounding events in the Rwandan society

Context and introduction:
• In 2005 Rwanda had about 8,128,553 people, 4,223,526 were children under 18 years.
• Of these, 1,267,057 were orphans (father, mother or both). This simply means that almost 1 in 4 children had lost one parent, making it one of the highest rates in number of orphans worldwide (Ministry of Finance and Economic Planning, 2005). These children are now aged between 13 and 31 years.

Instructions:
• Each participant is given 3 post it and is asked to write down 3 reasons (options) he/she thinks caused death/ absence of parents.
• Post it are collected and placed into a basket.
• Each participant is asked to pick in the basket 3 post it, to read it and to decide where it is appropriate to place the post it in a three-column table drawn to the flipchart. The table is made by three category A) It is definitely a wounding event, b) It is possibly a wounding event, c) It is doubtfully a wounding event
• Hold discussion with the group and rearrange post it if necessary
• Hold discussion with the group on criteria used to define the wounds?

Activity 4. Brainstorm on the wounding events participants think are missing on the list compiled

Brainstorm with pieces of paper - Organize the participants in groups and invite them to come up with additional wounds missing on the list, if any.
• Do you notice any other important wounds that affect the Rwandan population and missing on the list we have so far compiled?
• Ask them each group to put all their ideas on a paper.
• Ask the participants to share with the whole group some of the aspects they wrote.
• Note that topic discussed as wounds are to be highlighted on the flipchart and will be used as topic of group sessions for schooling youth.
Activity 5. Lecture.
Explain the societal wounds using the following pictures

Death of first-degree relatives

Myself
- Identification
- Identification
- Identification

Mother, Father, Brothers, Sisters

Spouse, Children

Others: My Friends, My Village, My Job, Etc...

Death of first-degree relatives: Loosing parents and siblings in traumatic conditions, loosing a part of yourself...

Image adapted from Blot, P. (2015)
Wounds can affect different parts that contribute to the well-being of an individual as well as the community. The well-being depends on what extent their needs are met. Very often, people focus on the physical and material needs and exclude the psychosocial components. If needed, further discussion can be held on the figures and facts around wounds in Rwanda.

**Types of wounding events in Rwanda**

**Genocide:**
- Between April 7 and July 4, 1994, more than a million human lives were lost during the genocide that was committed against Tutsi in Rwanda.
- Many genocide survivors witnessed death of their relatives and many of them were wounded physically and psychologically.
- The extreme trauma was the loss of members of the family, parents, brothers and sisters, spouse and children.
- The killers were not foreigners who invaded the country. It was often a neighbour, a friend or a relative (Munyandamutsa, 2001, p. 19).
- According to the reports of the National Service of Gacaca Courts about 1,951,388 people were accused of having participated in the genocide and faced Gacaca court. This means more than 2/7 of the Rwandan population.
- The devastating consequences of the genocide are mainly lived by genocide survivors.
- Perpetrators face, however, face symmetrically, the threat of losing part of their identity as moral actors at the end of a every conflict (Mukshema, 2010).
- The family relatives of perpetrators including parents, spouse, siblings or children suffer identity threat “Icyasha”.

**Refugees**
- Rwanda is one of the countries in the world that has had the largest number of refugees in terms of proportion to the population.
- In 2011, the Ministry for Disaster Management and Refugees issued a report showing that between 1994 and
2010, 3.5 million Rwandans returned home after exile (MIDMAR, 2011).

- A first wave of refugees who left the country in 1959, 1973 returned from exile after 1994, after 30 years.
- A second wave of refugees took the opposite direction during and after the genocide by joining neighboring countries such as Tanzania and Congo.
- There was a post-genocide war in northern part of the country commonly known as “Abacengezi war”: (militiamen); which lasted for four years (until 1999) and increased the number of death and traumatic events.

The death and loss of loved ones is the most frequent wound encountered in Rwanda, despite the cause of the death.

Effects of genocide at different levels in Rwandan society.

Individual level:
- Genocide contributed to enormous loss of human life and deep destruction of the social fabric.
- Different category of the population experienced different events, but the common traumatizing events were the death of first-degree relatives and being exposed to violence.

Family level:
- Family foundations were deeply undermined. The effect of genocide on family continues to be felt
- Many children were orphaned. A simple way of looking at wounds in Rwanda is to look at the family composition after 1994 and consider the large number of orphans and families headed by women.
- The population census conducted in Rwanda in August 2002, whose results were published in February 2005 showed that about 8,128,553 people, 4,223,526 were children under 18 years. Of these, 1,267,057 were orphans (father, mother or both).
- The family was the targeted by not only genocide, but also other attacks including thousands of prisoners, exile, HIV-AIDS).
- One of the consequences was that women and children found themselves heads of households, while they were culturally neither prepared nor equipped to take on these new roles.

Community level:
- In 1994, perpetrators were neighbors and former friends.
- Survivors and perpetrators live side by side after 19994 like before the genocide especially after the Gacaca process that released from prison hundreds of guilty offenders accepting to ask for forgiveness.
- The genocide fractured communities and especially relationships. A “trust no one” reflex became predominant.
- Trusts between friends, family members, neighbors were eroded. Rwandan community was torn apart.

It is important to remember that the genocide related trauma is primarily “about dislocating an individual from society, undermining one’s sense of belonging, purpose and meaning” (Sveaass et al, 2014, p.80). How does one regain sense of belonging, purpose and meaning? How do communities heal from mistrust, suspicion, fear that the perpetrators can do it again, etc? and build social cohesion, relationships and build trust within the community?

Feelings and Thoughts about wounding events& their impact on behavior

<table>
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<th>Thought</th>
<th>Emotion</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone killed your parents</td>
<td>Think that you can also be killed</td>
<td>Fear, Sadness, Rage, hatred</td>
<td>Crying, avoiding</td>
</tr>
<tr>
<td></td>
<td>The whole Rwanda is against me</td>
<td></td>
<td>Withdraw from people, Attack</td>
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<tr>
<td></td>
<td>None one likes me</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Worrying about the future, but struggling to survive</td>
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Remember that in group sessions, what is important to be discussed, is not only what happened but most importantly what people felt, feel today; what do people thought/think and how they behave.

Highlights of some specific lived experience in Rwanda:

Identity Wounds to the children born of rape
- Children born of rape face stigma in post-conflict situations.
- They are referred to “children of bad memories” or “non-desired children” by their mothers and the community.
- Some have been even maligned as “devil’s children” and others named “little killers” by their own mother. As these children grow toward adolescence and early adulthood, they have started to question their mothers about their identity as they wonder about their fathers, and a generation of mothers is struggling to find acceptance of these children within their heart and community in Rwanda.
- How can society address this issue?

Wounds caused by double identity (Hutu simulated to perpetrator and Tutsi as victims)
- How children from “mixed” families consider their ethnic affiliations once are adults will have a considerable impact on how they relate with others
- Children born of mixed Hutu-Tutsi families live the huge problems related to their belonging.
- On one hand they belong to the family of perpetrators (assimilated) and on the other hand to the family of victims. Most cases the family members on one side killed other family members on the other side.
- Nevertheless, these children belong to the two groups

Wounds from being a child of perpetrator and obliged to pay what their parents destroyed during genocide.
- Children whose parents destroyed the property of others during the genocide are obliged to pay.
- These assets must help the family, but the property destroyed by their parents must be paid, and it is up to the children to pay.
- These children live in frustrations shame and poverty
- Having a parent who is an ex-prisoner, but asked for forgiveness and released from prison pretending to love you while he killed people’s children.
- What do perpetrators who killed children in neighbourhood tell their own children, those they claims to love? How do those children integrate this double language of loving “children” and killing them?
- Spouses of prisoned ex-perpetrators

Wounds related to having parents in prison for participation in genocide: Being called a child of perpetrator.
- Being called the child of perpetrator makes that child also feel like perpetrator. How can such a child live separated from the crime committed by his/ her parents and continued to be their child.

Wounds of being genocide survivors.
- Calling a genocide survivor, an orphan, a widower, incike in most cases replaces multiple identity that everyone has and frozen these survivors in a victimhood identity.

How can survivors transcend from multiple identities?

- Ask participants to write anonymously on a small piece of paper their answer to the following questions, which has been displayed on a flip chart:
  - In your immediate neighbourhood (family- first degree relatives or friend), what is the story that have touched you most in relation to the wounding events in the Rwandan society?
  - What happened? How did he /she react? What is the situation today? Do not use recognizable mention like names, places, but give details on events happened and emotions felt/ expressed by the persons

Collect participants’ answers; after the break time, mix up the papers, redistribute them, and ask participants to read the answers. After reading they can discuss the following questions
- What do you think happened to this person? What are his options?
- What did you feel in relation to that story?
- What would you suggest for healing this person?
Information gathered will be used to build case studies during the training. The analysis of different situations will also allow collective sharing of perspectives, ideas and experiences and will help to understand the notion of “complexity” that is commonly present.

**N.B: for community members and Non-schooling, they will be offered the possibility to tell their stories verbally.**

Ask the participants to identify where wounds described can be related in the following picture.

**Activity 7. Resilience and copying**

It is important to highlight that these wounding experience are not necessary resulting into trauma symptoms. In fact symptoms may not follow all traumatic situations (Hamber, 2003). A brainstorming about resilience and its factors here might be interesting.

**Resilience**

Brainstorm with pieces of paper - Organize the participants in groups and invite them to share the story of the person they know who went through a traumatic experience, but who seems to do “better”

- Ask the group to share one story and identify factors that fostered the process
## 2. TRAINING CURRICULUM for PEACE AGENTS

### DAY 2

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<td>9:00 – 10:00</td>
<td>Common expression of wounds or frequent symptoms: trauma, anxiety, Depression, Grief, etc Exploring Healing options: activity 1.</td>
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<td>10:00 – 10:30</td>
<td>Exploring Healing options: Activity 2 &amp; 3</td>
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<td>10:30 – 10:45</td>
<td>Break</td>
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<td>10:45 – 11:30</td>
<td>Applying some healing options: Psychosocial support groups</td>
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<td>11:30 – 12:00</td>
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### Section 2. Common expression of wounds or frequent symptoms: trauma, anxiety, Depression, Grief, etc

#### Learning objective and material needed

**Learning objective:**
By the end of this session, participants should be able to:

Name, describe and identify common expression of wounds or frequent symptoms

**Material needed**
- Flipchart papers, markers,
- Projector
- Audio-visual material

#### At the individual level
- **Emotional:** Wounding events can take a great toll on one’s emotional well-being: wounded people report being fearful, anxious, depressed, etc
- **Physical:** Many wounded people report experience of physical discomfort, hyper vigilance, insomnia, nightmares, and difficulty concentrating.
• Feeling very sad, helpless and hopeless, Disgust

• Feeling angry, frustrated, and always ready to fight

• Sleeping disturbance

• Headache

• Heart pounding

• Withdrawal from others
Wounded people feel isolated from the society. Some abandon work, school, or other routine activities.

