Community-based psychosocial support

Trainer's book

A training kit

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Front page photo:
Tomas Bertelsen/Danish Red Cross.
A psychosocial programme in Sri Lanka
engaging children in play.

The Participant's book is part of the
Community-based psychosocial support
A training Kit

The training kit includes:
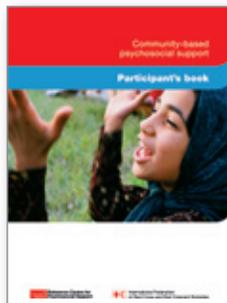
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Participant's book
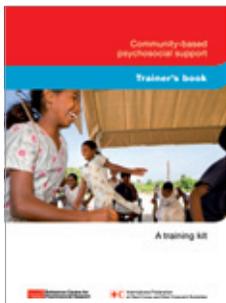
Trainer's book

Training resources

Psychosocial
interventions
A handbook

FOREWORD

In a time of crisis, psychosocial support is not an optional extra; it is an obligation. The International Federation Reference Centre for Psychosocial Support has worked to improve the psychosocial well-being of beneficiaries, staff and volunteers since 1993.
Over time, we have learned that it is crucial to strengthen psychosocial capacity globally, in order to respond to natural disasters, conflicts and health-related issues. To achieve this, we are focusing on the following strategic directions: operational assistance, capacity building to National Societies, competence building of staff and volunteers, advocacy and knowledge generation, and policy and strategy development.

The Community-based psychosocial support. A training Kit is part of our efforts to facilitate capacity building of National Societies as well as competence building of staff and volunteers. We hope that it will be a useful tool for the Red Cross and Red Crescent Movement, as well as for other stakeholders in the field of psychosocial support.

Nana Wiedemann
Chief Editor and Head of International
Federation Reference Centre for Psychosocial Support
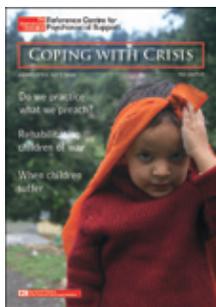
At the website of the International Federation Reference Centre for Psychosocial Support www.ifrc.org/psychosocial you can find additional training materiale and subcribe to the quarterly newsletter Coping with Crises and the monthly e-newsletter.

ACKNOWLEDGEMENTS

Content

Introduction

Over the years Red Cross and Red Crescent staff and volunteers have provided support to people affected by crisis events and have responded to human suffering in many different ways. Providing help to vulnerable people through psychosocial activities requires trained staff and volunteers.

Training in psychosocial support may be delivered as a discrete package or may be included as a component of existing programmes in, for example, disaster preparedness, first aid or social welfare. However it is delivered, this type of training seeks both to strengthen the quality of care for beneficiaries and to provide sound support for staff and volunteers.

This Trainer's book has been developed by the International Federation Reference Centre for Psychosocial Support (PS Centre) to enhance understanding of the training process itself and to function as a practical tool in that process. It builds on experience that the Red Cross Movement has gathered over the last decade from psychosocial work all over the world.

The Trainer's book provides instructions on how to train workshop participants in the community-based psychosocial support modules located in the Participant's book. All seven modules in the Participant's book can be used as a complete training programme on basic psychosocial support skills.

Alternatively single modules can be used for more specific training needs. All guidance for trainers as well as the text in the participant's modules and power point slides is general and will need to be adapted to the particular cultural context the training is conducted in.

The Trainer's book includes the following:
- **How to plan psychosocial support training** gives suggestions for two different kinds of trainings (training of trainers and basic training) and lists issues to consider when planning the training in the context of a given National Society or Branch Office.
- **The learning process in a psychosocial context** contains reflections on adult learning processes and points out issues that are specific for learning and supporting learning in a psychosocial context.
- **Preparing for a workshop in psychosocial support** gives advice on how to prepare in advance, how to work with an interpreter and what practicalities to consider.
- **Conducting the workshop** provides the trainer with tips about how to give a workshop a good start, how to manage different teaching methods (e.g. presentations, discussion with participants) and how to recap and evaluate on completion of the training.
- **Trainer's book and PowerPoint** presentations are the concrete teaching aids developed for each training module, which

provide the trainer with learning objectives, suggestions for discussion topics and activities, as well as PowerPoint slides and speaker's points to guide presentations. Handouts to be used during training sessions can be found after each module.

- **Training resources,** a CR-ROM, contains Participant's book, Trainer's book, PowerPoints slides, a master PowerPoint (for you to create your own slides), Psychosocial interventions. A handbook and the PS Centre's DVD, "Rebuilding Hope," that can be used to introduce the theme of the training. Should you want to make an adapted version of the training material, please get in touch with the PS Centre.

Visit the web-site of the PS Centre

The PS Centre works in partnership with other services of the Red Cross Red Crescent in order to serve the psychosocial needs of individuals and communities. The PS Centre has a large database with psychosocial support publications, which is accessible from the website www.ifrc.org/psychosocial where you can find additional background information, as well as additional training material and cases etc. To stimulate new ideas you can also subscribe to our quarterly electronic newsletter, Coping with Crisis, and our monthly e-newsletter.

If a National Society is not able to identify a local trainer, the PS Centre can provide assistance with finding a trainer and advice on training programmes.

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Using the Trainer's book and PowerPoint presentations

People differ in how they assimilate information. Visual presentations, interactive exercises and short teaching slots will all help in meeting different learning styles. Varying training methods and reviewing training content in a number of different formats will help participants to maintain their interest and integrate learning.

The trainer's notes to the modules combine activities, speaker's notes and oral presentations, supported by PowerPoint presentations. Ideally participants will have read the text in their Participant's book beforehand and will be prepared for the workshop, but it will still work well if they have not.

The structure of the modules is as follows:
- The learning objectives constitute the overall aims of the module.
- The introduction where you as facilitator set the scene, introduce the topic and motivate participants into the learning process.
- Each module contains suggestions for speaker's points, activities and group work corresponding with the objectives of the module.
- The modules end with a recap activity and repetition of the objectives.

Each module can stand alone or be a part of a longer workshop with several modules included. Training should be adapted to local settings with case stories, scenarios and pictures from the context where the workshop is held. This can be done in the sessions, activities and PowerPoint presentations. All activities, group work and presentations will need to be adapted to the specific cultural context.

Activities and discussions
In the trainer's notes, a number of activities are suggested for each module. These are designed to help participants understand the relevance of the training to their own situations, and to broaden their view of their work through interaction with other group members. Simply remove the ones you do not want to use.

The trainer's notes also contain suggestions for discussions with participants. Trainers can use these to encourage participants to contribute to a discussion, based on their own personal experience. The intention is to share experiences and stimulate reflection and awareness rather than come to conclusions. According to the needs and interests of each group, different discussions from those listed in Trainer's book can be chosen.

How to plan a psychosocial support training

In preparing a workshop in psychosocial support, it is important to consider:
- what level of training is required
- what goals need to be met
- how knowledge and skills will be integrated in the field.

TRAINING OF TRAINERS (TOT)

A Training of Trainers (ToT) workshop is recommended, if there is little previous knowledge about psychosocial support in a particular National Society, and where a large number of people need to be trained.

A ToT workshop trains participants about the topic of psychosocial support and in skills required to train other people (usually volunteers) in psychosocial support. This workshop can be structured in different ways, based on the needs of the National Society. However we usually recommend that a ToT workshop is completed in not less than 5 days. A ToT should be carried out by a Master Trainer. The PS Centre can support the National Society in finding a suitable Master Trainer.

Participants should preferably be from a health, mental health, social welfare or disaster preparedness background. The ideal number of participants per ToT workshop is between 12 -18. Advise the National Society to recruit participants who have opportunity to train others in the community.

A ToT should be seen as a starting point: Participants are indeed encouraged to plan future trainings during the course of a ToT.

In a ToT, participants are able to:
- become familiar with psychological and social reactions, needs and interventions, respecting relevant and appropriate cultural frameworks
- plan a variety of interventions that are sensitive to local circumstances
- plan a training session and deliver it within the ToT workshop
- adapt materials to the local context if supplementary handouts are needed. Additional time will need to be allocated for this.

A PSYCHOSOCIAL SUPPORT TRAINER SHOULD IDEALLY POSSESS THE FOLLOWING SKILLS AND KNOWLEDGE

- Mental health background or a good understanding of social work, psychology, psychiatry or mental health nursing
- Knowledge of the Red Cross Red Crescent
- Knowledge of working conditions in the field
- Training/facilitation skills and knowledge of adult education
- Skills and experience in caring for others

The Master Trainer usually facilitates the first 3-4 days, while participants (i.e. future trainers) have the opportunity to facilitate the last 1-2 days. One or two days are also needed to adapt the training and materials to the local context.

BASIC TRAINING

This training aims to provide a basic introduction to psychosocial support. Participants may come from a variety of backgrounds, and not necessarily a health, mental health or social welfare background. The length of this training can vary depending on the needs of participants and the request for training. The preferred maximum number of participants per training is 18. The person conducting basic training should have completed ToT training.

