EXPOSURE TO TERRORISM:
A SUPPORTIVE GROUP THERAPY FOR ISRAELI CHILDREN EXPOSED TO TERRORISM

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

By

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“No one walks alone on the journey of life.”

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I would like to dedicate this project to my grandfather Raphael Bazak (in memoriam). Saba, without you, I would not be where I am today. You have given me everything and more. I know you would be proud.
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ABSTRACT

EXPOSURE TO TERRORISM:
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By
Karen Esther Cohen
Master of Science in Counseling,
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Conflict in the Middle East has led Israelis to live in constant fear of terror on a daily basis. Unfortunately, this includes children and adolescents who have also been exposed to these terrorist attacks, either being among those killed or injured, or in physical or psychological proximity to these attacks. Doeland (2012) explains that exposures to disasters, particularly wars and terrorism, have been shown to put children and adolescents at high risk for developing symptoms of distress. Some of these symptoms, as Fremont (2004) explains, include bed-wetting, difficulty separating from their parents, anxiety, sleep problems, irrational fears, angry outbursts, and difficulty in school. His research indicates that 28% - 50% of children exposed to terrorist actions will develop PTSD. The proposed project will attempt to create supportive group counseling for Israeli children exposed to terrorism. Supportive group counseling will provide Israeli children with the opportunity to cope adaptively and share their feelings and experiences with others.
CHAPTER I

Introduction

Since the inception of Israel in 1948, Israeli adults as well as children have been exposed to constant political violence, including terrorist attacks and wars. Israel has been continuously involved in the conflicts in the Middle East, especially with Lebanon and Palestine (Doeland, 2012). According to the Israel Ministry of Foreign Affairs (2013), there have been about 300 Israelis killed in terrorist attacks during the period from September 1993 until 2000. Additionally, during the Palestinian Al-Aqsa Intifada between September 2000 and December 2005, another 1,100 Israelis were killed. Since December 2005, there have been at least another 130 Israelis killed by Palestinian terrorist attacks. These terrorist attacks between 2000 and 2007 include a total of 140 suicide-bombing attacks, which killed 542 individuals. Between 2001-2007, there have been 8,341 Israelis wounded, 5,676 civilians and 2,665 security forces (2013).

Statement of Need

With the constant threat of terrorism on Israelis and the relatively small population of approximately 8 million people, terrorist attacks have become part of the Israeli civilization and way of life (Israel Ministry of Foreign Affairs, 2013). Berger, Pat-Horenczyk, and Gelkopf, (2007) assert that approximately 45% of the Israeli population has been directly exposed to a terrorist attack or have a family member or friend who has been killed or injured in an attack. Unfortunately, this includes children and adolescents who have also been exposed to these terrorist attacks, either being among those killed or injured, or in physical or psychological proximity to these attacks. Doeland (2012) notes
that, “In Israel, children and adolescents live in conditions of prolonged terror (for most of) their lives” (p 61.). Exposures to disasters, particularly wars and terrorism, have been shown to put children and adolescents at high risk for developing symptoms of distress (2012).

**Purpose**

The purpose of this project is to create supportive group counseling for Israeli children exposed to terrorism. Supportive group counseling will provide Israeli children with the opportunity to cope adaptively and share their feelings and experiences with others. Group counseling is important for traumatized individuals as it encourages normalcy and minimizes stigma related to stress reactions and posttraumatic interventions. Traumatized Israeli children will learn specific coping mechanisms and gain a sense of connection with others facing similar trauma. The supportive group therapy will be provided in the classroom setting, which will give the children an easily accessible naturalistic environment and will be both available and affordable for the traumatized students, which Berger et al. (2007) contend are important factors in the recovery process. This project will be significant for therapist, counselors, teachers, and families in Israel. Counselors, therapists, and educators living in other global regions, which experience similar atrocities and terrorism, might also find this project useful.

**Limitations of Study**

It is beneficial to remember that due to the ongoing violence in Israel, the literature is always in flux. Additionally, limitations to this project include the restricted access to gather scholarly journals and articles that are only printed in Hebrew. Another limitation is that this project focuses only on one country, so the conclusions and program
may not be generalized across other populations and regions. Future research may focus on the impact terrorism has on the family as a system and specifically on the parents who have lost a child to terror or war. Research may focus on the returning solider who was physically injured or psychologically traumatized during war and their rehabilitation into civilian life.

Overview of Remaining Chapters

The next chapter will present a review of the literature and research studies pertaining to this project. Chapter three will introduce the supportive group counseling for Israeli children exposed to terrorism, including the intended audience and an outline of the group therapy sessions. A fully developed supportive group-counseling program will be presented in the Appendix section. Chapter four will include a summary and recommendations for the future.
CHAPTER II

Review of the Literature

The purpose of this chapter is to provide an overview of the empirical literature regarding terrorism in general and its impact on Israeli children. The chapter begins with the definition of terrorism. This is followed by a discussion on occurrences of terrorism in Israel as well as the way Israeli children experience terrorism is presented, followed by an exploration of the impact of terrorism and its effect on children. Finally, different types of interventions used with trauma will be provided followed by the benefits of group therapy for Israeli children exposed to terrorism.

Terrorism and Children

No person is immune to the traumatic effects of terrorism, no matter his or her age, geographical location, gender, or political view. Unfortunately, thousands of children have been exposed to the unpredicted and intentional acts of terror. Fremont (2004) quotes the U.S. Department of Defense’s definition of terrorism as, “the calculated use of violence or threat of violence to inculcate fear: intended to coerce or to intimidate governments and societies in the pursuit of goals that are generally political, religious, or ideological” (p.381). Doeland (2012) expands on this by describing terrorism as a politically motivated violence used to influence decision-making, which instills feeling of helplessness and terror in its targets. Not only does terrorism inflict physical disaster, but it also causes psychological problems such as fear, stress, and frequently severe trauma. In comparison to other disasters, Mansdorf (2008) indicates that psychological reactions to terror are more severe and prolonged.
Conflict in the Middle East has led Israelis to live in constant fear of terror on a daily basis. Lahad and Leykin (2010) state that throughout Israeli’s short history, terror has been a continuous, frequent, and an expanding part of societies life. Even before Israel’s independence, there were attacks on the bordering communities. More recently, terror has moved to the larger and more popular cities in Israel, causing more deaths, injuries, and anxiety amongst people. From the time of its creation in 1948, Israel has faced two major prolonged uprisings (Intifadas), hundreds of attacks, nine wars, and dozens of military operations. Additionally, Israelis have experienced homicides, car bombing, mass shootings, missile attacks, and suicide bombers. Some populations in Israel have experienced intense exposure lasting days or weeks, and others have experiences severe and constant attacks such has the town of Sderot, a southern city in Israel exposed to rockets from the Gaza Strip since 2001 (2010).

Doeland (2012) reports that 930 people were killed and more than 4000 injured by terrorist attacks since the second Intifada of October 2000. He contends that the entire Israeli population live in a constant high-risk situation, knowing that at any time they or their families can become involves in or victims of a terrorist attack. According to Berger et al. (2007), approximately 45% of the Israeli population has been directly exposed to a terrorist attack or have a family member or friend who has been killed or injured in an attack. Daily routines such as taking the bus, going to eat pizza, attending school, or simply being at home is a risk Israelis take every day. Being prepared and aware of terrorism is a way of life (2007).

Unfortunately, Israeli children too are not protected from acts of terrorism. Kids for Kids (2009) reports that more than 200 Israeli children have been killed, more than
917 left orphaned, 2,007 physically injured, and thousands are left grieving and traumatized from acts of terror. Doeland (2012) indicates that in regards to the constant threat of terrorism on Israeli children, stress and fear were the most common reactions. Specifically, girls have a higher level of stress when compared to boys. The researcher believes that the perceived stress in social systems played a big role on stress and fear about children. Lastly, Doeland has found that support from parents, teachers, school counselors, and friends are an important source for children (2012).

Similarly, Abel and Friedman’s (2009) research cites Laor, Wolmer, Mayes, Golomb Silverberg, Weizmann, and Cohen’s (1996) study on Israeli mothers and preschool students reactions after the Persian Gulf War of 1991. Two hundred and thirty preschool students and mothers’ symptoms were assessed through interviews with the mothers. Children who were displaced after their homes were damaged from the missile attacks were more symptomatic than other children on scales assessing separation problems, fears, uncommunicativeness, mood changes, regressive symptoms, sleep difficulties, anxiety, tension, and aggression. Abel and Friedman found that the family’s cohesion was the primary determent in the ability to tolerate stressful events. A 30-month follow up to this study revealed that quick reinstition of social supports may prevent long-term maladaptive functioning and post-traumatic symptomology (2009).

The Affects of Terrorism on Children

Abel and Friedman (2009) conducted a study that examined coping and affective reactions of children under threat of attack during the Persian Gulf War. The study revealed that there is a significant relationship between social support, perceived control, and coping. Specifically, children who described greater social support and better control
over environmental stressors tended to demonstrate better coping strategies. Additionally, under threat of missile attacks, children who perceived their parents as anxious showed higher levels of stress (2009).

In another study, Schiff, Benbenishty, McKay, DeVoe, Liu, and Hasin (2006) investigated the relationship of physical and psychological proximity to the acts of terrorism and its psychological and behavioral effects on Israeli children. They studied 1,150 students from three high schools and three junior high schools in Herzeliya, an Israeli town directly affected by terrorism. Results reveal that being in an area when a terrorist attack occurred led to higher reports of Post Traumatic Stress Disorder (PTSD) and depressive symptoms. According the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013), PTSD includes a history of exposure to a traumatic event that meets specific conditions and symptoms from each of the four symptom clusters: intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. In the Schiff et al. study (2006), intrusive posttraumatic symptoms were related to knowing someone who was hurt in the attacks. The researchers concluded that repeated exposure to violence increases a child’s susceptibility to psychological stress (2006). In comparison to teenagers living in areas where there is a lower risk of terrorist attack, Doeland’s study (2012) indicated that teenagers living in an area of high risk experienced higher levels of stress and a lower level of satisfaction with their lives.

According to Schiff et al. (2006), these results are consistent with studies done in the United States. Studies after terrorist attacks such as the 1995 Oklahoma City bombing and the September 11, 2001 attack have shown that children and adolescents who have been exposed to these acts of terror are at higher risk for psychological harm. More
specifically, these include high levels of depression, post-traumatic stress symptoms, and anxiety disorders (2006). Furthermore, Berger et al. (2007) report PTSD, depression, anticipatory fears, sleep disturbances, anxiety, affect-control dysregularities, regressive behaviors, substance abuse, somatic complaints, and learning difficulties as some of the common symptoms among children and adolescents exposed to war or terrorism.

Mansdorf’s (2008) study following the September 11, 2001 terrorist attack found that stress reactions were felt across the nation with 35% of children presenting ‘substantial’ symptoms, which includes upsetting reminders, difficulty concentrating, disturbing memories, feeling irritable or angry, and trouble sleeping. The researcher also indicated in the case of the Oklahoma City bombing both direct victims (survivors) and indirect observers (residence of Oklahoma) reported significant levels of PTSD (2008).

Little, Akin-Little, and Somerville (2011) indicated that in the last decade 20 million children have had to flee their home because of war, including one million children separated from their family or orphaned. In addition, 2 million children died from war and 6 million have been seriously injured or permanently disabled. Clearly, children are not immune to the traumatic effects of terrorism and war, but they do vary in their reactions.