### Section 3. Exploring Healing options

**Learning objective:**
By the end of this session, participants should be able to:

- Define healing
- Explain how healing is possible
- Identify stages of healing and limits

**Material needed**
- Flipchart papers, markers,
- Projector
- Audio-visual material

**Activity 1. Video from NAR describing wounds & healing, in Rwanda and outside Rwanda**

**Activity 2. Exercise**
Ask participants to think about a time when they had personally to face a difficult condition. It has to be a situation they have an impression that it is overcome. Ask them to think about how they felt at that time and write anonymously on a small piece of paper:

- What was the situation? How did they feel?
- What helped them? Through which stages? Do not use recognizable names, places, but give details on events that happened and emotions felt/ expressed by the persons.

Collect participants’ answers, write them down. After the break time, mix up the papers, redistribute them, and ask participants to read the answers. After reading they can discuss the following questions

- What do you think happened to this person? What were his options?
- What helped in the healing process?

**N.B:** for community members and Non-schooling, they will be offered the possibility to tell the story verbally.

**Activity 3. Lecture**
This exercise demonstrates types of support through which participants can be supported.
Individual support

Some beneficiaries get supplemental individual therapy from therapists/group facilitators to supplement on group therapy, but, for instance NAR identify other stakeholders in the various areas that are willing to work with them for the individual support. (Hospitals, NGO’s…)  

Healing

Psychosocial support group

- The psychosocial support group is a voluntary gathering of people who share common experiences, situations or problems related to living with a specific condition (in this case, societal wound).
- They are indicated for some types of problems, such as bereavement after the death of a loved one, or coping with a chronic medical condition like cancer, depression, etc…
- These groups are by definition constructed to be interactive and emotionally expressive. Support groups can also include discussions on topics of interest for participants, sharing information, identifying resources for common problems, interpersonal learning, insight and personal change.
- Support groups are not frequently led by a volunteer who has had some training in facilitating group discussions. This is the healing option chosen by NAR to be used in this process of societal healing meaning that Peace Agents are support groups.
- Groups are useful and important because community members encounter many different stories and models for resilience. Each person has a unique approach to deal with adversity, so often a person learns more quickly in a group setting.
- Groups often meet for other purposes than just psychosocial support sports, games and income-generating activities are the most common ones. These allow individuals to exercise, have fun or make money while at the same time receiving psychosocial support from others.
- Psychosocial support group provides an accessible form of intervention where participants offer each other emotional and practical support to reduce the sense of isolation and offer a space to speak about the unspeakable experience.
- Support groups can decrease a person’s sense of isolation, provide emotional support, and encourage healthy coping strategies to deal with stressful life events.
- Unlike individual support, a person may participate in a support group for as long as he or she wants to.
- Many persons go from recipients of support to providers of support, and they benefit greatly from this.
Various types of groups

- There are various types of groups. We can give some examples (not an exhaustive list)
- **Psychotherapy Groups:** These groups focus on personality reconstruction or remediation of deep-seated psychological problems and are led by professionals. Group members often have significant psychological disturbance.
- **Psychosocial support Groups:** These deal with special populations and deal with specific issues and offer support, comfort, and connectedness to others. They are driven by participants or by a professional.
- **Psychoeducational Group:** These types of groups aim to provide participants with new information on topics that concern them. Preventative and educational groups that help group members learn information about a particular topic or issue and might also help group members cope with that same issue.
- **Self-help Groups:** These have no formal or trained group leader (e.g. Alcoholics Anonymous)

Community dialogue

- A community dialogue is another different space for listening and talking about community problems that aims at:
  - Sharing different experiences from community members
  - Providing a forum for generating deeper understanding of the nature and consequences of wounding events among individuals and communities.
  - Surfacing the resources to address them
  - Promoting social contacts among various groups in the community, trust and tolerance
  - It is based on mutual respect, enabled by a safe environment and entails genuine listening and acceptance of feedback even if it is different from what is expected.
  - Unlike debate, dialogue emphasizes on listening to deepen understanding. It develops common perspectives and goals and allows participants to express their own views and interests.

<table>
<thead>
<tr>
<th>Debate</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deny opposing views.</td>
<td>Allows expression of different views.</td>
</tr>
<tr>
<td>Participants listen to refute views of other</td>
<td>Participants listen to understand and gain insight.</td>
</tr>
<tr>
<td>people.</td>
<td>Questions are asked from a position of curiosity.</td>
</tr>
<tr>
<td>Questions are asked from a position of certainty.</td>
<td>Participants speak with free minds.</td>
</tr>
<tr>
<td>Participants speak as representatives of groups.</td>
<td>New information surfaces.</td>
</tr>
<tr>
<td>Statements are predictable and offer little new information</td>
<td></td>
</tr>
</tbody>
</table>

Application of Healing Group

Section 4. Applying healing options: The psychosocial support group

Learning objective and material needed

Learning objective:

By the end of this session, participants should be able to:

- Understand mechanisms that are responsible for positive and therapeutic change in members
- Develop and maintain a healthy group climate
- Determine facilitator skill sets, and examining personal readiness to run a support group/ community dialogue
- Apply some skills.

Material needed

Flipchart papers, markers,
Projector
Audio-visual material

3 Essential elements of this section are summary statements drawn from a review of evidence based practice and empirical literature review made by the American Group Psychotherapy Association (2007) and the National Center for Victims of Crime (2009).
### Benefits of psychosocial Groups

**Importance of Support Groups**

<table>
<thead>
<tr>
<th>Therapeutic Factors</th>
<th>Meaning &amp; description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Expression, catharsis and relief</strong></td>
<td>Members have an occasion to release strong feelings about past and present experiences. You can express your thought and emotions. Many people experienced wounding events, but in their daily life, few are willing to speak openly about it (they may wish to protect themselves from overwhelming emotions or from negative judgment from the listener). The group as a safe space offer the possibility of self-disclosure. The facilitator use questions/invitation as a way to generate experience rather than to gather information.</td>
</tr>
<tr>
<td>2. <strong>Sense of belonging and compatibility, togetherness experience, cohesion in the group</strong></td>
<td>Do not feel alone. Feelings of trust, belonging and togetherness experienced by the group members. Relationship and compatibility felt by Member-to-member, member-to-group, and member-to-leader, mutual liking/trust, support, caring and commitment to “work” as a group are determinant elements.</td>
</tr>
<tr>
<td>3. <strong>Care from other participants in the same supportive network</strong></td>
<td>One of central therapeutic factors. You can receive emotional support (to feel supported, understood).</td>
</tr>
<tr>
<td>4. <strong>Listen to other, participants, Interpersonal feedback and confrontation</strong></td>
<td>You listen to others and this helps to understand your own problems with a different perspective. Greater self-understanding. You meet people and come up with specific ideas for improving a difficult situation.</td>
</tr>
<tr>
<td>5. <strong>Different experiences, common humanity</strong></td>
<td>Realize that other members share similar feelings, thoughts and problems. “I’m not alone” This is often a revelation and a huge relief to the person. Different experiences and diversity can be an important resource of the group. Members recognize that other members share similar feelings, thoughts and problems.</td>
</tr>
<tr>
<td>6. <strong>Instillation of hope</strong></td>
<td>Member recognizes that other members’ success can be helpful and they develop optimism for their own improvement.</td>
</tr>
<tr>
<td>7. <strong>Imparting information</strong></td>
<td>Education or advice provided by the therapist, guest speaker or group members. You can share information with others about how to heal your wounds. You participate in life-enriching activities, such as being part of a creative group: arts, etc.</td>
</tr>
<tr>
<td>8. <strong>Development of new skills to relate to others</strong></td>
<td>The group provides members with an environment that fosters adaptive and effective communication.</td>
</tr>
<tr>
<td>9. <strong>Modeling or imitative behavior</strong></td>
<td>Seeing how others handle similar problems. Members expand their personal knowledge and skills through the observation of Group members’ self-exploration, working through and personal development.</td>
</tr>
<tr>
<td>10. <strong>Altruism</strong></td>
<td>Members gain a boost to self-concept through extending help to other group members.</td>
</tr>
<tr>
<td>11. <strong>Simulation of primary family, Corrective recapitulation of primary family experience</strong></td>
<td>The group experience is an opportunity for interpersonal learning, including opportunity to reenact critical family dynamics with group members in a corrective manner.</td>
</tr>
</tbody>
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American Group Psychotherapy Association (2007)
Group development

- Like all groups, psychosocial support groups change and evolve over time. Models depicting how “groups become groups” share the view that development occurs in a systematic fashion, advancing through phases or stages. Some authors outlined a model that included only two stages (dependence and interdependence), others three stages (engagement phase that could cover your three first sessions, development and interpersonal work phase that could cover your following fifteen sessions, and termination phase that could cover the last two or three sessions).

For NAR group, the following description of a five-stage sequence can be interesting:

**Initial stage:**
- At the outset of its life, the group is in a “forming” or “pre-affiliation” stage. There is ambivalence and uncertainty about the group.
- The members experience anxiety and interactions marked and rare intimacy.
- Self-disclosure and sharing emerge, but tentatively. This could cover the three first session.
- The facilitator’s attitude at this stage is primarily educative, inviting guest speaker around wounds, healing and reconciliation, clarifying the group’s purpose, using external materials (audiovisual), etc.
- During this stage, facilitators may need to take a more active role than other stages to engender trust and openness among the group members.
- Strategically, the facilitator invites trust, assists the members to know each other, and identifies commonalities between the members.

**Transitional stage:**
- In this stage, resistance is followed by periods of conflict, crisis, problems, and challenges.
- The members begin to engage emotionally. Subgroups may emerge as members start to know each other.
- To cope with group-induced anxieties, groups can form sub-groups (us-versus-them) and conflict and the expression of negative feelings of hostility and anger may be common.
- It is the storming/conflicting stage. The facilitator’s role at this stage is to monitor, safeguard and ensure that the group passes safely and successfully through this stage. He/She recalls ground rules and reaffirms the group’s purpose and the members’ common goals.
- He/she elicits the expression of negative effects and assists members to identify and resolve conflict.