In this training the participants are able to:
- become familiar with psychological and social reactions, needs and interventions, respecting relevant and appropriate cultural frameworks
- plan a variety of interventions sensitive to local circumstances.

THE TRAINING CONTEXT

For a training to be useful, it should not happen as an isolated event. It needs to be planned together with other initiatives strengthening psychosocial support interventions organized by the National Society in question and be integrated into future strategic planning.

Some issues that can be raised with or within the organisation are:
- Why does the National Society or Branch Office want this training and why now? Who will participate and how will participants use their new skills?
- How will the training be followed up? Is there somebody in the National Society/ Branch Office who will be responsible for using newly gained skills of staff or volunteers in any programmes or projects?
- If the training is a ToT, have future trainers agreed and set time aside to conduct training of others? How will these trainings be organized? Who will participate?
- Can any additional or refresher courses be planned?

The training should also be adapted to the specific geographic and cultural context. The trainer must not only have a thorough knowledge of the material in this manual, but should also know something about psychosocial needs and programmes in the society/region where the training takes place. Explore whether leaflets, pamphlets or information relevant to psychosocial support have been circulated in the area and review them.

To make the training even more specific to the group, trainers should draw on their own experiences and that of colleagues and local networks. Examples of good practice in psychosocial support projects and current needs for psychosocial support programmes will also help apply activities and discussions into practice.

GOAL SETTING

Concrete goals for training should be mutually agreed upon between the trainer and the National Society or Branch Office, so that expectations are realistic. Once the training starts, these goals should guide the process. The goals should reflect what kind of knowledge and skills participants will demonstrate at the end of the training.

Formulate goals that are SMART:
- **S**pecific and clear– there should be no doubt as to what the goals mean
- **M**easurable – a chievement should be measurable in some way, i.e. requiring participants to demonstrate a certain level of knowledge at the end of the training e.g. through a test
- **A**ttainable – identify goals that participants may achieve taking their background and experience into consideration
- **R**ealistic – they must be relevant to the materials at hand
- **T**imely and possible – the time schedule, the materials at hand and the facilities should be organized such that participants can achieve their aims

GOAL FOR TRAINING
A useful goal
At the end of session 1 participants should be able to identify and explain the principles of psychosocial support.

A poor goal
At the end of the session participants will have read the chapter on psychosocial support.

Completing training and follow-up

At the end of the training, participants' certificates are presented, stating which modules have been covered and the length of the training course. They also indicate if the training provided is basic training or training of trainers or another more specialized kind of training. It is recommended, when giving the initial Training of Trainers (ToT) to discuss the mechanisms for refresher courses, the provision of supervision etc. There is usually a policy on follow-up and quality assurance, outlined within the First Aid guidance. If possible, try to follow the same principles when implementing the psychosocial support training. You can use the format from the FA certificates for the psychosocial training certificates. If in doubt, do not hesitate to get in touch with the PS Centre.

The learning process in a psychosocial context

A training workshop is a unique opportunity to share knowledge and skills, but success may not be assumed. Training in psychosocial issues particularly poses some extra challenges since participants may be reminded of personal experiences that are painful or traumatic. This section gives recommendations about training strategies that have been proven to be effective for adult learning and discusses the process of training and learning about psychosocial issues.

ADULT LEARNING

Adults, when presented with new information, do not automatically assimilate and apply it to their own world. Learning is about understanding new information, linking it to current and past experiences and adapting it to one's own life or work situation. Adults often learn best in the following circumstances:

- when the learning starts from their own reality, building on their experiences
- when the learning achieves identified goals
- when the learning methods are varied
- when the learning is relevant to their daily lives or is meaningful for the future
- when the learning can be put into effect immediately.

DIFFERENT WAYS OF LEARNING

There are three basic kinds of learning styles: visual, auditory and kinaesthetic learning. Most people tend to prefer one style more than the other two. The trainer needs to take this into account when planning a training session.

Visual learners learn best by seeing information – words and numbers printed in text form, pictures, maps, graphs or other visual aids. Visual learners can make "movies in their minds" of information they read and often pay close attention to the body language of others (facial expressions, eyes, stance, etc.)

Auditory learners learn best by listening and talking – listening to someone present information and by being allowed to discuss the topic and ask questions. Auditory learners can remember quite accurately details of information they hear during conversations or lectures. They can carry on interesting conversations and can articulate their ideas clearly.

Kinaesthetic learners learn best by carrying out a physical activity. These are the "hands-on learners" or the "doers" who actually concentrate better and learn more easily when bodily sensations are involved – feeling the body, moving the body etc. They realize through doing – building physical models or participating in role-playing is a good way for them to incorporate information.

A training workshop should always remain "learner-centred", which means that participants have an active role, reflecting on issues being presented and discussing them with the other participants. The trainer functions more as a facilitator of learning, rather than as a teacher. He or she moderates discussions and contributes ideas and points of view. The trainer may also suggest note-taking at certain points, since this can be a good way of structuring thoughts and feelings, when working with experience-based learning.

Relating the training topics to participants' lives and work situations is essential when conducting training in psychosocial support. It moves the learning process from being pure knowledge acquisition towards the integration of new skills. Training is then less academic and more relevant for everybody. At the same time, it places high demands on the trainer's people skills.

SUPPORTING PARTICIPANTS

The facilitator must "walk the talk". He or she must demonstrate good listening skills, to reassure participants and to activate emotional support within the group, especially when dealing with sensitive issues as is often the case when the training is about psychosocial support.

It is the responsibility of the trainer to ensure that:
- Confidentiality is maintained. Let participants know that what is said in the classroom stays in the classroom. It is recommended that ground rules are agreed. This way, participants are able to define what is important for them, when they talk about sensitive issues or personal experiences during the training.
- Participants are encouraged to air their views and concerns and to discuss different points of view. Emphasize that everybody has the right to speak, but nobody is under any obligation. Some participants may not speak up regarding specific (sensitive) issues, but this does not mean that they are not listening or are not learning anything. Be aware of possible gender differences (for example, women often find it easier than men to talk about sensitive subjects).
- Participants who show signs of discomfort are offered reassurance, encouragement, support or advice, as appropriate.
- Each individual member of the group should feel valued. Through their contributions to the group discussions, participants will hopefully gain a sense of ownership of the process and this process can be further enhanced if the trainer acknowledges input provided.

Remember that when talking about individual feelings and reactions, nothing is right or wrong. The way people speak and react to each other is important. Try to guide participants so that misunderstandings are avoided or cleared up. One way to do this is to ask the group if others share the same stories, reactions or feelings.

HOW TO DEAL WITH STRONG EMOTIONAL REACTIONS

Examples and case studies used during training sessions might remind participants of personal experiences. During activities and discussions participants will often be encouraged to draw upon their own experiences, which might evoke painful memories or reactions. Alternatively, you may choose to encourage participants to discuss stories and reactions of friends and family, in order not to provoke painful memories and emotions. Do not probe participants' experiences. Let them control how much they tell and concentrate as a facilitator on signalling how stories, thoughts and feelings come to resolution.

Sudden associations with difficult experiences that have not been fully processed can provoke strong reactions, e.g. sadness, frustration, and maybe sometimes tears and anger. This may seem frightening initially. But it may provide the opportunity to demonstrate ways of responding to difficult feelings. Your discretion as a trainer will determine whether it is appropriate to deal with such issues in the presence of the whole group. Sometimes it is better to do this individually.

If you feel it is appropriate to respond within the group, and there is sufficient time, give the participant the necessary space to react and listen to what they say. Good questions to ask might be: "What was it especially in this story, that...? What did you do when ...? How did it affect you when/that...?" Another very helpful response is to acknowledge the reactions and normalize them: "Thank you for sharing such difficult reactions/memories. I'm sure we all understand how difficult this has been. Most people would find it extremely painful to go through such a situation."

If time is limited, you may suggest that the affected person can link up with another participant, or the trainer can offer to spend some time during a break to follow up with the person. If necessary let the participant leave the room, but make sure someone accompanies them. Talk to all the participants about the occurrence right after it has happened. If the affected participant leaves the room, wait until he/she returns. Make the situation as comfortable as possible and acknowledge that these things can be difficult at times. Ask if any of the participants would like to share any feelings related to this. Hopefully, when these kinds of occurrences arise, they will be dealt with positively. This will reassure participants that it is okay to feel touched or emotionally affected and that this can be handled safely within a group context.

Preparing a workshop in psychosocial support

A training workshop needs to be planned well in advance. It can often take up to two months and maybe even longer if translation of materials is needed. There are many practical things to attend to. Some of the most important issues are described below.

INFORMATION ABOUT THE PARTICIPANTS

Try to obtain as much information as possible about workshop participants ahead of time. A questionnaire sent in advance to participants should request information about the following:

- age and sex
- language proficiency
- educational background
- experience of working in the field of psychosocial support or related areas
- experience with the Red Cross Movement
- previous training experience (for future trainers)
- experience of working with volunteers (for future trainers)
- issues participants would like to see addressed at the workshop. Additionally, you can ask participants to prepare a case study (based on a true story) or to write a personal account that illustrates the areas that are challenging in their daily work. This ensures that the training addresses local issues
- expectations of the workshop

Along with the questionnaire, general information about the workshop can be circulated, setting out the purpose of the workshop etc. This will also be the opportunity to explain that psychosocial support training explores sensitive issues which may provoke unfamiliar emotions.

