

# Different. Just like you

A psychosocial approach promoting  
the inclusion of persons with disabilities

## Training Guide



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## Different. Just like you: A psychosocial approach promoting the inclusion of persons with disabilities. Training guide.

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# Introduction to the training guide



## Background of the training

This one-day training guide is based on the handbook *Different. Just like you. A psychosocial approach promoting the inclusion of persons with disabilities*. Four different organizations, specialists in their fields, came together to share and learn from each other, and the result was the handbook. They are the International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, the International Council of Sport Science and Physical Education, Light for the World and Juul Journalistik & Kommunikation.

*Different. Just like you. A psychosocial approach promoting the inclusion of persons with disabilities* has two key aims:

- to create awareness of the importance of psychosocial support and inclusion in promoting the well-being of persons with disabilities
- to provide guidance about psychosocial support and inclusion, along with practical resources for inclusive psychosocial activities for all kinds of settings.

The handbook describes best practice in psychosocial support and inclusion. It features a wide range of activities – mainly adapted sports and other physical activities – that give persons with disabilities the opportunity to release their full potential and engage actively in society. The handbook is based on a survey of best practice and programming in a number of selected organizations in Europe, Asia, the Americas and Africa. The organizations selected work primarily with children and youth with disabilities. The children and youth often face difficulties in accessing activities, education, employment and human rights in their communities because of the disabling effects of impairment.

Participating in sport and other activities appears to be a strategy that brings many benefits. They include positive experiences of having fun; of having a chance to be part of local society; and of demonstrating the capabilities of persons with disabilities, regardless of perceived limitations. Many of the programmes also include advocacy for the positive inclusion of persons with disabilities, human rights training, sports therapy and services offering assistive devices.

The handbook and this training guide are available online at [www.pscentre.org](http://www.pscentre.org). Hard copies of the handbook are also available in limited numbers upon request from the PS Centre.

## The aim of the training

This training is a one-day training workshop aimed at professionals and volunteers who are interested in including persons with disabilities in psychosocial activities. Participants in the training may have various backgrounds and experience. This includes schoolteachers, social workers, pedagogues,\* sheltered workshop instructors, health workers, coaches or volunteers in organizations, sports clubs and recreational facilities.

The aims of the training workshop are to:

- create awareness of the importance of psychosocial support and inclusion in promoting the well-being of persons with disabilities
- enable participants to identify barriers to participation in psychosocial activities
- enable participants to set up psychosocial activities that promote the psychosocial well-being and inclusion of persons with disabilities.

\*) This role is found in continental Europe and refers to trained professionals who seek to support the whole person in their work.

The training workshop offers a combination of theory and practice in relation to psychosocial support, using activities based on problem-based learning. This means that participants work in groups to solve a problem or work on a case study together, moving from knowledge acquisition to integration of new skills.






The training can be delivered as a one-day workshop or included as part of a longer programme, for example, in a basic training in psychosocial support. If the materials from this guide are integrated into another training programme, they may need to be adapted.

## The facilitator

The facilitator of this training workshop functions more as a facilitator of learning, rather than as a teacher. The role of the facilitator is to motivate participants, keep track of the time, moderate the discussions and contribute ideas and knowledge from the handbook and his/her own experience. Relating the topics covered in this training to the work of the participants is also essential. For this reason the facilitator should obtain as much information as possible about the participants before the training begins.

## How to use this training guide

This training guide is structured in the form of a training curriculum. It provides the facilitator with information on:

- 
- the topic of the session
- 
-  the estimated time, given in minutes needed for each activity
- 
-  the learning objective(s) for each activity
- 
-  materials needed for each activity
- 
-  relevant PowerPoint slides (if you do not have access to a PowerPoint projector you can write the notes on flipchart paper)
- 
-  page references to the handbook *Different. Just like you. A psychosocial approach promoting the inclusion of persons with disabilities*
- 
- how to facilitate the activities.
- 

It is very important that facilitators familiarise themselves with the handbook in preparation for facilitating the training. All participants should have a copy of the handbook or have access to the online version during the training workshop. It would also be useful for the participants to have a copy of or access to the online version of the handbook *Moving Together: Promoting psychosocial well-being through sport and physical activity*.

## The training curriculum

The training workshop has nine sessions (please see details on the next page). The timings shown and the instructions on how to facilitate activities are suggestions to facilitators. Please change the timings, activities and PowerPoint slides to best fit the needs of your participants and the context of the training workshop.

Time	Content
09:00 - 09:40	Session 1: Welcome and introduction
09:40 - 10:15	Session 2: Introduction to the bio-psycho-social approach
10:15 - 10:30	Session 3: What is disability?
10:30 - 10:45	Coffee/tea break
10:45 - 11:30	Session 4: Barriers for persons with disabilities
11:30 - 12:00	Session 5: Psychosocial well-being of persons with disabilities
12:00 - 12:30	Session 6: Supportive communication
12:30 - 13:00	Lunch
13:00 - 14:15	Session 7: Inclusion through adapted physical activities
14:15 - 14:30	Coffee/tea break
14:30 - 15:30	Session 8: Adapting physical activities
15:30 - 16:00	Session 9: Wrap-up and goodbye

### Checklist of training materials

- ✓ a copy of *Different. Just like you. A psychosocial approach promoting the inclusion of persons with disabilities. Training Guide* for the facilitator
- ✓ a copy of *Different. Just like you. A psychosocial approach promoting the inclusion of persons with disabilities* for each participant
- ✓ hand-outs of the training programme for participants OR make a PowerPoint slide to present this information to participants
- ✓ PowerPoint slides, projector and screen
- ✓ hand-outs
- ✓ name tags for facilitator/s and participants
- ✓ materials for the workshop activities including flipchart paper, markers, paper, pens, tape, scissors, a small ball, etc.