**Middle stage or working stage:**
- In a third stage of “norming” or “intimacy”, the group members begins to demonstrate trust, cohesion and openness.
- The group is characterized by freer communication and feedback among participants.
- Personal and individual issues tend to happen in the middle stage after sufficient safety and trust has been established.
- Conflicts are easily dealt with, and members are willing to take risks to explore issues in depth.
- The facilitator’s role is shared by the members and assumes a more peripheral and less active role, lets the group run itself.
- The aim of a facilitator is to maintain a balance between sharing and support, feedback, and to promote insight as well as encourage problem solving among group members.

**Fourth stage of “differentiation”**
- Group engages in an open exchange and feedback.
- Participants tend to express individual differences.
- The facilitator’s role at this stage aim to maintain a balance between sharing and confrontation.
- Promotes member-member empathy and assists the members to acknowledge and amplify individual differences.

**The final stage concerns the issue of termination:**
- Expressions of both sadness and appreciation are common at this stage.
- Elements of satisfaction are expressed if the group has become a source of psychological support.
- Disillusionment and disappointment can emerge. The members will demonstrate a future orientation and plans for continuing the therapeutic process.
- The facilitator’s primary task in this stage is to facilitate a systematic review and evaluation of the group’s progress.
- Assist with the expression of feelings and attention to unfinished business. The facilitator encourages planning for the
post-group period.

• Separation, continuing or changes in the group objectives are discussed.

• Ending rituals (gift giving, a party with sharing of food and drinks) are common.

Table number

Note that group development is not always linear following an invariant succession of stages. Some may repeat certain stages and recycling back to earlier stages of development is always possible.

You may wish to explain factors that tend to cause those kinds of fluctuations?

What should we do at our group meetings?

Support groups are led by peers trained to use these groups. Some groups targeted specific problem (new mothers without husband and from families disrupted by wounding events in the Rwandan society, people with spouse from different “ethnic” group). Other groups were diverse in terms of community members as well as schooling and non-schooling youth

Suggestions: The same group can mix different types of activities:

• As stated above, the group can begin with rituals activity (e.g., beginning the group with each member sharing the monthly’s developments).

• Talking and listening to others: Allow plenty of time for storytelling and give members the chance to share their feelings, opinions and lived experience in relation to the wounds.

• Groups can also work on other concrete life issues

• Guest speaker: in addition to the group talk, some groups invite a guest speaker (Historical elements behind the genocide, Income generating activity). The topic must come up from participants. This is usefully for participants who do not like the idea of sitting around and only talking about their traumatic experiences.

• Audiovisual activities: watch and discuss a video about wounds, healing and reconciliation.

• Experiential activity: Do a physical or a productive activity

• Creative art to be discussed at spaces for peace.

A combination of active and passive methods produces the most effective results.

Creating a Safe and Supportive group environment

The criteria for group membership, the group setting, the group format chosen, the facilitator, the rules are among factors that enhance group safety.

Participant selection

• The selection of participants can influence the entry into the group, how people attend, work, and remain members of a group. There are robust evidences that participants generally attend and do well in group when their personal goals mesh with the goals of the group.

• Participants remain in-group based on how the group is managed.

• A healthy group climate and the progress made in relation the personal and group objectives are fundamental in strengthening groups’ sustainability.

• Successful groups are those with participants who are highly motivated, active, self-reflective individual who seizes opportunities for self-disclosure within the group.

• Psychosocial support group are composed of homogeneously one or more variables: the main problem to be addressed by the group, age, gender, experience of loss, shared life circumstance, etc. Participants must have a common particular concern, problem or condition.

• However, the broad range of participants experience is quite rarely homogenous. Group’s composition reflects homogeneity regarding some defined aspects and heterogeneity regarding others.

• All group members should have a similar purpose for joining the group, even if they bring a variety of experiences, resources, and perspectives to share.

• Overall, the main aim group composition is to bring together different individuals who can develop and maintain group cohesion, but also who can reasonably challenge and support one another.

• Some groups have criteria for decision and perform Initial screening for evaluating the participant’s suitability. Example: Group Selection Questionnaire
The composition for NAR Groups

- NAR had 15 groups comprised of community members, non-schooling and schooling youth. 5 were community members, 5 non-schooling and 5 schooling youth.
- Community members were comprised of the following groups:
  - **Humura** in Nduba Sector in Gasabo district of Kigali city was comprised of mainly victims of genocide
  - **Turuhurane** in Muhanga district in Southern province was comprised of women married to husbands from different ethnic backgrounds
  - **Twubukane in Rukumberi** sector in Ngoma district in western province was a diverse group comprised of victims of genocide, ex-perpetrators and their family members and returnees.
  - **Urumuli** in Rubengera sector in Karongi district in western province was also a diverse group comprised of victims of genocide, members from historically marginalized groups, ex-combatants, ex-perpetrators and their family members as well as old and new case returnees.
  - **Abanyamahoro in Nyabihu district in western province** were a diverse groups comprised of victims of genocide, members from historically marginalized groups, ex-combatants, ex-perpetrators and their family members as well as old and new case returnees.

- **Non-schooling Youth**
  - **Twisungane** was comprised of mainly teen mothers and young girls who were not mothers from diverse backgrounds.
  - **Abasangirangendo** was a NAR affiliated group composed of youth from diverse backgrounds and was an existing group that had been established to carry out reconciliation and development activities.
  - **Duhozanye (AORG)** in Muhoza in Musanze district in the Northern Province was a youth group who were mainly victims of genocide.
  - **World Mission** was a NAR affiliated group that existed before Societal healing program and operates in Kinyinya sector in Gasabo district in Kigali city. It was composed of youth from diverse backgrounds including victims of genocide, youth born from perpetrator families, mixed marriages and marginalized groups as well as returnees.
  - **Twins of Peace in Nyagatare district in Eastern province** was comprised of youth from diverse backgrounds including youth from returnees families victims of genocide and those from perpetrator families.

- **Schooling youth**
  - **Seeds of Peace** was a group of university students from University of Kibungo in Ngoma district composed of youth from diverse backgrounds.
  - **Peace builders** are a group from diverse background studying in Itumba College of technology in Rulindo district in the Northern Province.
  - **NAR club in Lycee De Kigali** was a NAR affiliated group 30 members studying at Lycee De Kigali secondary school in Nyarugenge district in Kigali city from diverse backgrounds.
  - **Peace and real life** was a group of youth from diverse background studying in scolaire Byumba Inyange in Gicumbi district in the Northern Province.
  - **GASS** was a group of youth from diverse background studying in Gisenyi Adventist secondary school (GASS).

The size of the group

- The size of NAR groups under psychosocial support group therapy was 30. Group members met once a month with psychotherapists and NAR staff problem.
- NAR groups are larger groups (30 participants) compared to smaller groups of 6-12 people. The size was determined by the need of healing revealed in mapping of actors and approaches research.

Frequency and duration

- The frequency was once a month and duration of therapy took a maximum of two hours: the meeting dates and days were determined by the group members with the support of the psychotherapists/facilitators.

Open or closed-group format

- Apart from schooling youth who left groups after graduation, the rest of NAR groups were closed since their meetings/spaces for peace discussed personal sensitive issues.
Physical setting
- Group members are likely to feel safer sharing thoughts and feelings when guidelines require confidentiality and respect are enforced. A safe and supportive environment is physically safe as well. Conducting groups near a market would not offer the same safety as a meeting in a room offering privacy.
- Where should groups hold meetings? A meeting place that accommodates 30 participants.
- Arrange chairs so that attendees can face each other, preferably in a circle or in U-shape. It’s detrimental to the group dynamic when people have to strain to see people.
- NAR’s physical setting was calm and quiet and meetings took place in closed sessions.

Other concrete and essential practical factors
- Key aspects of appropriate group participation, including self-disclosure, interpersonal feedback, and parameter of termination are defined. Rules of Confidentiality, Giving feedback in the group, time allowed for group members to speak at meetings, expressing your feelings during the group meetings, attendance and punctuality.
- Special attention needs to be paid to encourage confidentiality in group.

Facilitators
The “standard” facilitation team proposed for the implementation of this activity includes two facilitators, a facilitator and a co-facilitator. Never again used psychotherapists and Peace agents. Peace Agents are facilitators from group members who were chosen by group members to facilitate groups with the support of psychotherapists. The model of Peace Agents was meant to train group members who would gain skills and continue to use those skills among community members after phase-out.

Starting support groups …
- Remember that support group is an opportunity created to help participants to share based on participants experience rather than pre-determined messages that must be communicated by the facilitator and received by participants.

The first meeting
The objective of initial groups is to:
- Provide information on how group works, understand the role of the facilitator and what is expected from participants, achieve consensus on the objectives of the group.
- Promote group development by identifying common problems
- Get to know each other and establish the beginnings of mutual trust and alliance (member-to-member, member-to-group, and member-to-leader)
- Reduce the initial anxiety and misconceptions about joining a group. Anxiety about entering group is universal and intrinsic. 3 first groups may aim to tame and reduce this anxiety.

Keep in mind that it takes time for participants to bed in a Peer Support Group. No one is immediately ready to share personal information. Be patient and start with common and contextual stories that do not involve directly the personal lived experience.
- The first tasks of the initial group meeting are for the facilitator to welcome those present and introduce members.
- During the introductions, the facilitator can invite members to talk about what they hope to gain by attending the group
- After introductions, the facilitator can describe the purpose of the group.
- The purpose of our group is to provide information and hope, and to share successes and hardships related to our life experience
- Provide a safe place to express feelings openly in a non-judgmental environment
- Learn from each other and prepare a better future through the following questions:
  - Why are we coming together?
  - Take time to talk about why you are forming a support Group.
  - Review participant’s expectations concerning the group.
  - Suggestions: Reference to the group’s name helps to discuss the reason of forming the group. What do we all have in common? Youth who want to heal society wounds, to shape their future?
  - We might have also different lived experience.
  - Respect of each other will be an important resource.
Discussing and developing group rules and guidelines can also take place during the initial meeting. Facilitators may draft preliminary guidelines and present these to the group.

All participants agree that any and all information disclosed in this group is completely confidential.

All expressions of emotions, including laughing and crying, are allowed, with the exception of physical violence.

Guidelines usually include maintaining confidentiality, being courteous, refraining from criticism of other members, taking turns to speak, not interrupting other members, remaining non-judgmental, supporting other members, accepting people’s accounts of their experiences, helping others value themselves, and providing everyone with an opportunity to contribute. Some groups agree to not exceed a 10-minute limit for a general intervention from participants. But this limit might be exceeded when members take turns sharing their story without interruption.

Members should add other guidelines to the list. Developing these guidelines, encouraging members to contribute to them, and then adhering to them during sessions will help members feel safe when sharing their feelings and experiences with the group.

