

**NATIONAL INSTITUTE OF MENTAL HEALTH &
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Female Adolescents Self-cutting

**INFORMATION AND MANAGEMENT
MANUAL FOR CARE TAKER'S OF
SHELTERHOMES**

**Developed by:
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Information Manual about Self-cutting (sc) in Female adolescents in Shelter homes

For Caretaker's and Counselor's

Information Manual about self-cutting (sc) in female adolescents in shelter homes

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Part ONE: Self-Cutting; Information about Individual Child Level:

1a. INFORMATION;

Self-injury(SI) means deliberate destruction or alteration of body tissue *without* suicidal intent'. There are terms like 'Non-suicidal self-injury' (NSSI), 'Self-mutilation', 'Auto-aggression', 'Self-wounding', and 'Cutting', which are synonymous to SI . **Self-cutting (SC) is the most common method of SI seen in female adolescents.** Other methods of self injury are biting, carving, scratching, pinching, burning, head banging and hair pulling.

['Deliberate self-harm' (DSH) or Self-harm(SH) is a term which includes both Self-injury or self poisoning, with or without intent to commit suicide.]

EXTENT OF PROBLEM:

Self injury(SI) tends to start in adolescence and studies from across the world have reported life time prevalence of one episode in 17 to 18% of adolescents in the community. Around 50 to 75% adolescents report engaging in SI, it is noted to become more chronic in small percentage. Indian study of SI among adolescent college going students has reported life time prevalence of 30%, and moderate to severe forms of self cutting reported in 13.2% of them.

COURSE AND TYPES OF SI;

Self injury most often starts between 12 to 14 years of age. It tends to increase in early and mid adolescence and tend to decrease from late adolescents to young adulthood. Those adolescents who engage in SI can be divide in to four groups based on method and frequency, they are: 1) negligible group (not tried SI), 2) low/experimental (around one episode of SI) group, 3) moderate (2 to 3 episodes of SI) group and 4) severe/chronic (more than 5 episodes) group.

Children in difficult circumstances (CIDC) tend to have increased occurrence of mental health morbidity ranging from emotional problems to diagnosable psychiatric disorders. These adolescents experience multiple social and psychological adversities like poverty, family conflict, physical abuse, emotional abuse, sexual abuse and neglect. Tyler KA et al., specifically studied the occurrence of self injury among the adolescents residing in shelter homes and found that 69% engaged in self injury attempts. Self-cutting was most common type of self injury reported by around 45% , which is almost 7 times more than the self injury attempts occurring in adolescents in community.

SI and SUICIDE:

Individuals, who engage in self-injury, usually do it 1) to get out of disturbed emotional states, 2) to control disturbing thoughts, 3) as self-punishment, 4) to influence other persons and not to end their life. Individuals who attempt suicide are likely to have some intent to end life. But sometimes individuals attempt SI to stop the suicidal ideas and individuals who have history of self-injury are at higher risk for suicide thoughts, gestures, and attempts. Because of this fact, all individuals who do SI, need to be assessed for suicide risk.

The following characteristics of SI are found to increase the risk of Suicidal ideation/ behavior:

- Involving in SI for more than one year
- Those who use higher number of different methods of SI
- Cutting
- Cuts on body areas other than arms or wrists
- High frequency of SI (doing more frequently)
- Reporting absence of physical pain during SI
- SI leading to severe physical damage
- Concealment of the SI

Risk assessment of all individuals who engage in SI:

So all individual, who indulge in self cutting, need to be evaluated for hopelessness, death wishes, suicidal ideas and plans. If they have suicidal ideas, plans or intents, they need evaluation from a psychiatrist on emergency basis. Individual who have more characteristics of SI, which possibly predicts the increased risk for suicidal ideation or behaviors will need evaluation from an Mental Health Professional.

MEDICAL CONSEQUENCES OF SC:

Studies report around 15 to 20% of adolescents attempt SI together. They may attempt SI like SC, using same instruments, raising the possibility of blood-borne disease transmission. The adolescents engaging in SI need to be evaluated by a Medical doctor, to check tetanus toxoid vaccination status, and administer if indicated. This is very important because, tetanus is a fatal medical condition. This information about the possibility of need for tetanus vaccination upon sharing instruments for Self-cutting should be given to adolescents, especially to all adolescents.

SI/SC IN ADOLESCENTS AND ITS IMPACT ON PARENTING:

This section is added to provide information that, helping adolescents SC is not easy for their parents too:

Caring an adolescent with SI for parents is difficult and tends to have huge emotional impact and can be traumatic. Negative emotions like sadness, shame, embarrassment, shock, disappointment, self-blame, anger, and frustration has been expressed by parents, due to their sons' or daughters' SI behavior.

SI in adolescents increase the parental role burden and some report of losing confidence in their parenting ability. They tend to have worries about 1) how to provide independence to adolescent 2) Will he/she repeat it 3) how to set limits. SI in adolescents affects parent's employment, their usual life style, and family dynamics in a negative way.

To summarize, SI in adolescents lead to negative emotional reactions in parents, increases their role burden, it affects their employment, life style and also make them feel defiance in themselves, to provide effective care. They also tend to have misconceptions and express need to know more information on SI and to learn parenting skills.

CARETAKERS' VIEWS ON ADOLESCENTS WHO ENGAGE IN SI/SC:

The caretakers are empathetic and supportive to adolescent who engages in SC. They are quite able to provide help immediately after SC. They feel, children in shelter homes tend to do self cutting because of problems they may be facing or they have faced. Common reason according their experience were 1) Parental neglect or abusive experiences and adolescent feeling upset by seeing other children having loving parents 2) Adolescent having Conflict with parents because of their early entry in to romantic relationship leading to missing parent on one side and missing the romantic partner on the other, 3) conflict with friends (difficulty to resolve conflict, possessiveness and sensitivity for minor rejections). 4) Issues related to romantic relationships, 5) Insult from friends, teachers, 5) academic difficulties. Counseling for repetition of SC act in an adolescent and for issues related romantic relationship has been reported to be challenging from Care takers. They also feel, the understanding and preventing spread of learning form one adolescent to other is difficult.

1b. REASONS FOR INDULGING IN SC:

The most common reasons for female adolescents engaging in self-cutting/ SI in shelter homes are:

Family / parents related	Friendship/ romantic relationship related	Insult / personal ability related
Feeling upset about not having loving parents	Conflict in friendship a) when friends don't give the requested object b) one of the friend stops speaking c) friend speaking to another friend, which theSelf cutting girl may not like	Friends making fun of them
Memories of conflicts with parents, with whom adolescents had good relation	To stop a friend from doing SC	Friends making fun of one's personal background
Memories of abusive parents	Memories about troubled romantic relationships.	Insult from adults
Parents not speaking to adolescents on phone or not visiting them because of conflicts	Feeling rejected in early romantic infatuations / relationships.	Feeling upset about poor abilities in academics

1) Parent related issues: a) feeling upset about not having loving parents, b) parents not visiting them or responding there call due to neglect, c) missing the parents because of interpersonal conflict with parents who were caring before etc.

2) Conflicts with friends: a) adolescent who engages in SC, does it for reasons like their friend stops talking them, friend does give the requested object to them, friend doesn't comply with their request, friend speaks to other girl, whom they may not like. b) To stop their friend from repeating or engaging in SC (the adolescents in Shelter home believe that, if they cut in front of friend who engages in SC, that friend will stop),

3) Reasons related to infatuation or romantic relationship: if the boy rejects their proposal, if they miss the boy they liked, if the boy rejects after getting to know each other etc.,

4) Insult / personal ability related: Friends making fun on any issue or related to one's personal background, insult from adults like teachers or others, feeling upset about difficulty in academics.

The reason for SC usually doesn't remain same for every act done by an adolescent; it may change from one act to another except in few occasions, like it is related parental neglect or abuse, conflict

with parents, romantic relationship related issues or self-esteem related issue, where the reason for SC may remain same for multiple acts of SC by an adolescent.

1c. Functions of SC and How It Becomes a Habit(TECC cycle with attitudinal change)

FUNCTIONS: The main function/ benefit means “what self-cutting adolescents expect out of it”. The most commonly reported function is emotional regulation. Other things adolescents report as functions or help they get from doing Self-cutting are control of bad memories or thoughts, to stop or control suicidal thoughts, to seek attention or influence others and few also feel it as a way to punish themselves for perceived mistake they would have done. The functions of Self-cutting are mentioned in following list;

- i. **Emotional regulation:** Anxiety, Anger, Frustration and Sadness
- ii. **Control of thoughts or memories:** Distraction from problems, Stopping suicidal thoughts
- iii. **Interpersonal:** Secure care and attention, Influence others
- iv. **Self punishment**

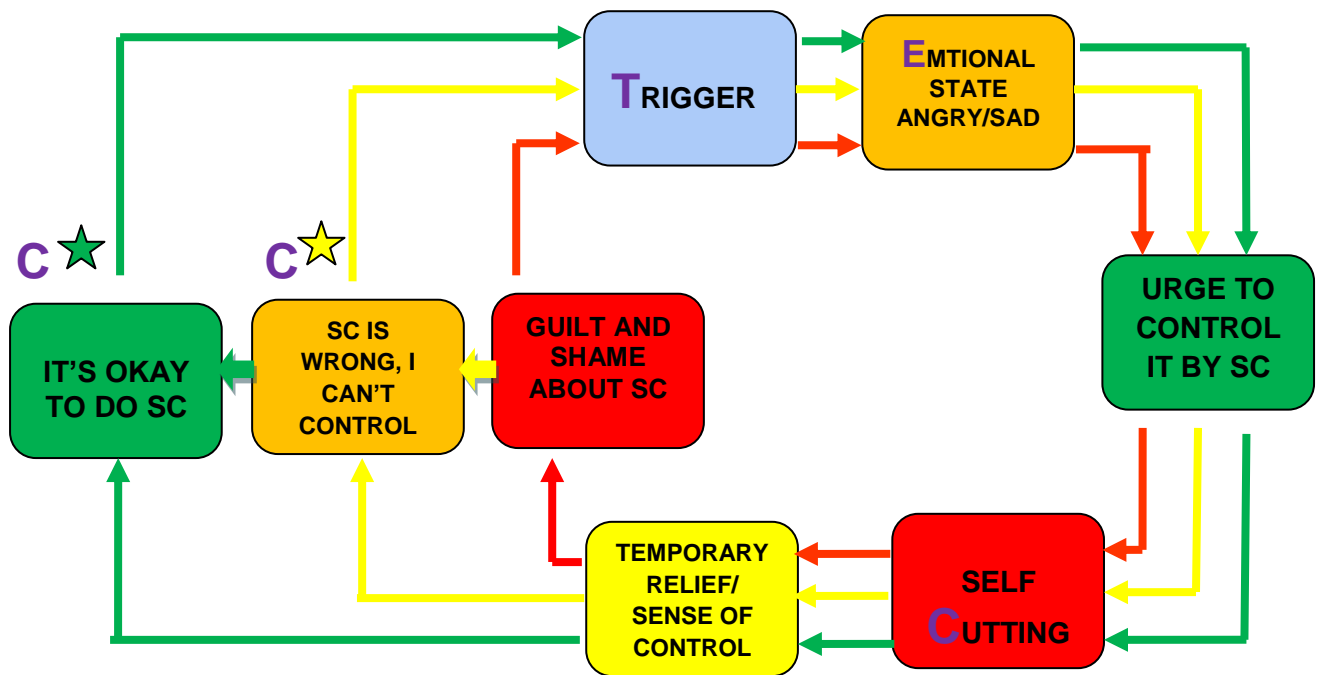
It is used by adolescent to alleviate intense, overwhelming negative emotions, such as anger, anxiety, sadness and frustration caused by many reasons explained above. Following self-cutting they report relief of negative emotional states or they become calm. Common reason given for self-cutting is “to control feelings”, these is the common word used for different emotional states from shelter home adolescent girls. The adolescents engaging in Self-cutting also state that, it helps them to control their thoughts like bad memories of relationship/ trauma, and they get some sense of control. Very less percent report that self-cutting help them control the suicidal thoughts or ideas.

SC may serve interpersonal functions for the adolescent. SC might elicit positive reinforcement in the form of attention from others, desire to influence others appears to motivate self-injury in many cases. For example, an individual might injure herself to elicit affection from a loved one like friends/ romantic partners or to elicit reinforcing responses from authority figures or peers. A minority of self-injurers endorse reasons for self-injury “to control the behaviour of others”; “to get help from others”.

One act of SC may serve one function for that adolescent or it may serve more than one function too; like one may commit SC only to get relieved of sadness related to memories of abusive experience from parents whereas one may commit it to be relieved of sadness when

they are made fun of by friends, but the same adolescents intends to incite fear or guilt in friends, for making fun at her. So like this, for adolescent who engages in SC, one act may serve one or more functions.

HOW SC BECOMES A HABIT, “TECC” CYCLE WITH ATTITUDINAL CHANGE



Immediate reasons (Triggers) as mentioned above, when faced by adolescents, will lead to intense Emotional states (anger, sadness, anxiety, shame, fear). Those who tend to experience high emotion intensity, who tends to have difficulty to tolerate, who tend to have difficulty regulating emotions will feel the need for control of heightened emotional states. This leads to an urge to commit SC. They will have difficulty to think of alternative adaptive control mechanisms. Self-Cutting provides them the temporary relief from intense and uncomfortable emotions. It will be followed by feelings of guilt and shame for next few hours or days, when they see the marks or sense the stigma. But this sense of guilt and shame possibly decreases with repeated SC and change of cognitions related to SC.

The cycle: immediate reasons, mounting tension, urge to act, action, relief, shame tend to occur during initial attempts, as it is depicted in the cycle flow chart with red arrows. As they tend to use the SC, as a maladaptive way of coping, and get relief from emotional states, their

Cognitions/ views towards SC tends to change. They start thinking that, **“they are unable to control the urge”**, this thinking leads to possible increased use of SC as maladaptive coping mechanism. This cycle of changing cognition related to SC may lead to increased occurrence of SC, as depicted using **yellow arrows**, in cycle flow chart. If the adolescent continues to face stressors/ immediate reasons and using SC to cope, the cognition/ view towards it changes further and they tend to think **“it’s okay to do SC, it’s not serious”**, which may make the adolescent use sc as maladaptive and it becomes a more acceptable way and they may increase its use, which is depicted in flow chart cycle with **Green arrows**. This is how SC becomes an acceptable **Habit** on repeated attempts, due to possible cognitive changes related to it.

We have alluded to functions of SC, an adolescent may use it only for intrapersonal function to control emotional states, only interpersonal function to stop friend from doing SC, both intra and interpersonal functions, to influence others and also to control emotions. Along with changes of cognitions related to SC in adolescents, it is also important for what functions she/he is using SC, because these also are important for SC to become a habit in them. These understanding of functions also need to be understood by care taker to make adolescent aware of alternative healthier ways which can be used to get the same results as SC functions.

The understanding of change of cognitions/ views related to SC and it can make adolescents to use SC, needs to be understood well by care takers. In short it can be called as TECC cycle. The above cyclical flow chart can be used to explain the adolescents, the relation of cognitive changes towards SC, leading to negative thinking that; “I can’t control it” , latter to more acceptable views “ it is okay to do, it is not serious” will increase the use of SC from them. So as a part of treatment, the need to make them think through the cognitive changes related to SC and need for taking a firm view on SC and for learning ways to control intense emotions in healthier ways is very important.

Part one: Self-Cutting; Information at the level of Individual Child:

2. CHILD VULNERABILITIES FOR SC

SELF	ADOLESCENT GROUP 1: HAVE HEALTY RELATION WITH ONE PARENT	ADOLESCENT GROUP 2: HAD OR HAVING ONE OR TWO NEGLECTFUL/ ABUSIVE PARENTS, OR NOT HAVING PARENTS SINCE CHILDHOOD	ADOLESCENT GROUP 3: HAD PERMMISIVE PARENTS, NOW HAVING MAJOR COFLICT WITH, THEIR PARENTS
1) EMOTIONAL SELF	GOOD EMOTIONAL REGULATION	EMOTION DYSREGULATION/ ANGER ISSUES	EMOTION DYSREGULATION/ ANGER ISSUES
2)INTERPERSONAL AND SOCIAL SELF	GOOD EXPRESSION ABILITIES	DIFFICULTY IN EXPRESSING PERSONAL DIFFICULTIES	REJECTION SENSITIVITY
	NOT SENSITIVE TO CRITICISM/ REJECTION	SENSITIVITY TO CRITICISM/ REJECTION	SENSITIVITY TO CRITICISM
3)ABILITY SELF	GOOD SELF-ESTEEM	POOR SELF-ESTEEM	POOR PROBLEM SOLVING
	GOOD PROBLEM SOLVING ABILITIES		POOR DECISION MAKING; IMPULSIVE

Explaining Concept of SELF to Explain Vulnerabilities for SC;

In an effort to make concept of personal vulnerabilities of adolescents for SC easily understandable to all care takers, we have tried to categorize the concept of self in to three parts. Using this categorization of self, we have also tried to 1) explain effects of trauma on adolescents aspects of self 2) for care takers to understand the therapeutic process in easier way, which in turn will be helpful to care takers in providing/ planning therapeutic intervention to Adolescents engaging in SC on individual or group basis.

Purely for above mentioned purposes we have tried to explain self and the concept in the following way:

Self is a mental construct that is shaped by the contexts in which adolescent develops and it tends influence their action. We tried to sub-group self in to 3 categories: emotional self; social

and interpersonal self; and personal-ability self. The social and interpersonal self encompasses of two sub-categories a) Social abilities self and b) interpersonal self. In same way personal ability self encompasses two sub-categories a) Thinking and problem solving ability self; and personal abilities self. Below we have described these categorizes and sub-categories of self briefly.

Emotional self:

This category of self includes ones understanding about emotions and their management; knowing different kinds of positive (ex- joy, happiness etc) and negative emotions (anger, sadness, anxiety etc) and ability to label them. Being aware of the concept duration (how long the emotions last) and intensity of emotions (how intense are the emotions and how they are getting expressed). Understanding the reasons and need for control of intense negative emotions and knowing ways to controlling intense negative emotions. Knowledge about how one can manage negative emotions using problem centric approach or emotion centric approach. Using of self appreciation and self motivation, to have positive emotional feelings about oneself. All these aspects of emotional self will be explained in detail in SC management manual.

- A. Understanding different emotions and the terms
- B. Understanding about duration and intensity of Negative and positive emotions
- C. Reasons for and control of extreme intense negative emotions
- D. Trigger - Intense negative emotion- action
- E. Trigger – thinking – intense negative emotions – action
- F. Ways of controlling intense emotions
- G. Getting over negative emotions - problem centric or emotion centric solving
- 8. Self appreciation and self motivation**

Social and Relational self:

This category on self includes two sub-categories one is one's social ability and another is one's relational self. Brief descriptions are provided under specific sub-categories and detailed description can be found in SC management manual.

1. Social abilities:

It is ability of self to socialize, to start a conversation in need; to seek help in need; to solve social problems; to select a friend; to say no when its needed; like in context of friends

pressuring to learn some things or do some things which the self feels as wrong or incorrect, to respond to insults.

1. Ability initiate a conversation & to seek help in need
2. Ability to express difficult emotions in words, thoughts and continuing conversation
3. Do I know social problem solving? Can I solve conflicts by discussion?
4. Ability appreciate all friends when they do good
5. Selecting a friend
6. Saying “no” when needed/ being “assertive”
7. Responding to Insult

2. Relational self:

Relation self is part of social and relational self, it is about how a person relates to himself/herself, how one relates himself/ herself to his/her family, how she/he is related to a friend and friendship, how secure one feels in their relationship.

1. Who am I, am I happy and content with myself?
2. What do I think about family and myself?(healthy connectedness)
3. What do I think about friendship? Am I possessive or sensitive in friendship? (feeling secure/ healthy connectedness)
4. How do I react when my friends reject/neglect me?(rejection sensitivity)

Personal Ability self:

This personal ability self has two parts: Thinking and problem solving (thinking ability) abilities of self, and Personal abilities (ability to do things or skills) of self.

1. Thinking and problem solving ability

This is sub-category of personal ability self compromises of one’s ability to think, solve and decide about any problem faced or about one’s life and his/her goals, the following are its components and they are self explanatory

1. Problem solving ability
2. Searching positive in painful experience “Ability to accept bad experience and learn from it”
3. “Good decision making capacity” Vs “impulsive decision making”
4. Planning about life goals

2. Personal abilities:

This sub-category of personal abilities is about personal strengths, like academic/non academics skills, and ability to follow a healthy routine.

1. Non – academic abilities
2. Academic abilities
3. Following healthy routine of healthy habits

Personal Vulnerabilities for SC:

We have tried to explain the self and its 3 sub categories above. Using that concept, we will try to explain the personal or self characteristics (self vulnerability) of an adolescent, which are likely increase the chances of learning SC and possibility of it becoming an habit in them. To put in simple terms, having the following personal or self characteristics of adolescents listed below will increase the chances of learning of SC and its possibility of becoming an habit. About grouping of adolescents to Group 1, 2 and 3and its understanding kindly refer to systemic understanding part of SC in the manual in page number twenty nine and thirty.

2a) EMOTIONAL SELF ; *Intense Emotions - Regulation Problem*

The adolescents who experience intense emotions like sadness, upset or anger tend to use maladaptive ways to control it like by shouting/ screaming; cutting/hitting themselves. We will try explaining the concept of duration and intensity of emotions. Emotion is our feelings about an internal or external experience. The perceived feeling can vary in amount of time and it can vary in the intensity. For example a child can feel sad on not getting a chocolate and it may last 15 to 30mins, it is the duration aspect. Coming to aspect of intensity child feels sad and she remains silent for that duration, she may cry silently for that much duration, she may cry and scream loudly for that much duration, she may cry loudly, fall on the floor and roll around with screaming. So for child get to last described state of emotion, is very intense and looks out of keeping with the situation. Like these few adolescents because of reasons like having experienced abuse, inability to learn emotional regulations due to permissiveness of parents etc., will feel intense emotions for stressors and it may also look out of keeping to the extent of stressor. These kind of adolescent who are predisposed to intense emotional states and have problem in regulating that emotional states, may easily try SC by just knowing about it. So making them aware of the aspect of different intensities of expressing emotions and helping those to regulate intense emotional states in healthier way will be helpful to reduce their engagement in self-cutting.