It is best to have questionnaires returned to the trainer prior to the workshop to allow for additional preparation time. Be prepared to modify the agenda or the materials to meet participants' expectations, where this is relevant. Try to ensure that participants prepare for the workshop by reading and reviewing the relevant modules.

ORGANIZING THE WORKSHOP

An example of a workshop planner can be found in Annex 3. It outlines how a training workshop in basic psychosocial support based on modules 1-7 might be organized. Please note that the workshop planner should only serve as an example of how to structure the timeframe and training methods. Every trainer needs to plan a schedule according to needs and context.

Equipment

The National Society or the Local Branch might not have a budget to purchase support materials or have all the equipment needed. In some cases you might need to provide all the materials yourself. Remember to print

out handouts, case material or other relevant materials that need to be given to the participants during the workshop.

Equipment that is usually useful includes:
- Laptop and projector or overhead projector for PowerPoint or overhead presentations
- TV and videos or DVDs that introduce central themes of the workshop
- Flip charts, pens, post-it notes for group work

Time frame

Use normal working hours that people are used to locally for the duration of the workshop each day. Allow flexibility in the schedule – in case things get delayed (e.g. the projector does not work or a relevant discussion is started that was not planned for). Many short study sessions are usually better than one long one. Remember to schedule time for personal communication and fun and take advantage of the best time of day for the most important work.

Food and beverages

Find out how food and beverages will be organized – when is it suitable to have lunch and coffee breaks and how will it be available? Ask to have water or other beverages available in the training room.

Classroom setup

Think about how to set up the classroom. Do you want the participants to sit in a traditional classroom setup or in a U-shape, in groups or otherwise? Whatever arrangement is made, make sure all participants can see the trainer and screen/blackboard/flipchart easily. Sitting in a circle can be very effective when working with sensitive and difficult topics, as it puts everyone on the same level, reducing the power imbalance which can exist in a training situation.

Think also about whether participants should have tables in all sessions. Having a table makes note-taking and sharing written materials easier; not having one may encourage a more participatory approach and makes it easier to get up and engage in role-plays etc.

Conducting the workshop

This section looks at the different stages of a workshop and gives practical tips on conducting each stage in a productive manner. These recommendations apply to most training programmes, though there are some specific pointers about psychosocial support training.

THE INTRODUCTION

The first day is essential to the success of the workshop. It is important to start on a positive note. The participants need to get comfortable with their surroundings and have time to get to know each other and the trainer. If this is in place, participants will have the chance of developing trusting working relationships, increasing their confidence in sharing personal, sensitive information during the course.

Welcome participants personally as they register and make introductions. Make sure that nametags for participants are available. Depending on local custom use first names if at all possible.

Participants should work together on the ground rules of the group and the trainer's expectations of them. For example:
- Let participants know that they are invited to share their experiences and skills and that this is valuable.
- Encourage participants to ask questions whenever they are confused or do not understand something.

- Let participants know that feedback is helpful to everyone in the group.
- Confidentiality: In a workshop like this, building trust is essential. Many personal stories will be shared, just as participants may expose themselves emotionally. It is important to agree that everything that is shared within the group will remain confidential. Everybody that can agree to this unbreakable rule should raise their hand. If someone cannot agree, they should not take part in the training (You should of course ask why they cannot agree!).
- Ask the participants to turn off their mobile phones – if this is not possible, to put them on silent mode out of respect for each other. If a participant is in the middle of a personal story, it can be very frustrating to be interrupted by a ringing phone and might result in the person withdrawing.
- Emphasize punctuality. Let participants know that the workshop will start and end on time as long as they return promptly from breaks and lunch.
- Provide participants with a time schedule (flexible) for the whole programme. This should give a clear indication of how the sessions will be run indicating breaks and timing. Make it clear that it may be perceived as disrespectful, if you leave the room while another participant is sharing a personal experience. If participants need to leave the room at any time, for 'comfort breaks' for example, make an agreement with the group how this can be done with least disruption to everyone.

Set the standard by opening the meeting with a personal introduction, talking about your own personal characteristics, background, why you believe that this is an important topic. It might be a good idea to include a personal story about becoming aware of the importance of psychosocial support. This will hopefully motivate the participants and after this you can move on to icebreakers.

A more informal way of starting the workshop is by using an "icebreaker" activity so people get to know each other and feel comfortable being there. Suggestions for icebreakers are listed on page 26.

The trainer can suggest that the group(s) should have a name – this can help establish group identity. The participants can agree on the name together.

Explain that learning about psychosocial support involves learning about psychological processes and relating to personal feelings, experiences and memories. This may sometimes lead to a member of the group becoming emotionally affected and this is understandable and acceptable.

Spend some time in presenting the overall programme and discuss it carefully with participants. Check on expectations and agree on changes, where appropriate.

WORKSHOP ACTIVITIES
Presentations

Training usually includes presentations of various kinds. Engaging and maintaining attention is key here. Here are some tips:

Introduction: Grasp the attention of the group, by referring to a recent major event in their community, telling a short story or maybe by starting with a joke.
Topic: Narrow it down so that it can comfortably and adequately be covered within the time allotted.
Organisation: Select two or three main points that explain the central idea and develop each point with supporting material.
Supporting materials: Gather materials (from books, journals or by drawing from own experience) in order to support your points. Look for interesting items, such as examples, statistics and quotations. Access the PS Centre website for resources.
Summary: End with a conclusion that wraps up the presentation and repeats the central concept.

Group work

Group work allows participants to exchange ideas, experiences and views and deepens their understanding of the task and theme of the group work. Group discussions after a group activity also give participants a chance to reflect on the process of the activity and their own contribution to it. Ideally rooms should be arranged so that groups are not overheard or observed by facilitators. Ask each group to designate one member as timekeeper and another as note-taker, when giving instructions for the task.

Role play

Role play gives participants the opportunity to collaborate, engage actively, tackle different situations and try new ways of behaving. Some participants prefer taking part in role play, being more reluctant to contribute in group work and plenary discussions. The use of role play varies the training and ensures that different learning formats are used. When preparing for role play, make sure to give detailed notes on every role and if possible use printed handouts. When asking participants to work in groups, where possible, designate one member as timekeeper, one as note-taker and one as observer. When there is an uneven number of participants to form pairs or groups, make sure to designate a specific role for each participant.

Log book

A log book is a useful tool for participants to note their opinions, thoughts, questions and reflections on a given theme. The writing process helps participants clarify their own views. A log book can also be used to note ideas for future actions. When using a log book, for example after a presentation, ask participants to log their thoughts and reactions before sharing with another participant or with the group. This gives them time to prepare themselves before speaking.

Plenary sessions

Apart from presentations and group activities, the workshop should allow for discussions in plenary as well as for question and answer sessions. In plenary sessions, information and views are exchanged across the whole group. Encourage participants to contribute by asking for comments, feedback or questions, so everyone feels included.

QUESTIONS AND ANSWERS

The training process includes checking whether participants understand course content. This can be done by asking questions in different ways. Posing questions about participants' own experiences on a given topic is one way to encourage active participation and learning, and allows participants to ask questions freely. It helps them to follow up on things that they find important. The trainer must have a thorough knowledge of the material and be prepared to answer any questions about it. Below are some tips for conducting effective question and answer sessions:

Asking questions

Think in advance about when to pose questions. Think about different types of questions – questions that check understanding as well as questions that motivate participants. Each question should focus on a single, clearly defined topic. Address a question to all participants. Call on a willing participant to respond. Avoid asking questions rapidly or answering your own questions immediately.

Dealing with participants' responses

Listen sensitively to what is being said and focus on the participant who is speaking. Maintain eye contact and give non-verbal messages to indicate attentiveness – open posture, reinforcing gestures, head nods. Do not interrupt, but watch for signals that may indicate another learner's desire to respond.

It is important to acknowledge responses with encouragement, and to reinforce what is right and acceptable in incomplete answers. Use diplomacy with incorrect answers. The participants' self-esteem is very important and gives immediate and specific feedback. A tip is to ask the opinion of other participants: 'Do you agree with this, do you share the same feelings?'

Answering participants' questions

A trainer receives many questions during a course and it is important that all questions are taken seriously and that nobody feels ignored or silly. This is even more important when the training topic is psychosocial support. Do not be put off if the question is difficult. Do not take the question personally. Ask yourself what it is that the person really wants to know. Is there a question behind the question? Confirm or clarify the question if necessary. Direct the question to the participants if it is appropriate – someone might be able to provide a good answer. Take your time to formulate a response, and try to answer in such a way that it includes everyone.

