



SURVIVORS

A Community of Healing

Survivors of Torture Training for Educators

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Learn how new-arrival students may be torture survivors or members of torture survivor families.



Identify common signs, symptoms, and behaviors of students who have experienced extreme trauma.



Learn how to refer students and families to SURVIVORS' free services to help them heal and thrive.



Understand trauma-informed approaches, activities, and techniques to use in the classroom. *Sample activities and worksheets included!*



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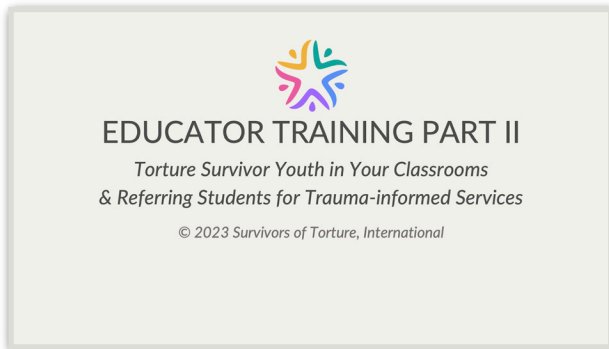
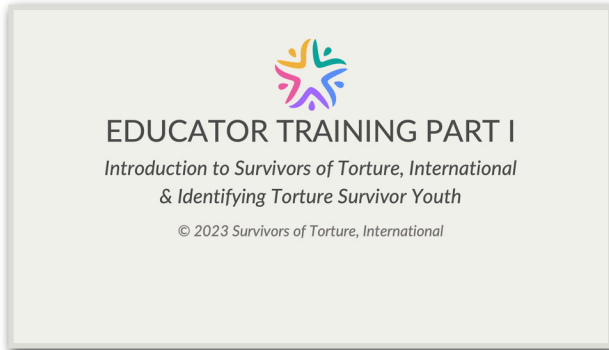
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Educator Training Video Series

In addition to this Educator Training handbook, SURVIVORS' team of expert and specialized professionals launched a short **two-part Educator Video Series** to provide professionals with a basic introduction to topics detailed in this handbook, such as:



- Understanding torture survivor families and youth residing in San Diego
- How severe trauma impacts and presents in students
- Best practices in the classroom for torture survivor youth
- Trauma-informed care techniques and demonstrations by our staff
- Eligibility for our services and referring your students for care

Where to Watch



Both videos are **FREE** and available for public viewing on SURVIVORS' YouTube Channel Playlist: *Educator Training Series (Part I & II)*.

SURVIVORS YouTube: <https://www.youtube.com/@survivorsoftorture>

All of these materials were developed to help professionals, such as yourself, better **understand torture and trauma for students** who are primary and secondary torture survivors so they can be better **identified, referred for services, and receive the trauma-informed and supportive care they need to heal and thrive.**



Torture Survivors in San Diego



California is the largest recipient of refugees, asylum seekers, and asylees in the U.S., with San Diego being one of the top resettlement destinations for new arrivals. In recent years, San Diego has welcomed over **80,000** new arrivals to our county, and the Office of Refugee Resettlement estimates that **44%** of these are torture survivors.¹

With an estimated **38,000** torture survivors of *all ages* living in San Diego, the chances are high that **torture survivor youth have been or will be in your classroom.**

Torture survivors and their families comprise **one of the most vulnerable, underserved, and unrecognized communities.** Most were tortured because of religion, ethnicity, gender, sexual identity, political viewpoints, or defense of human rights. Their most pressing needs are access to culturally and linguistically competent mental, medical, social, and legal support services, but they do not fit into traditional service delivery systems and often fall through the cracks. Asylum-seekers often have no opportunities to access public benefits or work authorization until months after applying for asylum, live below **250%** of the federal poverty threshold, and experience homelessness.²

These students and families will greatly benefit from teachers, counselors, and related staff who are **familiar with the trauma of torture and trauma-informed approaches** when addressing behavioral, emotional, or physical challenges of torture survivors that may surface in the school environment.

Who is Survivors of Torture, International?



Survivors of Torture, International (SURVIVORS) is a 501(3)(c) non-profit organization that provides **thousands of torture survivors and their families** with free, trauma-informed, culturally and linguistically competent mental, medical, social, and legal-support services to help manage their health and rebuild their lives. Founded in **1997**, SURVIVORS was the first and remains the only accredited torture treatment center in San Diego County, providing trauma-informed services and care for this community.










Our clients are mostly low-income asylum-seekers and their families who are rebuilding their lives in San Diego, who speak **90+** languages, and who come from **141** different countries that practice torture.³



How Does SURVIVORS Serve Torture Survivors?

All of SURVIVORS' services are **FREE**, trauma-informed, and responsive to the diverse **cultural health beliefs and practices, preferred languages, health literacy**, and other unique needs of torture survivors. We utilize an innovative decentralized service delivery model through which our staff works as an integrated team with over **90** key partners.

SURVIVORS' Menu of Free Services

	Medical Services	<ul style="list-style-type: none"> Linkages to Medical Care & Exams Prescriptions & Deliveries Medical Case Management & Medi-Cal Enrollment Acupuncture Linkages to Specialty Care
	Psychiatric Care	<ul style="list-style-type: none"> Psychological Exams Psychiatry Services Medication Management
	Mental Health Services	<ul style="list-style-type: none"> Individual Therapy Group Therapy (Women's, Men's, Seniors, Youth, LGBTQ+) Family & Couples Therapy Child/Student Therapy Music & Art Therapy Mental Health Literacy Workshops Wellness Clubs
	Social & Case Management Services	<ul style="list-style-type: none"> Home Visits & Deliveries Basic Needs (food, clothing, hygiene items, school supplies) Transportation Support & Coordination Linkages to Services (employment, housing, childcare, ESL) Educational Scholarships Cultural Integration Support Navigating Public Benefit Systems
	Asylum and Legal-Support Services	<ul style="list-style-type: none"> Forensic Evaluations Referrals to Immigration Attorneys Support Navigating the Immigration System
	Peer Support Activities	<ul style="list-style-type: none"> Healing & Wellness Clubs Group Outings & Peer Activities Client Events & Celebrations
	Language Services	<ul style="list-style-type: none"> Interpreter Services in 200+ Languages Linkages to Translation Support in 200+ Languages



How Does SURVIVORS Serve Students and Families?

SURVIVORS serves all primary and secondary torture survivors in San Diego, which includes family members and those in the home of torture survivors. SURVIVORS' staff has several years of experience with trauma-informed family care and family medicine. All interventions mitigate intergenerational and multi-generational trauma.

Student, Youth, and Family Services



Our **Services and Treatment Plans** integrate evidence-based, family-centered methodologies, which acknowledge the presence of trauma and its impact on an individual's and household's physical, mental, social, and relational health.



Our **Individual, Student and Youth Group, and Family Therapy** are provided through a network of contracted licensed child and family mental health professionals who operate on-site at our offices as well as locations around San Diego County.