The first few meetings should include a discussion of possible topics for which the group could develop or may need an outside speaker. This allows groups freedom to discuss topics around their needs.

At the end of the first meeting, the facilitator can introduce a closing ritual that will bring each group meeting to an end (a relaxing exercise, a song, a pray, etc).

The second meeting
- The group can begin with rituals activity (e.g., beginning the group with each member sharing the monthly’s developments).
- Ask the group members topics they want to talk about that day. Topics can include their lived-experience in relation to the wounding events, their daily life, events in their community, etc.
- We have to remember that each person has his own comfort level about sharing with others. Some participants might be ready to talk about themselves in earlier stage of the group while others should wait months and proceed with self-disclosure after the group has developed cohesiveness.
- Start with exercise or other low-risk activity, introductory activity such as information on wounds, trauma and its impact in daily life.
- At the end of each session, many facilitators summarize the issues discussed that day and the responses offered by the group.

Every meeting
- Facilitators may create standard rituals for opening the meetings. The most frequent opening rituals can include: asking the group to share any lingering thoughts or questions about the previous meeting or each member sharing the monthly’s developments in his personal life, the facilitators sharing with the group what he/ she observed and thought about the last session or the group’s progress.
- Some exercise to help share the personal experience may include the use of the lifeline helping to narrate “the story of my life”. Each person draws a lifeline and highlights important moments in their life. A special attention is paid on wounding events and painful memories.
- Similarly, having a closing ritual can be a good way to end each session. Some facilitators leave the last 10 minutes for a summary and a check-in so members can share any feelings that arose during the meeting. Some facilitators use the time to inquire if there are any areas that need more attention (for example additional information on a topic).

Exercise: Given your local context, which topics would you recommend your groups to work on? For which topics would you wish to have a guest speaker?
- Grief and Mourning Processes (How to cope with loss?): brief presentation of concepts followed by sharing of personal experiences of stages of grief in their own lives.
- Social Healing and Reconciliation (brief presentation of concepts followed by sharing of personal experiences of stages of reconciliation in their own lives)
- Resilience, Continuing the growth process despite societal wounds (brief presentation of concepts followed by sharing of personal experiences and elements that fostered the resilience) helped of stages of reconciliation in their own lives)
- Educational films were identified by NAR initiate discussions and reflections
- Specifics topics depending on interest of the group were identified including but not limited to income generating activities, learning about the genocide.
A sample of the group session structure

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and introductions</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Each member reports on his or her current status and shares any important life events.</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Today’s activity: This would include the continuation of exploration of personal stories and lived experience, a presentation by an invited speaker, a group discussion after a film, etc...</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Closure/ ending the meeting: recapitulation, time to thank and show appreciation to group members who have shared their lived experience, reminding to the group, before members leave about keeping what has been heard and said in the meeting within the meeting. End the meeting on a positive note, short relaxation exercise.</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 hour 30 minutes to 2 hours</strong></td>
</tr>
</tbody>
</table>

Facilitation

- The term “facilitator” is an individual who leads a psychosocial support group.
- Five essential Functions of the group facilitator

Executive Function

- Setting up the parameters of the group, establishing rules and limits, managing time, and intervening when the group goes off course in some way.
- All of these functions can be defined as “boundary management”.
- The establishment of boundaries occurs when a group is forming, but the maintenance of those boundaries is a priority when a group is running.

Caring

- Being concerned with the well-being of group members, and with the effectiveness of the treatment they are receiving. This is crucial because the therapist sets the tone for how the members of the group treat and regard each other.
- This is not to say that members cannot be angry with each other, or give each other critical feedback, but it is imperative for participants to feel that the group is dedicated to help.

Emotional stimulation

- Most groups work optimally with emotion and story sharing. Emotional stimulation refers to the therapist’s efforts to uncover and encourage the expression of feelings, values and personal attitudes.
- Most groups work optimally with emotion and story sharing. Of course there are some groups that need very little, if anything, from the therapist on this front, because the members bring all the energy and ability to work in this fashion that is needed.

Meaning-attribution

- This is about the cognitive aspect of group treatment, and involves the therapist helping members to develop their ability to understand themselves, each other, and people outside the group, as well as what they might do to change things in their lives.
- The group leader may facilitate insights, but group members make comments to each other that can facilitate insight.
- The facilitator might play an active role in promoting such exchange on the meaning-attribution.

Exchanging interpersonal feedback:

- One of the primary modes of exchange that group therapists are most interested in bringing about in their groups is the giving and receiving of interpersonal feedback. “How did you understand from the Gakire story?” “How would you respond to the Kamali question?” “Often a member’s feedback represents a perspective that is reinforcing or different from the participant who had the opportunity to share his story.
- Fostering group decision-making
- Arranging for experts and partners to speak at meetings
It is crucial that the group has a healthy balance of leader activity ensuring that it runs efficiently with appropriate boundaries being maintained; that members feel they are in an environment in which they are genuinely cared about by the facilitator and the other group members; and that there is an ability to move back and forth between emotionally charged exchanges and reflection about, and learning from, what transpires in the group.

**Tips on how to be a good facilitator:**
A good public speaker is not necessary a good facilitator. A facilitator, is someone who listens and helps to create a space for discussion, reflection, creativity, productivity and ownership

- The primary focus of the group facilitator should be on facilitating group members’ emotional expression, the responsiveness of others to that expression, and the shared meaning derived from such expression
- If you would like other people in the group to give you feedback, invite them to do so. Look for similarities and differences of experience. If someone mentions an important fact or issue, ask others if they have experienced it similarly or differently.
- Increase safety and the work environment of the group.
- Facilitate relationship-building process
- Establish and maintain positive emotional Climate
- Help to ask questions, to clarify, extend, summarize a point being made
- Turn questions and issues back to the group. Being a facilitator does not mean you have to know all the answers. Ask “What does the group think about this?”
- Guide effective interpersonal feedback and maintaining a moderate level of control
- Be aware of your own feelings, words and body language. These may show and be felt by others.
- Do not be scared of silence in a meeting. Silence lets people think and reflect, and gives space for talking. You may even want to acknowledge the silence by saying, “It is quiet right now. I am alright with that.”
- Be patient when those who did not talk /express their desire to take part in the discussion. Paraphrase what you thought you heard so they can acknowledge that you understood them.
- If someone gets off track, tactfully bring it back to the discussion, by saying something like “that’s a great point, however, let’s get back to the main subject,”
- Balance intrapersonal (individual member) and intragroup (amongst group members) considerations.
- At the end of each session, many facilitators summarize the issues discussed that day and the responses offered by the group.

**Co-facilitation:**
- Many groups work with a second facilitator. Together, the two co-facilitators create and maintain an emotionally supportive group environment for participants.
- Co-facilitators can share the job of facilitating meetings, so that all responsibilities are not placed on one person.
- Co-facilitation allows each facilitator to draw on the other’s strengths, and group members can benefit from different perspectives and styles of co-facilitators.
- Co-facilitators can give each other support and feedback before and after meetings.
- Co-facilitators can also provide emotional support to one another.
- Co-facilitators can act as a backup for each other. For instance, if one facilitator is not able to notice sensitive moments in the group, there will still be someone to check the atmosphere within the group.
- Co-facilitators are an extra set of “eyes and ears”, which can give another viewpoint at meetings.
- Shared facilitation responsibilities can also increase the safety especially when cases of emergency arise.
- Before a meeting, co-facilitators meet to discuss and plan who will be doing what at the meeting. For instance, will one of you take the lead role in facilitating, while the other observes the group?
- After the meeting, they also get together and discuss how the meeting went. It is the time to give each other feedback or suggestions and to discuss the evolution of the group.
### Challenge | Facilitator tips
--- | ---
Group member competes with other participants | Remind group members that everyone’s experience with wounding event can be frightening in different ways; assure everyone that all perspectives may be shared.
Group member interrupts facilitators or other members | Gently suggest that everyone wait to share their point until others have finished talking; update guidelines with a “no interruptions” policy;
Group member acts as the “expert” on wounds, healing, reconciliation, and policies in place | Offer validation and recognition of participant’s experience and knowledge about the topic; encourage participant to ask others about their experiences.
Group member monopolizes conversations | Acknowledge participant’s contributions; invite other members to share.
Group member expresses high levels of hopelessness and negativity | Acknowledge the participant’s feelings; provide validation; check in frequently to see if further resources or referrals are needed. Invite other participant’s experience, especially those who overcome similar experiences
Group member share incorrect or false information | Avoid directly challenging misinformation; let group members know that this person’s perspective is important, but that there are other ideas, beliefs, and facts
Group member doesn’t participate or is reluctant to share | Invite participants to share their perspectives; encourage group members by telling them how important their perspectives are to learning and healing of the group; ask members outside of the large group if there is something they aren’t comfortable sharing.

National Center for Victims of Crime (2009)

### Facilitator emotional readiness

The specific skills cited above are required for effectively leading the group. However, the group facilitator leads the group, not only using his/her facilitation skills, but also based on his / her personal qualities, values, and live experience. The more emotional readiness and the more self-understanding the leader possess, the less likely he/or she will do harm to the group.

### What do we suggest to potential facilitators?

It is not necessary to speak out about your personal experience during this training. But take some minutes to think about it in silent. Any person wishing to facilitate a support group for wounded people should assess their emotional preparedness for taking on this important role. Some questions potential facilitators can ask themselves include:

1. On a scale from 0 to 10, state how do you feel overwhelmed by emotions when you think on your own experiences with wounding events? 0 represent the lowest level of emotion awakened (not at all overwhelmed), 10 representing the highest level of emotion awakened (Extremely overwhelmed)

2. Have you ever had an opportunity to share your own experience in relation to the wounding events with someone?
   - No

3. If yes, on a scale from 0 to 10, state how you felt overwhelmed by emotions when you spoke about your own experiences with wounding events? 0 represent the lowest level of emotion awakened (not at all overwhelmed), 10 representing the highest level of emotion awakened (Extremely overwhelmed).

4. Where am I with my own experiences with wounding events? Do I have adequate perspective and emotional distance from my own situation?
   - Very much
   - Somewhat
   - Undecided
   - Not really
   - Not at all
Do I have the time and energy to run a group?

<table>
<thead>
<tr>
<th>Very much</th>
<th>Somewhat</th>
<th>Undecided</th>
<th>Not really</th>
<th>Not at all</th>
</tr>
</thead>
</table>

- Answers are provided anonymously on post-its (indicate the number of the question and the option chosen)
- Put your response in a basket
- Response are discussed with the group
- These questions can help potential facilitators examine their own progress in recovering from past wounds. Individuals who feel they become overwhelmed by emotions when they think or speak about their personal experience are probably not ready to facilitate a support group. But that does not mean they cannot absolutely play this role with help and supervision.