Fremont (2004) explains that the differential responses to trauma depend on the child’s age and psychological maturity. Regressive behaviors such as thumb-sucking, bed-wetting, fear of the dark, and difficulty separating from their parents are common with children under age 5 (Fremont, 2004). Eisenberg and Silver (2011) and Udwin (1993) also note that temper tantrums, dependency, refusing to sleep alone, incontinence, hyperactivity, heightened alertness to dangers, and separation anxiety are also common
Fremont (2004) contends that children between the ages of 6-11 show signs of anxiety, which include somatic complaints (e.g., stomachaches, headaches), school avoidance, sleep problems, irrational fears, irritability, nightmares, and angry outbursts, as well as have attention problems, appear to be depressed, and have difficulty in school. Between the ages of 12-18, adolescent responses to trauma are similar to those of adults. Symptoms include: hypervigilance, nightmares, intrusive thoughts, emotional numbing, sleep disturbances, and avoidance. In addition, they have a higher probability to have difficulties with substance abuse, depression, and peer problems. Fremont indicates that in addition to these symptoms, trauma is frequently associated with strong feelings of self-blame, guilt, shame, and humiliation resulting from feelings of powerlessness and can lead to avoidance and alienation (2004).

In addition to a child’s age and psychological maturity, children’s responses to trauma may differ according to their level of exposure to the violence, either directly or indirectly. The risk of developing posttraumatic symptoms is greater when the traumatic incident is more severe. Children are more symptomatic when they face a death or severe injury to a family member. The duration of exposure to trauma can also predicts the probability for development of psychiatric complications in children. Children displaced due to political violence, such as the many families of the Israeli town of Sderot, have a higher level of psychiatric symptoms. According to Fremont, a child’s sensitivity and temperament plays a role in the way he/she will react to the traumatic event. Children with predisposing risk factors such as exposure to past traumatic events during childhood, childhood anxiety, childhood conduct problems, antisocial behavior, or a family history
of psychiatric problems have a higher risk for developing symptoms of anxiety and depression (2004).

Fremont’s (2004) also indicates that the way children cope and respond to traumatic events is greatly affected by their parents’ responses. Eisenberg and Silver (2011) state, “parental emotional and cognitive appraisal influence the child’s response” (p.470). Their research shows that after a traumatic event, posttraumatic symptoms and psychological distress amongst children are related to their parents’ fears, distress, and posttraumatic stress symptoms. Fremont (2004) postulates that factors found to protect children from stress and increase resiliency involve a secure, stable, emotional relationship with at least one parent, physical proximity between child and parent, and a parental model of productive coping mechanisms. Abel and Friedman (2009) contend that children are at higher risk of traumatization when parents become more symptomatic, economically incapable to provide, or emotionally unavailable. In Israel, children must also deal with the risk of having their parents or sibling absent due to required military service, which also adds to their stress (2009). The amount of social support and positive community encouragements affects a child’s adjustment to traumatic events. Fremont (2004) states that moral development in children is fostered through the community’s educational, religious, and political support.

The child’s age, the intensity of the event, the parents’ responses, and the amount of resources available to recover are all important factors when assessing a child who faced a traumatic experience. Simpson and Vernberg (2004) explain that parents are not always able to recognize psychological distress, and that not every child will develop a psychiatric disorder. On the other hand, their research indicates that the most common
problems among children are depression and PTSD. Violent acts such as kidnapping, school shootings, and war or a child’s personal experience such as an injury, witnessing a disaster, and injury or death of a loved one put children at higher risk to develop PTSD (2004). Simposon and Vernberg (2004) estimate that at least one-fourth of children who lose a parent or are physically harmed in a traumatizing event develop PTSD and/or depression. Children who experience very severe and prolonged terrorist violence may have PTSD symptoms that continue for may years and may have difficulties in adulthood (2004).

Fremont (2004) indicates that 28% - 50% of children exposed to terrorist actions will develop PTSD. Consistent with Simposon and Vernberg’s conclusions, Fremont has found that children who are physically injured, witness an injury, or lose a parent have higher PTSD rates. Shamai and Kimhi (2007) have found that compared to the 2% of PTSD among children and teenagers living in areas with out political violence, there is 26.5% of PTSD among children and teenagers living in refugee camps. PTSD affects cognitions, interpersonal relations, emotions, and personality development (Ahmed, 2010).

Ahmed (2010) investigated children’s early life experiences and PTSD. His research indicates that anxiety caused by emotional trauma during early development disturbs the brain circuits critically involved in regulation of stress and emotions. Thus, there is change in the behavioral and psychological responsiveness to the environment, which can increase the possibility of adult psychopathology. Stress may activate certain regions in the brain such as the sympathetic division of the autonomic nervous system and the hypothalamic-pituitary adrenal axis (HPA), two major outflow systems, may lead
to abnormalities. There have been specific changes in the hippocampus indicating PTSD. Ahmed’s MRI studies show attenuation in frontal love asymmetry and a smaller total brain and cerebral volume. Early childhood traumatic experiences can cause a child to be more susceptible and at higher risk for developing PTSD (2010).

According to Ahmed (2010), children express PTSD symptoms differently than adults. Instead of intense fear and feelings of helplessness, children may show disorganized or agitated behavior. A child may experience recurrent images, dreams, thoughts, and flashback episodes of the traumatic experience. According to the researcher, there are 2 stages in which children respond to trauma experienced from terrorism. The first includes reactions such as grief, denial, fright, disbelief, or feelings of relief if loved ones were not harmed. The second stage, occurring days or weeks after the tragedy, is consistent with previous research mentioned, which includes developmental regression, anxiety, hostility, aggressive behavior, depressive symptoms, pessimistic thoughts of the future, sleep disturbances, apathy, fear, somatization, and play illustrating themes related to the traumatic experience (2010).

**Interventions**

Ahmed’s study (2010) clearly demonstrates how children exposed to terrorism are at a high risk of experiencing trauma and developing PTSD. Many studies show how different therapeutic interventions are helpful with traumatized children. Fremont (2004) explains that children who are exposed to terrorism show similar symptoms as children who are faced with different types of trauma. Fremont (2004) and Barenbaum, Ruchkin, and Schwab-Stone (2004) recommend an initial screening to identify children at risk for traumatic symptoms and psychosocial impairment. Fremont (2004) describes an
intervention that focuses on safety, protection, restoration of sleep, emotional support by parents and caregivers, and stress-related symptoms reduction.

Barenbaum et al. (2004) states, “To reconstitute psychosocial health and stability, children need caring adults, security, education, and opportunities to exercise and play” (p.50). These researchers contend that a child’s perception of war is based on the perceptions of others in the social environment. With an understanding of children’s perceptions, Barenbaum et al. encourage providing children with a sense of security and support while communicating about war-related matters. A safe environment will offer a child the chance to try different roles, train sophisticated problem solving skills, and learn a range of emotional expression (2004).

Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are approaches used with traumatized children. According to Little, Akin-Little, and Somerville (2011), these approaches focus on restoring functioning and trust in the child and establishing a sense of self-efficacy in the child’s behavior, affect, and cognitions. Fremont (2004) asserts that randomized controlled studies have proven the effectiveness of CBT with anxiety in sexually abused children and in reducing symptoms of PTSD. Cohen (2008) examined TF-CBT with 100 sexually abused children between 8-14 years old and their parents. Results indicated that all TF-CBT groups experienced improvement compared to a community group and that optimal improvement occurred by including both child and parent in the TF-CBT treatment. This researcher conducted a study of 203 sexually abused children between 8-14 years old, with more than 90% experiencing multiple trauma exposure. Cohen indicated that the
TF-CBT group experienced significantly greater improvements in PTSD symptoms, behavioral symptoms, depression, and shame (2008).

According to Fremont (2004), studies of children exposed to other types of trauma have revealed important methods to treat PTSD after tragedies such as cognitive restructuring (reprocessing the traumatic event and identifying triggers), anger management training, relaxation training, grief management, and the teaching of proactive coping skills. Abel and Friedman (2009) have indicated three types of coping mechanisms: emotion-focused coping, problem-focused coping, and avoidance coping. Emotion-focused coping deals with the internal, emotional response to the trauma, while problem-focused concentrates on the direct threatening situation. Avoidance coping deals with one’s defensive behavior to escape dealing with stress. In addition, exposure therapy and anxiety management programs have been effective in treating symptoms of PTSD. During exposure therapy, children acquire skills for coping with fear and anxiety though in vivo exposure (2009). Ahmed (2010) illustrates how incident stress debriefings, psychoeducation, prolonged exposure therapy, and emotional support are helpful in treating traumatized children and can even help prevent the later development of PTSD.

According to Barenbaum et al. (2004), other interventions use methods that validate a child’s abilities such as expressive art, music, play therapy, drama, meditating, and prayer. These researchers postulate that it is important to use interventions that increase a child’s level of trust, which can be accomplished by promoting imagination, decision-making, self-efficacy, learning, and sports that require interdependency. Such interventions are important for they aid children in overcoming their pain through reclaiming a sense of control over the situation and their feelings (2004).
In addition, Abel and Friedman (2009) stress the benefits of using group therapy with traumatized children. They contend that a unified sense of grief experienced by individuals in a group allows them to cope adaptively. Specifically, Israeli children exposed to terrorism feel as though others share the same worried feelings of an uncertain childhood. Children who have experienced trauma seek security, personal meaning, and a sense of connection with others. Being part of a group allows children to transform the notion that ‘I’ can control ‘my pain’ to the understanding that ‘we’ can control ‘our’ pain (2009).

Similarly, Barenbaum et al. (2004) believe that group work during war-torn situations is useful with traumatized children. The group structure benefits traumatized children, since it allows children to realize that they are not alone with their problems and feelings, it gives children that ability to learn coping techniques from others in the group, and allows them to try new problem-solving skills in the group itself (2004). In addition, Abel and Friedman (2009) describe the school context and teachers as central for providing interventions. Their studies demonstrate the significant role teachers’ play in facilitating children’s ability to deal with trauma and suffering (2009).

There is a growing need to create interventions aimed to help Israeli children cope with conditions of prolonged terror. With the constant threat of terrorism, Israeli children are at higher risk for developing PTSD and symptoms of distress. This project’s purpose is to create supportive group therapy for Israeli children exposed to terrorism.
CHAPTER III

Introducing the Project

Introduction

As presented in the previous chapters, exposure to terrorism can be very distressing for Israeli children. The literature review focused on an array of information about the impact of terrorism and its effect on children. There are beneficial techniques and interventions that can provide children with the opportunity to cope adaptively and share their feelings and experiences with others. Therefore, a supportive group therapy program has been proposed to assist exposed children in increasing their coping skills and emotional awareness. This therapy program will be of great value to Israeli children exposed to terrorism because it provides psychoeducational material and skill training with meditative practices. Additionally, exposed children will have the opportunity to be in a supportive community with others who have similar misfortune.

Intended Audience

The proposed supportive group therapy program will be designed for a group of nine Israeli children exposed to terrorism. Specifically, this project is intended for boys and girls in 7th and 8th grade. There are no religion or race qualifications. Both boys and girls from different ethnic and cultural backgrounds are welcome to join. The proposed therapy program will be conducted in Hebrew, so participants should have an understanding of the Hebrew language. An Arabic and English version could be arranged depending on its need. In such a situation, the group therapy will be to be translated and conducted by a therapist with good understanding of the other language.

Qualifications of the Presenter
The proposed supportive group therapy program is to be presented by a licensed Marriage and Family Therapist with a specialization in PTSD and working with children. Aside from the therapeutic skills necessary to assist this population, the therapist should be culturally sensitive to participants and understand that although the participants are all Israeli, they are many differences between them (not to generalize). It will be helpful if the presenter is bilingual (e.g. Arabic), but this is not a requirement.