Our **Child and Family Case Management Services** include linkages and referrals to resources specific for newcomer parents and children of all ages (infant, toddler, child, teen, and transitionally-aged youth). These include our collaborations with a variety of local family-strengthening programs to provide specially tailored services to women, children, and families.



Our **Community Closet** is filled with **FREE** basic needs items for families to shop from and often includes:

- Layette & hygiene kits
- Diapers & wipes
- Baby clothes
- School & art supplies
- Books for various ages
- Blankets & towels
- Kitchen supplies
- Puzzles & games
- Toys & play sets
- Cleaning supplies



Our **Family and Children's rooms and Giving Library**, are filled with books, toys, and crafts for clients to enjoy while they wait to be seen by SURVIVORS' staff.



Our **offices are intentionally decorated to emulate a family home** that is a peaceful and welcoming environment for clients with furnishings and decorations that are **linguistically and culturally appropriate**, with all signs posted in the languages most spoken by clients.

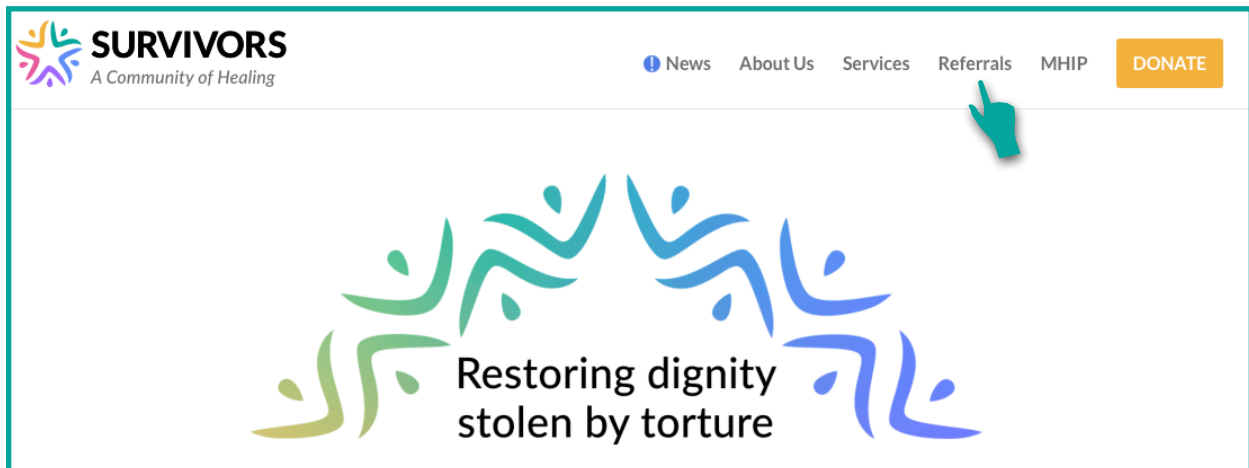


How to Refer Students to SURVIVORS

Learning how to identify torture's physical, psychological, and emotional signs and symptoms is detailed in the following sections of this handbook:

- *How Trauma Presents in Students and Youth (page 12)*
- *Identifying Trauma in Students and Youth Chart (page 13)*

If you believe a student may be a primary or secondary survivor of torture, it's easy to refer students by submitting **SURVIVORS' Student Referral Form** through our website (www.notorture.org/refer-someone).



Once a referral has been submitted, SURVIVORS' expert client care team will contact the student's family to ensure student eligibility and openness to receiving services.

We ask that referrals be limited to the following:

1. Students who have joined your classroom that are **from outside the U.S.** or,
2. Students whose **family or household members have come from outside the U.S.**

If you have questions about student eligibility, referrals, or any of our services, please get in touch with us by phone or email, and we will get back to you within five business days.

Phone: 619-278-2400

Email: survivors@notorture.org

SURVIVORS' Hours of Operation

Monday-Friday, 9 AM - 7 PM

SURVIVORS' Walk-In Hours*

Wednesday 9-6 PM, Thursday 2-6 PM, and Friday 9-12 PM

**A limited number of walk-in appointments are available for urgent needs.
Scheduling an appointment is highly recommended.*



Understanding Torture and Trauma

What is Torture?

Torture (n). Torture is defined by U.S. law as an act that is intended to inflict severe physical or mental pain or suffering and is committed by a person acting under the color of law upon another person whom they have under their custody or physical control. This includes sexual violence, imminent death, or the threat that another person will be subjected to death. Torture is a deliberate and inhumane act.⁴

Torture is further categorized as *primary* or *secondary*.⁵



Primary torture survivors are individuals who have experienced torture firsthand or been forced to witness the torture of another individual or group.



Secondary torture survivors are individuals adversely affected by the torture of others, such as a family member, causing the secondary survivor to be vicariously affected by the trauma of the person they are intimately related with.

Children can be both *primary and secondary torture survivors*.

What is Trauma?

Trauma (n). an emotional response to a terrible event, including exposure to actual or threatened death, serious injury, abuse, neglect, war, natural disasters, sexual violence, or torture.⁶

Trauma can occur either from a *single event* or a *long-standing pattern of events* that are emotionally disturbing or life-threatening, including a direct experience with the traumatic event but also witnessing or learning about the traumatic event.⁷

Trauma creates *lasting adverse effects* on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.^{8 9}

Trauma is a direct result of torture.



The Triple Trauma Paradigm

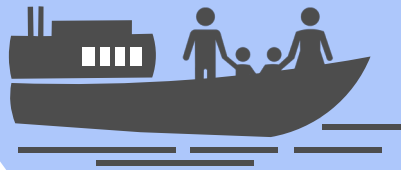
The **triple trauma paradigm** illustrates the multiple traumas faced by new arrival individuals and families (refugees, asylum seekers, and immigrants of other statuses).^{10 11}

I. The Trauma of Torture



- Physical, psychological, and sexual abuse
- Incarceration and imprisonment
- Kidnapping and/or being held captive
- Discrimination and intimidation
- War and forced displacement
- Threats of injury and death to themselves or loved ones
- Injury or death of loved ones

II. The Trauma of Fleeing & Migration



- The challenging and arduous journey to leave your country by foot, train, plane, bus, car or boat
- The exposure to the elements and dangerous terrain
- The obstacles of unknown cultures and languages, and discrimination
- The vulnerability to theft, sexual assault, and other crimes

III. The Trauma of Resettlement



- Attempting to resettle in a foreign country
- Being sent to detention centers
- Separation from families
- Assimilation and acculturation
- Work and resource restrictions
- Lack of income and housing
- Language and cultural barriers
- Chronic stress, isolation, loneliness, grief, and loss of sense of self



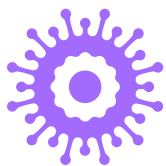
How Trauma Presents in Students and Youth

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood (0 - 17). They have negative lasting effects on health, well-being, and opportunity. These traumatic events include abuse, neglect, sexual assault, household dysfunction, death of a loved one or parental figure, interpersonal family violence, divorce, racism, discrimination, violence, toxic stress, and bullying.¹²



