



The Dragon Slayers
Trauma Focused Teen / Pre-teen Group by Safe Harbor Crisis Nursery

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Safe Harbor
CRISIS NURSERY

Safe Harbor Crisis Nursery

...because every child deserves a safe harbor.

1111 N. Grant Place
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Dragon Slayers

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The Dragon Slayers Group

Summer 2012 Calendar

May 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13 Holiday: Mother's Day	14 Class 1:	15	16	17	18	19
20	21 Class 2:	22	23	24	25	26
27	28 Holiday: Memorial Day	29	30	31		





June 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Class 3:	5	6	7	8	9
10	11 Class 4:	12	13	14 Holiday: Flag Day	15	16
17 Holiday: Father's Day	18 Class 5:	19	20	21	22	23





24	25 No Class	26	27	28	29	30
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July 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Class 6:	3	4 Holiday: Independence Day	5	6	7
8	9 Class 7:	10	11	12	13	14
15	16 Class 8:	17	18	19	20	21





22	23 No class	24	25	26	27	28
29	30 Class 9:	31				

August 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Class 10:	7	8	9	10	11





12	13 Class 11:	14	15	16	17	18
19	20 Class 12:	21	22	23	24	25
26	27	28	29	30	31	





The Dragon Slayers Group

How the Curriculum works with youth that have been traumatized

What is the Dragon Slayers Group Curriculum

In looking at designing a therapeutic group focused on addressing traumatic experiences in youth, it is important to utilize evidence based practices and other similar curriculum. In reviewing the research and various group models being currently implemented that are trauma focused, there are limited materials for this age group and this type intervention. Often times, interventions focused on traumatic experiences are done on the individual settings through a doctor, mental health professionals, school workers, and paraprofessionals.

The Dragon Slayers Group Curriculum is not an evidence based model, but it is based on various similar types of modalities. The majority of the curriculum is centered around an individual treatment program created and tested through The National Institute for Trauma and Loss in Children titled *Trauma intervention program for children and adolescents: Short-term intervention model* by William Steele in 2003. The various components of this program have been changed from the individual questions and activities and adapted to be useful during a group.

Other than the material from the National Institute for Trauma and Loss in Children, material has been adapted from the Washington Juvenile Rehabilitation Administrations *Aggression Replacement Training* curriculum. Trauma often exhibits as angry behaviors when it is experienced by children and adolescents. This program focuses on



Family Intake Form

(Please print)

Name: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip Code: _____

Nearest Elementary School: _____

Birth Date: _____ Cell Phone: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____

Highest Grade in School Completed: _____

Emergency Contacts:

Name:	Contact Number	Relationship to Family	Authorized to pick up (yes/no)
1			
2			
3			

Marital status of parent or legal guardian: (check one)

☐ Married ☐ Divorced/separated ☐ Widowed ☐ Never married ☐ Single

What is the racial/ethnic background of the parent/legal guardian?

☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian/Pacific ☐ American Indian
☐ Multicultural (please specify) _____ ☐ Unknown

Please answer the following questions:

Number of children in household: _____ Number of adults in household: _____

Total number in household: _____

Names of Children	Age

Adult relationships: (check all that apply)
<input type="checkbox"/> Parent
<input type="checkbox"/> Aunt or Uncle
<input type="checkbox"/> Grandparents
<input type="checkbox"/> Other family members
<input type="checkbox"/> Boyfriend or fiancé
<input type="checkbox"/> Family friend
<input type="checkbox"/> Other relationship: (specify)

Family Life Stressors (check all that apply)

- ☐ Illness of a family member
- ☐ Changes in child's primary caregiver
- ☐ Alcohol or drug dependency of family member
- ☐ Physical abuse
- ☐ Parent in prison
- ☐ Mental health problem in family
- ☐ Mental, physical or sensory disability
- ☐ Violence in the home
- ☐ Homeless
- ☐ Sexual Abuse
- ☐ Inadequate protection from danger
- ☐ Divorce, marital conflict, or conflict between caregivers
- ☐ Teen parent
- ☐ Other (specify) _____

Managing for Parents of Young Children

Date: ____/____/20____

Name/Code: _____

Directions: Mark only one answer for each question.

How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
01. Parents should identify positive consequences for following the rules as well as negative consequences for breaking the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Family meetings to make decisions and rules are a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. It is important for family members to practice anger management skills even if it makes them uncomfortable at first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. When you are angry with your child its best to tell him/her immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Yelling at your children when you're angry with them gets the best results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. It is important to set up regular meeting times with your family to discuss concerns, plans, and decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. I have discussed my child's goals and dreams with him/her on several occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. I often tell my child how I feel when he or she misbehaves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. When my child tells me something important, I let him/her know that I am trying to understand what he/she is feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I let my child know I care about him/her while setting limits and consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have discussed our family values with my child on several occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-- Please turn over --

☐ Pre ☐ Post ☐ Follow-up

APMP05 AUGUST2010

If you learned that your child/children had **BROKEN** an important family rule, how likely is it that you would:

12. Take away some of their freedom?
13. Tell them how you feel about their breaking the rule?
14. Call them names?
15. Give them added responsibilities?
16. Use physical discipline?

Not likely at all	Not very likely	Somewhat likely	Quite likely	Extremely likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you learned that your child/children had **FOLLOWED** an important family rule, how likely is it that you would:

17. Verbally praise them?
18. Reward them with money or objects?
19. Give them more privileges?

Not likely at all	Not very likely	Somewhat likely	Quite likely	Extremely likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often in **the last month** have you done the following?