### Evaluation

It is good practice to get feedback about the training by doing an evaluation at the end of the workshop. Allow enough time for participants to individually fill in an evaluation questionnaire before they leave (please see Annex, hand-out 3).

All training resources including PowerPoint slides and hand-outs are available online on the PS Centre website at [www.pscentre.org](http://www.pscentre.org).

# Workshop notes







# Session 1

## Welcome and introduction

### 1.1 Welcome and introduction



To welcome participants to the workshop.  
To provide an overview of the training programme.



None



Slide 1, 2



None

1. Explain to the participants: People often engage in psychosocial activities without identifying them as such. Psychosocial activities can range from receiving practical and emotional support from friends and family members, to more structured activities such as sport, drama or creative activities. Through engaging with others in psychosocial activities, people develop social skills and strengthen their personal identity, self-esteem and self-efficacy. Just as persons with disabilities are often excluded from various activities in life, they are also often excluded from many of the activities that promote psychosocial well-being. In this training workshop we will look at how to set up psychosocial activities that include persons with disabilities.



2. Present the programme for the workshop. Briefly explain the content of each session.



## 1.2 Introducing the participants to one another



To introduce the participants to each other using the icebreaker, “Switching places” (Activity card 1 in the handbook).



None



None



Page 73

1. Ask the participants to form a circle so that everyone can see each other.
2. Step inside the circle and introduce yourself by saying your name and the name of the organization you work for or volunteer with. Step back into the big circle again. Now ask the participants to do the same, one at a time.
3. When everyone has introduced themselves, explain that they will now get an opportunity to get to know each other better by playing a game called “Switching places.”
4. Tell the participants that you will read a statement, and those who fit the statement should go and stand in the middle of the circle.
5. Say: “Switch places if you work or volunteer with persons with disabilities.”
6. Ask a player in the middle to make up another statement and to call it out. All the players who fit the statement should stay in the middle. All those who do not should find a place back in the circle.
7. Let the activity continue until everyone has had a turn to stand in the middle of the circle.

If the participants cannot think of any statements, here are some suggestions:

“Switch places if you...

- volunteer in an organization
- have worked in an organization for more than five years
- speak more than one language
- like to travel
- know a person with a disability
- have a disability
- like physical activity / have experience in sport/physical activity
- like to dance
- have sisters or brothers
- are not on Facebook
- can communicate in sign language
- can use braille
- have ever experienced using a wheelchair.”

You can do variations of this activity. You can also do a variation where the participants have to move fast. You can also do the game with participants sitting on chairs in a circle. There should be as many chairs as participants. You, as the facilitator, start by standing in the middle saying a statement. The persons who fit the statement should now literally switch places, while you try to find a chair in the circle. After every round one person will find themselves without a chair. That person then stands in the middle of the circle calling out the next statement.

You should always consider how to do the activity so that participants with physical impairments are also included. You can choose to end the activity by asking the participants how you could modify the activity to include persons with different disabilities.

If there are players with visual impairments in the group, the game can be played in pairs to make moving around easier. Pairs then have to decide how to take turns in playing the game.

### 1.3 Ground rules and expectations



To enable participants to agree on ground rules for the training workshop.  
To enable participants to name the expectations they have about the workshop.



Flipchart paper, markers



None



None

1. Present the basic ground rules of the training (e.g. be on time, mobiles on silent, location of restrooms, respect each other, etc.) Use a suitable method for agreeing the ground rules.
2. Ask participants about their expectations for the training and write them on a flipchart. Compare their expectations with the programme, and discuss any areas where participants may have expectations that the training workshop will not fulfil.





## Session 2


# Introduction to the bio-psycho-social approach


### 2.1 The bio-psycho-social approach

20

 To enable participants to understand and apply the bio-psycho-social approach.

 Flipchart paper, markers, post-it notes, pens

 Slides 3-6

 Pages 11, 15, 27-28

1. On a flipchart paper, draw three circles that overlap in the middle. Write 'psychological' in one circle, 'social' in another and 'biological' in the third.
2. Ask participants to spend five minutes in pairs, writing examples of psychological, social and biological factors influencing people's lives on post-it notes (one word per post-it note).
3. Invite participants to stick their post-it notes in the appropriate circles.

 3

4. Provide information to the participants about the bio-psycho-social approach: The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimensions of a person, one influencing the other. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

The bio-psycho-social approach adds an extra dimension by including biological factors. This is important when looking at the psychosocial well-being of and support for persons with disabilities, since what affects the body often also affects the mind and vice versa. Whether someone is well or ill is not simply a matter of the physical state, but is also influenced by the individual's psychological and social status. The stress, anxiety and depression that are often felt during crisis situations, for example, can be seen in physical symptoms like muscle tension, headaches, stomach aches, lack of energy and sleeping problems.

Psychosocial well-being describes the positive state of being when an individual thrives and is positively influenced by the interplay of psychological and social factors. Professionals and volunteers promote the psychosocial well-being of persons with disabilities, when they take full account of the social, biological and psychological factors influencing the lives of those they are supporting. In this way, psychosocial support enhances people's resilience.

5. Now introduce the term 'resilience:' Resilience is commonly defined as, 'the ability to react or adapt positively to a difficult and challenging event or experience, the ability to bounce back after something difficult has happened or to get through difficult experiences in a positive way.'

 4

Resilience is also related to the individual's personality and their history of other similar challenging experiences, plus the severity and magnitude of the impairment.