Children's developing brains are particularly susceptible to trauma. A child exposed to chronic trauma is continuously exposed to heightened stress, and fear-related hormones are triggered.¹³



Remaining in a heightened state **can change a child's emotional, behavioral, and cognitive functioning** to maintain and promote survival, which can impact future behavior. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. Thus, childhood trauma affects health across a lifetime.^{14 15}

Intergenerational & Vicarious Trauma



Intergenerational Trauma acknowledges that trauma can be passed down through families. This includes the family narrative, cultural messages and patterns, **memory, DNA modifications,** normalization of trauma **in utero,** cumulative emotional wounding, **and by parents** not coping with or bypassing their trauma.¹⁶ Exposure to extremely adverse events, like torture, impacts individuals to such a great extent that their **children find themselves grappling with their parents' post-traumatic state.**¹⁷



Intergenerational trauma can cause shame, difficulty with attachment, estrangement, impaired self-esteem, disconnection, denial, neglect, trauma bonding, and increased psychological and physical symptoms or disorders.¹⁸



Secondary traumatization or vicarious trauma refers to the stressful nature of **living with a traumatized person, including a parent,** who is expressing symptoms or reliving a traumatic event, including unconscious reenactments of fear and grief.¹⁹ This behavior or emotional reaction can also be present in the child.

When working with **primary** or **secondary** torture survivors, such as in a classroom setting, it is imperative to **recognize and acknowledge the complex and multifaceted trauma endured** beyond the experience of torture or migration.



Identifying Trauma in Students and Youth

Newcomer students experience the stress of adapting culturally and linguistically as well as preexisting stress from the possible torture or trauma in their country of origin.

Trauma can present itself differently depending on the developmental stage of the student. Children who have endured trauma may experience a wide range of physical, emotional, cognitive, or behavioral symptoms detailed below.

			
BEHAVIORAL	EMOTIONAL	PHYSICAL	COGNITIVE
<ul style="list-style-type: none"> impulsivity absenteeism changes in performance or attendance risk taking discomfort expressing feelings conflicts or inability to make or keep friends distrust selectively mute inability to interpret or respond to social cues frequent comments about death or dying indecision or difficulty saying no detachment hopelessness 	<ul style="list-style-type: none"> depression anxiety outbursts or tantrums mood swings fears and phobias clinginess hyper-arousal irritability or overwhelm emotional numbing difficulty with authority or criticism need for control disassociation shame 	<ul style="list-style-type: none"> fatigue stomach aches changes in appetite extreme weight loss or weight gain aches and pains headaches sleep disturbances unexplained physical symptoms 	<ul style="list-style-type: none"> difficulty concentrating confusion memory problems self-criticism negative or anxious rumination excess worry decreased attention language delays reduced cognitive capacity

Table 1: Identifying Trauma in Students and Youth²⁰



Common Diagnoses of Trauma in Youth

Trauma can impact children's diagnoses. While PTSD is one diagnosis, trauma can often be misdiagnosed as another medical, psychological, or behavioral problem. The following diagnoses are often a result of the trauma from torture in children and teenagers.²¹

- post-traumatic stress disorder
- depressive or anxiety disorders
- conduct/adjustment disorders
- stress disorders, personality disorders
- obsessive-compulsive disorder
- dissociative disorders
- attention deficit hyperactive disorder
- oppositional defiant disorder
- medical issues
- substance abuse
- self-harm
- vision/hearing problems

Common Views of Newcomer Families on Mental Health and Trauma

Each student's family may view mental illness, trauma, and mental health treatment differently, depending on the student's country of origin or culture.²²



Many cultures **interpret mental health symptoms as a sign of weakness or a source of shame**. In some cultures, trauma symptoms or mental health diagnoses are viewed from a religious perspective as "losing or lacking faith," "possession by evil spirits," or "bad karma." People may **fear persecution or stigma** from their family or community.



For some families, speaking about a student's **physical symptoms may be easier than sharing emotional or psychological symptoms**. Many students may share that they have stomach aches, headaches, chronic pain, rashes, "heartaches," or "bad nerves" rather than share that they are sad, anxious, or depressed.



It is also important to remember that not all **languages have translatable words for mental health** symptoms or diagnoses; this is especially important when working with non-English speaking students and families or an interpreter.

Cultural Responsiveness and Humility

Culture encompasses **shared values, norms, institutions, language, religion, food, place of birth, rituals, traditions, art, literature, music, and/or forms of government**.²³ Being aware, knowledgeable, sensitive, and responsive to each student's culture is important.

Cultural responsiveness or **cultural humility** is an important tool in a multicultural classroom setting.²⁴ Students will respond positively when their educator encourages open dialogue about culture and diversity and approaches their students from a place of curiosity and reciprocity that affirms their identities.

Best Practices of Cultural Responsiveness and Humility are detailed on page 18.



What Educators & School Staff Can Do in Classrooms

We know that educators take *great care* in creating a safe and supportive environment for all students. By incorporating trauma-informed approaches and techniques with **students** who may be **primary** or **secondary torture survivors**, teachers can help students who are torture survivors regain a sense of security and trust, promoting their overall well-being.

Best Practices for Physical, Psychological, and Emotional Safety

Physical Safety and Classroom Environment

The following approaches to a classroom's physical environment support students who may be torture survivors to feel safe, secure, and at ease in the classroom.

	Ensure your classrooms are well-organized, clean, bright, and predictable .
	Establish clear routines and consistent expectations provide stability and reassurance.
	Provide designated spaces for activities and quiet spaces for retreat as needed.
	Clearly explain and display where the entrances and exits to the classroom are located.
	Make space to respect cultural practices , such as times of prayer, especially for newcomer students adapting to a new culture.
	Respect the personal space of students, which is essential in establishing both physical and psychological safety.

Table 2: Physical Safety and Classroom Environment^{25 26}



Psychological Safety in the Classroom

Allow space for students to feel secure in their connection with their teachers and classmates. While establishing friendships is vital to every student's experience, it's important not to force socialization. Meet students where they feel most comfortable.

	<p>Properly introduce new students with icebreakers.</p> <p>Use team-building activities, which can ensure students feel welcome.</p>
	<p>Allow students to express their feelings, thoughts, and concerns freely.</p>
	<p>Validate student's experiences when they have the confidence to express them.</p>
	<p>Take advantage of interpreter services when available.</p>
	<p>Encourage your students to ask questions and ask for help.</p>
	<p>Invite input by regularly collecting student feedback, which demonstrates your desire to learn alongside them.</p>
	<p>Create a sense of shared identity through identifying common aspects or goals the class shares as a whole.</p>
	<p>Schedule one-on-one check-ins with your students.</p>

Table 3: Psychological Safety in the Classroom^{27 28}



Emotional Safety and Building Trust in the Classroom

Trauma can leave individuals feeling powerless and overwhelmed. It is important for students to develop positive associations with school, educators, and fellow students so they can let their guard down and regain a sense of security and confidence.








