

RESILIENCE AND COPING INTERVENTION (RCI)

An Interview Guide Designed to Help Children and Adolescents
Discuss Challenges and Identify Strategies
That Increase Resilience and Improve Coping Skills

Sandra F. Allen, Ph.D.



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The Disaster and Community Crisis Center at the University of Missouri

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DCC's mission includes providing national disaster mental health leadership, increasing disaster mental health public awareness, developing and implementing disaster mental health interventions, creating disaster mental health training protocols, generating disaster mental health resources, partnering with service providers, and collaborating with community partners on disaster issues. DCC is funded in part by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Child Traumatic Stress Network (NCTSN).

For more information: dcc.missouri.edu

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RESILIENCE AND COPING INTERVENTION (RCI) FACT SHEET

ACRONYM FOR INTERVENTION

RCI

TARGET POPULATION

Children and adolescents age 7-21 years of age



OVERVIEW

Resilience and Coping Intervention (RCI) is a group intervention designed for use with children and adolescents to help participants identify thoughts, feelings, and coping strategies related to issues that may arise following a disaster, traumatic event, or problematic experience as well as issues reflecting developmental challenges and the usual stresses of daily life.

SESSION LENGTH

RCI sessions take approximately 45 minutes to complete. RCI can be administered in a single session with the option for follow-up sessions.

GROUP SIZE

5-10 participants

TRAINING REQUIREMENTS

Two facilitators who have been trained in delivering the intervention should lead RCI. A common training approach is for trainees to read the RCI manual, receive RCI training, and then obtain ongoing support and consultation from RCI clinical specialists.

MATERIALS NEEDED TO IMPLEMENT RCI

A large white board or chalk board and markers or chalk

ASSESSMENT TOOLS

It is recommended that the quality of each RCI session be assessed using the provided assessment tools. Appendix B contains assessment tools that can be used to assess the benefit of RCI sessions.

CONSULTATION OR QUESTIONS

To obtain further consultation or address questions about using RCI, please contact the Disaster and Community Crisis Center (DCC) at dcc.missouri.edu.

RCI SESSION CHECKLIST

RCI facilitators should complete each of the following tasks to ensure successful RCI sessions:

- ☐ Complete RCI Facilitator training
- ☐ Secure permission from parent or caregiver for each child or adolescent to participate in RCI
- ☐ Gather materials needed for RCI (large white board/chalk board and markers/chalk)
- ☐ Identify a date, time, and location for RCI group session
- ☐ Administer any RCI pre-session assessments to children or adolescents who will participate in the group or to their parents or caregivers
- ☐ Conduct RCI Session steps (see **page 6** of this manual [↗](#)) or RCI Follow-up Session steps (see **page 19** of this manual [↗](#)).
- ☐ Administer any RCI post-session assessments to children and adolescents who participated in the group or to the participants' parents or caregivers
- ☐ Record RCI Discussion Grid and complete RCI session notes
- ☐ Complete RCI Provider Assessments for the session
- ☐ Provide feedback on children and adolescents to parents or caregivers
- ☐ Give referrals (as applicable) for children and adolescents who may need further assistance
- ☐ Answer any questions that may arise from children and adolescents or their parents or caregivers about RCI



OVERVIEW

An Interview Guide to Help Children and Adolescents Discuss Challenges and Identify Strategies That Increase Resilience and Improve Coping Skills

Introduction



Children and adolescents experience emotional or psychological distress following a traumatic event, disaster, or a problematic experience or in the context of developmental challenges and the usual stresses of daily life. The **Resilience and Coping Intervention (RCI)** was developed to assist trained mental health professionals, teachers, parents, caregivers, or other adults in the community in talking with children and adolescents about their feelings, thoughts, and actions regarding problems and stressful events.

In our experiences working with children during stressful events such as the Oklahoma City bombing in 1995 and Hurricane Katrina in 2005, children and adolescents have told us what helped them most was talking to adults, including teachers, parents, and caregivers about the event. RCI provides a way for trained mental health professionals, teachers, parents, caregivers, or other adults in the community to provide a safe place for children and adolescents to be heard; to have their thoughts, feelings, and actions validated; and to explore ways to begin to feel better.

Purpose

Resilience and Coping Intervention (RCI) is an interview designed for use with school-aged children and adolescents to help participants identify thoughts, feelings, and coping strategies related to psychological, behavioral, and relationship issues following a traumatic or other problematic experience or event or in the context of developmental challenges and the usual stresses of daily life.

RCI is a coping exercise that can be administered in a single session by mental health professionals, teachers, parents, caregivers, or other adults in the community who have been trained in conducting the interview. RCI is written in a simple, structured format that can be used for many types of disaster, shared traumas, or challenges. RCI is a skill-enhancing intervention that engages a group of children or adolescents in a dialogue about issues that may be difficult to discuss, encouraging them to share their thoughts and feelings about their experiences, and to identify appropriate and successful coping strategies. RCI involves group members talking about challenges they have faced or are facing and listening carefully to what other group members have to say while the group leader documents responses. Group members then talk about ways they have coped as well as possible coping strategies to meet these challenges.

Time Commitment

An RCI session lasts approximately 45 minutes. After the initial introductions, approximately 10 minutes may be spent identifying issues for discussion. Fifteen to twenty minutes are used to discuss the main topic that was identified as most important for group members, and ten to fifteen minutes are spent summarizing thoughts, feelings, and suggestions for coping so that the group can work as a team to develop an Action Plan. RCI assessment tools will require additional time, usually 10-15 minutes per session.

RCI can be administered in a single session with the option for follow-up sessions. At least three or more RCI sessions with group participants are recommended to increase the benefit of RCI.

Age Range

It is a good idea to group children and adolescents in fairly close age ranges because of different developmental needs and abilities. If RCI is being used with children and adolescents ages 7 through 21 years, possibilities for age grouping for individual RCI sessions could include:

- » Ages 7, 8, 9
- » Ages 10 and 11
- » Ages 12, 13, and 14
- » Ages 15, 16, and 17
- » Ages 18, 19, 20 and 21

If a nine-year-old would fit better in the ten and eleven-year-old group, be flexible enough to allow that to happen.

Group Size


The ideal group size for effective discussions is between 5 and 10 participants per group. This group size will likely be more manageable and participants may feel more comfortable discussing issues with each other.

Children and Adolescents Who Could Benefit From RCI

- » Are able to discuss issues without physical violence erupting during the discussion, guaranteeing the safety of group members.
- » Are not significantly impaired in their ability to share information verbally with one another due to issues like severe substance abuse or dependence, psychosis, or intellectual disability.

Facilitators

RCI should be led by two facilitators who have been trained in the intervention. The facilitators are identified in this guide as Facilitator 1 (F1) and Facilitator 2 (F2). It is also recommended to have a third adult present who can assist as a Group Supporter and offer assistance if behavioral or emotional issues arise when working with children or youth.

- 1 Facilitator 1 (F1):** Should lead the entire RCI discussion. As group members provide responses, F1's role is to reflectively listen to responses and try to summarize group members' responses so that they can be written concisely on the RCI grid by F2. When summarizing group members' responses, F1 should *not* ask leading questions or ascribe words or feelings that have not been indicated by group members. F1's role is to operate from a listening and cooperating perspective.
- 2 Facilitator 2 (F2):** Should write down group members' responses during the discussion process. Writing group responses on the RCI Discussion Grid (**see page 6**)  provides the group with a visible record of the challenges identified, thoughts and feelings regarding the challenges, coping strategies, and an Action Plan.

The group discussion and writing of group responses should focus on one section of the RCI Discussion Grid at a time. However, sometimes group members will give information that should be recorded in a section before you have moved forward to that section. When this happens, F1 should briefly acknowledge the group member's response, F2 should record it in the appropriate section, and then F1 should move the discussion back to the original section of the RCI Discussion Grid.

Group Supporter: If available, a Group Supporter should be available who can assist if behavioral or emotional issues arise when working with children or adolescents. If a Group Supporter is not available, then F1 and F2 would need to share providing group support if behavioral or emotional issues arise.

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI

Step 1: Preparing for the RCI Session

It is important to prepare for every RCI session. Preparing for an RCI session includes:

- » Securing permission from a parent or caregiver for each child or adolescent to participate
- » Arranging enough chairs in a circle for the number of expected RCI participants and for the facilitators
- » Providing enough RCI assessment tools and writing utensils for the number of expected RCI participants.
- » Replicating the RCI Discussion Grid on a chalkboard or whiteboard large enough for the group to view

<i>Resilience and Coping Intervention (RCI) Discussion Grid</i>				
Description of Challenge and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options for Change	Consequences Helpful? (+) Harmful? (-) Both? (+/-)
What Happened or What is Happening?				
What Things Changed?				
ACTION PLAN				

Step 2: Beginning the RCI Session

GROUP INTRODUCTION

F1 should begin by telling the group that it is the Facilitator's job to lead the discussion by talking with the group, listening to the group, and allowing group members to talk with one another about challenges or problems they have faced or are facing.

F1 might say:

"Today we want to talk about some of the difficulties or challenges you may be experiencing. It can be helpful to talk about these issues as a group in order to share what is going on and to discuss any feelings and thoughts you have resulting from these issues."

We will also talk about coping strategies that you have used or think you might want to use to help yourself feel better and meet these challenges or address these problems."

I will be leading the discussion today and _____ (introduce F2) will be writing your responses on this discussion grid."

Note: If group members do not know each other, F1 should allow time for everyone to introduce himself or herself. Facilitators could incorporate an icebreaker activity where children or youth make nametags and then introduce and share something special about themselves.

SETTING GROUP RULES

F1 should discuss RCI group rules, which include discussing appropriate behavior for the RCI session. Appropriate behavior includes group members being respectful of each other and of the RCI facilitators. This includes:

- » Not sharing identifying information outside the group that could be embarrassing to another group member
- » Taking turns when speaking and not talking over one another
- » Not yelling, hitting, making fun of others, or using profanity
- » Turning off any phones or other devices

F1 might say:

“Each of you brings something unique and valuable to this group session. We want to hear from all of you and therefore as a group we need to respect the rights of others to express their opinions, thoughts, and feelings. To ensure a safe environment for all group members we want to define what appropriate behavior includes.

Appropriate behavior includes being respectful to group members both during the group session and outside the group session. Some of you may say things in the group discussion that you don’t want shared outside of the group, so out of respect for all of the group members we ask that you not tell others outside of the group who said what. We don’t want to embarrass anyone in our group today by talking about what people said in the group to people outside of the group. This might cause people to not want to return to our group and we don’t want that to happen.

The only exception to this is if someone indicates they are going to harm themselves or others, then I would need to talk to your parents or other caring adults. Or, if anyone in the group is involved with the legal system and if a judge were to ask for information (subpoena information) about what you have discussed in the group, then I would have to share that information with the judge. These situations rarely happen, but it is important to tell you this before we begin.

Appropriate behavior also includes taking turns when speaking and not talking when someone else is speaking. We want to hear from everyone, so it is important to take turns speaking and listening during the group sessions.

Appropriate behavior also includes being respectful to both the group members and group leaders. Yelling, hitting, making fun of others or using profanity is not acceptable or respectful behavior. Likewise, we request that all cell phones are turned off during the group session.

Will everyone agree to be respectful to each other and to the group leaders? (Wait for verbal or nonverbal agreement, for example a head nod from all group members.)

Are there any questions before we get started with the group discussion?”

After providing this introduction to RCI and discussing appropriate behavior you are ready to begin the next step in RCI: **Identify the Problem.**

Step 3: Identify the Problem

The first task in RCI is to assist the group in selecting a problem or concern to discuss. F1 should begin by asking group members to identify one concern or problem that they all experience and would like to discuss.