20. Set limits with your children and followed through on them
21. Stayed calm when parenting your children is difficult
22. Told your children to be responsible for their behaviors
23. Spent one-on-one time playing with your children
24. Gave rewards to your children for positive behaviors
25. Praised your children for positive behaviors

Never	Rarely	Sometimes	Often	Very Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

— Thank you for completing this survey! —

☐ Pre ☐ Post ☐ Follow-up

APMP05 AUGUST2010

Pre-Teen / Teen Intake Form



Name: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____ Gender: _____

Sexual Orientation: _____ Height: _____ Weight: _____

Racial / Ethnic Background: _____

Allergies: _____

Address: _____

Home Phone: _____ Other Phone: _____

Parent / guardian's name: _____ Relationship: _____

Address: _____ Phone: _____

Parent / guardian's name: _____ Relationship: _____

Address: _____ Phone: _____

Legal Concerns: _____

Probation Officer: _____ Phone: _____

May we contact for more information? _____ (yes or no)

Therapist: _____ Agency: _____

May we contact for more information? _____ (yes or no) Phone: _____

Primary Care Physician: _____ Phone: _____

May we contact for more information? _____ (yes or no)

Are your child's immunizations up-to-date? _____ Date last seen by doctor: _____

What was the reason for the visit? _____

Current Medications			
Medication Name	Dosage	Reason for prescription	Prescribing Doctor

Youths Name: _____

History

Please list any current or past significant accidents, injuries and/or illnesses:

Does your child have any other medical problems or special needs?

Does your child have any life threatening allergies? _____

Type of allergy: _____

Symptoms: _____

Is there a health plan in place? _____

Does your child have any food allergies? _____

History of Mental Health Services:

Mental Health Diagnosis: _____

Were there any problems during pregnancy or birth (i.e. drug / alcohol use, severe stress, premature birth)?

Does the child have any behavioral problems that you are concerned about?

Has anyone expressed any concerns about your child's behaviors?

Is there a history of suicidal ideations / attempts and or self damaging behaviors? If so, please explain:

Youths Name: _____

Is there anything that worries you about your child? If so, please explain:

Is there anything else that we need to know about your child?

Please circle any of the following traumas that your child or a close family member may have experienced:

Car fatalities

Sexual abuse

Earthquakes

Suicide

Divorce

Neighborhood violence

Drowning

Separation

Kidnapping

Sudden death

Adoption

Hostage taking

House fires

Critical injuries

Violence at home

Terminal illness

Difficult surgery

Removal to foster care

Murder

Plane crashes

Other:

Physical abuse

Floods

Planning

Underlying Need: _____

Goal Statement: _____

Roadblocks:

Youth's Functional Strengths:

Families Functional Strengths:

Youths Name: _____

Behavioral Checklist For Children				
Behavior	Very Concerned	Somewhat Concerned	Not concerned	Not exhibited
<i>Runs away</i>				
<i>Hurts animals</i>				
<i>Inappropriate sexual behaviors</i>				
<i>Excessive guilt</i>				
<i>Stomach aches</i>				
<i>Suicidal</i>				
<i>Unusual Hygiene Problems</i>				
<i>Gang activity</i>				
<i>Aggressive or defiant</i>				
<i>Smokes</i>				
<i>Uses weapons</i>				
<i>Has school problems</i>				
<i>Steals</i>				
<i>Blames self</i>				
<i>Has headaches</i>				
<i>Is depressed</i>				
<i>Is often confused</i>				
<i>Lies</i>				
<i>Damages property</i>				
<i>Assaults others</i>				
<i>Alcohol or drug use</i>				
<i>Engages in criminal activity</i>				
<i>Eating disorders</i>				
<i>Injures self</i>				
<i>Confuses fantasy for reality</i>				
<i>Tests safety limits</i>				
<i>Is excessively withdrawn</i>				
<i>Doesn't make friends</i>				
<i>Poor or inappropriate friend choices</i>				
<i>Unrealistic view/ impression of life</i>				
<i>Lack of maturity</i>				
<i>Excessive video games</i>				
<i>Isolates oneself</i>				
<i>Unrealistic of consequences for actions</i>				
<i>Other:_____</i>				

Confidentiality Agreement

Confidentiality means keeping what is seen or heard to yourself; not sharing it with anyone else. You are welcome to share what you have learned, done, or experienced without identifying other members of the class.

I, _____ understand that the information shared in
(Print Name)

_____ is confidential. I understand that I need to be
(Name of Class)
respectful of the other members of this class and that what is said needs to be kept to myself. I understand that what is shared in class needs to stay and be discussed in class.

Safe Harbor Crisis Nursery and its staff agree not to approach you or acknowledge if they see you in a public place unless you approach or acknowledge them first. This allows you to have your confidential, personal time and space when you are away from SHCN.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____



Group Session 01

Family Orientation

Goals

- To build relationship with the youth and their families.
- To introduce the group process to the new group of youth and families.
- To gather information regarding the youth and their families.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Introductions:

- Describe the day's agenda.
- Introduce group facilitators.
- Have each attendee introduce themselves (**Parents:** what they do; **Children:** age and school).