	<p>Offer simple choices and opportunities for autonomy, allowing students to make decisions within appropriate boundaries to help rebuild their confidence and self-esteem.</p>
	<p>Demonstrate genuine care through small acts of kindness:</p> <ul style="list-style-type: none">• greeting them warmly,• showing interest in their lives,• and providing encouragement.
	<p>Provide verbal and written praise to increase students' cooperation, academic engagement, and social competence.</p>
	<p>Give corrective feedback to students in calm, neutral tones without intense emotion to reduce negative emotional responses.</p>
	<p>Encourage participation, not perfection. A positive learning environment allows students to experience failure within an atmosphere of trust and respect.</p>
	<p>Practice active listening. Focus on what students are trying to say, the message they are trying to get across, which allows students to let their guard down.</p>
	<p>Cultivate shared emotional intelligence by letting students take a moment each day to put words to how they are feeling and share them with you or the class as a whole.</p>

Table 4: Emotional Safety and Building Trust in the Classroom²⁹



Best Practices Around Cultural Responsiveness and Humility

Many newcomer students may struggle to find a balance between the culture of their country of origin and adapting to the dominant culture in the United States.

The following practices around **Cultural Responsiveness and Humility** within the classroom can give students the chance to reflect on and form their individual, family, and community culture.

	<p>Embrace Diversity</p> <ul style="list-style-type: none">• Be open to and value student’s differences across cultures, languages, and traditions• Respect differences in families’ home lives• Utilize a diverse and inclusive curriculum• Highlight Multi-Cultural Achievements in: <i>Arts, Sports, Politics, Education, and Social Change</i>
	<p>Embrace Life-long Learning</p> <ul style="list-style-type: none">• Learn about your student’s cultures and living environments• Practice being comfortable with “not knowing” and open to learning from different communities and lived experiences• Relate to others in ways that are understandable to them• Adapt communication styles and methods to meet students’ needs• Learn about relevant social and health disparities among different communities
	<p>Practice Self-Awareness & Self-Reflection</p> <ul style="list-style-type: none">• Acknowledge your own biases and privileges• Examine your own cultural identity and worldview• Practice self-awareness• Reserve judgement

Table 5: Best Practices Around Cultural Responsiveness and Humility^{30 31}



Address Difficult or Challenging Situations and Behaviors

Students with severe trauma may present with **anxieties and big emotions** that will impact their ability to focus and cause them to become easily overwhelmed, upset, or disengaged. When challenging behaviors or emotions arise, it's best to use **as much discretion as possible** and opt for **one-on-one communication**. This mitigates unnecessary feelings that arise around shame and discomfort from bringing too much attention to a torture survivor.

Trauma-informed Techniques

There are many trauma-informed techniques, or coping skills, that you can model for students and encourage them to use to relax and manage the stress or emotion that arose. *These are also demonstrated in [SURVIVORS' Educator Series Video Part II](#).*

Deep Breathing



Deep Breathing Accompanied by Supportive Touch. Allow your students to choose a comfortable position to place their hands - on their chest, over their wrist, or to give themselves a hug. Once they have chosen a position, instruct them to inhale and exhale 3 deep breaths slowly.

Progressive Muscle Relaxation



Sometimes when the mind is in a state of anxiety, stress, or fear, the body tenses. **Progressive Muscle Relaxation (PMR)** aims to reverse that reaction and bring the body back to its relaxed state. Guide the student to focus their attention on different parts of their body, starting at the head, and instruct them to tense each area for 15 seconds and then release to experience the difference (*see worksheets for PMR Scripts.*)

Imagery



The last technique we suggest here is **Imagery**. Instruct the student to either close their eyes or look down, and encourage them to imagine a safe place in their mind where they don't feel overwhelmed. You can encourage them to keep imagining that place until they feel mentally ready to reenter the classroom.

These are only a few examples of the many trauma-informed methods and approaches educators can utilize in the classrooms and beyond. ***The last section of this handbook has several more examples, activities, and worksheets you can use in the classroom.***



Vicarious Trauma and Self-Care for Educators

What is Vicarious Trauma?



Teachers have **complex, demanding, and difficult occupations** inside and outside the classroom. Students may share experiences of war, torture, child abuse, homelessness, domestic violence, substance abuse, natural disasters, and lack of access to care or resources. **In many cases, when exposed to students' stories, teachers may experience secondary or vicarious trauma.**³²

Teachers may also **feel a responsibility to protect or save** their students (savior complex), which can cause a toll on their personal well-being.³³ On-going vicarious trauma can lead to **compassion fatigue**, which may present as a lack of empathy or an inability to "give any more of yourself" to your students.

Common Symptoms of Vicarious Trauma^{34,35}

- increased anxiety
- diminished concentration
- feelings of detachment or isolation
- cynicism
- feelings of professional inadequacy
- burnout
- fatigue
- irritability
- increased illnesses
- nightmares/sleep disturbances
- sadness or depression
- difficulty managing emotions or emotional numbness
- increased use of negative coping behaviors

Recognizing that **you are not alone** is important - vicarious trauma is **common** and not shameful. It does not reflect an educator's competency or skills and is not correlated to tenure. Any educator at any time may experience secondary trauma.

Strategies for Reducing Vicarious Trauma^{36,37}

1. Increase self-observation (recognize, name, chart and respond to emotional triggers or signs of vicarious trauma.)
2. Engage in self-care (exercise, meditation, journaling, healthy foods, art and creative outlets, music, dance, nature, reading, etc.)
3. Talk to peers and mentors (form a peer support group, use time to debrief, seek a mentor, and work with a coach.)
4. Take breaks and take time off.
5. Have interests and hobbies outside of work.
6. Utilize mental health services and individual or group therapy.



7. Seek social support from your friends and family.
8. Engage in training opportunities.
9. Recognize and seek healing for your own trauma.
10. Be realistic about what you can accomplish & recognize the savior complex.
11. Ask for help.
12. Seek support from your supervisors and institution to ensure vicarious trauma is understood as an organizational, not just individual, concern.
13. Participate in activities that will bring laughter or joy.
14. Make time for fun!
15. Reflect on your positive student outcomes to experience compassion satisfaction (pleasure or contentment when the traumatized student you have worked with is able to function better.)
16. Develop a ritual for the end of the day to facilitate the transition into non-work life.

Vicarious Resilience



You may also experience **Vicarious Resilience**, where as an educator, you can be affected by and learn something from your students' stories and examples of resilience in a positive way. **Vicarious Resilience** from working with students who have experienced trauma **will help empower you, sustain you in your work, and promote personal and professional growth.**

Tenets of Developing Vicarious Resilience^{38 39}

1. Witnessing and reflecting on your students' capacity to heal from trauma.
2. Witnessing your students and their families transform and take control of their lives.
3. Increasing your frustration tolerance for your own problems and negative situations. Recognizing opportunities to overcome your own concerns and issues by witnessing your students overcome them.
4. Viewing your students and their families as a model for learning about coping with trauma and hardships.
5. Developing hope and increased commitment to your work through your students' growth and healing.
6. Increasing your hope, understanding, and belief that recovering from serious trauma and other challenges is possible.