Benefits of being a facilitator?
- A sense of helping others. A rewarding experience for therapists.
- Getting support for yourself from the group
- Personal growth
- Information and education exchange

Requirements / Additional qualities: compassion, continuing commitment, time, ability to relate and to work with others, organizational skills, possess a basic knowledge of societal wounds.

How to Manage a Crisis or Emergency when it happens
A crisis or emergency is a serious and unexpected event that can happen. It requires you to take action to get help. A person may become upset and starting to cry.
- Assess the situation. What is happening? How serious is it?
- Firstly, give the person your attention and your time so that he can express what he feels.
- Let the person and the group know that the group accepts that it is the person’s right to be sad or angry.
- Expression of much anger or sadness is sometimes a response to a need that has not been met. Remember that the person will often calm down more quickly if emotions are allowed expression.
- Sadness seek to be expressed and received
- A feared or scared person need comfort and reassurance

<table>
<thead>
<tr>
<th>Sadness/ crying/ deep sorrow</th>
<th>Take time and let the person express her pain. Provide attention, security, protection, comfort and reassurance (by the facilitator and participants). After the expression of emotion, help/invite to verbalize and listen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear, anxiety</td>
<td>Help/invite to verbalize, listen carefully, comfort and reassurance by the facilitator and participants</td>
</tr>
<tr>
<td>Anger, accusation</td>
<td>Listen to what the person has to say. Not reinforce nor defend either the accused. But be careful to acknowledge when anger become aggressiveness. Aggressiveness is not permitted.</td>
</tr>
<tr>
<td>Auto aggressiveness</td>
<td>Trying to protect the person, keep away from getting hurt, direct the person in an isolated and quiet place</td>
</tr>
<tr>
<td>Feeling guilt/shame</td>
<td>Let the person talk and acknowledge his courage, try to understand, do not try to minimize or maximize the feeling of guilt/shame</td>
</tr>
<tr>
<td>Question about why</td>
<td>Listen to the cry of distress behind the question, be patient. Do not seek to answer, but extend the question to the group. Ask if they are some who shared this question and who found the answer.</td>
</tr>
</tbody>
</table>

Sadness/ crying/ deep sorrow
Fear, anxiety
Anger, accusation
Auto aggressiveness
Feeling guilt/shame
Question about why
• But also if it is becoming unbearable for other participants, it is important to think about how this expression would stop:
  • A very angry person can have limited ability to think
  • When a person is disoriented in time and space, re-living the past traumatic experience, it is time to take care of him out of the group.
  • The same applies to agitation, hyperactivity, panic.
  • Do not allow the contamination with other members of the group.
• If the situation is serious or life threatening, one facilitator takes out the participant in order to offer an individualized help. But do not be afraid, crisis is something that is manageable.
• Quietly let other participants know what is happening and if the person should move from the room in order to get more individualized help.
• When the person slows down or when it feels right, let the person know you want to hear their point of view.
• Remember to ask for help when the duration of the crisis exceeds 10 to 15 minutes. Facilitators will benefit from having a list of available referral services (mental health service of the nearest district hospital or another counseling service).

After a few group sessions, facilitators may learn that there are individuals who may need more individualized help. Facilitators are encouraged to be aware of any participants who:
• Become overly emotional when sharing their story over a period of many meetings
• Decline to share their story even after several meetings.
• Demonstrate increased anxieties or fears over time
• Developed phobias that interfere with typical daily activities
• Make consistent references over several meetings to loss of sleep or appetite,
• Speak of suicide in any manner (e.g., plans, wishes).
• Increase use of alcohol, drugs, or other self-destructive habits.

Do we have where we can look for help, if we found a problem beyond our capacity?
• One person from NAR, Emergency phone
• Local institutions

Simulation Exercise
Allow participants to choose any role they want to play: facilitator and co-facilitator, participants and observer (supervisor).
• Facilitator and co-facilitators provide a safe environment of respect, attention, trust, sincerity, and empathy
• Allow participants to share personal experiences about wounds,
• Mutually support each other through their own experiences
• Allow participants to reflect on their experiences, doubts, difficulties,

Role play

Role-plays are a good method to demonstrate issues and to exercise skills, when the following criteria are taken into consideration:
• Role-plays should be done with supervision: explain the course, give a time limit, help with the seating arrangements, explain the roles, explain why you may intervene and explain the de-briefing.
• Encourage participants to think of situations of their own choice that are relevant to the particular topic. Encourage them to be creative.
• The spontaneity of the performance and the clarity for every one of what is communicated between the actors (verbal and non-verbal) is important. Role-plays support the learning process of participants by practicing skills. No one should concentrate too much on her/his performance— let it be spontaneous and do not try to act like a professional actor.
• Give special observation tasks to the group members not acting, e.g.: observe this or that actor’s specific expressions, or facial expression and gestures, or violent and non-violent communication....

• A role-play should not take too long (maximum 5 minutes) the shorter and simpler a role-play, the more effective the presentation of a situation.

Discussion: How You Can Support others

• The people to whom you will provide support will be quiet, sad, and not very sociable. They may reject other people’s company and will spend a lot of their time thinking. They may be hard to talk to at first. When you first make contact with someone like this, it is essential to establish trust. If you fail to establish trust, no support can take place. We will talk about establishing trust later in the training.

• The next important step is to establish a connection between yourself and the individual. Talk about things that you may have in common with the individual: are you both mothers? Are you from the same region or community? Are your children about the same age? Even if there are big differences, this can be a starting point for getting to know the other person. Talk about yourself, but not too much make sure to ask questions and take an interest in what the individual tells you.

DAY 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Materials &amp; Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 9:00</td>
<td>Breakfast</td>
<td></td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td>Facilitation skills</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Facilitation skills</td>
<td></td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:45 – 11:30</td>
<td>Facilitation skills</td>
<td></td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Facilitation skills</td>
<td></td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>Facilitation skills</td>
<td></td>
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<tr>
<td>2:00 – 3:00</td>
<td>Community dialogue</td>
<td></td>
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<tr>
<td>3:00 – 3:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>3:15 – 5:00</td>
<td>Community dialogue</td>
<td></td>
</tr>
<tr>
<td>5:00 – 5:30</td>
<td>Closing</td>
<td></td>
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</tbody>
</table>

Section 5. Facilitation skills

• Effective group facilitators often possess a broad range of personal attributes and leadership skills including sensitivity toward others, an understanding of group processes and dynamics, excellent listening skills, flexibility, and dedication.

• Facilitators can use non-verbal communication such as eye contact and body language to convey respect, trust, and empathy, or they can use verbal skills—responding empathetically, paraphrasing members’ perspectives, and summarizing group discussions.

EXERCISE: Helps, Doesn’t Help

When someone suffers a painful or shocking experience, how do other people usually react? Let’s make a list of what people do that is helpful and not helpful.
Some examples:

**DOESN’ T HELP**
- Pitying the person
- Doing everything for the person
- Ignoring the person
- Making decisions for the person without asking

Now, what do you think would be helpful, that would make a person feel better, or that would help them recover? Some examples:

**HELPS**
- Listening to the person
- Helping the person make decisions about the future
- Teaching the person how to... (Control anxiety attacks,)

**Facilitation**

**Qualities of good facilitator**
- Trust in other people and their capacities
- Patience and good listening skills
- Self-awareness and openness to learn new skills
- Confidence without arrogance
- Respect for the opinion of others, not imposing ideas
- Practice in creative and innovative thinking
- Ability to create an atmosphere of confidence among participants
- Flexibility in changing methods and sequences, not always sticking to a preset sequence or technique
- Knowledge of group development including the ability to adjust the program according to the group’s mood on the spot
- Good sense for the arrangements of space and materials in order to create an attractive working environment
# Knowledge, Attitudes and Skills of Facilitators

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Attitudes</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the effects of wound and the process of recovery</td>
<td>Belief that everyone can recover from a tragic experience through empathy, building self-confidence, and the individual’s own motivation.</td>
<td>Ability to listen well. Ability to deal well with anger and grief. Ability to manage expectations. Patience in the face of bitterness, hostility and grief. Persistence in the face of obstacles and challenges. Ability to recognize and resist manipulation or cajoling.</td>
</tr>
<tr>
<td>Knowledge of how to listen actively and communicate well.</td>
<td>Belief that good communication promotes a strong relationship.</td>
<td>Ability to communicate well. Ability to listen well.</td>
</tr>
<tr>
<td>Understanding of how to help a person make his or her own decisions</td>
<td>Belief in the importance of building self-esteem for good mental health.</td>
<td>Ability to help an individual make decisions and implement them. Ability to help the individual identify and solve problems without help.</td>
</tr>
<tr>
<td>Familiarity with health problems common among individuals of wound and the ability to recognize those that require immediate medical attention. Knowledge of how to maintain health and prevent common illnesses.</td>
<td>Belief that health is everyone’s responsibility. Simple, common sense behaviors can help us maintain our health and avoid illness. Belief that anyone can learn the warning signs of serious health problems.</td>
<td>Ability to explain ideas clearly and calmly. Ability to teach others.</td>
</tr>
<tr>
<td>Basic knowledge of human rights and dedication to defending them.</td>
<td>All persons are equal in the eyes of the law. Everyone deserves to be treated with dignity and respect. • Violations of human rights are intolerable.</td>
<td>Ability to explain ideas clearly and calmly. Ability to teach others.</td>
</tr>
<tr>
<td>Understanding of how to use own experience to encourage, motivate and give hope to individuals. How to be a role model.</td>
<td>• Honesty and transparency with individuals is essential.</td>
<td>• Ability to listen well • Ability to manage expectations. • Ability to communicate ideas, thoughts and opinions effectively.</td>
</tr>
<tr>
<td>Knowledge of how helping others can build a person’s self-esteem</td>
<td>• Belief that performing an act of generosity can contribute to recovery.</td>
<td>• Ability to persuade individuals that performing an act of generosity can contribute to their recovery.</td>
</tr>
<tr>
<td>Knowledge of the advantages and importance of working with persons’ support groups</td>
<td>• Belief that individuals can progress in their recovery through involvement with individual support group.</td>
<td>• Ability to assist a support group identify and attain objectives. • Ability to facilitate a group discussion or a meeting.</td>
</tr>
</tbody>
</table>

Use this chart to stimulate a discussion on what knowledge, skills and attitudes are necessary for a Facilitator. Ask if Facilitators need to be able to read and write.
Discussion: Listening, Understanding and Validating

In times of crisis, people are not islands unto themselves. Secure relationships offer wounded individuals many vitally important resources, such as affection, advice, and practical assistance. Although the experience of being a victim can make an individual feel isolated and alienated, individuals quickly turn to others. The purpose of “Reaching Out” is to help individuals find support, comfort and nurturance from others as they embark on the journey towards resolution.