Group Process:

- Evidence base curriculum (Trauma Intervention Program, Aggression Replacement Training, Cognitive Behavioral Therapeutic Interventions)
- Daily agenda
 - Engagement Time:
 - Dinner:
 - Read Aloud:
 - Group Rules:
 - Expressing Feelings:
 - Outside Activity:
 - Skill:
 - Art Activity:
 - Ending Activity

Group information

- | | |
|--|-------------------------------|
| 01. Family Orientation | 08. Worry & My Future |
| 02. This is What Happened | 09. Self-Esteem |
| 03. Making the Connection Who I Am | 10. Life Wellness |
| 04. Surviving & Managing Traumatic Anger | 11. Saying Goodbye |
| 05. Reducing Angry Responses & Coping with
Difficult Emotions | 12. Celebrating the Victories |
| 06. Anger – Hurt: Why me? | |
| 07. Family & Worry | |





Paperwork

- Complete FORM “Family Intake Form”
- Complete FORM “Managing For Parents of Young Children”
- Complete ACTIVITY “Family and Child Interviews”
 - Complete FORM “Child Intake Form”
 - Complete FORM “Confidentiality Statement”





Group Session 02

This is What Happened

Goals

- To introduce the participants to the other participants and open communication.
- To stabilize the youth and assess their coping skills.
- Create a safe environment for the youth to share with the group.
- To identify intervention needs; PTSD Reactions and short and long term goals.
- To provide an opportunity to revisit the trauma in the supportive, reassuring presence of professionals who understands the value of providing this opportunity.
- To provide an opportunity to find relief from their terror.
- To provide an opportunity to reestablish a positive “connectedness” to an adult in order to foster continued development.
- To normalize current and future reactions.
- To support the adolescent’s heroic efforts to become a survivor, not a victim or their experience.
- To restore the teen’s sensory experience, a positive experience.
- To identify additional needs and the role a parent can take to help meet these needs.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Create the rules that will be in place during the rest of the group sessions. The rules should show in general both what should and shouldn’t be done. The group should also discuss both positive and negative things that can be done if the group’s participants do or do not follow the rules.

Expressing Feelings:

How many feelings words can you name? During this activity the youth brainstorm how many feeling words they can name and every idea gets written on the board.





Outside Activity:

- Complete ACTIVITY “I Have Never”
 - A member of the group will start in the middle of the circle. There must be one less seats then there are people.
 - They will say something that they have never done (i.e. “I’ve never broken a bone”).
 - Everybody that has done that thing must stand up and find a new seat (i.e. if you have broken a bone before you must find a new seat).

Skill:

- Discuss the importance of sharing and normalize difficultly
- Discuss times when you felt feel scared
 - What happened?
 - What was your first thought?
 - What physical reactions did you have i.e. sick to your stomach, numb, etc?
 - What physical reactions do you have now as we talk about it?
 - What did you see?
 - What do you remember hearing other say or talk about?
 - What physical reactions do you have now as we talk about it?
 - Do you know how this happened or what caused it?
 - What surprised you about what you did?
 - What surprised you about what you thought at the time?

Art Activity:

- Complete and review HANDOUT “This is what happened”
- As reviewing handout discuss the sensory memories, worries, fear, and anger associated with the drawing.
 - SENSORY MEMORIES
 - When it happened what were you doing? (When you found out what happened, what were you doing?)
 - What do you remember seeing?
 - Are there things you see now that remind you of what happened?
 - Are there any sounds that remind you of what happened?
 - Are there any smells that remind you of what happened?
 - Are there any sensations of touch that remind you of what happened?
 - WORRY
 - What worried you the most when this happened?
 - What worries you the most now?
 - FEAR
 - What scared you the most about what happened?
 - What scares you now since this happened?





- What do you do now when you are scared?

- ANGER

- What would you like to see happen to the person or thing which caused this?
- What makes you angry now?
- What do you do when you get angry now?

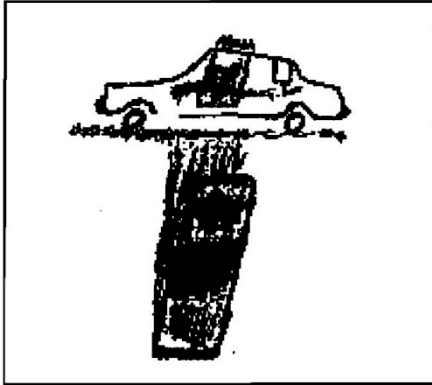
Ending Activity:

Independent reading: The youth can go and find a book and read it until they are picked up.

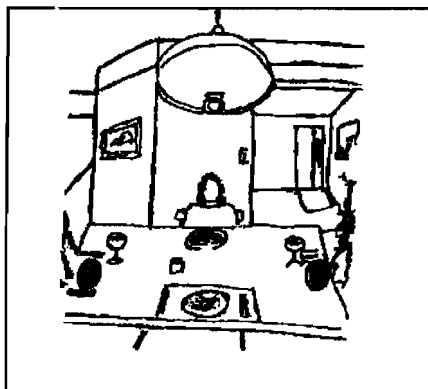
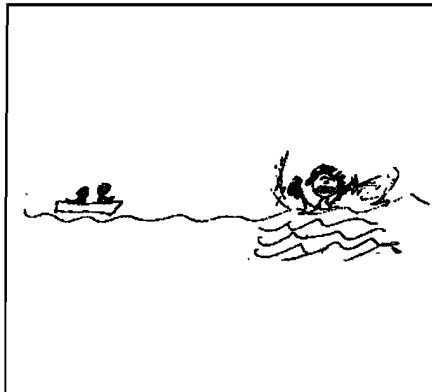
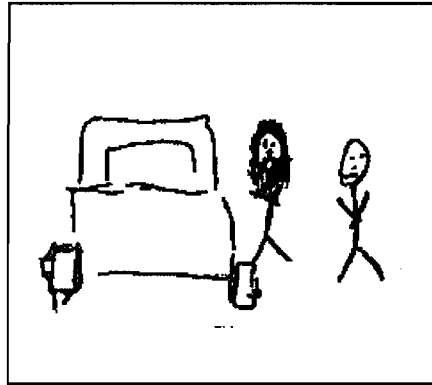




HANDOUT “This is What Happened” Examples Some Drawings by Other Teenagers:



BJ, age 16, saw his mother
killed in a car crash.