It is important to **recognize the signs and symptoms of vicarious trauma**, engage in activities and **utilize resources** that will decrease vicarious trauma and **cultivate Vicarious Resilience.**


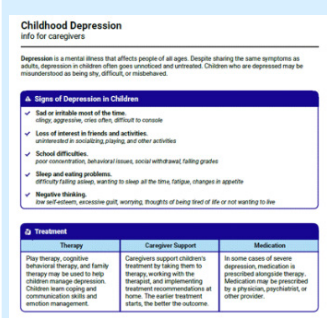


Trauma-Informed Activities & Sample Worksheets





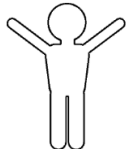

The following table outlines the activities and worksheets recommended for educators and related professionals, who interact with and support children and youth, to help students **understand how thoughts, feelings, and emotions are connected** and how experiences, thoughts, and emotions can **affect individuals physically, mentally, and behaviorally**.

FREE Activities and Worksheets Available for Download




















These activities, worksheets, and summaries were provided by the free online library [therapistaid.com](https://www.therapistaid.com). These are all available for download online in multiple languages, and the links to each are included in the chart below to guide you.

Title	Type	Preview	Summary	Location						
Anger Stop Signs	Student Activity Worksheet	 <p>Anger Stop Signs</p> <p>Anger stop signs are clues that your body uses to let you know your anger is growing. These clues start to appear while your anger is still small. If you notice them in time, you can hit the brakes, and take control of your anger before it grows too big.</p> <p>Everyone has their own anger stop signs. It's important to learn what yours are, so you can spot them in the future. Write your anger stop signs in the space below.</p> <p>Common Anger Stop Signs</p> <p>My face feels hot. I start to shake. I raise my voice. My eyes get watery. I try to bother people. I feel annoyed. I want to hit something.</p> <p>Preview page 2 of 2</p> <p>© 2017 Therapist Aid LLC 2 Provided by TherapistAid.com</p>	<p>This activity uses the metaphor of anger as a car that continuously gains speed until it grows out of control. It refers to our body's warning signs, such as thoughts, behaviors, and physical symptoms, which makes it easy for children to understand and recall several basic concepts of anger management.</p>	<p>Therapist Aid (2021). Anger Stop Signs (Worksheet). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/anger-warning-signs-children/none/children</p>						
Childhood Depression: Info for Caregivers	Educator Worksheet	 <p>Childhood Depression Info for caregivers</p> <p>Depression is a mental illness that affects people of all ages. Despite sharing the same symptoms as adults, depression in children often goes unnoticed and untreated. Children who are depressed may be misunderstood as being shy, difficult, or misbehaved.</p> <p>Signs of Depression in Children</p> <ul style="list-style-type: none"> Feel an irritable mood all the time. They're aggressive, irritable often, difficult to console Loss of interest in friends and activities. Withdrawal from socializing, playing, and other activities School difficulties. poor concentration, behavioral issues, social withdrawal, falling grades Sleep and eating problems. difficulty falling asleep, wanting to sleep all the time, fatigue, changes in appetite Negative thinking. low self-esteem, excessive guilt, worrying, thoughts of being tired of life or not wanting to live <p>Treatment</p> <table border="1"> <thead> <tr> <th>Therapy</th> <th>Caregiver Support</th> <th>Medication</th> </tr> </thead> <tbody> <tr> <td>Play therapy, cognitive behavioral therapy, and family therapy may be used to help children manage depression. Children learn coping and communication skills and emotion management.</td> <td>Caregivers support children's treatment by taking them to therapy, working with the therapist, and implementing treatment recommendations at home. The earlier treatment starts, the better the outcome.</td> <td>In some cases of severe depression, medication is prescribed alongside therapy. Medication may be prescribed by a physician, psychiatrist, or other provider.</td> </tr> </tbody> </table>	Therapy	Caregiver Support	Medication	Play therapy, cognitive behavioral therapy, and family therapy may be used to help children manage depression. Children learn coping and communication skills and emotion management.	Caregivers support children's treatment by taking them to therapy, working with the therapist, and implementing treatment recommendations at home. The earlier treatment starts, the better the outcome.	In some cases of severe depression, medication is prescribed alongside therapy. Medication may be prescribed by a physician, psychiatrist, or other provider.	<p>Despite sharing the same symptoms as adults, depression in children often goes unnoticed and untreated. Children who are depressed may be misunderstood as being shy, difficult, or misbehaved. This worksheet covers common signs of depression in children, treatments, triggers, and other information.</p>	<p>Therapist Aid (2021). Childhood Depression. Retrieve from: https://www.therapistaid.com/therapy-worksheet/childhood-depression-info-caregivers/none/children</p>
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Mindfulness Activities for Children	Student Activity	<p>Mindfulness Exercises for Children</p> <p>The Feeling Exercise  Collect a number of interesting objects such as feathers, putty, stones, or anything else that might be interesting to hold. Give each child an object, and ask them to spend a minute just noticing what it feels like in their hand. They can feel the texture, if their object is hard or soft, and the shape. Afterwards, ask the children to describe what they felt. With bigger groups, pair children off to take turns completing the exercise together.</p> <p>The Seeing Game  Ask the children to spend one minute silently looking around the room. Their goal is to find things in the room that they've never noticed. Maybe there are some big things like a poster or a picture, or just little details like cracks in the ceiling or an interesting pattern on the door. After the minute is up ask the kids to share the most interesting new things they noticed.</p> <p>Ocean Breathing  Have the children sit or lie down in a comfortable position. Ask everyone to slowly breathe in through their nose, and then out through their pursed lips (as if they are blowing through a straw). Point out that the slow and steady breathing sounds like ocean waves, gently crashing on shore. Let the children continue breathing and making the ocean sound for one to two minutes.</p> <p>The Power of Listening  Ring a bell, a wind chime, or anything else that creates a long trailing sound. Ask each child to listen, and silently raise their hand when they can no longer hear the sound. After the ringing ends, ask the children to continue listening to any other sounds they can hear for the next minute. When the minute ends, go around the room asking everyone to tell you what sounds they heard.</p> <p>Displaying page 1 of 2</p> <p><small>TherapistAid.com © 2015</small></p>	Teaching children about mindfulness can result in some big benefits related to attention, mood, and socially appropriate behavior. This worksheet describes seven fun activities to help children begin practicing mindfulness.	Therapist Aid (2021). Mindful Activities for Children (Worksheet). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/mindfulness-for-children/none/children
My Fears	Student Worksheet	<p>My Fears</p> <p>What are some things that make you feel nervous or scared? _____</p> <p>What do you think about when you are nervous or scared? _____</p> <p>How does your body feel when you are nervous or scared? Color the areas where you can sense these feelings.</p>  <p>Whose something you can do to feel better next time you are afraid? _____</p> <p><small>TherapistAid.com © 2014</small></p>	This worksheet gives students opportunities to discuss their feelings of fear and anxiety, their importance, and how they can be harmful. It introduces children to the concept that thoughts and feelings are linked and increase awareness of how their body responds to anxiety and emotions.	Therapist Aid (2021). My Fears (Worksheet). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/my-fears/none/children
Small Talk: Discussion Cards	Student Activity		With Small Talk: Discussion Cards, any game can be turned into a fun therapeutic activity for kids. Each card asks a simple question about one of three topics, along with a more challenging question or activity. This packet includes twenty-four cards in the categories of "family", "feelings", and "my world". Just print the cards (we suggest using a light card stock) and cut them out to begin.	Therapist Aid (2021). Small Talk: Discussion Cards (Activity). Retrieve from: https://www.therapistaid.com/therapy-worksheet/small-talk-discussion-cards/none/children