Whatever you do as a Facilitator, you need to do it by listening, understanding and validating. This is the foundation of any successful helping relationship. When you listen, understand and validate, you are actively listening to the individual’s verbal and nonverbal messages, communicating your empathic understanding of the person’s thoughts and feelings, and validating unconditionally the individual’s worth. When someone doesn’t feel heard, understood and accepted, then your words, however elegant, will be meaningless or will only appear to be attempts to manipulate them. You are not the expert with all the answers, the sage who dispenses wise advice in troubled times. Instead, by offering your support, you offer a safe space in this threatening storm.

Listen
• Face and give the person your undivided attention.
• Lean toward the person and make eye contact.
• Use both your eyes and ears.

Understand
• Repeat or paraphrase what the person is saying.
• Check your understanding.
• Offer heart-felt empathy.

Validate
• Show your acceptance in your face.
• Have faith in the person’s own abilities by not giving advice.
• Respect, honor and value the person.

Active listening techniques
• Offering information (‘I am … and this is what I can do for you…’)
• Asking broad questions (‘What would you like to talk about?’, ‘Would you like to tell me what happened?’)
• Asking open-ended questions
• Encouraging the person to describe or clarify what happened without forcing him or her to talk (‘what do you mean exactly?’, ‘when did this happen?’, ‘Can you explain that again?’, ‘What do you mean by …?’)
• Attempting to place the story in sequence (“What seemed to lead up to this point?” “So this occurred”)
• Allowing silence in the conversation
• Showing that you accept the story of the person (‘yes’, ‘Uh huh’, ‘I hear what you are saying’…)
• Using reassuring body language to demonstrate attentive, careful interest (looking at the person as you speak with him or her, nodding, leaning forward towards the person.
• However, cultures differ in the way body language is interpreted. In some cultures, seeking eye contact or leaning forward towards a person may be considered inappropriate!)
• Giving recognition (“It takes courage to tell me your story”)
• Giving feedback about what you see or hear, asking the person to validate those observations (‘I notice you are shifting in your chair…what is going on?’, your muscles appear tight…what are you thinking about?’, ‘I can see that you are crying, how do you feel?’…)
• Repeating or restating what the person says to check whether you fully understand what the person means (‘It sounds to me that you are feeling helpless right now’, ‘You mentioned that you feel very frustrated’).
• Reflecting feelings (“Sounds like you feel angry”)
• Exploring (“Could you tell me more about that?”)
• Offering emotional support (‘I understand that you must feel very sad’…)}
Listening roadblocks

- Lack of privacy or inadequate seating (a noisy room, interruptions by other people)
- Asking leading questions (Are you worried about being a child of perpetrator?)
- Asking ‘why’ questions: they often put the respondent on the defensive and might sound accusatory (Why didn’t you tell anyone? Why did you go there?)
- Guessing what the person is saying or jumping into conclusions after a few sentences
- Not letting the person finish a sentence
- Using inappropriate body language or not being aware of your body-language (tone of voice, looking away from the person, crossing your arms, ‘hanging’ in your chair, being distracted…)
- Making assumptions about the person: even if you don’t express these explicitly, the person will pick it up (thinking: ‘it was her fault’, thinking ‘she must be a prostitute, what do you expect?’…)
- Talking about oneself instead of listening or responding with your own feelings instead of focusing on what the speaker is saying (‘this happened to me once too’, ‘I feel very angry when you tell me this’…)
- Touching the person inappropriately

EXERCISE: Role Plays for Listening, Understanding and Validating

Practice Skills for Listening, Understanding and Validating

Our first role plays will allow each of you to experience the role of Facilitator talking to an individual. For this particular role play, one participant role-plays an individual who is having problems. Another participant playing the role of Facilitator listens actively, expressing interest and concern through voice, body language, and by his or her comments and questions. Those who are observing the role play should watch closely to see how the support demonstrates that he or she is listening actively to the individual, understanding what the individual is saying, and validating the individual’s thought and feelings. Pay attention not only to what the Facilitator says, but also the tone of voice the Facilitator uses, the expression on the Facilitator’s face and the gestures the Facilitator makes with his or her hands, as well as the position of his or her body.

Recommendations for participants performing role plays:

- Be conscious of your body language: Posture, gestures, tone of voice and facial expressions are important. Show concern, interest and self-confidence, and observe other participants when they are performing role plays. If you are truly interested in what the individual is saying, your body will naturally adopt a posture that reflects your interest.

Helping Skills: Finding the Individual

A basic principle of helping people who have experienced wound is to recognize and value their resilience to presume that they are persons, not pathetic and passive victims. When you encounter people in crisis, you may feel tempted to be the hero who rescues them from their emotional pain. However, your job is more like the carpenter’s assistant – helping individuals to use the tools they may be overlooking – as they begin to rebuild their lives. Of course, people in troubled times feel overwhelmed and distressed. However, they also possess undiscovered strengths, overlooked talents, and unnoticed resources. As individuals begin to reconnect to sources of support, they build a successful new life.

Discussion: The Individual Story

Ask the participants:

- When someone tells you the story of their traumatic experience, how do you respond?
- Why do you think the individual is telling you the story?
- What kinds of questions can you ask an individual to help them understand what has happened to them?
  - At a certain point in your relationship with an individual he or she will tell you the story of his or her tragic experience. The story may not be told in great detail at first, because the telling of it is painful. However, more details will emerge as you get to know the individual better.
  - The telling of the individual’s story is an important act and an important event in your support relationship with the individual. By telling you this story, the individual is acknowledging you as a sympathetic, understanding audience, capable of feeling the pain and other emotions that are a part of the story’s impact. This is a sign of the trust the individual has in you.
  - The story is not just for you, but the act of telling the story recalls the events to the individual’s mind and with those events come all the pain, grief, anger, bitterness and fear that the individual felt at the time the events happened. The individual must deal with those emotions. Each time the story is told the emotions become less powerful which is helpful in reducing the individual’s painful memories.
• One reason why this happens is that the individual starts to “create meaning” for the events in the story and for the story as a whole. This understanding takes months or years to develop. When the individual tells the story, information in the story is organized and analyzed so that it makes sense to the individual. For this reason the story will change a little bit each time it is told.

• Finally, the individual is incorporating the story into his or her own identity. “This is who I am: I am a woman who was raped. I am a woman whose husband is perpetrator. I am a man who became a soldier.” As time passes, the story becomes part of the greater story of the individual’s whole life, even though it may be the most important part for a while. Eventually, the individual’s interpretation of the story becomes more important than the tragic event itself: “I am a young man born out of rape. I am a woman who survived the murder of my husband. I am a man who fought in battle and survived.”

• Your job as a facilitator is to listen carefully to the story and show that you are listening actively and understanding the individual’s experiences. Your responses to the story should help the individual interpret the events as having a positive outcome, and learning lessons about the world and about other people.

**Asking Relevant Questions**

• There are three types of questions to ask. These questions are designed to help the individual understand better what took place, why it happened, how he or she responded, why he or she responded that way, what lessons can be taken from the experience, and what he or she should do now.

**Asking “Getting Through” Questions**

The individual found a way to cope with and move beyond the events in the story. While the story itself may be tragic and horrifying, it is useful for you as the Facilitator to focus on what the individual did in order to survive, and get him or her to think about what worked rather than what was broken.

“How did you get yourself to do that?”

“How did you manage to handle the crisis the way that you did?”

“What did you draw from inside yourself to make it through that?”

“What is it that gives you strength to keep going now?”

In many cases, you will genuinely want to know how they got through a dangerous and painful situation, and what made them persevere when death seemed imminent.

**Asking “Making Meaning” Questions**

You may feel that you understand some or all of the individual’s story, but you must allow the individual to discover for him or herself the significance and causes of events in the story. Or you may be perplexed by the events in the story, in which case the two of you can think about it together. By asking the right questions you can often discover and illuminate the hidden reasons behind events and people’s responses to them.

“As you make more sense of this, what have you learned so far?”

“What have you learned about yourself?”

“Why do you think this happened to you?”

“How have your beliefs and values been changed by this experience?”

“Which of your beliefs and values have been affirmed by this experience?”

“What advice would you give somebody else facing this situation?”

**EXERCISE: Responding to the Individual Story**

Very often the individual story will focus on the terrible anguish and sorrow the individual experienced during and after the tragic event. The first few times the story is told, it may end with just that: the individual is in pain and is suffering deeply. But this is not really the end of the story, and it is not the result of the experience: the individual is alive and is struggling to understand what happened. You can help the individual construct a new and better ending to the story. What has the individual learned from this experience?

How would you answer the question, “What lesson have you learned from the successful handling of a crisis situation?” Take a few minutes to think about your answer. Each participant should then present their answer out loud. Questions for discussion:

• What common themes do you hear in people’s answers?

• Which answers show pride in being resilient or “tough”? Which answers show gratitude for the help of other people?

• Did any answers reveal a change in values or beliefs?
Asking “Moving On” Questions

In helping the individual make the tragic event part of his or her whole life’s story, you should also ask some questions about the future. For someone who is still experiencing strong emotions from a tragic event, it may be very difficult to think about the future. One of your responsibilities as a Facilitator is to help the individual develop a clear plan for the future. The plan is intended to give hope to the individual that the future will be good.

Listen to the individual’s story and look for some reference to the future. Individuals sometimes say “On that day my life ended, and on that day it began.” This means that everything changed for them, but at the same time it was possible for them to go on. The individual is trying to make sense of these changes in order to move ahead. The individual is trying to envision a time when he or she is no longer plagued with pain, grief and anger, when these emotions have settled down and his or her life has reached a phase of stability and peace. You can help with this process.

“As you start to resolve this painful time in your life, what’s your next step?”
“How will your life be different after this?”
“When you leave here, what do you see yourself doing?”
“What will you need to do to rebuild your life?”

These questions also imply that the individual is capable of resolving problems, managing emotions, and accomplishing goals. You may hear goals related to running away or getting revenge, or even some statements about what the individual will not do, but you can help the individual consider some positive goals.

Discussion: Helping the Individual Identify Positive Goals

Ask the participants:
1. Why is it important for a wounded person to have a plan for the future?
2. What kinds of questions can you ask the individual to help him or her identify goals that he or she can work toward?
3. What are some examples of “negative goals”? How can you help the individual change these into “positive goals”? Creating Hope: Having a plan for the future is the surest sign that the individual has hope. Having hope means having the willpower and the energy to make life better. Plans may be simple and not very ambitious at first, but as small things are accomplished, bigger and more complex plans will begin to take shape.