F1 might say:

“To begin we are going to identify a concern or problem that you all share that you would like to discuss together. What suggestions do you have for a particular challenge or problem we could talk about together as a group?”

If there is no initial consensus about what that problem might be, take suggestions from group members about several possible problems that might be discussed. F2 should write suggestions on the board for group members to view. Then, F1 should have group members vote on which problem they want to discuss for today’s session and select the problem that receives the most votes. F1 should tell the group that the other problems that were identified can be discussed at a later time.

Examples of group-focused problems include: a disaster, bullying in the school or in the neighborhood, drive-by shootings or other violence in the community or neighborhood, and other problems that are common knowledge among and of concern to the group.

Examples of problems that **should not be** discussed are those that involve sensitive personal or family issues such as physical abuse, sexual abuse, or child neglect. If the occurrence of events like these is revealed in the process of selecting a topic or at any time during an RCI session, you should gently defer the issue by telling the child that you appreciate him/her sharing but you would like to talk about that with him/her privately after the group has finished today’s discussion.

Once the group has decided on the problem to discuss, F2 should clearly write the problem above the RCI Discussion Grid.

Note: There may be occasions when the Facilitators are aware of a pressing problem or challenge that needs to be discussed in the group. In this situation, the Facilitators could identify the problem or challenge to be discussed in the RCI session and would then not need to ask the group members to help identify a problem.

After identifying the problem that will be discussed you are ready to begin the next step in RCI:

Describe the Problem and What Changed.

Step 4: Describe the Problem and What Changed

After the problem has been identified, the next task is to elicit a description of the problem from group members. F1 should ask the group to describe “*what happened*” if the problem was a specific event that occurred (for example, a disaster or a neighborhood shooting) or “*what is happening*” if it is a chronic or ongoing problem (for example, bullying or racism).

If the problem identified was a specific event such as a fight at school, F1 might say:

“Tell me about some of the things that have happened since the fight at school.”

Or, if the problem identified was chronic or ongoing, such as school violence, F1 might say:

“Tell me about what happens when there is school violence.”

Follow up the first question with:

“How have things changed for you as a result of what happened or what is happening?”

As group members describe what happened or what is happening and what things have changed, F2 should record summarized responses under the “What Happened” and “What Things Changed” sections on the RCI Discussion Grid. See an example of how to record these responses on **page 18**. [↩](#)

After discussing what happened or is happening and what changed, you are now ready for the next step in RCI: **Explore Thoughts and Feelings**.

Step 5: Explore Thoughts and Feelings

After the group has provided an in-depth description of the problem and the changes that have occurred as a result of the problem, ask the group to identify their thoughts and feelings related to the identified problem.

F1 might say:

“What are some thoughts and feelings you have had or are having about what happened or is happening?”

“Have you had any positive thoughts and feelings?”

“Have you had negative thoughts and feelings?”

Sometimes group members may have difficulty identifying their thoughts and feelings. If this happens you could ask group members to imagine what other children or adolescents in similar situations might feel or what thoughts other children or adolescents might have if something similar happened or was happening.

F1 might say:

“How do you imagine other children or adolescents might think or feel about a situation like this?”

As group members identify their thoughts and feelings, F2 should record summarized responses under the “Thoughts and Feelings” section on the RCI Discussion Grid. See an example of how to record these responses on **page 18**. [↩](#)

After identifying Thoughts and Feelings you are ready for the next step in RCI:

Identify Problems Now.

Step 6: Identify Problems Now

Once the group has identified a variety of thoughts and feelings related to the problem, ask the group if there are any continuing problems that are going on now.

F1 might say:

“What kinds of problems are going on now?”

As group members identify current problems, F2 should record the summarized responses under the “Problems Now” section on the RCI Discussion Grid. See an example of how to record these responses on **page 18**. [↩](#)

After identifying current problems, you are ready for the next step in RCI:

Brainstorm Options for Change

Step 7: Brainstorm Options for Change

Now that the group has described the problem, identified thoughts and feelings about the problem, and discussed current problems, the next step is for the group to brainstorm possible options to change these problems.

F1 might say:

“What are some possible ways you could try to change these problems?”

“What have you done to try and change these problems in the past?”

“What other things would you like to try to do to change these problems?”

Not all suggestions for options for change will be helpful, but all options should be written on the board as possible options. All change options will be discussed later in the intervention to identify why they are helpful or unhelpful so participants understand the difference.

As group members identify options for change, F2 should record summarized responses under the “Options for Change” section on the RCI Discussion Grid. See an example of how to record these responses on **page 18**. [🔗](#)

After identifying options for change, you are ready for the next step in RCI:

Considering Consequences

Step 8: Considering Consequences

Once the group has identified a variety of options for change, F1 should read each option for change aloud and ask the group if that option could be helpful and lead to a good outcome or could be harmful and lead to a negative outcome.

F1 might say:

“As I read through each of these options for change that you identified, tell me if you think each option has the potential to be helpful and be good or be harmful and be bad.”

As group members reply, F2 should record the responses of “helpful” with a (+), “harmful” with a (–), and “both” with (+/–) on the RCI Discussion Grid. See an example of how to record these responses on **page 18**. [🔗](#)

After considering the consequences of options for change, you are ready for the next step in RCI:

Develop an Action Plan.

Step 9: Develop an Action Plan

After the suggested options for change have been labeled with the appropriate “helpful” (+), “harmful” (-), or “both” (+/-) symbols, assist group members in establishing an individual and group action plan from the helpful (+) options that group members have generated.

An individual Action Plan is at least one behavior that a child or adolescent commits to doing in order to help cope with problems in the future. A group Action Plan is at least one behavior that all group members collectively agree to doing to help cope with the problem.

First, each group member should identify an individual Action Plan.

F1 might say:


“After we leave this group discussion today, are there any of these helpful options that you might want to start using and put into a plan of action?”

“What options for change could you see yourself putting into action to help yourselves? Let’s go around the circle and everyone identify an option for change that they could use.”

As group members reply, F2 should record each individual member’s action plan under the “Action Plan” section on the RCI Discussion Grid. After each group member has identified an individual Action Plan, the group as a whole should next identify a group Action Plan that they can commit to as a group.

F1 might say:

“What options for change could you do together as a group and put into a plan of action to help one another?”

F2 should record the group’s Action Plan under the “Action Plan” section on the RCI Discussion Grid. See an example of how to record these responses on **page 18.** 

Note: If group members have several suggestions for a group Action Plan or they can’t agree on the group Action Plan, group members may vote on which Action Plan they would like to use first. F1 should tell the group that the other group Action Plans suggested could be discussed in future RCI sessions if appropriate.

Step 10: Commit to the Action Plan and Adjourn

After establishing an Action Plan for each individual group member and for the group as a whole, ask for verbal commitment to the plans from each group member. Individuals who make a verbal commitment to specific behaviors in front of others have been found to follow through with those commitments more often.

If the group will be meeting again, encourage group members to implement their Action Plans between now and the next time the group meets.

F1 might say:

“Now that we have talked about the options you would like to put into a plan of action, is everyone committed to doing these things between now and the next time we meet? (Go around the circle and get verbal commitment from each group member.)

Great. Next time we get together we will discuss how things are going with your plans and if the plans are helping.”

If the group is only meeting for one session, encourage group participants to implement their individual and group Action Plans and stick with them if they work.

F1 might say:

“Now that we have talked about the options you would like to put into a plan of action, is everyone committed to using these? (Go around the circle and get verbal commitment from each group member.)

Great. And after you try these new action plans you can stick with them as long as they provide positive and helpful results.”

Thank the group members for their time and participation.

Keep a copy or record of the RCI Discussion Grid from each group session to guide future RCI sessions.

Note: An easy way to record the RCI Discussion Grid responses is to take a digital photo of the discussion grid and transcribe the details and grid immediately following the RCI session.

See the *Example RCI Session and Discussion Grid* on the next page for an example of group members' responses to the RCI questions and how those responses were summarized on the RCI Discussion Grid.

SAMPLE RCI SESSION

The sample RCI Session below provides an example of children's responses from an RCI session. See **page 18** [↗](#) for an example of how these example children's responses (ages 10 and 11 years old) were recorded on the RCI Discussion Grid

Step 1: Identify a Problem

The problem identified by the group was a big fight that recently occurred on the school playground.

Step 2: Describe the Problem and What Changed

Examples of what children said about the problem:

"There was a big fight on our school playground. Six boys were involved in it. Two of the boys were hurt so bad they had to be taken to the hospital".

"We were all out at recess when the fight happened, so we all saw it."

Examples of what children said about what changed:

"Kids at school are scared. We now do not know what to expect, especially on the playground."

"We don't trust that adults can protect us. Lots more teachers have been assigned playground duty."

"School counselors have talked to us about how to protect ourselves and what things to report."

Step 3: Explore Thoughts and Feelings

Examples of thoughts and feelings about the event reported by children:

"I feel worried. I'm scared that those same boys will come back to school and beat up other kids."

"I feel sad because the kids had to go to the hospital. One of them has a broken nose and another one got two black eyes."

"I felt scared at first. Now I feel worried that it might happen again."

"I have also been worried about how to make new friends at school because I don't know who I can trust."

Step 4: Identify Problems Now

Examples of problems now reported by children:

“Parents have been afraid to send us to school.”

“Teachers are much stricter about playground rules.”

“Kids are not allowed to play in groups larger than two.”

“Kids are taking sides. Some kids are on the side of the kids who beat up the other kids. Other kids are on the side of the kids who got beat up.”

Step 5: Brainstorm Options for Change

Examples of options for change reported by children:

“Could talk to teacher and ask if she knows whether the boys will be allowed back in school.”

“Could make a card for the children who were hurt and mail it or take it to their home.”

“Keep all the things I’m worried about inside because I don’t want to worry my parents.”

“Try to talk about how I’m feeling and slowly try to spend more time with someone new (one new friend at a time).”

“Could avoid the playground and stay inside during recess.”

Step 6: Considering Consequences

Examples of how options for change were coded as “helpful” (+), “harmful” (–), or “both” (+/–):

“Gain additional information” was coded as helpful (+)

“Keep worry inside” was coded as harmful (–)

“Talk about feelings and how to make new friends” was coded as helpful (+)

“Stay inside during recess” was coded as both helpful and harmful (+/–)

Step 7: Develop an Action Plan

Examples of individual and group Action Plans developed by children:

Deandre: *Will talk to his teacher and find out if the boys who “beat up” the other two boys are coming back to school.*

Alicia: *Will make cards for the children who were hurt and who were hospitalized.*

Jose: *Will try to talk to his dad about how Jose is feeling worried all the time and will listen to any advice his dad has to offer about helping worry go away.*

Carmen: *Will ask one classmate to spend time with her on the playground during the school week.*

All of the children: *Will be mindful of events happening on the playground that should be reported to an adult.*

SAMPLE RCI DISCUSSION GRID

The sample RCI Discussion Grid below provides an example of how children's responses from an RCI session are concisely recorded. The responses below are drawn from the sample RCI Session presented on **page 15**. [↗](#)

Description of Event	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options For Change (Brainstorm)	Consequences Helpful? (+) Harmful? (-)
What Happened or What is Happening? Big fight on school playground with 6 boys at recess 2 boys hurt and in the hospital	Scared the boys will beat up other kids Worried it will happen again Sad for the boys at hospital Worried about making friends, not sure who to trust	Parents are afraid to send kids to school Teachers are stricter on playground Kids can't play in groups bigger than 2 Kids are taking sides	Talk to a teacher or parent	+
What Things Changed? Kids are scared More teachers on the playground Kids talked to counselors about fight			Make get-well cards for kids in the hospital	+
			Keep feelings inside and not share them	-
			Talk about feelings with someone	+
			Make a new friend	+
			Stay inside during recess	-/+
ACTION PLANS				
Deandre: Will talk to his teacher and find out if the boys who beat up the other two boys are coming back to school.				
Alicia: Will make cards for the children who were hurt and hospitalized.				
Jose: Will try to talk to his dad about how he is feeling worried all the time and will listen to any advice his dad has to offer.				
Carmen: Will ask one classmate to spend time with her on the playground during the school week.				
All of the children: Will be mindful of events happening on the playground that should be reported to an adult.				
* Save the RCI Discussion Grid for a follow-up discussion during the next group meeting.				
Note: An easy way to record the RCI Discussion Grid responses is to take a digital photo of the discussion grid and transcribe the details and grid immediately following the RCI session.				