6. The following personal attributes can help a person cope in life:
- their ability to make realistic plans and carry them out
  - having a positive image of oneself and feeling self-confident
  - having the ability to adapt easily to new situations
  - being able to deal with strong emotions and communicate one's feelings and thoughts
  - believing that change can happen.
7. All of these personal attributes together with good social support from people and society can promote the empowerment of persons with disabilities.


 5


8. The concept of 'empowerment' is central to the approach presented in this training. It is about supporting people assert control over factors that influence their lives.


 6

## 2.2 Psychosocial activities



 To enable participants to understand the range of activities that can be included in the term 'psychosocial activities.'

 Flipchart paper, markers

 Slides 7-9

 Pages 37-40

1. Explain to the participants: Psychosocial activities may include practical and emotional assistance, helping people to make informed decisions, and helping to mobilize social support systems. Psychosocial support aims at enabling people to draw on their own psychological and social resources.

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2. Psychosocial activities aim at influencing well-being in three areas:
- **Skills and knowledge** (e.g. skills in sign language, walking on crutches, using a wheelchair, resolving conflicts, making good choices, communicating with peers).
  - **Emotional well-being** (e.g. hope for the future, improved sense of control and self-worth)
  - **Social well-being** (e.g. improved ability to interact with others or solve problems with others, a sense of belonging to the community or group).

 8



3. Explain that when setting up psychosocial activities, it is important that the following five elements are present and/or promoted in the activity:
  - a sense of safety
  - calming
  - a sense of self and collective efficacy
  - connectedness
  - hope.
4. Ask participants: What psychosocial activities do you know? What makes them psychosocial?
5. Write their suggestions on a flipchart. See list below for possible responses:
  - psychological first aid
  - psycho-education
  - sport and physical activities
  - family and community support
  - counselling
  - support groups
  - self-help groups
  - art
  - drama and storytelling
  - dance
  - music.





## Session 3

# What is disability?

### 3.1 What is disability?



 To enable participants to understand what 'disability' means.

 Flipchart paper, markers

 Slide 10

 Pages 12-14

1. Ask in plenary: What do you think of when you hear the word 'disability'?
2. Write their suggestions on a flipchart.
3. Explain: 'Disability' is an umbrella term that is defined in relation to impairments, activity limitations and participation restrictions:
  - An impairment is a problem in body function or structure.
  - An activity limitation is a difficulty encountered by an individual in executing a task or action.
  - A participation restriction is a problem experienced by an individual in involvement in life situations.

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In other words, disability describes the experience of having an impairment (i.e. a physical or mental condition) in interaction with the wider social setting, in terms of attitudes to disability and the physical environment, etc.

Persons with disabilities often feel they have no say or power in their own lives. Professionals and other carers may literally have legal authority to make decisions on behalf of the person with a disability, for instance in relation to the provision of assistive devices. Carers may also take informal charge over people's lives because of a sense of overprotection or because they do not realize what the person with a disability can and cannot do or what they need. This may be linked with social activities, or access to jobs, education and other services. This can lead to exclusion and marginalization.

### Coffee/tea break







## Session 4

# Barriers for persons with disabilities

### 4.1 Barriers for persons with disabilities



 To enable participants to identify barriers in the lives of persons with disabilities.

 Flipchart paper, markers

 Slide 11

 Pages 21-22

1. Explain to the participants: We are now going to talk about how having a disability influences the lives of persons with disabilities and how professionals and volunteers can promote the inclusion of those they are supporting. The lives of persons with disabilities are affected not just by the person's condition. Physical, attitudinal and institutional factors in the environment can also impact hugely on the lives of persons with disabilities.
2. Divide the participants into four groups.
3. Ask each of the four groups to discuss the issues (from point 4 below) for one of the following target groups: people with hearing impairments, people with visual impairments, young people who use wheelchairs, older people who use wheelchairs.
4. Give the groups the following instructions:
  - Discuss in your groups the potential barriers for your target group in participating in society (i.e. physical, attitudinal and institutional barriers). Consider gender issues related to your target group.
  - Discuss how volunteers and professionals can help break down these barriers. (For example, is there a need for advocacy? How should they communicate with persons with disabilities, etc.?)

Ask participants not to focus on actual activities, since this will be addressed at a later stage, but to focus on the barriers in everyday life for the target group.

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5. Ask the participants to note their discussion points on a flipchart.
6. Ask the participants to present their discussion points to the larger group and get input from the rest of the participants. Add information from the notes below, if needed:

### **Barriers**

#### Physical barriers:

- Lack of access to transport
- Poor lighting in public spaces
- Lack of access to information due to communication of information in limited formats
- Lack of access to places for cultural performances or services (such as theatres, museums, cinemas, libraries and tourism services)

#### Attitudinal barriers:

- Ignorance and prejudices surrounding disabilities
- Marginalisation
- Stigma

#### Institutional barriers:

- Lack of provision of services
- Problems with funding

### **How can professionals and volunteers help break down barriers?**

- Think and act inclusively, supportively and equally.
- It is very important not to push people, but to encourage them and to a certain extent challenge them to try new things.
- Look at the resources and abilities of the individuals being supported.
- Work on ideas for activities that promote participation, inclusion and equity.
- Ask honest and direct questions: “What would you like to do?” or “How do you feel about...?” or “How would you like to change the rules?” etc.
- Do not think you know what is best and do not on that account make decisions on behalf of the person with a disability.
- Listen and try to understand the reality of the other. If the person is experiencing problems, but you don’t see it that way, don’t criticise the person, but act in a supportive way.
- Do not be afraid to ask for help. There are organizations and experts with knowledge, experience and ideas about improving accessibility and in relation to psycho-social support and inclusion.



## Session 5

# Psychosocial well-being of persons with disabilities

### 5.1 Psychosocial well-being of persons with disabilities



To discuss and identify what factors promote the psychosocial well-being of persons with disabilities.