Physical Space

The proposed group therapy would take place at school, in a quiet room where seats are arranged in a circle. A CD player will be needed so calming and relaxing music can be played during mediation.

Length of the Group Therapy

Supportive group therapy will be provided for a period of 9 weeks, meeting once a week on a continuous basis for 90 minutes. During the 90-minute session, there will be both a psychoeducational piece and a time for group processing. There will be one 90-minute psychoeducation session for the parents and teachers of the children involved in group therapy one week prior to the start of the child’s therapy. This project emphasizes similar components explained by Gelkopf and Berger (2008) titled ‘Overshadowing the Threat of Terrorism’ (OTT).

Outline of the Supportive Group Therapy Program

I. Week 0: Parents and teachers
   a. Week 0 takes place one week before the start of the supportive group therapy program. Week 0 is intended for the parents and teachers of the children who will start the group therapy. This 90-minute session is
informative and educational and will help parents and teachers understand their children/students reactions to terror and learn how to support them.

II. Week 1: Welcome to the group
   a. Introducing group participants, leader, and the program. Overview of the program, goals, and setting ground rules. Discussion of the stress continuum.

III. Week 2: Resources
   a. Identifying personal resource profiles of students. Discussion of student’s current coping style and enhancement and development of new coping skills.

IV. Week 3: Inhabiting your body
   a. Information regarding the role and function of the body during stress. Developing body awareness and somatic reactions to stress and trauma. Helping students develop strategies to control body during stressful situations.

V. Week 4: Awareness of feelings and controlling your emotions
   a. Focus on developing emotional awareness. Explore the relationship between sensations, thoughts, and feelings.

VI. Week 5: Dealing with fear and anger

VII. Week 6: Dealing with grief and loss
a. Discussion and exploration of grief and loss experiences. Providing students with a safe environment to express these feelings.

VIII. Week 7: Building a social shield

a. Identifying social needs and exploring ways to strengthen support system. Students learn to be more emphatic and ask for help when in need.

IX. Week 8: The positive eye

a. Reframing negative experiences. Helping students become more aware of their negative thought patterns and learn how to reframe them positively.

X. Week 9: Looking for a better future

a. Learning how to build a plan for dealing with future stressful and traumatic terror-related experiences. Developing a positive future outlook and exploring future dreams. Closure to the group therapy program.
CHAPTER IV

Summary and Recommendations for the Future

Summary

Conflict in the Middle East has led Israelis to live in constant fear of terror on a daily basis. Unfortunately, this includes children and adolescents who have also been exposed to these terrorist attacks, either being among those killed or injured, or in physical or psychological proximity to these attacks. Doeland (2012) explains that exposures to disasters, particularly wars and terrorism, have been shown to put children and adolescents at high risk for developing symptoms of distress. Some of these symptoms, as Fremont (2004) explains, include bed-wetting, difficulty separating from their parents, anxiety, sleep problems, irrational fears, angry outbursts, and difficulty in school. His research indicates that 28% - 50% of children exposed to terrorist actions will develop PTSD.

The purpose of this project is to create supportive group counseling for Israeli children exposed to terrorism. Supportive group counseling will provide Israeli children with the opportunity to learn specific coping mechanisms and gain a sense of connection with others facing similar trauma. The proposed supportive group therapy program will be designed for a group of nine Israeli children exposed to terrorism. Specifically, this project is intended for boys and girls in 7th and 8th grade. The supportive group therapy will be provided for a period of 9 weeks, meeting once a week on a continuous basis for 90 minutes. A week before the start of the child’s therapy, there will be a 90-minute psychoeducation session for the parents of the children in the group. Each week will focus on a different topic and the children will have an opportunity to process and discuss
what they have learned, as well as talk about their thoughts, concerns, and feelings about the topics. A licensed Marriage and Family Therapist specializing in PTSD and working with children will lead the group therapy. Aside from the therapeutic skills necessary to assist this population, the therapist should be culturally sensitive to participants.

All in all, this supportive group therapy will attempt to provide these children with the opportunity to explore and express their feelings in a safe context, while developing new coping skills.

After reviewing an extensive amount of research about the affects of terrorism on Israeli children and learning about the negative outcomes of exposure to terrorism, we can conclude that the proposed project will be of great value. This project will be significant for therapist, counselors, teachers, and families in Israel. Counselors, therapists, and educators living in other global regions, which experience similar atrocities and terrorism, might also find this project useful.

**Recommendations for the Future**

Group counseling is important for traumatized individuals as it encourages normalcy and minimizes stigma related to stress reactions and posttraumatic interventions. This project is of great importance because Israeli children exposed to terrorism will gain emotional awareness and learn how to express and cope with their feelings in a productive manner. Future research addressing gender differences, cultural differences, and religious differences in coping with terror-related stress and expressing emotions. In addition, more research focusing on effective coping strategies and theories would be necessary. Longitudinal studies observing the effectiveness of this group therapy program would be necessary. Future research in this area is recommended in
order to find what areas of this group therapy should be adjusted or modified to better assist Israeli children exposed to terrorism.
References


Exposure to Terrorism

WEEK 0
Parents and Teachers

Objectives:
1. Welcoming parents and teachers
2. Presenter’s background
3. Purpose of supportive group therapy
4. Break time- 5 minutes
5. What is terrorism? How does it impact our children? Short discussion
6. Questions

Welcoming parents and teachers

Parents and teachers will enter the classroom, and the group leader will introduce him/herself to each individual. Parents and teachers will receive a nametag, which they will wear for the 90-minute duration of the meeting. The group leader will also be wearing a nametag during the meeting. Chairs will be set up in lines facing the front of the classroom. There will be refreshments available in the back of the room for the parents and teachers convenience. Once the parents and teachers are settled in their chairs, the leader will ask each parent and teacher to briefly introduce themselves to the group. The leader will then explain confidentiality to them. Although the parents and teachers aren’t the participants in the supportive group therapy, it is important for them to feel safe to ask questions and share their experiences. For this reason, the leader should explain that any personal information disclosed in this meeting not be shared with others outside of the session.
**Presenter’s background**

The group leader will speak about his/her qualifications, schooling, degrees, and certificates. The leader will explain that he/she is a licensed Marriage and Family Therapist with a specialization in PTSD and working with children. Aside from the therapeutic skills necessary to assist this population, the therapist should be culturally sensitive to participants and understand that although the participants are all Israeli, they are many differences between them (not to generalize). It will be helpful if the presenter is bilingual (e.g. Arabic), but this is not a requirement. If the leader is not bilingual, he/she should make an effort to state this in the beginning of the session so parents or teachers who have difficulty understanding Hebrew can be given a proper referral to another group that will best fit their needs.

The group leader will talk about his/her experiences with working with children and working with individuals with Post Traumatic Stress Disorder (PTSD). It is helpful for parents and teachers to relate if the leader self-discloses and shares past experience with stress or even terrorism-related stress specifically. In addition, the leader can share experiences such as loosing a family member or friend to terrorism or their experience as a parent or teacher to a child that has been exposed to terrorism.

**Purpose of supportive group therapy**

After the leader introduces and relates his/her experiences with the parents and teachers, the leader will explain the purpose of the group therapy and briefly talk about the important topics that will be addressed each week in sessions. The leader will explain that no person, including children, is immune to the traumatic effects of terrorism. Unfortunately, conflict in the Middle East has caused Israeli children to constantly be
exposed to terrorism. This supportive group counseling will provide the children with the opportunity to learn specific coping mechanisms and gain a sense of connection with others facing similar trauma. This program is designed for a group of nine Israeli children, boys and girls in 7th and 8th grade, exposed to terrorism. The supportive group therapy will be provided for a period of 9 weeks, meeting once a week on a continuous basis for 90 minutes. During the 90-minute session, there will be both a psychoeducational piece and a time for group processing. A week before the start of the child’s therapy, there will be a 90-minute psychoeducation session for the parents of the children in the group. Each week will focus on a different topic and the children will have an opportunity to process and discuss what they have learned, as well as talk about their thoughts, concerns, and feelings about the topics. The leader will then provide a handout with each week’s topic that will be covered in group therapy. Once all the parents and teachers have a handout in front of them, the leader will call on individuals to read the handout out loud.

**Break time- 5 minutes**

**What is terrorism? How does it impact our children? How can we help?**

U.S. Department of Defense’s definition of terrorism as, “the calculated use of violence or threat of violence to inculcate fear: intended to coerce or to intimidate governments and societies in the pursuit of goals that are generally political, religious, or ideological”. Not only does terrorism inflict physical disaster, but it also causes psychological problems such as fear, stress, and frequently severe trauma. Israelis have experienced homicides, car bombing, mass shootings, missile attacks, and suicide bombers. Some populations in Israel have experienced intense exposure lasting days or
weeks, and others have experiences severe and constant attacks. Israelis live in constant 
high-risk situations, knowing that at any time they or their families can become involved 
in or victims of a terrorist attack. Research shows that approximately 45% of the Israeli 
population has been directly exposed to a terrorist attack or have a family member or 
friend who has been killed or injured in an attack. Additionally, more than 200 Israeli 
children have been killed, more than 917 left orphaned, 2,007 physically injured, and 
thousands are left grieving and traumatized from acts of terror.

Research shows that being in an area when a terrorist attack occurred led to higher 
reports of Post Traumatic Stress Disorder (PTSD) and depressive symptoms. 28% - 50% 
of children exposed to terrorist actions will develop PTSD. According the Diagnostic and 
Statistical Manual of Mental Disorders (DSM-V, 2013), PTSD includes a history of 
exposure to a traumatic event that meets specific conditions and symptoms from each of 
the four symptom clusters: intrusion, avoidance, negative alterations in cognition and 
mood, and alterations in arousal and reactivity.

Differential responses to trauma depend on the child’s age and psychological 
maturity. Regressive behaviors such as thumb-sucking, bed-wetting, fear of the dark, and 
difficulty separating from their parents are common with children under age 5. Temper 
tantrums, dependency, refusing to sleep alone, incontinence, hyperactivity, heightened 
alertness to dangers, and separation anxiety are also common with younger children. 
Children between the ages of 6-11 show signs of anxiety, which include somatic 
complaints (e.g., stomachaches, headaches), school avoidance, sleep problems, irrational 
fears, irritability, nightmares, and angry outbursts, as well as have attention problems, 
appear to be depressed, and have difficulty in school. Between the ages of 12-18,
adolescent responses to trauma are similar to those of adults. Symptoms include: hypervigilance, nightmares, intrusive thoughts, emotional numbing, sleep disturbances, and avoidance. In addition, they have a higher probability to have difficulties with substance abuse, depression, and peer problems. In addition to these symptoms, trauma is frequently associated with strong feelings of self-blame, guilt, shame, and humiliation resulting from feelings of powerlessness and can lead to avoidance and alienation.

The way children cope and respond to traumatic events is greatly affected by their parents’ responses. Their research shows that after a traumatic event, posttraumatic symptoms and psychological distress amongst children are related to their parents’ fears, distress, and posttraumatic stress symptoms. Factors found to protect children from stress and increase resiliency involve a secure, stable, emotional relationship with at least one parent, physical proximity between child and parent, and a parental model of productive coping mechanisms. The perceived stress in social systems played a big role on stress and fear about children. Lastly, research shows that support from parents, teachers, school counselors, and friends are an important source for children.