2b) SOCIAL AND RELATIONAL SELF: *Doesn't know to express problem*

Whenever we face a problem or stress we tend experience negative emotions (sadness, anger, anxiety, fear etc), and we will try to solve the problem and if we can't solve it, we **seek help from our friends or parents**. We will try to solve the problem to our best. Many times it is not possible to solve, so we accept it and **express our negative emotions with our friends or parents**. Both the sentences highlighted in bold will help us to solve problem or feel better of negative emotional state by process of expressing problem/ seeking help. Few adolescent tend to lack this ability, because they had less chance to learn it from their environment, for example if parents were abusive and child felt anxious to share problems and did not learn it. Many adolescents who would have faced abusive or authoritative parenting, tend have difficulties to express the problem/emotions, which in turn makes them to suffer a lot, in themselves. This inability may also make them to learn SC easily and resort to it as a method to control the negative emotional states from problems or stressors. So it very important for us to identify this personal characteristics in SC adolescents, explain them the need to learning the skill of expressing problem with friend or caretaker and help them to learn it. It will be helpful for them to stop the SC.

2c) SOCIAL AND RELATIONAL SELF: *Insecurity in friendships/Romantic relationships and sensitive to rejections*

Adolescents in shelter homes tend to have difficulty to trust their friend/friendship, because of the fear that the friend who gets to know about their personal life details like those related to parents, bad experiences, etc., may use it to make fun or to insult in situations of fight/disagreement on some issue. The friend who gets to know the personal information may also reveal it others, when their friendship ends for any reason. These adolescents would not trust relationship with parents and experiences as mentioned in shelter home makes their trust in relation/ friendship further weak. They tend to feel insecure in their friendship or relationship. They will be anxious or worried about losing a friend or a partner. These can possibly be explained because these adolescents would have not got a trusting secure relation from their parents.

As they have had experienced rejection from their parents or guardians on multiple occasions, they tend to expect that some friend will accept them and they try become very possessive and dependent on one friend or a romantic partner. Because of past abusive rejection experience and lack of trust, and insecurity makes them to react intensely for minor rejections from their friend or romantic partner, or they may anticipate rejection by

misinterpreting the situation and react intensely imagining the rejection. These adolescents tend to use SC or self injury to get attention and to continue or maintain friendship or relationship. But these will ultimately end up in failure of relationship or friendship.

So those adolescents, who are insecure, very possessive about friendship/ relationship and are rejection sensitive, need education about how their past experiences is affecting their current relationship/friendship and how they should be mindful about their possessiveness, insecurities and rejection sensitivity; and they should work on decreasing them by understanding their problems and learning ability to take the perspective of the other persons like friends or romantic partners.

2d) SOCIAL AND RELATION SELF: *Don't know to deal with insult*

Insult is another person who has more power like teacher or elder or friend or friends passing negative comments about one's personal abilities/characteristics/appearance; negative comments about ones relationship/friendship/family. These insulting remarks from someone can lead to different kinds of thinking, emotions and behaviors; for example: a friend teases an adolescent on her family background problems the reaction of adolescents can be different: one may think other person is stupid, doesn't feel bad and she will carry on her routine; while the other may think "it's is so insulting she should take action on that person", feels very angry and gets in to fight or argument with the person who insulted; she may feel very insulted and helpless that she can't do anything insulting person, because that person is powerful; feel sad and upset about oneself and cry a lot. This sadness makes her to lose focus on studies or her goals. Usually the third scenario occurs more commonly in shelter, followed by the 2nd.

First scenario can be applied one or twice by an adolescent, and if the insult happens repeatedly then they may resort to 2nd or 3rd scenarios which will make adolescent more emotional and disturbed. So the event of insult ***leads to thoughts about self and how it has got hurt***, these in turn leads to emotions(more anger/ more sadness) which decides the end behaviors(fight/withdraw). The negative emotional sates may lead to SC in shelter home context. But as a part of life we all need to learn, about managing ourselves and situations of insult. The following levels of response can be used to address the insult by anybody in any situation:

- 1) “what is the main issue here?” the person getting insulted will feel bad about his self being insulted and this leads to different emotional states and behaviors according to emotions
- 2) How to respond in healthier ways
 - a. First option is to ignore if possible (applicable if its once or twice and not very hurtful)
 - b. If it is difficult to ignore, or it is hurtful, then the person should learn; **assertiveness (not being submissive or aggressive), help seeking.**
 - c. The adolescent should try to give an **assertive feedback** on “what he thinks and feels about the process of insult” to the insulting person; he can try once or twice, need to feel strong about it, should make an effort to do it.
 - d. The assertive feedback may lead to constructive discussion and solution.
 - e. If the insulting person is not amenable for assertive feedback, the adolescent should **seek help** from a friend to address it, to think about others ways to solve problem.
 - f. If you think the insulting person is not amendable and you can’t get solution from friend, then **reach out to elders** like parent, care takers in context of Shelter home
- 3) Knowing these steps, will prevent many adolescents from undue exposure to repeated insults
- 4) Making all adolescent aware that, the whole process of insulting each other becomes worse and it gets maintained in a system like school or shelter home because of silent “**on lookers” or” by standers”**. **All adolescents should be generally made aware that, “insulting anyone is a bad behavior”, “they should try to stop the act of insult if they see” and “they should report it to higher authorities” like teachers in schools and care takers in shelter home.**

2e) PERSONAL ABILITY SELF: *Poor in thinking and problem solving*

Problem solving ability of oneself is that, an adolescent when he faces any troubled situations in his own goals, in context of relationship with family, friend or romantic partner, she needs to explore more and more possible options to resolve the problem. More

options she can think or list as solutions, she will stand a higher chance to select a best option. If she finding it difficult to come up with different options, if she makes a habit to seek suggestions from a trusted friend or caretaker, it will be helpful to handle the trouble in hand, but it can give her an idea, that one can come up with more options to solve if they face any new problem.

After listing the possible solutions, they should be able to select one among them, which has more advantages and less disadvantages. This problem solving ability can work in an adolescent, only if she is calm and relaxed. If her emotional self is angry, sad or aroused, they can't use these. So we need train them only when the adolescent is calm.

To make it simpler:

1. Situation - limited thinking/ problem solving - high emotional states - maladaptive behavior (aggression/ SC)
2. Situation – limited thinking / problem solving- control of high intensity emotional state- no maladaptive behaviors – latter improving thinking and problem solving- situation handled better; if it happens for 10 to 15 times
3. Situation - good thinking and problem solving – more control over emotions – use of adaptive behaviors – situation better managed

This is how care taker can explain to adolescents about problem solving and how it will yield results after repeated practice and how it can be very useful for them in long term as they grow old.

Coming to thinking ability, adolescents who have their thinking as mentioned below, are found to cope with difficult situation in better way than other children's and they tend to have healthy development.

- a. *Searching positive in problematic or painful experience* “Ability to accept bad experience and learn from it”; here adolescents will see about what they can learn out of the bad experience they had, they will see it as an opportunity to learn something about life.

Example: parents were abusive and neglectful; child may think in many negative ways all along; for example I am bad so they left me, I am not worthy, I would be an unwanted child etc., child may also think in positive ways every time I think, it will make me sad, so I myself will provide care for others and feel good, I am not bad, it

was their responsibility, if they were not able, I need to accept and learn skills to lead my life, I am not responsible for any problems. So the ways of thinking about problem makes huge difference in adaptability of child to difficult circumstances and move on with healthy development.

b. *“Impulsive decision making”*

We would have seen people suddenly do some act without giving a thought of consequences, it is called as impulsiveness. The adolescents who haven't had a secure relation with their parents makes them weak in thinking before doing something and they end up in impulsive decision making like “my friend is doing self cutting I will also do it”, “my friend likes a boy, she told its nice, so I also started liking a boy”; those who were brought up with lot of permissiveness by their parents and would have reached shelter home due to conflict with parents arising of romantic relationship also tend to think less, before making any decisions, because they also didn't have chance to learn.

So adolescents with poor problem solving abilities, impulsive decision making and difficult to learn from past negative experience by thinking tend to have increased chances of SC. Identifying and giving information about these aspects, its future consequences and training to improve them can result in decreased engagement in SC and better ability to adapt to other problems.

2f) PERSONAL ABILITY SELF: *Poor self-esteem or feeling inferior*

The adolescents, who had not received healthy parenting, would have not got attention or appreciations about their good personal qualities. These adolescent would have not gone to school, or training in academics. This lack of training in skills; non academic (sports, music, art, weaving, etc), academic area will make them feel inferior when a friend or adult points out their weakness or they end up comparing themselves with others in mainstream school, where they will join after shelter home placement. The chances for them to get appreciation on any aspect of self, any aspect of their skills also remains limited. These negative thoughts about ones non-academic or academic abilities lead to poor self-esteem. These adolescents tend to engage in self cutting, when they feel bad about their abilities and/or someone insults them about their weakness.

So it is important for these adolescent to know few facts about abilities and self esteem, which may help them to work on it and improve it

- a. They have received less training in academics and if they are having problem they are not responsible.
- b. These adolescents with academic problems should be made aware that, they can seek help on these behalf from a friend or care taker.
- c. Ones focus on learning even any non academic skills like painting, art, sport, and others can be learnt at that age or later and it will improve their confidence.
- d. These adolescents with academic difficulties should be made to involve in most of the non-academic activities as much as possible in schools they go and care-takers should liaise with teacher for doing this. It can play important role to improve the adolescent's self-esteem.
- e. Improving these adolescents' social abilities like to speak in social situation, ability seek help, ability to solve social problems by discussion will also boost their self esteem.

Like above steps, can help adolescents to improve her/his self esteem, these not only prevents them from learning or doing SC, but increases their ability to solve problems they face and adopt to situations when needed.

3. TRAUMA; ITS EFFECT ON SELF

“She/he who conceals her/his pains finds no remedy for it”

Normal development of SELF and its aspects:

Growing with healthy parenting in healthy predictive environment leads to Normal development of 3 aspects of adolescent self. We have described about concept of self and its sub-categories above. We have tried to depict the same pictorially and with table for clearer understanding. *Kindly refer to figure:1 and table:1 to understand the following descriptions.* In these 3 sub-categories of self, as a child grows, it first learns to control negative emotions (Emotional self) by distraction, postponement, over time as child develops into adolescence he learns to deal with negative emotions by problem-centric approach (to see that, can they solve the problem or stress by using different options or seeking help from other to get different options) or emotion centric approach (they realize that all problems are not solvable, everyone in world has certain limitations, so they accept that problem can't be solved and go on to express the negative emotions with parents or friends on whom they have confidence in) by around 12 -14 years. As child grows beyond 10 to 11 years, he starts learning social abilities/academic abilities/non academic abilities with training from their parents and constant appreciation. These things are very important because as they reach adolescence (between 12yrs to 18yrs) the child's social image and popularity becomes very important and each adolescent feels that, they are watched by others all time and they spend time and compare with each other's a lot. During these periods two things matter most, the popularity and abilities, and if they can't decide correctly or if parents are not there to guide them or if they have some problems in self, like poor in studies or family relationship problems, they tend to join the group with has negative popularity (aggressive, dominating, bullying) and conduct problems (stealing, lying, risk behaviors) and it may have very long term negative impact on their development.

*So in this age of adolescence, in shelter home children need information about their self and its sub-categories, so that they can work on improving their “SELF”. They also **must depend** on one female healthy **long term adult coach**, which may be a care taker, a teacher in school to **get guidance in need**, solve the problems and improve their self. The reason behind the important need for above exercises for longer duration is the **trauma** they would have faced, which are usually multiple and lead to problem in all the three SUB-CATEGORIES OF SELF, more so on **EMOTIONAL SELF**, which is more primary and affects other two subcategories as well.*

Understanding Trauma:

Hopper, Bassuk, and Olivet (2010) who have worked with homeless adolescent and families define trauma as:

“An experience that creates a sense of fear, helplessness, or horror, and overwhelms a person’s resources for coping”

The different kind’s traumas faced by developing children and adolescents are:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect (failure to provide for a child’s basic physical, medical, educational, and emotional needs)
5. Loss of parents/loved ones
6. Interpersonal violence in relationship
7. Victimization
8. Community violence (e.g., gang violence, riots, school shootings)
9. Natural disasters (e.g., earthquake, floods, tornadoes, tsunami)
10. Terrorism
11. Medical trauma (e.g., severe injury, life-threatening illness)
12. Accidents

Acute trauma is a time-limited event. For example: physical assault, sexual assault, loss of loved one, forced separation from romantic partner, natural disaster, motor vehicle accident, physical or sexual etc. The loss/ separation of very important person like; a parent, sibling, or close friend is an acute event, can lead to a trauma and grief. In few adolescents, acute trauma and its stress can lead to posttraumatic stress disorder (PTSD). This disorder is characterized ongoing fear that trauma may occur again, persistent flashbacks about the traumatic event, nightmares, avoidance of things/situations that remind the traumatic event, being numb, hyper vigilant/increased arousal periods, with or without trouble sleeping. These adolescents who have features of the PTSD need evaluation from mental health profession and many may also need medication. So, it is very important to recognize this disorder in adolescents in those, who have experienced acute trauma and refer them for treatment from psychiatrist/ child psychiatrist.

Chronic trauma means adolescent has experienced multiple traumatic events during development. Multiple traumatic events like exposure to domestic violence, physical abuse. One of most common form of chronic trauma is **child neglect**. *Complex trauma* is a term used

to describe the *exposure* to chronic trauma caused by adults who should be responsible for child's care, like parents or caregivers.

Understanding effect of Trauma on SELF of adolescents:

The effect of trauma depends on the adolescent's individual characteristics and his/her response, the nature of stress or trauma (Duration, acute/ chronic Severity), the person responsible for trauma (perpetrator & their relation to adolescent). Not every traumatic event results in effects on individuals and something which can be traumatic for one adolescent may not be traumatic to another. Some adolescents may have minimal effects after trauma exposure and recover quickly, while others may develop more significant and longer-lasting changes in SELF and its aspects. *Kindly refer to figure:2 and table:2 to understand the following descriptions.*

But acute trauma or chronic tend to have impact on aspect of self and its sub-categories. The effects of chronic trauma/ complex trauma can be cumulative with each traumatic events acting as a reminder of the prior trauma and increases its negative effect on self and its sub-categories. As adolescent gets exposed to a series of traumas, it can become increasingly overwhelming, with every event of trauma, her/ his self and its sub-categories get more and more affected. They may start believing that people and world is not safe and trustworthy. Over time, as SELF gets affected, he or she may also become less tolerant to ordinary day to days stressful events in context of learning, friendship or relationship. Chronic/complex trauma can have profound effects on nearly every aspect of the adolescent's SELF, its development and functioning. This has been proven from biological evidence, where trauma has proven to adversely affect many of the brain biological systems which play role in regulation of emotions and behaviors and cognitive development.

Those adolescents, who get exposed to complex trauma, tend to have long lasting changes of SELF and its aspects. This in-turn can lead major problems extending to adulthood like psychiatric disorders, addictive disorders, chronic medical illness, legal, vocational, and family problems.

FIGURE; ONE; HEALTHY SELF; 3 SUBCATEGORIES;
Ems; Emotional Self; SRs; Social & Relational Self; Ability self: Thinking and Personal Abilities

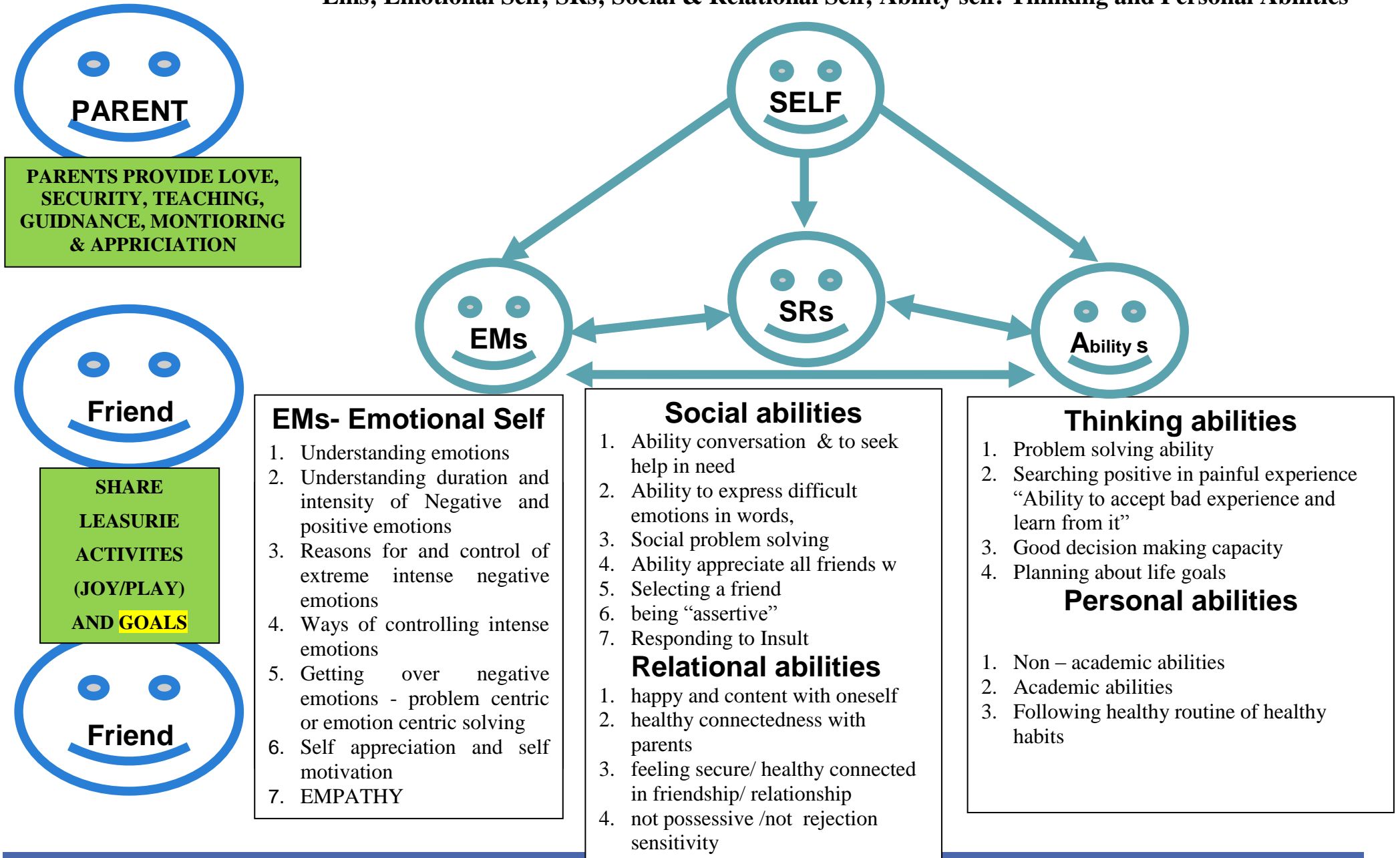


TABLE 1; ADOLESCENT’S HEALTHY SELF; 3 SUB-CATEGORIES

Emotional self	Social & Relational self	Thinking & ability self
	1) Social abilities self	1) Thinking & problem solving self
1. Understanding emotions	1. Ability conversation & to seek help in need	1. Problem solving ability
2. Understanding duration and intensity of Negative and positive emotions	2. Ability to express difficult emotions in words,	2. Searching positive in painful experience “Ability to accept bad experience and learn from it”
3. Reasons for and control of extreme intense negative emotions	3. Social problem solving	3. Good decision making capacity
4. Ways of controlling intense emotions	4. Ability appreciate all friends w	4. Planning about life goals
5. Getting over negative emotions - problem centric or emotion centric solving	5. Selecting a friend	
6. Self appreciation and self motivation	6. being “assertive”	
7. Empathy	7. Responding to Insult	
	2) Relational self	2) Abilities self
	1. happy and content with oneself	1. Non – academic abilities
	2. healthy connectedness with parents	2. Academic abilities
	3. feeling secure/ healthy connected in friendship/ relationship	3. Following healthy routine of healthy habits
	4. not possessive / rejection sensitivity	

In figure one you can see, that the parental support/ care becomes the base and nurtures SELF of child in to Adolescence. The three sub-categories of self are bidirectional linked and on sub-category can affect the other. Emotional self gets nurtured earlier part of childhood, more so between age of 10-12years. But continues in to adolescence. Even though social and relational self and thinking and abilities self are also get nurtures by earlier age, they get more prominence and get more formed during adolescence between 12-18 years. You can that, the friends the adolescence normally choose spend time together in leisure activities and also they work their life goals together (the adolescents tend to learn from each-other and their relation and activities gets monitored by parents).