Hand-out 1



Slide 12




Pages 35-36

**PP** 12

1. Give copies of the case study to the participants (hand-out 1).
2. Ask the participants to read the case study and then turn to the person next to them and spend five minutes discussing the following question:  
What factors promote Maria's psychosocial well-being in terms of:
  - physical factors
  - psychological factors and
  - social factors.
3. In plenary, ask the participants for feedback from their discussions.
4. Sum up the activity by saying that it is evident from the case study that a person's previous experiences, personality, level of social support and the person's subjective experience of the event can all affect the way life events are negotiated. The key to psychosocial well-being is in maintaining a balance in one's life so that the factors that promote well-being outweigh the factors that increase the risk for emotional distress.

## 5.2 The grieving process



 To enable participants to recognize the different phases of the grieving process.

 None

 Slide 13

 Pages 30-31

1. Continue the session by explaining the grieving process.

The case study of Maria showed that acquiring an impairment may lead to a person grieving. It is crucial that professionals and volunteers know about the different aspects of the grieving process.

Grief is not worked through in neat phases, one after the other. Many people find that they move back and forth in how they feel. One day they feel much better, the next they may feel that everything is lost and life is meaningless. But little by little they will feel better.

2. Go through the four aspects of the grieving process using the PowerPoint slide.

 13





## Session 6

# Supportive communication

### 6.1 Supportive communication



 To enable participants to understand the principles of supportive communication.

 Blindfolds for half the group

 Slide 14

 Pages 41-43

1. Explain to the participants: We will now focus on how to listen, pay attention and communicate in a supportive way, as these are central skills for professionals and volunteers when supporting people who are grieving and when implementing psychosocial activities in general.

 14

2. Introduce the basic elements of active listening:

- Maintaining eye contact – if culturally appropriate – without staring
- Use clarifying statements and summarizing statements
- Do not give opinions, argue or sympathize. Focus on what the person is saying, rather than guessing, or preparing what you yourself will say next.
- Use your own body language to convey your attention, including appropriate facial expression and words like ‘yes’, and ‘hmm,’ and ‘go on.’

As the listener it is important to be aware of your own barriers, assumptions and attitudes towards the person you are listening to. These might influence your ability to listen without judgement and therefore you have to reflect on how to deal with these.

3. Ask the participants to get into pairs and to practise active listening. Ask them to decide who will be the active listener and who will be the speaker. Suggest that the speaker chooses to talk about something from their everyday life that is not related to a crisis event. The task of the listener is to practise using the basic elements of active listening.

4. After five minutes, gently interrupt the conversation and ask the speakers to put on a blindfold.
5. Invite the participants to either continue talking or to talk about another situation.
6. After five minutes ask them to stop, and to take off the blindfold. Ask the following questions:
  - To the listeners: How was the second conversation different from the first conversation?
  - To the speakers: Did you feel any difference between the two conversations?
  - To all participants: Based on these experiences, what should you be aware of when communicating with:
    - persons with visual impairments?
    - persons with hearing impairments?
    - persons with cerebral palsy?
7. Explain to the participants: Being able to listen actively and supportively will enable you as a facilitator to understand the person doing activities with you and enable that person to explore their ideas about the situation or the issue and decide what to do.
8. Wrap up the morning session by saying: We have now talked about what psychosocial activities are and we have looked at the definition of disability. We have also discussed potential barriers for persons with disabilities, the psychosocial needs of persons with disabilities and practised one of the basic skills for psychosocial activities – supportive communication. After lunch we will look at how to set up and adapt sport and physical activities for persons with disabilities.

## Lunch







## Session 7


# Inclusion through adapted physical activities

### 7.1 Inclusion through adapted physical activities

30

 To enable participants to understand how to promote inclusion through adapted physical activities.

 Flipchart paper, post-it notes

 Slides 15-18

 Page 58

1. Explain to the participants: We will now look at how to use adapted sport and physical activity for inclusive psychosocial programmes.

 15

2. Present the key points about inclusion:

**Inclusion** is seen as a universal human right embracing all people irrespective of race, gender, (dis)ability, health, socio-economic status, etc. Inclusion means making room for all to be part of society, whether at the level of national law or at a local level in terms of how a game is organized or a lesson at school is taught. Inclusion is basically a question of thinking “we” from the beginning; not “us” and “them.”

**The Inclusion Spectrum** is an activity-centred approach to the inclusion of people of all abilities in physical activity. The core principle is that inclusion can be achieved by changing the environment of the activity or the way in which the activity is presented. This makes it possible for everyone to take part in a way that challenges them and celebrates their abilities in a social context.

**Adapted physical activities** are activities responsive to the needs and background of all participants to ensure that everyone with different abilities has the opportunity to be part of the game or activity.

### 3. Present the key points about sport and physical activity:

 16

Sport plays a huge role in the lives and communities of many people around the world. Both disabled and non-disabled. Sport and physical activities offer a context for:

- learning to play together
- dealing with losing, winning and with competitiveness
- building fitness and strength
- giving people the experience of facing challenges and overcoming barriers and as such is a great boost to self-esteem, empowerment and physical well-being.

Sport and physical activities are not always programmed for persons with disabilities. They need careful planning if they are to achieve their aims in promoting psychosocial well-being and inclusion. It is not enough simply to arrange a volleyball game, for example, and turn up on the day expecting everything to go well. Skills, experience and sustainable programmes are needed to achieve longer-term benefits.

### 4. Ask the participants to individually reflect on the following questions:

 17

- Recall a time when you felt excluded, alienated and unappreciated.
- Recall a time when you were participating in an activity and felt included, engaged or appreciated.

