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**Udayan CARE**  
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**Training Workshops on  
MENTAL HEALTH INTERVENTIONS FOR  
BETTER CARE AND MANAGEMENT OF  
INSTITUTIONALIZED CHILDREN  
AND YOUNG ADULTS  
A REPORT**

In Partnership with



Indian Institute of  
Psychotherapy New Delhi



**December 19 - 20, 2014 New Delhi, India**





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**Training Workshops on  
Mental Health Interventions for Better Care and Management of Institutionalized  
Children and Young Adults: A Report**

**December 19-20, 2014**

**India International Centre, New Delhi, India**

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**Compiled by : Dr. Kiran Modi and Dr. Karabi Majumdar**

**Rapporteur : Maninder Kaur**

# Acknowledgements

Recognizing the fact that there is a dearth of adequately trained staff to deal with the emotional and psychological complexities of the seriously victimized children, who enter institutionalization through the Child Protection system with the fierce experiences of loss, abandonment, death of loved ones, violence, betrayal, neglect, etc., Udayan Care came forward to organize a two-day training workshop on topics related to the mental health care and management of institutionalised children and young adults for the key stakeholders. It was organized in partnership with The Indian Institute of Psychotherapy Training in, New Delhi, and Centre for Child & Adolescent Wellbeing (CCAW), New Delhi. Our sincere thanks to the Directors of both the organizations, our long term associates, Dr. Monisha Nayar-Akhtar and Dr. Deepak Gupta, for their invaluable support, and their wonderful trainings. We are grateful to Dr. Achal Bhagat, Dr. Vikram Dutt, Dr. Shilpa Gupta and Ms Gloria Burret, too, for being a huge resource of learning for the participants.

Words cannot express our appreciation to the young students of Sanskriti School for putting their heart and soul to their their inaugural song with beautiful depiction of Bachpan (Childhood) and setting the tone for the next two days. Also, A big thanks to their teachers for conceptualizing such a beautiful act. We have no words to express our appreciations to Ms. Pragya Mishra and Ms. Jyoti Dhawan the students of Sanskriti School, for and their teachers, for writing, conceptualizing and guiding the children for the same.

A special word of appreciation to Sanjay Kumar, his actors from pandies Theatre, and Udayan Care children from Udayan Ghar, Mehrauli, for making our feeling of institutional care come so real with their theatrical performance!

Our deep gratitude also goes to all the participants, who spent their precious time in attending the workshops and making it enriched by their valuable interactions. We were truly encouraged by the overwhelming participation from NGOs running care homes, CWC members, DCPOs, other Government agencies, professionals and researchers. We look forward to further involvement and support from each organization and individual for taking these initiatives to the next stage in order to achieve our common goal.

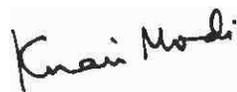
It was a privilege to have Mr. Asheem Shrivastav, Member NCPCR, as our Chief Guest, during the valedictory session on December 20, 2014. We are thankful to him for his gracious presence and his valuable remarks. We are grateful to the National Commission for Protection of Child Rights (NCPCR) and Delhi Commission for Child Rights (DCPCR) for providing us with some resource material to be shared with our participants.

We would like to express our deep gratitude to UNICEF India, for supporting us and aiding us in taking forward our vision. Your support means the world to us!

A big thanks to the team of social workers of Udayan Care, who enriched the vision of the workshops with their knowledge and experiences, including the videography for one of the sessions! We are very grateful to the caregivers of Minda Bal Gram, Salaam Balak Trust and Udayan Ghar for sharing their experiences in the videos. Our special thanks are due to Rajgunjan Dwivedee for her valuable contribution and the Admin team, headed by Deepak Kashyap with Virender Singh and Sahab Lal for helping us organise all the logistics.

Special thanks go to Dr. Karabi Majumdar, consultant Udayan Care, who helped us at every step, and who was an impeccable Master of Ceremonies. Last but not the least; we would like to thank Ms. Maninder Kaur for being the rapporteur for the two days.

Thank you once again!



**Dr. Kiran Modi**  
Founder Managing Trustee,  
Udayan Care

“

*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*

”

**- World Health Organization**



# Table of Contents

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<b>Acknowledgements</b>	<b>03</b>
<b>Executive Summary</b>	<b>06</b>
<b>1. Background &amp; Introductory Session</b>	<b>10</b>
<b>2. Workshop 1: Discovering and Caring for the Child in Every Case</b>	<b>13</b>
<b>3. Workshop 2: Ego Resiliency</b>	<b>19</b>
<b>4. Workshop 3: Working with Caregivers</b>	<b>27</b>
<b>5. Workshop 4: Group Process</b>	<b>37</b>
<b>6. Valedictory Session</b>	<b>44</b>
<b>7. Conclusion and Recommendations</b>	<b>45</b>
<b>Annexures</b>	<b>47</b>

## Executive Summary

The two-day Training Workshops on “Mental Health and Interventions for Better Care and Management of Institutionalized Children and Young Adults”, organised by Udayan Care, in partnership with Indian Institute of Psychotherapy Training, New Delhi, and Centre for Child & Adolescent Wellbeing (CCAW), on 19th & 20th December 2014 at India International Centre, New Delhi, brought together nearly 100 participants from various NGOs, government officials, CWC members, mental health professionals, and students.

### Key Objective of the Workshops

- To train and build capacity in therapeutic techniques of NGOs staff, volunteers and professionals in addressing mental health issues, related to attachment, loss, grief and trauma, faced by institutionalised children.

### Expected Outcomes

- Stakeholders' understanding of impediments facing children in institutions related to such mental health issues as attachment, loss, grief and trauma, enhanced.
- Assessment capabilities of stakeholders towards the mental health needs of children developed.
- An Empowered group of trained cadre of social workers, staff member and volunteers, capable of addressing mental health issues, related to children in institutions, in place.
- A module of trainings developed, related to mental health, which can be further perpetuated.

Total of four workshops were available for the participants across two days, and the resource persons consisted of a panel of very eminent and distinguished mental health professionals who conducted the workshops in a very interesting and interactive manner.

The first item in the agenda was a mesmerizing performance by the little children of Sanskriti School, who beautifully enacted a poem on Bachpan (childhood), written by one of their teachers, Ms. Pragya Mishra and conceptualized by another, Ms. Jyoti Dhawan. Dr. Kiran Modi, Managing Trustee, Udayan Care, in her welcome and keynote address shared some of her early experiences which enriched her understanding about mental health issues of children in institutional settings. She recognized from these experiences that these children need extra care and protection, who arrive to the care homes with unimaginable trauma and that it is important to understand the mental health issues of children in order to respond accordingly. Dr. Modi emphasized on the urgent need of qualified staff to help the children recover from their emotional damages and to help them cope with their past. Therefore, these workshops are expected to provide a common ground for the stakeholders to engage in exploring ways of dealing with the major challenges that can come in the way of creating a better world for children.



### About the workshops

**Dr. Achal Bhagat** conducted the first workshop on “**Discovering and Caring for the Child in Every Case**” where he explained how every child is unique and need to accept them as they are. It is important to handle the issues with the child's participation. According to him it is essential to learn the skill of gaining trust of children in difficult situations to help them. Focus on the strengths of the children and help them recognize what they can do, instead of pointing out their incapacities. **Dr. Monisha Nayar-Akhtar** conducted a workshop on **Ego Resiliency** and illustrated how children are born with an innate protective shield, which protects them from ordinary frustrations in life. However, some major traumas in a child's life can break the stimulus barrier and rupture her protective mechanisms. The role of caregivers is to recognize the negative feelings without condemning or superimposing their values on the children. Ego resiliency is not restricted to the ability of the child to help oneself, but also the capacity to seek help.

The third session was jointly conducted by three resource persons, **Dr. Deepak Gupta, Dr. Vikram Dutt and Dr. Shilpa Gupta**, on **Working with Caregivers**, and it was initiated by showing a video clipping and then an introduction to the care giving work. The challenges and limitations experienced by the caregivers were also discussed. It was pointed out that the caregivers experience frequent burnouts, which make them vulnerable to the overpowering emotions of anxiety, aggression and guilt. Only when caregivers are mentally balanced and feel cared for, can they create a nurturing environment for children in their care. Communication is an effective tool which can help the caregivers to establish constructive relationship with the children and gain their trust. **Dr. Deepak Gupta** explained about Psychological First Aid for kids and immediate steps that can be taken by caregivers or any professionals, to address the psychological crisis faced by a child. **Dr. Monisha Nayar-Akhtar** and **Ms. Gloria Burret** took up a session on **Group Process** where they explained the concept of group process and dynamics. It was emphasized how the groups provide essential purpose of providing support system in a crisis situation. The group process helped the caregivers to come out of their problems ranging from mental stress to developing friendly relations with their children.

### Valedictory Session

Mr. Asheem Srivastva, the Member Secretary of NCPCR, graced the occasion as the Chief Guest during the valedictory session, and stressed on the importance of parental responsibility in his address to the audience. He mentioned that parents and care takers have a major role in providing care and support to children. The highlight of valedictory session was a skit presented by the Udayan Ghar (Mehrauli) children assisted by pandies' theater group, which brought home the mental health issues children in institutions face. Dr. Vikran Dutt summed-up the entire two days' key learnings during the valedictory session.

### Outcomes Achieved

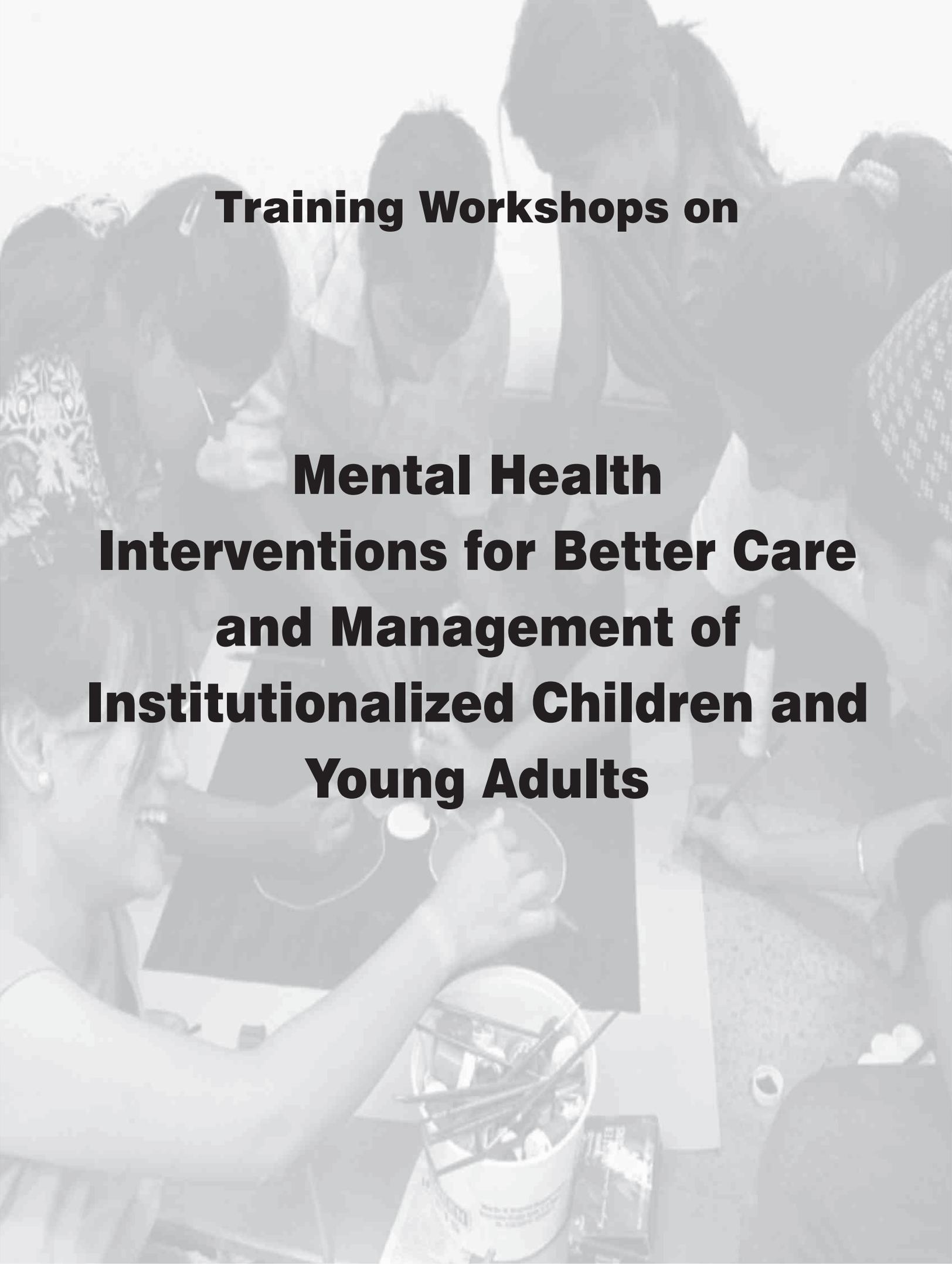
The feedback received at end of the two days from the participants was quite heartening. According to them, these workshops helped them in understanding various mental health concepts and conditions of children in difficult circumstances. They felt that their knowledge of identifying and assessment capabilities of psychological issues of children were enhanced. However, the participants demanded that such workshops must be conducted more frequently to further build their capacities on early assessment and interventions of children in institutional care. Considering the vast scope and wide range of topics on mental health therapeutic techniques, it was felt that there is a lot to be achieved in order to empower the concerned stakeholders, who could effectively address and handle the mental health crisis of vulnerable children.

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*There is in every child at every stage a new miracle of vigorous unfolding, which constitutes a new hope and a new responsibility for all.*

**- Erik H. Erikson**

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**Training Workshops on  
Mental Health  
Interventions for Better Care  
and Management of  
Institutionalized Children and  
Young Adults**

## Background

A two-day training workshop on **Mental Health Interventions and Better Care for Children in Institutional Care** on December 19 & 20, 2014 at India International Centre, New Delhi, was organized by Udayan Care in partnership with Centre for Child & Adolescent Wellbeing (CCAW) and Indian Institute of Psychotherapy Training, New Delhi with the objective to train and build capacity in therapeutic techniques of NGOs staff, volunteers and professionals in addressing mental health issues, related to attachment, loss, grief and trauma, faced by institutionalised children.