The Table one lists the each sub-category of self and its components. *Understanding these normal sub-categories of SELF and their components is very important, to understand the effects of trauma on SELF and its components.*

FIGURE; TWO; TRAUMA & SELF; 3 SUB-CATEGORIES;
Ems; Emotional Self; SRs; Social & Relational Self; Ability self: Thinking and Personal Abilities Self

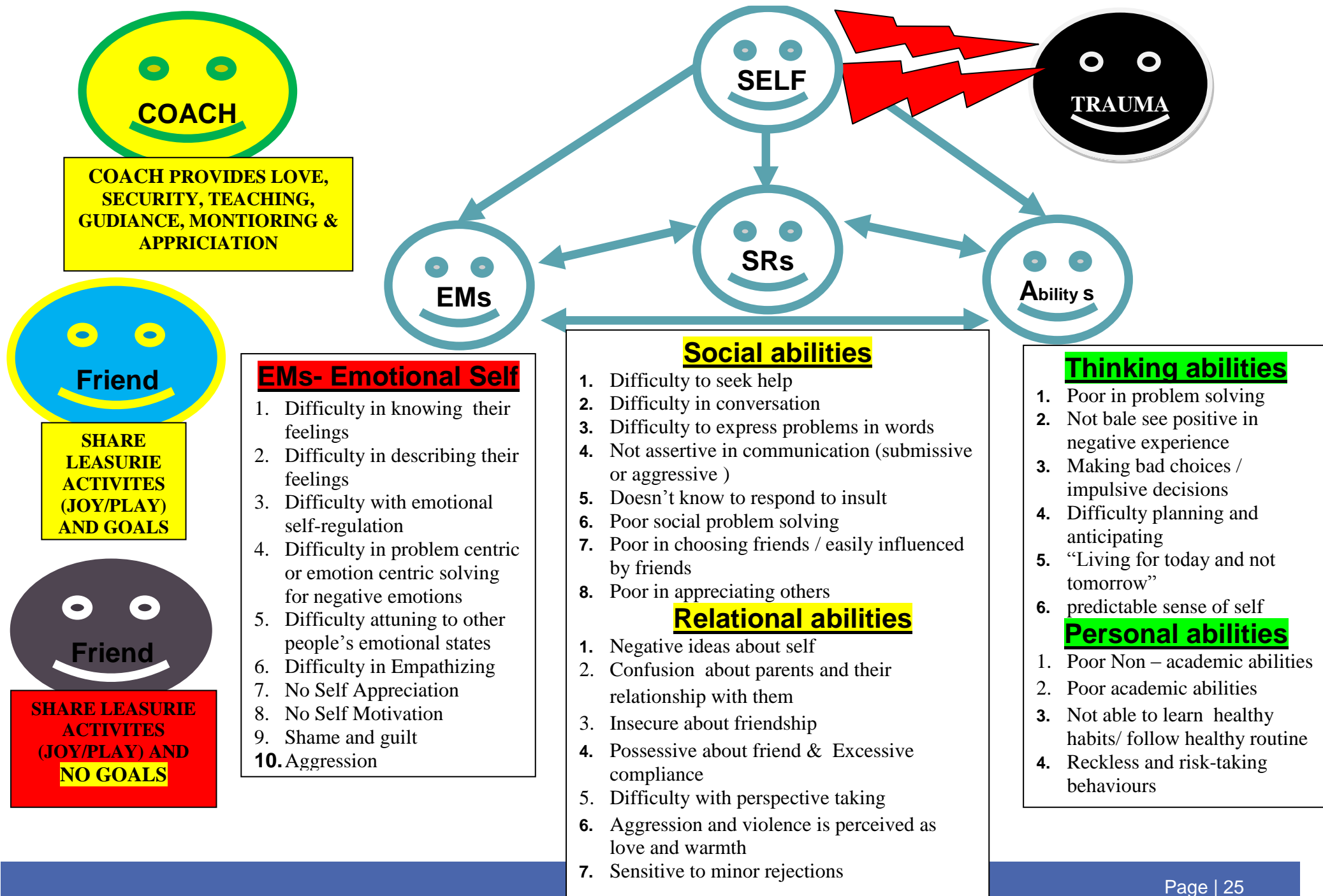


TABLE 2; TRAUMA & ITS AFFECT ON ADOLESCENT’S SELF; 3 SUB-CATEGORIES

Emotional self	Social & Relational self	Thinking & ability self
	1) Social abilities self	1) Thinking & problem solving self
1. No Self Appreciation	1. Difficulty to seek help	1. Poor in problem solving
2. Difficulty in knowing their feelings	2. Difficulty in carrying out conversation	2. Not bale see positive in negative experience
3. Difficulty in describing their feelings	3. Difficulty to express problems in words	3. Making bad choices / impulsive decisions
4. Difficulty with emotional self-regulation	4. Not assertive in communication (submissive or aggressive)	4. Difficulty planning and anticipating
5. Difficulty attuning to other people’s emotional states	5. Doesn’t know to respond to insult	5. “Living for today and not tomorrow”
6. Difficulty in problem centric or emotion centric solving of negative emotional states	6. Poor social problem solving	6. predictable sense of self
7. Difficulty in Empathizing	7. Poor in choosing friends / easily influenced by friends	2) Abilities self
8. Aggression	8. Poor in appreciating others	1. Poor Academic abilities
9. No Self Motivation	2) Relational self	2. Poor Non – academic abilities
10. Shame and guilt	1. Negative ideas about self	3. Not able to learn healthy habits/ follow healthy routine
	2. Confusion about parents and their relationship with them	4. Reckless and risk-taking behaviour
	3. Insecure about friendship	
	4. Possessive about friend & Excessive compliance	
	5. Sensitive to minor rejections	
	6. Difficulty with perspective taking	
	7. Aggression and violence is perceived as love and warmth	

Figure two shows the effect of Trauma on adolescents’ SELF and its sub-categories. Effect of one aspect sub-categories’ of self can affect the other. The adolescents in shelter home tend to have chronic and complex trauma. These adolescents whose SELF and its aspects have been affected by trauma can benefit from the adverse effects of trauma from a trusting coach (for female adolescents a healthy relation with female adult like teacher or care takers and guidance to improve their aspects of SELF). These adolescents will also benefit from healthy friendship. If multiple peers who had more exposure to complex trauma and its adverse effects on self, they may feel the changes in SELF aspect as normal and reinforce each other’s troubled SELF’s and its sub-categories.

The table two lists the effects of trauma on self. All adolescents will not have all the adverse effects of trauma on self. But care takers see and identify, which part of self and what aspect of sub-categories is more affected and help the adolescent to improve in that area, by giving knowledge, motivating and providing guidance.

EMOTIONAL DISTURBANCE AND EARLY ROMANTIC RELATIONSHIP AND ITS PROBLEMS

When it comes to romantic relationship in adolescence, broadly speaking, there are three components: passion, intimacy and commitment; these components may be present in varying degree in each relation according to Sternberg. It is part of adolescent's psycho-social development. The degree of involvement in romantic experience varies and there may be minimal involvement to extensive involvement. It can be dyadic or one sided attractions. Connolly and Goldberg outlined four stages in development of romantic relationship: 1) infatuation stage, 2) affiliation stage, 3) intimacy stage and 4) committed stage.

Romantic relationships are associated with both positive and negative outcomes. Positive aspects are enhanced self esteem, social acceptance, popularity and feeling competent to handle relations with peers and romantic partners.

The negative aspects which are found to be associated with early adolescent romantic relationship are increased risk for mental health problems like depression/ emotional problems/ behavioral problems, especially in the female adolescents who would have faced complex or chronic trauma like Negative circumstances, neglect, physical, emotional abusive experience within the family.

Family experiences / trauma related factors affecting early romantic relationship;

Adolescents who had difficult or abusive family backgrounds become involved in early aversive romantic relationships because of following reasons.

1. mental health problems and ongoing symptoms of trauma:

Studies have found: a) the girls starting involvement in early relationship are found to be coming from conflicted and unstable families and they tend to have emotional distress which may be reason for seeking of romantic relationship, in expectation that, it will elevate their mood.

2. Poor models of interpersonal relationships:

Understanding UNHEALTHY way of relating to others:

Adolescent's relating ability with their parents/parent may be not secure in childhood. This sense of insecurity can persist and play role in their relationships like friendship / romantic relationship. **Insecure romantic relationship** style is linked to depression in early and late adolescence. More expectation from the romantic relationship leads to emotional distress and depression. The adolescents with this style are intensely get involved in relationship quickly, following which they are not able to trust the relationship or they tend to feel that, they are not worthy of relationship..

Understanding rejection sensitivity;

An adolescent experiencing rejection from parents, friends or both during development will develop **defensive anger or anxious expectations**. It is like a way of thinking and feeling pattern. This pattern gets originated and organized by early rejection experiences and gets activated in situations where rejection can be a possibility. Relationship sensitivity, a relationship related expectation places adolescents who seek relationship at risk of maladjustment. This adolescents anxiously expect rejection from their partners and they tend to over react to just a slightest hint of rejection, even when it is not indented from their partner. This over sensitivity to rejection is associated with depression.

The adolescent may limit or avoid the investment of self in to relationship, which is an avoidance strategy. Second is over involvement strategy, where adolescent enters a relationship in expectation of acceptance and defensive expectations will make him vigilant for signs of rejection from partner. When they get minimal cues, they will perceive rejection intensely; it manifests emotionally and behaviorally in form of despondence, hostility and inappropriate efforts to get acceptance.

What are the consequences of early romantic relationship in shelter home female adolescents?

Adolescents who may possibly be having insecure way of relating to others and sensitive to rejection, when they enter in one sided or two sided romantic relationship, they tend face more

emotional problems, more chances for facing partner violence and break of relationships. So the expectation to feel good or better in romantic relationship, tends to lead to more adverse effects and it may also negatively affect the identity formation, academics and personal life goals.

Learning about romantic relationship form peers:

in shelter home, female adolescents who had received permissive care from one of the parents tend to have poor emotional regulation and impulsive decision making. These adolescents usually get admitted to shelter home through child welfare committee, because of problem in early romantic relationship leading to severe family conflict. These adolescents tend to speak and discuss this topic in a positive way. This discussion can influence the adolescents who had neglectful or abusive parenting to enter into relationship for popularity in peer circle and end up having more emotional difficulties.

Need for EDUCATING female adolescents for prevention of early romantic relationship;

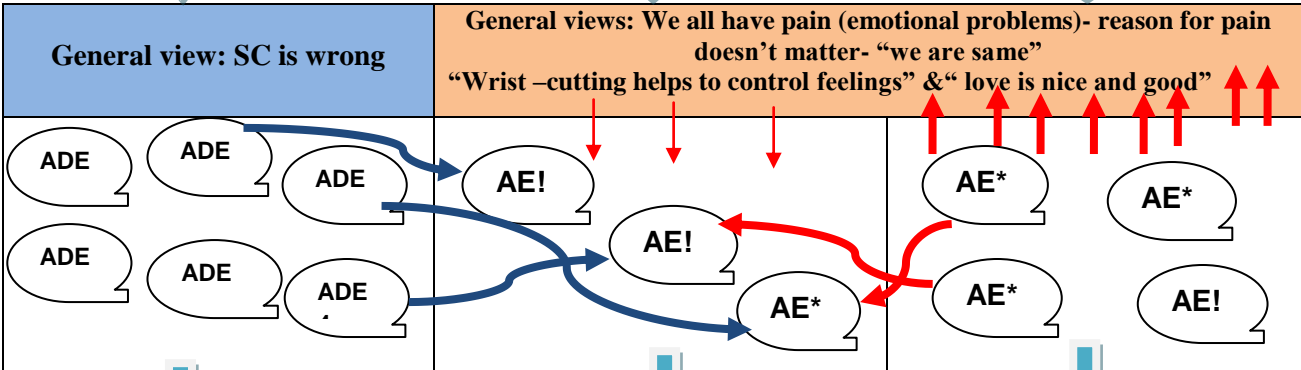
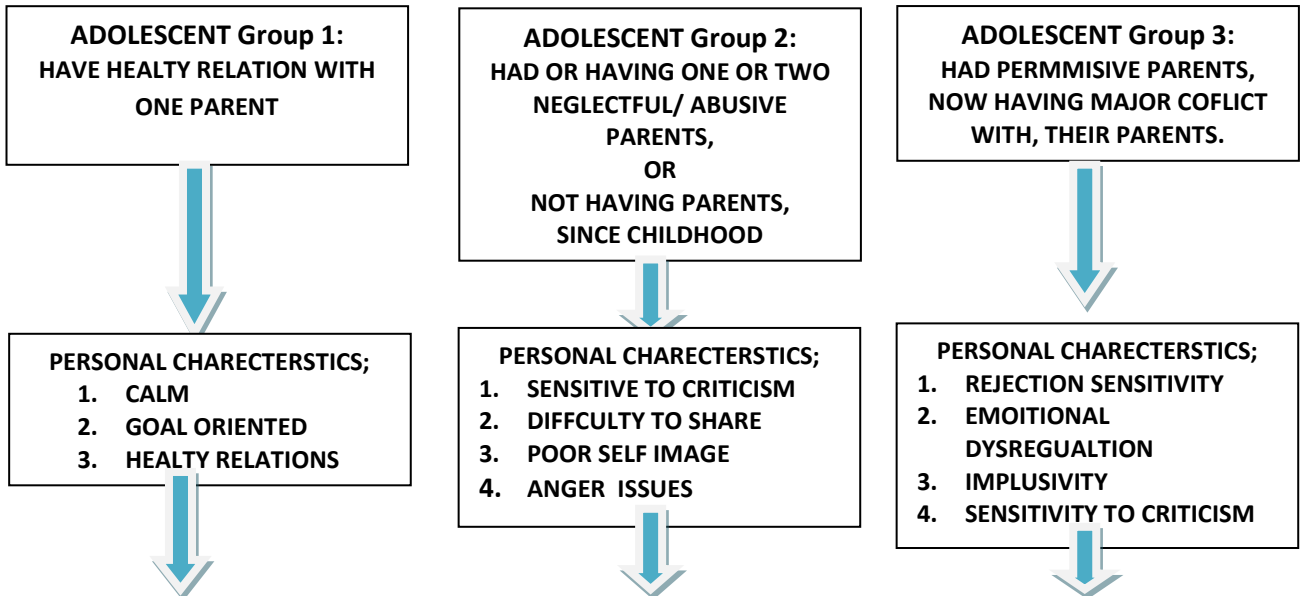
Giving information that early romantic relationship may be explored because of peer norm and popularity among peers.

Emotionally troubled adolescents may explore romantic relationship to feel good and better, but it is likely to prove otherwise.

Adolescents who had insecurity in relations or faced rejection may experience more problems in relationship.

Need for developing stronger self, self abilities and self identity before entering into romantic relationship, so it calls for postponement of exploring the option, will help not one, but many in shelter home.

Part Two; Self-Cutting; Information at Shelter Home Level



- REASONS FOR NOT DOING SC;**
1. STRONG VEIWS ON SC; " IT IS WRONG"
 2. SELF GOAL ORIENTAION
 3. PROBLEM SOLVING SKILLS
 4. HEALTY RELATION WITH PRENTS

- REASONS FOR SC;**
1. LACK OF PARENTS/ LOVE
 2. ABUSIVE EXPERIENCES
 3. ACADEMIC DIFFICULTIES
 4. INSULT FROM OR FIGH WITH FREINDS
 5. TO STOP FRIENDS SC
 6. INFATUAIONS (LESS)

- REASONS FOR SC;**
1. CONFLICTS WITH PARENTS
 2. ROMANTIC RELATIONSHIP ISSUES/ INFATUATIONS
 3. FIGHT WITH FREINDS
 4. TO STOP FRIENDS SC
 5. CONFLICTS WITH CTs







At systemic level: address the attitude towards SC, Discrimination, & factors like: Trauma, Victimization, Conflict resolution, forgiveness and compassion towards each other by Psycho-education. General individual treatment: Validation, Motivation, Break the cycle, Emotional regulation strategies

- TEACHING THEM**
1. TO SPREAD MESSAGE ABOUT DO'S AND DON'Ts ABOUT SC
 2. APPROPRIATE RESPONSES
 3. APPROPRIATE ADVICES

- SPECIFIC TREATMENT;**
1. ↑ EXPRESSION AND SHARING
 2. ↑ SELF ESTEEM
 3. ANGER MANAGEMENT
 4. ↓ REJECTION SENSITIVITY

- SPECIFIC TREATMENT;**
1. CONFLICT MANAGEMENT
 2. ↓ REJECTION SENSITIVITY
 3. HELP IN INFATUATION/ ROMANTIC RELATIONAL ISSUES
 4. ↓ SENSITIVITY TO CRITICISM
 5. ANGER MANAGEMENT

DISCRIPTION OF ABBREVIATIONS AND SYMBOLS USED IN THE MODEL

ADE; Adolescent not engaging in Self-cutting(SC); AE; Adolescent engaging in SC; ; ADE advising and helping AE, not to engage in self-cutting; ; AE giving information about Self-cutting, ; views and attitudes towards self cutting and infatuation in SG prevalent among, GROUP 3 and GROUP 2 adolescents. ; Group 3 adolescents adding the views about self cutting and infatuation to cultural atmosphere.  Group 2 getting influenced by Group 3 and created values about cutting and infatuation in systemic atmosphere. ; Group 1 adolescent having strong negative attitude towards SC, !; AE using SC for predominantly for emotional regulation (intrapersonal reinforcement), *; AE using SC for both emotional regulation and to influence others(both intrapersonal and interpersonal reinforcements).

1) Place And Time; SC Occurring In Shelter Home:

Most adolescents in female shelter home tend to do self-cutting near bathroom or toilets, more so in the evening or night time. Secondly at other places like; room or other spaces, where they can do SC and no one is present to witness or prevent it. Having quotes written on bathroom/toilet doors or inside their rooms like, to bring the attitudinal change; (these following quotes can be designed by shelter home female adolescents and can be put up, under care takers supervision)

1. “Intense emotions need to be controlled in healthy ways”
2. “Identity and perusal abilities are important to develop, and it should be our focus”
3. “We should work on to improve our emotional self, social and rational self and personal abilities self”
4. If emotional self is affected it will affect social & relational self, and personal abilities self, seeking help will definitely help”
5. “We should solve our social problems by discussions, responsibility and forgiveness”
6. “We should each other positive ability in any aspect”
7. “We should follow an routine of healthy habits”
8. “Our goal is to build stronger personal abilities and stronger identity; with guidance from one adult coach”

9. “Aggression is not way to solve problem or showing love”

10. “Making fun about each other’s background will make our shelter home society weaker”

2) ADOLESCENTS SUB-GROUPS AND LEARNING OF SC AND CONTAGION

a. Grouping of adolescents from systemic perspective:

In SH, female adolescents can be sub-grouped into three, based on the presence or absence of parents, parenting experience, traumatic experiences in family and major conflicts with their parents. It will be helpful to understand systemic aspects in a better way:

Group 1: Adolescent belonging to this group have following characteristics in common- have healthy relation with at least one parent; the parent tend to show warmth, appreciation and persuade adolescent work towards life goals; to improve non-academic or academic ability, in which adolescent is good in. These adolescents are emotionally stable, have good communication and problem solving abilities and self motivation.

Group 2: These adolescents had or having one or two neglectful/ abusive parents, they didn’t have parents since childhood. These experiences usually make them shy, submissive, less expressive in nature, but few may be impulsive and oppositional.

Group 3: These adolescents are those, who are having one or more major conflict with one or both parent currently, more commonly related to adolescent’s early romantic relationship. These adolescents usually have had very permissive nurturing experience for one of their parents, usually father, in most of their childhood. It appears have made them to have oppositional behavior, not learn emotional regulations, make impulsive decisions.

b. Explaining learning, maintenance of behavior and contagion using both behavioral and systems perspective:

Group 1: the adolescents of group one have strong negative attitude towards self cutting, it makes them not to use it when they are emotional as a method of regulation. They also tend to have healthy relation with one parent and they have problem solving ability. All these things prevent them from learning SC.

Group 3: These adolescent usually older (>16years), have history of permissive nurturing(fulfilling all demands) from one of the parents. The reasons for them being in SH is, them having a major conflict with one of their parents, usually because of them entering into early romantic relationship or leaving home because of conflict with one of their parents.

Because of these difficulties and deficits in emotional regulation they tend repeatedly engage in SC to control emotions (intra-personal reinforcement) and also to influence others(interpersonal reinforcement) (* in model means using SC for both emotional regulation and to influence others). These adolescents also tend to have ambivalent attitude towards SC or positive attitude towards self cutting. These adolescents also tend talk more on romantic relationship and get in to infatuations more frequently. These adolescents' views on SC and romantic relationships, behaviors and discussions tend to affect Group 2 adolescents because they identify with more this Group 3 because of different difficulty they share related to family and parents. In SG the word having "PAIN" is referred to family or other difficulties and here it doesn't matter how the same "PAIN= NOVU in Kannada" be different and the adolescents can appreciate it.

Group 2: younger adolescents < 16yrs, who will address, all Group 1 and Group 3 adolescents address them as "AKKA", which means Sister. These Group 2 younger adolescents identify with Group 3, these is because of the common word used for different FAMILY difficulties they tend have "PAIN= NOVU in Kannada" and tend to learn SC from Group 3, by seeing and interacting with them. Group 2 adolescents use SC more commonly to personal issues or for intrapersonal reinforcement (in model its depicted using symbol "!=") (Emotional regulation, to forget memories) more and in very less chances they use it to influence others (inter-personal reinforcement).Group 2 adolescents may also get influenced about infatuation and romantic relationships by Group 3, but in very less proportion. These adolescents also tend to have more difficulty in academics. Group 1 adolescents tend to interact with these younger adolescents and help them in studies and difficulties, they tend advice and help these group 3 adolescents to stop SC.

3) MANAGEMENT OR PROVIDING HELP FOR ADOLESCENTS DOING SC :

SHELTER HOME(SH) LEVEL; group work needs to be carried out in female SHs for preventing learning and contagion of SC by increasing awareness about SC. Efforts should be directed to:

- Group 1 can be used to spread firm views on self cutting and information can be given to them as to how to help AEC, in a **generic address**.