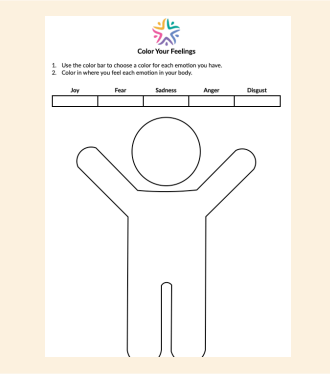
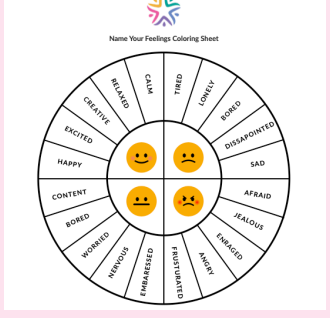
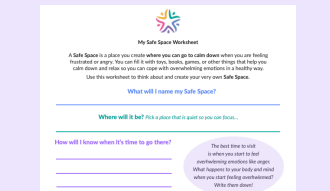



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<p>What is Worry</p>	<p><i>Student Activity Worksheet</i></p>	<p>What is Worry?</p> <p>Worries are unpleasant thoughts that you can't get out of your head. They're like annoying bugs that keep buzzing around and won't leave you alone.</p> <p>It's normal to have worries—everyone has them from time to time. It's only a problem when your worries get in the way of other parts of your life, or if they make you unhappy. What do you worry about? Circle at least three of your worries from the lists below.</p> <table border="1"> <thead> <tr> <th>Family</th> <th>School</th> <th>Friends</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Arguments or Fights</td> <td>Following Rules</td> <td>Fitting In</td> <td>Getting Hurt</td> </tr> <tr> <td>Upsetting Family</td> <td>Grades</td> <td>Making Friends</td> <td>Being Embarrassed</td> </tr> <tr> <td>Family's Safety</td> <td>Presentations</td> <td>Being Teased</td> <td>Appearance</td> </tr> <tr> <td>Getting in Trouble</td> <td>Homework</td> <td>What to Talk About</td> <td>Money</td> </tr> <tr> <td>Sick Family Member</td> <td>Tests</td> <td>Bulies</td> <td></td> </tr> </tbody> </table> <p>When you worry, your body goes through a number of changes. These changes can be uncomfortable, and for some people they're scary. Circle each of the worry symptoms that you've experienced:</p> <p>Fast Heartbeat Sweating Feeling Sick Shaking Feeling Hot</p> <p>The good news about worry is that it can't hurt you. Worrying might be uncomfortable, but you can learn to control it with a little practice. Is there anything you already do that helps you control your worry?</p> <p>To control my worry, I... _____</p> <p><small>Provided by TherapistAid.com © 2015</small></p>	Family	School	Friends	Other	Arguments or Fights	Following Rules	Fitting In	Getting Hurt	Upsetting Family	Grades	Making Friends	Being Embarrassed	Family's Safety	Presentations	Being Teased	Appearance	Getting in Trouble	Homework	What to Talk About	Money	Sick Family Member	Tests	Bulies		<p>Symptoms like anger are obvious, while internalized symptoms such as worry and depression can go unnoticed. Use this worksheet to educate children and young adolescents about worry, help them become more aware of their own worries, and learn about the physical symptoms of worry.</p>	<p>Therapist Aid (2021). What is Worry (Worksheet). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/what-is-worry#</p>
Family	School	Friends	Other																									
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<p>Worry Coping Cards</p>	<p><i>Student Activity</i></p>	<p>Worry Coping Cards</p> <table border="1"> <tbody> <tr> <td> Take Deep Breaths</td> <td> Stop and Listen</td> </tr> <tr> <td> Draw Your Worry</td> <td> Favorite Place</td> </tr> <tr> <td> Ending</td> <td> Journal</td> </tr> </tbody> </table> <p><small>Preview page 1 of 4</small></p> <p><small>© 2019 Therapist Aid LLC Provided by TherapistAid.com</small></p>	 Take Deep Breaths	 Stop and Listen	 Draw Your Worry	 Favorite Place	 Ending	 Journal	<p>Coping skills are a valuable tool for managing worry and rumination. The Worry Coping Cards each describe a unique skill for managing worry, techniques which can provide a distraction from rumination in the moment, or help them manage long-term anxiety if used regularly.</p>	<p>Therapist Aid (2021). Worry Coping Cards (Activity). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/worry-coping-cards/none/children</p>																		
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<p>Mandalas</p>	<p><i>Student Activity</i></p>		<p>Mandalas are traditionally used in many Eastern spiritual traditions as a tool to aid meditation. In Western culture, mental health counselors often use mandalas as a form of stress relief, a tool for art therapy, and as a meditative exercise.</p>	<p>Therapist Aid (2021). Mandalas (Activity). Therapist Aid. Retrieve from: https://www.therapistaid.com/therapy-worksheet/mandalas</p>																								



FREE Activities and Worksheets Included in Handbook

SURVIVORS provides the following activities and educator scripts. They are all included in this handbook and available for download at notorture.org.

Title	Type	Preview	Summary	Location
PMR Script (2-5 min)	Educator Script		This script uses both PMR and Imagery through a fun and creative PMR exercise. It helps students learn the difference between a tense and a relaxed muscle, allowing greater control over their body's response to thoughts and feelings.	Educator Handbook
PMR Script Extended Version (15-20 min)	Educator Script		This extended PMR script is a two-step exercise to reduce stress and tension from head to toes.	Educator Handbook
Color Your Feelings	Student Activity Worksheet		Color Your Feelings activity offers a visual approach to discussing internal feelings that a child or student may have trouble putting words to or expressing. The art activity also introduces children to the concept that thoughts and feelings are linked to their body responds to anxiety and emotions.	Educator Handbook
Name Your Feelings	Student Worksheet		This coloring sheet is an emotion wheel that depicts a range of emotions your students can feel and put words to as well as how they relate to one another.	Educator Handbook
My Safe Space	Student Worksheet		This activity helps children think about when they get overwhelmed with emotion and empowers them to regain control through establishing a safe space.	Educator Handbook

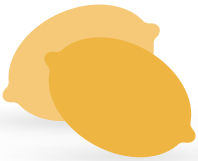




Progressive Muscle Relaxation Script for Kids

Guide students through a gentle exercise where they tense and flex different muscles and parts of their body using the following script to help you. This activity is helpful when students or children are feeling anxious. Anxiety, stress, or overwhelm can cause children to feel physical symptoms such as butterflies in their tummies, tense muscles, hot or flushed skin, sweaty hands, etc. It helps children to pay attention to how the physical body reacts and how our muscles feel when they are tight versus when they are loosened. The activity can be practiced anywhere, and the more children are guided to practice, the more relaxed they will feel.