Issues may be raised or questions asked that are important to address but it may be difficult to deal with them at the time they are raised. To ensure that things are not forgotten, it is useful to post a 'Parking Lot' flip chart on the wall where issues for discussion are recorded.

THE RECAP

One of the objectives of a good training programme should be to enable participants

POSSIBLE REASONS FOR DIFFERENT TYPES OF RESPONSES

No response
- Was the question too complex?
- Is the environment safe?
- Were learners paying attention?
- Are participants tired and unable to concentrate?

Irrrelevant response
- Was the answer given out of a personal need to draw attention?
- Was the response given in order to save face as the participant couldn't answer?

Guesses
- Was there not enough time to think?
- Was there pressure to say something?
- Was the question confusing?

Incorrect response
- Was the question misunderstood?
- Was it too complex?
- Was it worded in a confusing way?
- Were several questions asked at once?
- Does the learner have incorrect information?

to apply knowledge and skills to their work environment. Leaving group members exhausted through information overload does not promote enthusiasm for tackling the job. Participants need to feel that the experience has been rounded off, or completed. For this purpose, the final session of summary, review and evaluation is essential, and should not be rushed.

Take time with participants to do a recap of the whole programme and ask them to revisit any parts of the programme. The recap allows everyone to check understanding, as well as to ensure that all points have been covered adequately. Take care that no one member of the group takes up a significant part of the time available for this discussion. It is important that everyone participates in this process.

To allow for future communication between participants, a list may be circulated where participants may agree to give their contact details. The completed list will then be copied and circulated on departure.

EVALUATION

Evaluation of the training programme provides the trainer with feedback, clarifying whether objectives were realistic and expectations achievable. Feedback contributes to the quality of the training over time and is an aid to the trainer's professional development.

An example of an evaluation questionnaire is included in Annex 5. This can be used to gain an overview of how participants found the course. A questionnaire is useful but there is also a case for getting more immediate and personal feedback through an evaluation session with the training group.

Questions that participants might address in group discussion include:

- To what extent has your knowledge of psychosocial support increased?
- To what extent has the workshop met your expectations?

- To what extent were the goals of the workshop achieved?
- How accessible were course materials? What was particularly useful? Where were difficulties?
- What pleased you during the course?
- What suggestions do you have for improving the course?
- Name the three most important things that you have learnt.
- Name the one most significant experience that you have had during the training.

A good relationship with participants allows the trainer to ask for comments and to encourage constructive criticism.

If both a questionnaire and feedback through plenary are used, hand out the questionnaire first, otherwise the discussion in plenary might influence participants' answers.

Saying goodbye

After having spent up to five days together, it is likely that participants will feel a bond with one another. Personal stories have been shared and vulnerabilities may have been shown. Consequently, just as you say goodbye to a dear friend, take time for departure and saying goodbye.

Icebreakers

Unique characteristics

Divide the group into pairs and give participants a few minutes to interview each other about their lives and interests. Gather the entire group and let each participant introduce their partner by name and share at least two unique characteristics about them.

Your favourite things

Divide the group into pairs and ask participants to tell each other their favourite food or name the animal they feel best describes them and why. This information is subsequently shared with the group when participants introduce their partners.

Ball toss

Form a circle with participants and toss a soft ball around the circle. Participants state their name as they catch the ball. After a few minutes, when catching the ball, ask them to call out the name of the person who tossed the ball to them. This activity can also be used throughout the course by substituting a quick information exchange for people's names. For example, the trainer may ask, "what are the guiding principles for a successful psychosocial support programme?" or "what are the seven principles of the Movement"? The ball is tossed around the circle and participants call out an answer as they catch the ball.

Nametags

Prepare a nametag for each participant and place the nametags in a box. Each participant picks a nametag from the box. Participants locate the person whose nametag they drew and they introduce themselves. This is especially useful for larger groups of 20 or more.

Fact or fiction

Ask each person to write down four statements about themselves, one of which is not true. Each person takes turns reading their list aloud and the rest of the group writes down the one they think is not true. When all are done reading the lists aloud, the first person reads their list again and identifies the statement which is not true. The group should compare their written responses with the correct answers.

The magic wand

Ask the participants what they would do if they just found a magic wand that allowed them to change three things. How would they change themselves, their job, their home, an important project, etc.? This activity helps the group to learn about others' desires and frustrations.

More icebreakers can be found at Reproline – Reproductive Health Online, an affiliate of John Hopkins University: http://www.reproline.jhu.edu/index.htm

Notes

CRISIS EVENTS AND PSYCHOSOCIAL SUPPORT

LEARNING OBJECTIVES

Participants should be able to:
- understand what constitutes a crisis event
- understand what constitutes psychosocial support
- discuss psychosocial supports in terms of the IASC guidelines
- describe how Red Cross Red Crescent volunteers and staff work

INTRODUCTION

This module defines crisis events and introduces the idea of psychosocial support. It uses the IASC guidelines to illustrate different levels of need. The role of volunteers and staff in the psychosocial field is discussed.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 1

Crisis events and psychosocial support

- Different types of crisis events
- What affects the impact of crisis events
- Psychosocial support and its purpose
- The role of volunteers and staff in psychosocial support
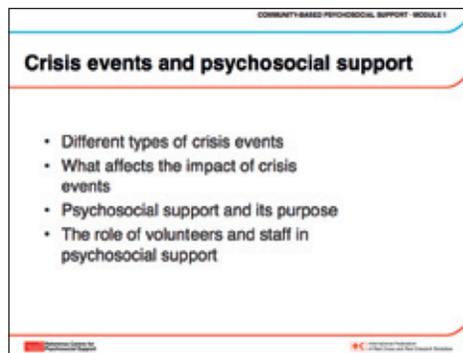
Case study

Helping plane crash survivors in Peru

On 23 August 2005, a plane crashed near the Pucallpa Airport and caught fire. The Peruvian Red Cross responded to the accident, which occurred when the pilot of the plane was forced to land due to bad weather conditions. 12 volunteers from the Peruvian Red Cross were sent to the site of the accident to take care of the 52 survivors. Many of the survivors were in a bad condition – either seriously burnt or with arm and leg fractures. Manuela Seijas Pérez, the leader of the volunteers, said that the volunteers worked in close cooperation with the fire brigade, the national police and the health department in the search for survivors and throughout the rescue operation.

Introduce the session and highlight the learning objectives:
- what defines a critical event
- what psychosocial support is
- how we respond to different levels of need using the IASC guidelines
- the role of staff and volunteers in the psychosocial field

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ACTIVITY 1.1
Plenary discussion

Purpose
To learn what defines crisis events and what are common reactions to crisis events.
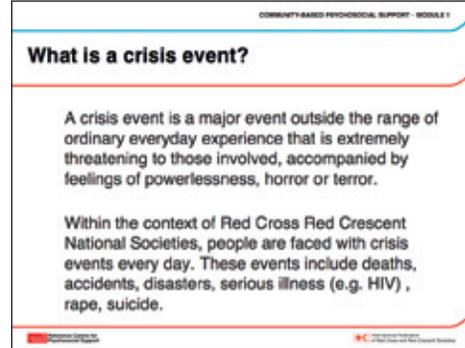
Material required
Case study (see the case study from Peru) or use a DVD, preferably from the cultural context the training is held in.

Procedure
Explain the purpose of the activity to participants.

Discussion questions
It is part of the human condition to experience crisis events in one's lifetime. What reactions to crisis events have you seen in others or experienced yourself? What made the event critical? How did others or you react? What made the biggest impression?

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COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 1

What is a crisis event?

A crisis event is a major event outside the range of ordinary everyday experience that is extremely threatening to those involved, accompanied by feelings of powerlessness, horror or terror.

Within the context of Red Cross Red Crescent National Societies, people are faced with crisis events every day. These events include deaths, accidents, disasters, serious illness (e.g. HIV) , rape, suicide.

Page 18-19 in handbook

DIFFERENT TYPES OF CRISIS EVENTS
Give a brief introduction regarding crisis events, addressing individual and community levels.

'A crisis event is a major event outside the range of normal everyday experience that is extremely threatening to those involved, usually accompanied by feelings of powerlessness, horror or terror.'

Characteristics of crisis events:
- sudden
- powerful
- usually outside the range of ordinary human experience
- with a strong emotional effect on people
- may overwhelm the usually effective coping skills of an individual or group

Go through the different types of critical events where RC RC does pyschosocial work. Examples of natural disasters, armed conflict, health related crisis, psychological first aid are mapped on the slide.

1. Bam/Pakistan – Earthquake
2. Beslan – School hostage crisis
3. Zimbabwe/Southern Africa – HIV or AIDS
4. Bulgaria – Hotline and counselling for trafficked women
5. Palestine AT/OT– Children affected by armed conflict
6. Colombia – Internally displaced people
7. Indonesia/Sri Lanka – Indian Ocean tsunami
8. Syria – Refugees
9. Lebanon – Armed conflict
10. Israel/Austria – Ambulance drivers
11. Denmark – Hotline for young lonely people

Example from the map:
The earthquake in Iran 2003
• Deaths: 30,000
• Injured: 30,000
• Homeless: 75,000

Example from the map:
Beslan school hostage crisis in 2004
• 1,200 school children and adults taken hostage
• At least 334 people, including 155 children, were killed

Example from the map:
People living with HIV or AIDS in Zimbabwe (2005 figures)
• 20 % or one out of five adults between 15-49 years (20%) are living with HIV or AIDS
• almost one out of every four children are orphaned due to AIDS

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ACTIVITY 1.2

Discussion in pairs followed by a plenary session.