All adolescents' Psycho-education can focus on

- views about self-cutting and Dos and Don'ts about SC (to stop friends from taking responsibility to stop another friend's self cutting behavior, to advise not sharing instrument for cutting; its consequences)
- Education, efforts to decrease the use of aggression from friends to show care, encouraging healthy ways to resolve conflicts between friends in SHs
- Decreasing the possessive nature and relational sensitivity among adolescent girls in SHs by giving information and steps to change.
- Addressing all groups and make them understand about trauma and its effects and conflicts, and how to resolve them.
- Addressing all groups to impart Psycho-education about need for reduction or stopping of victimization, early infatuations or romantic relationships.
- Psycho-education about counseling, its basic tenets like privacy, confidentiality and its purpose (to resolve the conflict and get better from effects of trauma), to change views regarding it, to improve Psychological help seeking.

Individual approach for counselling adolescents engaging in self-cutting;

a. General steps for all:

1. Validation/ motivation
2. Awareness about cyclical occurrence of SC and changes in views towards SC
3. Taking a firm view on SC and motivation to use more adaptable emotional regulation methods to control intense negative emotional states.

4. Emotional regulation training
- b. *Specific training to address personal vulnerabilities***(the care providers to decide and pick the skills to train AEC)
1. Social and relational ability; Expression or social skills.
 2. Social and relational ability; Interpersonal skills and decreasing rejection sensitivity.
 3. Personal ability- Improving self esteem.
 4. Personal ability- Problem solving skills.
- c. *Addressing other issues***(care provider to decide which issue need to addressed for AEC)
1. Information about early infatuation and its problems.
 2. Trauma and its effect on self.
 3. Brief intervention, to address approach-approach conflicts; adolescents girls having romantic relationship and family conflict because of it, have difficulty in resolving it.

To summarize- manual has tried to provide the facts of SC in female adolescents in SHs, its association with suicidal risk and need for evaluating it. Manual provides information about the immediate reasons for SC; benefits/functions of SC along with change of cognitions or views about SC (TECC), Both of which have role in repetition of SC. In later part of the manual effort has been made to explain the SELF concept, its parts, using it the vulnerabilities for SC are described. Using the SELF concept and its sub categories; information is provided on normal SELF formation and how TRAUMA can affect the SELF and its aspects. Lastly you have got to know about how learning and contagion happens in SHs and what steps can be taken to address these issues. Also brief information has been provided about individual management of SC.

The end....

Wrist cutting: Management Manual for Female adolescents

Section one:

- 1. Immediate management (medical and psychological first aid)**
- 2. Individual activity manual to stop wrist cutting**
 - a. Part one: validation/ventilation/motivation by care taker**
 - b. Part two: learning emotional regulation and deciding to stop wrist cutting**
 - c. Part 3a/3b: learning emotional regulation skills**

Based on the need of skills as decided by care takers, following sections (from part 4 to part 8) can be used to help wrist cutting adolescent.
 - d. Part 4a/4b: social and relationship skills**
 - e. Part 5a/5b: thinking and personal ability skills**
 - f. Part 6: Information about trauma and its effect on self**
 - g. Part 7: Giving information about emotional problems leading to early infatuation and future consequences**
 - h. Part 8: Dealing conflict between self, romantic relationship and family relationship**

Section two:

Group activity manual:

- 1a. Introducing dos and don'ts on self cutting in monthly health meeting**
- 1b. Tips for good mental health**
- 1c. Forgiveness on the day of monthly birthday celebrations**

Group work manual:

- 1) Let Us Understand Ourselves and Respect One Another**
- 2) TRAUMA and its effect on SELF**

Section one: Immediate management(medical and psychological first aid)

MEDICAL FIRST AID:

- Clean the wound under running tap water.
- Apply sterile dressing over the wound
- Change the dressing regularly
- For deeper cuts, apply pressure on the area with the help of dressing.
- Seek medical attention if the bleeding does not stop.
- Keep checking the wounds regularly for signs of infection like pus formation, tenderness or redness around the wound site.
- Ensure that the child is vaccinated against tetanus.

PSYCHOLOGICAL FIRST AID:

- Be non-judgmental
- Do not criticize the child
- Be empathetic towards the child
- Check for feeling of hopelessness/helplessness / death wishes / ideas of self-harm, if present refer for evaluation from mental health professional or psychiatrist
- Keep a close watch for the next 24 to 48 hours
- Take assistance from other adolescents in keeping a watch over the self-harming adolescent
- Monitor the adolescent's sleep

INDIVIDUAL ACTIVITY MANUAL

Part ONE

TO BE DONE BY CARE TAKER

Steps in helping the individual to stop wrist cutting (can be done by care taker in one or two settings by having conversation with the adolescent engaged in wrist cutting in calm and relaxed environment);

a. VALIDATION

- Validating someone's emotion means that we accept their feelings about a certain situation. It is a method to tell them that it is okay to feel what they feel and that their feelings matter. By validating we allow them to comfortably share their feelings with us.
- Use simple reflections. E.g. "You feel like you have been abandoned by your friends?"
- Do not be critical or judgmental
- Empathize with the adolescent.

b. VENTILATION

- It means allowing the child to talk about her negative emotional state. It is similar to slowly deflating a balloon wherein the pressure within it is released slowly. Mind is like the balloon where letting the adolescent talk about SC, preceding trigger, negative emotional state which may be very intense, makes them calmer.
- Encourage them to talk about their emotions and problems. However, do not force them if they do not feel ready/ comfortable
- The following open ended questions can be asked;
Q: Can we discuss about your self-harm act?
 - 1) How did you feel before it?
 - 2) How did you feel immediately after it?
 - 3) How do you feel about it now? Is it different from before?

c. MOTIVATION

Setting up a target and explaining the need for using the work book

Ask the adolescent to express views about intense negative emotional state which starts from triggers and leads to cutting

Adolescent can be asked to explain the consequences of intense negative emotional state (INES):

1. How does INES affect views about one's own ability? (Should the intense negative emotional state be allowed to control one's self? / is the adolescent stronger or the emotions?)
2. What will be the consequences on future personal life if INES persists?
3. What will be consequences on future family life if INES persists?
4. What will be consequences on future job life if INES persists?
5. Is there a need for controlling the intense negative emotional states?
6. If the adolescent learns to manage INES, how will she feel about herself?
7. How does learning to manage INES be helpful in future aspects of personal, family and job life?

Following the above discussion, try to make the need for learning to control INES' as the primary target and 'stopping SC' as secondary target.

Adolescent can be asked to explain the consequences of continuing wrist cutting (CWC);

1. How does CWC affect views about one's own ability? (Should the intense negative emotional state be allowed to control one's self? is the adolescent stronger or the emotions?)
2. What will be the consequences on future personal life if CWC persists?
3. What will be the consequences on future family life if CWC persists?
4. What will be the consequences on future job life if CWC persists?
5. Is there a need for controlling and stopping wrist cutting?
6. If the adolescent learns to STOP WRIST CUTTING, how will she feel about herself?
7. How does learning TO STOP WRIST CUTTING be helpful in future aspects of personal, family and job life?

Following table can be used to note the discussion done on motivating adolescent to control intense negative emotional states and stopping wrist cutting

Reasons for continuing to not control negative emotional states/ not stopping wrist cutting (How does it help?)	Reasons for controlling negative emotional sates/ stop wrist cutting (The ways in which it does more harm than good)

Part 2

Explain to the adolescent that;

She can use the following work book to learn to control INTENSE NEGATIVE EMOTIONAL STATES and STOP WRIST CUTTING by herself or with aid from or in collaboration with the caretaker(if she has difficulty in reading and writing).

Let us learn to control our EMOTIONS and stop wrist cutting

**Part two will deal with understanding wrist cutting
behavior and stopping wrist cutting**

As you discussed with the caretaker about learning skills to control intense negative emotional states and stop self cutting, working through this book as per directions provided or with the help of caretaker will help you to achieve the goals.

Read the following quotes and try to believe in them.

**“I am stronger than my emotions and I
can and I will control it”**

**“Learning to control negative emotional
state will help me to stop wrist-cutting”**

LET’S START

1. UNDERSTAND *TECs* OF WRISTCUTTING

Any behavior we carry out in our daily life has sequence.

STAR sequence of our behaviors:

SITUATION	TRIGGER	ACTION	REACTION
1) School exams. She scored less marks	Teacher scolds a girl about her poor performance, she felt insulted and emotional	Wrist cutting	Felt relieved of emotional state only for short while Later felt guilty
2) All should come to have food in shelter home on time. She went late	Girl came late, care taker was firm told its wrong, she felt very upset "my family itself doesn't treat me like this"	Wrist cutting	Relieved of emotional state for a while, Used wrist cutting to complain on care taker and show that she is missing mother, to get a phone call made
3) Expecting boyfriend to come and speak to her	He didn't come, so she felt "no one loves me" "neither my parents, nor this boy" was emotional	Wrist cutting	Felt relieved for short while, boy got to know and again scolded her for wrist cutting.
4) Other child's parents' came on Sunday and brought eatables for her. She saw it	She felt," she doesn't have a caring parent", felt very upset	Wrist cutting	Short period felt better, later felt ashamed.
5) Three friends made fun about the boy that the girl likes	She got angry with friends and felt that others would get to know about her boyfriend	Wrist cutting	Felt control of anger / to generate fear and guilt in friends, to prevent them from commenting
6) Friend stopped speaking to her on some small issue	She felt very possessive and rejected , show how deep her friendship	Wrist cutting	Felt better for short while, friend got upset, didn't speak for 7 days, later she was worried to speak to her because of wrist cutting behavior.
7) Friend saw an emotional troubled friend cutting her wrist, because she is upset on some issue	Girl felt need to stop her friend from cutting and felt responsible "If I cut she will stop wrist cutting"	Wrist cutting	Both reached agreement for not doing wrist cutting. It lasted for a day. Emotionally troubled girl did wrist cutting again

SITUATION SEVEN;

ALTERNATIVE ACTION

ALTERNATIVE REACTION

Happy and feel good about your ability to think alternatively - we need this to face the problem.

Thinking of different actions and using the best action which will lead to the best consequence

Feel good about yourself for thinking about alternative actions

UNSDERSTANDING *TEC so* OF WRIST CUTTING

Trigger	Emotional state followed by wrist cutting	Consequence on Self	Consequence on Others
1) in School exams, I scored less marks	Teacher scolds me about my poor performance, I felt insulted and emotional	<i>Felt relieved of emotional state only for short while Later I felt guilty</i>	<i>Nothing</i>
2) Three friends made fun about the boy I like,	I got angry about friends and that other will get to know about my boy friend and felt they are intruding to my personal issues	<i>Able to control anger/upset feeling</i>	<i>I generated fear and guilt in my friends, to prevent them from commenting. Teacher got to know about wrist cutting, I told her about the fun made by friends and they got scolded I didn't reveal that I liked the boy, rather I said I don't like him</i>
3)			
4)			
5)			

You try to fill in your attempts of wrist cutting, its triggers, emotional state, consequence on SELF and Consequence on others. These consequences tend to give us a false impression that wrist cutting provides us some benefits. If person believes in these smaller short term benefits, it will lead to an

unhealthy way of learning to handle stress / emotional state. Wrist cutting has many immediate and long-term medial, personaland psychological consequences.

Followingthe above exercise, YOU would have got short term benefits of wrist cutting. These small benefits can make you think to use wrist cutting again, what are your thoughts about these?

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According to you, what are the important short term benefits or long term affects? Can you write about the long term impact it will have on your personal, relational/social life and job life in present and future?

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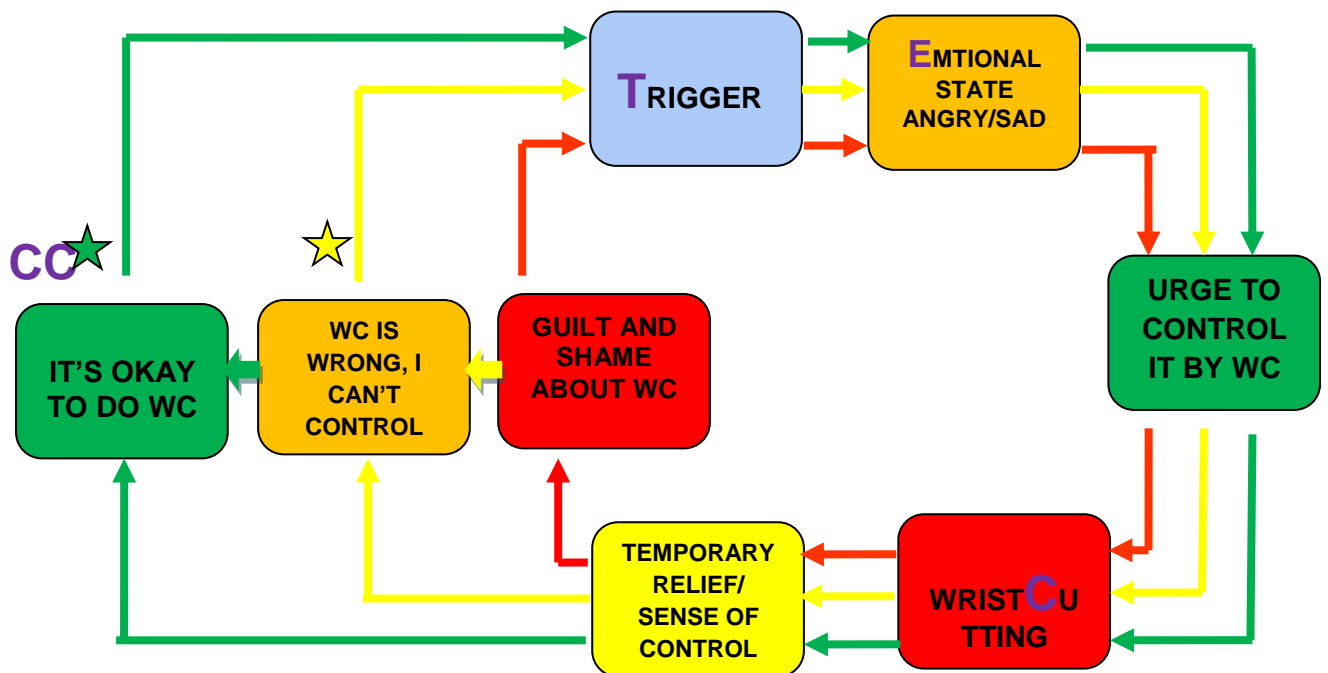
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UNDERSTANDING **TECC** CYCLE AND COGNITIVE CHANGE



Immediate reasons (**T**riggers), when faced, will lead to intense **E**motional states (anger, sadness, anxiety, shame, fear). Those who tend to experience high emotion intensity; who tends to have difficulty to tolerate; who tend to have difficulty regulating emotions, will feel the need for control of heightened emotional states. This leads to an urge cut the wrist. They will have difficulty to think of alternative adaptive control mechanisms. **W**rist-**C**utting (**WC**) provides them the temporary relief from intense and uncomfortable emotions. It will be followed by feelings of guilt and shame for the next few hours or days, when they see the marks or sense the stigma. But this sense of guilt and shame possibly decreases with repeated wrist cutting and change of cognitions related to wrist cutting.

The cycle: immediate reasons, tension building, urge to act, action, relief and shame tend to occur during initial attempts, as it is depicted in the cycle flow chart with red arrows. With repeated use of wrist cutting, as a maladaptive way of coping, and getting relief from emotional states, the adolescents' **C**ognitions/ views towards wrist cutting might change. They

may start thinking that, **“they are unable to control the urge”**; this thinking leads to possible increased use of wrist cutting as a maladaptive coping mechanism. This cycle of changing Cognition related to wrist cutting may lead to increased occurrence of wrist cutting, as depicted using **yellow arrows** in cycle flow chart. If the adolescent continues to face stressors and uses wrist cutting to cope, the Cognition/ view towards it changes further and they tend to think **“it’s okay to do wrist cutting, it’s not serious”**, which may make the adolescent use wrist cutting as maladaptive is more acceptable way and they may increase its use, it is depicted in flow chart with **Green arrows. Hence**, wrist cutting becomes an acceptable **Habit** on repeated attempt due to possible cognitive changes related to it **and the immediate benefits they get out wrist cutting (emotional control/ influencing others)**.

In short it can be called as TECC cycle. The above cyclical flow chart can be used to explain to the adolescents the relation of cognitive changes towards wrist cutting, leading to negative thinking that: “I can’t control it” , later to more acceptable views “ it is okay to do, it is not serious” will increase the use of wrist cutting from them. So as a part of treatment; they need to think through the cognitive changes related to wrist cutting. There is a stronger need for taking a firm view on wrist cutting and learning ways to control intense emotions in healthier ways.

What are your views about wrist cutting when you are in the negative emotional state?

what you want to prevent the changes of views towards wrist cutting?

What would you do if your friend or other female in Shelter home has neutral views or positive views about wrist cutting?

So to remember, short term benefits of wrist cutting can change our views towards it.

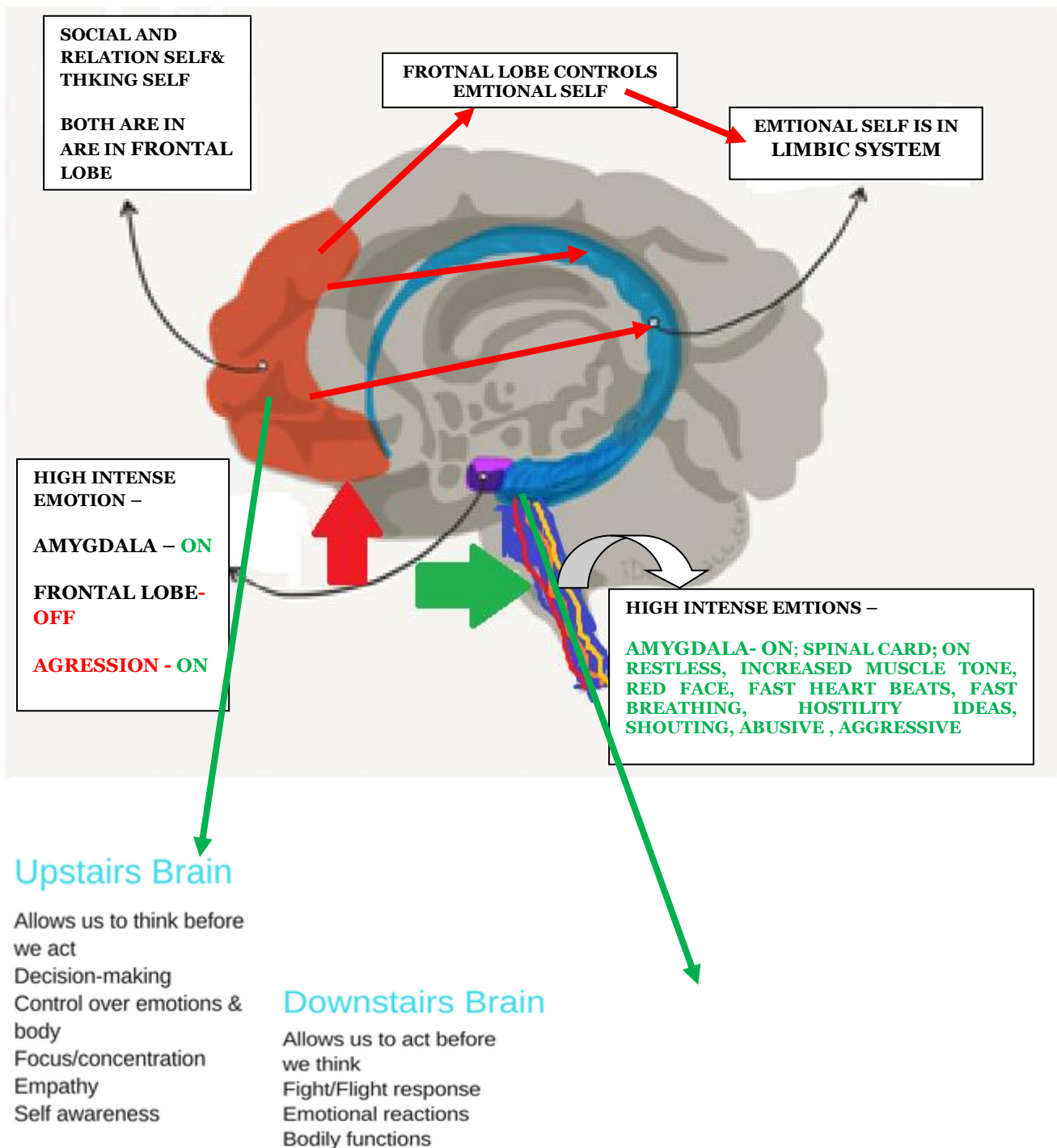
I know the short and long-term problems for wrist cutting on personal, relational, social and job/academic life in present or future

Part 3A

**Part 3A will deal with understanding EMOTIONS and
LEARNING EMOTIONAL REGULATION**

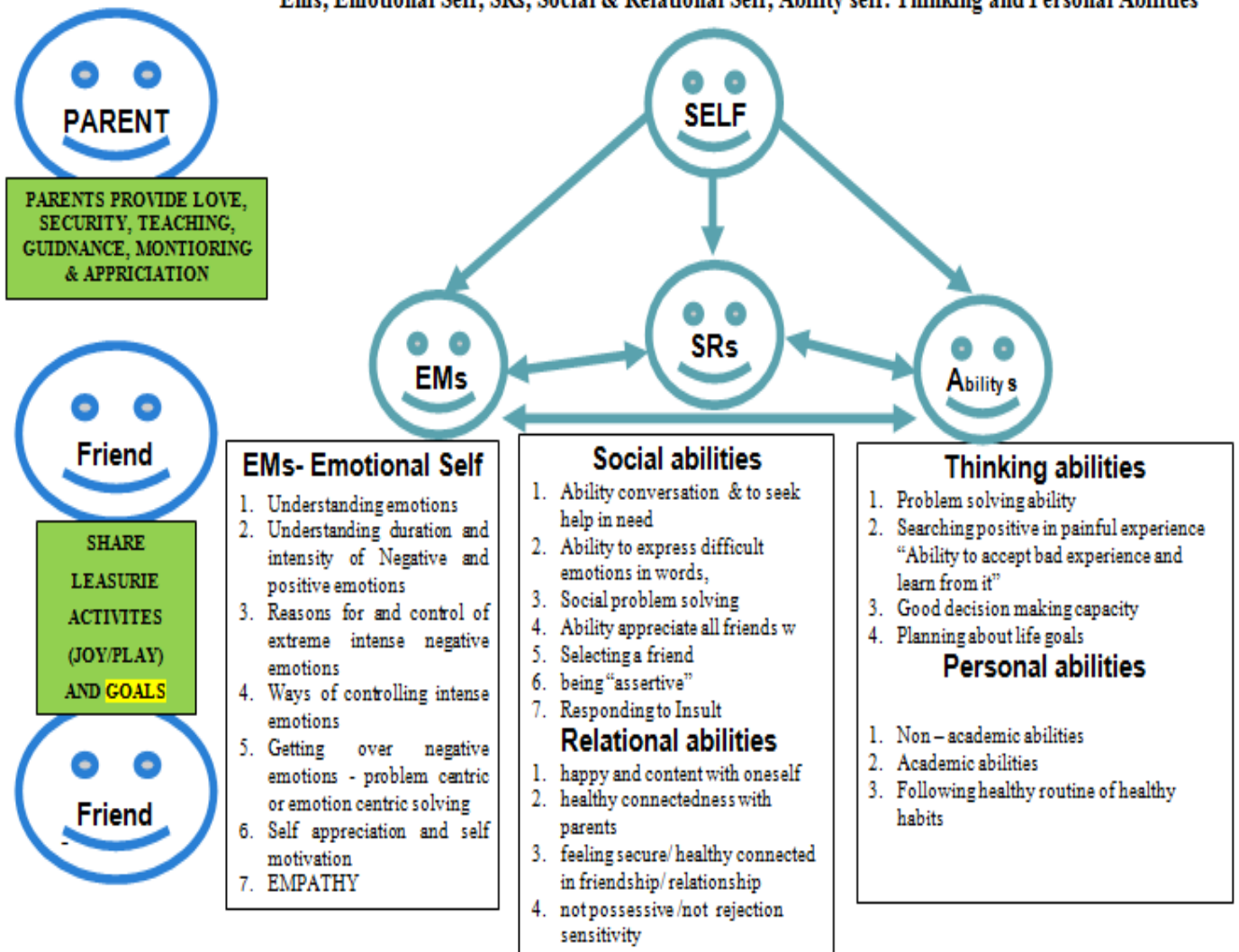
**ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM
CARE TAKER**

Three categories of SELF



The above figure helps you to understand our SELF and its 3 sub categories; Emotional SELF is in down part of brain(downstairs) it is controlled by Thinking SELF and Social & Relational SELF, both these are in frontal lobe. When we become very intensely emotional then frontal lobe (Thinking SELF and Social & Relational SELF) stops working and we will behave out of control and we will become aggressive and hostile towards self or others. So training ourselves to control intense emotional sates is very important.