1. Close your eyes and **pretend you have a piece of candy in your mouth** and are trying to break into it. Bite down hard with your jaw and hold it. Feel all the muscles in your face and your mouth. Keep biting and hold down your bite. Now, release your bite and let your jaw hang loose. Open your eyes. Do you notice a difference in how your jaw and face feel?



2. Let's close your eyes again, and this time **pretend you have lemons in each hand**. You want to see how much juice you can squeeze out. Now, squeeze your fists hard and feel the tightness in your hand and your arms as you squeeze. Now let go. Notice the different feelings in your hand.

3. **Pretend you are a cat** and want to stretch your body. Close your eyes and stretch your arms long out in front of you. Stretch them up above you. How high can you reach? Hold them up high to the sky, then release them and let them drop. Everyone can open their eyes. Do you notice the different feelings in your arms and shoulders?



4. Now, **pretend you are lying on the ground in the jungle**. Close your eyes and see the jungle all around you. What is that coming towards you? It's a baby gorilla walking straight toward you. The baby gorilla steps right on to your stomach. Don't move, just tense your stomach muscles really tight so your stomach is like a board. Hold it. Ahhhh, the baby gorilla walks over you and into the distance. You can release your stomach muscles. Oh, he turned around, and now here he comes again. Tense your tummy muscles tight as a board. And then release. Open your eyes; how does your tummy feel?

5. Okay, last one. Close your eyes and **pretend you are at the beach**, standing in the sand. You want to push your feet as far down into the sand as you can. Push down with your feet and spread your toes apart to feel the sand come up between your toes. Keep pushing your feet down and spreading your toes wide. Now bring your feet back up and relax your legs and feet muscles. How do they feel?





SURVIVORS' Progressive Muscle Relaxation (PMR) Educator Script Extended Version (15-20 minutes)

Purpose: This tool is a **two-step exercise** designed to reduce stress and tension that can be practiced with your students in the classroom to help students learn the difference between a **tense** and a **relaxed muscle** allowing greater control over their body's anxiety response. Part of the PMR process is learning to isolate each different muscle. It can become an important part of your student's stress management toolbox.

As our bodies and minds are responsive to one another, our muscles tense up when we are stressed, anxious, or fearful. PMR helps release those feelings of anxiety or stress presenting as muscle tension through a series of easy-to-follow relaxation techniques. During the exercise, each muscle will be intentionally tensed and released, resulting in relaxation.

Duration: 15 to 20 minutes

Setting: On the floor or in a chair

Area Needed: None

Find a quiet place free from noise and distraction. It is helpful to remove excess clothing, glasses, shoes, or headwear. Find a comfortable spot on the floor or in a chair in which you can recline. You may also shut your eyes.

Start by taking several deep breaths in and out of the diaphragm to relax your body. You will want to continue to breathe slowly and deeply throughout the exercise. You will now focus your attention on specific areas of the body. You will want to pay particular attention to only a specific area of your body one at a time.

Forehead

Squeeze the muscle in your forehead and hold for 15 seconds. Notice how tense and tight your forehead feels. Then release the tension while counting to 30. Notice how relaxed your forehead now feels.

Jaw

Squeeze the muscle in your jaw and hold for 15 seconds. Notice how tense and tight your jaw feels. Then release the tension while counting to 30. Notice how relaxed your jaw now feels.

Neck and Shoulders

Squeeze the muscle in your shoulders and neck by raising your neck toward your ears, and hold for 15 seconds. Notice how tense and tight your shoulders feel. Then release the tension while counting to 30. Notice how relaxed your neck and shoulders now feel.



Stomach and Chest

Squeeze the muscle in your stomach and chest, and hold for 15 seconds. Notice how tense and tight your stomach and chest feel. Then release the tension while counting to 30. Notice how relaxed your chest and stomach now feel.

Arms and hands

Squeeze your hands into your fists and hold the fists against your chest as tight as you can for 15 seconds. Notice how tense and tight your hands feel. Then release the tension while counting to 30. Notice how relaxed your hands now feel.

Buttocks

Squeeze the muscles in your buttocks and hold for 15 seconds. Notice how tense and tight your buttocks feels. Then release the tension while counting to 30. Notice how relaxed your buttocks now feels.

Legs

Squeeze the muscle in your calves and thighs by flexing your calves and squeezing your thighs together; hold for 15 seconds. Notice how tense and tight your legs feel. Then release the tension while counting to 30. Notice how relaxed your legs now feel.

Feet

Squeeze the muscle in your feet by curling your toes and arching your foot; hold for 15 seconds. Notice how tense and tight your feet feel. Then release the tension while counting to 30. Notice how relaxed your feet now feel.

Count to one backward from five, open your eyes, and slowly sit up. You should feel a sense of relief and relaxation.

A free online guided audio version of this script is available here:

<https://wellness.mcmaster.ca/your-health/mindfulness-and-relaxation/>

Adapted from:

<https://www.guidetopsychology.com/pmr.htm>

<https://www.therapistaid.com/worksheets/progressive-muscle-relaxation-script>

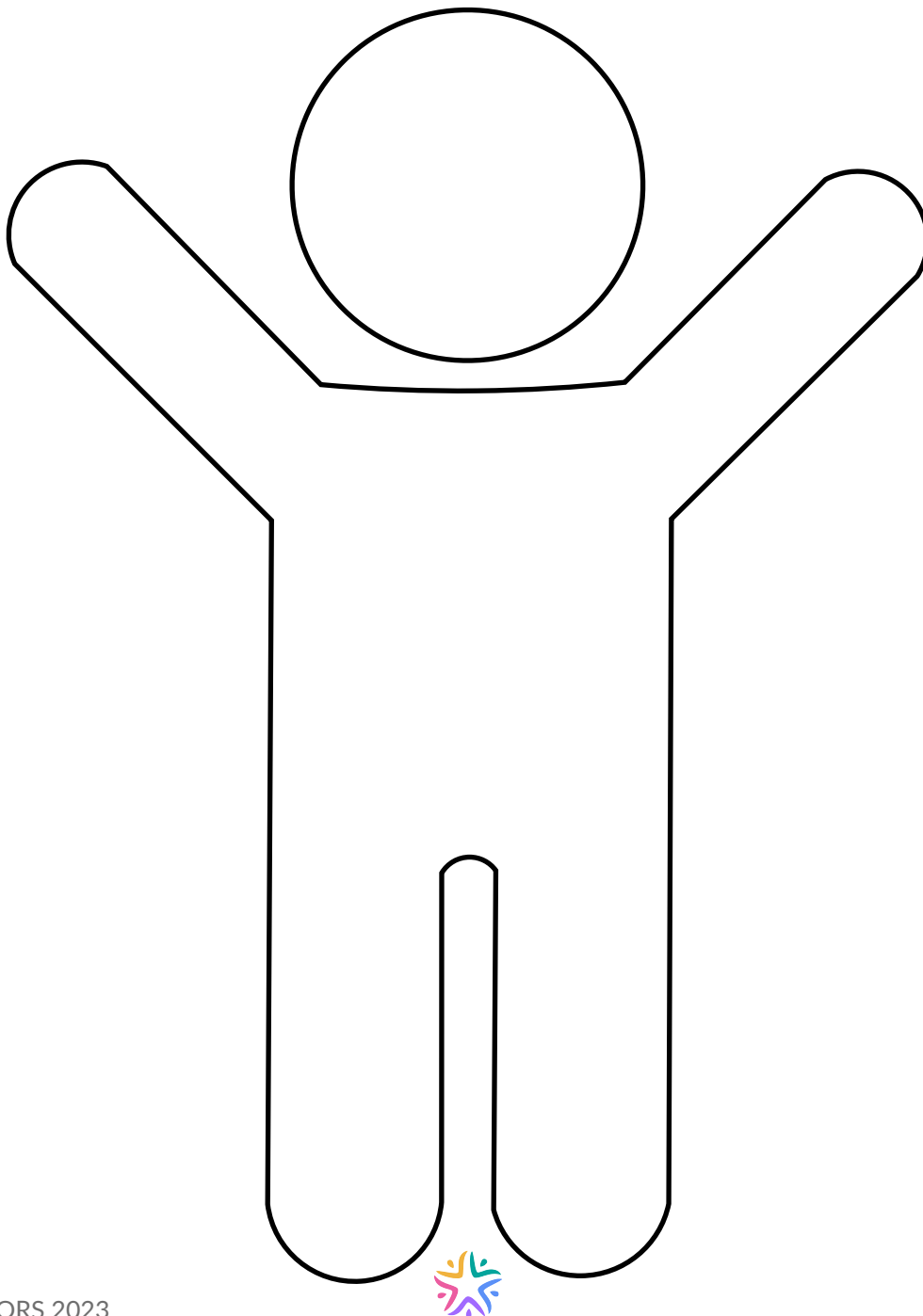




Color Your Feelings

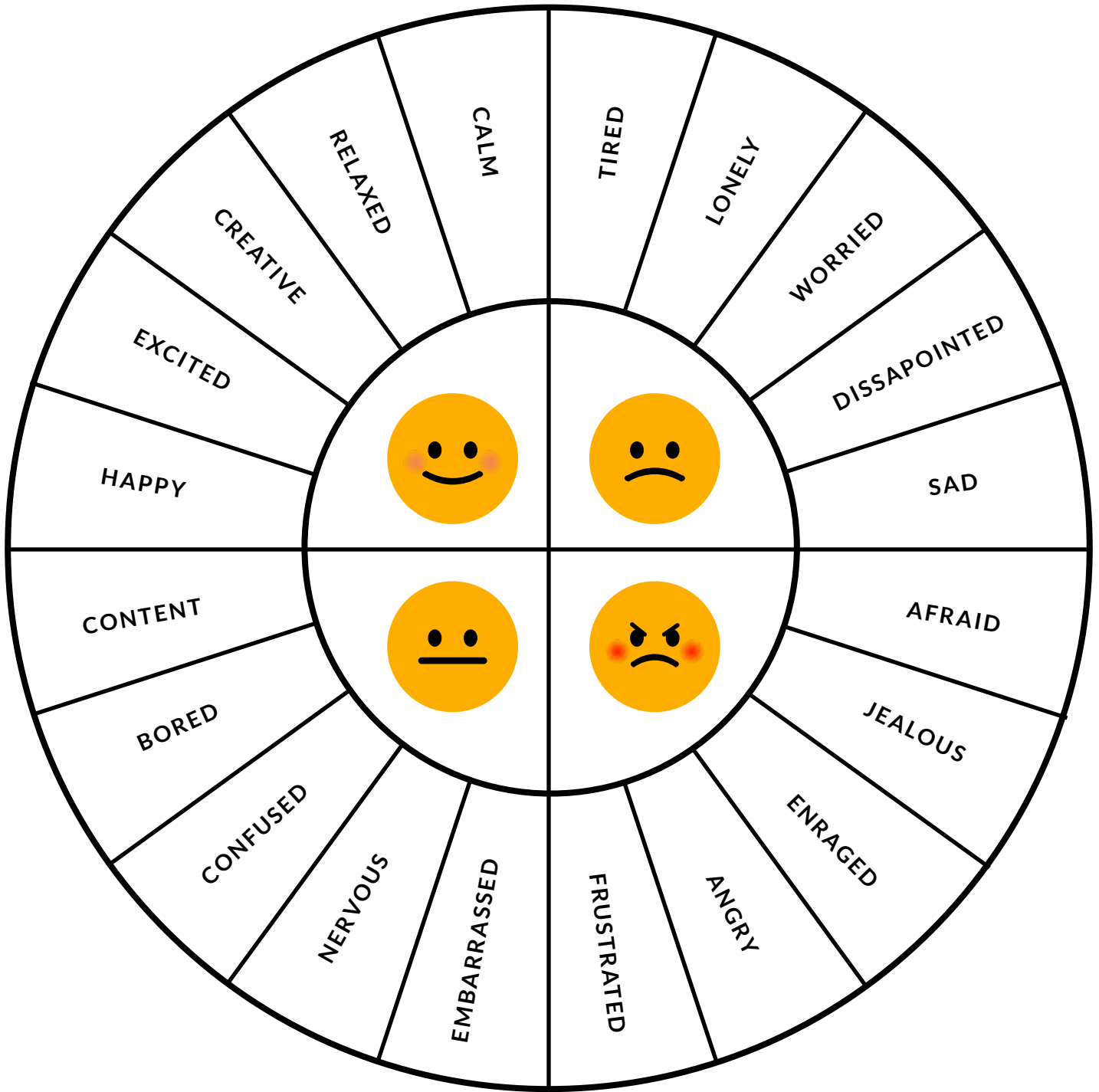
1. Use the color bar to choose a color for each emotion you have.
2. Color in where you feel each emotion in your body.

Joy	Fear	Sadness	Anger	Disgust





Name Your Feelings Coloring Sheet





My Safe Space Worksheet

A **Safe Space** is a place you create **where you can go to calm down** when you are feeling frustrated or angry. You can fill it with toys, books, games, or other things that help you calm down and relax so you can cope with overwhelming emotions in a healthy way.

Use this worksheet to think about and create your very own **Safe Space**.

What will I name my Safe Space?

Where will it be? *Pick a place that is quiet so you can focus...*

How will I know when it's time to go there?

The best time to visit is when you start to feel overwhelming emotions like anger. What happens to your body and mind when you start feeling overwhelmed? Write them down!

What will it look like?
How will you design your special place? Draw it!

What toys, books, or games will I put there?

Some ideas are coloring books, crafts, play dough, puzzles, stuffed animals, and journals...



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