HANDOUT: "This is what happened"





Group Session 03

Making the Connection Who I am

Goals

- To identify adolescent's self-image since the trauma occurred.
- To have a baseline to assess for change in their self-image should they complete all sessions.
- To further educate the adolescent as to how their experience has impacted and or influenced what is happening to them.
- To begin the process of helping the adolescent move toward future connections.
- To provide the beginning of a renewal of a sense of empowerment over his reactions.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

What was your high today and your low today?

Outside Activity:

Hula Hoop Circle: *Have all participants stand in a circle facing each other. Instruct all players to join hands so that they form a closed ring. Break the ring momentarily to place a hula hoop around the arm of one player. Instruct the group to pass the hula hoop all the way around the circle without letting go of each other's hands. The group will have to communicate and problem-solve to achieve this seemingly simple task. Once the group paces the hula hoop around the circle successfully, created an added challenge by imposing a time limit or adding more than one hula hoop to the circle.*

Skill:

- Complete HANDOUT "This is me"
 - Circle all symbols which represent a part of your life
 - Put a caption next to each symbol circled for which part it signifies
 - Which ones are most important to you?





- Complete ACTIVITY “Finding a safe place”
 - Recognizing tension & stress activity
 - Spend 50 seconds thinking about the worst moment of things happening
 - About mid-way through, have the youth reflect regarding how their bodies feel
 - Discuss how they felt
 - Relaxation activity
 - Three deep breaths (all the way from your toes)
 - Progressive muscle relaxation
 - Reflect on how they feel and how to use
 - Safe Place Activity
 - Spend 50 seconds finding safe place
 - Imagine as many details as possible
 - Review some of the “safe places” found
 - Reflect on how they felt and how to use

Art Activity:

***Self Portraits:** The youth may use any art technique to draw portraits of themselves and then share them.*

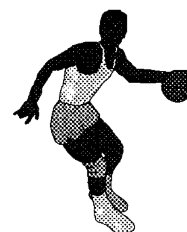
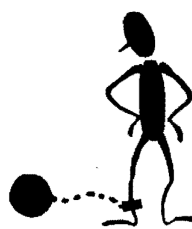
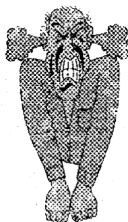
Ending Activity:

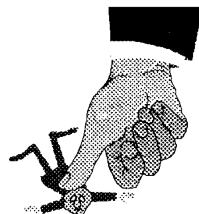
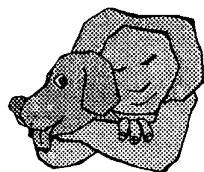
***Pick a Game From the Cupboard:** The youth may pick any game from the game cupboard and play it until they are picked up for the evening.*





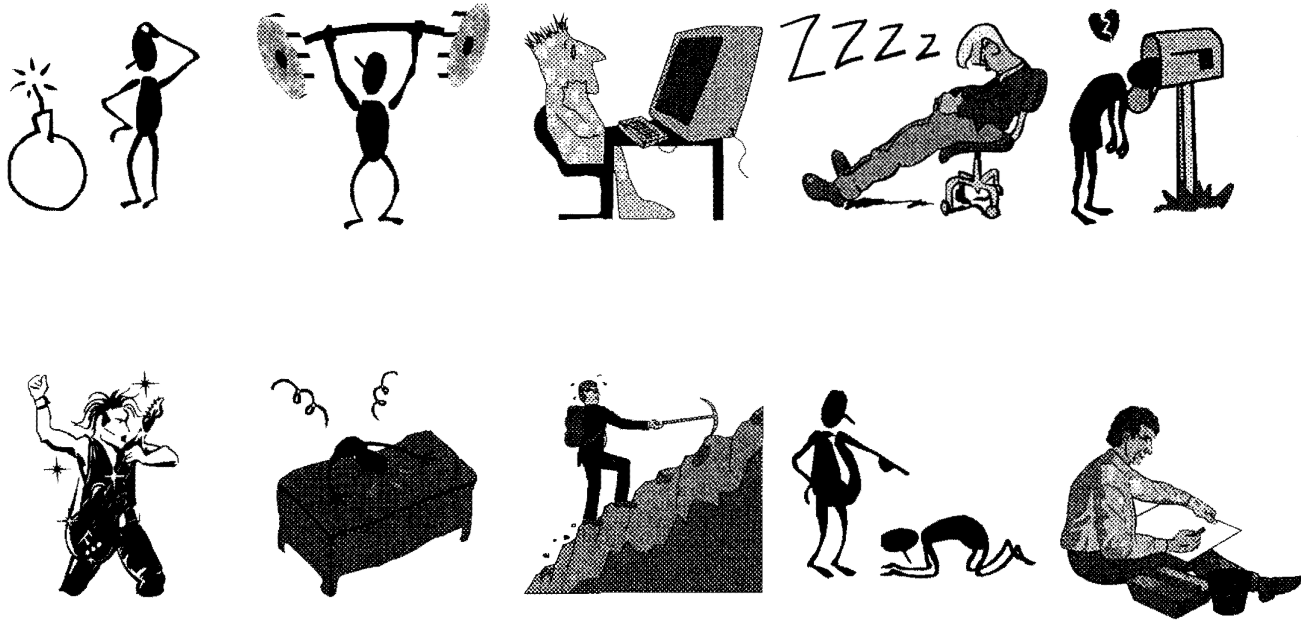
HANDOUT: "This is Me" (page 1 of 3)





HANDOUT: "This is Me" (page 2 of 3)







HANDOUT: "This is Me" (page 3 of 3)

Add other aspects of yourself that are not portrayed on the previous pages:





ART ACTIVITY: “Self-portraits”

The youth may use any art technique to draw portraits of themselves





Group Session 04

Surviving & Managing Traumatic Anger

Goals

- Provide the adolescent with repetitive exposure so as to reduce the intensity of feelings / reactions associated with re-experiences the trauma.
- Reinforce the physiological management of unwanted responses.
- Reinforce cognitive management as a powerful tool.
- Allow the adolescent to take an active role in their healing, verses a passive victim role.
- To identify the different triggers of their anger.
- To identify beneficial ways to manage their anger.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

What are some examples of times and how your body feels when you are upset?