FIGURE; ONE; HEALTHY SELF; 3 SUBCATEGORIES;
Ems; Emotional Self; SRs; Social & Relational Self; Ability self: Thinking and Personal Abilities



In figure 1 you can see that the parental support/ care becomes the base and nurtures SELF of child into Adolescence. The three sub-categories of self are bidirectionally linked and one sub-category can affect the other. Emotional self gets nurtured earlier part of childhood, more so between age of 10-12years. But it continues into adolescence. Even though social and relational self, thinking and abilities self also get nurtured by earlier age, they get more prominence and get more formed during adolescence between 12-18 years. You know, with friends the adolescents normally choose to spend time together in leisure activities and also they work toward their life goals together (the adolescents tend to learn from each-other and their relation and activities gets monitored by parents).

The Table one lists the each sub-category of self and its components. *Understanding these normal sub-categories of SELF and their components is very important, to understand the effects of trauma on SELF and its components.*

TABLE 1; ADOLOSCENT’S HEALTHY SELF; 3 SUB-CATEGORIES

Emotional self	Social & Relational self	Thinking & ability self
	1) Social abilities self	1) Thinking & problem solving self
1. Understanding emotions	1. Ability in conversation & to seek help in need	1. Problem solving ability
2. Understanding duration and intensity of Negative and positive emotions	2. Ability to express difficult emotions in words	2. Searching positive in painful experience “Ability to accept bad experience and learn from it”
3. Reasons for and control of extreme intense negative emotions	3. Social problem solving	3. Good decision making capacity
4. Ways of controlling intense emotions	4. Ability to appreciate all friends	4. Planning about life goals
5. Getting over negative emotions - problem centric or emotion centric solving	5. Selecting a friend	
6. Self appreciation and self motivation	6. being “assertive”	
7. Empathy	7. Responding to Insult	
	2) Relational self	2) Abilities self
	1. happy and content with oneself	1. Non – academic abilities
	2. healthy connectedness with parents	2. Academic abilities
	3. feeling secure/ healthy connected in friendship/ relationship	3. Following healthy routine of healthy habits
	4. not possessive / rejection sensitivity	

These are components of SELF if one learns will become more strong minded. Adolescent can handle the stress faced in day to day life, problems, conflict in relations in healthy way and in adaptable manner

Emotional SELF

1. Understanding different emotions and the terms
2. Understanding about duration and intensity of Negative and positive emotions
3. Reasons for and control of extreme intense negative emotions
4. Trigger - Intense negative emotion- action
5. Trigger – intense negative emotions- thinking – action
6. Ways of controlling intense emotions
7. Getting over negative emotions - problem centric or emotion centric solving
8. Self appreciation and self motivation

Do Emotions control me???????????

NEVER, I CAN and I WILL learn to control them, it will make me strong

Understanding Different Emotions and the words

Learning the words about emotions and feelings will help us to recognize them better

Better we understand different emotions, it will help us to control

The more we recognize our emotions, the more we can communicate to the other person effectively using words than behavior

If we see a person expressing the emotions, we can identify and help her/him better in need.

Two activities to do:

Activity - One; Read the word list related to emotions and write down the meanings (use dictionary if needed)/ care taker can read and explain the words to make the task easier.

Activity -Two: Sort the words in to below given table according to main heading and sub-heading.

Adoration	Disappointment	Hopelessness	Regret
Affection	Distress	Horror	Rejection
Aggravation	Dread	Hostility	Relief
Agitation	Eagerness	Humiliation	Remorse
Agony	Ecstasy	Hurt	Resentment
Alarm	Elation	Hysteria	Revulsion
Alienation	Embarrassment	Infatuation	Sadness
Amazement	Enjoyment	Insecurity	Satisfaction
Amusement	Enthrallment	Insult	Scorn
Anger	Enthusiasm	Irritation	Sentimentality
Anguish	Envy	Isolation	Shame
Annoyance	Euphoria	Jealousy	Shock
Anxiety	Exasperation	Jolliness	Sorrow
Apprehension	Excitement	Joviality	Spite
Astonishment	Exhilaration	Joy	Suffering
Attraction	Fear	Jubilation	Surprise
Bitterness	Ferocity	Liking	Sympathy
Bliss	Fondness	Loathing	Tenderness
Caring	Fright	Loneliness	Tenseness
Cheerfulness	Frustration	Love	Terror
Compassion	Fury	Melancholy	Thrill
Contempt	Gaiety	Misery	Torment
Contentment	Gladness	Neglect	Triumph
Defeat	Glee	Nervousness	Uneasiness
Dejection	Gloom	Optimism	Unhappiness
Delight	Glumness	Outrage	Vengefulness
Depression	Greif	Panic	Wrath
Desire	Grouchiness	Passion	Woe
Despair	Grumpiness	Pity	Worry
Disgust	Guilt	Pleasure	Zeal
Dislike	Happiness	Pride	Zest
Dismay	Hate	Rage	
Displeasure	Hope	Rapture	

Sorting above words related to EMOTIONS, in to appropriate part of the table, after knowing its meaning(English to Kannada dictionary can be used by adolescent)

Primary Emotion	Secondary Emotions	Tertiary Emotions
Love /care/affection	Affection/care	
	Romantic	
Joy	Cheerfulness	
	Zest	
	Contentment	
	Pride	
	Optimism	
	Enthrallment	
	Relief	
Surprise	Surprise	
Anger	Irritation	
	Exasperation	
	Rage	
	Disgust	
	Envy	
	Torment	
Sadness	Suffering	
	Sadness	
	Disappointment	
	Shame	
	Neglect	
	Sympathy	
Fear /anxiety	Fear	
	Anxiety	





Adolescent need to go through the words related to emotions and write down two to three word description for each word

Adolescent will try to sort the above two page list of emotional words to this table appropriately

Answer key for the Activity - TWO

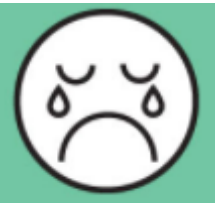
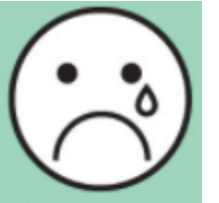
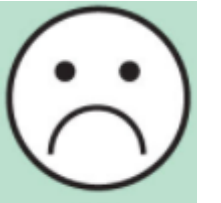

Primary emotion	Secondary emotion	Tertiary emotions
Love/affection/care	Affection/care	Adoration, affection, love, fondness, liking, attraction, caring, tenderness, compassion, sentimentality
	Love	infatuation, desire, passion
Joy	Cheerfulness	Amusement, bliss, cheerfulness, gaiety, glee, jolliness, joviality, joy, delight, enjoyment, gladness, happiness, jubilation, elation, satisfaction, ecstasy, euphoria
	Zest	Enthusiasm, zeal, zest, excitement, thrill, exhilaration
	Contentment	Contentment, pleasure
	Pride	Pride, triumph
	Optimism	Eagerness, hope, optimism
	Enthrallment	Enthrallment, rapture
	Relief	Relief
Surprise	Surprise	Amazement, surprise, astonishment
Anger	Irritation	Aggravation, irritation, agitation, annoyance, grouchiness, Grumpiness
	Exasperation	Exasperation, frustration
	Rage	Anger, rage, outrage, fury, wrath, hostility, ferocity, bitterness, hate, loathing, scorn, spite, vengefulness, dislike, resentment
	Disgust	Disgust, revulsion, contempt
	Envy	Envy, jealousy
	Torment	Torment
Sadness	Suffering	Agony, suffering, hurt, anguish
	Sadness	Depression, despair, hopelessness, gloom, glumness, sadness, unhappiness, grief, sorrow, woe, misery, melancholy
	Disappointment	Dismay, disappointment, displeasure
	Shame	Guilt, shame, regret, remorse
	Neglect	Alienation, isolation, neglect, loneliness, rejection, homesickness, defeat, dejection, insecurity, embarrassment, humiliation, insult
	Sympathy	Pity, sympathy
Fear/anxiety	Fear	Alarm, shock, fear, fright, horror, terror, panic, hysteria,
	Anxiety	Anxiety, nervousness, tenseness, uneasiness, apprehension, worry, distress, dread

Understanding the Intensity and duration of Negative and Positive Emotions

- 1)  2)  3)  4) 
- Irritable Physical aggression verbal aggression Angry**

- 5) 
- Hostile / violent**

- 1)  2)  3) 
- VERY SCARED FRIGHTENED SCARED**

- 1)  2)  3)  4) 
- DEPRESSED VERY SAD SAD Depressed & Hostile**

- 1)  2)  3) 
- EXCITED VERY HAPPY HAPPY**

Write down the current sequence of emotions according to intensity

Anger –aggression (negative emotion):

1. **Number** **Word:**
2. **Number** **Word:**
3. **Number** **Word:**
4. **Number** **Word:**
5. **Number** **Word:**

Sadness and Depressed (negative emotion);

1. **Number** **Word:**
2. **Number** **Word:**
3. **Number** **Word:**
4. **Number** **Word:**

Fear (negative emotion);

1. **Number** **Word:**
2. **Number** **Word:**
3. **Number** **Word:**

Joy / Happiness (positive emotion)

1. **Number** **Word:**
2. **Number** **Word:**
3. **Number** **Word:**

Intense negative emotions are marked in red color

ASWER KEY (NUMBERS ARE GIVEN/ WRITE DOWN THE WORDS)

Anger –aggression:

1. Number;1..... Word:
2. Number;4..... Word:
3. Number;3..... Word:
4. Number;2..... Word:
5. Number;5..... Word:

Sadness and Depressed

1. Number;3..... Word:
2. Number;2..... Word:
3. Number;2..... Word:
4. Number;4..... Word:

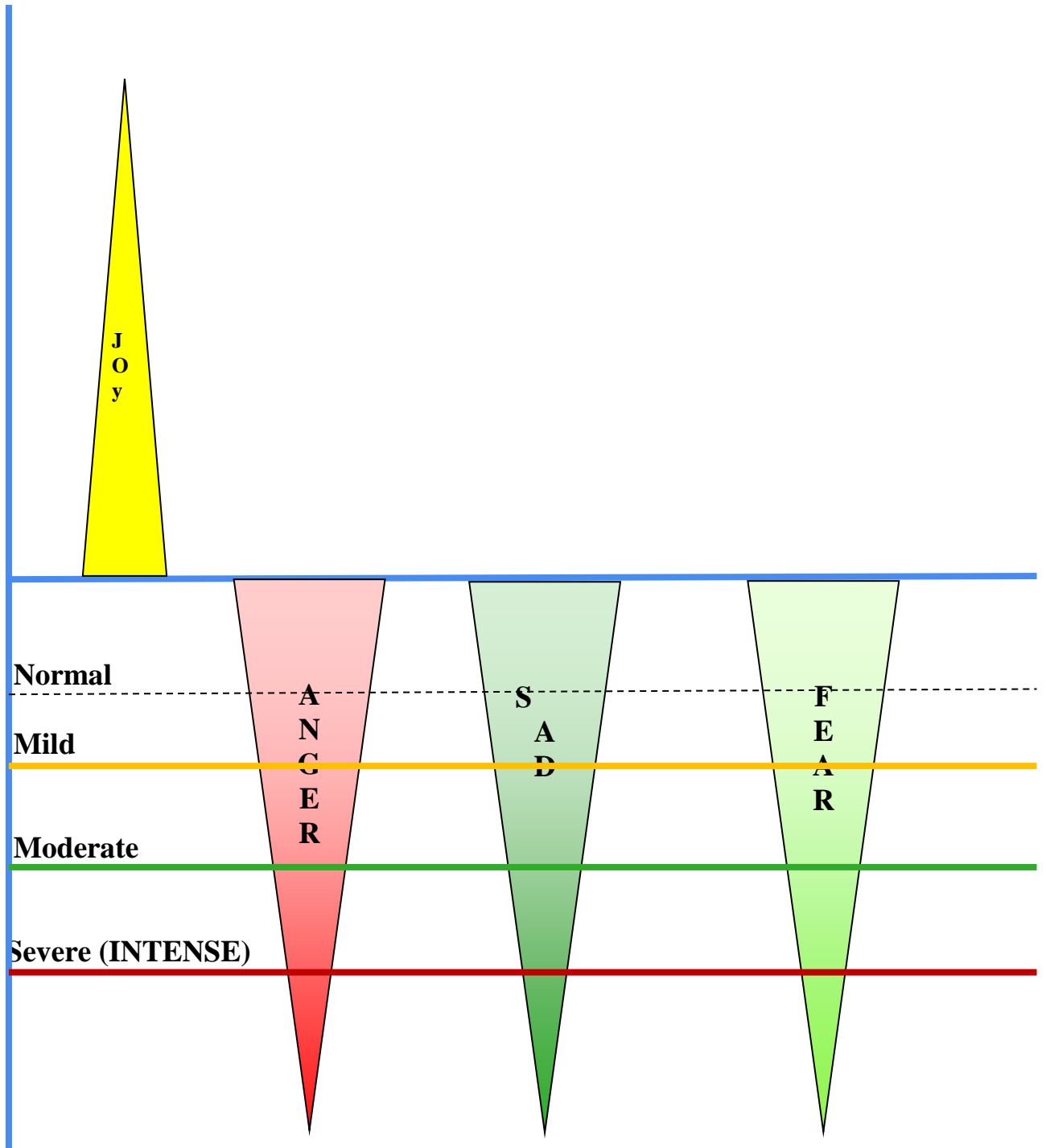
Fear

1. Number3..... Word:
2. Number1..... Word:
3. Number2..... Word:

Joy / Happiness

1. Number3..... Word:
2. Number2..... Word:
3. Number1..... Word:

HIGH INTENSE EMOTIONS:



X – Axis = Duration of emotion in minutes, Y- axis= Intensity of emotion [normal, mild, moderate, high intense state (severe)], Intense emotional states (beyond red lines)

Beyond red line are intense emotional states which are shorter in duration in few minutes - maximum for half to one hour. But during this short duration, the person may make erroneous decisions, end up hurting himself and others or destroy things around. The results may have a long impact on oneself or others. The damage can't be undone. During this state, rational thinking and decision making capacity will not work.

What is expected to happen after sometime?

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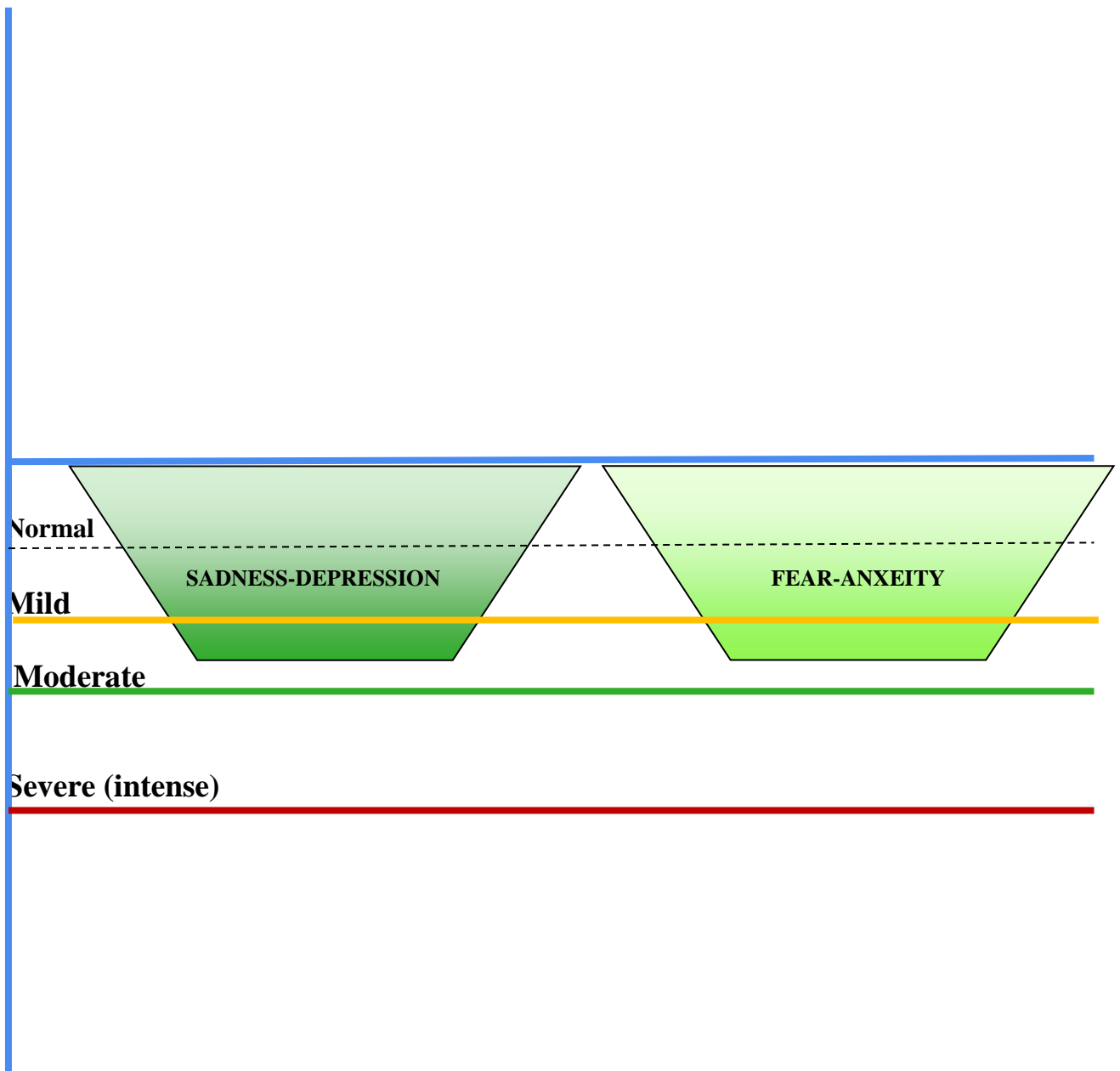
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LONGER DURATION NEGATIVE EMOTIONS



X – Axis = Duration of emotion in days to weeks, Y- axis= Intensity of emotion [normal, mild, moderate, high intense state (severe)], Intense emotional states (beyond red lines)

In this picture, you can see sadness or anxiety persisting for days to weeks, between mild to moderate intensity. Even though it will not lead to any acute problems, it will affect the person’s ability to carry out his daily activities and his social functions. If she seeks help from care taker or counselor she might be able to come out of this emotional mood states.

How will it affect his day to day activities and interactions with friends?

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Reasons For and Control of Extreme Intense Negative Emotions

A) When person is in intense negative emotional states like Aggressive/Hostile or very Sad/Depressed/hostile, the following things are known to happen;

- 1. As seen in figure of the Brain and out of three sub-categories of SELF, in this high intense emotional states, emotional SELF malfunctions and it doesn't allow thinking SELF/ social & relational SELF to do their job. So person loses control over herself/ himself**
- 2. The person will act impulsively on whatever comes to mind, may destroy things, abuse others, hurt himself, hurt others etc...**
- 3. After the episode, it takes longer to correct everything wrong which has happened in the heat of the moment**
- 4. If the emotionally intense episode recurs repeatedly, it will affect the social & relational SELF, thinking and ability SELF formation and development adversely**
- 5. It will have negative effect on academic or vocational training, friendship/ relationships. If it persists, it will have negative impact on future personal, relational and job life.**

What can be the reasons?