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI FOLLOW-UP SESSIONS

RCI Follow-up Sessions involve a group that has participated in a previous RCI session getting back together to determine what group members have done about the previously identified problem since the last group session and to explore how group members are coping with the problem.

RCI Follow-up Sessions should be facilitated by F1, F2, and a Group Supporter. If possible, the same Facilitators who conducted the previous RCI session(s) should facilitate the follow-up session(s).

Prior to the RCI Follow-up Session, F2 should post the RCI Discussion Grid from the previous RCI session on a whiteboard or chalkboard. F1 should begin the Follow-up Session by reminding group members about RCI group rules (see discussion of Setting Group Rules on [page 7](#)). [↗](#)

After reviewing RCI appropriate behaviors, the first step in an RCI Follow-up Session is to provide a review of the previous RCI session.

Step 1: Review the Previous RCI Session

F1 should begin the RCI Follow-up Session by providing a recap of the previous RCI session.

F1 might say:

“The last time we met we talked about a big fight that recently occurred on the school playground. We talked about possible options for change that would help with problems caused by this fight. We also talked about which of these options for change might be helpful and each of you then created an Action Plan to work on since the last time we met.”

F1 should review each of the RCI sections and the responses recorded on the RCI Discussion Grid from the previous session.

After reviewing the previous RCI session, you are ready to begin the second step in RCI Follow-up:
Allow Participants to Provide an Update.

Step 2: Allow Participants to Provide an Update

After reviewing the previous RCI session, you should allow group participants to provide an update on the situation and their progress.

F1 might say:

“We are going to go around the circle so that each of you can give us an update on your Action Plan. Tell us if you have had a chance to try out your individual Action Plan or the group Action Plan since the last time we met. If so, has the Action Plan been helpful?”

Step 3: Determine if Participants are Satisfied with their Progress

If group participants are satisfied with their progress, then no further discussion may be needed, just encourage group members to continue their progress.

F1 might say:

“It sounds like you all would like to continue using your Action Plan and that some of you are already seeing positive progress. Be sure to keep using these plans and we can discuss how they are working for you the next time we meet together as a group.”

If the group participants are **not** satisfied with their chosen Action Plans (for example, group members have not been able to use their Action Plan, or the Action Plan did not help, or the Action Plan was too difficult to implement) then F1 should return to the RCI Discussion Grid in order to revise the Action Plan.

Step 4 (if needed): Revise Action Plan

F1 should go through each of the sections on the RCI grid and inquire if updates or changes are needed.


F1 might say:

“Do we need to make any updates or changes to: What’s Changed? Thoughts and Feelings? Problems Now? Options for Change? Consequences?”

“Do we need to change the Action Plan we created last time? If so, what would you like to change or adjust?”

“Is everyone willing to commit to this new Action Plan?”

F2 should record any revised responses provided by group participants in the appropriate sections on the RCI Discussion Grid.

After creating a revised Action Plan, have the participants commit to the revised Action Plan (see discussion of committing to the action plan on **page 14**),  and then decide on a next meeting time for the group to get together to provide another update on how things are going.

Keep a copy or record of the RCI Follow-up Discussion Grid from each group session to guide additional RCI sessions.

Note: An easy way to record the RCI Discussion Grid responses is to take a digital photo of the Discussion Grid and transcribe the details and grid immediately following the RCI Follow-up session.

See the *Example RCI Follow-up Session and Discussion Grid* on the next page for an example of group members’ responses to the RCI follow-up questions and how those responses were summarized on the RCI Discussion Grid.

Step 5 (if needed): Identify New RCI Topic

When the group members have decided that they are satisfied with their progress addressing one problem or challenge, they may be ready to move onto a new problem or challenge. When this happens, Facilitators should repeat the RCI Discussion Steps from the beginning.

SAMPLE RCI FOLLOW-UP SESSION

The sample RCI Follow-up Session below provides an example of children's responses from an RCI Follow-up Session. See **page 23** [↗](#) for an example of how these children's responses (ages 10 and 11 years old) were recorded on the RCI Discussion Grid.

Step 1: Post Action Plan and Recap the Previous Discussion

In the previous session the group identified a big fight that recently occurred at the school playground and developed an Action Plan.

Step 2: Allow Participants to Provide an Update on Progress

"My teacher was sick so I wasn't able to ask her about the kids coming back to school. I am still worried about the kids coming back but not as much."

"I made two cards for the children who were hurt. I was able to deliver one of the cards I made to one child in the hospital, but the other child had already been discharged."

"I talked to my dad about what I am worried about."

"I asked a new girl in class to play with me. We played on the playground together."

"I was on the lookout for unusual events happening on the playground during recess. I didn't see anything bad happen."

Step 3: Determine if Participants are Satisfied or Dissatisfied With Their Progress

Deandre was dissatisfied: *"I'll wait until my teacher comes back and ask about the kids coming back to school."*

Alicia was dissatisfied: *"I couldn't give the card to one of the kids, but I'll ask my mom to help me deliver the card."*

Jose was satisfied: *"It did help talking to my dad but I just wish we could have spent more time together."*

Carmen was satisfied: *"I plan on playing with Patricia next week during recess so my Action Plan worked."*

Step 4: Revise Action Plan

(if the groups decides to update the Action Plan)

Deandre: *Will talk to his teacher when she returns.*

Alicia: *Will deliver the other card or she will find out if the card can be mailed.*

Jose: *Will ask his father if he can spend more time this week talking with him.*

Carmen: *Will try to play with Patricia again next week.*

Group: *Group members will continue to look for unusual behavior on the playground and will tell their teacher or other adult in a position of authority at their school if something happens.*

SAMPLE RCI FOLLOW-UP SESSION DISCUSSION GRID

The sample RCI Discussion Grid below provides an example of how children's responses from an RCI Follow-up Session are concisely recorded. The responses below are drawn from the sample RCI Follow-up Session presented on **page 21**. ↴

Brief Description of Event and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options For Change (Brainstorm)	Consequences Helpful? (+) Harmful? (-)
<p>What Happened or is Happening?</p> <p>Some kids got "beat up" at school.</p>	<p>Worried, scared "bad kids" will come back.</p> <p>Sad because of kids in the hospital.</p> <p>Worried at first, now scared it might happen again.</p> <p>Worried about making new friends, can't trust anyone.</p>	<p>Parents afraid to send kids to school.</p> <p>Teachers more strict about playground rules.</p> <p>Kids can't play in groups larger than 2.</p> <p>Kids are "taking sides."</p>	<p>Deandre: will talk to teacher about kids coming back to school.</p> <p>Alicia: will make a card for kids who were hurt.</p> <p>Jose: first said he would keep worries in. Later said he would talk to his dad.</p> <p>Carmen: will ask one "new" person to play with her.</p>	<p>+</p> <p>+</p> <p>-</p> <p>+</p> <p>+</p>
<p>What Things Changed?</p> <p>Kids afraid to be on playground.</p> <p>More teachers assigned to playground duty.</p> <p>Counselors talked to kids in classrooms.</p>				

REVISED ACTION PLAN

Deandre: Will wait until his teacher returns and then ask her about when the children are coming back to school.

Alicia: Will deliver the other card or she will find out if the card can be mailed.

Jose: Will ask his father if he can spend more time this week talking with him.

Carmen: Will try to play with Patricia again next week.

All of the children: Will look for unusual events during the next week, and if there are any will report to their teacher.

HELPING CHILDREN OR YOUTH IN DISTRESS

When facilitating RCI you may encounter a participant experiencing distress. Signs of distress in children and youth may include:

- » Confusion: memory gaps, disrupted thinking, poor concentration
- » Physical Agitation: excessive restlessness, rigid stillness
- » Speech Agitation: very rapid speech, preoccupied with one idea or thought
- » Emotional Responses: crying hysteria, flat affect, euphoria, inappropriately excited
- » Content of Responses: stories of severe losses

RCI Facilitators can provide emotional support and understanding to a child or youth experiencing distress with the following strategies:

- » **Project calmness, encouragement and acceptance, and maintain a nonjudgmental attitude about the situation and the participants' responses.** A Facilitator could speak in a calm voice or nod his/her head to show encouragement.
- » **Provide active listening, eye contact, empathic responses, and validation of the feelings expressed by participants.** Validation can be accomplished by a reflective comment. A Facilitator might say: *"Feeling sad is okay"* or *"Feeling angry is normal."*
- » **Promote physical comfort via closeness.** A Facilitator could show physical comfort with a hug when appropriate or provide a tissue if the participant is crying.
- » **Express appreciation to the participant for the courage it took to express his/her feelings.** A Facilitator might say: *"I appreciate you sharing your feelings. It takes a lot of courage to talk about how you are feeling."*
- » **Allow the participant the choice to leave the interview for a few minutes or to leave for the duration of the group session if necessary.** A Facilitator might provide the choice to get a drink of water or to wash his/her face and then return to the group. Or Facilitators might provide the choice to sit in another room or go outside for the remainder of the group session. *Note: Group participants should always be under adult supervision.*

Referrals for Further Assessment and Intervention

If a participant is significantly emotionally distressed at the conclusion of the group session, *it is important to provide continued support and monitoring of the participant for the rest of the day.* Parents or legal caretakers should be notified and offered options for further assessment and intervention with their child.

Child or youth participants may benefit from further assessment and intervention from clinicians such as a psychiatrist, psychologist, or a social worker who might be found at a community mental health center, in private practice settings, or at a hospital which offers outpatient and inpatient mental health services.

If your agency does not offer behavioral or mental health services to children and youth, consider having a list of local behavioral and mental health providers who specialize in assessments and interventions with children, youth, and families. Parents or legal caretakers should be offered referral options for further assessment and intervention with their child or youth.

RCI FREQUENTLY ASKED QUESTIONS

COMMON QUESTIONS ASKED ABOUT THE DISCUSSION PROCESS

The following questions are sometimes asked because the situations they suggest are encountered in the discussion process. To better facilitate the discussion, questions are included below with possible answers for the discussion leader to use in addressing them.

Q *What if the group cannot unanimously decide on a topic for discussion?*

Answer: If the group is evenly divided on two topics, the discussion leader should try to negotiate a discussion of one of the topics in the current week and promise to discuss the other topic in a future group meeting, if a future meeting can be scheduled. Try to approach the decision with the idea of discussing the most pressing issue first, with the discussion leader being the person to make the decision if the group cannot.

Q *What if two of the children begin verbally arguing about an issue that happened between them last week, not related to the discussion topic?*

Answer: The discussion leader should try to get the group back on topic by asking the two children to save their discussion until after the group discussion is over. Promise to help them by mediating after the group discussion is done.

Q *What if group members have a difficult time verbalizing their thoughts and/or feelings about the issue under discussion?*

Answer: Tell the group that it is sometimes hard to say what you are thinking and feeling about a difficult issue. Then ask, “How do you believe most people might think and/or feel about a situation like this?” “I wonder if these thoughts and feelings are similar to your own thoughts and feelings about an issue like this?”