Purpose

To identify characteristics of the featured crisis events.

Procedure

Explain the purpose of the activity to participants.
Ask participants to work on the questions in pairs for 10 minutes.
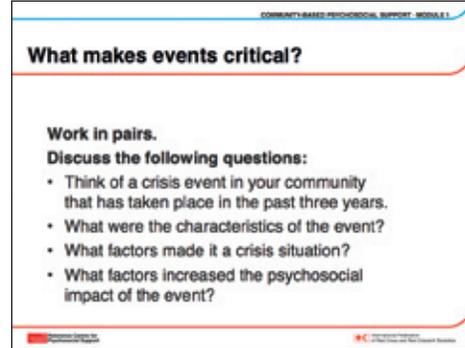
Discussion questions

What are the characteristics of the events presented?
What factors made them a crisis event?

Follow up in a plenary session with the entire group, and ask participants to add other types of crisis events.

Different factors affect what kind of impact an event will have on an individual and community. The event itself and the resilience of those affected will influence the psychosocial impact of a critical event.

Many people show resilience, that is the ability to cope relatively well in adversity: Social, biological and psychological factors influence whether people develop or show resilience in the face of adversity.

What makes events critical?

Work in pairs.
Discuss the following questions:
• Think of a crisis event in your community that has taken place in the past three years.
• What were the characteristics of the event?
• What factors made it a crisis situation?
• What factors increased the psychosocial impact of the event?

Introduce terms protective factors and risk factors:
• Protective factors literally 'protect' people, reducing the impact of hardship and difficulties
• Risk factors literally put people 'at risk,' increasing the impact of hardship and difficulties

Protective and risk factors affecting the psychosocial impact of a crisis are determined by:
• **Characteristics of the event:**
  natural versus man-made, intentionality, degree of preventability, scope of impact, suffering, degree of expectedness, duration of the event
• **Crisis and post crisis environment:**
  weather, time of day, accessibility to area, amount of physical destruction, number of survivors and number of deaths, number of child deaths
• **Individual characteristics:**
  gender, disabilities, age, economic status, mental and physical health, previous traumatic experiences
• **Family and community resources:**
  nature of relationships between children and caregivers, active social networks,

community cohesion, religious system and rites, economic and educational opportunities

ACTIVITY 1.3

Group work followed by a plenary session

Purpose
To learn what increases the psychosocial impact of disasters.

Material required
Handouts of case studies Earthquake in Pakistan 2005. 7/7 Bombings – London 2005. A flipchart for each group.

Procedure
Explain the purpose of the activity to participants.
Divide participants into small groups of three to four.
Allow time to read the case studies and ten minutes for group discussion.
The group record their answers to the discussion question on the flip chart and present it in the plenary.

Discussion question
What factors increased the psychosocial impact of this event?

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Case study
Earthquake in Pakistan 2005
- 80,000 deaths
- 100,000 injured
- 3.5 million homeless people

In October 2005 an earthquake hit Pakistan killing more than 80,000 people and injuring approximately 100,000 people. Many of the people affected were children. The harsh weather conditions following the earthquake and the inaccessibility of the area, together with the lack of basic health facilities and crucial medicines, shelter and other forms of relief, added to the vulnerability of the affected population in the time after the disaster.

Immediately after the earthquake it was pretty desperate. It was very difficult to access the areas, the weather was extremely cold and basic infrastructure was destroyed. After a while it was possible to reduce the impact of the earthquake such as creating safe spaces for children, providing vocational activities for women and providing information on normal reactions to abnormal situations.

What reduced the impact of the earthquake?
- People began to help one another
- Men tackled practical rebuilding together
- Once relief arrived, temporary schools were able to start working – schooling is very important to children's wellbeing
- Women talked together and found that they were facing the same problems

What increased the impact of the earthquake?
- Scope of impact/magnitude of the disaster

- Many deaths
- Location – mountainous area made access difficult, and some areas could only be reached by helicopter.
- Length of time for relief to reach the areas because it was so inaccessible
- Weather conditions – harsh winter approaching
- Aftershocks

Case study
7/7 Bombings – London 2005
- 52 deaths
- 700 injured
- disruption of the city's transport system
- disruption of the country's mobile tele-communications infrastructure.

The London bombings on 7 July 2005 were a series of coordinated bomb blasts that hit London's public transport system during the morning rush hour. Carried out by British Islamist extremists, the suicide bombings were motivated by Britain's involvement in the Iraq War and other conflicts.

At 8:50 a.m., three bombs exploded within fifty seconds of each other on three London Underground trains. A fourth bomb exploded on a bus nearly an hour later at 9:47 a.m. in Tavistock Square. The bombings killed 52 commuters and injured 700, and caused disruption of the city's transport system (severely for the first day). The series of suicide-bomb explosions constituted the largest and deadliest terrorist attack on London's transit system in history.

What reduced the impact of the bombing? Help reached the wounded and affected

quickly. One stop information centres were established immediately and the debris of the bombings was cleared away very quickly. Information meetings for the affected were held soon after. A contingency plan was in place ahead of the bombing.

What increased the impact of the bombing? The fact that the people responsible for the bombing were integrated into the community. Added to the shock of the community was the meticulous way in which the bombing was prepared and executed. Many Londoners felt that they themselves could have been a victim.

Page 23-25 in handbook

PSYCHOSOCIAL NEEDS AND SUPPORT

- We will now look at the definition of psychosocial support and apply it to some real world examples
- We will look at how support is given at different levels across the community, using the IASC pyramid
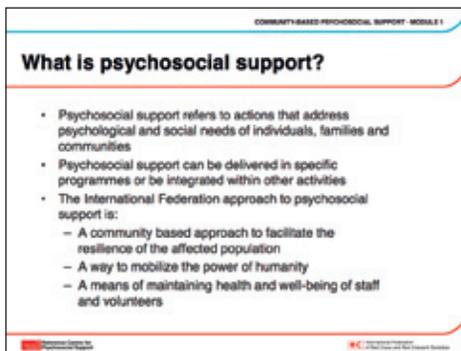
A word about other modules in this training kit. There are specific modules for example on:
- Children and their particular needs
- Community-based psychosocial support
- Psychological first aid and supportive communication

These modules will give opportunity to talk about issues and practice skills in specific areas.

ACTIVITY 1.4
Group discussion

Purpose
To have participants think about different aspects of psychosocial support

Material required
Flip chart

Procedure
Explain the purpose of the activity to participants. On a flipchart record what participants see as psychosocial support.

Discussion question
Which elements do you see belong to psychosocial support ?
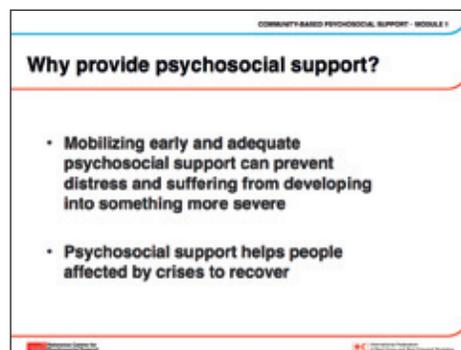
Psychological dimension = internal, emotional and thought processes, feelings and reactions

Social dimension = relationships, family and community networks, social values and cultural practices

- Working at the community level instead of an individual level is an effective way of supporting a large number of people. In this way, psychosocial support reinforces social networks or strengthens them if they are not intact and helps people learn how to protect themselves and others, thereby engaging them in their own recovery.
- It is important to involve the community in planning and implementation of specific psychosocial activities. This protects the interests and concerns of those affected.
- Most RC RC services are provided by volunteers. RC RC staff and volunteers are usually part of the local community; therefore RC RC support can reach large groups of people and can reflect community needs.

The IASC Guidelines illustrate in the form of a pyramid "a layered system of complementary supports." The layers represent the different kinds of supports people may need, whether at times of crisis, at an early stage of reconstruction or in the ongoing situations of distress experienced by people over many years.

Supports offered at these four levels are as follows:

1. Basic services and security

People's well-being is protected through meeting their basic needs and rights for security, governance, and essential services such as food, clean water, health care and shelter.

- A psychosocial response here might involve advocating that these basic services and protections are put in place and are done in a respectful and socially appropriate way

2. Community and family supports

A smaller number of people may need to be helped in accessing key community and family supports. Due to the disruption usually experienced in emergencies, family and community networks may be broken.

- A psychosocial response here might involve family tracing and reunification, or it could involve the encouragement of social support networks.

3. Focused supports

A still smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. This might be individual, family or group interventions, typically carried out by trained and supervised workers.