- 1. As she has grown, she has not learnt to control emotions**
- 2. Has learnt seeing others like peers for short term gains**
- 3. Sensitive to minor trigger/ minor rejections/ failures leading to intense emotional state**
- 4. Had a very traumatic experience, which comes to memory and leads to intense emotional states**
- 5. Have longer duration of sadness or anxiety, and minor problems which provoke intense emotional response**

What can be done?

- 1. If an adolescent feels, the cause for intense emotions are because of first three causes, they can work on this work book to get better**
- 2. If adolescent feels that he has problems mentioned in 4 and 5, which are called as post traumatic disorder or depressive episode, they need additional help from counselor or psychiatrist to get better**

B) When person has mild to moderate degree of negative emotional states like sadness/ anxiety for days to weeks, because of problem they have faced or continue to face , the following things are known to happen;

- 1. It will affect their academic/ non academic / training and day to today activity negatively**
- 2. Their interaction with others and feeling of joy or happiness may come down**
- 3. Their sleep and food intake may reduce**
- 4. They may get more negative thoughts about oneself, feel less confident and feel helpless**
- 5. If it worsens negative thinking may further increase like, not hopeful about future, ideas to harm-oneself**

What can be done?

- 1. The person should try to follow a healthy routine as much as possible**
- 2. Need to do relaxing activities like yoga, meditation, playing games, spending time with friends**
- 3. Try to solve the problem leading to sadness or emotion centric approach**
- 4. Sharing with a good friend or Care taker will be of great help to tell, discuss problems and feel relieved.**
- 5. If problem still persists, to seek help from professionals and by doing this, the person will get early treatment which means early recovery and good growth and functioning.**

Part 3B

**Part 3B will deal with understanding about
EMOTIONS and LEARNING EMOTIONAL
REGULATION**

**ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM
CARE TAKER**

UNSDERSTANDING *TECC*so OF WRIST CUTTING

Trigger	Emotional state	Wrist Cutting	Consequence on Self	Consequence on Others
1) in School exams, I scored less marks	<i>Teacher scolds me about my poor performance, i felt insulted. This feeling was just going on in my mind, I felt it increasing, and am unable to control it. I was not able to tell it to others, so to control the hurt feeling, i went to the bathroom and cried a lot and did wrist cutting</i>	Yes	I Felt relieved of emotion state only for short while Later felt guilty	Nothing
2) Three friends made fun about the boy whom I like,	<i>I got angry about friends and that others will get to know about my boy friend. I felt that, if others get to know about this, they may try to prevent the formation of our relationship... Both being made fun of and second, if it continues others may get to know mad me very angry, I felt like, I need to teach a lesson to my friends in that movement when I was very angry and did wrist cutting</i>	Yes	Able to control upset /anger feeling	I generated fear and guilt inmy friends, to prevent them from commenting. Teacher got to know about wrist cutting, I told her about the fun made by friends and they got scolded I didn't reveal that, I like that boy, rather I said I don't like him. .

You have done this exercise before; it was to understand about short term/ immediate benefitone gets out of it. But here the attempt is to make you recognize the intense emotional state in greater detail. Because you have learnt more words about emotions, positive emotions and negative emotions etc... more elaborately you try to describe the emotional state before self cutting, more awareness you will get about yourself and your emotions.

Seeing the above example given in green

You try writing down emotional aspect of your wrist cutting attempts and try to describe emotional state more elaborately, how did you start feeling? how did it increase which lead to wrist cutting

Feel good about the ability to identify the emotions, think through them and describe them in more detailed manner , it will be helpful in taking control over emotions

UNSDERSTANDING *TCECC* so OF WRIST CUTTING

Trigger	Cognitions	Emotional state	Wrist cutting	Consequence on Self/Others
1)In School exams, I scored less marks	<p><i>“I am not at all good in studies”</i> <i>“I will never be good in studies”</i> <i>“why others can study well, not me”</i> <i>“ teacher could have told me separately, he scolded in front of others”</i> <i>“ I have taken enough insults in my life , I can’t take more “</i> <i>“I am not good at anything”</i> <i>“I don’t know to share my feelings”</i></p>	<p>Teacher scolds me about my poor performance, i felt insulted. This feeling was just going on in my mind, I felt it increasing, and not able control it. I was not able to tell it to others, so to control the hurt feeling, i went to the bathroom and cried a lot and did wrist cutting</p>	Yes	<p>I Felt relieved of emotion state only for short while Later felt guilty</p>
2) Three friends made fun about the boy whom I like,	<p><i>“It’s my life, who are they to make fun of me”</i> <i>“these girls don’t know about love”</i> <i>“all my problems will get solved, if he starts liking me and I will be secured for life”</i></p>	<p>I got angry about friends and that others will get to know about my boy friend. I felt that, if others get to know about this, they may try to prevent the formation of our relationship.. Both being made fun of and second, if it continues others may get to know mad me very angry, I felt like, I need to teach a lesson to my friends in that movement when I was very angry and did wrist cutting</p>	Yes	<p>Able to control upset /anger feeling I generated fear and guilt in my friends, to prevent them from commenting. Teacher got to know about wrist cutting, I told her about the fun made by friends and they got scolded I didn’t reveal that, I like that boy, rather I said I don’t like him. .</p>

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Do you think the thinking's marked in blue in the table are true? In first example girl is thinking she is not good at anything, how much of this is true, she never went to school in early days, and all of us have different ability in studies. You know she was good in helping others, caring younger kids, she never thought of it like that. She doesn't know to seek help. So for her, she need think about all doesn't have equal abilities and she is good in many things and second she need to learn to seek help when she feels emotional. Doing this will help her to stop wrist cutting

In second example, the girl never had loving parents or a good friend; she believed thatliking a boy will make her feel happy and if he agrees to love her, all her life problems will be solved. Is it true?; here she is trying get happiness and security for her life, at young age and she is not focusing on learning tailoring which can make her independent and secure. Knowing these is not true and focusing on her training and forming identity was helpful for her to stop wrist cutting

You are able to understand your own emotional processes closely in last exercise. Now here you try to think more about what thinking went on when you were emotional and write it down in more detail. It will help you to know about some ways of rigid thinking you have about yourself or others or anything, which will make you very emotional. Recognizing this rigid pattern of thinking and changing this will help you to regulate emotions in much better way.

Ways of Controlling Intense Emotions

The statements' regarding controlling emotions are in random order; kindly write down in bellow given space is correct order

1. If severe degree/ intense negative emotions- Breathing exercise is the best or one can do physical exercise if she/he likes. Bur presence of another person who is close to her/him is advisable
2. If mild to moderate degree/ intense negative emotions, - distraction or withdrawal or involving in other activity will be helpful. Person can also try to tell feeling to close friend/ writing down in a book.
3. Deciding on degree/ intensity of emotion
4. Identification or sensing
5. Naming the emotions state
6. Appreciating oneself for able to control negative emotional state
7. Repeated practice will make emotional self stronger
8. Once relaxed of high intense or mild to moderate intense emotional states; using problem centric or emotion centric management of emotional states

Try to write statements about emotional regulation in order

1. -----

2. -----

3. -----

4. -----

5. -----

6. -----

7. -----

8. -----

Correct order of statements: 4, 5,3,2,1,6,8,7

Controlling intense (severe) negative emotional states

- 1. Breathing exercise type one : 4 in- 2 pause - 4 out -slow belly breathing;**
 - a. Close your eyes
 - b. Breathe through your nose
 - c. Deliberately slow your breathing down
 - d. Breath from relaxed belly
 - e. Keep your breath smooth, steady, continuous
 - f. Breath while counting 1,2,3,4 (4 seconds)
 - g. Pause for 1,2 (2 seconds)
 - h. Breath out while counting 1,2,3 ,4
 - i. Repeat is up to 5 to 10mins

- 2. Breathing exercise type two; whole body muscle tensing and relaxing**
 - a. Take a very deep breath in, with your mouth open, till your lungs are full
 - b. Hold your breath
 - c. Tense muscles all over body
 - d. Count 1 to 5 holding the breath, with tense muscles
 - e. Let go all the tension in muscles and slowly lat your breath counting 1,2 ,3 4
 - f. Focus your mind on relaxing muscles and chest
 - g. Repeat it for 5 minutes

- 3. Physical exercise ; skipping, sit-ups, running, still jogging etc for 15 to 2o minutes**

Controlling moderate degree of negative emotional states

- 1. Avoidance or withdrawal: move away from the place**

- 2. Positive self talk; tell yourself that you can control and move on without reacting**

- 3. Distraction and engaging in pleasurable activities; drawing, music, games etc.**

- 4. Try talking about emotions with your friend or close person; expressing feeling and problem with a friend**

- 5. Write down in a book and distract to do other interesting activities**

Getting Over Negative Emotions - Problem Centric or Emotion Centric Solving

Negative emotions arise thorough out life due to stress or problems faced by us. We have two ways to deal with the emotions arising from stress/problems.

One way: Problem centric emotional regulation (outcome can be controlled);

We can try, how best we can solve the problem based on our abilities, our efforts, looking for possible options, if ruing out of options, by seeking help from other. If we are success full we will get over negative emotion state and feel relieved /happy. The problem may be personal, interpersonal and natural. Personal and interpersonal problems can be resolved by efforts and discussions respectively.

Second way: Emotion centric emotional regulation (nothing can be done about outcome)

Natural stressors like death; ill health etc cannot be solved. Interpersonal problems, like where other person is not able to understand are not solvable and one needs to distance himself. Personal problems like achievement are limited by abilities. Like that personal problems solving is also limited by abilities, for example; a girl want to become an engineer, but has problem in math's, it is difficult for her to pursue engineering, it and leads to negative emotions, because it is based on abilities and everyone have different abilities.

Like these for many stressors/ problems, we have no solution for and we need to accept that solutions are difficult and resort to expressing our negative feeling to our loved ones like friends, caretakers and feel better. For example the girl may express all her sadness to caretaker, accept her ability and plans to pursue arts as her carrier.

Another example is a girl expressing physical or emotional abuse by one of parent / parents. First she needs to protect herself, but if parents are not changeable, she need accept that fact and express her pain/sadness to care taker or counselor. The More she accepts the fact that, parents are unable to provide love, she is not responsible and she shares her painful experiences with care takes/ counselors more stronger she becomes with time. These secrets are better not shared with friends, because they also don't tend have understand or help the girl in need.

Self Appreciation and Self Motivation

Negative self talk:

Help yourself identify negative self-talk.



- Negative self-talk is that tiny voice in one's head that keeps telling them that they are not good enough. Adolescents with low self-esteem are prone to engage in this very frequently.
- Be aware that this happens to you quite frequently.
- Keep a track about your negative thoughts in various situations
- Try correcting and replacing them with more positive statements to self every time you engage in negative self-talk

Exercise:

- Track every time you catch yourself conversing with yourself negatively.
- Make a note of it.
- Can we try replacing it with some alternative positive statements?

Self Motivation; At day end feel good about efforts you had put in to achieve your goals, because, that is what you can do (results are not in your hands), feel good about helping others, feel good about playing with others. Remind yourself that you want become good, relaxed person and you will try get a job A by training (like academics), if job A doesn't seems to working out, keep a plan for Job B. keep appreciating the good in you, you will grow GOOD and STRONG. These you do in a personal dairy also.

Part 4A

Part 4A will deal with LEARNING OF SOCIAL ABILITIES, which is a part of SOCIAL & RELATIONAL SELF

ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM CARE TAKER

Social and Relational self

1. Social abilities;

1. Ability initiate a conversation & to seek help in need
2. Ability to express negative emotions/thoughts in words
[Improving social abilities (expression skills)]
3. Ability appreciate all friends when they do good
4. Selecting a friend
5. Saying “no” when needed/ being “assertive”

I need to leave in society all my life

I need to interact with different people in society
every day

Social abilities and relational abilities will make
my relations with others healthier and stronger.

IF YOU DON'T LEARN HEALP SEEKING OR INTIATING CONVERSTAION, WHAT IS ITS EFFECT ON FUTURE

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WE NEED TO LEAVE IN THIS SCOIETY, IT IS ORGNIZED IN A WAY SO THAT WE CAN ASK AND GET NECCESSARY HELP. IT IS VERY IMPORTANT TO LEARN THIS SKILL

HOW TO LEARN INTIATING A CONVERSATION/ HELP SEEKING;

- 1. Start your skill development, with friends and then move to known adults to unknown adult with responsible role in society**
- 2. Start with simpler conversation , and appreciate yourself for doing it**
- 3. Prepare yourself what you want ask and so that, in situation if you are anxious, you will not forget it.**
- 4. See the need in you and need for developing the skill and not what other person thinks about you**
- 5. Try to prolong your conversation to the extent possible**
- 6. It will take time to learn the skill. staring is the most difficult part so don't keep avoiding or postponing**

Ability to express negative emotions and thoughts in words

What is the need for expressing one's negative emotions / thoughts with others in words?

We will happily share positive things about us, but in all kind of relationships, like; friendship or our relation with elders. We most of the time avoid sharing our negative emotions/ thoughts in these relationships, thinking that they may feel bad. But if avoid sharing it, it gradually grows in our mind and one day leads a bigger argument or fight.

Secondly, if the negative emotions or thoughts are related bad experience, we avoid expressing, thinking that it's uncomfortable to share. If these experiences are not shared with a trusting adult who can maintain secrecy and provide help, it will remain adolescents mind and keep affecting her in negative way.

Either in relationship context or in context of bad experience sharing negative emotions and thoughts leads to quicker solution. In relationship context it leads to better understanding and improvement of relationship. In context of trauma it helps the adolescent in psychological recovery.

Steps to be followed to share negative emotions or thoughts:

1. Prepare yourself by taking time, because needs preparation
2. In relationship , express it in relaxed time and convey your feeling in words
3. In context of bad experience, efforts should be made to shareit with trustable female adult; it may take more than one interaction even to share part of bad experience, but sharing definitely help adolescent to get better.

Ability appreciate all friends when they are good or do good

Personal Quality/ act	Needs appreciation YES/ NO	Score yourself out of TEN	Personal Quality/ act	Needs appreciation YES/ NO	Score yourself out of TEN
Cooperativeness			Listening to others		
Follows a healthy routine			Calm nature		
Thinks and solves problems			Helpful nature		
Soft spoken			Responsible		
Hard working			Courageous		
Well kept			Anxious		
Moral values			Guide others		
Giving hope			Understands others problem		
Easily irritable			Less patience		
Talks negative			Teaches good habits		
Good hobbies			Follows rules		
Creative			Respects other opinion		
Shy			Forces his/ her views		
Effort oriented			Achievement oriented		
Has good friends			Assertive		
Angry /aggressive			Seeks help in need		
Stubborn			Seeks advice		
Socially interacts well			Impulsive		
Aggressive			Emotional		
Hates others			Submissive		
Trusts others			Learns from elders		

Likes to learn skills(craft/ art/ tailoring, designing)			Possessive		
Shares things			Open for advices		
Breaks rules			Makes Good decisions		
Teaches bad habits			Has bad habits		
Bullies others			Disobeys advices		
Fights with others			Blames others		
Learns form mistakes			Careless about mistakes		
Scolds for mistakes			Helps to correct the mistakes		
Stops others from doing wrong things			Encourages to do wrong things		

You are expected to write YES for the qualities which we need to appreciate in others and NO, which we should not appreciate

You can score yourself in each qualities a score out of 10, in areas you feel, you score less yourself, don't feel worried. Work on them by taking guidance from good friend or a coach(a female adult, who is close to you, whom you can trust, who can identify your abilities and promote them and help you to improve in areas you are not so good at)

Make an habit to appreciate the good qualities in others on daily basis, it helps us to see positive aspects in others and makes us feel good of us having this quality

Selecting a Friend

These are the different qualities of a friend/friendship, write good next to them if you feel it's a good quality and write bad next to qualities you feel are bad.

- a. Equality in choices
- b. Carry out good discussions
- c. Sharing viewpoints
- d. Valuing opinions
- e. Hurts others
- f. Helpful natured
- g. Follows rules
- h. Gives hope
- i. Enjoys cooperative work
- j. Learns from mistakes
- k. Teaches bad habits
- l. Forces views/ opinions
- m. Aggressive natured
- n. Blames others for mistakes
- o. Listens to advices
- p. Neglects advices
- q. Boasts about self
- r. Ignore others opinions
- s. Responsible
- t. Knows to manage time
- u. Helpful to solve problems
- v. Stops others from doing wrong things
- w. Accepts disagreements

Now you yourself know about what good qualities you should look for in a friend while making friendship

Choose your friends wisely, if they have good qualities, you will also learn them being with them

Saying “no” when needed/ being “assertive”

Assertiveness involves; denying an unreasonable request and expressing disagreement with another’s opinion

How well you can say no to a friend or express disagreement with his/her opinion?

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Why do we need to learn this skill?

1) Friend asks you to force her opinion, what will you do?

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2) Friend will ask you to do something you feel is wrong, what will you do?

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How you can learn to be assertive?

1. Take time and make yourself confident and comfortable in the needed situation
2. Use “I” message in conversation, to make your view clearer
3. Maintain eye contact and speak in polite and firm tone
4. Express your organized message clearly
5. Understand that disagreement to activity or opinion of another person, doesn't mean disagreement with the friendship
6. All have different likes and choices, in need make your decision about them and confidently express them

Social problem solving skills

Which of the following ways an adolescent should use to solve a social problem or conflict (fill in the blanks using YES/NO)

1. Positive views towards the social problem
2. Ability to Listen to others
3. Respecting the individual differences
4. Understanding others views
5. Ability carry out positive discussion
6. Getting upset or angry in discussions
7. Coming up with multiple options for solution
8. Reaching a decision or an agreement
9. Avoiding the problem/ discussion of problem
10. Solving the problems when emotional
11. Trying to solve problem quickly

You think and pen down as to how you can improve your social problem solving skills?

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Part 4B

**Part 4B will deal with LEARNING OF RELATIONAL ABILITIES,
which is a part of SOCIAL & RELATIONAL SELF**

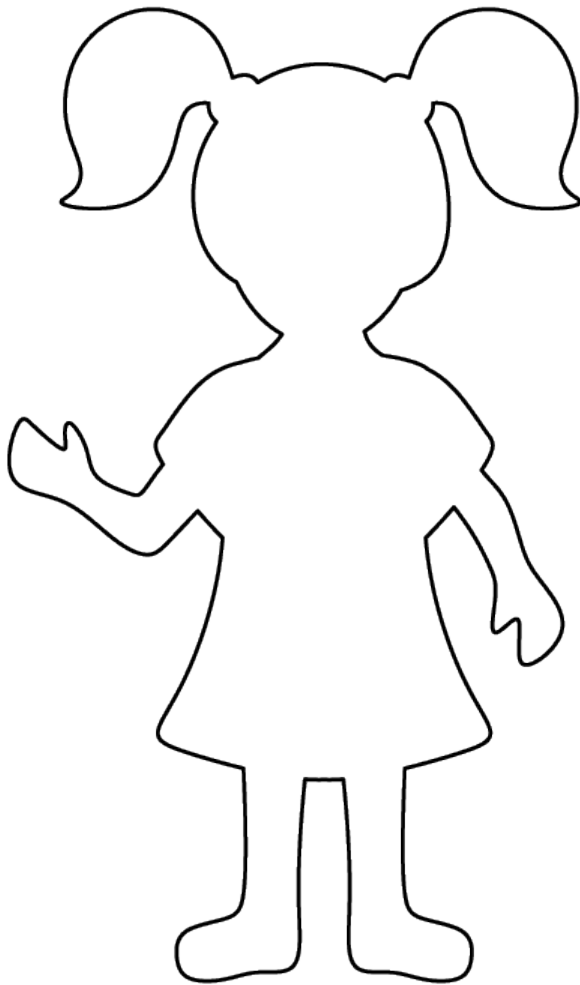
**ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM
CARE TAKER**

Relational self

1. Who am I, am I happy and content with myself?
2. What do I think about family and myself?
3. What do I think about friendship?

Who am I, am I happy and content with myself?

Ask child to draw an outline figure of a girl



What do I think about family and myself?

What are your thoughts about your family?

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Next section should be used only by adolescents who have/had bellow mentioned problems with parents.

Have you experienced rejection/ neglect from your parent / parents? , if yes, what do you think about it?

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Do you compare your parents with others? If so how often and how do you feel?

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Part 5A

Part 5A will deal with LEARNING OF THINKING ABILITIES, which is a part of THINKING & ABILITY SELF

ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM CARE TAKER

Personal Ability self:

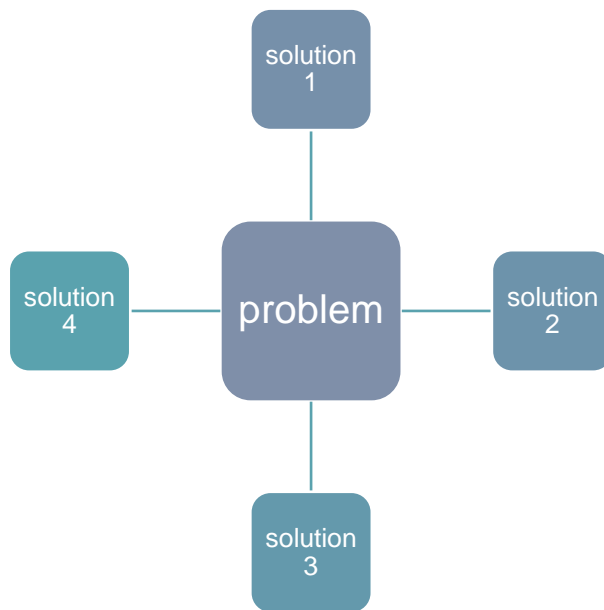
1. Thinking and problem solving ability

1. Problem solving ability
2. Searching positive in painful experience “Ability to accept bad experience and learn from it”
3. “Good decision making capacity” vs impulsive decision making
4. Planning about life goals

The more good ways I can think of, I will become stronger to handle any problems in life.