Q *What if one group member tries to answer all or most of the questions or tries to offer all/most of the suggestions for improvement?*

Answer: Without being rude, the discussion leader should thank that person for his/her responses and offer the suggestion that you would like to hear what (name of another group member) thinks and feels about the issue under discussion. What suggestions might this group member offer for change or improvement? Continue in this manner, soliciting verbal responses from additional group members.

Q *What if, during the time between group discussions (if there will be more than one), a group member sees another group member not living up to his/her commitment as written in the action plan?*

Answer: Each group member needs to focus on his or her own commitment, doing it to the best of his or her ability, offering encouragement to other group members, but not criticizing them for failure to live up to their commitment. At the next group meeting, all group members will be asked to report on their progress in satisfying their commitment.

Q *What if the group defines an issue for discussion that is so big and/or has so many sub-issues within it that it feels overwhelming and almost impossible to address?*

Answer: The discussion leader should help the group identify a sub-issue which seems more reasonable, with the suggestion that other sub-issues within the larger issue can be addressed during future discussions.

Q *What if someone consistently interrupts others in the group when they are trying to speak about an issue?*

Answer: Gently ask the person interrupting to allow the other person time to finish speaking without interrupting. If the interruptions continue, ask them to write on a piece of paper the information he/she is wanting to share, hold it, and share it after the person is through speaking.

Q *What if some group members say they absolutely don't want to participate because they think the discussion will be boring?*

Answer: The discussion leader should point out the positive aspects of discussing group issues, e.g., less group conflict, teamwork among group members, group members taking responsibility for group issues.

Q *What if the children in the group say that the discussion takes away from their time to have fun?*

Answer: The discussion leader could “brainstorm” some ideas about how the group could have fun together following the discussion. For example, the group could play a game, or enjoy eating cookies together.

Q *What if a child complains, saying “My friends don't have to have these group discussions. Why do we?”*

Answer: The discussion leader should explain that all children are not alike and that the adults in this setting believe that group discussions will be healthy for the children in the group. Remind the child of positive outcomes which have resulted from former informal discussions the children in the group may have had.

Q *What if a group member falls asleep during the discussion?*

Answer: Gently awaken the group member and suggest that all group members stand up, stretch, get a drink of water, and come back ready to participate.

Q *What if a child becomes so disruptive that the group cannot continue the discussion because of the distraction?*

Answer: Give the child a warning first. Tell him or her that his/her behavior is not appropriate and is interrupting the discussion. Then state exactly how you want the child to behave, i.e., sit in a chair with feet on the floor, hands off other people, listening to the discussion leader and discussants, raising his/her hand when wanting to speak. If the disruptive behavior continues, remove the child from the group and have an adult sit with him/her at the back of the room. If inappropriate behavior continues, ask the adult to take the child out of the room and put him/her in a “time out” place which will prevent disruption to the group. The adult should stay with the child for monitoring purposes during the remainder of the discussion. To ensure future compliance, an agreement should be reached with the child that the child’s behavior will be appropriate for the next meeting.

CHILD/ADOLESCENT DEVELOPMENT

We should remember that development is widely variable, even within well-defined developmental stages. For example, some bright fourth grade children may be able to do things physically and academically that some sixth grade children can't do. So it wouldn't be appropriate to generalize the following descriptions of children at different stages of development by saying that all children develop in this manner. However, the descriptions below are useful as a basic guide to understanding processes that are occurring from ages four to eighteen.

» **Four and Five Year Old Children**

Physically, four and five year old children are developing more mature motor abilities and are learning to skip, make broad jumps, dress themselves, and copy a square and a triangle. Language is developing into clear speech and these children have usually mastered basic grammar and can relate a simple story.

Developmental tasks for this age group include recognizing their own gender, developing sex-role standards for behavior, and developing a wide-ranging curiosity which results in questioning many things in their lives. They act as if every familiar family philosophy and lifestyle choice is material for their questions. The rebelliousness of toddlerhood is replaced by rebelliousness of thought at this age.

During this stage of development, a sense of autonomy grows. Four and five year olds are developing into independent, energetic, persistent children who can do many things themselves and who totally enjoy a sense of mastery (Newman & Newman, 2009).

» **Six and Seven Year Old Children**

Six and seven year olds have been losing baby teeth and gaining permanent teeth. The contours of their bodies are changing. They are learning to develop fine motor skills and may be learning to whistle. Attention span has increased and language is continuing to develop and expand.

Developmental tasks for this age group include understanding their own gender and gender roles, identifying with their parents and beginning to incorporate at least some of the values and characteristics of their parents, developing the ability to think concretely and logically, incorporating moral standards for living, e.g., honesty and integrity, developing a sense of empathy for others, and participating in group play which helps in learning a healthy way to interact with others.

These children are actively exploring and investigating the environment around them. To feel secure in the exploration process, they need a healthy relationship with their parents. This connectedness with parents allows them to fully enjoy the exploration process.

Following the rules is important to six and seven year olds and if rules are violated, a sense of guilt may follow. Children at this age want to know what is "right" and "wrong" and they learn this first in the context of the family. They begin to internalize the moral code of the family and use this internalized code to guide behavior. However, if parents try to use the rules to restrict their exploration of the world and want their children to rely solely on parents to direct their behavior, exploration and investigation are stifled (Newman & Newman, 2009).

» ***Eight and Nine Year Old Children***

Improved coordination helps eight and nine year old children further develop skills for participation in team sports and team games as well as developing interest in hobbies and crafts.

Because they have increased thinking capacity and language development they also are beginning to develop an interest in problem-solving and word play. These children like to classify and categorize, so they may begin collecting things. Reading skills are improving and they begin to go directly to books to find answers to their questions. One thing they are beginning to question is death. Developmental tasks for eight and nine year old children include social cooperation, self-evaluation, skill learning, and team play.

Socially these children have an increasing sensitivity to group social norms and pressures and they begin to develop a close relationship with a same-sex peer. Because of social pressures from peers, they may feel the need to move toward conformity to group attitudes and behaviors. The need for peer approval is a powerful force in their lives and both adult and peer feedback about their performance results in either a positive or negative sense of self.

One skill that is developing rapidly is reading. Most eight and nine year old children are reading fluently and are using reading skills for independent learning. However, not all children of this age are accomplished readers. Some are still reading below grade level.

The self-evaluation process that is happening for this age group includes establishing goals and then looking to peers and adults for feedback about their success at reaching those goals. Children at this age are likely to rely mainly on evaluations by others about how they are performing and tend to incorporate developing attributes for which they have received positive feedback.

There is also a group evaluation process that takes place during this developmental stage. Children are beginning to experience a sense of team success as well as personal success. They are learning that their contribution to the overall success of the team is a responsibility to be taken seriously and that the team functions best when each player is performing his/her role well. Children carry this learning process with them into adulthood when they have to relate to the entire social community (Newman & Newman, 2009).

» ***Ten and Eleven Year Old Children***

Children at this stage of development are pre-pubertal. In general, girls are developing secondary sex characteristics sooner than boys, with girls peaking at age 11 and boys at age 13. Girls may be developing breast buds, and could experience the onset of their menstrual cycle. While these hormonal changes are occurring, girls are usually experiencing a growth spurt and may be growing much taller than boys of the same age.

Ten and eleven year olds are a part of an increasingly complex social system. Approval by the group depends, in large part, on the child's ability to conform to group norms. Participation in the group brings with it emotional experiences that are different from emotional experiences the child has had within the family. In this way the friendship group helps the child begin the transition process from the family to the larger social community. The friendship group is also a source of both criticism and approval because group members notice each other's skills and abilities and talk about them to other children in the group. An example of this would be "Mike is awesome at math, but his reading is not very good."

Most ten and eleven year old children are in the fifth and sixth grades and are learning how to solve difficult, complex problems. They are also developing more complex artistic skills and can participate in music by playing an instrument, singing in harmony, and writing songs.

In team play, children are learning to downplay personal success for the “good of the team.” They are learning that personal satisfaction can come from success of the team and team play is teaching them about the importance of winning and trying to avoid losing. This age group is becoming keenly competitive (Newman & Newman, 2009).

» **Adolescents: Ages 12 to 18 Years**

Physically, adolescence is characterized by a period of rapid change that includes a “height spurt.” Physical growth can actually change the adolescent’s ability to perform tasks because of increased strength, better coordination, and improved endurance.

For males, this increased strength and coordination usually brings with it more mature athletic skills which are valued by peers and adults. There is a period of time, however, when rapid growth in height has not been accompanied by the increase in muscle strength, resulting in a temporary period when the adolescent boy cannot accomplish what he might expect he can accomplish, given his physical size. This awkward time brings with it challenges to self-esteem because he simply looks funny and “out of shape.” He has a hard time accepting his body image at first and believes that others have a hard time accepting the way he looks, as well.

For some adolescent females, the increase in height which may occur as much as two years ahead of the male is met with embarrassment because they may find themselves towering above their male counterparts. Another prominent concern for adolescent girls is obesity. At the beginning of the growth spurt, most adolescent girls notice a plumping of their bodies, and they may begin a process of strict dieting which is ill-timed because their bodies need healthy caloric intake during this period of rapid growth.

During adolescence the peer group is becoming more structured and organized. Prior to adolescence, it was important to have friends but not so important to be a member of a well-defined group. As adolescents enter high school, there is a reordering of students according to various abilities, and correspondingly, a reordering of friendships. Acceptance into a peer group in high school may be based on physical appearance, athletic ability, social class, academic performance, future goals, religious affiliation, ethnic group membership, or special talents.

Relationships with the opposite sex are taking on increasing importance. Dating behavior is most likely not related to a need to find a partner for life, but the dating experience helps clarify the adolescent’s sex-role identification. The peer group may serve as a buffer to anxiety associated with heterosexual relationships. By spending time in-group activities, there is less pressure on the dating relationship. Heterosexual friendships can grow and flourish within the context of a nonthreatening peer group.

Within the family, adolescents are showing overt signs of independence from home. They have cars; they may stay out late; they may have their own money; and they are making their own decisions about clothes and dating. One of the tasks at this stage of development is to achieve autonomy while preserving goodwill within the family (Newman & Newman, 2009).

DEVELOPMENTAL RESPONSES TO LOSS AND GRIEF

Some form of grief may be expected whenever any loss occurs. However, the way we express our grief, its duration and intensity, varies from one individual to the next and in the same individual at different times of life. Normal grief is healthy and should, under favorable conditions, lead to recovery, growth and adaptive change. Below are some descriptions of how children from four to eighteen may respond to loss and grief.

» *Four to Seven Year Old Children*

For these children, death is still seen as reversible. They have a tendency to personify death, seeing death as a person. They may feel responsibility because of certain wishes or thoughts they have had. Common statements are “It’s my fault. I was mad at her and wished she would die.” Responses to grief include a lot of verbalization. Children have a great concern about the process. They want to know how it happened and why it happened, and they engage in repetitive questioning.

Signs of distress are regression, nightmares, sleeping and eating disturbances, and violent play. There may be attempts to take on one or some of the roles of the person who died. For example, if a nurturing mother of the family dies, one of the older children or adolescents in the family may begin to nurture younger children in the family by performing some of the nurturing roles of the deceased mother.

Possible interventions include: allowing time and space for symbolic play and drawings/stories; allowing and encouraging expressions of sadness and feelings of anger; and TALK ABOUT IT (Black, 1998; Zubenko & Capozzoli, 2002).