India has an enormous child population, with more than 448 million boys and girls under 18 years of age.<sup>1</sup> As per UNICEF's report, *The State of the World's Children 2012*, there are 31 million orphan children in India. Integrated Child Protection Scheme (ICPS) also estimated 180 million vulnerable children in 2009 in India. Many of these children, who are out of family protection network, as well as many who may have family, but are totally dysfunctional, can be found living in the streets or in illegal urban settlements. Inhuman and violent life conditions turn many such children into law offenders, drug abusers and exploiters themselves. Mainstreaming them, by providing them with care and protection, is a big challenge, as not much awareness, evaluation and monitoring mechanisms exist for other alternate systems. So, placing them in institutions, even though considered the last resort, becomes an easy option.

Children in institutions cannot be clubbed as a homogenous group too, as each child can face distinctly different risks and specific vulnerabilities depending on whether the child is a boy or a girl; lived in an urban or rural situation; came from an orphaned background, extended or foster family, an institution or on the street; is HIV-infected, or has disability, and many other issues. Care options must meet certain general standards like meeting the specific needs of each and every child on an individual basis. Added to this is an acute scarcity of adequately trained staff to deal with their emotional and psychological complexities.

Children, who enter institutionalization through the Child Protection system, are those, who more often than not, have been through something grave – loss, abandonment, death of loved ones, violence, betrayal, neglect etc.

This is what makes the need for an urgent and immediate focus on mental health because, while it is the direst need of the traumatized child, it is the one that has received absolutely no attention. These are seriously victimized children and training the people who care and manage the children is extremely crucial.

The two-day workshops attempted to train the staff, practitioners and different stakeholders who work with Institutionalized children, in issues related to the mental health of children in institutions. Total four workshops were scheduled across two days: 1) Discovering and caring for the child in every case, 2) Ego Resiliency, 3) Working with Caregivers, and 4) Group Process. A panel of very eminent and distinguished mental health professionals came as resource persons to conduct the workshops in a very interesting and interactive manner, namely Dr. Achal Bhagat, Senior Consultant Psychiatrist and Psychotherapist, Saarthak, New Delhi;

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1. *The Status of the World Children – 2013, UNICEF.*



Dr. Monisha Nayar-Akhtar, Psychoanalyst cum Psychotherapist, USA & Director, Indian Institute of Psychotherapy Training, New Delhi; Dr. Deepak Gupta, Adolescent and Child Psychiatrist and Founder director of “Centre for Child & Adolescent Wellbeing (CCAW)”, New Delhi; Dr. Vikram Dutt, Independent Rehabilitation Consultant; and Ms. Gloria Buffet, Psychotherapist, New Delhi.

### **Key Objective of the Workshops**

- To train and build capacity in therapeutic techniques of NGOs staff, volunteers and professionals in addressing mental health issues, related to attachment, loss, grief and trauma, faced by institutionalised children.

### **Expected Outcomes of the Workshops**

- Stakeholders' understanding of impediments facing children in institutions related to such mental health issues as attachment, loss, grief and trauma, enhanced.
- Assessment capabilities of stakeholders towards the mental health needs of children developed.
- An Empowered group of trained cadre of social workers, staff member and volunteers, capable of addressing mental health issues, related to children in institutions, in place.
- A module of training developed, related to mental health, which can be further perpetuated.

### **Introductory session**

The inaugural programme of the workshop was a poem recital, *Bachpan*(childhood), by the student of Sanskriti School, New Delhi. This mesmerizing performance by the little children perfectly set the tone for the next two days where they powerfully expressed about the snatched childhood of many vulnerable children in our country. The eight students who brilliantly performed in this recital clearly conveyed the message that no one has the right to do injustice to the children who have been suffering everyday due to the ruthless behavior of many in our society. They ended with a positive ante and a statement that each and every child has the right to live and enjoy a normal childhood with utmost freedom.

Dr. Kiran Modi, Founder Managing Trustee, in her welcome and key note address, welcomed the participants attending the workshops and extended special thanks to all along with the resource persons for bringing their expertise, and to UNICEF for their support in creating a platform which brought together the professionals, staff and volunteers on a single platform, to deliberate on the mental health issues of children and those related to them. Dr. Modi shared the unique group care model developed by Udayan Care and her experiences thereof.

Dr. Modi mentioned that a number of challenges arise in the process of providing healthy and appropriate developmental experiences to vulnerable children in an institutionalized settings. She shared one of her early experiences which enriched her understanding about mental health issues of children when her attempt to provide comfort to a child in trauma by hugging, resulted in the child revolting from that touch. Deriving from her experience of caring for institutional children, Dr. Modi shared that children in need of care and protection arrive to the care home with unimaginable trauma. They are fearful to trust anyone as they feel deserted by adults, sometime even by the own parents. In such situations, it is important to understand the mental health issues of children and to respond accordingly. She said that institutionalization should be considered the last

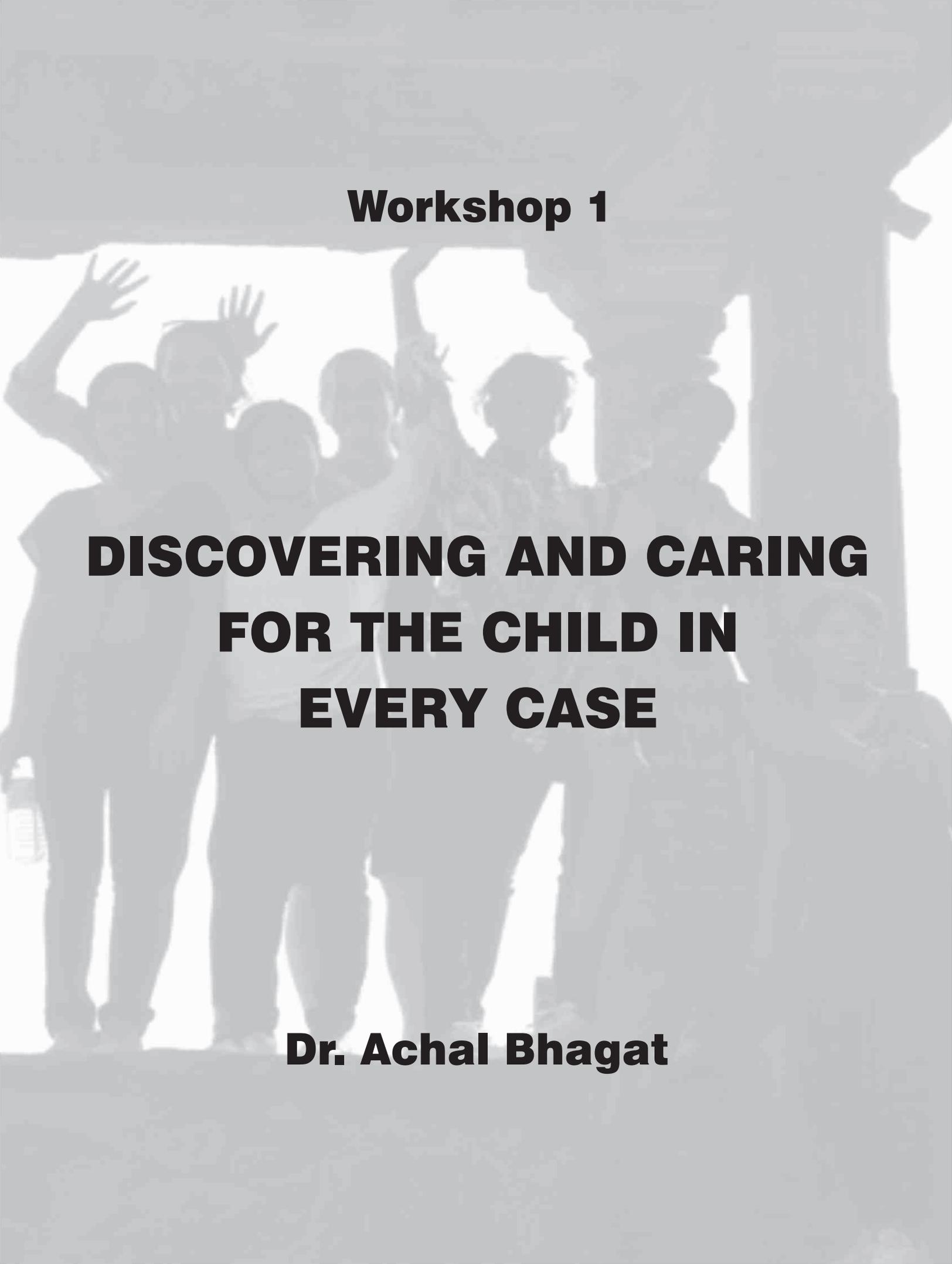
## Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

resort for children in need of care and protection and that the children should grow within a caring family environment. She drew the attention of participants to the fact that the reality is in the absence of developed alternative care systems, a significant number of children are already placed in children's homes, whether governmental or non-governmental. This calls for a deeper understanding of mental health issues of children within the staff and volunteers, who work in such institutions.

Dr. Modi stressed on the fact that it is imperative that a platform be created to deliberate, with greater breadth and depth, on standards of care and mental health issues of children in alternative modes of care, who are deprived of their own family network; and how trauma and abuse, being in a dysfunctional family, or separation from the family network, impacts on the mental health of children. She further stated that of greater relevance is the question that whether the people who are supposed to look after such displaced children, whether government officials or Ngo practitioners, understand the mental health issues and are even trained or equipped to address them.

She shared that with the recognition of the need to improve the standard of care, service delivery and mental health of institutional children and adolescents, Udayan Care had initiated a series of consultations and workshops from March 2014 onwards, and have come up with an academic journal, "Institutionalised Children: Expectations and Beyond (ICEB)" to deliberate on the issues faced by children, who are out of their family network and are placed in alternate care.

She emphasized on the need of qualified staff to help the children recover from their emotional damages and to help them cope with their past. She addressed the fact that there is a lack of expertise addressing mental health issues in majority of the care institutions and hoped that the two day workshops can provide an opportunity to the stakeholders to derive comprehensive understanding of the various aspects of mental health issues of institutionalized children. Dr. Modi highlighted that the workshops would provide a common ground for the stakeholders to engage in exploring ways of dealing with the major challenges that can come in the way of creating a better world for children. She mentioned that trainings in the workshops will concentrate on the child-centric process and framework in capacity building, with the ultimate goal to develop an enlightened and empowered group of trained cadre of social workers, staff and volunteers, capable of identifying, understanding and addressing mental health issues of children in institutions.

A group of people, including children and adults, are silhouetted against a bright, overexposed background. Some individuals have their hands raised in the air, suggesting a group activity or a moment of celebration. The overall tone is positive and collaborative.

## **Workshop 1**

# **DISCOVERING AND CARING FOR THE CHILD IN EVERY CASE**

**Dr. Achal Bhagat**

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

The session began with an introduction and exploration round where participants were asked by the resource person to share their expectations from the workshops. These expectations ranged from gaining an understanding of the macro perspective of children's mental health to working on one self and other stakeholder with the long term goal of empowering children and caregivers. The group involved people who were directly engaged with children as social workers, counselors, care givers, CWC members, teachers and researchers.

Introduction was followed by an activity, meant to draw the participants' attention to the functioning of child protection system.

## Activity 1: Role Play

Six volunteers were called on stage and given a pen each. Each volunteer was then given a number from one to six and were asked to stand in a circle. The volunteers were instructed to throw the pen to any of the six members once their number was called upon. The activity was chaotic and majority of the times, the pen fall on the ground as the other person couldn't catch it. A question was then thrown to the participants as to who was at fault when the pen fell down. Deriving from the activity, resource person brought out the context of child protection system. He emphasized that people working within the system follow cause and effect approach where they consider themselves as effect and other people as cause. This approach leads to a blame game where none of the persons takes onus for inefficiency in the system. He suggested that instead effect-effect model should be adopted, where everyone ensures that the task is completed at their end and in case of any failure everyone takes responsibility for the same

**Lessons learnt:** Each of the stakeholders' roles and responsibilities should be clearly laid out, and they must ensure to fulfill their respective responsibilities and complete the task without pushing it to one another. Each one in the team is important where each one is fulfilling a specific purpose.

Dr. Achal Bhagat then conducted another activity through role-play with a few volunteers from the audience where he tried to demonstrate how it is essential for the stakeholders in child protection system to have some basic professional skills to understand the child in trauma without being judgmental.

## Activity 2: Role play

The person 'A', was given a hundred rupee note and asked to protect it. The other members were asked to plan out a strategy to take away this note from the person 'A' by any means. Person 'A' was told that the hundred rupee note symbolizes a vulnerable child, who is a source of money for the former. The role play began and the other five volunteers, who enacted as police officer, CWC member, welfare officer, and a psychologist came to person 'A' and began their negotiations. Person 'A' gave various reasons for not giving away the child. The process involved a number of arguments between person 'A' and other members of the group, who represented the different stakeholders of child protection system. The resource person addressed the participants of the workshop and shared that when he conducts the same activity with people in authority, the hundred rupee note is often torn out. He emphasized that some of the protective mechanisms for vulnerable children may cause further trauma to them. He asked the participants to reflect if the stakeholders of child protection really have professional skills and time to understand the child's context.



**Lessons Learnt:** Basic professional skills aided with sensitivity is required to handle the issues of vulnerable children to understand their context.

Understanding the experiences and narratives of the children is extremely important. In order to elaborate on his point, Dr. Bhagat narrated the story of a child named 'Tara'.

**Story of Tara:** Tara is a eight years old girl and sitting alone on a bench, in a garden on a winter evening. The resource person then asked the participants to take the story forward using their assumptions and imagination. One participant added that the girl child might be the daughter of a casual labourer, who had gone to work, and thus was waiting for her parents. Another participant added that the child might have a step mother, and because she had other siblings in the family, her parents who were financially poor, were unable to provide care for her. A few others mentioned that they thought that the child was unwanted and unloved. More or less, all the responses that came from the participants drew a gloomy picture of the child's life. However, one of the participants suggested a positive angle to the story by mentioning that the child may have been in the park as she had come to play. The resource person then

narrated the real story of Tara, who was the daughter of a 'dhobi', who sat very close to the park, and worked twelve hours in a day along with his wife. Tara regularly went to school and then came back to be with her parents who worked at this place.