The more skills I learn with a healthy structured routine, the more confident I will be about myself

Problem solving ability



Go over the various solutions generated!

Solution	Pros	Cons
Solution 1		
Solution 2		
Solution 3		

Best solution!!

Use the strategy to solve the problem

Revise the results to decide whether this indeed gave you the best results or a different approach might need to be tried

You try out one problem (may be personal/ relational) by yourself and come up with option. The more options you can come up with, the more it makes you stronger in this skill

<p>2)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>-</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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<p>3)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>-</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
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“Good decision making capacity” Vs “Impulsive decision making”

“Impulsive decision making”

We would have seen people suddenly do some act without giving a thought about consequences, it is called as impulsiveness. The adolescents who haven't had a loving relation with their parents make them to be careless about themselves and their life. It also makes them weak in thinking before doing something and they end up in impulsive decision making like “my friend is doing self cutting I will also do it”, “my friend likes a boy, she told its nice, so I also started liking a boy”.

The adolescents who are brought up with lot of permissiveness by their parents tend to think less, before making any decisions. It is because they didn't have chance to learn and all their demands were met loving parent. It may lead to them get a sense of entitlement.

“Good decision can be done using following steps”

Adolescents need to make decisions more among their friends. They spend more time with them and friends can teach both good and bad things. Adolescent also need to make decision about their carrier goals. So it is important for adolescents to know how to make good decisions.

Steps to make Good Decisions;

- 1. Define the situation/ problem about which decision needs to be taken(is it about learning new thing with friends/ is it about personal goal)**
- 2. Look out for as many options available and consider each options consequence**
- 3. Consider personal, moral values of options**
- 4. Choose the best option and implement**
- 5. If best selected option leads to failure, don't feel bad to learn from mistake**

Part 5B

Part 5B will deal with LEARNING OF PERSONAL ABILITIES, which is a part of THINKING AND PERSONAL ABILITIES

ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM CARE TAKER

Academic abilities

Many adolescents who stay in shelter homes face difficulties in academics' because of reasons like lack of training, discontinuation etc

Adolescents are not responsible for their academic difficulty; they should know this fact and seek help from care takers in need

Try to answer the following questions related to studies as yes/ no ;

- 1. Do you have difficulty in reading?**
- 2. Do you have difficulty in understanding while reading?**
- 3. Do you have problems in writing correct spellings?**
- 4. Do you difficulty in writing long answers?**
- 5. Do you difficulty in maths?**

If your answer is yes for one or more questions, don't worry about it. Please ask your care taker to meet counselor and discuss your problem.

Tips to improve the reading and memorizing

SQR3 Method

- 1) SCAN:** scan the chapter and understand the outline.
- 2) QUESTION:** ask questions to yourself, about what you want to know form the chapter.
- 3) READ:** Read the Chapter while keeping the questions in your mind.
- 4) RECALL:** Recall what you have read.
- 5) REVIEW:** check if you got answers for the questions you had at beginning. Focus again on parts you find difficult.

Academic ability increases adolescent's self-confidence

In the figure on right side is the most common reading skill, which has been found helpful to understand and memorize the subject

It is called as SQ3R method

You can share this with your friends too

Following Healthy Routine of Healthy Habits

Following healthy routine will help us to stay mentally and physically healthy

Healthy routine should have; specific time dedicated for; physical activity, relaxation activity, work timing (study timing), proper eating and sleeping.

Create your own time table and follow it

Part 6

**INFROMATION ABOUT TRAUMA AND ITS AFFECT ON SELF AND
ITS SUB-CATEGORIES**

**ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM
CARE TAKER**

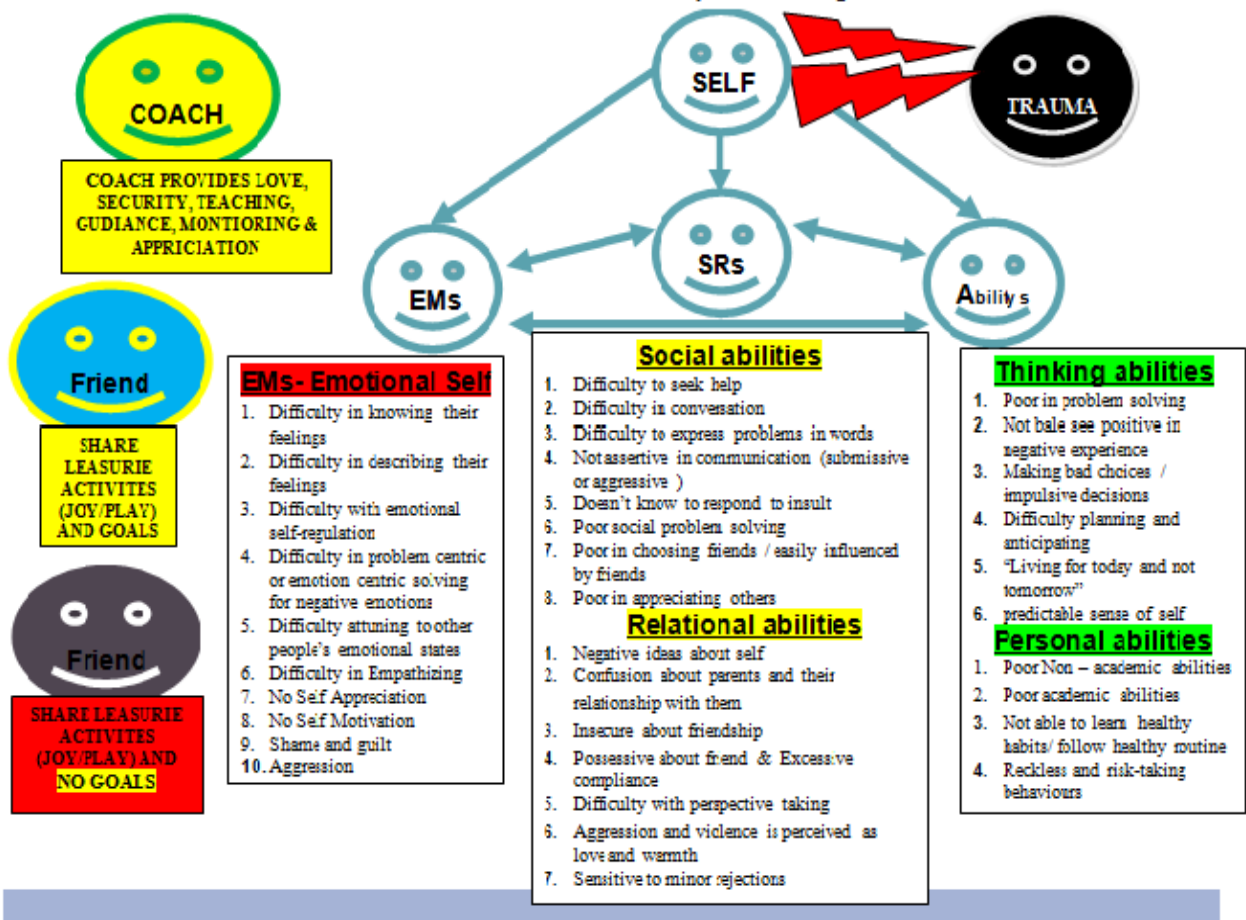
TABLE 2; TRAUMA & ITS AFFECT ON ADOLESCENT’S SELF; 3 SUB-CATEGORIES

Emotional self	Social & Relational self	Thinking & ability self
	1) Social abilities self	1) Thinking & problem solving self
1. No Self Appreciation	1. Difficulty to seek help	1. Poor in problem solving
2. Difficulty in knowing their feelings	2. Difficulty in carrying out conversation	2. Not bale see positive in negative experience
3. Difficulty in describing their feelings	3. Difficulty to express problems in words	3. Making bad choices / impulsive decisions
4. Difficulty with emotional self-regulation	4. Not assertive in communication (submissive or aggressive)	4. Difficulty planning and anticipating
5. Difficulty attuning to other people’s emotional states	5. Doesn’t know to respond to insult	5. “Living for today and not tomorrow”
6. Difficulty in problem centric or emotion centric solving of negative emotional states	6. Poor social problem solving	6. predictable sense of self
7. Difficulty in Empathizing	7. Poor in choosing friends / easily influenced by friends	2) Abilities self
8. Aggression	8. Poor in appreciating others	1. Poor Academic abilities
9. No Self Motivation	2) Relational self	2. Poor Non – academic abilities
10. Shame and guilt	1. Negative ideas about self	3. Not able to learn healthy habits/ follow healthy routine
	2. Confusion about parents and their relationship with them	4. Reckless and risk-taking behaviour
	3. Insecure about friendship	
	4. Possessive about friend & Excessive compliance	
	5. Sensitive to minor rejections	
	6. Difficulty with perspective taking	
	7. Aggression and violence is perceived as love and warmth	

Figure two shows the effect of Trauma on adolescents’ SELF and its sub-categories. Effect of one aspect sub-categories’ of self can affect the other. The adolescents in shelter home tend to have chronic and complex trauma. These adolescents whose SELF and its aspects have been affected by trauma can better cope with adverse effects of trauma from a trusting coach (for female adolescents a healthy relation with female adult like teacher or care takers and guidance to improve their aspects of SELF). These adolescents will also benefit from healthy friendship. If multiple peers who had more exposure to complex trauma and its adverse effects on self, they may feel the changes in SELF aspect as normal and reinforce each other’s troubled SELF’s and its sub-categories.

The table two lists the effects of trauma on self. All adolescents will not have all the adverse effects of trauma on self. But care takers see and identify, which part of self and what aspect of sub-categories is more affected and help the adolescent to improve in that area, by giving knowledge, motivating and providing guidance.

FIGURE; TWO; TRAUMA & SELF; 3 SUB-CATEGORIES;
 Ems; Emotional Self; SRs; Social & Relational Self; Ability self: Thinking and Personal Abilities Self



Trauma; An experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping. Example are neglect from parents, physical, emotional abuse from parents, This kind of traumas tend be chronic in nature. Examples for acute trauma are sexual abuse, victim of terror etc.

Figure two shows the effect of Trauma on adolescents' SELF and it sub-categories. Effect of one aspect of sub-categories' of self can affect the other. The adolescents who stay shelter home tend to have experienced chronic and complex trauma. These adolescents whose SELF and is aspects has been affected by trauma can get of adverse affects of trauma from a trusting coach(for female adolescents a healthy relation with female adult like teacher or care takers and guidance to improve their aspects of SELF).

These adolescents will also benefit from healthy friendship, If multiple peers who had more exposure complex trauma and its adverse of self, they may feel the traumatic changes in SELF aspects as normal and reinforces each other's troubled SELF's and it sub-categories

Adolescent need to identify, which part of herself and what aspect of sub-categories is more affected and try to seek help to improve in that area, by getting knowledge, motivation and guidance by trusting coach and trusting good friends

Part 7

**Giving information about emotional problems leading to early
infatuation and future consequences**

**ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM
CARE TAKER**

Information about emotional problems leading to early infatuation and future consequences

Ranjita was the third of 5 children her parents had. Her father was a manual labourer and worker for daily wages, despite which he would try his best to love all children and would provide for their needs, in the limited means of income. Ranjita's father had habit of using alcohol and would come home daily under the influence of alcohol, and at times abuse her mother. Ranjita's father one day died of a road traffic accident while under the influence of alcohol. Ranjita's family was left with limited means to fend for themselves and she landed in a special hostel for girls. The girls had initial problems adjusting in the hostel.

While in that hostel she came across several other girls like her who were from troubled families, but one girl caught her attention the most because their life circumstances resembled the most, including the learning difficulties she had; except that she was few years elder to her and hence she started calling her 'akka'. Akka was a source of physical and emotional strength to Ranjita. Akka was an inspiring girl, and Ranjita wanted to have akka as a role model.

She noticed that all girls with learning difficulties, would focus on other things like having a boy friend and discussing about their relations for hours and forget other pains. She too started feeling that if I have a boy friend my problems will be lighter, for which the girls suggested the name of the school heartthrob. Ranjita proposes to him with hesitation, however on being rejected, she feels very sad. Struggling to come out of this pain, she notices her akka slashing her wrist over a similar emotional problem. Having found out a way, she does it for the first time, with hesitation and realises that her mental agony is better.

Trying to get out of the anguish, tries to get involved into other boy, hoping that this relation might provide to her what she has been searching for, but lands up dejected. In search of solace, she goes to a girl who is elder to her and is considered to be wiser, and not having involved in any of such emotional relations or slashing wrists. Ranjita vents out her anguish to which that girl tells your need for love can't be fulfilled by anyone over here, and your search for love might be making you feel dejected. My teacher also taught me that girls in this condition can land up in problems like unwanted pregnancies, becoming societal outcasts, getting divorced. I understand that you have learning difficulties, but you can focus on vocational training, focus on becoming self-reliant and then taking responsibilities, showing love to people, which will be more fulfilling.

Ranjita then realises that, in search of quick remedies to her problem, she was getting attracted to looks and getting carried away. She realises that more than that, I need to look at his abilities to shoulder responsibilities, his friends' circle, his anger issues. Following which I also must be in a position to enter into a relation by being vocationally and financially secure. She also realised that having been deprived of love, and wanting to go in search of love makes one vulnerable to rejection and can become self-perpetuating. Having resolved this conflict it felt like a mountain off her head, and she started working towards her future.

Part 8

Dealing conflict between self, romantic relationship and family relationship

ADOLESCENT CAN WORK INDEPENDENTLY ON BOOK OR WITH HELP FROM CARE TAKER

Dealing conflict between self, romantic relationship and family relationship

The caretaker Manamma comes across Munni after the lunch and they get into the usual conversations, which is a part of their daily post-lunch interaction. Manamma has a story to tell, each day, to these girls. Today's focus is on how a little girl caught in a tug-of-war of her own kind, in her tender mind.

Chandu was apple of the eye of her father and mother, they would take her out to Cubbon park/Lal Bagh whenever they got time from their work, would buy her toys. Her father would drop Chandu to school on his way to work in a garment factory. She loved the ride to her School, as her father would get her peppermints, daily, on the way to school and she loved showing it off to her friends in School. Her mother, who was a worker in the agarbhatti factory located few buildings away from the School, would pull off some time and visit her in the School, get her snacks and also would pick her back on the way home. Once when her neighborhood aunt asked her, for fun, "whom does she love more, mother or father...?" She broke into tears as she could not choose an answer. Since then the girl started having nightmares of a raakshasa taking her away from one of her parents, and she would wake up screaming, to be consoled by her parents.

Her parents would never reveal the difficulties they faced while providing her with the necessities and comforts, especially with the ever increasing cost-of-living. Mother would at times work extra hours in her factory, at times without the knowledge of her husband as he was opposed to that idea, and her husband would at times get physically abusive, for the same. This difference of opinion with the husband, would at times make the mother go off to her native, and she would come back only after a few weeks, when the child would plead the mother to come back. The latest difference of opinion was more irreparable and mother decided never to return especially when the father told her "never come back again".

The girl would miss the mother, when with the father, and would insist on staying with the mother and at the same time would also miss the father, and would demand to stay with him too. Her nightmares started turning true when she was told to decide whom does she want to stay with and the parents were separating forever. She would at time go into bouts of crying because her inability to decide whom to stay with the father who would drop her to school daily, OR the mother who would pick her up from the school.

She tried deciding to stay with the father, but could do so only for a few months, when the divorce case was still going on, and she also had tried deciding to stay with the mother. Her predicament increased with each passing day. She would vent with her best friend about the same, would say that it's better being dead than being in such a predicament. She decided that she should take up the task of reuniting her parents by wrist cutting. She tried wrist cutting at home and had to be admitted in a hospital for few days; but things improved for her in the hospital where a friendly doctor uncle would come and talk to her every day, would talk about her childhood, her love for the parents, her missing them and so on. She also opened up about the fix she was in, and said she was helpless. During the process of talking with the doctor, she also realized that her current responsibility was not about reuniting them, but to strive hard to reach a position where she can take care of, and decide for herself, and for now, do not take sides with any of your parent, spend good time with both, for whatever time she is with her father/mother. She agreed with the doctor to work towards realizing the same, following which she improved a lot.

Continuing further, Manamma says that such conflicts are faced by bigger children too, and goes on to tell another story of one Ranjita, who was about 15 years old and studying in her 10th standard. She too faced similar predicaments, and possibly a more tumultuous one. Since she had difficulty in math, she would attend special classes, where she met this boy Faisal, who was handsome and used to talk playfully with girls, was a heartthrob in his locality. Once when he spoke to her to collect notes, girls started teasing her and linked her name to him. She too developed a crush on this boy. Things turned serious when he proposed to her and she was unable to focus on studies as a result of which her scores dropped. Her father got to know about this and was furious, especially because of the religious differences. The boy suggested to elope, when the girl refused, he insisted that she has to come with him, to which the girl agreed and eloped. The father lodged a complaint and the two were apprehended within next few days. The boy was in a remand home and the girl was taken back home.

Due to increasing shame in the locality father decided to place her in a special hostel for girls. The girl now, could meet her father only once a month, and without the boy with whom she had eloped, started feeling more lonely and could not decide whether to continue loving the boy OR to continue loving her dear father; she at times would become dull and sad, would not interact with any of the inmates, would not eat food and continue crying for several days. However, she would try to come out of this grief by keeping herself occupied in vocational training, since she had difficulty in academics.

Munni became curious to know how Ranjita came out of this difficult situation. Manamma then replied, "I know several such stories of various girls and not all stories culminate the same way".

One of the girls Manamma knew couldn't forget the boy, somehow stayed in the hostel till she was 18 years, and out of anger on her parents for send her off to hostel, married that boy, later on to realize that her decision was an impulsive one as she realized that boy had dependence on alcohol and tobacco, also started to abuse her physically under influence of alcohol. She used to feel sad and lonely, cry daily, and repent her decision of having fallen for physical appearance and not having properly assessed whether is he a responsible fellow, will he go to work regularly, does he use substances, does he really love me. I pray to God, daily that no other girl lands up in my situation.

One more girl, whom Manamma knew; during her stay in the hostel, while discussing her condition with one of the inmates, who advised that its very essential to know the intentions of the people whom we love, rather than just wanting beauty, realized that she will not be happy with him as he is not a responsible fellow and has bad habits, hence decides to go back to her parents. However parents told that they can't take her back due to societal shame. That girl then said she will come prepared to shoulder responsibilities of herself and household, by taking up some vocational training, while in the hostel.

The third gal whom Manamma knew continued to stay in the hostel and could never resolve her conflict related to the boy and the family, and as a result couldn't focus on studies too. When out of the hostel goes out of the hostel when she attains majority, only to find that the boy is already married to someone else. She comes to a resolution that I will think well before getting into the next relation, before which I will need few more years, maybe till she is 22 years old, will take up a vocational training and will earn some money of my own, so that I can be self-reliant.

The last girl whom Manamma knew, thought over the situation well, told the boy that she has to become independent for which he may have to wait till she is 22 years old, and also told her parents that this is not her age to take such vital decisions, and told that she is fine even if they do not take her home for the next few years, she will come prepared with a training in vocational course and be self-reliant, and then decide about the romantic relation. Even the boy was waiting for the girl, till she came out. The parents themselves realized that this boy is suited for her and they got them married.

GROUP ACTIVITY MANUAL

1A) MESSAGE DURING MONTHLY MEETING; ONE

Introducing do and don'ts speech in monthly health meeting and

DO's

1. Whenever someone gets to about wrist cutting, they should report to care takers
2. Only Two friends should take part in immediate care of adolescent who was found to engaging wrist cutting along with care taker
3. The wound should be washed under running water and dressing needs to be done
4. Adolescent who engages in wrist cutting need tetanus toxoid vaccination, it is based on her vaccination status
5. We should have respect the privacy of the adolescent engages in wrist cutting

DON'T'S

1. Don't gather in crowd to see the adolescent engaging in wrist cutting when you get to know
2. Respect the privacy and don't create gossip about wrist cutting event or talk about the adolescent
3. Don't try to wrist cutting to prevent your friend from doing it. If you really care them, tell to care takers they will provide needed help for stopping SC to your friend
4. Don't share blades, it can spread of blood borne infections
5. Don't use aggression to show your care
6. If you get any serious information about any of your friend, don't make it gossip, convey it to care takers

1B) GROUP ACT DURING MONTHLY MEETING; TWO

Tips for Good Mental Health;

This is an act which has 5 characters seated on one chair each. The Guide (G) chair is set apart from the rest 4 chairs. Of the remaining 4 chairs, three are at front, while the fourth is behind those three in the front.

Three chairs in the front are Emotional Ranjita(ER), social and relational Ranjita(RR), and ability Ranjita(AR). The fourth chair is occupied by the Wholesome Ranjita(WR).

(ER speaks) I had poor anger control and couldn't understand my emotions, and used to land up in problems. What I realized over the course of time is my peers RR, CR were getting affected, and as result WR took a beating in her life. I also realized that when I speak to the Guide, who gave me valuable suggestions, I could overcome my anger and control it well; I also developed a capacity to understand my emotions. Now we three ER, RR, CR are at a harmony and as a result WR is in a state of peace. Hence I realized that when there is an emotional turmoil we need to share our feelings.

(RR speaks) I had poor choice of friends and was possessive. I felt rejected and so would fight when they would refuse my friendship. What I realized over the course of time is that my peers ER, CR were getting affected, and as result WR took a beating in her life. I also realized that when I speak to the Guide, who gave me valuable suggestions, I could choose friends carefully, also nor feel rejected and I also developed a capacity to not be possessive over friends. This is because the guide told me that as a child I have not been given the required love and hence I am sensitive to rejection. It is common in life to meet and depart what you need to learn to be strong, is to appreciate how much do you love someone rather than they loving you, also you should not get hurt even if someone rejects you. Now we three ER, RR, CR are at harmony and as a result WR is in a state of peace because I gathered strength to not feel rejected, also I improved in my choice of friends.