### 5. Ask participants to turn to the person next to them and discuss the following question for ten minutes:

 18

- What can facilitators do to promote the inclusion of persons with disabilities when facilitating physical activities?

### 6. Ask the participants to write their suggestions on post-it notes (one suggestion per post-it note).

### 7. Ask the groups to place their post-it notes on a flipchart while presenting them in plenary. Add from the list in the handbook on page 58.

### 8. Wrap up by saying that the focus of facilitators should be to work inclusively so that everyone can participate and have fun, learn and grow. This does not imply however that sport and physical activities should never have a competitive aspect. But it is important to always keep in mind how activities are psychosocially supportive and to make sure that the activities promote the five key elements listed on page 14.

## 7.2 Encouraging reflection



To enable participants to understand how to promote inclusion through adapted physical activities.



None



None



Page 68

1. Ask participants to pair up and stand one behind the other. The person in front should close their eyes. The person behind is going to control the person in front as follows:
  - To move forward, tap the person in front on the head.
  - To move to the right, tap their right shoulder.
  - To move to the left, tap their left shoulder.
  - To stop, touch their back.
2. Now ask the participants to walk around in between each other. Allow 5 minutes for this exercise.
3. Tell the participants that one of the important elements in psychosocial activities is to encourage reflection after each activity. Ask the participants: What kind of questions could you ask after an exercise like this to encourage reflection?

Examples:

- “When you think about this activity, trust played an important role. What are your thoughts about it?”
- “Do you think that it is easy or difficult for you to trust other people? Why do you think this is the case?”
- “How could developing trust-building skills help you?”
- “How does trust in the game we played today relate to other parts of your life?”
- “How can you apply what you have learned or worked on in this game?”
- “What factors make a game exciting for everybody and how can these factors be applied in/transferred to/used in real life?”



## 7.3 Planning safe activities



To understand the importance of planning safe activities and to know how to prevent risks



Flipchart paper and markers for each group



Slide 19



Pages 56, 40

1. Divide the participants into four groups for this activity..
2. Tell the participants: As a part of promoting psychosocial well-being through sport and physical activities, you and your team decide to set up activities for a group.

**PP 19**

You know that the first priority is to keep everyone safe and healthy. Discuss the following questions:

- What types of risks should you be aware of?
- What practical actions could be taken to prevent the risks?
- What challenges related to gender and culture do you need to consider?

3. Ask the participants to write their key points on a flipchart. Ask them to write the 'risks' on the left side and the 'actions to prevent risks' on the right side.
4. Ask each group to present the points they wrote on their flipchart. As a facilitator you can add to these points from the list on page 56 and from the principles of 'do no harm' on page 40.

## Coffee/tea break





## Session 8

# Adapting an activity using the STEP model

### 8.1 Adapting physical activities



To understand how to adapt physical activities to various groups of persons with disabilities using the STEP adaptation model.



Hand-out 2: Activity cards, flipchart paper, markers



Slides 20, 21, 22



Pages 63, 69

1. Explain to the participants: We will now focus on how to adapt sport or other physical activities using the STEP model. The STEP model provides a structure for adapting and modifying activities to ensure the inclusion of all participants.
2. Explain the four aspects of the STEP adaptation model using the PowerPoint slide.
3. Tell the participants that the process of modifying a game and ensuring that the game is perfectly suited to the specific context and group of players can become an empowering exercise in itself. It enables participants to practise their problem-solving skills, to take part in discussions, to empathize with others and to work together in a group. It can foster self- and group efficacy and create a sense of ownership of the activity and the programme and the outcome may be an activity that is unique to the local community.
4. Ask the participants to get into four groups. Explain that in this exercise they will be adapting an activity described on an activity card using the STEP model. They will have about 20 minutes to do their group work.
5. Give each group a target group and hand out the activity cards, as follows:
  - Group 1: Visual impairments + activity card 3
  - Group 2: Mobility impairments + activity card 10
  - Group 3: Cognitive impairments + activity card 11
  - Group 4: Hearing impairments + activity card 12

**PP** 20

**PP** 21

6. Go through the questions the participants will need to ask themselves when adapting the activities:
  - Why should the activity be modified? Do we want to make it easier, make it less competitive, make it more playful, foster more cooperation, etc.?
  - Could the activity activate unwanted feelings?
  - How can facilitators make sure no one feels left out in the game?
  - How can all participants express their thoughts and ideas in the process?
  - Should the game be competitive, focus strongly on teamwork, or perhaps empower individuals by learning new skills?
  - Are there some moves or techniques that are not allowed or should be discouraged?
  - How can participants support each other?
  - What should the facilitator be aware of when communicating with the participants?
7. Ask the participants to write their notes on a flipchart and to prepare a three minute presentation on their adapted activity.
8. Place the four flipcharts in different places in the training venue; make sure there is space around each flipchart.
9. Create four new groups with at least one representative from each of the original groups. Ask the groups to go to different flipcharts (one group at each flipchart). Each group will now have at least one representative of each flipchart. The representative's task is to present the flipchart to the new group. Give three minutes to do the presentation, and then ask all the groups to go to the next flipchart where the next representative will present their activity. Keep rotating like this until all groups have had all flipcharts presented.
10. Tell the participants that there are more activities in the handbook *Moving Together: promoting psychosocial wellbeing through sport and physical activities*.
11. Sum up the activity by saying: The STEP model often has to be used several times before the best modifications for an activity are found. You can ask the people participating in the activities how an activity can be improved using questions like: "How can this be made more enjoyable?" "How can we all take part?" "How can we make this activity easier/more difficult/calmer/more exciting?" Participants will often have different or more suitable ideas for modifications and in this way the modification itself becomes a psychosocial exercise.