How can we help? Have an interactive discussion with the parents and teachers discussing ways they have been able provide their children/students with support. After discussion, let the parents and teachers know that there is individual and group therapy available to help them lower their distress and learn coping mechanisms. Have referrals available for the parents and teachers interested.

Questions

The remaining time will allow for questions and concerns.
Supportive group therapy for Israeli Children exposed to terrorism

I. Week 0: Parents and teachers
   a. Week 0 takes place one week before the start of the supportive group therapy program. Week 0 is intended for the parents and teachers of the children who will start the group therapy. This 90-minute session is informative and educational and will help parents and teachers understand their children/students reactions to terror and learn how to support them.

II. Week 1: Welcome to the group
   a. Introducing group participants, leader, and the program. Overview of the program, goals, and setting ground rules. Discussion of the stress continuum.

III. Week 2: Resources
   a. Identifying personal resource profiles of students. Discussion of student’s current coping style and enhancement and development of new coping skills.

IV. Week 3: Inhabiting your body
   a. Information regarding the role and function of the body during stress. Developing body awareness and somatic reactions to stress and trauma. Helping students develop strategies to control body during stressful situations.

V. Week 4: Awareness of feelings and controlling your emotions
a. Focus on developing emotional awareness. Explore the relationship between sensations, thoughts, and feelings.

VI. Week 5: Dealing with fear and anger

VII. Week 6: Dealing with grief and loss
a. Discussion and exploration of grief and loss experiences. Providing students with a safe environment to express these feelings.

VIII. Week 7: Building a social shield
a. Identifying social needs and exploring ways to strengthen support system. Students learn to be more emphatic and ask for help when in need.

IX. Week 8: The positive eye
a. Reframing negative experiences. Helping students become more aware of their negative thought patterns and learn how to reframe them positively.

X. Week 9: Looking for a better future
a. Learning how to build a plan for dealing with future stressful and traumatic terror-related experiences. Developing a positive future outlook and exploring future dreams. Closure to the group therapy program.
Exposure to Terrorism

WEEK 1
Welcome to the group

Objectives:
1. Welcoming children and introduction
2. Confidentiality, group rules, and group goals
3. Stress continuum
4. Break time- 5 minutes
5. Group process

Welcoming children and introduction

The children will walk into the classroom and take a seat in the chairs that are arranged in a circle. Each chair will have a blank nametag and a pen for the child to write his/her name on and wear. The leader will also be wearing a nametag and will be sitting in a chair that is part of the circle. The leader will begin by explaining to the group that they are going to do a short activity to get to know one another a little better. He/she will ask the group to draw three objects that represent who they are on the back of their nametag. After a few minutes, the leader will ask each child to introduce him/herself and to describe the drawings to the group. The leader will go last and share his/her drawing as well. Then he/she will explain that he/she is a licensed Marriage and Family Therapist with a specialization in working with children.

Confidentiality, group rules, and group goals

The leader will stress the importance of confidentiality to the group. Information shared in the group will not be shared with any persons outside of the group, including family and friends. Confidentiality assures the group members a sense of safety in the group. Exceptions to confidentiality will also be clearly addressed and discussed. As a
mandated reporter, the leader will have to break confidentiality in case of elderly abuse, child abuse, and harm to self or others. Then, the leader will take out a sheet of paper and pen and will tell the group that together they will create the group rules. The leader will write down the group rules that everyone agrees to, which will include maintaining confidentiality, no playing/texting on cell phone, not using illicit drugs or alcohol before group, attending group on time, and respecting one another. Then, each group member will have a chance to sign the page, agreeing to follow and respect the group rules.

Once the group rules are agreed upon and each member has the opportunity to sign the page, there will be a discussion about group goals. Allow each member to share what he/she hopes to achieve in this group. After each member shares, request a show of hands to see if others have the same goals as the member who spoke. This will give the group an opportunity to relate to one another and feel optimistic about being part of the group. Leader will then explain that the purpose of the group is to provide the members with the opportunity to learn specific coping mechanisms and gain a sense of connection with others facing similar trauma.

**Stress Continuum**

Leader will give each member *The Stress Continuum* handout and discuss it with the group in an interactive way.

**Break time- 5 minutes**

**Group Process**

Begin group processing with a deep breathing technique:

1. Sit with good posture with your feet flat on the floor and your body feeling relaxed. Close your eyes.
2. Breathe through your nose. Pay attention to your breathing.
3. Inhale deeply and slowly through your nose into your abdomen.
4. Hold your breath for a few seconds.
5. Exhale slowly. Relax your abdomen and chest

Then, the remaining time will be used for the group to process the technique and information that was taught and discussed earlier. Keep in mind the important factors of group process such as universality, instillation of hope, group cohesiveness, and many others. Before ending, assign the group their homework for the week: “Practice using the deep breathing technique for 10 minutes at least once this week when you are feeling stressed.”
**Week 1 Handout: The Stress Continuum**

What is stress? Stress is our internal response to external “events.” In other words, stress is what our bodies and minds experience as we adapt to a continually changing environment. The stress response can be triggered by both positive experiences, such as falling in love or acing an exam, or from negative experiences, such as an unexpected loss, disappointment, or a traumatic event. How you think about and respond to daily situations determines whether you find them overwhelming or manageable.

- **As a positive influence,** stress can compel us to action, move us into our “peak performance zone,” and bring a sense of excitement or exhilaration to our lives.

- **As a negative influence,** it can result in fatigue, anxiety, and feelings of helplessness. If this response persists over time or results from a sudden significant change, it can lead to health problems such as headaches, upset stomach, heart palpitations, insomnia, eating disorders, or depression.

**The Stress Continuum:**

- **Healthy tension (green zone):** Stimulating challenges and demands that motivate you to improve your performance and efficiency have the added benefit of increasing joy and excitement in your life. Consider it a daily goal to balance the “right amount” of stimulating challenges with a healthy diet, a consistent sleep schedule, regular exercise, and stress management techniques. This will help you stay in the green zone.

- **Peak performance zone:** In order to reach your personal best when you need it most (e.g., on the day of an exam, athletic event, performance, or other personal challenge), you need to be well prepared physically, mentally, and emotionally. This foundation will allow you to access the extra burst of energy and focus needed to achieve your peak performance.

- **Imbalance (yellow zone):** When stress builds, the protective functions of your body and mind become compromised. You may experience irritability, aches and pains, sleep problems, or a decline in performance.

- **Breakdown (red zone):** If stress is left unchecked, symptoms will worsen, causing forgetfulness, severe physical complaints, illness, feeling of anxiety, panic and/or depression.

**Excelling at anything** requires monitoring your stress level and then adjusting your daily health practices (e.g., sleep, diet, exercise) and stress management strategies to avoid “burnout” or a plateau in performance. This ongoing process builds the foundation for achieving success.

Exposure to Terrorism

WEEK 2
Resources

Objectives:
1. Discussion of previous meeting and homework
2. Identifying personal resources
3. Break time- 5 minutes
4. Coping skills
5. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. The leader will ask the members sharing to explain the stressful situation they were in, and describe how they used the deep breathing technique and if helped reduce their stress level. The leader will thank those individuals who shared.

Identifying personal resources

Today's group session will begin with an introduction to personal resources. The leader will begin by saying, “personal resources are important for handling life’s daily...
stresses. Personal resources are resources that come from within yourself and from your relationships with others. Important personal resources are your family, friends and teachers, who can help you manage your life and achieve your goals. Family members love and care for you and are considered valuable resources. A family member can help you when you’re in need or just listen when you need to talk. Friends play just as an important role in your life and are also valuable resources. You feel comfortable with your friends and can trust that they will always be there for you. Just like friends, teachers are constantly around you and can act as important resources through providing you with guidance and knowledge.”

“Personal resources also includes your abilities-what you do well, and your attitudes-your ideas and opinions about life. Your attitude influences the way you think, feel, and act. Being optimistic helps you see the good in certain situations and can help you make decisions and manage your life in the best possible way. Personal resources can be separated in 9 categories: financial, emotional, mental, spiritual, physical, support systems, role models, knowledge of how to get ahead, and social skills."

At this point, the leader will hand out the Identifying Personal Resources sheet to each member and allow them about 10-15 minutes to complete it. Once they are finished, members will share their answers in an interactive way.

Break time- 5 minutes

Coping Skills

“You can feel a sense of power when you take direct action to cope with stress reactions. It is normal to have stressful reactions after exposure to trauma. Just be aware, that recovering is a process that takes time but will help you feel more in control. Healing
from trauma doesn’t mean you will forget the traumatic event or have no pain. Healing means you have more confidence and control with managing your feelings and coping with your symptoms and memories. Learning about trauma and PTSD is a positive coping action. I will hand out a sheet with information regarding what is PTSD and common symptoms you might have experienced or are currently experiencing. Relaxation methods such as muscle relaxation, breathing exercises, meditation, and prayer are also positive coping actions. We will focus on those in more details next week.” Hand out the *Coping with the Symptoms of PTSD* and *Negative Coping and PTSD* sheets to members. Together, read each section and allow for open discussion and questions.

**Group Process**

Begin group processing by turning off the light and playing a meditation video that can be found on YouTube. In this video, a woman speaking in Hebrew teaches you how to relieve stress and feel at peace by focusing inward-starting with your breathing and continuing with different parts of your body. The URL address is http://www.youtube.com/watch?v=NrN-2eFFOPM&list=TL1WzJMGz2ZTpNs-q0iYt6BLU3vAP3jV. The remaining time will be used for the group to process the meditation exercise and information that was taught and discussed earlier. Before ending, assign the group their homework for the week. “Meditation isn’t easy and requires a lot of practice. Find time during this next week to meditate. This can be done anywhere at anytime. Simply focus inward. For example, you can meditate through the process of eating a raisin. Focus on the raisin in your mouth—the texture, the taste, the smell, the way it makes your tongue feel, and just focus on that raisin until you swallow it.”
List your personal resources for each section and describe how it might help you in times of stress. Then, circle the 5 you find are most important to you with a star next to the most important (#1).
This list was retrieved from:

1. **Financial- Access to money**

2. **Emotional- The ability to cope with and be resilient to stressors**

3. **Mental- Your ability to read, write, communicate, and compute**

4. **Spiritual- Your connection with things of a spiritual nature**
5. Physical- Health and wellness

6. Support Systems: Formal and informal groups and places, includes social support

7. Role Models- Those who influence you

8. Knowledge of how to get ahead- Knowing the hidden rules and habits of a group

9. Social Skills- Ability to navigate the larger social situation and social systems
• **FILM PROJECTION METAPHOR**- Memories are like films that play in our minds. With normal memories we can choose which films we watch, and when to start and stop. After surviving a traumatic event, there may be films we avoid watching that can be very upsetting. PTSD is like having a rogue projectionist in charge, choosing which films we watch, and it can feel frustrating not being in control and we might even try harder to push certain memories away.

In order to treat PTSD, we need to take back control of the projection room. This involves watching the traumatic films again- but in a safe way and at your own pace.

• 28% - 50% of children exposed to terrorist actions will develop PTSD.

• According the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013), PTSD includes a history of exposure to a traumatic event that meets specific conditions and symptoms from each of the four symptom clusters: intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity.

• Differential responses to trauma depend on the child’s age and psychological maturity.

• Children under age 5: Regressive behaviors such as thumb-sucking, bed-wetting, fear of the dark, and difficulty separating from their parents are common. Hyperactivity, heightened alertness to dangers, and separation anxiety are also common with younger children.