Outside Activity:

Kick Ball: *The youth will go outside and play kickball.*

Skill:

- It Really Ticks me Off
 - What can trauma give us trouble with? (Focus of activity is anger)
 - Do we all show our anger the same? (No, we all show it differently, Secondary Emotion)
 - Why should we identify what ticks us off?
 - Complete HANDOUT “It Really Ticks Me Off”
 - Review some of the things chosen





Art Activity:

***Happy Memories:** The youth will draw about a happy memory that they have experienced with crayon and then they will paint over it with water color.*

Ending Activity:

***Puzzles:** The youth may choose from any of the puzzles and play with them until they are picked up for the evening.*





HANDOUT “It Really Ticks Me Off” (Page 1 of 2)

Check ones that you fit what you think.

- _____ It wasn't fair. It should not have happened.
- _____ I should have _____
- _____ I shouldn't have _____
- _____ I keep thinking about it.
- _____ I keep seeing it in my mind.
- _____ I feel like my life is going to be messed up.
- _____ I get scared very easily now.
- _____ I get scared, sad, or depressed, but can't let anyone know or people will think something is wrong with me.
- _____ Since this happened, no one seems to pay attention to me. People don't ask how I'm doing, they just talk about _____
- _____ No one will tell me the truth about anything.
- _____ I can't let my parent(s) or _____ know what I'm thinking about because it will just upset them more.
- _____ People compare me with _____. I hate it when they say, “Why can't you be like _____.”
- _____ Everything everyone says about _____ is always so good, like _____, never did anything wrong. I don't dare say anything negative.
- _____ My parent(s) won't let me talk about it.
- _____ People should be over it by now.
- _____ This might happen to me again, or my mom, dad, _____ or _____.
- _____ People don't believe me when I say I don't know why I do the things I do.





HANDOUT “It Really Ticks Me Off” (Page 2 of 2)

Check ones that you fit what you think.

- ____ Nobody listens to me anyway.
- ____ I can’t get things to be the way I want them.
- ____ The person who caused this to happen should _____
- ____ When this happened, I didn’t act the way I wished I would have at the time.
- ____ Nobody Helped me.
- ____ Nobody told me the things I’ve been told by you.

Other things, now or then, that ticks me off are...





ART ACTIVITY: “Happy Memories”

The youth will draw about a happy memory that they have experienced with crayon and then they will paint over it with water color.





Group Session 05

Reducing Angry Responses & Coping with Difficult Emotions

Goals

- Develop skills for emotional regulation.
- Look for ways to stop anger and other negative behaviors.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

What makes you feel calm?

Outside Activity:

Rock Paper Scissors Competition: *Have all of the participants gather in the middle of the room. Each of them will start to play each other a series of three games of rock paper scissors. The winners will move to one side of the room. The losers will move to the other side of the room. Once a person has lost twice, they will be out for that round.*

Skill:

- Grounding Techniques
 - When are times that you get upset and have trouble controlling yourself?
 - What do you normally do?
 - Review HANDOUT “Grounding Techniques”
 - Practice each of the techniques.

Art Activity:

Finger Painting: *The youth can paint whatever they chose by finger painting.*

Ending Activity:





Trauma Bags: *The youth that finish early can play with the items in the trauma bags until they are picked up for the evening.*





Using Ground Skills *Detaching From Emotional Pain*



Detail Environment: Describe your environment in detail, using all your senses. Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature.



Progressive Muscle Relaxation: Going through your entire body, starting at your toes, clench each part of your body then release it.



Think of Favorites: Think of your favorite color, animal, season, food, time of day, TV show.





ART ACTIVITY: “Finger Painting”

The youth can paint whatever they chose by finger painting.





Group Session 06

Anger – Hurt: Why me?

Goals

- To examine how the youth views their life experiences
- To continue to reinforce anxiety management techniques
- To identify possible revenge toward perpetrator or anger at whoever or whatever caused the trauma

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

Draw a picture of how you feel today on the board and tell the group.

Outside Activity:

Red Light Green Light: *One person is chosen as curator and everybody else lines up outside. The curator yells out green light when the youth can run towards them and red light when they have to stop. If they do not stop on a red light, they have to go back to the beginning. The first person to make it to the curator wins.*

Skill:

- How our thoughts affect us
 - Do our thoughts affect us, and how?
 - Complete and review HANDOUT “Thoughts that Weigh Me Down”
 - IF YES ANSWER to the following, follow up with the youth after the session to assess for suicidal ideation.
 - “There is nothing else I can do,” “There is no point in trying anymore,” “I can’t control anything,” “I don’t care about anything anymore,” or “I can’t do anything right”
 - Make a photocopy of the youths completed HANDOUT “Thoughts That Weigh Me Down”
 - Complete ACTIVITY “That’s a Heavy Bag”
 - Cut out yes answers to copied HANDOUT “Thoughts That Weigh Me Down”
 - Tape answers to heavy objects and place each heavy object into a bag.





Art Activity:

Bubble Paint: A painting project using bubble packs. The youth will paint directly on the bubble wrap with as many colors as desired. The more colors, the merrier! When the bubble wrap is covered with colors, press a sheet of paper onto the bubble wrap and lift off a multi-colored print. Remove the print to a drying area and repeat with fresh paper. If bubble wrap becomes murky with color, simply wipe it off with a wet sponge and begin again.