**Key Message:** With this case, Dr. Bhagat helped the participants to look beyond the stereotypes that we tend to associate with any child, who is seen in a difficult condition. He mentioned that even though the child may have faced some vulnerability in her past or present, she may also have had a set of positive events or experiences that motivated her to move ahead in life. It is important to see both the sides of a coin and therefore understand the child's life from both the angles, vis a vis the difficulties and risks associated with child's health, and the equally important positive aspects of child's life.

Dr. Bhagat then involved the participants on the discussion related to the impact of difficult experiences on the mental health of children. During the discussions, participants shared that traumatic experiences induce anxiety, depression and sometimes an indifferent attitude where the child comes to mistrust people around him. The resources person drew the participants' attention to the fact that the child's frequency to trust will reduce with such experiences. However, his/her need to trust will never decrease. In order to cope up, children may respond in different ways. Some of them may try to trust people in order to prove them wrong. Others may come to believe that they will be further harmed if they trust once more. As a protective mechanism, the child may try to lie about oneself. She may convey a fake story, which she thinks will appeal to the social workers or she may come up with a vague story so that nothing can be drawn out from it. The resource person elaborated that a child, in such a situation, should not be seen in a bad light. When children deliberately lie about their past, the stakeholders including care giver, CWC members and police personnel should understand the motive behind the child's behaviour. Dr. Bhagat recognized the fact that the stakeholders often struggle with the task of extracting correct details from the child and have to fill the investigation form within a limited span of time. This changes the mode of interaction into interrogation, which can heighten the mistrust of the child and demotivate him/her to share one's difficult experiences.

## Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

Taking from this, the resource person introduced the participant to the skill of '**normalizing trust**'. He explained with an example of person 'A' who borrows money from person 'B' and doesn't return it. This happens a number of times and after a certain period, person 'B' begins to mistrust the person 'A'. However, if the latter asks person 'B' for money another time and gives genuine reasons for not been able to return and assures the person 'B' that he would return the money this time, there are high chances that person 'B' will believe person 'A'. Dr. Bhagat highlighted the fact that for a majority of people, the ability to trust is higher than ability to mistrust. In this backdrop, the child needs to be affirmed that it is normal if he/she is unable to trust and to be assured that he/she can open up whenever one feels safe. The care givers or social officers should assure the child that it is absolutely fine if he/she is unable to trust them at this moment and that they are willing to win his/her trust. The child also needs to be assured by the social workers that he/she is being heard and he/she will be heard even in the future, when he/she will feel comfortable to share his/her real story. The resource person shared his personal experience that using this skill helped him gain trust of many children in difficulties, who opened up and shared their difficult past life experiences.

The second skill as discussed by the resource person is '**validation**'. Dr. Bhagat explained that validation is to understand and justify a person's anger by acknowledging that what he went through was not right and that we are equally angry for that. The resource person added that the child should be helped to recognize her multiple identities in addition to her identity which is closely associated with her difficult past experiences. He gave the example of a young girl who didn't want to be put within the box of a trafficked survivor; instead wanted to be seen as any other normal female. This brought the discussion to the concept of ability-centric approach which should be used to work with children in difficulties. The idea is to focus on the strengths of the children and to help them recognize what they can do instead of pointing out their incapacities. Dr. Bhagat mentioned that the overall challenge in the child care system is to create opportunities for the children to explore multiple identities within limited resources of the care system.

Another skill which was shared was to seek '**participation**' of children. This is essential to ensure that a top to bottom approach is not followed and that children are involved in the decisions related to them. He emphasized that children have the capacity to take decisions, however, many a times this involves various limitations including that of time and budget. He added that these limitations can always be worked upon by providing a framework within which decisions can be taken by children and the stakeholders. He stressed on the need to institutionalize participation in care institutions, thus to make it an inherent part of the structure of care institution. He shared the idea of children's parliament which can be very effective in facilitating participation. Dr. Bhagat linked participation of institutionalized children to their association with the local community. He added that participation in community events is an important means to prepare the children to integrate with the society as they leave the care institution.

The resource person helped the participants to understand the ways in which child's participation can be sought. He shared how he engaged with a child in a difficult condition who was sitting on a footpath. The resource person mentioned that he sought the permission of the child to sit with him and therefore helped the child to define the footpath as his space and that the latter had the right to decide if he would like the resource person to intervene in his matter. This helped the child feel safe as he developed the confidence that he had a say in the process of intervention. In the helping process the resource person helped the child to make informed choices.



He related that these skills can be used to help children in institutions where stakeholders can help the children learn about different possibilities regarding their action, and make a choice. He highlighted that in the process of making choices, the child should not be judged.

#### **Key Skills:**

- **Normalizing Trust:** This skill helps gain trust of children in difficulties/trauma, who open up and share their difficult past life experiences once the trust is gained.
- **Validation:** The children should be helped to recognize their multiple identities in addition to the identity which is closely associated with their difficult past experiences. The idea is to focus on the strengths of the children and to help them recognize what they can do instead of pointing out their incapacities.
- **Participation:** This skill is essential to ensure that a top to bottom approach is not followed and that children are involved in the decisions related to them in an institutional setting. Participation in community events is an important means to prepare the children to integrate with the society as they leave the care institution.

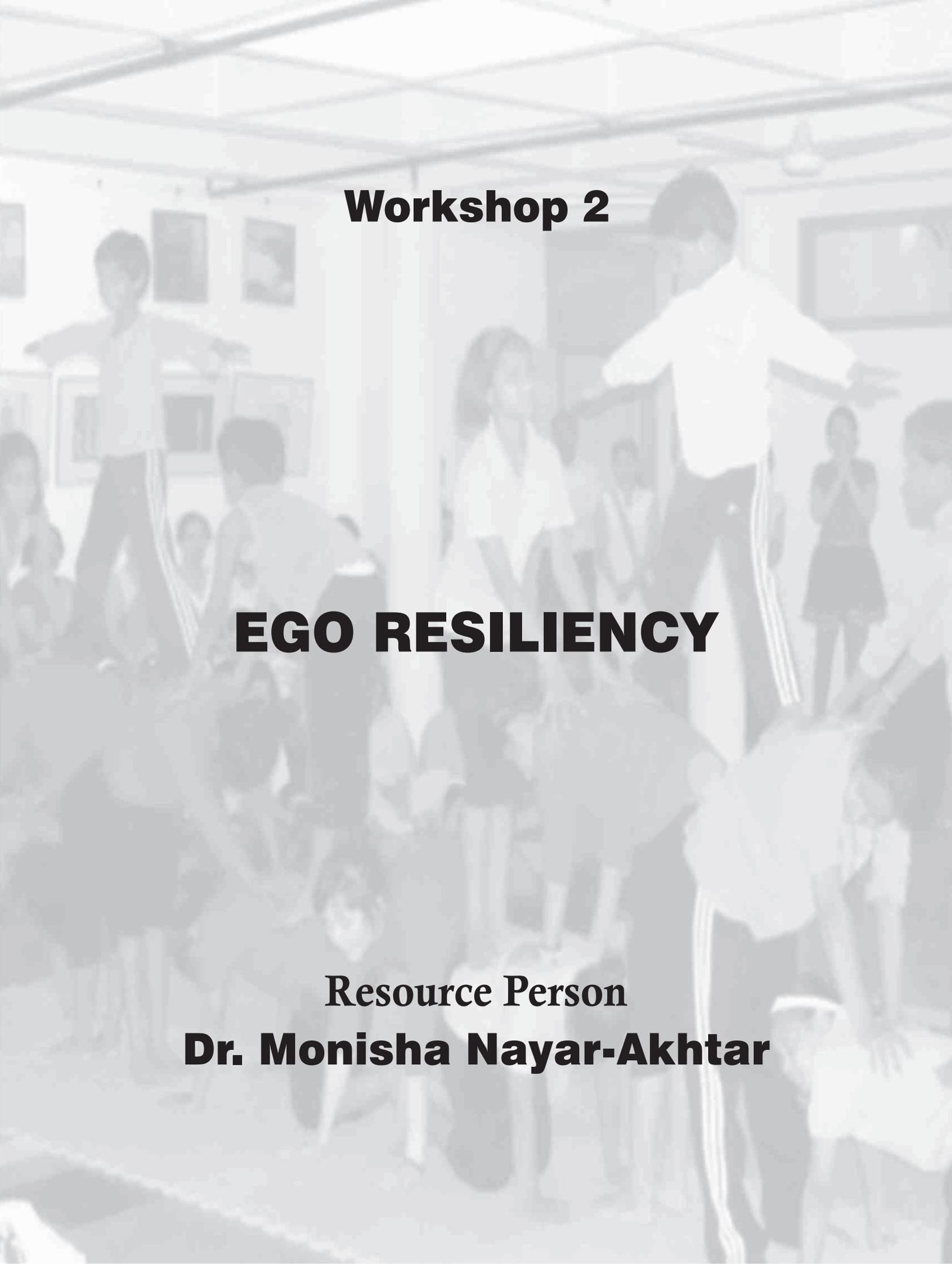
**Key Learning:** Children in the institutional setting have their multiple identities and we need to identify them beyond the frame of a survivor. There is no need to highlight always the negatives, a victim of circumstances. Another learning point, nothing should be done for the children without their permission, even sitting nearby them or talking to them. If a good level of trust is reached, privacy and confidentiality of all children need to be respected at all times. Children themselves must participate in every process connected with them. Every intervention with children needs to be participatory; the rights of children include the Right to Participation. We should never forget this right which could make or break the other rights.

“

*When we tackle obstacles,  
we find hidden reserves of courage and resilience  
we did not know we had. And it is only when  
we are faced with failure do  
we realise that these resources were always there within us.  
We only need to find them and move on with our lives”.*

”

**- A. P. J. Abdul Kalam**

A black and white photograph of a group of students in a classroom. Two students are standing on the shoulders of others, forming a human pyramid. The students are wearing school uniforms. The classroom has framed pictures on the walls and a ceiling fan.

## **Workshop 2**

# **EGO RESILIENCY**

**Resource Person**

**Dr. Monisha Nayar-Akhtar**

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

The workshop began by exploring the concept of ego resiliency. The concept, as seen by the participants included: the ability to bounce back, to cope with one's environment, to manage distress and to adapt to difficult circumstances in one's life. Dr. Monisha Nayar-Akhtar clarified that ego resiliency is not synonymous to invulnerability as every person is susceptible. However, the concept signifies certain factors that can help a person to face a difficult situation. She explained that all children are born with an innate protective shield which protects them from ordinary frustrations and shocks in life. These **protective factors** develop within the developmental framework of a child and are dependent on the social context and the stimulus barrier. They protect the child from ordinary frustrations of life.

## **Protective Factors**

- Good health
- Being female
- Those who work well, play well, love well and expect well

## **Protective Factors within the Family**

- Caring and support
- High expectations
- Encourage children's Participation
- Other factors: small family size, mother over age 17, or children space at least two years apart

## **Protective Factors within the School**

- Caring and Support by teachers
- Peer support
- Youth participation and involvement

## **Protective Factors within the Community**

- Caring and Support
- High expectations
- Opportunities for Participation

However, some major traumas in a child's life can break the stimulus barrier and rupture her protective mechanisms. In response to the situation, the child may develop defenses of various forms including a tendency to mistrust others around him. Thus, the role of caregivers is to recognize the negative feelings of the child while ensuring that they do not condemn the child's feelings, and restrain themselves from superimposing their values on the latter.



### Concept of Ego Resiliency

- Varied meanings
- No one has absolute resistance: more of a graded phenomenon
- Features that constitute resilience will vary according to the risk mechanism
- Not an intrinsic feature of the individual
- Resides in the social context
- Not an unchanging characteristic: Developmental changes will influence resilience
- Does not mean that the individual does well no matter what the adversity
- Best understood as a process
- Researchers have been devoted to discovering the protective factors that explain people's adaptation to adverse conditions

After developing a general understanding of the concept of ego resiliency, Dr. Nayar brought in its specific definition given by Garmezy, and related the concept to playfulness and high expectations. She initiated a discussion on the elements involved in play and its relation to ego resiliency. The participants listed the components of play including fun, following rules, creativity and so on. She added that the child's realization that one can lose or win with equal probability can create a balance in one's life, which is very useful for development of ego resiliency. She highlighted that the child's expectations of themselves has a strong correlation with ego resiliency. These expectations are linked to the dreams that one has of the future, which provides direction and purpose. Dr. Monisha Nayar-Akhtar clarified that the concept of ego resiliency is not restricted to the ability of the child to help themselves but also the capacity to seek help.

### Definitions of Ego Resiliency

- Garmezy : Resilient children as those who worked and played well, held high expectations
- Characterized using constructs such as locus of control, self-esteem, self-efficacy and autonomy
- Manifested competence in the context of significant challenges to adaptation or development

The resource person discussed that ego resiliency of a child is closely associated with the development of a gradual control over his internal and external environment. This control develops within the developmental framework of the child. However, in case of trauma, the normal development of child may get interrupted and he may come to experience anxiety, sleeplessness, panic attacks, depression, isolation, social withdrawal and other symptoms,

which can weaken his locus of control. She explained that marginalized children are vulnerable to shifts in their environment and develop certain rigidities of the mind within their individual social contexts. However, in case of a change in their environment, they feel loss of that control. When children are placed in institutions, they may feel a loss of control and therefore they are at increased risk of behavioural problems. The role of care givers is to normalize the developmental level of children in this situation.

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

## Factors that Promote Ego-Resiliency

- Being connected with others such as family or friends
- Self-disclosure of the trauma to loved ones
- Spirituality
- Having an identity as a survivor as opposed to a victim
- Helping others
- Finding positive meaning in the trauma
- The ability to cope with stress effectively and in a healthy manner
- Having good problem-solving skills
- Seeking help
- Holding the belief that there is something one can do to manage your feelings and cope
- Having social support

Dr. Monisha shared that children who come out of trauma have the tendency to get re-traumatized and that the care providers or professionals in a helping relationship should work with caution. The story of the child may induce painful memories for his/her and the he/she may be taken back to the same psychological space. It should be therefore ensured that the child is not forced to talk about one's past experiences; instead should be helped to open up about one's story in an organic way, within the context of loving and safe relationships. In this situation, the impact of the trauma can be reduced to a great extent and narrative of the child becomes more tolerable for her. She also brought in that the care givers must be careful, as during the phases of re-dramatization, children may redirect the feelings of their past onto the caregiver or any other adult.