See tips for modifications on page 69 in the handbook.



## Session 9

# Wrap-up and goodbye

### 9.1 Wrap-up and goodbye



To evaluate the workshop, end the training workshop on a positive note and to say goodbye.



Hand-out 3



Slide 23



None

#### **PP** 23

1. Hand out copies of the evaluation questionnaire to all the participants.
2. Ask them to fill in the questionnaire individually.
3. Collect the questionnaires for later assessment.
4. Close the day by facilitating your favourite check-out exercise.

# Annex



## HAND-OUT 1

### “I can sit down and dance”

Five years ago, Maria Marcus was about to have gastro-intestinal surgery. But the anaesthetist made a mistake when injecting her spinal cord. As a result Maria was paralysed from the waist down. She can no longer walk and is in a wheelchair. She is now 88 years old and still works as a psychotherapist, sexologist and writer in Denmark. Her latest book is about living with a disability: “Lady with chair.”

Much in Maria Marcus’ life has changed. She is less mobile, does not manage to do all the things she would like to and is dependent on help in her everyday life. Her home is well equipped, with an elevating bed, commode, etc. but going away for a week or a month like she used to, once in a while, is not possible without having to make a lot of arrangements. Even leaving a social event when she feels like it is not an option, as she depends on disability transport which has to be pre-booked.

#### Did not want to go on living

For weeks after the operation, Maria Marcus was in shock. “I was completely devastated and did not know what was left or right. Mentally, I had lost all orientation in life and almost felt dead inside. I don’t remember much of the first few weeks. But I do remember thinking that if my physical condition did not change, I did not want to go on living. I did not feel I had anything to offer as a partner or workwise. So I gave up everything that had any meaning to me – sex, writing, having clients. I simply did not recognize myself – I had lost my identity.”

The turning point came spending time with her boyfriend, Carsten, over the next months. And wanting to work also re-emerged. Today Maria Marcus lives with “constant discomfort” – not pain. But she forgets about it when something interesting is going on.




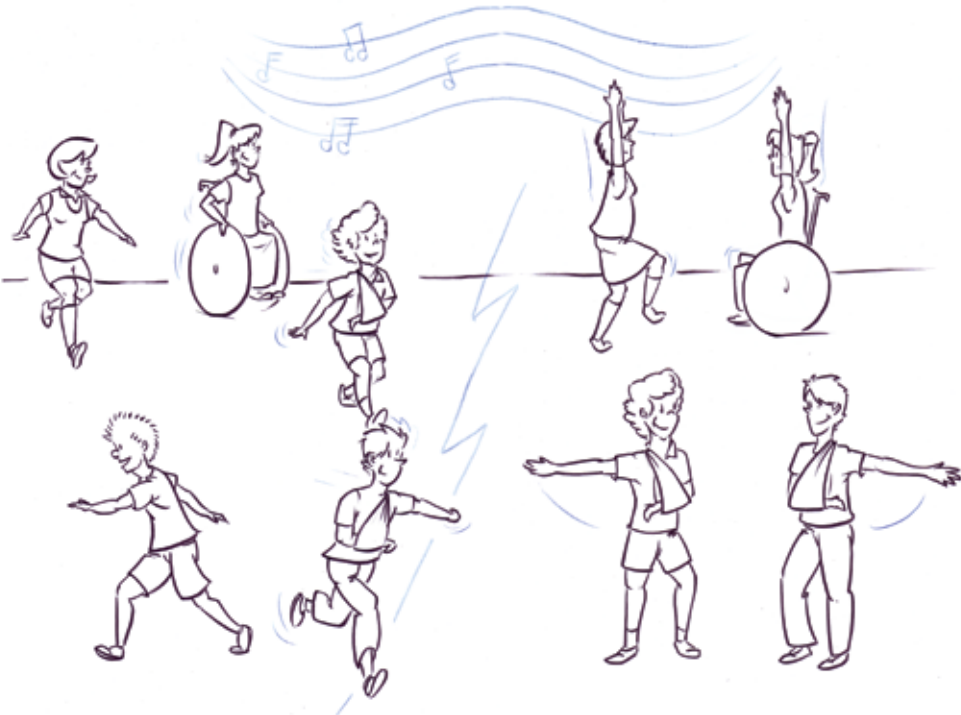




Every morning she is worried that her carers will not arrive in time to help her get to the bathroom, as she cannot just pop into the bathroom herself. She also worries about technical problems with her wheelchair and stair lift. “But I do not feel stigmatized or shut out. There are things I cannot do compared to other people – and not everybody knows how to hug somebody in a wheelchair. But in general, people are extremely nice and friendly, offering help on the street and in the supermarket. I have also received all the support from the municipality I could dream of – best of all my electric wheelchair. It has been extremely important to me because I can raise and lower it, so I am not stuck at the level of other people’s navels. That is so degrading and you get the feeling of being wrong and uninteresting and shut out.”

#### Acceptance and dignity are important values

Maria identifies two core values in getting professional help – acceptance and dignity. “Accept the fact that you are seen and respected as another human being and not just a person with a disability. You are supported to gradually accept your new life. I now realize there are some things I need help to do – and a lot of things I can still do and maybe just have to learn to do better. I certainly don’t need a superficial response like ‘Everything will be OK,’ if I am miles from that feeling. It is crucial that other people find the balance between too much and too little, between sympathy and pity, helpfulness and crossing personal borders, seriousness and humour, too small or too big challenges. I do not need pity or being overly comforted. You get very sensitive deciding whether a smile or a small talk is genuine or not.”

“I also believe it is important that professionals know about shock, grief and crisis and that they understand that feelings come in different phases. They should have empathy and be sensitive to whether I need to talk about my situation or not. And most importantly you need a chance to change focus and discover that: Yes, I have lost something important, but I also have something left – and this is maybe even better than before!”