Your job as a Facilitator is to help the individual imagine his or her future and think of ways to make his or her life better. The individual must develop his or her own goals and then start working to achieve them—you must give encouragement and advice without doing things for the individual. It is important that the individual takes pride in accomplishing his or her goals by him or herself.

Individuals may have difficulty imagining the future. You can use if-questions to help him or her think of a better future: “If you could see a future where all your problems have been resolved, what would it look like?”

Negative Goals: Individuals sometimes describe their goals in terms of escape from pain and fear: “I want this grief to end. I want to stop feeling afraid.” You can invite the individual to think about what happens next by asking, “How will you be feeling once the fear is gone?” or “What will you be doing when your grief has passed?”

Some individuals may express a desire for revenge and others a desire to end their own lives. Underneath these negative goals is a desire for justice and for peace and tranquility. Help the individual consider other ways of achieving the unstated goals while at the same time making the individual aware that you understand why the individual has these feelings. If the individual believes that someone understands his or her pain, it will be easier to move forward and regain hope.

Unrealistic Goals: It is acceptable for individuals to dream about an imaginary future, however unrealistic it may be. This is often a starting-point for thinking about how to achieve at least part of that dream. The fact that the individual is even willing to dream is hopeful. You can encourage some practical thinking on achieving part of the dream by asking “if” questions like, “If you could save a little money from selling vegetables, what would you do with it?” Once the individual is able to consider this possibility as a realistic one, you can change this to: “When you save enough money to pay for school, what will you study?” The “when” implies that something will definitely happen.

Some goals will be simple and relatively easy to accomplish: “I want to plant a vegetable garden with lettuce, tomatoes and onions.” Other goals may seem impossible: “I want to go to medical school and become a doctor.” All of us may dream about achieving very difficult goals, and there is nothing wrong with this, but the individual must be able to visualize and focus on the steps involved in accomplishing such a goal. As time passes, goals change, as the individual gains a better understanding of what is possible.

EXERCISE: Identifying Goals

Think for a few minutes of individuals you have known, including yourself if you wish. What kinds of life goals have they identified following their tragic experiences? How did they work to attain those goals? What steps were necessary, and what activities did each step require?
Each participant should describe one example of an individual who identified a goal and worked to achieve it.

**EXERCISE: Role Plays on Finding the Individual**

In this set of role plays the participant in the role of individual will tell his or her individual story. The participant in the role of Facilitator must listen actively, just as in yesterday’s role play, but this time he or she must ask “getting through” questions, “making meaning” questions, and “moving on” questions. The questions should relate to the content of the individual’s story.

Remember that your goal here is to turn the story from a tragic one, full of sorrow and bitterness, to one of survival and resilience you are trying to “find the individual” in the story, to help the individual understand what has been achieved, and that he or she is capable of moving beyond the sorrow and bitterness into a phase of hope and growth.

Listen carefully to the story for signs of resilience, strength and courage, and focus on these survival characteristics.

A set of individual stories will be provided for those playing the role of individual to choose from, however if the participants wish, they may make up a story or use a story that they know. Participants should read the stories and can choose one.

**Individual Stories**

1. François was forced to flee from his village with his wife and two children when fighting in the region threatened his community. In a refugee camp on the border, they lived in crowded conditions, slept in the rain, and had no food most of the time. An epidemic killed many people in the camp including François’s wife. One night a group of armed men came to the camp and began killing people with clubs and machetes. François and his children hid under dead bodies until the men finally went away. Now he has returned to his village only to find two of the men who killed people in the refugee camp living in the house next to his home. François must see these men almost every day, but has not said anything to them.

2. Marc and his father own a restaurant in a small town. One day soldiers arrived to arrest militants in the town that were suspected of planning an attack. Violence broke out and the army began killing people in the streets. Many people came into the restaurant to escape, and Marc and his father hid them in the basement. Soldiers broke the door down and threatened Marc and his father that if they were hiding anyone, then they too would be killed. Marc thought he would die, but in the end the soldiers killed his father instead. The people hidden in the basement were not discovered and they all escaped. Marc is still grieving for his father and is still angry at what the soldiers did.

3. Oda grew up on a small farm in the countryside, where she lived with her parents and an uncle. One evening a group of soldiers arrived and forced their way into the house. They killed Odette’s father and uncle and raped Odette and her mother. The next day they were taken to a military camp where they stayed for several months, living in an enclosure like prisoners. Odette discovered she was pregnant. Finally Odette and her mother were able to escape. When they returned home they found that their farm had been burned. Now she lives in a commune with other women, together with her mother and her baby daughter. She is still angry and sad about what happened to her.

**Recommendations for participants performing role plays:**

- **Be conscious of your body language:** Posture, gestures, tone of voice and facial expressions are important. Show concern, interest and self-confidence, and observe other participants when they are performing role plays. If you are truly interested in what the individual is saying, your body will naturally adopt a posture that reflects your interest.

- **Offer support but avoid empty assurances:** Sincerity counts; it is difficult to provide quality peer support unless you care about the individual. Watch your colleagues to see if they seem sincerely concerned and supportive.

**Discussion: Building Trust**

Trusting other people is not easy to do for many individuals. A person’s ability to trust in other people is affected by a distressing or tragic experience, and the support relationship depends on trust. Facilitators need to be able to use a variety of strategies to get past the barriers that prevent individuals from interacting with others. Helping an individual regain his or her ability to trust others is a valuable way to help him or her reintegrate into society.

**Technique: Brainstorming**

Ask the participants:

1. What ways have you found most effective to create a trusting relationship?

2. When we trust someone, what does this mean? What qualities or characteristics do we look for to determine if we can trust someone?

3. What would you advise someone to do if they wanted an individual to trust them? What should you do to maintain trust?
What is Trust Based On?

Our trust in another person is grounded in our evaluation of his or her ability, integrity, and benevolence. That is, the more we observe these characteristics in another person, the more our level of trust in that person is likely to grow.

Ability refers to our assessment of the other person’s knowledge, skill, or competency. Trust requires some sense that the one to be trusted is able to perform in a manner that meets our expectations.

Integrity is the degree to which the person to be trusted acts according to principles that we believe in. Trust is based on consistency of past actions, reliability, treating people fairly, and whether the person’s behavior matches with what they say.

Benevolence is our belief that the person is concerned enough about our welfare to help us, or at least not get in our way. Honest and open communication and the willingness to share decisions, information and control are signs of a person’s benevolence.

Although these three characteristics are linked to each other, they each contribute separately to the level of trust in another person within a relationship. However, ability and integrity are the most influential early in a relationship, because signs of someone’s benevolence take time to emerge.

Discussion: How Can I Persuade Other People to Trust Me?

Method: Debate

Trust building involves both you and the individual. Facilitators can take several steps to strengthen an individual’s trust in them, particularly when these steps are performed repeatedly:

- **Be competent.** Do your job well. You should always show that you know what you are doing, that you can do it well, and that you do everything you are expected to do. Sometimes this will mean learning to do new things or finding out how to do something better. When people decide if you are trustworthy, they will always look at how well you do your job and what kind of experience you have.

- **Be consistent and predictable.** Follow a routine and follow the rules. Do what you say you will do and tell everyone what you are doing.

- **Be accurate, open and transparent.** Act openly and be clear about what you intend to do and why. This helps us become dependable in the eyes of others. They know that we are not hiding anything and that we can be counted on to explain our actions.

- **Share and delegate control.** Trust often needs to be given for it to be returned. Let the individual take responsibility and make decisions. Ask for feedback and opinions and share the decision-making process with him or her.

- **Show concern for others.** The trust others have in you will grow when you show sensitivity to their needs, desires, and interests. Acting in a way that respects and protects other people will also contribute to the trust others place in you. When you violate someone’s trust, they will assume that you are acting to benefit yourself. Once trust is violated it may be difficult or impossible to regain it.

- **Promote shared values.** Show concern for other people by getting to know them, listening actively, sharing their interests, recognizing their contributions, and demonstrating confidence in their abilities.

- **Respect other people’s confidentiality.** Your relationship with the individual will be better and more productive if the individual knows that she can speak honestly and candidly about anything, and that you will keep that information confidential unless the individual gives you permission to discuss specific details with others.

Discussion: Building Self-Esteem

Technique: Flash Light

What we believe about ourselves is essential to our ability to overcome problems and to interact with other people around us. This is what we call "self-esteem".

Ask the participants:

1. How do you think self-esteem affects our everyday behavior?
2. How is self-esteem affected by a tragic experience?
3. What are some things that we can do to build another person’s self-esteem
4. What is Self-Esteem?

Self-esteem has an influence over the way we feel about ourselves as well as how we feel about others. A high self-esteem enables the individual to deal confidently with issues in non-threatening ways, build healthy relationships and find success in various aspects of life. An individual with high self-esteem is confident, content and open to change. On the contrary, research has shown that low self-esteem is linked with feelings of hopelessness and suicidal tendencies. If one does not value or cherish oneself, then there is no incentive to protect or work for the progress of that self.
In its broadest sense, self-esteem refers to the value one places on one’s self as a person. It is related to our willingness to act and our confidence in gaining an expected outcome. Self-esteem basically is a driving force built within the individual. If our self-talk consists of encouraging contents (e.g., I like myself as I am, I can do it, I am worth it, I am confident, I am capable, I am sure of myself, I am presentable, I look beautiful/handsome, I like my friends and associates, everyone loves me and I am so lucky), we have high self-esteem. If we have discouraging self-concept (e.g., I am not very talented, I don’t have sufficient skills, I don’t have confidence, I can’t make my decisions, I need to be helped, I am not being loved, I am not good looking and I am not OK), one suffers from low self-esteem.

A healthy self-esteem is based on:

- An ability to assess the self accurately.
- An ability to accept and value the self unconditionally.
- An ability to realistically acknowledge one’s own strengths and limitations.
- Accepting the self as worthy and worthwhile without conditions or reservations.

How does Low Self-Esteem Develop?

No one is born with low self-esteem. Just like many other attitudes and beliefs, low self-esteem builds up with one’s experiences and with the process of evolution. In other words, judgments about our self-worth are learned. Learning comes from many sources—direct experiences, e.g., success and failures, observation, media, listening to what people around us say and watching what they do. Generally, it is believed that early experiences and some of later life experiences contribute to your thinking about you as a person and self-perception.