This calls for provision of a 'frame' to the children so as to help them realize that although they have faced difficulties, but it is a matter of past and has no significance in their present. Therefore, while helping the child talk about one's reality, the care givers or professionals need to address the child that it is difficult to talk about those experiences and to reaffirm him that he would not be harmed in any way. The caregivers thus can become good development objects for the child to whom the latter can look up to as someone who is psychologically healthier and who can help him/her to cope up and emotionally correct oneself. This brought in the importance of emotional security to build ego-resiliency in children. The care provides are required to become human container of emotions for children.

## What constitutes Ego-Resiliency

- The ability to be happy and contented with a sense of direction and purpose
- The capacity for productive work and a sense of competence and environmental mastery
- Emotional security, self-acceptance, self-knowledge and a realistic and undistorted perception of oneself, others, and one's surroundings
- Interpersonal adequacy and the capacity for warm and caring relating to others and for intimacy and respect



The resource person highlighted that children require a space for safe expression of their feelings. She explained that the choice of words used by care providers or a professional in a helping relationship has a great impact on the child's mental health. She shared that if a child is in an aggressive mode and intends to physically hurt the care provider, the latter should use the statement 'I will not let you hurt me' instead of the phrase 'you will not hurt me'. She further explained that when the first phrase is used, the child gets the message that the care giver has control over the situation and that she is a good development object. This gives the child a confidence to share her traumatic experiences which can help a great deal in formation of resiliency in her.

### **Resilience Building: American Psychological Association**

- To maintain good relationships with close family members, friends and others
- To avoid seeing crises or stressful events as unbearable problems
- To accept circumstances that cannot be changed
- To develop realistic goals and move towards them
- To take decisive actions in adverse situations
- To look for opportunities of self –discovery after a struggle with loss
- To develop self-confidence
- To keep a long-term perspective and consider the stressful event in a broader context
- To maintain a hopeful outlook, expecting good things and visualizing what is wished
- To take care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings

### **Building Resilience in the Classroom**

- Helping children develop high expectations of themselves
- Meaning for life
- Goal setting and personal agency
- Inter-personal problem solving skills
- These work together to prevent the behaviors associated with 'learned helplessness'
- Chess talks about 'adaptive distancing' which is the psychological process whereby an individual can stand apart from distressed family in order to accomplish goals
- Moving away from home is a way of practicing 'adaptive distancing'
- Help students develop sense of belong and involvement

The resource person addressed the fact that providing care and support to the children is a challenging task and that care givers themselves require resilience. They need to take care of their mind and body as the care work can place them in a number of situations that can be very traumatic for them. In order to keep up with the work, caregivers require to nurture themselves and to ease their stress. Older children living in care institutions can also help by providing interpersonal competencies, thus, help the younger children to develop resilience. The capacity to have good friendships and social relationship is a good sign of resilience.

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

Dr. Monisha then directed her discussion to the profile of a resilient child which entails social competence, autonomy, a sense of purpose and future, and problem solving skills. She elaborated on problem solving skills, which includes brainstorming, assessment and implementation. The resource person asked the participants to reflect on their response, in case they hear a loud commotion outside the room. The participants thought of alternatives and came out with their response. The moderator facilitated the brainstorming step. Dr. Monisha emphasized that in the first step, the element of participation is very essential. In the second step the moderator picked each response and discussed about its pros and cons. The resource person explained that the third step is implementation which involves execution of the best possible choice or a combination of responses. A group member added that taking feedback should be added as a final step of the problem solving process.

Dr. Monisha related the problem solving process to the context of working with children. She highlighted the role of care workers in helping the child to deliberate over various alternatives and then analyze the impact of each of these choices in latter's life. With this, the child can develop an understanding that he/she can control his/her environment. She emphasized that seeking participation of children in age appropriate decisions is necessary as it encourages the development of self esteem of children and helps them experience a sense of belongingness. She mentioned that in an institutional setting, it is a good practice to take suggestions from children for the decisions regarding them, than to follow a top-bottom approach.

## Profile of the Resilient Child

- Social Competence
- Problem solving skills
- Autonomy
- Sense of Purpose and Future
- Personal attributes: outgoing, bright and positive self-concepts

The resource person then discussed about the protective mechanisms available for the child within one's family, school and community. She explained that in normal course when the child approaches a competition with high expectation and is unable to succeed, it is essential for the guardians to empathize with the loss of child, in addition to encourage him/her for the next time. However, it is usually seen that the parents or guardians tend to feel so bad about the child's failure, that they are unable to address the child's feelings.

## Factors Effecting Resilience

**Ungar and colleagues identified seven aspects of resilience across many different cultures:**

- 1) Access to material resources: Availability of financial, educational, medical and employment assistance as well as food, clothing and shelter
- 2) Access to supportive relationships
- 3) Development of desirable personal identity: sense of oneself as having a personal and collective sense of purpose, ability for self-appraisal of strengths and weaknesses, aspirations, beliefs, and values, including spiritual and religious identification
- 4) Experiences of power and control: Ability to effect change in one's social and physical environment in order to access health resources
- 5) Adherence to cultural traditions
- 6) Experiences of social justice
- 7) Experiences of a sense of cohesion with others



Dr. Monisha brought out that there are cases where the family becomes dysfunctional. In this case, community can play an important role by creating support systems available for children and their families in need of protection. She asked the participants to share about the protective mechanisms available to children within the education system. A few of them also mentioned that the teachers are very supportive for children. Many of the participants mentioned that children living in care institutions are often discriminated by the educators. This brought up the importance of in-service training to teachers in order to make the school an inclusive place for all children. A very important issue was raised by a participant about how the institutionalized children feel discriminated when they are asked to write about their family, their father or mother. The resource person addressed the fact that it is indeed difficult for the child to be placed in such a situation.

### **Role of the Community**

- The characteristics of the community play a huge role in fostering resilience (Benard)
- Availability of social organizations that provide an array of resources to residents
- Consistent expression of social norms so that community members understand what constitutes desirable behaviors
- Opportunities for children and youth to participate in the life of the community
- Constant relocation does not foster ego-resiliency where children fall through the cracks

An important idea that surfaced in the discussion of Ego Resiliency was about the difference between fantasies and action. In this backdrop, the resource person explained that the care providers can help the child distinguish between their fantasies and action and to help them realize that all their fantasies cannot be acted upon. She addressed the fact that for a child who can fantasize that the caregiver is her biological mother and that she has an ideal family, can face a conflict in some part of her life. This conflict can be painful and therefore she emphasized that child should be helped to clearly see the distinction between fantasies and reality in an organic way. This should involve dialogue and problem solving with the child to ensure that the child's self esteem is maintained in the process.

**Key learning:** Ego resilience is defined as an individual's ability to properly adapt to stress and adversity. Individuals demonstrate resilience when they can face difficult experiences and rise above them with ease. Resilience helps people in carrying on with their lives and overcoming difficulties in their life-path. It is an ability which every individual starts developing during childhood and different researches have shown that actually children can easily learn how to become more resilient by being surrounded with people who believe in them and their capabilities. The caregivers must play a positive role to make children self-confident and sure about their ideas and thoughts. The children have to learn how to control their emotions and it is also important that children learn how to think through problems and try to solve them by themselves.

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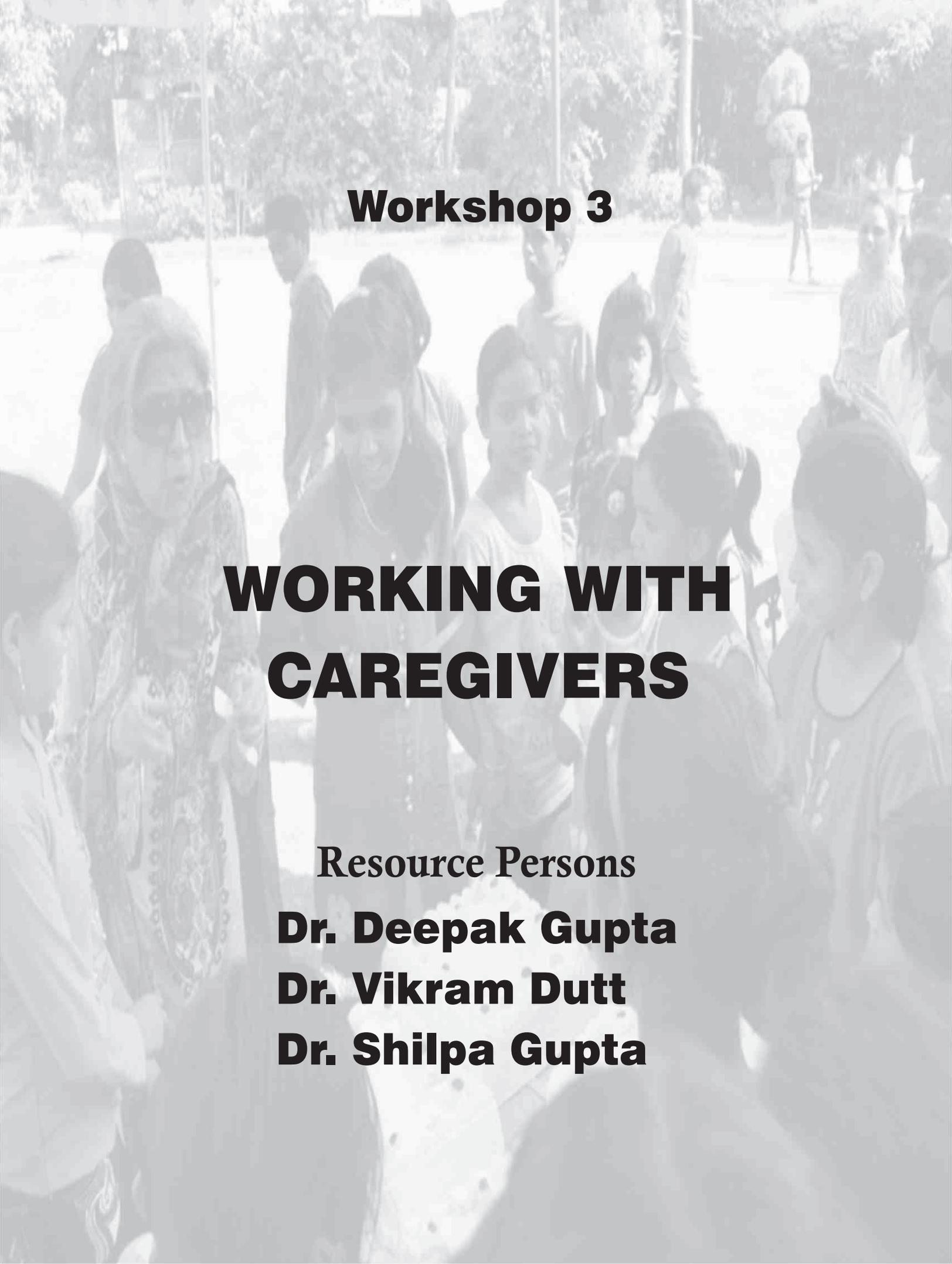
*If you don't love yourself, you cannot love others.*

*You will not be able to love others.*

*If you have no compassion for yourself then  
you are not able of developing compassion for others.*

”

**- His Holiness Dalai Lama**



## **Workshop 3**

# **WORKING WITH CAREGIVERS**

**Resource Persons**

**Dr. Deepak Gupta**

**Dr. Vikram Dutt**

**Dr. Shilpa Gupta**

## Part I

### Dr. Deepak Gupta: Defining a Caregiver

The session was initiated with an introduction to care giving work by showing a video clipping, followed by the challenges and limitations experienced by the caregivers. It was taken forward with a discussion on training and intervention with the care givers.

Dr. Deepak Gupta initiated the discussion by introducing the definition of a caregiver and involved the participants in describing the characteristics of caregivers. Based on their understanding, the participants listed the features which are identifiable with the caregiver's role. The participants mentioned that caregivers should take care of the need of child and interact with him/her so that he/she becomes open about one's issues. They should have good communication skill and provide warmth, safety and security to children in their care. A few participants added that a caregiver should be selfless and forgiving like a mother to the children in the institutions. One of the participants also emphasized that care providers should be mentally balanced themselves.

#### Definitions of Caregivers:

##### USA: "Current caretaker" means a foster parent who:

- a) Is currently caring for a child in the legal custody of the Department who has a permanency plan or concurrent permanent plan of adoption;
- b) Has cared for the child or at least one sibling in a sibling group under consideration for at least the past 12 consecutive months; and
- c) Has been identified by the Department as a potential adoptive resource for the child and when appropriate, the siblings in a sibling group under consideration for adoption in the same adoptive family.

"Foster parent" means a person who operates a home that has been approved by the Department to provide care for unrelated children or young adults who are placed in the home by the Department. **(Oregon Department of Human Services, 2014)**

##### INDIA: UDAYAN CARE

- A caregiver is a person who selflessly attends to the needs, provides direct love, care & protection to someone (such as a child, an old person or a sick person) and helps with his/her activities of daily living routine. **(Nikhil Clifford David, Coordinator, Legal Affairs, After Care, Udayan Care, 2014)**

##### YAHOO

An individual, such as a family member or guardian, who takes care of a child or dependent adult. **(Yahoo 2014)**

##### DICTIONARY.COM

- a) A person who cares for someone who is sick or disabled.
- b) An adult who cares for an infant or child. **(Dictionary.com 2014)**



# Part II

## Dr Vikram Dutt: Mental Health of Caregivers

After the introductory discussion, Dr. Vikram Dutt addressed that the characteristics of a care giver, as shared by the participants is a fantasy. However, coming down to the ground reality, in a majority of cases, a caregiver is an employee with a meager salary. Dr. Dutt brought out that majority of the caregivers working in institutions are paid even less than domestic servants, however their job requires them to put concerns of others before their own personal issues.

### Video: Reality of a Caregiver

Mr. Bimla from Salaam Balak Trust expressed and shared some of her anxiety and limitations of being a caregiver. As a caregiver she works with a lot of responsibilities, and according to her it is a 24 hours job. At the end of the day, they become so tired that there is no time to think about themselves or about their personal needs. They neglect their own family and children in order to look after the children in the care home. They always keep their personal lives behind and give priorities to their job which is often very taxing....