» *Seven to Eleven Year Old Children*

For these children the concept of death may be viewed as punishment. They have a fear of bodily harm and/or mutilation and see this as part of the death process. These children are transitioning from seeing death as reversible to beginning to see it as final. Responses to grief include specific questioning with a desire for complete detail. They are concerned with how others are responding and with “What is the right way?” to respond. They want to know how they should be responding. They are beginning to have the ability to mourn and to understand mourning.

Signs of distress are regression, problems in school, withdrawing from friends, acting out, sleeping and eating disturbances, an overwhelming concern with the body, suicidal thoughts (desire to join the person who died), and role confusion (don’t know what their role should be now).

Possible interventions include: answering questions honestly but without overwhelming the child; encouraging the expression of a range of feelings; helping them understand the things they can control and the things they cannot control and allowing control of some part of their lives; and being available but allowing alone time; encouraging symbolic play; and TALK ABOUT IT (Black, 1998; Zubenko & Capozzoli, 2002).

» *Twelve to Eighteen Year Old Adolescents*

Adolescents have a more “adult” approach to death. They have the ability to abstract and are beginning to truly conceptualize death. They work hard at making sense of whatever teachings they have had about death. Responses to grief include depression, denial, and regression. They are more often willing to talk to people outside of the family and engage in traditional mourning.

Signs of distress are depression, anger (may have particular anger toward parents), non-compliance, rejection of former teachings as they relate to death, role confusion, and acting out. Possible interventions include: encouraging verbalization encouraging self-motivation in efforts to cope with grief. Listen. Be available. Do not attempt to take away grief. If they will talk with you, TALK ABOUT IT (Christ, Siegel & Christ, 2002; Zubenko & Capozzoli, 2002).

STRESS, COPING, AND RESILIENCE

When having a discussion with family members about problematic issues within the family, it is important for caretakers to understand the effects of stress on children and adolescents, methods for coping with these events, and what produces a more resilient child, adolescent, or adult who is able to “bounce back” from adverse circumstances without the effects of those circumstances producing long-term negative emotional, social, and physical consequences. Included below is a discussion of stress, coping, and resilience as they relate to children and adolescents. Some of the same information about stress reactions and coping mechanisms of children and adolescents apply to adults as well.

» Stress

For all of us, stress is the effect of anything in our lives which requires us to adjust. The adjustment may be in the amount of attention we have to give a stressful event, the way in which we must change our behavior to deal with the event, or the amount of energy we have to use to cope with the event. All of us have stress in our lives and two terms to consider when thinking about stress are *stress capacity* and *stress load*. *Stress capacity* refers to the amount of stress a person can carry. Because of individual differences, each person’s capacity for carrying stress is different. *Stress load* refers to the amount of stress a person has in his or her life. We would always want a person’s stress capacity to be greater than his or her stress load (International Federation of Red Cross, 2009).

There are many stressful challenges that we must face in our lives. Four major reactions to stressful challenges are:

- 1 Acceptance of changes in life which requires courage and resiliency.
- 2 Uncertainty, anxiety, and fear during or following a stressful event.
- 3 Avoidance of painful issues or painful feelings following a stressful event.
- 4 Grief and sadness following a loss.

An overarching theme when facing difficult challenges is our ability to find hope that we can meet the challenge and move ahead without a sense of guilt or inferiority that could lead to a feeling that we “can’t do it.”

There are four broad types of reactions to stress that may be experienced if stress is severe: physiological, emotional, cognitive, and behavioral.

» Physiologically	<i>Our bodies may react with headaches, stomachaches, or some other physical ailment</i>
» Emotionally	<i>We may respond with increased anger, anxiety, or depression.</i>
» Cognitively	<i>Our ability to concentrate and pay attention when needed may be interrupted. We may experience more negative thoughts or we may be worried or preoccupied more than usual.</i>
» Behaviorally	<i>We may yell at family or friends, or have other disagreements or conflicts at play, school, or work. We may also withdraw from others and spend more time alone.</i>

More specific reactions to stress include:

» Feeling of responsibility/guilt	<i>Children and adolescents may feel guilty because they take personal responsibility for the occurrence of a stressful event. An example would be when someone is “behaving inappropriately” in a car while someone else is driving, and an accident occurs with injuries to another passenger. The person who has been “behaving inappropriately” then feels guilty because he/she may feel responsible for the accident and any injuries that occurred.</i>
» Retelling	<i>After a stressful event occurs, many people want to tell and retell their stories about what happened because they may be trying to understand it better themselves. Children’s way of retelling the story about a stressful event may be through their play. Children’s play can reveal their perceptions and feelings about a stressful event, or they may want to talk about the event, or both. Children’s play themes can be an ongoing way of communicating what they are feeling or thinking.</i>
» Sleep disturbance	<i>Stress in people’s lives may result in their not being able to sleep, having interrupted sleep, experiencing nightmares, or sleeping too much.</i>
» Anger/aggression	<i>Family members may become angry following a stressful event and may verbalize anger or exhibit aggressive behavior toward others. Children’s anger may be displayed in their play. They may act aggressively toward parents, teachers, siblings, or peers.</i>
» Changes in behavior, mood, personality	<i>There may be a noticeable change in usual or routine behavior, personality, or mood. A normally outgoing child may become withdrawn. A child who is usually happy may become sad.</i>

» Somatic symptoms	<i>When exposed to a stressful event or to ongoing stress, a child may report physical symptoms such as headaches, stomachaches, or other physical complaints.</i>
» Fear and anxiety	<i>If stress is severe, a child may refuse to participate in usual activities, experience nightmares, or become “hypervigilant.” Hypervigilance includes constantly scanning the environment for possible danger and is an outward manifestation of internal fear and anxiety.</i>
» Regression	<i>Children may regress to an earlier stage of development. An example might be seen in a child who begins bed-wetting following a stressful event after not having had a “wetting accident” for a long time.</i>
» Separation anxiety	<i>Children in stressful situations may not want to be separated from their parents or caretakers.</i>
» Withdrawal/ avoidance	<i>The child may withdraw to a bedroom or someplace else where he or she feels safe. There also may be a tendency to avoid talking about or thinking about the stressful situation.</i>
» Loss of interest in activities	<i>Activities that the child or family member usually participated in and enjoyed may no longer hold interest.</i>
» Magical thinking	<i>Children may exhibit thoughts such as: “If I’m good, my dad won’t get sick again.”</i>
» Loss of ability to concentrate	<i>There may be a decreased ability to focus or concentrate on school or work, or on directions someone is giving.</i>
» Avoidance of school/ work and decline in school/work performance	<i>Grades may begin to fall. A former A/B student may be making Cs and Ds. An adolescent who has a job may not want to go to work or may not be able to do his or her work as effectively as in the past.</i>

(Stansbury & Harris, 2000; Fallin, Wallinga & Coleman, 2001; Dacey & Fiore, 2000)

» Coping

Children's efforts to cope involve changing the way they think and the way they behave in response to external or internal demands which are exceeding their resources to deal with them. Coping is anything a child may do to adjust to stressful challenges and demands. It is an adjustment made to reduce the negative impact of stress (Lazarus & Folkman, 1984).

All children have needs and all children have universal stressors. Their needs include relating to others, being competent, and being independent. Universal stressors include feeling neglected, having chaotic lives, and feeling forced to do things they do not want to do (Skinner & Wellborn, 1997).

There are two strategies for coping that children may use: emotion-focused coping and problem-focused coping.

Emotion-focused coping is directed toward children trying to manage their emotions through:

» Denial/Avoidance	<i>Children may deny that the stressful event ever occurred or they can avoid reminders of it.</i>
» Distraction or minimization	<i>Children may distract themselves or say to themselves, "It just wasn't that important. I really didn't care about it."</i>
» Wishful thinking	<i>This involves wishing the event hadn't happened or wishing for something better to happen in the future.</i>
» Self-control of feelings	<i>This means trying to control their sadness, anger, anxiety.</i>
» Self-blame	<i>Children often blame themselves for what happened, even though it was not in their control</i>
» Seeking meaning	<i>Children ask "Why did this happen?" and try to find meaning either in the event itself or in what happens after the event occurred.</i>
» Expressing/sharing feelings	<i>Telling someone about their feelings can help children cope; they may confide in an adult in their lives, a friend, a religious leader, a counselor, or a teacher.</i>

The two emotion-focused strategies that seem most helpful are seeking meaning regarding the event and expressing/sharing feelings (Compas et al, 2001).

Problem-focused coping includes efforts to change a person, the environment, or the relationship between the two. In effect, these are efforts to act on the source of stress to change the source in some way. This involves:

» Planned problem solving	<i>Children begin to think of everything they could possibly do to bring about change so that the problem can be managed and could include:</i>	
	» a. Thinking about a problem differently	<i>An example: "My friend may just be worried about something. She may not be mad at me."</i>
	» b. Coming up with alternative methods for problem-solving	<i>An example: "I am sad. I would like to feel happier. To help myself, I could go outside and ride my bike <u>or</u> I could tell my mom <u>or</u> I could read a book <u>or</u> I could call a friend and talk to her about it."</i>
	» c. Calming the self through self-talk	<i>An example: "I think I <u>can</u> do this. I can take a deep breath and relax and then I believe I will be able to do it."</i>
	» d. Addressing specific aspects of the problem	<i>An example: "I don't have many friends. What could I do to gain the friendship of the kids in my class? I could invite them over. I could work with them on a project. I could offer to share some cookies with them at lunch."</i>
» Confrontation	<i>Children can try to confront the person or situation with hopes of coming to a solution</i>	

(Compas et al, 2001)

» Resilience

For children, resilience means that they have the ability to positively adapt when faced with present or past problems or stress (Wright & Masten, 2005). Resilient children generally have certain characteristics. They are:

» A social/adaptable temperament	<i>When faced with difficult situations, some children are able to adapt to them while other children may “fall apart.” If a child has the ability to use social skills to his/her advantage, there is a better chance of adapting under difficult circumstances.</i>
» Strong cognitive abilities	<i>Children who are strong intellectually can use their intelligence to problem-solve in stressful situations.</i>
» Effective regulation of emotions and behavior	<i>It is important to try to maintain composure during stressful times. This includes being in control of emotions and the ability to control the urges to impulsively “act out.” Children who are able to exert this kind of control are likely to feel more confident that they are taking charge of the situation.</i>
» Positive view of self	<i>High self-esteem means that a child is more likely to feel confident and have a feeling of “I can get through this hard time.”</i>
» Positive outlook	<i>Many situations do not look very positive. If children can begin to see some positive things about the situation or about the future, they are less likely to focus on the negatives. This does not mean that they don’t see the negatives; they just choose to focus on the positives to help them cope.</i>
» Faith/sense of meaning in life	<i>Families of some children have instilled in the children a sense of a larger purpose in life. This could include religious beliefs or just a sense that the child has a purpose in the world.</i>
» Characteristics valued by society and self	<i>These characteristics could include intellectual abilities, talents the child possesses, a good sense of humor, or the ability to make friends.</i>

(Masten, Garmezy, Tellegen, et al., 1988)

Resilient children tend to come from families which can cope with difficult situations and adapt to them effectively as a unit. Any kind of change, particularly a stressful change, affects the whole family. There are also persistent stressors that don’t go away that families have to deal with. Examples are poverty, ill health, the aftermath of a disaster, frequent moves, or frequent changes of jobs/schools. These kinds of stressors create risks for children to develop emotional and behavioral problems, for conflicts in family relationships, and for the family to break down.

There are three keys to family resilience. These include: family belief systems, family organizational patterns, and family communication processes.

