

Instructions for mental health professionals: using the five short videos with youth

These videos are low-intensity, skills-based supports you can embed in routine sessions with displaced youth. They are not a clinical treatment and do not replace PFA, therapy or crisis interventions. If a participant is in danger, expresses intent to self-harm, or deteriorates during a session, end the exercise and follow your service's crisis pathway. Participation is always voluntary, and youth may pause or stop at any time. No audio or video recording is permitted, and all feedback is handled confidentially in line with GDPR.

Before you run a session

Set up a quiet space with a clear two-metre square for standing or seated work, and have water available. If using a VR headset, preload the videos, keep headphone volume moderate, and disable Wi-Fi if bandwidth is unstable; headphones are optional. Begin with a brief mood check, confirm the right to stop at any time, and collect baseline measures such as a 0–10 stress rating and the WHO-5.

Choosing the right video

Match the state you observe to the mechanism each video trains. When anxiety and physiological arousal are high, use a paced-breathing clip (Triangle or Square) to down-shift the autonomic response. When rumination dominates, use the “Cinema” meditation to practice cognitive distancing. When tension or numbness shows up in the body, use the Body-Scan to build interoceptive awareness. When the young person is overwhelmed, spaced out, or triggered, switch to the Grounding Exercise to re-orient to the present. Rotate which video you start with week-to-week to reduce order effects.

Safety and consent guardrails

Monitor for cybersickness signs such as sweating, nausea, or dizziness; stop immediately, move to seated grounding, and remove any headset. If the “Cinema” practice brings up strong emotion, pause, help the participant re-orient with a five-senses grounding sequence, and debrief. Record any incident in your log and escalate serious events to your site lead within 24 hours. Remind participants they can withdraw consent for photos, skip questions, or end participation without consequences.

A 60-minute template you can adapt

Open with a two-minute check-in and a quick stress rating. Run one to three videos in short blocks with micro-pauses, then close with a short cool-down and a post-session rating. A common sequence is paced breathing, body scan, cognitive distancing, grounding, then a short second breathing clip; insert one-to-two-minute breaks for eye rest and water, and note a favourite and least-helpful video at the end.

Contraindications and adjustments

For breathing videos, avoid long holds with respiratory or cardiac conditions and during pregnancy; shorten counts or remove holds if needed. For body scans, be cautious if interoception is a trigger; you can shrink the scan to neutral zones like hands and feet. For the “Cinema” meditation, keep exposure brief if trauma content is active, and use it only for manageable worries; do not process traumatic memories in this format. In all cases, stop if distress rises or dizziness appears, and switch to grounding.

How to deliver each video

Triangle Breathing Exercise

Use when the young person feels wired, impatient, or pre-performance jitters are present. Invite an upright, relaxed posture. Coach one cycle out loud—inhale through the nose for a slow count of three or four, hold for the same count, exhale gently through the mouth for the same count. Run six to ten cycles, cueing softness in the shoulders and jaw. Normalize adaptation: if holds feel tight, shorten or omit them. Micro-debrief with “What changed in your body?” and capture a post-clip stress rating. This is an effective opener or reset mid-session.

Square Breathing Exercise

Use when sustained focus is needed or test anxiety is strong. The pattern is inhale–hold–exhale–hold at equal counts (for example, four). Encourage tracing an imaginary square with the eyes or finger to anchor attention. Keep to four to six cycles to avoid light-headedness, and scale counts down for comfort. Debrief briefly on perceived calm and ease of following the pace, and suggest one real-world cue (for example, waiting for public transport) to practice before the next visit.

Body-Scan Guided Meditation

Use when somatic tension, sleep problems, or a sense of disconnection is present. Offer seated or lying posture. Invite attention from crown to toes, noticing contact, temperature, and tension without forcing change. When tension is found, pair a longer exhale with the idea of softening. Keep language concrete; if distress rises around certain regions, skip ahead to neutral areas like calves and hands. Close with a gentle re-orientation to the room and a question about any “surprising” areas that felt different.

“Cinema” Guided Meditation (worry-as-movie)

Use when worries loop but are not acutely traumatic. Ask the youth to picture a cinema screen; the worry plays as a short film while they sit in the audience. Coach distance: notice images and sound, resist stepping into the scene, and practice turning down the “volume” or slowing the “playback.” Keep it brief, then blank the screen and return to the room with a grounding cue. If emotion surges, stop, remove any headset, orient to the space, and shift to the grounding video. Debrief on what they observed rather than content details, and link to everyday situations where “observer mode” could help.

Grounding Exercise

Use whenever overwhelm, dissociation, or dizziness appears, or as a closing clip to consolidate regulation. Prompt present-time orientation: name the date and location, press feet into the floor, feel contact points, scan for five colours or five objects, and breathe with longer exhales. This is your safety net—keep it available at all times, and teach it explicitly as the go-to if a home practice ever feels too intense.

Micro-debriefs and integration

After each clip, ask one body-based question (“What sensation is most noticeable now?”) and one function-based question (“What could you do next that would feel doable?”). At session end, collect a brief preference and ease-of-use rating, and invite a plan for practice between sessions that fits daily routines. If part of the evaluation cohort, capture the post-session stress score and weekly WHO-5 as specified in your site procedures.

Documentation and evaluation

Keep an attendance sheet and demographics only as required by your site, record pre- and post-session stress ratings, and note any adverse events, pauses, or early stops with reason and resolution. For pilots, aim for repeated exposure over multiple weeks and monitor retention; serious incidents are reported to the site ethics lead within 24 hours. Aggregated results should be used to decide which videos to keep, adapt, or retire before wider rollout.

Working with consent and youth rights

Before participation, ensure a consent form has been discussed, questions answered, and choices recorded. Reiterate that participation is voluntary, stopping is always allowed, there are no penalties for skipping any element. Invite the young person to say “pause” or raise a hand if they need a break.

When to escalate or refer

Escalate immediately if there is active suicidal intent, command hallucinations, severe dissociation, or prolonged physiological distress that does not resolve with grounding. For persistent worsening across sessions, move from self-regulation skills to a full clinical assessment and create a safety plan, drawing on your local referral pathways. The videos are intended as adjunctive skills within a broader psychosocial plan, not as stand-alone therapy.

Age range and context

The piloting framework targets displaced youth aged 14–29. Tailor pacing, length, and language to the individual. Maintain the option to pause or remove the headset at any moment and to withdraw from the project without any negative consequences.

Quick in-session rescue if someone feels worse

Stop the video and invite eyes open. Name five things you can see, four you can feel, three you can hear. Plant both feet firmly, press palms to thighs, and take three slow breaths with longer exhales. Offer water, and only resume if the young person wants to and appears settled; otherwise, end with the grounding video or close the session.

Closing note

These instructions translate the project's guidelines and consent requirements into day-to-day practice steps you can use immediately. Adapt pacing and language to each person, keep safety and choice at the centre, and document what you observe so the team can keep improving the tools.