They care for ten to thirty children, which leaves them with no time for themselves. This often causes physical and psychological distress in them, which often goes unaddressed with the care system. The resource person mentioned that the Rule 46 of the Juvenile Justice (Care and Protection of children) Act, 2000 provides for guidance related to child's mental health. However, he highlighted that the issues of caregivers are not acknowledged within the child care system.

### Reality of Caregivers – a different perspective

- Caregivers are individuals who put the needs and concerns of others before those of themselves. Thus they are very special people.
- Since the children they care for need a lot of attention, it usually leaves them no time to pay attention to themselves.
- They become susceptible to stress and other related problems, the most common being headaches.

According to Dr. Dutt, most of the caregivers experience frequent burnouts, which make them vulnerable to the overpowering emotions of anxiety, aggression and guilt. This renders them incapable of providing effective care to children and in that situation, they tend to cause harm to children than doing good to them.

*Caregivers must balance the care of themselves and know where, and to whom, to go for assistance. This is necessary to avoid caregiver burnout*

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

The care givers often lack ego-resiliency themselves. The resource person emphasized the fact that majority of the care givers do not know where and who to approach in order to find assistance related to their problems. Dr. Dutt, suggested that this rule 46 of the legal act should be extended to address the mental health issues of care givers. He suggested that it is essential to appoint a caregiver officer to provide for the needs of the caregivers. He drew the attention of the participants towards skill building of caregivers which can prepare them to handle the challenging part of their work. He also stressed that caregivers should be given ownership in the process of care provision. This can go a long way by establishing the self esteem of care workers. Dr. Dutt mentioned that only when caregivers are mentally balanced and feel cared for, can they create a nurturing environment for children in their care.

## Challenges for Caregivers

The biggest challenges for caregivers and managers: anxiety, depression, anger and guilt can have serious emotional and physical consequences if left unchecked. The caregivers must be assessed on their current state of emotional and physical health. Supervisors and managers who are responsible for the caregivers must think of ideas and take actions on how to help reduce stress of the care giving staff.

## Part III

### Dr. Shilpa Gupta: Communication Skills as an Effective Tool

The next part of this workshop, focused on training for the caregivers, was conducted by Dr. Shilpa Gupta. A video clip was shown to the participants where a caregiver in a child care institution explained the importance of effective communication with children.

#### Video : Self and Communication

In the video, the care provider Mr. T. N. Tiwari of Minda Bal Gram, mentioned that communication is a tool which can help the care givers to establish constructive relationship with the children and gain their trust. With his 11 years of experience working as a caregiver, he shared that the tool of communication helped him to resolve challenging situations, including defiance, mood swings and aggression of children. He emphasized on the importance of self control of caregivers to refrain them from the reacting in difficult situations. He also stressed upon the 'words' that are used with the children and to be very cautious not to hurt their feelings. According to him there are no readymade solutions to the problems they face in the child care home. They need go deep into the core of the problems to find a solution which is not easy most of the time. At times this job can be frustrating. However he also suggested that caregivers can employ a number of ways to bring self control, including daily meditation for 10 minutes.



Deriving from the video, Dr. Shilpa involved the participants on a discussion on tools and skills of communication. She clarified the difference between a tool and skill and specified that a tool when practiced by a person can become a skill. She addressed that in order to duplicate the tools for the primary caregivers, the participants present in the workshop must learn to use the tool themselves. She described that communication is two way process which involves sending and receiving a message through verbal or non-verbal medium. She brought the importance of clarity of words in communication.

Dr. Shilpa gave an exercise to the participants where they were asked to describe what they see and hear in a small role-play. Dr. Shilpa enacted a child who came to her study table, banged the things kept on the table, hurriedly picked up toffees on the table and threw them on the floor and sat on the chair with a frowning expression on her face. She then facilitated the participants to tell what they saw in the act. One of the participants mentioned that the child angrily came and was destructive in her actions. Some other participants said that they would help the child to become calm. Dr. Shilpa drew her discussion onto the tool of communication by clarifying that this exercise was to speak out clearly what the participants saw and heard, however most of the participants began to judge the child with the usage of words, like an angry child; and some other participants went onto the second step of intervention without actually addressing the problem of the child. Dr. Shilpa elaborated that in case of any unacceptable behaviour of child; the child is required to be told in clear words about the inappropriate element of his behaviour and what is that the child needs to work upon.

She shared that most of the caregivers are vague in their conversation with the children. Therefore, instead of telling the child about the specific things they can work on, the caregivers tend to use vague statements with the child like, “you do not have etiquette”, or that “this is not the way of doing things” or “ you are a nasty child”. She emphasized that such abstract statements cannot help the child in bringing any change in their behaviour. Instead the child should be conveyed about the specific act that she needs to change. She clarified that the child in the role play can be told that she should not throw eatables on the floor or she should not bang the books on table. It is therefore important for the caregivers to translate their idea into words and to speak out their mind clearly. This can help the child realize her inappropriate behaviour, with the next step to work on it.

With the help of another role play, Dr. Shilpa drew the attention of participants to the barriers which come in the way of communication between caregivers and children. She mentioned that when the children and caregivers get in into an aggressive mode, the caregivers tend to just walk away from the situation. The resource person cautioned that such behaviour can make the child feel bad about oneself. She said that instead, the care giver can tell the child that “you are talking loudly with me and not listening to me at all. This is upsetting me and I think we can talk after fifteen minutes”. The resource person emphasized that with such a statement the child can come to know what is exactly wrong with her behaviour and that there is a shift in the thinking process from 'I am bad' to 'I have a bad habit'. This also makes the child feel that care giver is concerned about her and is not leaving her in the middle her problem. Dr. Shilpa highlighted that when the basic tool of communication is used in this manner, majority of the problems related to care giver and child's relationship can be resolved.

The resource person stressed that while working with the children, caregivers and other stakeholders should ensure that they also appreciate children for their good qualities. There should be a balance between appreciation and disapproval to ensure healthy development of child.

## Part IV

### Dr. Vikram Dutt: Team skills

The next part of the session was on how to train the caregivers into team building skills, which was taken up by Dr. Vikram Dutt again. In the beginning of this part, a video was shared with the participants, where a caregiver from a child care institution spoke about the importance of team work in child care institutions.

#### Video : Team Skill

In this video, Ms. Kalpana from Udayan Ghar, Supervisor, stressed upon the teamwork that they do for running the children's home smoothly. She remembered how her seniors helped and cooperated with her when she first came to Udayan Ghar. Building a good team is extremely important to her as the team members could complement to each other's work through their individual skills because bringing up a child in an institutional setting is not an easy task and no one could do it single-handedly. The seniors in the team know about many issues and background of a situation, which are useful for the other team members to carry forward their duties in a proper manner.

Dr. Dutt pointed out that the caregiver in the video started her talk by mentioning about her seniors and also ended by talking about her seniors. He also highlighted the caregiver's statement that social workers and caregivers have a different opinion regarding the care work. In this backdrop, Dr. Dutt asked the participants to think if the caregiver views herself as significant part of the team.

#### Team Skills: the key ingredient

- Children in orphanages have usually endured abuse and neglect and often express their feelings through behaviour.
- Thus to tackle this at the ground level, Caregivers need to be oriented, if not trained, in various skills :
  1. Listening
  2. Ignoring difficult behaviour
  3. Motivating family feelings
  4. Communication with the child

He discussed that a team is a group of people with different skills, each good in their chosen and allotted sphere of work. A team is built with an objective of accomplishing something much bigger and it works more effectively than the same individuals working on their own. Dr. Dutt shared about the important team skills with the participants including the skill of 'listening'. He introduced the skill of 'ignoring difficult behaviour' and clarified that this implies that team members in a group working for children should let the difficult behavior of children do not affect them. He highlighted that 'communication' is a very important skill for working with the children.



The resource person shared that for children who are institutionalized, care homes shoulder the responsibility for providing them with a family like environment. This is possible only with good team work between various stakeholders including administrative heads, care givers, social workers, and helpers, guards, etc in children's homes. He cited an example of a child resident of a children's home, who was mocked by her classmate for being an orphan. The girl child replied that though she did not have a biological mother, she five mentor mothers, who she always could look up to. Dr. Dutt stressed that such a situation is possible only with good team work. By working in a team , social workers, care givers and other stakeholders can enable the child to recognize and feel comfortable with the reality of his/her existence.

### **Characteristics of Team Building**

- A team building success is when the team can accomplish something much bigger and work more effectively than a group of the same individuals working on their own.
- A team is a group of people with different skills, each good in their chosen and allotted sphere of work.
- The other critical element of team work success is that all the team efforts are directed towards the same clear goals
- Finally, take every opportunity to empower the team members. One must say thank you or show appreciation of an individual team player's work.

## **Part V**

### **Dr. Deepak Gupta: Psychological First Aid for Kids**

This part of the session again, began with a video where a caregiver shared about the importance of alertness and preparedness for care work within child care institutions.

#### **Video : Crisis Management**

In this video Mr. Ranjan Ghosh, Supervisor of Boy's Home, Udayan Care, narrated about his practical experiences of handing the boys who come to the home with a lot of psychological complexities. Each one has a different background and a different story of loss and agony. As a caregiver, he needs to apply various ways to make those children at home and comfortable. It is a very demanding and challenging job with a huge responsibility. They need to be extremely alert for 24 hours even when the children are in the school till they are safely back. It is easy to bring up children from similar backgrounds with similar mental set-up. But these children come from a cross-section of wide range of difficulties, trauma and pain. As a caregiver, Mr. Ghosh feels, they need to be extremely calm and composed as well as non-judgmental at the same time.

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

Dr. Deepak Gupta sought participation for the discussion on the psychological crisis in care institutions. It was brought up that the episodes of children running away, violent behavior of children, suicidal attempt by them, sexual abuse within children home, drug abuse, mental illness in a child or caregiver can lead to crisis situation.

Dr. Gupta emphasized that this calls for a greater responsibility of the care givers. The resource person shared that while handling any such situation it is important to restrain oneself from using a tunnel view, rather develop a holistic understanding by using a bio-psycho-social perspective of the person in question.

## Reasons for Psychological Crisis Faced by Caregivers in Alternate Care:

- Aggression
- Violent Behavior
- Child running away
- Suicidal attempts or threats
- Sexual abuse
- Drug Abuse
- Mental illness in a child
- Mental illness in caregiver

## What is Psychological Crisis?

- Crisis is a **perception or experience of an event** or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms." -- *James and Gilliland, 2001*
- A crisis occurs **when a stressful life event overwhelms an individual's** ability to cope effectively in the face of a perceived challenge or threat (*Everly & Mitchell, 1999; Auerbach & Kilmann, 1997; Wollman, 1993; Raphael, 1986; Sandoval, 1985; Schwartz, 1971;*)
- In mental health terms, a crisis refers **not necessarily to a traumatic situation or event**, but to a person's reaction to an event. One person might be deeply affected by an event, while another individual suffers little or no ill effects.

Dr. Gupta discussed about the immediate steps that can be taken by caregivers or any professional, to address the psychological crisis of a child. He mentioned the goal of psychological first aid is to provide practical care and support to the child. The needs and concern of the child should be assessed and child should be helped to feel calm. Another important goal is to protect the child, self and other children from any further harm.

## Psychological First- Aid: The immediate step

### Goals:

- Providing practical care and support
- Assessing needs and concerns
- Comforting child and helping child to feel calm
- Protecting child, self and other children from any further harm



### **Immediate Steps**

- Remain calm and showing understanding can help child in distress feel more safe and secure, understood, respected and cared for appropriately.
- Talking softly and be kind.
- Listening to someone's story can be a great support. Listen to children's views on their situation.
- It is important not to pressure anyone to tell you what they have been through. Some child may not want to speak about what has happened or their circumstances. However, they may value it if you stay with them quietly, let them know you are there if they want to talk, or offer practical support like a meal or a glass of water.
- Allowing silence.
- Communicating well, be aware of both words and body language, such as facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person.
- Trying to talk with them on their eye level, and use words and explanations they can understand.
- Providing facts about what happened and explain what is going on now.
- Allowing them to be sad. Don't expect them to be tough.
- Listening to their thoughts and fears without being judgmental.
- Each culture has its own particular ways of behaving that are appropriate and respectful. Speak and behave in ways that take into account the child's culture, age, gender, customs and religion.

He explained that being calm and showing understanding can help the child in distress to feel more safe and secure, understood, respected and cared for appropriately. However, he cautioned that the child should not be pressurized by anyone to share his/her past experiences. In the crisis situation, the child may value if the care givers just stay with him/her quietly, and let her know they are around to talk or to offer any practical support. The resource person highlighted that caregivers should not talk too much in such a situation, and allow some silent space for the child.

Dr. Gupta then discussed about the steps that should be followed once the situation is in control. He shared that it is important to report the episode to the other stakeholders and refer the child to the mental health experts.

A home meeting should be organized to bring out the issues of concern regarding the stimulus of the problem and to take views of children and other stakeholders. A very crucial step is to document the episode which can provide a basis for developing strategies and skills to handle the crisis situation.