Some of experiences that contribute to self-esteem are:

**Technique? Group work**

- Early childhood shaping through reward and punishment.
- Parental dispute and inconstancies in disciplining.
- Controlled parenting and failing to meet parental expectation.
- Comparison with other siblings or peers.
- School pressure and neglect by teachers.
- Peer pressure and inability to live up to their expectation.
- Belonging to a social group, which is the focus of prejudice.
- Lack of acceptance by siblings and peers.
- Exposure to traumatic experience.
- Workplace stressors.
- Competition and detrimental interpersonal relationship with colleagues.
- Marital conflicts and family disputes.
- Mental illness.

**EXERCISE: Why You Should Be My Friend**

**Technique: Fish Bowl**

Describe how advertisements work, using some familiar examples. Talk about their purpose and the method in which advertisements get the message across, visually and with words. Advertisements promote positive aspects of a product, the finer qualities. They also persuade a person to buy the product.

The individual’s task in this project is to come up with an advertisement persuading someone to be their friend. Individuals should depict positive aspects of themselves through pictures, words, or a combination of the two. If an individual has a difficult time thinking of reasons someone would want to be their friend, have them think of characteristics they look for in a friend. At the end of the session, have participants share advertisements with one another. Let other participants confirm the positive qualities of the presenter.

**Discussion: How Support Can Improve Self-Esteem**

Your job as a Facilitator is to help the individual feel better about him or herself. You must do this honestly, without using empty praise or exaggeration, but by expressing confidence in the individual and applauding the individual’s accomplishments. Once the individual begins developing a plan for the future, each small step forward should be
rewarded by positive comments and congratulations. If the individual trusts you and values your friendship, this positive support will build self-esteem.

Individuals may counter your praise with self-criticism or denials. Try not to respond directly to these remarks, but instead continue to offer praise and support for constructive behavior. The individual will not be persuaded by arguments, but will gradually come to accept some or all of your praise if it is based on his or her observable behavior and achievements.

Remember too that you are a role model, someone who serves as an example to the individual that it is possible to have a good and positive life after a tragic event. Use your own life as an example by showing, not telling. Actions speak louder than words: your own success and positive attitude will inspire the individual to be like you.

Discussion: Privacy and Confidentiality

Confidentiality

Ask the participants:

1. What kinds of information about the individual should be protected from other people?
2. Why is it important to be careful with an individual’s personal information?
3. Who is allowed to know personal details about an individual?

   • Almost everything that individual says to a facilitator should be kept private, which means that this information cannot be discussed with anyone except the Facilitator’s supervisor. Even with a supervisor, only information that is useful and important to the supervisor should be passed on; everything else is private and should not be revealed to anyone.

   • If the Facilitator wishes to share information about the individual with a supervisor, it is important to ask the individual’s permission. Explain why it is important for the supervisor to have this information. If the individual asks you not to share information with anyone, you must respect that request.

   • The individual should know that she can trust the Facilitator not to talk to other people about what the individual says or does. This is part of establishing trust, and it will help the individual tell his or her story completely. It will help the Facilitator provide assistance and encouragement on any subject that presents a challenge for the individual.

Get Help If You Need Help:

   • If you believe that someone’s life is in danger, either from another person, or because a person is suicidal, it is important to seek help immediately. You should not try to disarm a dangerous person yourself, but instead you should seek assistance first.

Privacy

   • It may be challenging to find a place where you can talk to the individual in private, but this is very important. You will find that being in a private location will allow the individual to speak more freely and honestly about his or her feelings, and will allow you to listen well and give good advice.

Discussion: Helping Individuals Get Help

Technique: group work

There will be times when an individual’s problems require help from someone with expertise and power. Such needs might include:

   • Finding work or some way to make money
   • Dealing with discrimination or prejudice
   • Deal with abuse, violence or other crimes
   • Seeking services or benefits from the government
   • Seeking services from a nongovernmental organization or a charity
   • Seeking health care

Individuals who are still confused and frightened from a past tragic experience may not feel self-confident enough to find the help they need. As a Facilitator, you can help the individual by finding out what services are available, how good those services are, and where they can be found.
EXERCISE: Final Role Plays

Finally we have reached the end of this training. Now we are going to conduct role-plays where we use all of the skills that we have learned during the past three days.

In each of these role-plays the participant playing the role of individual will have a particular problem to solve. When the Facilitator arrives, the individual will appear upset, anxious or depressed, and the Facilitator must discover the nature of the problem by asking questions. When the individual presents the problem, the Facilitator should

- listen, understand and validate the individual’s thoughts and feelings;
- make an effort to build the individual's trust;
- try to build the individual’s self-esteem by showing confidence that the individual is capable of resolving the problem without help;
- help the individual identity a solution to the problem and plan the steps necessary to achieve it.

A set of problem scenarios will be provided for those playing the role of individual to choose from, however if the participants wish, they may make up a problem or use one that they know.

A facilitator should read the scenarios out loud so that the participants can choose one, but the participant should not tell anyone which scenario they choose. The problem will become evident during the role play.

Recommendations for participants performing role plays:

- **Be conscious of your body language**: Posture, gestures, tone of voice and facial expressions are important. Show concern, interest and self-confidence, and observe other participants when they are performing role plays. If you are truly interested in what the individual is saying, your body will naturally adopt a posture that reflects your interest.

- **Offer support but avoid empty assurances**: Sincerity counts; it is difficult to provide quality support unless you care about the individual. Watch your colleagues to see if they seem sincerely concerned and supportive.

- **Relax**: Your self-confidence and ability to reason will inspire trust and make the individual relax also.

- **Provide a realistic solution to the problem**: The individual is counting on you to help them out. If you don’t know the answer, think of someone who might know it. Watch others to see if they can provide a realistic course of action to address the problem.

**Problem Scenarios**

- Jeanette sells vegetables in the marketplace. Three days ago as she was on her way home, two men followed her and made sexual remarks. Yesterday she saw these same men waiting for her on the way home. Now she is afraid to work at the marketplace because of the fear of being raped.

- Christophe lives in a very old house with his mother and his young son. The roof on the house leaks badly when it rains, but Christophe does not have enough money for repairs—they have only enough money from his job repairing bicycles to pay for food.

- Claude is a genocide victim and has been very depressed. He drinks heavily and when he is drunk he beats his wife. She has told him that she is going to leave him if he doesn’t quit drinking. He wants to find some treatment for his problem.

- Etienne works as a cleaner at a health clinic. He has heard that they are looking for someone to help weighing and measuring the babies and recording their heights and weights on the growth chart, but Etienne can’t read or write.

- Robert can’t sleep because of terrifying nightmares that he has each night, when he dreams about the time he was kidnapped and beaten by two soldiers.

- Alain lost his leg in a landmine accident five years ago. Now he has a prosthetic leg and walks without difficulty. He wants to go to school to learn how to repair sewing machines, but the instructor saw his prosthesis and told him, “This course is not for people like you.”

- Annette’s husband has abandoned her, leaving her with two small daughters. He did not leave her any money and she does not know where he went. Now her children are hungry and she does not know what to do.
Section 6. Community dialogue facilitation

1. Dialogue

- Dialogue is a conversation on a common subject between two or more persons of differing views. The primary purpose of dialogue is for each person to learn from the other so that each can change and grow.
- Dialogue is not a lecture, the purpose of which is giving or obtaining information, nor is it a debate in which there will be a winner and/or a loser.
- Dialogue is not an argument which focuses solely on reflective reasoning. Although this is part of process, true dialogue also takes into account the feelings and experiences of participants.
- Dialogue can be enlightening, challenging and even threatening. It is the job of the facilitator to nurture this process so that all participants feel safe and are able to share with one another.

Types of Dialogue

World café (flexible format for hosting larger groups)

- Every table focuses on an aspect (a question, a problem, an issue) given by the trainer/facilitator. The group members concentrate on specific issues and contribute their individual thinking and experience. The arguments and contributions are noted down on the flipchart immediately.
- The participants are guided to move from one table to the next, except for one person per table, who remains as the host the whole time.
- The host informs the new group about key aspects mentioned and discussed so far. The members listen to understand what has been found out so far, connect the various ideas and continue the discussion/dialogue from this level onwards until they are asked to move again.
- In this way, everyone can find deeper insights and develop new ideas or new questions.
- World café method is therefore a great tool to enable participants to think together, be inspired by others, create new understanding and develop ideas and solutions.

Guidelines for using World Café

- Create a welcoming working space.
- Explore questions that matter; they need to have relevance to the participants so that they can contribute and value their own contributions. Good questions can be provoking and should stimulate creativity; these kinds of questions will make participants open up to a diverse range of thinking.
- Encourage each person’s contribution.
- Come together after some rounds the whole group should come together and share the status of discussion. This is helpful to explore together the ideas and questions that have arisen so far; to correct if necessary and to keep on track.
2. Debates

- Debate is a formal contest of argumentation between two teams or individuals. More broadly, and more importantly, debate is an essential tool for developing and maintaining democracy and open societies.
- More than a mere verbal or performance skill, debate embodies the ideals of reasoned argument, tolerance for divergent points of view and rigorous self-examination.
- Debate is, above all, a way for those who hold opposing views to discuss controversial issues without descending to insult, emotional appeals or personal bias.
- Debate rarely ends in agreement, but rather allows for a robust analysis of the question at hand. Perhaps this is what French philosopher Joseph Joubert meant when he said: “It is better to debate a question without settling it, than to settle a question without debating it.

How to organize a debate

- Two or more participants are preparing to defend a certain vision of the subject. Views and opinions on the subject are presented in a plenary session, then the time will be allowed to ask questions, request additional explanations or to give other ideas to consider in the debate, etc.

3. Community dialogue (NURC)

- A community dialogue is a forum that draws participants from as many parts of the community as possible to exchange information face-to-face, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and develop solutions to community concerns.
- Dialogue invites discovery, develops common values and allows participants to express their own interests.
- Dialogue expects that participants will grow in understanding and may decide to act together with common goals. In dialogue, participants can question reevaluate their assumptions. Through this process, people are learning to work together to improve relations.

Closing Ceremony

We have spent three days together thinking about what it means to be an individual, and about the best ways that we can help others. This training is intended to help all of you do something that you are already doing in helping each other move on in life after a tragic experience.

We have showed you some different activities that you might use to help individuals who are still suffering from the memories of their experiences, but it is up to you to decide what the best way to help. Your own experiences have taught you more than any training ever could.

All of us are still learning. The people who designed this training are trying to make it better so that other people like you can learn how to help each other. Right now I would like to ask each of you to answer these questions:

1. What is the most important thing you have learned this week?
2. If you could change this training, what changes would you make?

Facilitator allows each participant to answer the two questions and writes the answers down. If possible, Certificates are then given to each participant and the training concludes.

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