## HAND-OUT 2

1. COOLING-DOWN GAME	
<div style="display: inline-block; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto;">3</div> <h3 style="margin: 0; padding-left: 10px;">Mirroring</h3>	
	<p>Small group (2-6 participants)            Medium group (7-14 participants)            Large group ( over 15 participants)</p>
	<p>Any safe area of ground or space (as flat and clean as possible).</p>
	
	<ul style="list-style-type: none"> <li>• The group walks slowly around the space. When the music stops or a whistle is blown, players have to get into pairs and stand facing one another.</li> <li>• One player makes a movement, and the other player has to try to copy it as if they were a mirror.</li> </ul>
	<ul style="list-style-type: none"> <li>• If you do not have music or a whistle, you can call out, Freeze! or Statue!</li> </ul>
	<ul style="list-style-type: none"> <li>• If players are visually impaired, one partner can make a 'statue' out of the other partner who then remains in that position for a short while.</li> <li>• If players have hearing impairments, use a visual sign that has been agreed by the group.</li> </ul>
	<ul style="list-style-type: none"> <li>• Feelings and sensations (about cooling-down/settling down)</li> <li>• Trust</li> <li>• Concentration</li> <li>• Body awareness</li> </ul>
<p><b>Take care!</b></p>	<p>A game that involves body contact of any kind can be very difficult for some people. Be very careful if participants are expected to touch one another in the activity you are planning. Before the session starts, explain the game to the participants and check that everyone is happy with it. Depending on the context, it may be advisable to have single gender groups.</p>

## 5. ADAPTED INTERNATIONAL SPORT GAMES

10

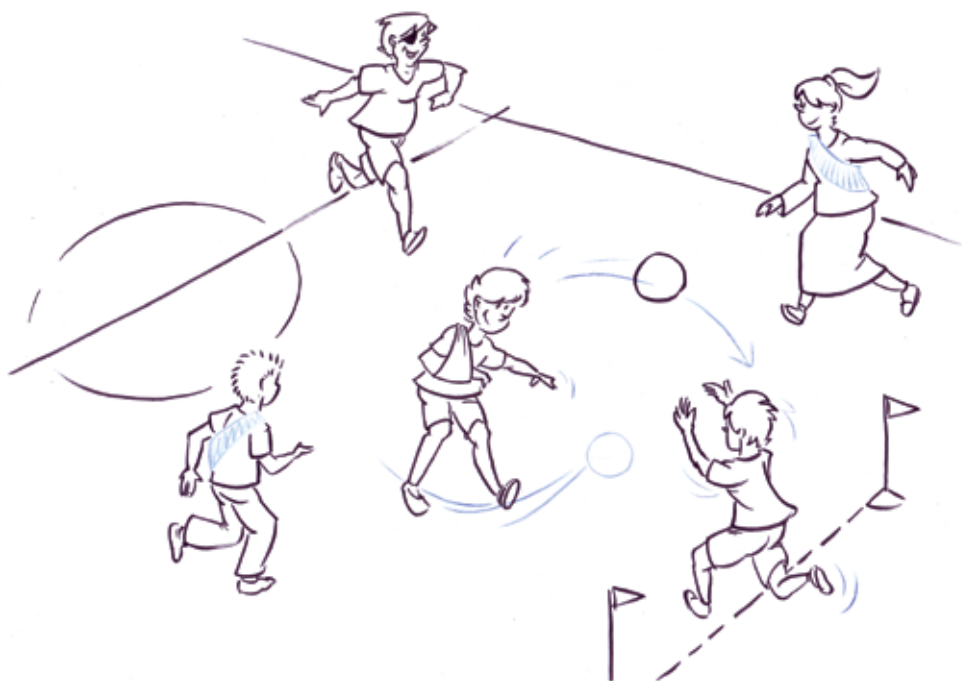
### Football/Soccer



Small group (2-6 participants)  
 Medium group (7-14 participants)  
 Large group (over 15 participants)



3-11 participants per team  
 Football pitch (or any flat, safe open space)  
 Goal posts or cones or other objects to mark the goal area  
 Ball  
 Choose a way of identifying the members of each team, e.g. provide coloured bands to wear on top of T shirts, etc.



- There are two teams with the same number of players (if possible), depending on the number of participants.
- The main aim is for one team to score more goals than the other team.
- Scoring is only permitted, by kicking the ball or heading the ball into the goal.
- Only the goalkeepers of each team are allowed to touch the ball. They are allowed to pick up the ball and handle it during the game.



- Plan this activity carefully because there may be players with a lot of experience in the team alongside others without any. This can create lots of difficulties. See below for ideas to make the activity fun for everyone.



- For mixed ability groups, have the rule that everyone has to kick the ball once before a goal can be scored.
- Or have the rule that very good players have to kick with their weaker foot.
- Play crutch or sitting football/soccer.
- Use a goal ball or other type of ball that makes a noise for games with persons with visual impairments.
- Change the size of the goals or the pitch.
- Change the number and/or size of the ball.