Ending Activity:

Puzzles: The youth may work on simple puzzles until they are picked up for the evening.





HANDOUT “Thoughts That Weigh Me Down”

Check all those that fit what you have thought

_____ It doesn't pay to get close to anyone, because that person will get hurt too.

_____ I don't care about anything anymore.

_____ I'll scare all of my friends away if I don't stop crying or thinking about this all of the time.

_____ It's not right for me to have fun now.

_____ I can't let anyone know how I really reacted when it happened. I'm ashamed.

_____ I'll be made fun of or called stupid.

_____ I can't do anything right anymore.

_____ I feel like I'm going crazy.

_____ I have to take care of myself. No one else will.

_____ I should be over this by now. There is something wrong with me.

_____ It's best I keep it all to myself.

_____ There's no point in trying anymore.

_____ There is nothing else I can do.

Other Thoughts That Weigh Me Down





ART ACTIVITY: “Bubble Paint”
A painting project using bubble packs.





Group Session 07

Family & Worry

Goals

- Relate family situations and rolls to how the participant views them.
- Identify areas of most worry or anxiety.
- Reinforcement of anxiety management techniques.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

The group will all come up with various emotional words, and they will then act out each of the emotional words.

Outside Activity:

Follow the Leader: *a children's game. First a leader or "head of the line" is chosen, then the children all line up behind the leader. The leader then moves around and all the children have to mimic the leader's actions. Any players who fail to do what the leader does are out of the game. The last person standing other than the leader is now the new leader.*

Skill:

- Drawing their family
 - Explain activity
 - Look at the EXAMPLE "This is My Family"
 - Complete the HANDOUT "This is My Family Questions"
 - Have each participant tell the family story
 - What is happening in the picture?
 - What is each family member thinking about?
 - What do you think they are really wishing for?
 - What would each of your family members were going to say something to you what would it be?





- If you could say whatever you wanted to say to each of your family members, what would you say?

- My Biggest Worry
 - What kinds of worries do you have?
 - How do worries make us feel?
 - What do worries look like?
- Color the appropriate rock on the HANDOUT “My Biggest Worry”

Art Activity:

Cutout Genogram: Take all types various shapes and colors cut out of construction paper. It is important to have a lot of choices for the clients to utilize. Have the participants take various pieces of construction paper and describe their family circumstances. Tell them they can choose shapes, colors, even the layout of their family's to describe to the group what their family looks like and paste it to a piece of paper. Have each of the participants describe their Genogram.

Ending Activity:

Progressive Muscle Relaxation: Have all the participants close their eyes. Have them progressively tighten and relax each part of their body.





EXAMPLE "This is My Family"





HANDOUT “This Is My Family Questions”

Drawing your partners family

Drawing Activity:

Activity Description:

You will be drawing pictures of each other's family. Ask each of these questions and draw to the best of your ability how your partner describes what they want drawn. I want you to let each other know how you want the drawings to be.

You will first be sketching the drawing for your partner.

Sketch Portion:

1. What is your family going to be doing in this drawing?
2. Who are the family members?
3. Where do you want me to put each of them?
4. How do you want me to position them?
5. What kind of face do you want me to draw one each of them (i.e. happy, sad, confused, shocked...etc)?
6. Are there any pets to include
7. What is the most important part of the environment that needs to be included (e.g. a desk, picture, beach, water, etc.)

After the sketch is completed, give the drawing to your partner to color in regarding his family. Then you will switch, and do the same for each other





HANDOUT “This is My Family”

Group Session 07
Family & Worry





HANDOUT “My Biggest Worry” (page 1 of 1)

If your biggest worry was like a rock on your back, circle the figure that best describes how heavy that worry is today.





HANDOUT “Cut Out Genogram”





Group Session 08

Worry & My Future

Goals

- Explore how the youth sees themselves now and in the future.
- Continued reinforcement of anxiety management.
- Problem solve for their biggest worry.
- Reconnect to the future.
- Review what teen wants to share in parent interview.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

Talk about a time when you felt a really strong emotion (i.e. happy, sad, anger... etc.)

Outside Activity:

Croquet: *A sport and also a recreational lawn game. It involves hitting plastic or wooden balls with a mallet through hoops (often called "wickets" in the US) embedded into the grass playing court.*

Skill:

- Two Truth's and a Lie: Professions
 - The youth will all list two things that are not professions they would like to do in the future and one that is the truth about what they would like to do. The other youth will guess which one is the truth.

Art Activity:

Mind Mapping My Future: *The youth will draw / write things that they want to do in their future.*