• Children between the ages of 6-11 show signs of anxiety, which include somatic complaints (e.g., stomachaches, headaches), school avoidance, sleep problems, irrational fears, irritability, nightmares, and angry outbursts, as well as have attention problems, appear to be depressed, and have difficulty in school.

• Between the ages of 12-18, adolescent responses to trauma are similar to those of adults. Symptoms include: hypervigilance, nightmares, intrusive thoughts, emotional numbing, sleep disturbances, and avoidance. In addition, they have a higher probability to have difficulties with substance abuse, depression, and peer problems. In addition to these symptoms, trauma is frequently associated with strong feelings of self-blame, guilt, shame, and humiliation resulting from feelings of powerlessness and can lead to avoidance and alienation.
Week 2 Handout:  
Coping with the Symptoms of PTSD

Unwanted distressing memories, images, or thoughts

- Remind yourself that they are just that, memories.
- Remind yourself that it's natural to have some memories of the trauma(s).
- Talk about them to someone you trust.
- Remember that, although reminders of trauma can feel overwhelming, they often lessen with time.

Feeling like the trauma is happening again (flashbacks)

- Keep your eyes open. Look around you and notice where you are.
- Talk to yourself. Remind yourself where you are, what year you're in, and that you are safe. The trauma happened in the past, and you are in the present.
- Get up and move around. Have a drink of water and wash your hands.
- Call someone you trust and tell them what is happening.
- Remind yourself that this is a common response after trauma.
- Tell your counselor or doctor about the flashback(s).

Sudden feelings of anxiety or panic

Traumatic stress reactions often include feeling your heart pounding and feeling lightheaded or spacey. This is usually caused by rapid breathing. If this happens, remember that:

- These reactions are not dangerous. If you had them while exercising, they most likely would not worry you.
- These feelings often come with scary thoughts that are not true. For example, you may think, "I'm going to die," "I'm having a heart attack," or "I will lose control." It is the scary thoughts that make these reactions so upsetting.
- Slowing down your breathing may help.
- The sensations will pass soon and then you can go on with what you were doing.

Each time you respond in these positive ways to your anxiety or panic, you will be working toward making it happen less often. Practice will make it easier to cope.

Dreams and nightmares related to the trauma

- If you wake up from a nightmare in a panic, remind yourself that you are reacting to a dream. Having the dream is why you are in a panic, not because there is real danger now.
- You may want to get up out of bed, regroup, and orient yourself to the here and now.
- Engage in a pleasant, calming activity. For example, listen to some soothing music.
- Talk to someone if possible.
- Talk to your doctor about your nightmares. Certain medicines can be helpful.

Week 2 Handout: Coping with the Symptoms of PTSD

**Difficulty falling or staying asleep**
- Keep to a regular bedtime schedule.
- Avoid heavy exercise for the few hours just before going to bed.
- Avoid using your sleeping area for anything other than sleeping or sex.
- Avoid alcohol, tobacco, and caffeine. These harm your ability to sleep.
- Do not lie in bed thinking or worrying. Get up and enjoy something soothing or pleasant. Read a calming book, drink a glass of warm milk or herbal tea, or do a quiet hobby.

**Difficulty concentrating or staying focused**
- Slow down. Give yourself time to focus on what it is you need to learn or do.
- Write things down. Making "to do" lists may be helpful.
- Break tasks down into small do-able chunks.
- Plan a realistic number of events or tasks for each day.
- You may be depressed. Many people who are depressed have trouble concentrating. Again, this is something you can discuss with your counselor, doctor, or someone close to you.

**Irritability, anger, and rage**
- Take a time out to cool off or think things over. Walk away from the situation.
- Get in the habit of exercise daily. Exercise reduces body tension and relieves stress.
- Remember that staying angry doesn't work. It actually increases your stress and can cause health problems.
- Talk to your counselor or doctor about your anger. Take classes in how to manage anger.
- If you blow up at family members or friends, find time as soon as you can to talk to them about it. Let them know how you feel and what you are doing to cope with your reactions.

**Trouble feeling or expressing positive emotions**
- Remember that this is a common reaction to trauma. You are not doing this on purpose. You should not feel guilty for something you do not want to happen and cannot control.
- Make sure to keep taking part in activities that you enjoy or used to enjoy. Even if you don't think you will enjoy something, once you get into it, you may well start having feelings of pleasure.
- Take steps to let your loved ones know that you care. You can express your caring in little ways: write a card, leave a small gift, or phone someone and say hello.

**Week 2 Handout: Negative Coping and PTSD**

**Substance abuse**
- Taking a lot of drugs or alcohol to feel better is called substance abuse. You may try and use drugs or alcohol to escape your problems, help you sleep, or make your symptoms go away.
- Substance abuse can cause serious problems. Drinking or using drugs can put your relationships, your job, and your health at risk. You may become more likely to be mean or violent. When under the influence of alcohol or drugs, people often make bad decisions.

**Staying always on guard**
- After going through a trauma, it may seem reasonable to try to stay extra alert. You may be on the lookout for danger at all times. However, this way of coping doesn’t work. You end up feeling stressed, fearful, and worn out.

**Avoiding others**
- Certain social situations may cause you stress, make you angry, or remind you of bad memories. Because of this, you may try to avoid doing things with other people. You may even avoid your friends and family.
- Avoiding others can make you feel isolated. Isolation is when you tend to be alone a lot, rather than spending time around other people. Yet social support is critical to healthy coping.
- When you distance yourself from others, your problems may seem to build up. You may have more negative thoughts and feelings like sadness and fear. You may feel like you’re facing life all alone.
- Take part in social activities even if you don't feel like it. It will increase the chances you have to feel good and have fun.

**Avoiding reminders of the trauma**
- Trying to avoid bad memories or trying to shut out feelings may seem reasonable. However, they don’t work because trauma controls your life if you run from it. If you avoid thinking about the trauma or if you avoid seeking help, you may keep distress at bay for a time, but at a cost. This behavior also prevents you from making progress in how you cope with trauma and its consequences.

Week 2 Handout:
Negative Coping and PTSD

**Anger and violent behavior**

- You may feel a lot of anger at times. Your anger may cause you to lose your temper and do reckless things. You may distance yourself from people who want to help.
- This is understandable. It's natural to feel angry after going through something traumatic. But anger and violent behavior can cause problems in your life and make it harder for you to recover.

**Dangerous behavior**

- You also may cope by doing things that are risky or dangerous. For example, you may drive too fast or be quick to start a fight when someone upsets you. You may end up hurting yourself or someone else.
- Certain ways of dealing with stress can be dangerous. If you start smoking or smoke more, you put your health in danger. Eating to relieve stress also can be dangerous if you gain too much weight.

**Working too much**

Work is a good thing. You learn new things, interact with others, and gain confidence. But working too much can be a form of avoidance. You may be working to avoid memories or to help yourself forget about the trauma. This is negative because:

- You may not seek help for your PTSD
- You're not spending time with your family and friends. Being with them and getting their support may help you recover and deal better with PTSD
- You may work so much that you get little sleep and don't eat right. This can hurt your health, so you're more likely to get sick.

Exposure to Terrorism

WEEK 3
Inhabiting Your Body

Objectives:
1. Discussion of previous meeting and homework
2. The body during stress
3. Break time- 5 minutes
4. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. The leader will ask the members sharing where and how they mediated and to discuss how they felt after the meditation. “Where you able to focus inward during meditation? What are things you liked and didn’t like about the experience?” are good questions to ask. The leader will thank those individuals who shared.

The body during stress
The leader will provide the members with *The Body During Stress* sheet. Together, read each section and allow for open discussion and questions.

**Break time- 5 minutes**

**Group process**

Begin group processing by turning off the light and leading a progressive muscle relaxation exercise with a soft calming voice. This script was retrieved from: [http://prtl.uhcl.edu/portal/page/portal/COS/Self_Help_and_Handouts/Files_and_Documents/Progressive%20Muscle%20Relaxation.pdf](http://prtl.uhcl.edu/portal/page/portal/COS/Self_Help_and_Handouts/Files_and_Documents/Progressive%20Muscle%20Relaxation.pdf)

It was originally adapted from *The Anxiety & Phobia Workbook*, by Edmund J. Bourne.

Progressive muscle relaxation is an exercise that relaxes your mind and body by progressively tensing and relaxing muscle groups throughout your entire body. You will tense each muscle group vigorously, but without straining, and then suddenly release the tension and feel the muscle relax. You will tense each muscle for about 5 seconds. If you have any pain or discomfort at any of the targeted muscle groups feel free to omit that step. Throughout this exercise you may visualize the muscles tensing and a wave of relaxation flowing over them as you release that tension. It is important that you keep breathing throughout the exercise. Now let’s begin.

Begin by finding a comfortable position either sitting or lying down in a location where you will not be interrupted.
Allow your attention to focus only on your body. If you begin to notice your mind wandering, bring it back to the muscle you are working on.

Take a deep breath through your abdomen, hold for a few second, and exhale slowly. Again, as you breathe notice your stomach rising and your lungs filling with air.

As you exhale, imagine the tension in your body being released and flowing out of your body.

And again inhale…..and exhale. Feel your body already relaxing.

As you go through each step, remember to keep breathing.

Now let’s begin. Tighten the muscles in your forehead by raising your eyebrows as high as you can. Hold for about five seconds. And abruptly release feeling that tension fall away.

Pause for about 10 seconds.

Now smile widely, feeling your mouth and cheeks tense. Hold for about 5 seconds, and release, appreciating the softness in your face.

Pause for about 10 seconds.
Next, tighten your eye muscles by squinting your eyelids tightly shut. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Gently pull your head back as if to look at the ceiling. Hold for about 5 seconds, and release, feeling the tension melting away.

Pause for about 10 seconds.

Now feel the weight of your relaxed head and neck sink.

Breath in…and out.

In…and out.

Let go of all the stress

In…and out.

Now, tightly, but without straining, clench your fists and hold this position until I say stop. Hold for about 5 seconds, and release.
Pause for about 10 seconds.

Now, flex your biceps. Feel that buildup of tension. You may even visualize that muscle tightening. Hold for about 5 seconds, and release, enjoying that feeling of limpness.

Breath in...and out.

Now tighten your triceps by extending your arms out and locking your elbows. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Now lift your shoulders up as if they could touch your ears. Hold for about 5 seconds, and quickly release, feeling their heaviness.

Pause for about 10 seconds.

Tense your upper back by pulling your shoulders back trying to make your shoulder blades touch. Hold for about 5 seconds, and release.

Pause for about 10 seconds.
Tighten your chest by taking a deep breath in, hold for about 5 seconds, and exhale, blowing out all the tension.

Now tighten the muscles in your stomach by sucking in. Hold for about 5 seconds, and release.

Pause for about 10 seconds.

Gently arch your lower back. Hold for about 5 seconds, relax.

Pause for about 10 seconds.

Feel the limpness in your upper body letting go of the tension and stress, hold for about 5 seconds, and relax.

Tighten your buttocks. Hold for about 5 seconds…, release, imagine your hips falling loose.

Pause for about 10 seconds.

Tighten your thighs by pressing your knees together, as if you were holding a penny between them. Hold for about 5 seconds… and release.
Pause for about 10 seconds.

Now flex your feet, pulling your toes towards you and feeling the tension in your calves. Hold for about 5 seconds, and relax, feel the weight of your legs sinking down.

Pause for about 10 seconds.

Curl your toes under tensing your feet. Hold for about 5 seconds, release.

Pause for about 10 seconds.

Now imagine a wave of relaxation slowly spreading through your body beginning at your head and going all the way down to your feet.

Feel the weight of your relaxed body.