- A psychosocial response here may include activities to help deal with the effects of gender-based violence e.g. support groups for victims of rape or activities for people living with HIV or AIDS

4. Specialized services.

At the top of the pyramid is additional support for the small percentage of the population whose condition, despite the supports mentioned already, is intolerable and who may have great difficulties in basic daily functioning

- Assistance here could include psychological or psychiatric supports for people with mental disorders that cannot be adequately managed within primary health services.

ACTIVITY 1.5

Group work followed by plenary

Purpose

To learn about the benefits of psychosocial support.

Material required

Case study using the following example from Zimbabwe.

Procedure

Explain the purpose of the activity to participants. Divide participants into small groups of three to four. Allow time to read the case studies and ten minutes for a group discussion. In the plenary record on a flipchart what participants see as the benefits of psychosocial support and what will happen if the affected group does not receive psychosocial support.

Discussion questions

What are the benefits of psychosocial support?
What are the consequences if the affected group does not receive psychosocial support?

People living with HIV or AIDS in Zimbabwe

Reactions: isolation, loss of feeling of belonging, stigmatizing, shame, guilt, worries about the future, fear for the children's future, anxiety, depression, denial.

Psychosocial needs:
- Information and education – to prevent transmission and stigmatisation, about medical services and help in the community (e.g. support groups)
- Support and understanding – both of the person infected and their relatives and the community
- Practical support – buying food, cleaning etc.

Psychosocial interventions:
- Memory and hero books – practical knowledge and family memories
- Home based care by volunteers for people living with HIV or AIDS and orphans and children made vulnerable by HIV or AIDS
- Practical support
- Caring for the carers – support groups, protective materials (soap, gloves)
- Creative activities – include people stigmatized in the community
- Information activities – spread information, reduce stigma

Personal experiences

- Think about a situation where a person you know had a problem.
- How did you know there was a need for help?
- How did you or others meet those needs?
- Share your experiences with the person next to you afterwards.

ACTIVITY 1.6
Group discussion.

Purpose
To identify psychosocial needs of individuals.

Material required
Flipchart

Discussion questions
Think about a situation where a person you knew had a problem.
How did you identify there was a need?
What were the needs of the person?
How did you or others meet those needs?

Note the different kinds of support on a flip chart.

Be mindful to pay attention to the participants during and after this activity, because there is a possibility that it may upset participants. Be ready to offer assistance as described in the introductory chapter.
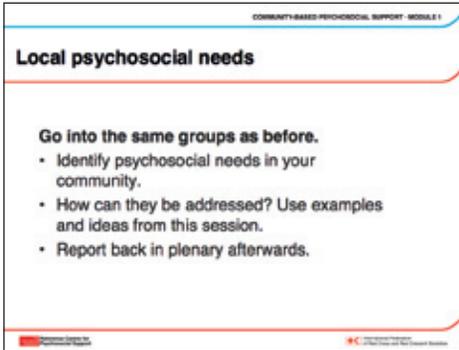
THE ROLE OF STAFF AND VOLUNTEERS

Although most people are able to care for others and give some support in difficult times, psychosocial support training helps volunteers and staff to be more aware of some basic principles and techniques that are useful in their work.

Recognizing what skills are needed and learning how to improve and apply them more effectively is one of the aims of this training.

Common features or characteristics of those who help:
- good listening skills and a caring attitude
- knowledge of PS and good helping skills

Advantages of volunteers:
- They have easy access to, and the confidence of the affected population as well as local knowledge.
- They often intervene in difficult situations in an environment where they themselves are part of the community.

Needs of volunteers:
- basic knowledge of psychosocial support
- support and encouragement
- resources

The core activities of their training:
- non-judgemental listening
- giving practical information
- providing a safe, calm environmentw
- responding to basic needs in a culturally sensitive manner
- recognizing and referring people that might be in need of mental health services

RECAP
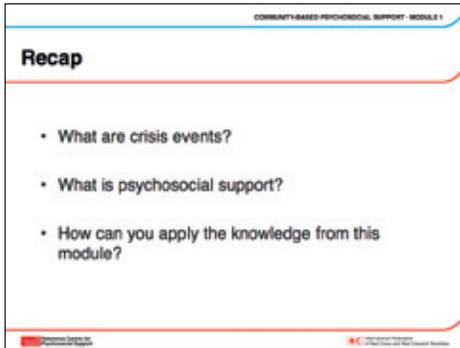
Lead a discussion about the main points of the module and make sure you come back to the objectives of the module:
- Can you give some examples of crisis events where psychosocial support is needed?
- What characterizes them?
- What is psychosocial support?
- Why does it help in response to crisis events?
- How do you think you can use the knowledge from this module in your work for RC RC?

ACTIVITY 1.7
Group work followed by a plenary session

Purpose
To apply ideas and knowledge of psychosocial needs in the participants' local setting.

Material required
A flipchart for each group

Procedure
Explain the purpose of the activity to participants. Ask participants to work in the same groups as in the previous exercise.
Allow 20 minutes for the group discussion. Record main points on flipchart paper. Report back in plenary.

Discussion questions
What are the psychosocial needs in your community?
How can they be addressed?
Identify one need and how it can be addressed.

ADDITIONAL CASE STUDIES
Case study 1
The floods in Togo continue to claim victims

The psychological wounds after the floods that swept the north of Togo were not even healed before torrential rains flooded the village of Agotimé-Akoumassi. For people in this fertile area it was a nightmare; the torrential rain caused the river to burst its banks, homes were destroyed and crops devastated, resulting in a thousand people being displaced.

"We have lost everything. The rain destroyed our farms and swept away our supplies and our belongings. Our fields are flooded, and not even the livestock is spared," laments Tété Koffi Emmanuel, leader at a school to which 700 victims were evacuated. "Several hundred people are still cut off from the rest of the village. So far, they have received no assistance."

Dreadful health consequences and the threat of a food crisis loom large. There have been outbreaks of diarrhoea, gastroenteritis and malaria in the area and the corn has been ruined. Livestock was lost in the floods too, seriously affecting livelihoods in the area.

Case study 2
Terrorist attack in India

On 12 May 2008, a series of coordinated bombings hit the city of Jaipur. It was among the country's deadliest terrorist attacks in recent years. At least seven bombs detonated within minutes of each other, blasting crowded early-evening markets, bazaars, and a Hindu temple in Jaipur's old city. An eighth bomb was found and defused by the police. The death toll rose overnight to 80, after more casualties died in the hospital and 200 were reportedly injured.

After the blasts, witnesses said bicycles and rickshaws were strewn around the streets inside the city walls. Police found pieces of motorbikes at several bomb sites that indicated their being used to conceal explosives.

There was a total of seven blasts in quick succession near a temple dedicated to the Hindu god Hanuman at about 7:30 p.m. and in the warren of shops and monuments nearby, including the popular 18th-century tourist site called Hawa Mahal, and the Johri Bazaar, lined with jewellers. Panic set in immediately after.

Case study 3
Living in a war zone

"El Amal" – hope – is a word that is foreign to the 1.4 million inhabitants of the Gaza Strip, a narrow strip of land between the Mediterranean Sea, Israel and the Egyptian Sinai. People feel as though they are living in a huge prison since the borders were closed. The fishermen are hardly able to fish because the Israeli Navy shoots at any boat that ventures more than a kilometre from the coast.

The extreme poverty of the people of Gaza is exacerbated by the situation. Since the bombing of a large power station at the end of June 2006, the electricity supply is unreliable. Fuel imports are limited and even drinking water is only available at certain times.

Violence is everywhere. Israeli aircraft carry out deadly night-time raids, destroying houses that they suspect contain stashes of weapons. There are clashes between rival Palestinian security forces on an almost daily basis and armed attacks are also frequent.

"There are more weapons here than food, and young people without work are attracted to firearms," says a young volunteer, who has chosen to make his life meaningful by joining the Red Crescent.

Case study 4
Flooding

Gertrude worries about her two year old daughter, Margaret, who has been crying a lot more lately and may be suffering from shock.

Gertrude and Margaret are living in Zimbabwe in an area severely affected by the floods that hit southern Africa in 2007/2008. When the floods came, their huts were destroyed and a lot of their food stores were washed away. They took refuge in a secondary school at first and then a government truck took them to a Red Cross camp. Many families lost their homes, crops and animals in the floods and had to take refuge leaving their village behind.

There are many problems in the flooded area; no clean water and lots of mosquitoes and the future looks quite bleak. Gertrude has lost her home and crops and she doesn't know what is going to happen next.

Gertrude does not know where they will live but it will have to be on higher ground than before, because she is scared of the floods coming back. She lost everything and has to start again from scratch.

Case study 5
A child soldier's story

"I hope the war ends soon," John says, although he thinks his family will take years to recover. "I don't have any big dreams for the future. I just want to finish studying and get a job." With one of his few smiles he adds: "I am very happy... I have come back alive."