(AR speaks) I had poor ability to think in problematic situations and since I had not attended school had difficulty in studies, and used to land up in problems due to poor thinking ability. What I realized over the course of time is that my peers ER, RR were getting affected, and as

as a result WR took a beating in her life. I also realized that when I approached the Guide, who gave me valuable suggestions to solve problems, I could overcome my problems and also prevent beforehand. She also taught me that as I have not attended school, academics may not be my strength, and it's not my fault. Instead I focus on other skills that I have like painting, drawing, which will eventually get stronger. I also developed a capacity to understand my problems. Now we three ER, RR, CR are at harmony and as a result WR is in a state of peace.

The moral is that even if one aspect of the life is troubled, entire persona is affected, and the purpose of our home is to strengthen the inmates in all the dimensions.

1C) CULTURAL MESSAGE AND ACTIVITY DURING MONTHLY BIRTHDAY CELEBRATIONS; THREE

Forgiveness on the day of monthly birthday celebrations AND speech on compassion/appreciation and decreasing completion and rejection sensitivity related rated to friendship

Our home has been a shelter for many distressed souls, having come from various backgrounds and many vulnerable circumstances; it gives solace to many of us. But having been in distress, we tend to get shaken by the slightest of the threats and land up in an emotional turmoil again. We tend to search for the lost love, which we deserved, in the inmates and get attached to them and as a result tend to get rejected. This may lead to a sense of rivalry for affection from the inmates, and at times even land up quarrelling. This is an act that does not let the home help us. Reducing such untoward incidences helps us to strengthen ourselves from within and strengthen the home too. To attain this strength, we need to acknowledge the fact that we have been deprived of the love which we deserved and it is not wrong to expect love; but expecting love at the cost of becoming vulnerable to others should be avoided.

To stop being vulnerable, first - we need to love ourselves; second - we need to be less dependent on others for love and emotional support; third - we need to ignore the minor rifts and discontentment's that arise between us by forgiving the person who has hurt us, knowingly OR unknowingly and we should appreciate anything good we see among our friends.

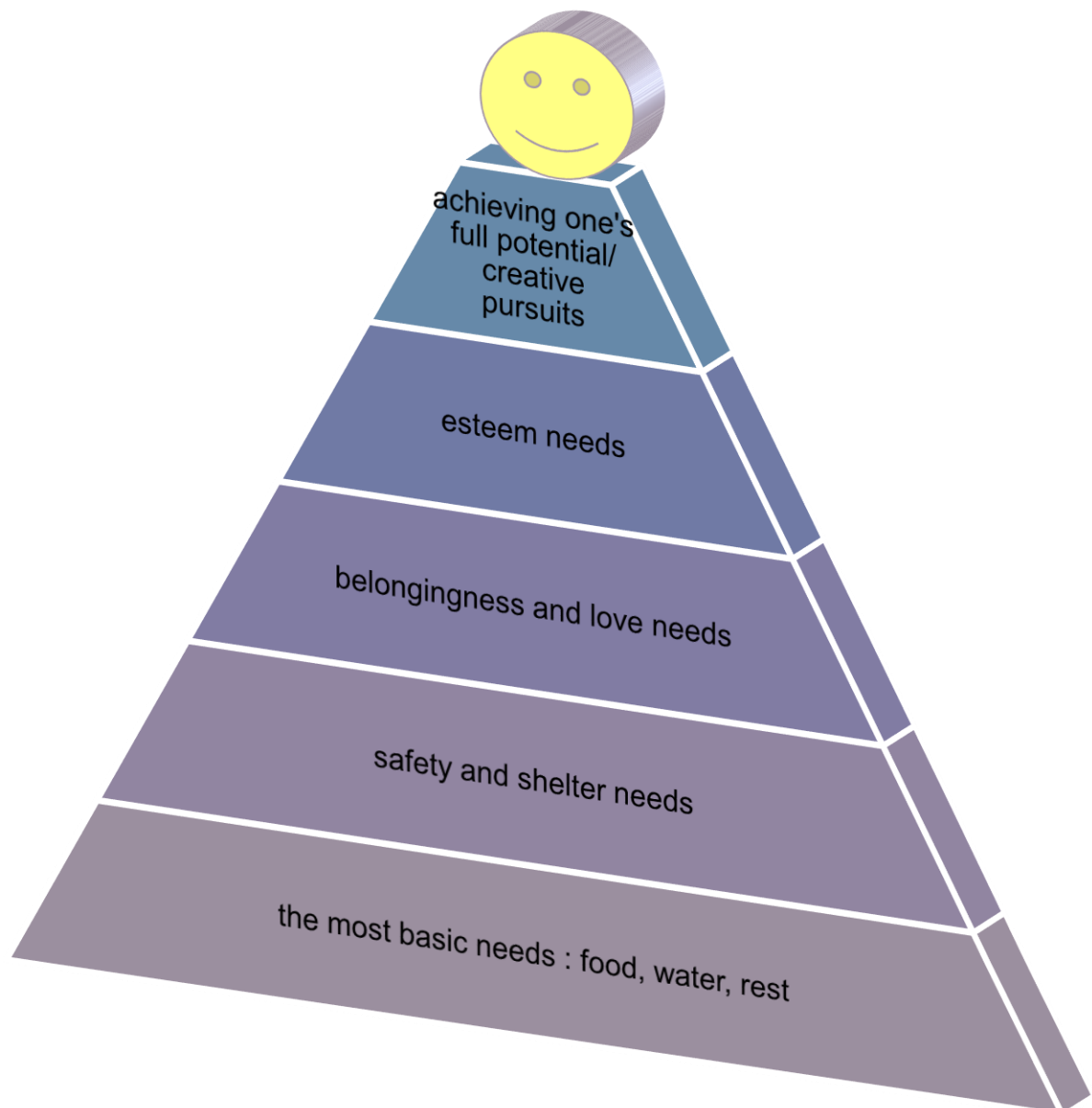
Let's commemorate this day as an occasion to forgive the person who has hurt us, let us become more compassionate. Let us not forget to appreciate our friends who do good things in any area.

GROUP WORK – ONE

1A) Let Us Understand Ourselves and Respect One Another

GROUP ACTIVITY 1: Let Us Understand Ourselves And Respect One Another:

ACTIVITY 1A: DRAWING: Caretaker should ask all the adolescents to draw picture of Maslow's needs theory as big as possible on black board or white board and decorate the rest space on board as they wish



Once the adolescents finish drawing and labeling and decorating, care taker need to facilitate the discussion among them as following

ACTIVITY 1B; DISCUSSION

1. UNDERSTANDING OURSELVES AND NEEDS BY MASLOW'S THEORY

A very wise man called Abraham Maslow told us that our needs are arranged in life like a step ladder that we climb gradually. When one level of needs has been met with, we move to the next level.

Q: What do you think our needs are? Can you name some?

All of us have a hierarchy of needs. The bottom needs are the more basic needs all of us have. Once we have fulfilled these, we keep ascending to the next level. We strive for the targets in life, based on the tier of needs we are on.

Q. Where do you think you are on this pyramid right now?

Q. Why do you think, could you share with us?

Q. How do you feel when those needs are not met? How do you react then?

Most of us have our basic needs and shelter needs met with. Let's move on to the need for love and belongingness.

2. ALL OF US HAVE HAD A DIFFERENT LIFE. HOWEVER, MOST OF US SHARE ONE OF THESE THREE LIFE SCENARIOS –

1. Those of us who have a caring family/ guardian but due to certain circumstances, they are unable to take care of us right now.
2. Those of us who do not have family around / have family who have hurt us or are indifferent to us
3. Those of us who have a loving family/ guardian but at the moment have difficulties getting along with them and hence are here

- The first group has supportive family or guardians even though they are unable to be with them right now.
- The second group has been through more pain in this regard. Their families have hurt them at times or have not been available when they needed them.
- The third group has a caring family as well. It is just that at the moment, they have some disagreements with them and hence are staying with us.

Q. Which group do you think has the most need for care and support from us in general?

Q. How do you think this unmet need affects us? How does it manifest? Anger
/sadness/self-doubt/ Pain expressed through self-harm?

ACTIVITY 1C;ROLE PLAY

3. COMPETITION VERSUS COMPASSION, ANGER VERSUS FORGIVENESS:

Let us take the example of a sapling in a pot. What does a tiny sapling need in order to grow into a big beautiful flowering plant or a tree laden with delicious fruit?

It needs soil –which gives it food and shelter – basic needs , sun to give it light – which helps it become big – like our teachers give us knowledge and it needs someone to take care of it water it regularly – the same as we need to be cared for by our family.

Q: What if there is no water? What will happen to the sapling?

When we come to the shelter home, we realize that it is not the same as being at home. There are too many of us with unmet needs. We all need to be cared for. That is our need. But our parents and siblings are not around to take care of us. In this scenario, we all sometimes compete with each other for the attention and warmth from someone. Sometimes we forget that our peers here have the same need as us.... maybe more than us. Because, the pain that they had been through would have been more than ours!

Role-play – ask a few volunteers to act as three saplings in different pots. One person plays the role of the gardener who has to water the saplings in a pot. He has a limited amount of water, probably just enough for two plants. All the saplings callout to her and try to coax her into giving them more water than others. They do not wish to share water,because there is so little of it!

Q: What do you think happens?

Q: Does someone get water while someone else has to go without it, because of this competition?

Q: What would happen if they all decide to share the water? Does everyone get to grow and flourish a little, without leaving anyone behind?

Q: Have you experienced something similar while staying here? Can you share with us?

ACTIVITY 1D: DISCUSSION

4. WHAT WE CAN DO FOR OURSELVES:

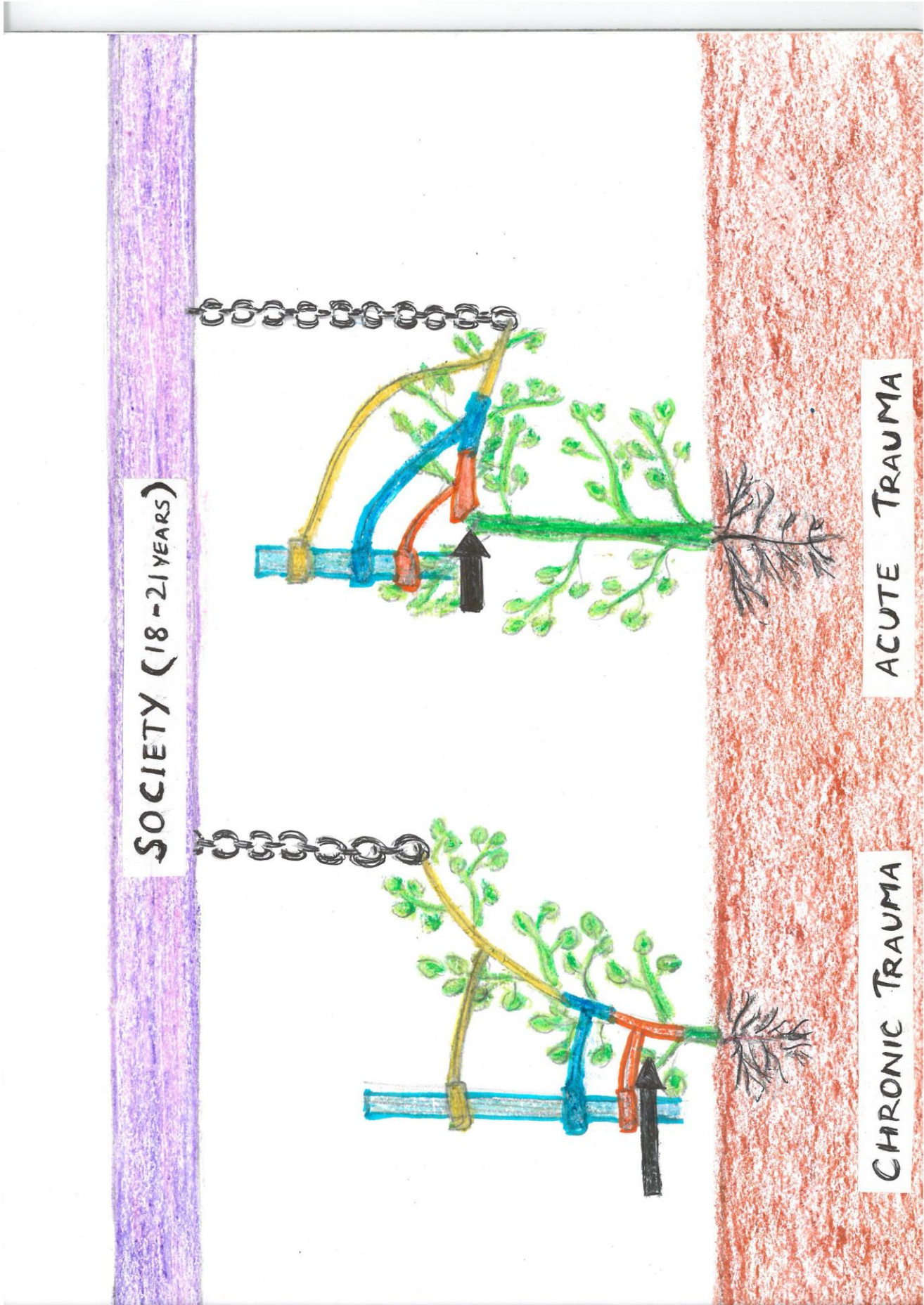
- a. Let us pledge to not discriminate against our peers based on where they came from/ what sort of life they had before coming here. We will not make fun of each other because of this anytime. If someone has had a difficult life (which most of us have had – they deserve more compassion and support from us , not less)
- b. Whenever we have a problem amongst ourselves we will try to talk and solve instead of fighting. Sometimes it also helps us to understand why the other person got upset and angry. Do we try understanding their reasons and feeling in such situation? What if they are not simply being rude or aggressive, but are hurt or in pain inside. Most of us can relate to that, can we not?
- c. Every year our birthdays tell us that we are growing up, not just in age but also as a person. On this day, we can practice forgiving those who we feel have hurt us/ those we have had an argument / fight with. As a token of the same, we share sweets with them on our birthday. Group speech on compassion and decreasing completion and rejection sensitivity related to friendship
- d. Introducing dos and don'ts in monthly health meeting and tips for good mental health

GROUP WORK – TWO

1B) Trauma and Its Effects on SELF

Trauma and Its Effects on SELF

ACTIVITY 2A; DRAWING



Caretaker should Ask all the adolescents to draw picture of Maslow's needs theory as big as possible on black board or white board and decorate the rest space on board as they wish. Ask them to label the parts as given bellow

Black arrow – Trauma

Whole plant – wholesome SELF

Red stem of plant – Emotional SELF

Red rope- Emotion regulation skills

Blue part of stem – Social and relational SELF

Blue rope- Social & Relational skills

Yellow part of stem – Thinking and abilities SELF

Yellow rope- Thinking and ability skills

Blue color support stick – Life coach(care takers or any close female adult, who will give skill training to improve Emotional SELF, Social and Relational SELF and Thinking and Ability SELF)

Iron chain; System like shelter homes who provide support until adolescent becomes 18 years old.

ACTIVITY TWO; DISCRPTION OF TRAUMA& ITS AFFECT ON SELF AND SUB-CATEGORIES OF SELF BY CARE TAKER USING THE DIAGRAM DRAWN BY ADOLESCENTS;

1. WHAT IS TRAUMA;

Trauma is:

“An experience that creates a sense of fear, helplessness, or horror, and overwhelms a person's resources for coping”

The different kind of traumas faced by developing children and adolescents are:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect (failure to provide for a child's basic physical, medical, educational, and emotional needs)
5. Loss of parents/loved ones
6. Interpersonal violence in relationship
7. Victimization
8. Community violence (e.g., gang violence, riots, school shootings)
9. Natural disasters (e.g., earthquake, floods, tornadoes, tsunami)
10. Terrorism
11. Medical trauma (e.g., severe injury, life-threatening illness)
12. Accidents

Acute trauma is a time-limited event. For example: physical assault, sexual assault, loss of loved one, forced separation from romantic partner, natural disaster, motor vehicle accident, physical or sexual etc. The loss/ separation of very important person like; a parent, sibling, or close friend is an acute event, can lead to trauma and grief. In few adolescents, acute trauma and its stress can lead to posttraumatic stress disorder (PTSD). This disorder is characterized by ongoing fear that trauma may occur again, persistent flashbacks about the traumatic event, nightmares, avoidance of things/situations that remind of the traumatic event, being numb, hyper vigilant/increased arousal periods, with or without troubled sleep. These adolescents who have features of PTSD need evaluation from mental health profession and many may also need medication.

Chronic trauma means adolescent has experienced multiple traumatic events during development. Multiple traumatic events like exposure to domestic violence, physical abuse. One of most common form of chronic trauma is **child neglect**. *Complex trauma* is a term used to describe the *exposure* to chronic trauma caused by adults who should be responsible for child's care, like parents or caregivers.

After describing about the trauma, the care taker needs to describe its affect on self and its sub-categories using the picture drawn by adolescents. They can refer to information manual to get more information about this topic and can keep it more didactic.

ACTIVITY THREE; SORTING THE WORDS RELATED TO EFFECT OF TRUAMA ON SELF, IN TO SUTIABLE SUB-CATEGOIRES OF SELF.

Caretaker needs to write the three columns table with main heading and sub heading, and rest table should be empty on a board as table two

Caretaker will read the word list in table one and adolescents are asked to say which sub-category of self that word belongs to. An adolescent is asked to write down the correct answers board. All adolescents need to be given chance to participate

Care taker can use the table three given below as answer key

Table one ; Random list of words ; Effects of Trauma on SELF	
No Self Appreciation	Negative ideas about self
Difficulty in knowing their feelings	Confusion about parents and their relationship with them
Difficulty in describing their feelings	Insecure about friendship
Difficulty with emotional self-regulation	Possessive about friend & Excessive compliance
Difficulty attuning to other people's emotional states	Sensitive to minor rejections
Difficulty in problem centric or emotion centric solving of negative emotional states	Difficulty with perspective taking
Difficulty in Empathizing	Aggression and violence is perceived as love and warmth
Aggression	Poor in problem solving
No Self Motivation	Not bale see positive in negative experience
Shame and guilt	Making bad choices / impulsive decisions
Difficulty to seek help	Difficulty planning and anticipating
Difficulty in carrying out conversation	"Living for today and not tomorrow"
Difficulty to express problems in words	predictable sense of self
Not assertive in communication (submissive or aggressive)	Poor Academic abilities
Doesn't know to respond to insult	Poor Non – academic abilities
Poor social problem solving	Not able to learn healthy habits/ follow healthy routine
Poor in choosing friends / easily influenced by friends	Reckless and risk-taking behaviour
Poor in appreciating others	

TABLE THREE; TRAUMA & ITS AFFECT ON ADOLESCENT'S SELF; 3 SUB-CATEGORIES

Emotional self	Social & Relational self	Thinking & ability self
	1) Social abilities self	1) Thinking & problem solving self
1. No Self Appreciation	1. Difficulty to seek help	1. Poor in problem solving
2. Difficulty in knowing their feelings	2. Difficulty in carrying out conversation	2. Not bale see positive in negative experience
3. Difficulty in describing their feelings	3. Difficulty to express problems in words	3. Making bad choices / impulsive decisions
4. Difficulty with emotional self-regulation	4. Not assertive in communication (submissive or aggressive)	4. Difficulty planning and anticipating
5. Difficulty attuning to other people's emotional states	5. Doesn't know to respond to insult	5. "Living for today and not tomorrow"
6. Difficulty in problem centric or emotion centric solving of negative emotional states	6. Poor social problem solving	6. no predictable sense of self
7. Difficulty in Empathizing	7. Poor in choosing friends / easily influenced by friends	2) Abilities self
8. Aggression	8. Poor in appreciating others	1. Poor Academic abilities
9. No Self Motivation	2) Relational self	2. Poor Non – academic abilities
10. Shame and guilt	1. Negative ideas about self	3. Not able to learn healthy habits/ follow healthy routine
	2. Confusion about parents and their relationship with them	4. Reckless and risk-taking behaviour
	3. Insecure about friendship	
	4. Possessive about friend & Excessive compliance	
	5. Sensitive to minor rejections	
	6. Difficulty with perspective taking	
	7. Aggression and violence is perceived as love and warmth	

ACTIVITY FOUR; READING ACTIVITY ;

Give 3 tables as below to three different adolescents and ask them readout the content of the tables

If someone feels the need for help, they can be provided the appropriate section of individual activity manual

HOW TO IMPROVE ONE’S SELF AND ITS SUB-CATEGORIES

Table one; Emotional self
1. Understanding emotions
2. Understanding duration and intensity of Negative and positive emotions
3. Reasons for and control of extreme intense negative emotions
4. Ways of controlling intense emotions
5. Getting over negative emotions - problem centric or emotion centric solving
6. Self appreciation and self motivation
7. Empathy

Table two; Social & Relational self
1) Social abilities self
8. Ability in conversation & to seek help in need
9. Ability to express difficult emotions in words,
10. Social problem solving
11. Ability appreciate all friends
12. Selecting a friend
13. being “assertive”
14. Responding to Insult
2) Relational self
5. happy and content with oneself
6. healthy connectedness with parents
7. feeling secure/ healthy connected in friendship/ relationship
8. not possessive / rejection sensitivity

Table three; Thinking & ability self
1) Thinking & problem solving self
1. Problem solving ability
2. Searching positive in painful experience “Ability to accept bad experience and learn from it”
3. Good decision making capacity
4. Planning about life goals
2) Abilities self
4. Non – academic abilities
5. Academic abilities
6. Following healthy routine of healthy habits

THE END