» Family belief systems	<i>Family belief systems help families make meaning out of adversity. Belief systems help families have more positive outlooks and come to a place of transcendence which means they have the ability to rise above the problem.</i>
» Family organizational patterns	<i>Organized families can better maintain flexibility in stressful times, can maintain connectedness with one another, and usually have more social and economic resources.</i>
» Family communication processes	<i>Communication processes within the family need to be clear, with open emotional expression and with the ability to problem-solve as a group.</i>

(Walsh, 2007)

Resilient families tend to have certain common characteristics. These include:

- » A stable/supportive home environment.
- » Parents who are involved in their child's education and activities.
- » Parents who have the same resilient characteristics as their child.
- » A family which has socioeconomic advantages.
- » Parents who have post-secondary education.
- » Families which have faith and/or religious affiliations.

Family members can serve as resources or can present impediments to coping. However, whether a resource or impediment, each family member serves as a model of coping for other family members (Masten, Garmezy, Tellegen, et al., 1988).

Finally, in the larger context, resilient communities have some common characteristics. These include:

- » Good quality neighborhoods.
- » Effective schools.
- » Employment opportunities for parents and teens.
- » Good public health care.
- » Access to emergency services.
- » Connections to caring adult mentors.
- » Positive peer associations.

Compas & Epping, 1993.

APPENDIX B

Guidelines for using RCI in an individual session with a child or adolescent

RCI can be adapted for use with an individual child or adolescent. RCI can help the child or youth participant identify thoughts, feelings, and coping strategies in response to emotional or psychological distress that they may be experiencing.

Facilitating RCI with an individual child or adolescent requires one RCI Facilitator who will lead the entire intervention and record the responses in the RCI Discussion Grid.

The steps followed to use RCI with an individual child or adolescent are similar to the steps followed to use RCI with a group.

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI WITH AN INDIVIDUAL CHILD OR ADOLESCENT

Step 1: Preparing for the RCI Session

Secure permission from a parent or caregiver for the child or adolescent to participate.

Print a copy of the RCI Discussion Grid for use in the session. See **page 6**. [!\[\]\(05be7c7a8995decd503647c99211f7c2_img.jpg\)](#)

Prepare RCI assessment tools for the participant to fill out before and after the session.

Step 2: Beginning the RCI Session

The Facilitator should introduce him or herself (if necessary) and tell the participant that the facilitator's job is to lead the discussion by talking with the participant about challenges or problems the participant is facing. You might say:

"It's good to see you today. I thought we could talk about a problem or challenge you may be experiencing and identify some coping strategies that you have used in the past or think you may want to use now. We will be using this RCI Discussion Grid to guide our time together today. As we go through each section in the grid I will be writing your responses."

The Facilitator should discuss RCI rules, which include:

- » Mutual respect between the child or adolescent and the Facilitator.
- » Turning off cell phones or other devices.

The Facilitator should also remind the child or adolescent that the things they discuss are confidential unless there is a discussion of serious harm to self or others, or if a judge were to subpoena information about the discussion.

Step 3: Identify the Problem

Assist the child or adolescent in selecting a problem to discuss by asking the participant to identify a particular concern or problem the participant is currently facing. You might say:

“To begin we are going to identify a concern or problem that you have and would like to discuss. Is there a challenge or problem you are experiencing that you would like to talk about?”

Once a problem is identified, write it above the RCI Discussion Grid so that it can be viewed by the Facilitator and the participant throughout the session.

Note: If the Facilitator is aware of a problem that needs to be discussed it can be presented by the Facilitator as the topic for the current RCI session.

Step 4: Describe the Problem and What Changed

After the problem has been identified, elicit a description of the problem by asking the child or adolescent to describe the problem. You might say:

If the problem identified is a specific event:

“Tell me about some of the things that have happened since (the event) occurred.”

If the problem identified is chronic or ongoing:

“Tell me about what happens when (problem occurs).”

Follow up the question with:

“How have things changed for you as a result of what happened or what is happening?”

Record responses under the “What Happened” and “What Things Changed” sections on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. ↴

Step 5: Explore Thoughts and Feelings

Ask the child or adolescent to identify his or her thoughts and feelings related to the identified problem. You might say:

“What thoughts and feelings do you have or are you having about what happened or is happening?”

“Have you had positive thoughts and feelings?”

“Have you had negative thoughts and feelings?”

If the child or adolescent is having a difficult time identifying thoughts and feelings you might ask the child or adolescent to imagine what others in similar situations may think or feel. You might say:

“How do you imagine a friend might think or feel about a situation like this?”

Record responses under the “Thoughts and Feelings” section on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. ↴

Step 6: Identify Problems Now

Ask the child or adolescent to identify what problems are currently going on as a result of the topic being discussed. You might say:

“What kinds of problems are going on now?”

Record responses under the “Problems Now” section on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. [!\[\]\(eafc244b53721dd1ec133f0772f70fc7_img.jpg\)](#)

Step 7: Brainstorm Options for Change

Encourage the child or adolescent to brainstorm possible ways to change the problems that were just identified. You might say:

“What are some possible ways you could try to change these problems?”

“What have you done to try and change these problems in the past?”

“What other things would you like to try to do to change these problems?”

“What do you think other children or adolescents might do to deal with these problems?”

Not all suggested options for change will be helpful, but all options should be written down as possible options for change.

Record responses under the “Options for Change” section on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. [!\[\]\(35dc653d59570f8f891c312eeece91a2_img.jpg\)](#)

Step 8: Considering Consequences

Once a variety of options for change have been presented, the Facilitator should read each option aloud and ask the child or adolescent if that option could be helpful and lead to a good outcome or harmful and lead to a negative outcome. You might say:

“As I read through each of these options for change that you identified, tell me if you think each option has the potential to be helpful and be good or be harmful and be bad.”

Record responses of “helpful” with a (+), “harmful” with a (-), and “both” as (+/-) on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. [!\[\]\(b538fe54c1f3a7343e37e85cc2d00497_img.jpg\)](#)

Step 9: Develop an Action Plan

Help the child or adolescent create an individual Action Plan by choosing from the helpful (+) options that have been generated. You might say:

“Are any of these helpful options that you might want to start using and put into a plan of action?”

Record the child or adolescent’s Action Plan under the “Action Plan” section on the RCI Discussion Grid. See an example of how to record these responses on **page xvi**. [!\[\]\(feabb98897b440bc8695a03336a6e2df_img.jpg\)](#)

Step 10: Commit to the Action Plan and Adjourn

Ask for verbal commitment to the Action Plan from the child or adolescent. If the child or adolescent and Facilitator will be meeting again, encourage the child or adolescent to implement their Action Plan between now and the next time they meet. You might say:

“Now that we have talked about what you would like to do as part of your plan of action, are you committed to doing this between now and the next time we meet?”

“Great. Next time we will discuss how things are going with your plan and if the plan is helping.”

If the child or adolescent and Facilitator are only meeting for one session, encourage the child or adolescent to implement their Action Plan and stick with it for as long as it works. You might say:

“Now that we have talked about what you would like to do as part of your action plan, are you committed to this plan?”

“Great. You can stick with this plan as long as it provides positive and helpful results.”

Thank the child or adolescent for their time and participation.

Keep a copy of the filled out Discussion Grid to guide future RCI sessions.

SAMPLE RCI INDIVIDUAL CHILD OR ADOLESCENT DISCUSSION GRID

Below is a completed discussion grid from an individual child RCI Session. This example is provided to show what an individual child RCI session might look like when written on the RCI Discussion Grid.

Problem: “I don’t have many friends”

Description of Challenge and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options for Change	Consequences Helpful? (+) Harmful? (-) Both? (+/-)
What Happened or What is Happening? I don't have any friends or kids to hang out with	Lonely “Why doesn't anyone like me?” “Everyone has a friend except for me”	I don't know how to make friends Everyone else is having fun except for me	Talk to my teacher about making friends Watch TV instead	(+) (-)
What Things Changed? I play by myself at recess. I don't think I have any friends anymore because of something I did.	“Everyone has a friend except for me” Scared “What's wrong with me?” Sad	I don't know how to play the games the kids play at recess	Try to meet one new person by sitting next to someone I don't know at lunch Bring candy for the kids who don't like me	(+) (+/-)
<p style="text-align: center;">ACTION PLAN</p> <p>Sarah: I will try to meet one new person by sitting by someone at lunch that I don't know.</p>				

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI FOLLOW-UP SESSIONS WITH AN INDIVIDUAL CHILD OR ADOLESCENT

As with group RCI sessions, follow-up sessions with an individual child or adolescent are encouraged. The steps for a follow-up session are similar to that of the original RCI session, with the exception that a copy of the RCI Discussion Grid from the previous session is needed for referral during the follow-up discussion.

Step 1: Review the Previous RCI Session

Using the completed RCI Discussion Grid from the previous session, talk through the responses in each section with the child or adolescent as a way to refresh what was discussed. You might say:

“The last time we talked, we talked about _____. We discussed some of the problems related to this issue. We also talked about possible options for change as well as which of these options for change might be helpful. Then you created an Action Plan to work on since the last time we met.”

Step 2: Allow the Child or Adolescent to Provide an Update

Have the child or adolescent discuss if he or she has been able to use the Action Plan and if the Action Plan worked. You might say:

“Were you able to try out your Action Plan since the last time we met? If so, has the Action Plan been helpful?”

Step 3: Determine if the Child or Individual is satisfied with His or Her Progress

Ask the child or adolescent if he or she is satisfied with the progress made on the Action Plan and the results of the Action Plan. You might say:

“It sounds like you would like to continue using your Action Plan and that you are already seeing positive progress. Be sure to keep using this plan and we can discuss how it is working for you the next time we meet together as a group.”

If the child or adolescent is satisfied with the results, skip to Step 5. If the child or adolescent is not satisfied, move to Step 4.

Step 4 (if needed): Revise Action Plan

If the child or adolescent is not happy with how the Action Plan worked or if the Action Plan proved to be too difficult to carry out, review the sections of the Discussion Grid from the previous session in more detail. You might say:

“Do we need to make any updates or changes to What’s Changed? Thoughts and Feelings? Problems Now? Options for Change? Consequences?”

“Do we need to change the Action Plan we created last time? If so, what would you like to change or adjust?”

“Are you willing to commit to this new Action Plan?”

Assist the child or adolescent in coming up with a new Action Plan.

Write the new Action Plan on the Discussion Grid

Discuss ways to implement the Action Plan.

Step 5 (if needed): Identify New RCI Topic

If the child or adolescent is satisfied with the results of the previous Action Plan, then the list of topics generated in the previous RCI meeting can be revisited to identify a new topic for this RCI session, or a brand new list of topics can be generated by the child or adolescent.

Start the RCI process again at the beginning.

SAMPLE RCI INDIVIDUAL CHILD FOLLOW-UP DISCUSSION GRID

Below is a completed discussion grid from an individual child follow-up RCI Session. This example is provided to show what an individual child follow-up RCI session might look like when written on the RCI Discussion Grid.

Problem: “I’m struggling to make and keep friends”

Description of Challenge and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options for Change	Consequences Helpful? (+) Harmful? (-) Both? (+/-)
What Happened or What is Happening? I am struggling to make new friends	Lonely “Why don’t more people like me?”	I don’t know how to make quality friends I’ve met people but we don’t hang out much	Talk to my teacher about making friends Stay home alone	(+) (-)
What Things Changed? I’ve started talking to a few new people, but I don’t feel close to them yet	Excited for a few possible friends “How can I make these friendships better?” Bored Sad	I don’t know how to play the games the kids play at recess	Focus on just getting to know the people I’m talking with instead of still trying to meet people Bring candy for the kids who don’t like me	(+) (+/-)
<p style="text-align: center;">REVISED ACTION PLAN</p> <p>Sarah: I will ask the people I’ve started talking with to play with me at recess and help me learn some of the games everyone plays.</p>				

APPENDIX C

Guidelines for Using RCI in a Session with Family Members

RCI can be adapted for use with a family to help family members identify thoughts, feelings, and coping strategies related to issues that may arise following a disaster, traumatic event, or problematic experiences as well as issues reflecting the usual stress of daily family life.