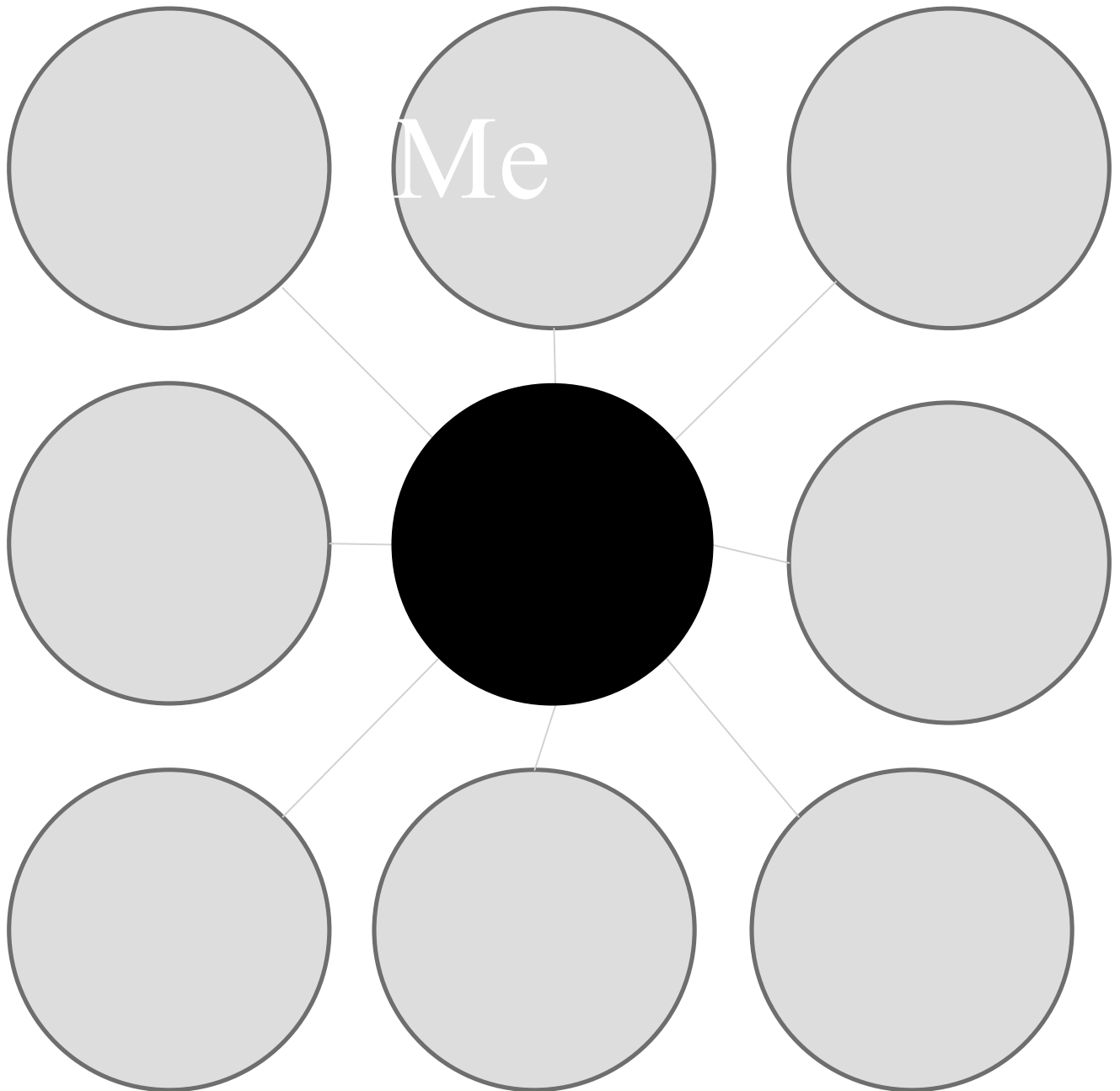
Ending Activity:

Categories: *One participant will pick a category (i.e. "sneaker brands"). Each participant will go around in a circle saying something that relates in that category until somebody is unable to say one.*





Mind Mapping My Future





Group Session 09

Self-Esteem

Goals

- To reinforce survivor thinking.
- To improve the youth's self-esteem.
- To reinforce giving affirmations to others, and looking for the positive.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

The check in question is a question to start the session regarding how their day has been.

Outside Activity:

Mother May I: *One player is designated as the mother (boys can be the father). The mother/father stands at one end of the room, and the remaining players line up at the opposite end. Players take turns asking "Mother/Father, may I (movement suggestion)?" The mother/father answers either "Yes, you may" or "No, but you may (another movement suggestion)." Even if the mother/father makes an unfavorable suggestion, such as return to the starting point, the player must perform it. The first person to reach the mother or father wins. That person becomes the next mother or father if another round is played.*

Skill:

- Complete and review the HANDOUT "These Are The Good Parts of Me"

Art Activity:

Name Anagram: *The youth will write their name like an anagram and color it however they like.*





HANDOUT Drawing “These Are The Good Things About Me”

These are the good parts of me	These are what others would say are the good parts





Name Anagram: The youth will write their name like an anagram and color it however they like.





Group Session 10

Overall Life Wellness

Goals

- Explore why know our values are important and what the youth's values are.
- Examine various arenas of the youth's lives.
- See how the various aspects of our lives are interrelated.
- Look for small ways to improve our individual arenas of life.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

What was one of today's highs and one of today's lows?

Outside Activity:

Freeze Tag

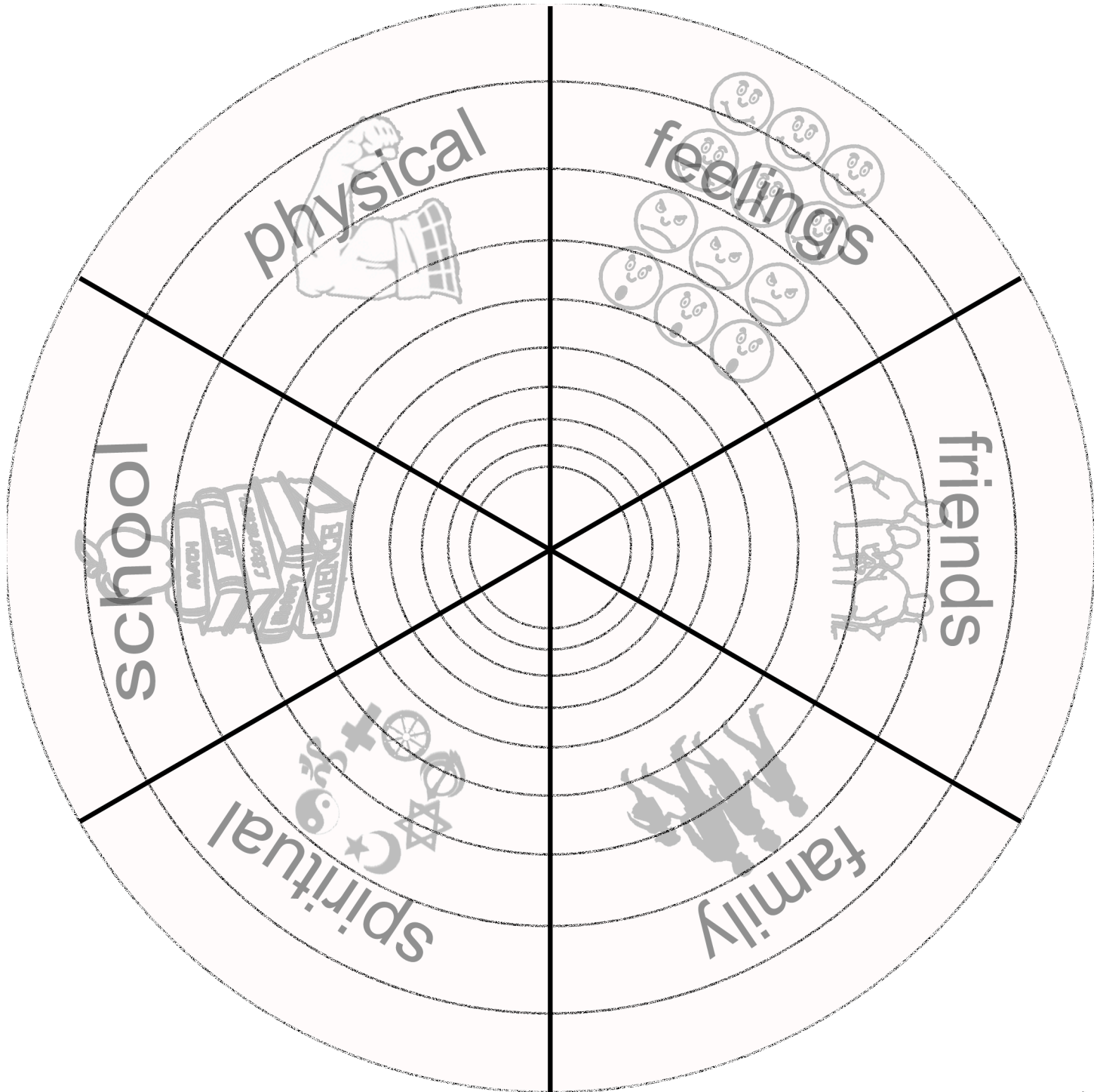
Skill / Art Activity:

- Complete HANDOUT "Individual Wellness Wheel"
 - Brainstorm the criteria somebody might judge for each quadrant.
 - Have the youth rate on a scale of one to 10 how they are in each quadrant.
 - Color the quadrants in.
- Review HANDOUT "Individual Wellness Wheel"
 - What did you rate the best in?
 - What did you rate the worst in?
 - How could you improve one just a couple of points?
 - Do the different areas of life affect other areas of life? If your wheel was a real wheel, how would it roll?





HANDOUT “Individual Wellness Wheel”





Group Session 11

Saying Goodbye

Goals

- To reinforce the “survivor” in the youth.
- To point out possible future problem areas and how they can attempt to manage them if they occur.
- To reinforce future orientation.
- To reinforce asking for help in the future if needed.
- To reinforce ways they have learned to think and respond to anxiety producing situations.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class. The youth get the opportunity to play engaging and skill building games such as Rush Hour TM and I Spy TM.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Read Aloud:

This is a time of being able to engage in reading a book together, one chapter per week.

Group Rules:

Review created the group rules.

Expressing Feelings:

What is a time it has been difficult to say good bye and what is a time that it has been easy to say good bye?

Outside Activity:

Human Knot: *Have all of the participants stand in a circle. Have them randomly join hands with other members of the group. They will then have to try to untangle themselves into the best circle they can.*

Skill:

- Complete and review HANDOUT “My Biggest Worry Now”
 - How does it relate to the biggest worry completed earlier?

Activity:

- Complete ACTIVITY “Two Truths and a Lie”
 - The participants will go around in a circle, with each participant proceeding to share three pieces of information about themselves. They will share two pieces of information that are true and one that is made up. The rest of the participants will attempt to guess what the lie is.





HANDOUT "My Biggest Worry Now"

My biggest worry was _____

If your worry was like a rock on your back, circle the figure that best describes how heavy the worry is today:



What Was the Most Helpful?

Which of the activities helped you the most? (You can list more than one.)

What was the hardest part for you?

Of all the things said to you, what do you remember the most? What stands out the most?

Circle which one best describes how you feel now, as compared to how you felt when you first started these sessions.

Worse

The Same

Better

Definitely Better





Group Session 12

Celebrating the Victories

Goals

- Explore strengths with the youth.
- Review skills the youth has gained.
- Investigate community resources.
- Provide closure to the youth.

Group Agenda

Engagement Time:

This is a time for the youth to be signed in, spend time with facilitators, and get ready for the upcoming class.

Dinner:

Dinner time is provided to spend time relating to the youth, building relationships, and social skills.

Group Rules:

Review created norms and rules.

Activity:

- Complete FORM “Managing for Parents of Young Children”
- Review skills gained over during all the previous sessions
- What is the process of healing?
- What kinds of needs to the families still have?
- What kind of referrals can be made?
- Group facilitators share positive things they see in each participant.
- Present certificates of completion.