Eighteen-year-old John, an ex-soldier from the LRA in Uganda, has been abducted from his home twice. "Before I was abducted I was a happy school boy. I had five sisters and one brother." "When my brother and I were abducted, I knew what was going to happen : We knew the LRA took children away, tortured them and forced them to abduct rebels." "They trained us as soldiers. I was in so many battles I do not even remember the number."

John's brother was killed while with the LRA. The rebels told the children that if they ran away, the Ugandan army would kill them, or they would be poisoned. "One day we were resting after a fierce battle. It was raining and everyone was very tired. I started to think about home, about my friends. I couldn't take it any more, and just got up and started to walk away," John says. Nobody followed him, and to his surprise

the Ugandan army soldiers who eventually found him did not kill him, but took him to a camp.

Three years later, John returned home: "I went through a traditional cleansing ceremony after I was welcomed home. "But there were still some who shouted, 'You killed my mother and father.' I tried to tell them that I didn't want to go, that I was abducted."

John started in a technical school to become a carpenter. "At first it was hard, the other students would call me nasty names, and it brought back the memories, so I isolated myself. But slowly things got better and I started to make friends." But two year later in the middle of the night, John was abducted again.

"I was so scared, because of the death sentence for running away from the LRA." The rebels dragged him along – beating him – and discussed how best to kill him. But John was lucky. An LRA superior decided to keep him alive, because he was well educated and an experienced soldier.

"I could only think about running away again. But now they didn't trust me and they watched me all the time." A few months later he was lucky again. During a battle he was shot in the hip. The rebels left him behind and he returned to the camp. "I think a lot about what happened to me, but the memories become more vague every day, and I still

hope that one day I will forget about it. I am looking forward to going home and start school again, but I don't think I will ever walk properly again."

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MARKO KOKIC / IFRC

STRESS AND COPING

LEARNING OBJECTIVES

Participants should be able to:

- distinguish between common reactions to stress extreme stress and long term consequences of stress
- understand various coping mechanisms
- practice assisted coping
- list reasons to refer people to professional help

INTRODUCTION

This module describes both common and more extreme forms of stress. It describes coping strategies and guides staff and volunteers on the assistance they can give and when to refer to professional help.

Stress and coping

- Stress and common reactions to stress
- The difference between normal and extreme stress
- Coping mechanism related to stress
- When to refer for professional help
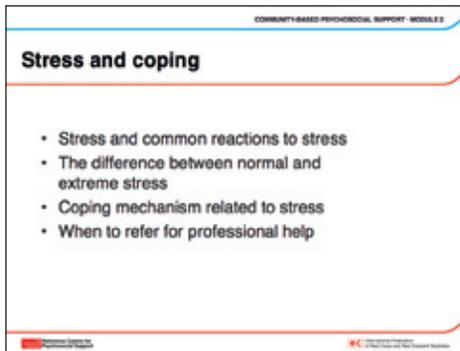
STRESS AND COMMON REACTIONS TO STRESS
Give a brief introduction

Everybody encounters stress at some point in their lives, but some more than others. People who live through crisis events may experience stress in its extreme form. Those involved in emergency assistance services or social or psychological services designed to help people in need may also encounter situations with very high stress levels.

How do people react?

Work in groups of three to four.
Discuss the following situation:

A friend or a colleague is very stressed – how do you see it?

Describe at least five types of behaviour or physical reactions indicating stress

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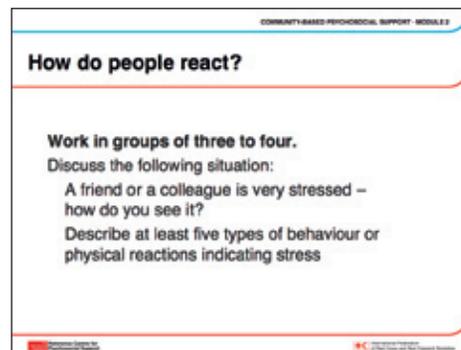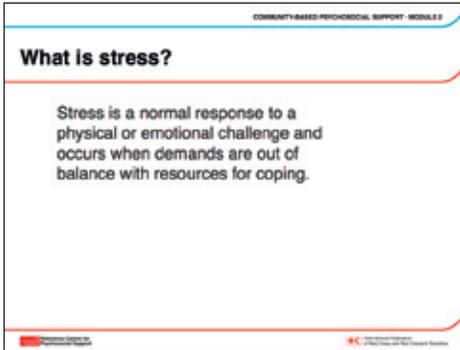
Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping.

ACTIVITY 2.1
Group discussion followed by plenary discussion

Purpose
To be able to recognise different types of reactions to and signs of stress.

Procedure
Explain the purpose of the activity to participants.
Divide participants into groups of three to four, giving the groups ten minutes to answer the questions.

Discussion questions
What are the usual signs and reactions due to stress you see in a friend, colleague or relative?
Describe at least five types of behaviour or physical reactions indicating stress.

Discuss what stress is in the plenary and write down reactions to and signs of stress on a flipchart.

Refer back to these points when going through the slide presentation later.

There are different types of stress:
- **Day to day stress** (baseline) represents those challenges in life which keep us alert and on our toes, and without which life for many people becomes dull and ultimately not worth living.

- **Cumulative stress** (strain) however occurs when the sources of stress continue over time and interferes with regular patterns of living.
- **Critical stress** (shock) represents situations where individuals are unable to meet the demands upon them and suffer physical or psychological breakdown

Common signs of stress include:
- **physical signs** e.g. stomach ache, tiredness
- **mental signs** e.g. difficulty in concentrating, losing track of time
- **emotional signs** e.g. anxiety, being sad
- **spiritual signs** e.g. life seems pointless
- **behavioural signs** e.g. alcohol abuse (recklessness), feeling useless
- **interpersonal signs** e.g. withdrawn, in conflict with others.

Page 27-28 in handbook

EXTREME STRESS AND COMMON REACTIONS

We will now look at more complicated elements of stress – when stress becomes extreme. This can often be the case in the situations where RC RC works.

We will talk about common reactions to this kind of stress.

Give some examples of situations where people experience extreme stress

In occupied Palestinian territories people live under severe daily stress, for example, due to the military operations and house demolitions. Their movement is very restricted and many experience confiscation of land, whilst settlements expand in the midst of continuing violence. Fear of losing one's home, loved ones and even one's own life is a natural outcome of this stressful situation.

ACTIVITY 2.2
Group discussion followed by a plenary

Purpose
To practice assessing the causes of and reactions to extreme stress. To understand different types of stress related to different types of crisis events.

Material required
One scenario per group.

Procedure
Explain the purpose of the activity to participants. Ask the participants to split into small groups of three to four. Let group members read the scenario and allow 20 minutes for group discussion.
Ask the groups to record their findings on a flipchart and prepare a short presentation in the plenary. Let groups present their work in turn.
Give the group feedback on their presentations. If time allows ask them how they reached their findings.

Discussion questions
What are the causes of stress and possible reactions to stress of different groups of people (children, women, men, older people, disabled people) to the situation described?

Scenario from Indonesia
After the Indian Ocean tsunami
Ayu was fourteen year old when the tsunami struck Meulaboh, Indonesia in 2004. She lost her house, her belongings, many friends, and worst of all, her two year older sister Yuli. For four months she did not dare to go down to the sea where she lived before the tsunami. She had nightmares and no faith in the future. (In the slide Ayu is standing where her house stood before the catastrophe one year after the event).

Ask participants why they think Ayu reacted the way she did. Then ask them to name common reactions to extreme stress: Cover all three groups of reations i.e. physical, psychological and social.

ADDITIONAL ACTIVITY
Work in pairs followed by plenary

Purpose
To get a deeper, more personal understanding of reactions to extreme stress.

Materials required
Paper and pens

Procedure
Explain the purpose of the activity to participants. Let participants reflect on the questions for a minute or two and note down their responses. Then ask participants to pair up with another person and share what they imagined and which reactions they noted. In the plenary ask some of the pairs how many of the noted reactions that were similar or the same.

Discussion questions
If your best friend were to experience losing their home, with all their belongings and also lost a close member of the family, what would be the emotional consequences? How would your friend react? Write down five reactions.

Add brief reference to severe long-term consequences of stress:

- The three most common disorders are anxiety, depressive disorder, and post-traumatic stress disorder (PTSD). These disorders share some of the same symptoms, but the focus of treatment varies.

- Explain that this training does not cover these disorders as they reflect which reflects needs at level 4 of the IASC pyramid. Further longer-term training is required along with supervision to provide the specialized services needed.

Page 33-36 in handbook

COPING AND ASSISTANCE IN STRESSFUL ENVIRONMENTS

- We will look at different coping mechanisms related to extreme stress.
- We will also talk about how a person or community experiencing extreme stress can be assisted.

ACTIVITY 2.3
Group work
Introduce the activity, give the participants about 10 minutes and follow up as a large group for discussion.

Material required
A flipchart per group

Purpose
To deepen participants' understanding of coping mechanisms and to practice assisted coping strategies

Procedure
Explain the purpose of the activity to participants. Ask the groups to note their findings on a flipchart and prepare a short presentation in the plenary.