Facilitating RCI with a family requires one RCI Facilitator who will lead the entire discussion and record responses on the RCI Discussion Grid.

The steps followed to use RCI with a family are similar to the steps followed to use RCI with a group.

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI WITH A FAMILY

Step 1: Preparing for the RCI Session

Arrange chairs in a circle for the family members and facilitator.

Replicate the RCI Discussion Grid on a chalkboard or whiteboard large enough for the entire family to view. See page **page 6**. [↗](#)

Prepare RCI assessment tools for members of the family to fill out before and after the discussion.

Step 2: Beginning the RCI Session

The Facilitator should introduce him or herself and tell the family members that the Facilitator's job is to lead the discussion by talking with the family members, listening to them, and allowing them to talk with one another about a problem the family as a whole is facing. You might say:

"Today we want to talk about some of the difficulties or challenges you may be experiencing as a family. It can be helpful to talk about these issues as a family in order to share what is going on and to discuss any feelings and thoughts you may have resulting from these issues. We will also talk about coping strategies that you have used or think you might want to use to help yourselves feel better and meet these challenges or address these problems."

The Facilitator should discuss RCI rules of the group, which include:

- » Take turns when speaking, do not talk over each other, and be respectful of each other and the Facilitator.
- » Turning off cell phones or other devices.

The Facilitator should also remind the family members that the things they discuss are confidential unless there is a discussion of serious harm to self or others, or if a judge were to subpoena information about the discussion.

Step 3: Identify the Problem

Assist the family members in selecting a problem to discuss by asking them to identify a particular concern or problem they are all currently facing. You might say:

“To begin we are going to identify a concern or problem that you would like to talk about together. What suggestions do you have for a particular challenge or problem we could talk about together as a family?”

Examples of family problems might include financial stress, damage from a disaster, or anything that affects the whole family.

Examples of problems that should not be discussed include individual problems like one child’s behavior or marital relationship problems. If these topics come up, gently guide the family toward a different topic and remind them that this discussion should focus on something that affects the entire family.

Once a problem is identified, write the problem above the RCI Discussion Grid so that it can be viewed by the family throughout the session.

Note: If the Facilitator is aware of a problem that needs to be discussed it can be identified by the Facilitator as the topic to discuss during the current RCI session.

Step 4: Describe the Problem and What Changed

Elicit a description of the problem by asking the family members to describe the problem. You might say:

If the problem identified is a specific event:

“Tell me about some of the things that have happened since (the event) occurred.”

If the problem identified is chronic or ongoing:

“Tell me about what happens when (problem occurs).”

Follow up the question with:

“How have things changed for you as a result of what happened or what is happening? How have things changed for your family?”

Record the summarized responses under the “What Happened” and “What Things Changed” sections on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. [!\[\]\(41aea2746216b27a6939d696d8e035da_img.jpg\)](#)

Step 5: Explore Thoughts and Feelings

Ask the family members to identify their thoughts and feelings related to the identified problem. You might say:

“What thoughts and feelings do you have or are you having about what happened or is happening?”

“Have you had any positive thoughts and feelings?”

“Have you had any negative thoughts and feelings?”

If the family members have a difficult time identifying their thoughts and feelings, ask them to imagine what other families in similar situations might think or feel. You might say:

“How do you imagine other families might think or feel about a situation like this?”

Record responses under the “Thoughts and Feelings” section on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. [↗](#)

Step 6: Identify Problems Now

Ask the members of the family to identify any continuing problems that are currently going on as a result of the topic that is being discussed. You might say:

“What kinds of problems are going on now?”

Record responses under the “Problems Now” section on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. [↗](#)

Step 7: Brainstorm Options to Change

Help the family members brainstorm possible options to change the problems that have been identified. You might say:

“What are some possible ways you could try to change these problems?”

“What have you done to try and change these problems in the past?”

“What other things would you like to try to do to change these problems?”

“What are things other families in this situation might do?”

Not all suggestions for options for change will be helpful, but all options should be written down as possible options for change.

Record responses under the “Options for Change” section on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. [↗](#)

Step 8: Considering Consequences

Once a variety of options for change have been identified and written on the RCI Discussion Grid, the Facilitator should read each option aloud and ask if each option could be helpful and lead to a good outcome or harmful and lead to a negative outcome. You might say:

“As I read through each of these options for change that you identified, tell me if you think each option has the potential to be helpful and good or be harmful and bad.”

Record the responses as “helpful” with a (+), “harmful” with a (–), and “both” as (+/–) on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. [↗](#)

Step 9: Develop an Action Plan


Assist family members in establishing an individual and a family Action Plan from the helpful (+) options that have been generated.

The individual Action Plan should include at least one behavior that each family member commits to doing on his or her own to cope with the problem. You might say:

“After we leave this family discussion, are there any of these helpful options that you might want to start using and put into a plan of action? What options for change could you see yourself putting into action to help yourself? Let’s go around the circle and everyone identify an option for change that they could use.”

The family Action Plan should include at least one behavior that all family members can agree that they will all do in order to cope with the problem. You might say:

“What options for change could you do together as a family and put into a plan of action to help one another?”

Record the individual Action Plans and the family Action Plan under the “Action Plan” section on the RCI Discussion Grid. See an example of how to record these responses on **page xxiv**. 

Step 10: Commit to the Action Plan and Adjourn

After establishing the Action Plans, ask family members for a verbal commitment to trying out the individual and family Action Plans.

If the family members will be meeting again with the Facilitator, encourage the family to implement their Action Plans between now and the next meeting. You might say:

“Now that we have talked about the options you would like to put into a plan of action, is everyone committed to doing these things between now and the next time we meet?” (Go around the circle and get verbal commitment from each group member.) “Great. Next time we get together we will discuss how things are going with your plans and if the plans are helping.”

If the family members are only meeting for one session, encourage the family to implement their Action Plans and stick with them for as long as they work. You might say:

“Now that we have talked about the options you would like to put into a plan of action, is everyone committed to using these?” (Go around the circle and get verbal commitment from each group member.) “Great. After you try these new action plans you can stick with them as long as they provide positive and helpful results.”

Thank the family members for their time and participation.

Keep a copy of the filled out Discussion Grid to guide future RCI sessions. One way to do this would be through taking a picture of the Discussion Grid with a camera or cell phone or transcribing the Discussion Grid on a separate piece of paper.

SAMPLE RCI FAMILY DISCUSSION GRID

Below is a completed discussion grid from a family RCI Session. This example is provided to show what a family RCI session might look like when written on the RCI Discussion Grid.

Problem: “A flood damaged our house.”

Description of Challenge and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options for Change	Consequences Helpful? (+) Harmful? (-) Both? (+/-)
What Happened or What is Happening? The lower level of the house flooded. The whole first floor of the house was destroyed.	Worried about the cost of the repairs Sad about the loss of belongings “At least we are all safe” Lonely from living in a new neighborhood	Everyone has to stay in the same room and it’s crowded Mom and dad have to drive farther for work No friends for the kids to play with in the neighborhood	Ask the kids in the neighborhood if they would like to play Make sure to visit pet every few days Plan activities as a family both with Grandpa and Grandma and outside the house	+ + +
What Things Changed? Family is staying with Grandpa and Grandma. Whole family must stay in one bedroom. The dog is staying at a kennel until the house is repaired.	Happy about spending extra time with family Thankful for a place to stay Frustrated at the inconvenience Missing time with dog	More fighting because of living so close The family dog, Brownie, is being boarded and is missed	Yell when frustrated Find ways to save money Find a more convenient way to drive to work and school	- + +
<p style="text-align: center;">ACTION PLANS</p> <p>Mom: Will talk to the kennel to see when it is okay for the family to visit their dog and plan a few trips for the children to play with him.</p> <p>Dad: Will find an alternate way to work so that they can save money on gas and spend more time with the family instead of driving.</p> <p>Morgan: Will ask the kids in the neighborhood if they would like to play a game with her and her brother.</p> <p>Alex: Will plan an activity to have fun with the whole family and Grandpa and Grandma.</p> <p>Family: The whole family will try to speak in a normal tone of voice when irritated with each other. They will take a deep breath and think about what they are about to say if they are angry and will choose words carefully.</p>				

STEP-BY-STEP INSTRUCTION FOR FACILITATING RCI FOLLOW-UP SESSIONS WITH A FAMILY

The set-up for an RCI Follow-up Session is similar to that of a regular RCI Session with the exception that the Discussion Grid from the previous RCI Session will need to be available for referral during the follow-up discussion.

Step 1: Review the Previous RCI Session

Review the responses in each of the sections of the RCI Discussion Grid from the previous session as a way to remind family members what was discussed. You might say:

“The last time we talked, we talked about _____. We talked about possible options for change as well as which of these options for change might be helpful and then you created an Action Plan to work on since the last time we met.”

Step 2: Allow the Family to Provide an Update

Have the family members discuss how both the individual and family Action Plans worked, if they were able to implement them. You might say:

“We are going to go around the circle so that each of you can give us an update on your Action Plan. Tell us if you have had a chance to try out your individual Action Plan or the group Action Plan since the last time we met. If so, has the Action Plan been helpful?”

Step 3: Determine if the Family is satisfied with their Progress

Ask the family members if they are satisfied with the progress they made on the individual and family Action Plans and the results of the Action Plans. You might say:

“It sounds like you all would like to continue using your Action Plan and that some of you are already seeing positive progress. Be sure to keep using these plans and we can discuss how they are working for you the next time we meet together as a group.”

If the family members are satisfied with their progress skip to Step 5, if they are not satisfied with their progress move on to Step 4.

Step 4 (if needed): Revise Action Plan

If the family members are not happy with how their Action Plans worked or if the Action Plans proved to be too difficult to carry out, review the Discussion Grid generated from the previous session and determine if and where changes are needed. You might say:

“Do we need to make any updates or changes to What’s Changed? Thoughts and Feelings? Problems Now? Options for Change? Consequences?”

“Do we need to change the Action Plan we created last time? If so, what would you like to change or adjust?”

“Is everyone willing to commit to this new Action Plan?”

Assist family members in coming up with new or revised Action Plans.

Write the Action Plans on the Discussion Grid. See example on **page xxvii**. [!\[\]\(a870788d6ed9b8fd294b7654a8c8526b_img.jpg\)](#)

Discuss ways to implement the Action Plans.

Step 5 (if needed): Identify New RCI Topic

If the family members are satisfied with the results of their Action Plans the list of topics generated in the first meeting can be looked at for a topic for the new RCI session or a brand new list of topics can be generated.

Start the RCI process again at the beginning.

SAMPLE RCI FAMILY FOLLOW-UP DISCUSSION GRID

Below is a completed discussion grid from a family follow-up RCI Session. This example is provided to show what a family follow-up RCI session might look like when written on the RCI Discussion Grid.

Problem: “A flood damaged our house.”