Breathe in…and out…in…out….in…out.

Allow for 10 seconds of breathing and ask the members to slowly become more aware of their surroundings and to slowly return to their seats if they moved for the exercise. The remaining time will be used for the group to process the exercise and information that was taught and discussed earlier. Before ending, assign the group their homework for the week. “One of the stress management techniques that we discussed
today was music. Music can be used in different ways. For example, music can enlighten your mood, can relieve stress, and other music can help you sleep. Bring in a CD with a short 2 minute clip of music that relates to you, and I would like everyone to share it at the start of next week’s session.”
The stress response
When you perceive that a situation, event, or problem exceeds your resources or abilities, your body reacts automatically with the “fight or flight” response. Your heart pumps more blood; adrenaline and cortisol are released. In the short run, this can give a burst of physical energy that pushes you to physically overcome the “threat.” Continual activation of this response increases the risk of developing ongoing physical or mental health problems. You can often tell you are under stress by the effect it has on your body, thoughts, feelings, and behavior. The way you experience stress can vary in intensity and appearance, and may be quite different from how it is experienced by others.

Here are some of the signs of stress you may recognize:
**On the body...** muscle aches, headaches, or backaches; increased susceptibility to colds or other illnesses; stomach upset and digestion problems; shortness of breath, chest pain, racing heartbeat, difficulty sleeping, and fatigue.
**On thoughts and feelings...** forgetfulness, persistent negative thinking, repetitive thoughts, poor concentration, diminished reasoning ability; difficulty organizing, retaining or retrieving information you've learned; mood swings, irritability, guilt, restlessness, sadness, depression, anger, fear, anxiety, feeling overwhelmed.
**On behavior...** skipping a class or job; diminished attention to personal hygiene; decline in performance; over-eating or under-eating; angry outbursts, relationship problems; increased use of alcohol, tobacco and other drugs; self-injury, social withdrawal, crying spells, blaming others.

Managing stress
Managing your stress means finding and maintaining a balance between those things that deplete or drain you, and those that renew or refresh. You have a great deal of control over how stress affects you. While you can’t control all of the challenges daily life throws your way, you can improve your response to stress.

**Make a conscious effort to:**
1. Create a daily routine that meets your body's need for rest, energy, intellectual stimulation, social interaction and quiet time for self;
2. Learn how to turn off the “fight or flight” response; and
3. Develop a variety of stress management skills to strengthen your relaxation response.

Information retrieved from: http://www.beyondbones.com/resources/articles/stress/
Create “balance” through daily health practices:

- **Make time for sleep.** Sleep contributes to your mood, appearance, cognitive functioning, and academic performance. It also enhances your immune system. Researchers recommend establishing a regular bedtime and rising time so that you can get 8–9 hours of continuous sleep a night. Addressing concerns about your sleep with a health care provider can be a first step in restoring balance.

- **Eat well.** Quality food eaten at regular intervals provides the fuel your body and mind need to be productive throughout the day. Choose a variety of foods (in color, textures and tastes) to ensure that you get all the essential nutrients each day. Take time to enjoy your food and use this as an opportunity to socialize with friends.

- **Exercise** is a healthy way to let go of pent-up energy, anger, or anxiety. Any physical movement can reduce stress. Try walking, dancing, swimming, biking, team sports, yoga, Tai-Chi, or a gym workout. Just 30 minutes of light-to moderate exercise can release endorphins, the body’s natural mood enhancers. Exercise also boosts the immune system, improves the quality of sleep, manages weight, elevates mood, improves self-esteem, increases energy level, and aides in the management of many chronic illnesses (e.g., diabetes, asthma, etc.).

- **Connect.** Spending time with people who bring out the qualities you like about yourself can help keep you emotionally balanced. Turn to those who understand you, who share similar interests, who are non-competitive with you, who make you laugh. We all need people in our lives who can accept us as we are, who know how to give us hope, and who can help us put life in perspective.

- **Limit use of substances**, including alcohol, tobacco, sugar, caffeine, or other non-prescribed drugs. While it may be tempting to use one or more of these for temporary relief, the rebound effects may exacerbate stress.

Week 3 Handout:
The Body During Stress

Learn to turn off your “fight or flight” response: Recognize when you are stressed. It is important to identify and understand what triggers your flight or fight response. Your body's own "warning signs" may indicate that you are "stressed out" and that it is time to address the symptoms and explore the underlying causes.

For example, do you:
• have headaches, muscle aches, changes in eating habits or problems sleeping?
• become nervous, panicky, irritable, impatient or emotionally upset?
• tend to withdraw or become angry?
• have difficulty concentrating, being creative, or decisive?

If you can routinely identify what stresses you and how it affects you, it will become easier to choose effective coping strategies.

Adjust your way of thinking. The way you think about stress makes a difference because your thoughts and perceptions create your feelings. These feelings will either activate the stress response (with a positive or negative effect) or the relaxation response. For example, let's say you are studying for a prelim. You start thinking about how little you remember from the reading assignments, how many lectures you missed, and how little study time is left. In response, you may feel worried, anxious, or even a little panicky. Try shifting your focus away from what you think you don’t remember toward making a plan on how you can best utilize the time left to study. Visualize how you will feel when you have successfully completed the prelim; then get to work and stay focused on your study plan.

Counter negative thinking.
• Practice accepting things you can’t change and taking action on the things you can.
• Challenge unrealistic thoughts and beliefs.
• Modify rigid "black and white" thinking. Steer clear of terms such as "always," "never," or "should."
• Treat yourself the way you treat your best friend — with kindness, care, and support.
• Counter negative self-talk, such as "I'm never going to catch up," with a positive internal dialogue. Give yourself credit for your abilities and your accomplishments and then tell yourself, "I was being too negative; I know I can do this if I stick to my study plan.
• Adopt the attitude that every experience in life is a teacher. Many have said they learned more from their mistake than from their successes.

Manage your time better. Look for ways to control or eliminate the cause of your stress. If you don't have enough time in the day to do all the things you need to accomplish, here are some suggestions on how to reclaim your time:
• Cut down on or eliminate time-wasters or other unnecessary distractions, such as Facebook, computer games, television.
• Set boundaries on your time so others don’t co-opt it.
• Make a daily and weekly plan to help you reach long-term goals and to meet personal needs.
• Break-up a large project into smaller, more manageable parts; set deadlines for completion of each. For more information, visit: www.clt.cornell.edu [Search "Study Skills.”]
• Recognize that you do not have to say “yes” to every request others make.
Explore a variety of stress management techniques: There are many techniques you can learn and use to quickly shift the way your body and mind react to stressors. Try using some of the following behaviors to elicit the “relaxation response.”

- **Deep breathing** can reduce anxiety and disrupt repetitive or negative thoughts by focusing awareness on the present moment. Changing from fast, shallow breathing to slow, deep breaths can shift your mood and perspective.

- **Meditation** is the process of tuning out the world and turning your attention inward. Focus your attention on one thing at a time...your breath, a word or phrase, or an action. Observe without judgment the thoughts that arise as you “tune in;” release the thoughts as you exhale and return your attention to the object of your focus. With practice, this skill will help you manage your life by returning a sense of calm when you begin to feel out-of-balance.

- **Progressive muscle relaxation** systematically relieves body tension and helps you feel more relaxed within minutes. Starting with your toes and working your way up to your head, slowly tighten...hold...and then relax your muscle groups (e.g., feet, legs, abdomen, buttocks, shoulder, arms, hands, face). As you release, think to yourself, “these muscles are now relaxed.”

- **Play!** Enjoy a pleasurable, no-pressure activity. Being “child-like” (different from childish) allows you to explore, to experience your feelings in the moment, to release tension in a creative way, and to rebound from disappointments with greater ease.

- **Laughter** jolts us out of our usual state of mind and can eliminate negative feelings. As a result, humor can be a powerful antidote to burn-out. Hearty belly-laughs exercise muscles, stimulate circulation, decrease stress hormones and boost your immunity, making laughter one of the most beneficial stress reduction techniques you can practice.

- **Listening to music** can energize or relax you. Studies show it can lower blood pressure and respiration, creating a calming effect. Be conscious of how music makes you feel. Choose what you need at the moment (e.g., to lighten a heavy mood; to help you relax and fall asleep). Have fun discovering new music, attend performances; make your own (sing, drum, etc.). Enjoy sharing it with your friends.

- **Visualization** is the process of mentally rehearsing a task you want to master. Doing it will help you achieve many of the same benefits you would from actual physical practice. Close your eyes and take a few deep breaths. Imagine yourself acing the task (e.g., taking an exam, having an important conversation). Now, focus on how your success feels (excited, relieved, satisfied, smart).

- **Take a power nap.** A 20-30 minute nap in the afternoon can increase your alertness, reduce stress and boost your cognitive functioning without leaving you feeling groggy or interfering with night-time sleep.

- **Consider alternative or complementary techniques.** This may include yoga, massage, acupuncture, Tai Chi, or Reiki. Many forms of complementary health care and self-care practices can boost energy and stamina, stimulate circulation, reduce tension, and help restore emotional balance.
Exposure to Terrorism

WEEK 4
Awareness of Feelings

Objectives:
1. Discussion of previous meeting and homework
2. Emotional awareness
3. Controlling your emotions
4. Break time- 5 minutes
5. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. Allow each member who shares to play their 2-minute music clip and share with the group why they chose this clip and how he/she finds the music helpful. The leader will thank those individuals who shared.

Emotional awareness

Begin by watching a short clip on emotional awareness that can be found on YouTube. The URL address is:

following information on emotional awareness was retrieved from:

http://www.helpguide.org/toolkit/developing_emotional_awareness.htm

“Have you ever felt like anger or depression was controlling you? Do you have a hard time forming meaningful connections with others? Do you ever feel emotionally numb? Do you often act impulsively and regret it later? Do you feel that your life is an emotional rollercoaster—feeling different extremes of emotions with no balance?

Emotional awareness is the ability to identify and understand your emotions, moods, and drives, as well as their influence on others. This means you are able to recognize and express your feelings from moment to moment. This awareness allows you to understand the connection between your feelings and actions as well as understanding others’ feelings so you can empathize with them.”

“Emotional awareness helps you recognize who you are: what you like, what you don’t like, and what you need, understand and empathize with others, communicate clearly and effectively, make wise decisions based on the things that are most important to you, get motivated and take action to meet goals, and build strong, healthy, and rewarding relationships.”

“Emotional awareness is a skill and can take some time and hard work. It involves reconnecting with all of the core emotions, including anger, sadness, fear, joy, surprise, and many more. Being aware of your body’s physical sensations can help you recognize your emotions. You can also understand your emotions better by paying attention to the bodily sensations. With each experience of a strong emotion, you can probably feel it somewhere in your body. Some examples of physical sensations are your muscles tensing, contraction and expansion, pressure, hot and cold, tingling, itching, numbness,
and all other sensations we perceive within the body. Bodily sensations may be triggered by some external stimuli, which includes our 5 senses, or internal stimuli, which includes our thoughts, feelings, and emotions."

Hand out to each group member the Stress Monitoring Sheet, which will help him/her understand the difference between thoughts, emotions, and sensations. Allow about 10 minutes for the members to complete this sheet. Then, ask members to share what they wrote.