- Team-building
- Mixed groups
- Trust
- Fair play (i.e. this is about fair behaviour on the sports field and in life in general)



## 5. ADAPTED INTERNATIONAL SPORT GAMES

11

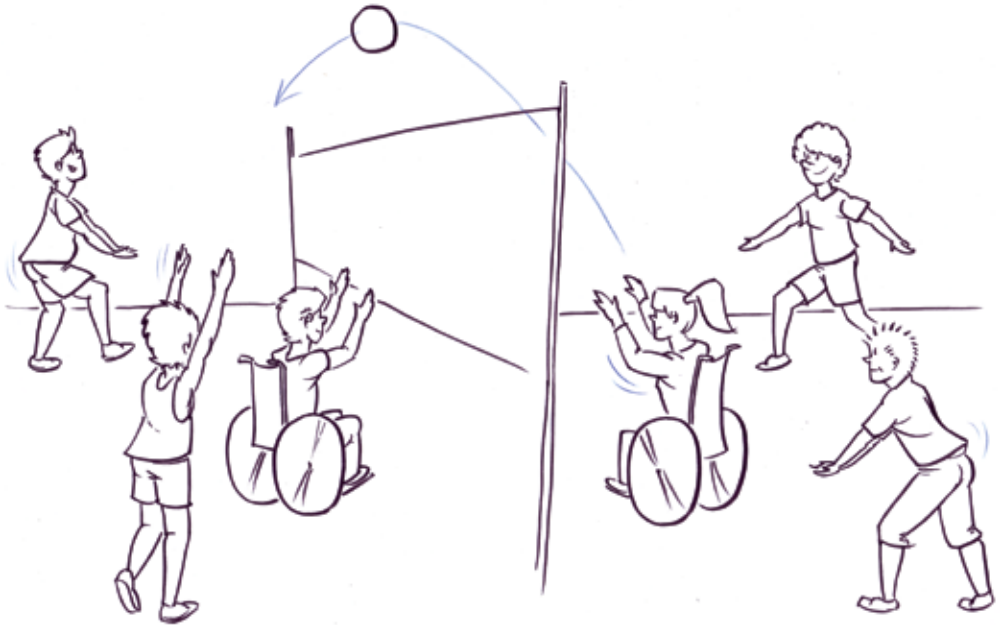
## Volley-All



Medium group (7-14 participants)  
Large group (over 15 participants)



Playing area (safe and flat, indoor or outdoor area), at least 6 x 10 metres/yds  
Area markers, such as cones, discs, stones, sticks, bottles, etc.  
Net or rope  
Volleyball or similar ball



- The playing area on each side of the net is divided into two zones. The front zone is used for seated players and the one at the back for standing players.
- Divide the group into two teams.
- Each team selects the players for the front zone (sitting in wheelchairs or on chairs or on the floor and the players for the back zone who play standing up.)
- Players take turns in serving the ball.
- The ball can be touched by three players on the same team, before it has to be hit to the other side.
- Follow basic volleyball rules for scoring, etc.



- Everyone in the group can decide whether players stand or sit.



- Teams can make up their own rules for scoring.
- A lighter ball, such as a beach ball or a balloon may be easier to play with.
- Rules can be changed such as a team can touch the ball four times before hitting it over the net, or players may be allowed to catch and throw the ball, if volleyball techniques are too difficult.
- The height of the net can be lowered to make it easier for the players who are seated.



- Team work
- Coordination
- Communication

## 6. RELAXATION

12

### Body Stress Buster (progressive muscle relaxation)

This is a relaxation technique which shifts between tensing muscles and relaxing muscles to improve body awareness and control and helps to relieve stress. Participants should stand comfortably or find a space on the floor and breathe deeply before they start the exercise. Participants should tense and release muscle groups in their different body parts individually, starting with the facial muscles, then the shoulder, arm, hand, stomach, back, leg and foot muscles.



Small group (2-6 participants)  
 Medium group (7-14 participants)  
 Large group (over 15 participants)



Clean, safe space with enough room for everyone to spread out.  
 Chairs if needed.



Use a calm, soothing voice to take participants through this exercise:

- Ask participants to stand comfortably or find a space on the floor and breathe deeply.
- Explain that the exercise will focus on a group of muscles in turn, starting with the head and going through to the feet. Explain that you will ask everyone to first tense their muscles and then release them after a few seconds.
- Begin with the facial muscles, and ask everyone to first tense the muscles in their cheeks and around their eyes for a few seconds, and then release them.
- Now move onto the neck muscles, and then the shoulder muscles, arms, hands, stomach, back, legs and feet and give the same instructions.



This exercise may relieve tensions or emotions that people have built up in their bodies over time. This is normal, and so it is important that facilitators explain that participants may react.



- This exercise can also be done in a sitting or lying position.
- Facilitators can demonstrate the exercise first for persons with hearing impairments.



- Balance between body and mind
- Relaxation/calmness
- Concentration/focus
- Safety
- Stress relief

#### Take care!

Be aware that not all relaxation exercises are always suitable for people who are traumatised. No one should be pressured to do the exercises if they don't feel comfortable. Signs of distress include:

- having difficulties gaining control
- crying all the time
- shaking or having difficulties managing stress, especially in the immediate aftermath of a disaster.

If you notice any of these signs, the activity should be stopped or changed. It often helps people if they sit up to regain control. A person feeling distressed may wish to leave the room. If there is more than one facilitator, have one stay close until the person calms down, listen if the person wants to talk, provide water and tissues, reassure the person that these are normal reactions, and that this kind of exercise can relieve tension built up over time in the body.

## HAND-OUT 3

EVALUATION QUESTIONNAIRE		Not at all			Very much	
1	Did you feel comfortable during the workshop?	1	2	3	4	5
2	Was the content clear?	1	2	3	4	5
3	Were the activities appropriate?	1	2	3	4	5
4	How engaged were you in the workshop?	1	2	3	4	5
5	Briefly comment on skills you learned from this workshop, if relevant:					
6	Which session or part of a session worked particularly well today?					
7	Please indicate if any activities caused difficulties and why:					
8	What ideas do you have about changing anything (in response to difficulties described in Q. 7)?					
9	Please add any other comments on the workshop (aspects that could be improved, shortened, explored further, etc.):					