Description of Challenge and Changes that Followed	Thoughts and Feelings about Event and Changes that Followed	Problems Now	Options for Change	Consequences Helpful? (+) Harmful? (-) Both? (+/-)
The lower level of the house was flooded and the first floor was destroyed.	Worried about the cost of the repairs and what it costs to replace belongings	The longer we stay the more crowded staying in one room feels	More time could be spent out of the house trying to do fun activities	+
What Things Changed?		Driving further for work is costing extra money	Public transportation may be able to help some of the driving costs	+
The family is staying in one bedroom at grandpa and grandma's house.	Thankful for a place to stay	The kids made new friends but still miss their old friends	Continue making new friends in the neighborhood	+
The dog is staying at a kennel until the house is repaired.	Frustrated at the inconvenience	Fighting is still occurring more frequently than normal	Yell and scream in fights to make the point heard	-
	Missing time with dog	Brownie, the dog, is still at the kennel	More time could be spent with Brownie, the dog.	+
<p style="text-align: center;">REVISED ACTION PLANS</p> <p>Mom: Talked to the kennel about visiting the dog. Will try to take the children to play with him twice a week.</p> <p>Dad: Found an alternative way to work and school but it is still expensive. He will continue to look for alternate routes and if public transportation may help cut costs.</p> <p>Morgan: Will continue to develop the friendships that were made with those in the neighborhood.</p> <p>Alex: Planned an activity that was fun for the family. Will plan another activity for the whole family to spend time with Grandpa and Grandma.</p> <p>Family: Will continue to speak in normal tones and take deep breaths before speaking when they are angry.</p>				

APPENDIX D

Sample Schedule for Administering Resilience and Coping Intervention (RCI) Assessment Instruments

Before First RCI Session:		
Youth	Parent	Group Leader (Provider)
Demographic Form (1 page)	Parent Assessment of Youth Form (1 page)	Provider Assessment of Youth Form (1 page) – <i>One form completed for each youth in group</i>
Youth Assessment Form (4 pages)		
After Every RCI Session:		
Youth		Group Leader (Provider)
What I Learned Form (2 pages)		Provider/Group Leader Session Report Form (4 pages)
		Provider/Group Leader Evaluation of RCI (2 pages)
After Final RCI Session:		
Youth	Parent	Group Leader (Provider)
Youth Assessment Form (4 pages)	Parent Assessment of Youth Form (1 page)	Provider Assessment of Youth Form (1 page) – <i>One form completed for each youth in group</i>

Youth Demographic Form

Please answer the following questions.

Are you a boy or a girl? _____

How old are you? _____

What grade are you in? _____

What is your ethnicity/race? Please check all that apply.

☐ White/Caucasian

☐ Black/African American

☐ Spanish/Hispanic

☐ American Indian

☐ Asian or Pacific Islander

☐ Other (Specify): _____

Youth Assessment Form

Coping Checklist

Sometimes people have problems or feel upset about things. When this happens, they may do things to solve their problems or to make themselves feel better.

For each item below, circle the answer that BEST describes if you have done that thing **OVER THE LAST SIX MONTHS** to solve your problems or make yourself feel better.

Over the last six months I have:	No	Yes, a little	Yes, a lot
1. Thought about which things are best to do to handle my problems.	No	Yes, a little	Yes, a lot
2. Thought about what I need to know so I can solve my problems.	No	Yes, a little	Yes, a lot
3. Tried to make things better by doing something or changing something.	No	Yes, a little	Yes, a lot
4. Thought about why my problems have happened.	No	Yes, a little	Yes, a lot
5. Asked God to help me understand my problems.	No	Yes, a little	Yes, a lot
6. Tried to think about only the good things in life.	No	Yes, a little	Yes, a lot
7. Told myself my problems are not worth getting upset about or that they will soon be over.	No	Yes, a little	Yes, a lot
8. Reminded myself that things could be worse.	No	Yes, a little	Yes, a lot
9. Done something like draw a picture to let out my feelings.	No	Yes, a little	Yes, a lot
10. Cried.	No	Yes, a little	Yes, a lot
11. Done some exercise like bicycle riding, playing sports, skateboarding, or roller skating.	No	Yes, a little	Yes, a lot
12. Done something to take my mind off my problems like play videogames, listen to music, watch TV, or read a book.	No	Yes, a little	Yes, a lot
13. Tried to stay away from my problems by staying away from people or things that make me upset or by going to my room.	No	Yes, a little	Yes, a lot
14. Tried not to think about my problems.	No	Yes, a little	Yes, a lot
15. Wished that things were better or hoped that they will get better.	No	Yes, a little	Yes, a lot
16. Talked with someone in my family or with a friend to figure out what I can do.	No	Yes, a little	Yes, a lot
17. Talked with somebody about my feelings.	No	Yes, a little	Yes, a lot

Strengths and Difficulties

Below is a list of items that describe how people may behave. For each item below, circle the answer that BEST describes if you have done that thing **OVER THE LAST SIX MONTHS**.

Please answer all items as best you can even if you are not absolutely certain.

Over the last six months I have:	No	Yes, a little	Yes, a lot
1. Had trouble doing what I am told.	No	Yes, a little	Yes, a lot
2. Worried.	No	Yes, a little	Yes, a lot
3. Been unhappy or sad.	No	Yes, a little	Yes, a lot
4. Had trouble finishing the things I started.	No	Yes, a little	Yes, a lot
5. Had trouble paying attention.	No	Yes, a little	Yes, a lot
6. Had trouble with my feelings overall.	No	Yes, a little	Yes, a lot
7. Had trouble getting along with other youth overall.	No	Yes, a little	Yes, a lot

Hope

Below is a list of items that describe how people may think about their lives or the future. For each item below, circle the answer the best describes if **OVER THE LAST SIX MONTHS** you have felt the same way as described in that item.

Please answer all items as best you can even if you are not absolutely certain.

Over the last six months I have felt like:	No	Yes, a little	Yes, a lot
1. I do not have good luck and probably will not when I grow up.	No	Yes, a little	Yes, a lot
2. When things go wrong, I know they will get better.	No	Yes, a little	Yes, a lot
3. All I can see ahead of me are bad things, not good things.	No	Yes, a little	Yes, a lot
4. I have enough time to finish the things I really want to.	No	Yes, a little	Yes, a lot
5. Things just do not work out the way I want them to.	No	Yes, a little	Yes, a lot
6. I will have more good times than bad times.	No	Yes, a little	Yes, a lot
7. I do not think I will have any fun when I grow up.	No	Yes, a little	Yes, a lot
8. There is no use in trying to get something I want, because I probably will not get it.	No	Yes, a little	Yes, a lot

FINISHED. THANK YOU.

Parent Assessment of Youth Strengths and Difficulties

Below is a list of items that describe how youth may behave. For each item below, circle the answer that BEST describes if your child has done that thing **OVER THE LAST SIX MONTHS**.

Please answer all items as best you can even if you are not absolutely certain.

Over the last six months my child has:	No	Yes, a little	Yes, a lot
1. Had trouble doing what he/she is told.	No	Yes, a little	Yes, a lot
2. Worried.	No	Yes, a little	Yes, a lot
3. Been unhappy or sad.	No	Yes, a little	Yes, a lot
4. Had trouble finishing the things he/she started.	No	Yes, a little	Yes, a lot
5. Had trouble paying attention.	No	Yes, a little	Yes, a lot
6. Had trouble with his/her feelings overall.	No	Yes, a little	Yes, a lot
7. Had trouble getting along with other youth overall.	No	Yes, a little	Yes, a lot

FINISHED. THANK YOU.

Provider/Group Leader Assessment of Youth

Youth Strengths and Difficulties

Below is a list of items that describe how youth may behave. For each item below, circle the answer that BEST describes if the youth you are reporting on has done that thing **OVER THE LAST SIX MONTHS**.













































Please answer all items as best you can even if you are not absolutely certain.

Over the last six months the youth has:	No	Yes, a little	Yes, a lot
1. Had trouble doing what he or she is told.	No	Yes, a little	Yes, a lot
2. Worried.	No	Yes, a little	Yes, a lot
3. Been unhappy or sad.	No	Yes, a little	Yes, a lot
4. Had trouble finishing the things he or she started.	No	Yes, a little	Yes, a lot
5. Had trouble paying attention.	No	Yes, a little	Yes, a lot
6. Had trouble with his or her feelings overall.	No	Yes, a little	Yes, a lot
7. Had trouble getting along with other youth overall.	No	Yes, a little	Yes, a lot

FINISHED. THANK YOU.

What I Learned

Please read each statement about the Resilience and Coping Intervention exercise and then circle one answer to indicate whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with that statement.

Do you strongly agree, agree, disagree, or strongly disagree with the following statement:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I liked being a part of the group discussion.				
2. I felt safe during the group discussion.				
3. I felt I was a part of the group during the group discussion.				
4. I felt better after the group discussion.				
5. I learned about the problems in my life.				
6. I learned about other group members' problems.				
7. I learned about my own feelings.				
8. I learned about other group members' feelings.				
9. I learned about helpful choices I can make when I face problems.				
10. I learned about how parents can help me cope with problems.				
11. I learned about how the group leader can help me cope with problems.				

FINISHED. THANK YOU.

Provider/Group Leader Session Report Form

Name of Staff Member: _____

Date _____

1. Did you finish the RCI session? ☐ YES ☐ NO

a. If you did NOT finish the session, why not (please describe)? _____

2. Use a check mark to indicate whether you did not begin, completed (as described in the protocol), completed with modifications, or did not complete each of the following components of the RCI exercise.

Exercise component:	Did not begin	Completed	Completed with modifications	Did not complete
a. Discussed a specific problem with children.				
b. Discussed youth's emotional reactions to a specific problem.				
c. Discussed youth's thoughts about a specific problem.				
d. Discussed what really happened during a specific crisis or problem.				
e. Listed youth's responses on a board.				
f. Discussed choices and best choices related to a specific problem.				

3. Please describe why you did not begin or complete any exercise components that you did not begin or complete. _____

4. Please describe how and why you modified any exercise components that you modified. _____

5. For any of the exercise components you modified or did not complete, did this interfere with the delivery of the intervention (circle one)? ☐ YES ☐ NO

a. If YES, how did it interfere? _____

6. What worked well this session? _____

7. What parts of the session did *the youth* have trouble with? _____

a. How did you address the things the youth had trouble with? _____

8. What parts of the session did *you* have trouble with? _____

a. How did you address the things you had trouble with? _____

9. Please describe anything unusual that happened during the session. _____

10. What would you suggest to improve the RCI exercise? _____

11. Prior to this session, how many times have you led a RCI session? _____

12. Did any other staff members or volunteers help you conduct this RCI session (circle one)? YES NO

a. If yes, how many staff members or volunteers helped you? _____

13. How long was this RCI session? _____

14. Please list the names of all the youth who participated in this RCI session:

Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____
Name _____	Study ID: _____

Provider/Group Leader Evaluation of RCI

Please read each statement about the **Resilience and Coping Intervention (RCI)** and then circle one answer to indicate whether you Strongly Disagree, Disagree, Agree, or Strongly Agree with that statement.

Do you Strongly Disagree, Disagree, Agree, or Strongly Agree with the following statement:	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. I understand when to use RCI.	1	2	3	4
2. I understand who should receive RCI.	1	2	3	4
3. RCI is easy to use.	1	2	3	4
4. I understand the written instructions for using RCI.	1	2	3	4
5. I am able to follow the instructions for RCI.	1	2	3	4
6. I can conduct RCI in 40 minutes or less.	1	2	3	4
7. RCI is effective with children who have experienced a crisis in the community.	1	2	3	4
8. RCI is effective for children from diverse backgrounds.	1	2	3	4
9. RCI works well in kids and youth programs.	1	2	3	4
10. Children understand the purpose of RCI.	1	2	3	4
11. Parents understand the purpose of RCI.	1	2	3	4
12. Youth are able to use the RCI intervention approaches.	1	2	3	4
13. Youth are able to apply the RCI approaches to other problems.	1	2	3	4
14. The RCI protocol is helpful.	1	2	3	4
15. I would use RCI with other youth.	1	2	3	4
16. I would use RCI with other kinds of problems.	1	2	3	4

Please answer the following questions.

17. The best aspects of RCI are: _____

18. RCI would be better if: _____

19. Please share other comments/suggestions about RCI. _____

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