### **Next Immediate Step**

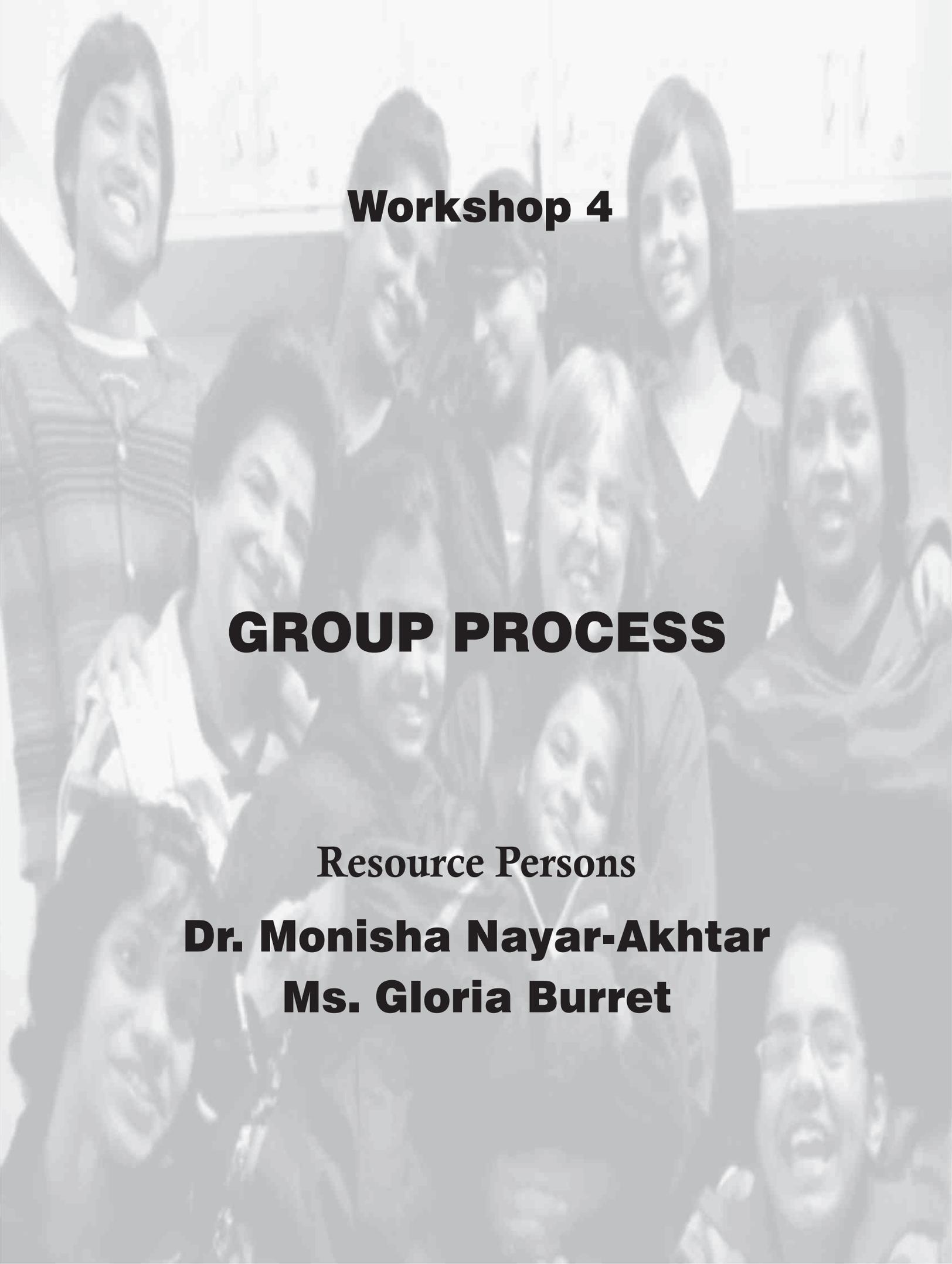
- Safety of the child
- Safety of other children
- Safety of care giver
- Reporting
- Referral to Mental Health Team
- Follow-up
- Home Meeting
- Documentation

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

Key Learning	
Dos	Don'ts
Try to find a quiet place to talk, and minimize outside distractions.	Don't pressure someone to tell their story.
Respect privacy and keep the person's story confidential, if this is appropriate	Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly).
Stay near the person but keep an appropriate distance depending on their age, gender and culture.	Don't touch the person if you're not sure it is appropriate to do so.
Let them know you are listening; for example, nod your head or say "hmmmm..."	Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
Be patient and calm.	Don't make up things you don't know.
Give information in a way the person can understand – keep it simple.	Don't tell them someone else's story
Acknowledge how they are feeling	Don't talk about your own troubles.
Acknowledge how they are feeling and any losses or important events they tell you about. "I'm so sorry. I can imagine this is very sad for you."	Don't think and act as if you must solve all the person's problems for them.
Acknowledge the child's strengths and how they have helped themselves.	Don't take away the child's strength and sense of being able to care for themselves.
Allow for silence	Don't talk about people in negative terms (for example, don't call them "crazy" or "mad").

**In a nutshell**

- A:** Assess needs and situation
- B:** Behave calmly
- C:** Communication
- D:** Documentation and reporting

A black and white photograph of a diverse group of approximately 15 people, mostly young adults, smiling and interacting in what appears to be a workshop or classroom setting. They are arranged in several rows, some standing and some sitting. The background shows a whiteboard with some faint markings.

## **Workshop 4**

# **GROUP PROCESS**

**Resource Persons**

**Dr. Monisha Nayar-Akhtar**

**Ms. Gloria Burret**

## Part I

### Dr. Monisha Akhtar Nayar: Forming and Breaking of Groups

This session focused on the group process. Dr. Monisha Nayar Akhtar initiated the discussion focusing on the reasons that brings people together to form a group.

Groups are formed when people do something together with a common objective. People come together as social groups, learning groups or a onetime group with the objective of celebrating an event. Groups can therefore be of various types and sizes. She explained that group provides an essential purpose of providing support system in a crisis situation. In such situations, emotions like anxiety and panic disable a person's ability to think rationally. The other members of group can thus come as rescue by providing solutions that can help the person deal with the problems. Caregiver and child also constitutes a group, where the former can help the child to overcome his emotional baggage and offer different ways to think about their situation and tackle it in an effective manner. The resource person introduced the term 'group dynamics', which includes the norms of a group and the roles and relations within a group. She highlighted that a group is developed over time. The members of a group come together because of their need to belong and to develop a way of thinking which can be claimed as part of their identity.

**Activity 1:** The resource person called eight volunteers to enact two role-plays to depict the functioning of a group, which was formed to solve certain issues within a child care institution. It was evident that there was no common interest among the group members and they all went into different directions. There was no consensus within

#### Why Groups are formed?

- To do something together with a common objective
- To provide support system in a crisis situation
- To pull the resources to resolve or tackle a situation in an effective manner
- To overcome the emotional baggage and offer different ways to think about the situations.

the group how to resolve the given issue. After the first role-play, the resource person initiated the discussion regarding the factors that rendered the group dysfunctional. The participants shared that was no establishment of a common objective and the group agenda didn't get specified. Each member was reacting where some of them were very vocal and did not let other members put forward their ideas. The facilitator had no control over the group's functioning, which made it chaotic.

The key issue emerged from the role-play 1 was that a group becomes dysfunctional if there is no common interest with common objectives and agenda among the group members. The group facilitator has no control over the group's functioning if there is no consensus within the group on the given issue.



**Activity 2:** The second role-play depicted the same members as a part of the group process. This group was shown to be as functional as the members were able to achieve the objective. The facilitator was shown to play an active role as he defined the agenda very clearly and shared the ground rules to be followed during group discussion. Although at different occasions, some members were shown to be disinterested about the specific issues kept by other members but the facilitator drew their attention by seeking their views and taking consensus of the group in resolving the issues that rose during the discussion. The facilitator consistently reminded the group members about the rules and encouraged their suggestions. He brought in the element of equality by listening to the views of all the members. The roles and responsibilities of all the members were clearly delegated. Dr. Monisha drew the attention of the participants to the fact that although the group members were same in the first and second group process but the dynamics was completely opposite. She emphasized that a well established structure of the group can lead to effectiveness in group functioning.

It emerged from the role-play 2 that the group was functional as the members were able to achieve the common objective and the group facilitator could play an active role as he laid down the group agenda and objectives clearly along with the ground rules to be followed by the members.

Dr. Monisha explained that there can be different ways in which groups can become dysfunctional. In a group, a number of emotions can surface as some members may get into conflicts whereas others may show disinterest. In this situation, the group gets into fighting mode. In some other groups, the members become dependent on the facilitator to an extent that they feel unable to handle a situation and blindly follow the

leader without assuming responsibility. This happens a lot of times with caregivers who depend on the social workers or higher authorities for even the smallest of decisions regarding children. In a group, some members may form sub-groups which can hinder the constructive group process. The group function can also be impeded by group regression. This can occur due to the stress that develops within the group or due to the narcissistic approach of the individual members or the leader.

#### **Groups become dysfunctional when –**

- Some members may get into conflicts and others eventually show disinterest.
- Number of emotions can surface and the core objectives are lost.
- The members become too dependent on the group-leader to an extent that they are unable to handle a situation and blindly follow the leader without assuming responsibility.
- Some members form sub-groups which hinders the constructive group process.

The resource person then discussed about the two types of groups including the process group and task oriented group. She explained that a task group is characterized by specific objective, time frame, specific skills of the group members. She gave an example of a group with the objective of imparting life skills to the adolescents. The group process also varies according to its size. On the other hand, the process group doesn't start with a specific task but allows room for the development of group dynamics. She clarified the team building with caregivers and social workers can be seen as a process group.

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

## Types of Groups

**Process group:** Does not start with a specific task but allows room for the development of group dynamics. The team building with caregivers and social workers can be seen as a process group.

**Task oriented group:** Characterized by specific objective, time frame, specific skills of the group members.

Dr. Monisha brought out that in order to be effective, a working group should take cognizance of the purpose, seek knowledge and learn from its experience. The leader and members should be conscious of the passage of time and make endeavours to maintain the structure of the group, which furthers the attainment of group tasks. The role of facilitator is to contain the emotions that come up in the group process. The leader should recognize that she is there in the service of the group and should restrain herself and the group to pass narcissism.

## Part II

### Ms. Gloria Burrett: Usefulness of a Group

In this session, Ms. Gloria Burrett emphasized on how groups can be useful in addressing the related issues of limited resources and growing needs, especially in the area of the psycho-socio-emotional needs of children in institutions. She went on to describe her experience with a group of parents of children with special needs (in a school setting) called “Caring for Carers” (CFC). The focus of this session was to highlight ideas regarding the aim, structure, process, content and functioning of this particular group, which might prove relevant for the development of a caregivers' group.

Ms. Burrett shared that during her work with parents she realized that many parents were struggling with problems which could be effectively resolved within a group. She shared that based on their needs; five groups were formed for people who wished to seek help for similar issues.

### The Alert for Group-work

Each of the five differently-focused groups that Gloria had initiated shared a similar beginning. When common issues emerged repeatedly and consistently over time in her individual work with different children/adults, it was an indication that a group needed to be formed to allow for effective use of time and expertise, to enable shared learning from the collective wisdom of fellow travelers and to normalize struggle and need. People need no longer feel that they are the “only ones” with specific difficulties and challenges. This group was also viewed as collective force which could lobby with the management and advocate for their rights.

Ms. Gloria shared that amongst the five groups; one group was formed with an objective to provide support to the caregivers of children with special needs. This group was initiated with the rationale that only when caregivers feel happy, can they help the children to feel loved and cared for.



### **Examples of differently- themed groups**

- Alternative parenting (for parents of adopted children)
- Social clubs (for child-child bonding)
- Staff -groups (for staff offload and bonding)
- Being mother and father (for single parents)
- Children as carers (for children who have parents with mental health issues)
- Siblings associated!( for those who have siblings with a disability)

### **The Rationale for CFC**

Ms. Gloria mentioned that usually there are high expectations from caregivers to be able to contain the child's difficult feelings and remain calm in all the situations. However, in order to build resiliency of the caregivers, they need to be part of a support system where their problems can be contained. Unless caregivers are supported and their psycho-social-emotional needs are met, it is unfair to expect them to deliver and be emotionally available to the children in their care. They can only provide for others what they have experienced.

### **Aims of CFC**

- To create a safe, accepting space for all caregivers of children with specific needs, especially those with non-sustainable support structures in their families and communities.
- To enable bonding and mutual support between these caregivers as they progressively share their stories of struggle, need and strength.
- To ultimately have this group function as a self-supporting, problem-solving, resource-sharing, holding and recreational space.
- To establish healthier self value and networks among parents or caregivers and a platform to discover their multiple identities, beyond the fixed and narrow definition of self as a “carer”.
- Emerge as collective force which could lobby with the management and advocate for their rights.

Ms. Gloria explained that the group process can help caregivers to realize their multiple identities. This allows them to remain contained even when their identity of a caregiver collapses at some point in time. Within the group, members are helped to get in touch with their own personhood, to realize their struggles, their strengths and their dreams. In the group, they are encouraged to view themselves as ordinary people and not just caregivers of children with special needs. The group creates an accepting space for the members by enabling bonding and mutual support. Ms. Gloria shared that a group can be understood as deepening circles of conversations where members can sit and share their stories. The group process can be initiated by basic introduction about group members including their name, their likes, dislikes, and the objective which brought them to the group meeting.

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

## Some Key Features

The homogeneity of the group seemed an important feature that would allow for parents' connecting with each other and speaking a common language. The process ensuring this involved a small survey (through a set questionnaire) of the extent of difficulties and the level of support experienced by each parent. From this, two homogenous groups emerged: high and low risk groups of carers.

Intervention with the high-risk group commenced first through three two-hour sessions followed by a similar bonding experience with the low risk group. Only when some degree of connectedness had developed within the groups were they combined to form one larger group.

The interventions focused on enabling increasing depths of circles of conversation through sharing themes expressed in the questionnaire, personal stories beyond their fixed identities of being “just parents”, and projective exercises that provided “aha” experiences of their current obstacles and psychological needs. The elements of fun, informality, humour and flexibility were stressed as crucial for the space to be welcoming and accepting.

The structure of sessions included a beginning ritual (stillness/bonding games/checking in etc), followed by a small group and then large group discussion, an input if required and a closing ritual prepared by a carer. However, the process was defined by the dynamics emerging in the group at any given time. One session involved parents supporting a stressed mother, who had no other safe space to offload family struggles; another did not move beyond the introduction game as it elicited creative problem; solving scenarios from one parent that had the others enthralled.

The resource person conducted a couple of activities to demonstrate the key features of the group dynamics.

**Activity 1:** The resource person asked all the participants to make their visiting card in as creative a manner as possible, including aspects of themselves that when shared with the other participants sitting nearby would give people a deeper sense of “knowing them” in their multiple identities. She mentioned that this could be an interesting way of helping the group members to know about each other and affirm their various dimensions of self. This activity was followed by another activity.

**Activity 2:** Ms. Gloria shared a projective technique that enabled the group members at CFC to move to a deeper circle of conversation (intimacy) about themselves by asking each to choose from a selection of large calendar pictures and then answering for themselves the questions: Where am I in this picture? Where do I want to be? What is getting in the way?