**Controlling your emotions**

“In order to feel control over your emotions, you need to first be able to identify your emotions. You need to be aware of the emotions you’re feeling. With time and practice, you can become better at knowing what you are feeling and why. Now, each of you partner up with the person sitting next to you. Pick a spot in the classroom where you can sit in front of one another and not be too close to another pair. Then, each of you will take a turn sharing how your day went yesterday in details. From the moment you woke up until you went to sleep. As your sharing, tune it to how you felt at different situations throughout the day. For example, if you felt relaxed when listening to music. Share your day experiences while expressing the feelings attached to each situation with your partner and rate how strong those feelings are on a scale of 1-10. Once the first partner is finished sharing, let the other partner have a turn to do the same.”

Once everyone completes the activity, ask the members to return to the group circle. Ask the members questions about the activity such as, “How was that sharing experience for you? Were you able to identify your emotions? Were you aware of these emotions yesterday when they were happening? Sharing your feelings with the people
closest to you helps you practice putting emotions into words. Don’t judge your feelings- just keep noticing and naming them.”

**Break time- 5 minutes**

**Group process**

Begin group process with the following short poem about self-awareness by Dale Wimbrow (1934). Allow one of the members to read it out loud for the group:

**The Man In The Mirror**

When you get what you want in your struggle for self,
And the world makes you king for a day,
Then go to the mirror and look at yourself,
And see what that man has to say.
For it isn’t a man’s father, mother or wife,
Whose judgment upon him must pass,
The fellow whose verdict counts most in life,
Is the man staring back from the glass.
He’s the fellow to please, never mind all the rest,
For he’s with you clear to the end,
And you’ve passed your most dangerous, difficult test,
If the man in the glass is your friend.
You can fool the whole world down the pathway of years,
And get pats on the back as you pass,
But the final reward will be heartache and tears,
If you’ve cheated the man in the glass.

Next, allow at least 30 minutes to be spent sharing and processing thoughts, feelings, and sensations that come up when the members think about terrorism. **Before ending**, assign the group their homework for the week. “I would like each of you before
next week to choose a day to track one emotion. Pick a familiar emotion—like happiness—and track it throughout the day. Notice how often you feel that emotion and when. Take note of where you are, what you are doing, and who you are with when that emotion is present. Also note if the intensity of the emotion changes during different times of the day.”
Use this form to record stressful situations and your responses to them.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic Thoughts</th>
<th>Emotions</th>
<th>Physical Sensations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: My boss yelled at me</td>
<td>He has no right to treat me this way</td>
<td>Anger, Frustration</td>
<td>Stomach rumbling, teeth clenched</td>
</tr>
</tbody>
</table>

Exposure to Terrorism

WEEK 5
Dealing with Fear and Anger

Objectives:
1. Discussion of previous meeting and homework
2. Normalizing fear
3. Break time- 5 minutes
4. Anger and rage
5. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. Allow each member who shares to express which emotion they chose to track, any notes they wrote and want to share, and what they thought about the experience of focusing on one emotion throughout the day. The leader will thank those individuals who shared.

Normalizing fear

“Two weeks ago, we discussed the body’s reaction to stress, specifically the fight or flight reaction. We discussed some of the changes our body goes through during stress,
such as our heart rate increasing, muscles becoming more tense, and sweating. Fear is a very helpful response as it provides us information about danger and prepares us to act. After experiencing trauma, you might also find yourself fearful of situations that are not necessarily dangerous. Fear can leave you in a state of anxiety and worry and might hold you back from experiencing life to its fullest. You may experience waves of fear and panic and become extremely anxious when you leave your home or are alone. You may have a fear that the terrorist will return and harm you or your family. Terrorist attacks can make you feel insecure and you might find yourself having a hard time trusting others. Once you have been exposed to terrorism, it is only natural to be fearful. These feelings will go away or lessen over time.”

“A helpful way to deal with fear is to normalize and share your feelings of fear with others. Hopefully by now there is a sense of safety that you all feel in this room and with each other. I would like each of you to close your eyes and slowly imagine a situation where you are feeling frightened. (A couple of minutes of silence.) Slowly let yourself get deeper into this imagination. If you are feeling too much anxiety you can stop, but for those who can bear with me, let continue. Focus on your body for a moment, what changes you are experiencing. Now think of the situation that’s making you fearful, what is going on around you? Who is there with you? What do you smell around you? Are there any noises? Be aware of the thoughts going on in your head and the emotions you are experiencing right now. You are in a safe place and its okay to let yourself feel fearful right now. Allow yourself to accept this fear.” Give the members 5 minutes to continue with this feeling of fear. “Now, open your eyes (provide members with paper and pen/pencil) and write down what you just saw and how you felt. Please be as detailed
as you can.” Give the members a couple of minutes to write. When everyone is done writing, have a 30 minutes open discussion about fear and encourage each member to participate. Have members discuss the ways they deal with fear now and possible ways they could deal with fear in the future.

**Break time- 5 minutes**

**Anger and Rage**

“Anger is another very normal response to a traumatic event. Anger is also a helpful emotion as it gives you the energy to help yourself and others, but anger can get out of control and become rage. Rage is an intense feeling of anger that can lead to violence. It is understandable that one might feel angry after trauma but violent behaviors can lead to more problems and make it harder for you to recover. It is important to recognize that the anger is real, but not to use it as an excuse to hurt others. There are safe and healthy ways to control and express your anger. First of all, knowing where in your body you are feeling angry or being aware of certain topics/people that get you angry can be helpful. By being aware of this, you can remove yourself from the situation and give yourself time to cool down. Secondly, don’t let all your anger built up inside of you. Find someone to share these feelings with or express these feelings through writing, drawing, or painting. You can also relax but using techniques we’ve discussed such as meditation, exercising, and listening to music. Ignoring feelings of anger can cause physical problems such as an upset stomach, headaches, and high blood pressure.”

“Another way to minimize conflict and control your anger is to communicate in an assertive manner. Assertiveness means respecting others and expressing your point of view in a direct and clear way. Don’t confuse assertiveness with aggression, because they
are very different. An aggressive way to communicate is to force your opinions on others, while an assertive way to communicate is to express your needs respectfully and clearly. Assertive communication is not passive communication either. Passive communication is not speaking up for yourself or putting your needs last and will leave your hurt and still angry. For the next 30 minutes, I would like us to role-play certain situations that make us angry and discuss ways we can express this anger in a healthy and assertive way.”

Hand out a blank sheet of paper and pen/pencil to every member. Have each member write down examples what makes them angry and where in the body they feel this anger so they become more aware. Then, place 2 chairs in the middle of circle, and ask 2 members to volunteer to role-play. After each role-play, allow the group to discuss and contribute any suggestions/questions.

**Group process**

“Before we finish for today, I would like to close with a breathing exercise. We’ve been practicing a lot of different ways to reduce our stress level and relax, and I hope you guys continue to practice these techniques at home. When you hear the sound of a bell (or any sound available) from my cellphone, you will begin to focus inward on your breathing. Slowly breathing in through your nose and counting to 4, allowing your stomach to expand as you breath in, and slowly releasing your breath as you count to 7. There will be 3 minutes of silence and then you will hear the sound of the bell again, which will signal the end of the exercise. Let’s begin.” Play the bell sound on your cell phone and put a 3-minute timer on.

Once the exercise is over, assign the group their homework for the week. Hand out the *Anger Sheet.* “For this week, I would like you to be aware of any feelings of anger
that come up. When you find yourself feeling angry, I would like you to take a couple of minutes and complete the *Anger Sheet.*” Allow for any questions about the homework before ending.
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<tr>
<th>Trigger</th>
<th>Physical sensations</th>
<th>How did you control your anger?</th>
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Exposure to Terrorism

WEEK 6
Dealing with Grief and Loss

Objectives:
1. Discussion of previous meeting and homework
2. Grief and Loss
3. Group process

Discussion of previous meeting

“Please be aware that there will not be a break time today, so use the restroom now before we begin.” Give members about 5 minutes to use the restroom.

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. Have the members who agreed to share explain what triggered their anger this past week, the physical sensations they observed, and if and how they controlled their anger. Praise those individuals who controlled their anger. For the individuals who didn’t control their anger, praise them for sharing and being aware of their anger. Together with the group, help those individuals come up with
examples of ways they could have tried to control their anger. The leader will thank those individuals who shared.

Grief and loss

“Today’s group will focus on grief and loss. Grief is the natural response to losing a close relationship. I understand you might have a difficult time sharing today, and that is okay. Grieving is difficult, but it is a necessary part of living. Each of you here has felt some sort of loss. This might be a loss of a parent, sibling, cousin, or friend. While each of you might experience grief differently, there are certain commonalities. You might find yourself preoccupied with the deceased, longing for the person, hearing voices or seeing images of the person who died, avoiding reminders of the death, feeling that your life is empty, difficulty concentrating, sleeping, or eating, difficulty trusting or caring about others, and/or health problems such as stomachaches and headaches. Strong feeling of sadness, loneliness, fear, anxiety, resentment, anger, and guilt are all perfectly normal. It hurts when someone dies, but allowing time to grieve will eventually help to ease the pain. Remember, grief is not a problem to be solved, but a process to be lived.”

Group process

“Today’s meeting will be a little different than usual. I would like to use the rest of the meeting time for group processing. This will be a meeting to share and explore our experiences of grief and loss. I would like to remind each of you that what is shared in this room will not be shared with others outside. This circle is our safe place. Respect one another. Before we begin, I would to do a short deep breathing exercise. After the exercise, the group circle will be open for sharing anything about grief or loss. Let’s start. Please close your eyes. Make sure your feet are flat on the floor. Scan your body for tense
areas and try and relax. Slowly, start focusing on your breathing. Take a deep breath in through your nose for about 4 seconds, and then let it out through your mouth. Continue focusing on your breathing for the next 3 minutes.”

After 3 minutes, “Slowly become more aware of your surroundings and open your eyes when you are ready.” Allow for silence until someone decides to share. The rest of the meeting will be spent on sharing feelings and experiences about grief and loss. Provide the group with a 5-minute warning before the meeting is over. Before ending, assign the group their homework for the week: “I would like you to think of one person in your life that you really trust. Sometime this week, I want you to share any feeling (this could be feelings of sadness, fear, anger, happiness, or any feeling) with this person, and we will discuss the experience next week.”
Choose the ones that fit for you or make up your own methods of self-care:

- Go gently — take whatever time, it needs, rather than giving yourself a deadline for when you should be “over it;”
- Expect and accept some reduction in your usual efficiency and consistency;
- Try to avoid taking on new responsibilities or making major life decisions for a time;
- Talk regularly about your grief and your memories with someone you trust;
- Accept help and support when offered;
- Be particularly attentive to maintaining healthy eating and sleeping patterns;
- Exercise moderately and regularly;
- Keep a journal;
- Read—there are many helpful books on grief; some are listed on the back of this brochure. If grief is understood it is easier to handle;
- Plan, and allow yourself to enjoy some GOOD TIMES without guilt. The goal is balance;
- Carry or wear a linking object—a keepsake that symbolically reminds you of your loss. Anticipate the time in the future when you no longer need to carry this reminder and gently let it go;
- Tell those around you what helps you and what doesn’t. Most people would like to help if they knew how;
- Take warm, leisurely baths;
- See a counselor;
- Get a massage regularly;
- Set aside a specific private time daily to remember and experience whatever feelings arise with the memories;

Information retrieved from: http://www.washington.edu/counseling/resources/resources-for-students/healthy-grieving/
• Choose your entertainment carefully—some movies, TV shows, or books can intensify already strong feelings;
• Join a support group—there are hundreds of such groups and people have a wonderful capacity to help each other;
• Plan for ‘special days’ such as holidays or anniversaries. Feelings can be particularly intense at these times;
• Pray;
• Take a yoga class;
• Connect on the Internet. There are many resources for people in grief, as well as opportunities to chat with fellow grievers;
• Vent your anger in healthy ways, rather than holding it in. A brisk walk or a game of tennis can help;
• Speak to a spiritual leader;
• Plant yourself in nature;
• Do something to help someone else;
• Write down your lessons. Healthy grieving will have much to teach you.
Exposure to Terrorism

WEEK 7
Building a Social Shield

Objectives:
1. Discussion of previous meeting and homework
2. Support system
3. Break time- 5 minutes
4. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Members are not forced to share, but they are encouraged. The leader will ask the members who agree to share to talk about the feeling they chose to express to someone whom they trust and what the experience of sharing was like. The leader will thank those individuals who shared.

