



# More than a Dream

*Consultant Clinical Psychologists Fiona Kennedy and David Pearson have worked alongside Vishal Talreja on developing a mentoring programme for disadvantaged young people in India. CBT Today invited the three of them to discuss the programme's work and achievements, as well as the lessons it offers for other initiatives in global mental health*



Adversity has profound effects on child development and mental health. India, for example, has 160 million children living in poverty. Disadvantaged children are often significantly physically smaller. In 2006, 48 per cent of all children under five years old were stunted in their growth. The effects of malnutrition and neglect go further than this. When a child's physical development falls below the expected trajectory on a growth chart, their growth slows and psychological development slows or stops. Cognitive, behavioural, emotional and attachment problems commonly result.

'psychosocial competence'. It suggests 10 core life skills: decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions, and coping with stress.

Since 1998, Dream A Dream has been delivering its programmes to disadvantaged children and young people who are often rescued from life on the streets, housed in shelters and educated in poorly provisioned government schools. One such programme sought to mentor young people using volunteers from local



Dream A Dream is a non-governmental organisation based in India that uses sport, creative arts and work-readiness programmes to increase the life skills of children and young people, which in turn can help ameliorate the effects of adversity. The World Health Organisation provides guidance on life skills education to promote



companies, but it soon transpired that the mentor-mentee relationship was prone to breaking down. Mentors struggled to understand the behaviour of young people in their care. Often overwhelmed and confused, the mentees could not comply with the mentors' well-intentioned demands, so became passive or just did not turn up. The mentors became disillusioned and gave up.

When development stops, this is known as 'failure to thrive': this can be caused by malnutrition or simply by lack of affection and care. Psychological development has sensitive or critical periods, the time of maximum potential for acquiring certain skills. Failure to thrive can mean these periods go by without the skills being acquired. Later 'catch up' is difficult. Take, for example, a child who was abandoned at the time of her life when she should have been acquiring speech. Even if she were later adopted by a caring family, it could take many years before she could speak, while speech problems would also continue in later life.

Profound psychological problems can occur as a result of failure to thrive, including attention and memory problems, the development of unhelpful attitudes and beliefs, sensitivity or insensitivity to stress, lack of self-soothing, self-harm, social withdrawal, and an inability to tolerate closeness or attaching too quickly. Readers may notice these are similar to problems central to personality disorder in adults.

Our CBT contributions to Dream A Dream have included developing and delivering training to staff and volunteers based on the above formulation. The training manual is divided into seven half-day sessions along with homework (skills practice). Information on failure to thrive and its consequences is not widely available, so the first half of each session is devoted to explaining and illustrating the journey from adversity to mental health problems.

Part of the manual is devoted to skills development for mentors. Based on



CBT and DBT, including acceptance (validation), and behaviour analysis and change, these sessions use modelling and role play to teach mentors to manage the relationship, build an attachment and empower the young person to solve problems.

The Life Skills Assessment Scale, a standardised published scale we developed, along with qualitative data, has shown great improvements in life skills acquisition as compared with other young people not receiving the mentoring programme. Over the past seven years, around 1,500 mentors have been trained and gone onto mentor approximately 3,000 young people. Many are now young adults with jobs and relationships, and an ongoing connection with the mentor that helped them so significantly at a time of transition.

It may prove possible over time to bring CBT to the developing world using existing models of delivery. Given the vast prevalence of adversity and failure to thrive, however, this type of targeted service using volunteers with no mental health background is an option we believe has the potential to match the challenges posed by the sheer size of the problem.



For more information on Dream A Dream, please visit <http://dreamadream.org>

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