### Features that parents found crucial

- Flexibility
- Humour
- Informality
- The Valuing of different levels of readiness for self disclosure
- Equality/no hierarchy (No staff as observer. All present were participants)
- Input when necessary interspersing the more conversational sessions
- The parents' bonding enhanced by parents' facilitating input sessions



## Positive Outcomes

With this backdrop, the resource person explained that support groups can be a very effective medium for the members to be open and transparent with suppressed emotions without the insecurity that they will be laughed at. This creates a space for emotional holding, recreation and catharsis. The resource person shared that the group process helped a lot of parents and guardians to come out of their problems ranging from mental stress to developing friendly relations with their children. This is how intimacy grows and communities are formed. The resource person further emphasized that the space that is being created at CFC for emotional holding, the recreation and catharsis has already yielded some positive outcomes:

- A mother has offered her space as a respite centre
- Another two are ready to return to work/training having processed their dilemmas
- One mother is more relaxed with her decision to take a break from work
- Another has started to spend time for herself ('ME TIME') with visits to a gym, reading and yoga
- Yet another has offered to facilitate a session on meditation
- It has been a special and the 'only' place to cry for one member
- A member has learnt and put into practice the value of having fun time with his children.
- Some mothers facilitated a series of practically relevant sessions on “Developing social skills in our children.”

It was well evident from the workshop on the Group Process that both the parts are very well connected and was complementing each other.

### Connections between ego resiliency and the group process at CFC

- Increasing problem- solving skills.
- Developing a sense of one's competence as one's skills and strengths are affirmed
- Finding one's voice
- Being accepted for who one is and respecting the differences with another.
- Self knowledge, self acceptance and growing capacity for seeing what has been suppressed as one's reality is validated

Both the resource persons demonstrated how in an effective organization members could work together, which roles they fill and whether members are contributing equally. Through group process, observation and analysis can also help identify problems early, thus alleviating the need for a major revamp as the organization progresses. Success of the group process depends on the good working relations of the members to achieve their common goal. The groups process teaches how the organization's members work together to get things done efficiently. It may function as the great source of support and resource to the members involved which helps in resolving complex problems.

In this workshop, participants were very efficiently taught the basic therapeutic factors guiding group dynamics, how to create an effective setting for facilitating the group process, and how to plan for the expected and flow with the unexpected in group process dynamics.

# Valedictory Session

The valedictory session began with a series of three skits enacted by the Mehrauli Udayan Ghar's children, supported by the members of Pandies Theater group. The skits were conceptualized by Dr. Sanjay Kumar, Director, Pandies Theater and a theater activist. The entire three skits depicted some relevant and burning issues, related to the children in institutional care, in a very subtle manner. Sensitive issues like slitting wrists by children, who are under depression and trauma, unsafe atmosphere for a girl child in the school as well as at home, mental agony of rape victims, school drop outs by girls on compulsion due to poverty and lack of conducive atmosphere, etc. were portrayed in a receptive manner to gel with the themes of the workshops. There was a discussion and interactive session at the end of the skits where the Director mentioned that all these skits evolved in a natural way through his interactions with the institutionalized children and children acted voluntarily with full enthusiasm.

The Chair Person in the valedictory session, Mr. Asheem Srivastava, the Member Secretary of NCPCR, stressed on the importance of parental responsibility. He mentioned that parents and care takers have a major role in providing care and support to children. He stated that focus on parental responsibilities is required to achieve child rights. He emphasized that support system should be available, provided by the community and state agencies to improve the parenting skills and abilities of parents and care givers. Mr. Srivastava advocated that basic needs of children including food, health and education should be available to all the children without fail. He then focused his session on children in difficult situations, and drew the attention of participants to the fact that children in conflict with law are neglected within the child care system whereas in reality their need for support is even higher than children in vulnerable condition. He stressed that children are the future of the country. Therefore, a skilled and experienced cadre of professionals should be developed to work with children in order to help them realize their fullest potential. He also mentioned that the mental health of the stakeholders is very important as it directly affects the children in their care. He laid emphasis on the fact that the improvement in child care system should not remain limited to the capital city or other metropolitan cities, rather be spread across the nation.

Dr. Vikram Dutt summed up the two days' discussions and presentations by drawing attention to the fact of the excellent number of participants, who were all subject specialists; and importantly, that professionals from Italy, Germany and USA had not only made India their home, but were involved in Care and Protection of Children and actively contributed to the deliberations. Another important aspect highlighted was the presence, in large numbers, of Chairpersons of Child Welfare Committees (there were six) and several members of the Committees also as well as key officials of the Delhi NCR government. The other heartening feature was the participation of PhD scholars and school teachers too.

**Feedback of the participants:** Majority of the participants found these workshops to be very informative and useful to them. Most of the participants mentioned that they would try to integrate their learning in dealing with mental health issues of the children and also share with other members in their organization. Some of them recommended that these kinds of workshops must be conducted from time to time so that they could better understand and handle the crucial mental health issues in their care homes. According to some, there must be more such workshops for better functioning of the organizations. Many of the participants were of the opinion that the caregivers should be well looked after with proper incentives so that they attend to the children well in the care homes.



# Conclusion & Recommendations

Considering the amount of responsibilities and hard-work that the caregivers put in, they are not getting enough incentives or facilities. Lack of awareness of existing staff on mental health is a major challenge in providing better care for the children in institutional care. Emphasis must be given on well qualified care staff to help the children recover from their emotional damages and to help them cope with their past. A child-centric approach and an empowered group of trained cadre of social workers, staff and volunteers, capable of identifying, understanding and addressing mental health issues of children in institutions are the key factors for success. There are enormous challenges faced by the organizations while working with the institutionalized children and facing the gamut of emotions which children and the staff goes through. However, the required attention and awareness on these issues are not sufficient among the stakeholders. Hence, the need to conduct such training workshops regularly for empowering and capacity building of care providers is extremely crucial. It requires a bigger platform, involvement, discussions and consistent trainings in order to bring mental health issues of the institutionalized children to the centre stage on a larger scale in order to make the child care institutions function proficiently. It is important that all stakeholders recognize their responsibilities in developing an understanding of mental health needs of children in institutional care.

## Recommendations and way forward

- Caregivers in the children's homes must be given proper facilities and support to protect themselves from mental pressures and burnouts.
- In order to build resiliency of the caregivers, they need to be part of a support system where their problems can be contained.
- Rule 46 of the Juvenile Justice (Care and Protection of children) Act, 2000 provides for guidance related to child's mental health, but issues of mental health related to caregivers are not acknowledged within the child care system which is very important.
- There is an urgent need to improve the standard of care, service delivery and awareness of mental health issues of institutional children and adolescents.
- Basic professional skills/sensitivity are required to handle the issues of vulnerable children to understand their context
- In the child protection system, each of the stakeholders' roles and responsibilities should be clearly laid out, and they must ensure to fulfill their respective responsibilities.
- Children must be involved in the decisions related to them in an institutional setting.
- Community must play an important role by creating support systems available for children in need of protection and the children also must feel a part of the community.
- Caregivers must be trained to work in team with a good team spirit to run the homes efficiently, as working in groups enhances the capabilities and quality of services.
- The care giving staff must be equipped with basic communication skills and listening skills .They need to adopt a flexible and child-friendly approach to handle cases of extremely vulnerable children with great care and sensitivity.

“

*There is no trust more sacred than the  
one the world holds with children.*

*There is no duty more important than ensuring  
that their rights are respected,  
that their welfare is protected,  
that their lives are free from fear and  
want and that they can grow up in peace.*

”

**- Kofi Annan**

# **ANNEXURES**

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# About the Resource Persons

ANNEXURE-I



## Dr. Achal Bhagat

Dr. Achal Bhagat, MBBS MD (Psychiatry) MRCPsych, is a Senior Consultant Psychiatrist and Psychotherapist, practising in Delhi since 1995, when he started the Department of Psychiatry and Psychotherapy at Indraprastha Apollo Hospitals on his return from Oxford. In 2011, he started the Division of Mental Health and Quality of Life at Medanta the Medicity. Dr. Bhagat has now rejoined Apollo Hospitals.

He is the Chairperson of Saarthak, a group of mental health organizations working on the issues of Mental Health in South Asia. Saarthak has three pillars which provide mental health services, train people and organizations on mental health, and advocate for rights for persons living with mental illness.

Dr. Achal Bhagat trained at PGIMER, Chandigarh and Oxford, UK. He works together with a multidisciplinary team of psychiatrists, psychologists, social workers, cognitive behaviour therapists and family therapists. The team has a total of clinical experience of more than a hundred years. Dr. Achal Bhagat sees himself as a mental health activist and is actively involved in rights movements for gender rights, rights of persons with disability and rights of persons with mental illness.

**About Saarthak:** Saarthak is a group of Mental Health Organizations founded by Dr. Achal Bhagat. Saarthak was started in 1995 as a trust to provide mental health services to those who could not pay for them and to those who could not access such services. Apart from providing services, Saarthak has increased awareness about Mental Health, decreased stigma, provided training on the issues of Mental Health and Psychological Treatments and advocated for the rights of persons, living with mental illness.

The training arm of Saarthak is called the Institute of Mental Health and Inclusive Development and it is affiliated to Martin Luther Christian University, Shillong, Meghalaya. Recently, to make its work more sustainable Saarthak has also been launched as a corporate entity which would provide paid services for those can afford to pay. The profits from Saarthak's corporate entity would support mental health service delivery for the poor and the more vulnerable in India.



## Dr. Monisha Nayar-Akhtar

Dr. Monisha Nayar-Akhtar is a Psychologist/Psychoanalyst with specialization in both adult and child/adolescent psychoanalysis. She is trained in the United States at the Michigan Psychoanalytic Institute. Currently, she is practising in Philadelphia, Pennsylvania. She has

established The Indian Institute of Psychotherapy Training in New Delhi in 2012 and offers workshops in Working with Traumatized Children and Adults and their families, Childhood Sexual abuse, Developing Ego-Resiliency,



Understanding Psychopathology, Theoretical and Technical Interventions in Working with Personality Disorders, Working with Cases of Self-mutiliation and other behavioral disorders, understanding Attachment and Working with Groups and Play Therapy and Child and Adolescent Development.

Dr. Nayar-Akhtar has presented on numerous topics and has edited two books: the first on “Play and Playfulness”, published 2011 and the second in press (due for release in January 2015) titled "Identities in Transition: The Development of a Multicultural Therapist". She is the editor in chief of the journal, “Institutionalised Children: Explorations and Beyond”, which was launched in New Delhi in March 2014. She is also on the editorial board of the “Psychoanalytic Inquiry” and has published on topics of media and violence, attachment and technical interventions in working with highly disturbed individuals.

**About Indian Institute of Psychotherapy:** Established in May 2012, The Indian Institute of Psychotherapy, New Delhi, provides in-depth training workshops on topics, related to working therapeutically with children, adolescents and adults. It offers online individual and group supervision, and ongoing case consultation and ongoing psychotherapy and psychoanalysis via Skype.



### Dr. Vikram Dutt

Dr. Vikram Dutt has over 42 years experience in the Voluntary sector working with children, persons with disability, first generation learners and women amongst others. A prolific writer, he has over 250 published articles. As a hobby, he makes documentary films

and has made 52 films so far. Four of them have been exhibited at the Cannes Film festival. He has been with Udayan Care for many years, both in a professional and voluntary capacity. He is President of Manovikas Charitable Society and serves as a Core Committee Member of the Expert Committee of the Rehabilitation Council of India under Ministry of Social Justice and Empowerment and High Powered Committee of the UGC in Mass Media Communication. He is the Chairperson of the Jury for the National Women Excellence Award for the last six years.



### Dr. Deepak Gupta

Dr. Deepak Gupta is a Child & Adolescent Psychiatrist, associated with Sir Ganga Ram Hospital, New Delhi. He holds the privilege of being one of the few qualified Child & Adolescent psychiatrists in India. Dr. Gupta is associated with Udayan Care since 2004,

and is heading the Mental Health Programme of Udayan Ghars and is also one of the associate editors of Journal ICEB, released in March 2014. He received 'Distinguished Services Award' on Doctors' Day by Delhi Medical association in 2009, 'President Appreciation Award' by Delhi Medical Association in 2010 and 'Eminent Medical Person Award' by Delhi Medical Association in 2011. Currently he has been selected as the 'President' of Delhi Psychiatry Society (DPS) for the year 2014-2016.

**About Centre for Child & Adolescent Wellbeing (CCAW):** Established in 2005, Centre for Child & Adolescent Wellbeing is a multidisciplinary centre which provides various Child & Adolescent Mental Health Services

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

(CAMHS) under one roof. CCAW has a group of highly skilled professionals, who follow a multimodal holistic approach. It provides prevention, intervention and training services for individuals, families and institutions. Started with one clinical set up, presently there are three centers in Greater Kailash, New Delhi. The clinical services aim at a comprehensive child and family centered approach in the centre, which includes Biomedical Treatment for children with Autism Spectrum Disorder, Early Intervention Services, Neurofeedback Therapy- Concentration enhancement computer games, Captain's Log's Mind Power Builder Computer games, Occupational Therapy, Parenting services, Psychological Assessments, Psychological Therapies- Trauma based therapy (EMDR), Arts Based Therapy (ABT), Social Skills Group Training, Special Education & Speech and Language Therapy.; training workshops on various topics like sexuality education; parent empowerment programs, confidence building, responsible childcare parenting training

CCAW has a dynamic team with highly qualified and committed professionals comprising of Child & Adolescent Psychiatrist, Child & Adolescent Psychologists, Clinical Psychologists, Nutritionist, Occupational Therapists, Parenting Coach, Special Educators & Speech and Language Therapists.



**Dr. Shilpa Gupta**

Dr. Shilpa Gupta is an ENT Surgeon, who has diversified her profession to becoming a Parenting Coach with a passion for 'Parenting' and has been making a difference in lives of children by equipping care givers, parents and teachers with tools and skills of parenting.

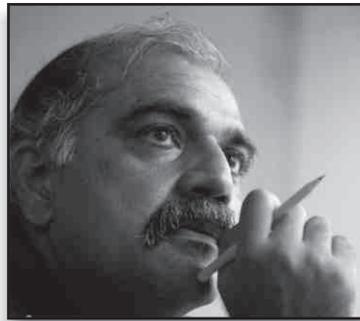
Now for the past 5 years, she has delivered the “Responsible Childcare” program to doctors, teachers, caretakers, working mothers, social workers, fathers and housewives. She has conducted training programs and workshops for various schools, corporate groups and NGOs, working with disadvantaged children.