Social system

“Today’s group will focus on social systems. Each of you has some sort of social system. Your social system might be made up of family, friends, classmates, teachers,
neighbors, or even individuals in this group. Having a social system is comforting and helpful, because the people in your social system will be there for you when you need them. There is a lot of research proving that having a social system (or social network) made up of supportive relationships contributes to psychological well-being. A social system gives you a sense of belonging, which can help you cope with stress. Social needs are the needs you need to function as part of a society. These include the need for belonging, love, acceptance, and affection. Having a relationship with others—such as family, friends, and social groups satisfies these needs.”

“During traumatic stressful situations, although you might want to be alone, it is important to not feel as if there is no one there. Having a person who you trust and can talk to can make it easier for you to deal with your challenges. Each of you have people you can turn to when you are in need, and it is important to know you can and should ask for help, guidance, and emotional support from the people who love and care for you. You might find it hard to ask for help and accept support, but your friends and family WANT to help you. Asking and accepting help can help you.”

Pass out the Social System sheet and give members about 5 minutes to complete. When the members are finished, allow a few members to share who they included in their social system. Then, pass out the Social Needs sheet, and have an interactive discussion about what social needs members identified were important and those needs they felt weren’t being met. Continue with a discussion on how to strengthen your support system so your needs are met.

Break time- 5 minutes

Group process
Begin group processing by turning off the light and playing a meditation video that can be found on YouTube. This 5-minute video by Deepak Chopra uses ocean-guided meditation to relax and bring peace to its listeners. The URL address is

http://www.youtube.com/watch?v=D56tUOdpgts

The remaining time will be used for the group to process the exercise and information that was taught and discussed earlier. Allow for some role-play so members can practice being empathic and asking for help when in need. Before ending, assign the group their homework for the week. “For this week, I would like you to keep a record of your negative thoughts.” Hand out the Thought Record sheet and read over each column so members will have an opportunity to ask questions if they don’t understand the assignment.
You are the center of your social system. Add the other members of your social system (family, friends, community members, neighbors, classmates, teachers...) to the appropriate space on the circle.
Week 7 Handout: 
Social Needs

Identify your social needs: (draw a star next to the needs that you feel are most important, and circle the needs that aren’t being met)

How can you strengthen your support system so your needs are met?
### Thought Record Sheet - 7 column

<table>
<thead>
<tr>
<th>Situation / Trigger</th>
<th>Feelings / Emotions</th>
<th>Unhelpful Thoughts / Images</th>
<th>Facts that support the unhelpful thought</th>
<th>Facts that provide evidence against the unhelpful thought</th>
<th>Alternative, more realistic and balanced perspective</th>
<th>Outcome / Rev. emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>STOP! Take a breath...</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>What went through my mind?</td>
<td>What would someone else say about this situation?</td>
<td>What am I feeling now? (0-100%)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>What disturbed me?</td>
<td>What’s the bigger picture?</td>
<td>What could I do differently? What would be more effective?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>What did those thoughts/images/memories mean to me, or say about me or the situation?</td>
<td>Is there another way of seeing it?</td>
<td>Do what works! Act wisely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What am I responding to?</td>
<td>What advice would I give someone else?</td>
<td>What will be most helpful for me or the situation?</td>
<td></td>
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<td></td>
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<td></td>
<td>What ‘button’ is this pressing for me?</td>
<td>What facts do I have that the unhelpful thoughts are NOT totally true?</td>
<td>What will the consequences be?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What happened?</td>
<td>Is it possible that this is opinion, rather than fact?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Where? Where? Who? When? Who with? How?</td>
<td>What have others said about this?</td>
<td></td>
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</tbody>
</table>

Information and images retrieved from: http://www.get.gg/docs/ThoughtRecordSheet7.pdf
Exposure to Terrorism

WEEK 8
The Positive Eye

Objectives:
1. Discussion of previous meeting and homework
2. Reframing your thoughts
3. Break time- 5 minutes
4. Group process

Discussion of previous meeting

At the start of each group meeting, there will be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Although members are not forced to share, the leader will encourage each member to share at least one negative automatic thought from their Thought Record sheet. The members sharing will explain the evidence that supports and the evidence that does not support their automatic negative thought and provide the group with their alternative thought. Members will share their automatic emotion/feeling and their emotion/feeling after considering both the evidence that supports and the evidence that doesn’t support their automatic thought.
After everyone has the opportunity to share, the leader will ask, “Did you find this exercise helpful? How can you incorporate such a technique in your daily lives? What did you learn about yourself through this exercise?”

**Reframing your thoughts**

“What are the differences between thoughts and feelings?” Allow the members to have an open discussion about this question.

“It is very easy to confuse and differentiate between thoughts and feelings. Many people describe feelings expressed as thoughts or thoughts presented as feelings. A thought is something that one generates and can be automatic. They are appraisals or opinions of what we observe or experience. Thoughts are made up of opinions and beliefs that may be products of our upbringing, such as political biases. Thoughts convey to the listener what we are thinking and can sometimes be referred to as cognitions. On the other hand, feelings/emotions happen in response to thoughts or perceptions. This means that what you THINK and DO affects the way you FEEL.”

“Cognitive reframing consists of changing the way you think about things and finding other alternative ways to interpret the situation. It is a technique that helps you replace your negative thought process with more positive self-talk. For example, you might find yourself saying, “Something bad is about to happen.” This statement is a common negative distortion called fortune telling, or predicting the future in a negative way. Such a thought can cause serious anxiety. It would be helpful to remind yourself that you don’t know everything and you can’t predict the future. Many times our predictions don’t even come true. So instead, try and reframe your thought by saying
something like, “I am not sure what the future will bring, but chances are high that it will be good.”

Now, hand out the Unhelpful Thinking Styles sheet and discuss it in an interactive way. Ask members to share examples of times when they used unhelpful thinking styles and how they would now reframe their thinking.

**Break time-5 minutes**

**Group Process**

Begin group processing by turning off the light and playing a relaxing instrumental piece by Paul Collier that can be found on YouTube. “Music has the power to bring up many emotions. While this video plays, I would like you to be aware of the emotions that come up for you and allow yourself to be okay with those feelings for the moment. The URL address is http://www.youtube.com/watch?v=MlgUSPhATao.

The remaining time will be used for the group to process the exercise and information that was taught and discussed earlier. The leader will remind the group that next week will be the last group meeting. Allow the group to process any feelings that come up about the group ending. Before ending, assign the group their homework for the week. “For this week, I would like you to come up with future goals and dreams for yourself. You can express your future goals and dreams through writing, drawing, music, or any way you choose.”
Week 4 Handout:
Unhelpful Thinking Styles

**All or nothing thinking**
Sometimes called 'black and white thinking'
- If I'm not perfect I have failed
- Either I do it right or not at all

**Over-generalising**
- "everything is always rubbish"
- "nothing good ever happens"

**Mental filter**
- Only paying attention to certain types of evidence.
- Noticing our failures but not seeing our successes

**Disqualifying the positive**
- Discounting the good things that have happened or that you have done for some reason or another
- That doesn't count

**Jumping to conclusions**
There are two key types of jumping to conclusions:
- Mind reading (imagining we know what others are thinking)
- Fortune telling (predicting the future)

**Magnification (catastrophising) & minimisation**
- Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

**Emotional reasoning**
- Assuming that because we feel a certain way what we think must be true.
- I feel embarrassed so I must be an idiot

**Labelling**
- Assigning labels to ourselves or other people
- I'm a loser
- I'm completely useless
- They're such an idiot

**Should must**
- Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed
- If we apply 'shoulds' to other people the result is often frustration

**Personalisation**
- Blaming yourself or taking responsibility for something that wasn't completely your fault.
- Conversely, blaming other people for something that was your fault.
Objectives:
1. Planning for the future
2. Discussion of previous meeting and homework
3. Group process

Planning for the future

“Please be aware that there will not be a break time today, so use the restroom now before we begin.” Give members about 5 minutes to use the restroom.

“During the last 9 weeks, we learned about the role of stress on our body, developed coping skills and emotional awareness, and learned new ways to deal with fear and anger. We also discussed grief and loss, our social needs and social system, and how to reframe negative experiences. More than anything, we learned to trust one another and open our hearts. We learned that we are not alone with our traumatic experiences, and we allowed others in this circle to comfort and support us. We became stronger as a group and also as individuals.”

“At this time, I would like to discuss a plan for dealing with future stressful and traumatic experiences. You’ve gained many tools through this group, and I would like everyone to participate and share during this discussion. Together, let’s build a plan that will be helpful for us in the future.”

Hand out to each member the MY PLAN IS… sheet and a pen/pencil. Give the members a few minutes to write down how they plan to deal with future stressful and traumatic experiences. “Now that you have finished writing your plan, each of you will
have the opportunity to share it with the group. If a member shares information about their plan that you didn’t write on your page and you can see yourself benefitting from, please feel free to add it to your plan sheet. Now, who wants to begin?”

**Discussion of previous meeting**

There will now be an opportunity to discuss and share feelings about the previous meeting. Members will be encouraged to share their thoughts and feelings and share what has happened within the week. It is important for the leader to make sure they are comfortable with how the sessions are going. The leader will check in with participants and ask about their reactions and impressions in order to clarify any misconceptions. The leader will also encourage members to express any concerns with the information being provided.

Next, the leader will ask the members to share their homework. Each member will take a few minutes to share their future goals and dreams with the group. This discussion of future dreams and goals is very important, because it allows the members to have a positive future outlook. It is very important to encourage the members to follow their dreams and to accomplish their goals. The leader will tell the members encouraging statements such as, “Dreams are possible for every one of us”, “There is no such thing as failure”, and “Challenges are a chance for growth.” Remind the members that setting goals for the future will help them stay focused and on the right track to fulfilling their dreams. The leader will also tell the members the importance of believing in oneself and using positive thinking.

**Group Process**
“We will begin group process today with 4 minutes of silence. During this time, I want you to use your imagination and create a vision of your dreams. The goals and dreams we just discussed became a reality. Be aware of who and what you see in your dreams. What does it smell like? What kind of sounds do you hear? Can you touch anything? Taste anything? When you hear the sound of a bell (or any sound available) from my cellphone, you will begin. Four minutes later, you will hear the same sound, which will signal the end of this exercise. If you find yourself having a hard time focusing on your dream, focus on your breathing just like we have been practicing the last 9 weeks.” Play the bell sound on your cell phone and put a 4-minute timer on.

After the 4 minutes are over, the group will process the exercise and the leader will ask questions such as, “what feelings came up for you while you were imagining your dreams coming true?” Then, the remaining 30 minutes (approximately) will be used for members to share individual change that has occurred in therapy and their feelings towards termination. Before ending, the leader will provide the members with a list of referrals for individual counseling and other groups that might be beneficial to the members. The leader will thank the members for being part of such a great experience.
MY PLAN IS...