Dr. Gupta had been featured in 'India Today' in May 2010 and her parenting program was extensively covered by 'Zee TV' in September 2010. In August 2012, she was acknowledged as 'Parenting Guru' by Hindustan Times and was awarded 'The LBF Visionary Award of excellence' for her contribution to the field of Parenting in October 2012. Recently in 2013, she became one of the Global Presence Ambassadors, representing India for the humanitarian community service arm of Parenting 2.0. During the 6th National Women Excellence Awards 2013, she was honoured with the Nav Kiran Award for selfless work with women and the underprivileged in the field of parenting.



**Ms. Gloria Burrett**

Ms. Gloria Burrett, an integrative psychotherapist in private practice, licensed by the UKCP Board, U.K. to work with children, adolescents and adults. Supervision of school counselors, facilitation of support groups, both secular and religious, with the wider aim of building and strengthening "communities", and working closely with parents and carers through interactive workshops are additional aspects of her work. Her special interest areas are related to Child sexual abuse, children impacted by divorce and adoption-linked attachment issues. Prior to training as a psychotherapist, Ms. Gloria trained as a social worker at the Delhi School of Social Work and worked for 14 years with an NGO (AADI), which specializes in the area of multi-disability.



## Dr. Sanjay Kumar

Sanjay Kumar is a practitioner of activist theatre. As the founding President of pandies' theatre and the director/chief facilitator of its productions and workshops from 1993 onwards, he has been creating performances with and for the marginalized in India for over 20 years. He is a resident of the Rockefeller Bellagio Residency (Italy, 2010) for work on platform children, a participant of the US government's prestigious International Visitor Leadership Program (Social Change through Arts, 2011) and alumni of the International Class for Social Therapy, East Side Institute for Long and Short Term Psychotherapy (New York, 2012).

He is an Associate professor at the Hansraj College, University of Delhi. His doctoral thesis (JNU, 2014) is a PaR on applied activist theatre. He has published and presented in national and international journals and conferences and conducted workshops on theatre with the marginalized/ theatre as therapy all over the world.

**About pandies' theatre:** Founded in 1993, pandies' theatre has emerged as one of the premier activist theatre groups in India with performances all over India and abroad. It performs and creates theatre in margins; religion, caste, class, region and gender. The group's work comprises: activist proscenium performances, directed at powerful policy makers, pieces of protest and community theatre staged in non-proscenium spaces and its specialization in using the workshop mode for creating theatre with young people in the margins. It has over 30 proscenium productions to its credit and its work with platform boys and children in Nithari has given it international acclaim. Its latest offering, Offtrack, based on the work with platform boys was staged in New York 2012. He, with his group of actors, has been interacting with some of Udayan Care children to develop their creativity.

# List of Participating Organizations

ANNEXURE-II

Akshay Pratishtan	Manovikas: Charitable Society
Aman Biradri	Matri Sudha
Amity University	Mind and Body Center, Delhi University Women's Association
Ankur School	Minda Bal Gram
Centre for Child and Adolscent Welfare	Missionaries of Charity
Centre for Equity Studies	National Commission for Protection of Child Rights
CHB - I & II : Children Home for Boys	Paripoorn Jeevan
Child Welfare Committee	Prayas : JAC Society
Communicators India	Prayas Bharti Trust
CWC Asha Kiran Complex	Salaam Balak Trust
Deepashram	Save The Children
Department of Social Welfare	Shanti Home
Department of Women and Child Development	Snehi India
Don Bosco Ashalayam	SOS : Villages of India
Global Family	SOS Children's Home
Gurukul - The School	Tabaar Society
Holy Cross Social Service Centre	Umeed Home
Indo Asian News Service	UNICEF India
Karm Marg Charitable Society	Vishwa Nirmala Prem Ashram
Khushi : Rainbow Home	VIVA - Network for Children
MAD : Make a difference	Yogananda Charitable Trust



# Workshop Agenda

ANNEXURE-III

**Date** : December 19 & 20, 2014  
**Time** : 9:00 am- 5:00 pm  
**Venue** : Multipurpose Hall, Kamladevi Complex, India International Centre,  
 Max Mueller Road, Lodi Estate, New Delhi.

DAY 1			
TIME	ACTIVITY	DESCRIPTION	RESOURCE PERSONS
09.00 – 9.30	Registration		
09.30 – 9.45	Welcome address & Introductory Session	A song on “Bachpan”  Welcome address & Introduction to the Workshop	<b>Children of Sanskriti School</b>  <b>Dr. Kiran Modi</b> Founder Managing Trustee Udayan Care
9.45 - 11.00	Workshop 1	Assessment and Care Planning	<b>Dr. Achal Bhagat</b> Senior Consultant Psychiatrist and Psychotherapist, Saarthak
11.00 – 11:30	Tea Break		
11:30 – 1:00	Workshop 1 (contd....)	Assessment and Care Planning	<b>Dr. Achal Bhagat</b> Senior Consultant Psychiatrist and Psychotherapist, Saarthak
1.00 – 1:45	Lunch		
1:45 –3:30	Workshop 2	Ego-resiliency and Institutionalised Children	<b>Dr Monisha Nayar-Akhtar</b> Psychologist/Psychoanalyst, USA; Director, Indian Institute of Psychotherapy Training, New Delhi, India
3.30-4.00	Tea Break		
4.00-5.00	Workshop 2 (Contd....)	Ego-resiliency and Institutionalised Children	<b>Dr Monisha Nayar-Akhtar</b> Psychologist/Psychoanalyst, USA; Director, Indian Institute of Psychotherapy Training, New Delhi, India

# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

DAY 2			
TIME	ACTIVITY	DESCRIPTION	RESOURCE PERSONS
9:30 -- 11:00	Workshop 3	Working with Caregivers	<p><b>Dr. Deepak Gupta</b> Adolescent and Child Psychiatrist, Founder director of “Centre for Child &amp; Adolescent Wellbeing (CCAW)”, New Delhi, India</p> <p><b>Dr. Vikram Dutt</b> Rehabilitation Consultant</p> <p><b>Dr Shilpa Gupta</b> Parenting Coach &amp; Consultant</p>
11.00 – 11:30	Tea Break		
11:30—12:30	Workshop 3 (Contd....)	Working with Caregivers	Same as above
12:30 – 1:30	Workshop 4	Group Process	<p><b>Dr Monisha Akhtar &amp; Ms.Gloria Burret</b> Psychotherapist, New Delhi</p>
1.30 – 2:15	Lunch		
2:15 – 4:00	Workshop 4 (contd....)	Group Process	<p><b>Dr Monisha Akhtar &amp; Ms.Gloria Burret</b> Psychotherapist, New Delhi</p>
4:00 – 5:00	Valedictory Session	<ul style="list-style-type: none"> <li>- Skit by pandies theatre along with Udayan Ghar Children</li> <li>- Sum Up</li> <li>- Address by the Chief Guest</li> <li>- Vote of Thanks</li> </ul>	<p>Chief Guest: <b>Mr. Asheem Srivastav</b> Member Secretary NCPCR</p> <p>Vote of Thanks: <b>Dr. Kiran Modi</b> Founder Managing Trustee, Udayan Care</p>
5.00 onwards	Hi-Tea & Certificates distribution		



# About Udayan Care

## ANNEXURE-IV

**Udayan Care**, registered in 1994, is a Public Charitable Trust, working for the quality care of disadvantaged children and women and youth for over 20 years.

**Vision:** To regenerate the rhythm of life of the disadvantaged.

**Mission:** A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.

### Various innovative Programs:

1. **Udayan Ghars:** Based on the belief that a loving home and family are rights of every child, Udayan Ghars, long term residential homes, nurture children, who are orphaned or abandoned, in a simulated family environment through a strategy called L.I.F.E – Living In Family Environment. There are single and multi Udayan Ghars, wherein 12 children (6-18 years), constitute a unit to give individual attention to each child. This 'Group Foster Care' model ensures children love and care by a group of Mentor Parents – socially committed individuals (volunteers), who groom these children with a team of social workers, care givers and supervisors.

Udayan Care's After Care Program is a pioneering effort in providing young adults the opportunity of independent living within the security of their Udayan Care's family umbrella. The aim of this program is to provide a secure stepping stone towards self-reliance for the young adults. They are supported through their higher education needs, career guidance, as well as encouraged to take up part time jobs and even manage an independent kitchen in order to equip for the future.

In 20 years we have impacted 406 children. Currently 196 children are being nurtured at our 13 Udayan Ghars. Out of these 26 young adults who are above 8 years of age have moved to our After Care facilities.

2. **Udayan Shalini Fellowships (USF):** The situation of education for girls in India is abysmal, the biggest hurdle being faced during transition from high school to secondary levels and then to college where dropout rates increase dramatically. Making a conscious choice to support higher education of girls, Udayan Care began Udayan Shalini Fellowships (USF) in 2002, in Delhi with 72 girls. Since inception, USF has supported over 3500 girls. Today, many of our girls, whom we call Shalinis (Dignified Women), are pursuing fields like Engineering, Medicine, CA, and Computer Science, among others. USF is now present in 10 cities – Delhi, Kurukshetra, Aurangabad, Dehradun, Kolkata, Gurgaon, Haridwar, Phagwara, Jaipur and Hyderabad, with Hyderabad as the most recent Chapter.
3. **Udayan Care Information Technology and Vocational Training Centres (IT&VT):** Based on Udayan Care's mission to enable every adult the dignity of self-reliance, Udayan Care IT&VT Centres were initiated in 2006 to enable under-served youth and adults improve their livelihood options. Our Centres offer **Certificate courses in basic computer knowledge as well as Diploma and Advanced courses in Computer Application** and courses in stitching and beauty therapy. Spoken English and life skills trainings are also a part of the curriculum to make students job ready. Since inception, our 8 IT&VT Centres have equipped over 9500 students across Delhi & NCR with the dignity of self reliance.
4. **Advocacy:** Udayan Care believes in people-centric advocacy that enables civil society members and organisations to take responsibility to improve the situation of vulnerable sections of society. Consistent

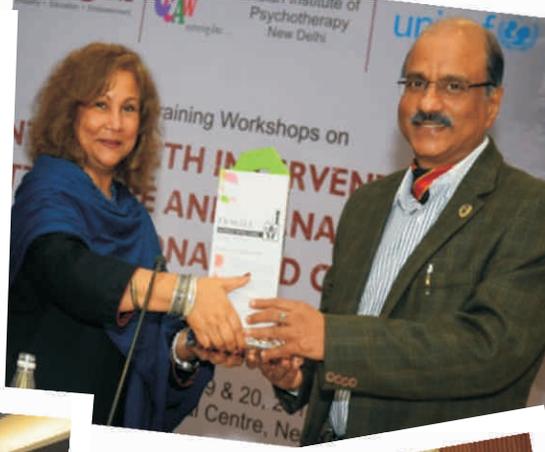
# Mental Health Interventions for Better Care & Management of Institutionalized Children & Young Adults

efforts on this front have brought on board committed Mentor Parents, educationists, volunteers, corporate fraternity, medical experts and schools who willingly give their time and skills. We endeavour to ensure the protection of child rights, by organising and participating in conferences, seminars, NGO networks and developing policy recommendations. In 2005, we were instrumental in getting the 'Guardian' column included in the application forms of Board exams by filing and winning a PIL in the Delhi High Court; earlier the form only had 'Father' and 'Mother' columns, making it difficult for an orphaned children to fill it.

Most recently in March 2014, we organised a two-day seminar, “Institutionalised Children: Seminar on Standards of Care and Mental Health”, the first initiative of its kind, in India, to bring together representatives from the South Asian countries from the domain of child rights, child protection and mental health, to focus on the issue of mental health, care and protection for children living in institutions. Here the academic bi-annual journal, “Institutionalised Children: Explorations and Beyond” was also launched. This ICEB Journal aims to address the gaps in research, knowledge and counselling practices, prevalent in working with institutionalised children, in the 8 South Asian countries. In September 2014, one day “Multi-Stakeholders' Consultation on After Care Services in India” was organized as a part of our ongoing advocacy. The training workshops for staff of Care institutions in December 2015 on therapeutic techniques to improve mental health of children in care was much appreciated.

5. **Volunteer & Internship Program:** Udayan Care's experience has shown that no matter what one does or where one resides, each of us can make a difference to improve the situation of the disadvantaged. Udayan Care's Volunteer and Internship Program engage civil society to share their time, skills and resources with less privileged children and youth. Through several volunteering opportunities we enable individuals and corporate in India and globally, to advocate for child rights and be a part of change. Udayan Care's Internship Program provides a great opportunity for students to learn and gain on-the-job exposure to the not for profit sector. In 20 years, we have been fortunate to enjoy the support of 500 volunteers and interns, annually from India and various countries across the globe.
6. **Big Friend Little Friend Program (BFLF):** Long term caring and equal accompaniment is a powerful gift one can give another. With this as the pivotal thought, Udayan Care introduced the Big Friend Little Friend Program in 2010; in partnership with Mr. Randy Yeh, founder of New Path Foundation. The Big Friend Little Friend Program is a unique initiative born out of our belief that adolescents (12-17 years) from underprivileged communities need emotional support and companionship. Since inception, we have matched more than 80 pairs of Big and Little Friends.
7. **Curricula on Life Skills & Health Education:** In 2004, Udayan Care published a set of books on health and life skills to be used as part of the curriculum for school children. Pedagogists, health consultants, school teachers and students came together under the umbrella of Udayan Care to formulate a series of books titled “Health is Fun”. Satya Bharti Schools, run by Bharti Foundation, were the first ones to introduce these in their schools and are still using it. Motivated by its success, Udayan Care, keeping in mind the NCERT syllabus for Art of Healthy & Productive Living, created another manual catering to primary school children, titled “Together with Life: A Celebration” – a series of 5 books on health, life-skills, culture, civic awareness, heritage, etc, which are used by many schools in North India.

Winner of numerous awards, Udayan Care is accredited by GiveIndia and Credibility Alliance, organizations that monitor and accredit non-Government organisations for transparent and credible performance.





**Udayan**  **CARE**  
• Empathy • Education • Empowerment

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