Discussion questions
Discuss possible coping strategies and how these can be assisted. Distinguish between the different groups as children, women, men, older people, etc.

Give the groups feedback on the relevance of their suggestions. This can be done by asking the plenary to evaluate the suggestions, and/or by commenting on them yourself.

- Avoidance – denial and dissociation (e.g. Ayu from Indonesia)
- Approach – trying to find meaning, seeking support, taking action.
- Example from Indonesia on page 56 in Participant's book: How a little cash and coffee had psychosocial effects:
Jauharimana and Halima, an Indonesian couple, lived in a temporary camp after the 2004 Indian Ocean tsunami and were given a little money by a local Red Cross volunteer. They decided to use part of the money to start a small coffee shop in front of their temporary home and soon they were making a modest living. Drinking coffee is important to Indonesians and the small shop quickly turned into a spontaneous community centre because many people stopped by to drink and chat. The shop provided the structure that brought people together and thus helped them rebuild their lives emotionally, mentally and socially. The Indonesian Red Cross was so impressed by the simplicity and success of the coffee shop that the idea was duplicated in three other camps.

- This example clearly illustrates the effects of using the community's knowledge, values and practices. People involved in projects that do so, will most likely feel a higher amount of ownership for the project and get a stronger feeling of self-worth, importance and influence.

Examples of coping

Give some examples or ask the participants to give examples of the activities listed on the slides Examples of coping.

What is assisted coping?

- Primary focus on physical care and protection
- Stay close
- Provide comfort and reassurance
- Provide information
- Help people do activities
- Help people see different perspectives

We are now going to move on to talking about referring people to professional help.

ACTIVITY 2.4
Discussion in plenary

Purpose
To have participants think about normal and abnormal grief processes.

Procedure
Explain the purpose of the activity to participants. Ask participants to discuss under what circumstances the people in the three situations on the slide would need professional help.
- A woman becomes seriously ill
- A man loses his wife in a car accident
- A girl gets infected by HIV

Discussion questions
What would make a referral necessary? Who can help?

When to refer to professional help:
- severe sleep problems
- uncontrollable strong emotions
- talk of suicide
- persistent physical symptoms
- dependency on alcohol or drugs
- behaviour that risks self or others
- enduring depressions or mental disorders
- inconsistency of contact
- where abuse or criminal activity is indicated

Assessment of coping strategies

Go into the same groups as before:
Continue the assessment of your case.
- Discuss possible coping strategies in the situations, and how they can be assisted.
- Write your findings on a flipchart and prepare a presentation.

Referral – when assistance is not enough

Anxiety

Depression

Post traumatic stress disorder
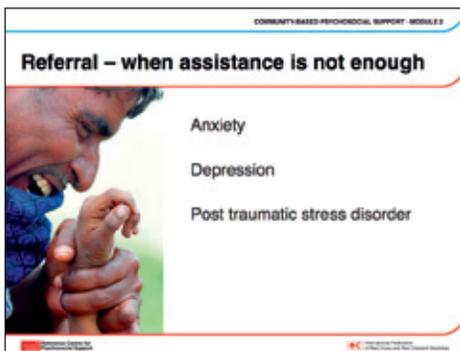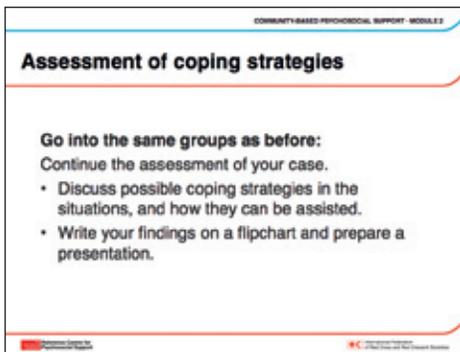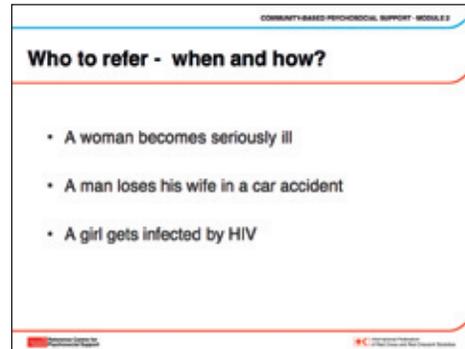
Trainer should check understandings of these points with participants and expand on them, if necessary.

Who to refer - when and how?

- A woman becomes seriously ill
- A man loses his wife in a car accident
- A girl gets infected by HIV

How to refer?
- Inform the person
- If possible provide different options
- Discuss practical matters

When referral is not possible, what are the options?
- investigate options with other NGOs. It may be possible to identify ways of accessing professional support.
- collaborate with community supports e.g. In Eastern Chad, an international NGO, providing mental health care within primary health services, worked with traditional healers from the Dafurian population in refugee camps. (from IASC guidelines p. 141)
- Remember people with anxiety, depression and PTSD benefit from psychosocial support. Although this may not serve as a treatment and bring full recovery, they will feel cared for and supported in their distress.

RECAP

Lead a discussion about the main points of the module and make sure you include the objectives of the module.

- Explain the different types of stress – everyday stress and extreme stress.
- How do people normally react to stress?
- What is coping – mention different kinds of coping mechanisms.
- How can you as a member of staff or volunteer assist people in their coping?

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LOSS AND GRIEF

LEARNING OBJECTIVES
Participants should be able to:
• define the range of circumstances in which loss occurs
• describe normal and complicated grieving processes
• practice how to help people who are grieving

INTRODUCTION
This module focuses on how people react to and deal with the loss and grief connected to the death of a person close to them. Both normal and complicated grieving processes will be described and the importance of social support will be underlined. The module suggests how to help people who are grieving.
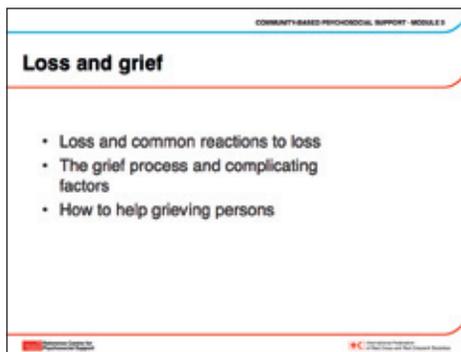
WHAT IS LOSS?
In this session, we will look at different types of losses.

All kinds of losses are unpleasant, but when a life is lost, this is potentially the most upsetting loss of all. In this module, when we talk about loss of life, we will be referring to circumstances where, for example, the death of a significant other has occurred, a death has been witnessed or an unsuccessful attempt has been made to save someone's life.
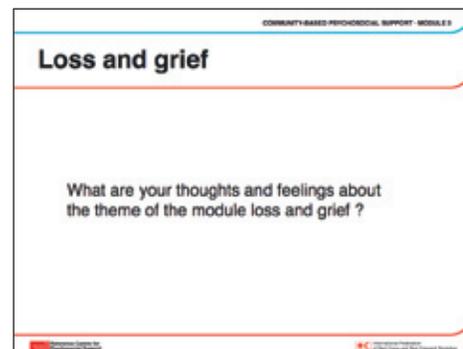
DIFFERENT KINDS OF LOSS

Loss of control over one's life, loss of initiative and will to take action or seek help, loss of dignity, trust and safety, loss of self-esteem and confidence in the future. Loss of social cohesion and infrastructure.

ACTIVITY 3.1

Tell a story, read a poem or extract from a book or show a short extract from a DVD about loss. It could be a story about something that happened to someone you know.

If you prefer, use the following example: A man (he was the driver) survived a traffic accident in which his wife and two children died. The family car was involved in a head-on collision with a truck. The truck driver did not see the car.
• Imagine the car driver's feelings and reactions in the hours and days following the accident.
• Show how loss and grief can impact a person deeply and change the focus of that person's life.
• If you have time, ask participants to share thoughts and feelings related to the theme.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT - MODULE 3

Various types of losses

Work in groups of three to four.
• Examine situations form your work where you have experienced other people's loss
• Write down at lest three types of loss you have recognized

ACTIVITY 3.2

Group work followed by plenary

Purpose

To allow participants to reflect on the loss they have to deal with in their work. The group work also gives the facilitator an idea about what kind of losses the participants are interested in learning more about and where to focus this module.

Procedure

Explain the purpose of the activity to participants. Let the participants form groups of three to four. Ask the groups to note different types of losses. Give the groups ten minutes before joining the plenary.

Discussion questions

Examine situations from your work where you have experienced other people's losses.
Write down at least three types of losses you recognize.

Follow up in plenary by asking each group to name at least three different types of losses.

Loss of property

Trainer's question to the group:
How would you think that this woman is affected by her loss?

Loss of livelihood

Trainer's question to the group:
Imagine what it feels like for the father of this young girl not to be able to provide for his family?

Imagine how the community is affected by many losses following a crisis event.

Loss of significant others:

Loss of significant others is the most upsetting kind of loss.

- Characteristics of sudden loss: it occurs without any warning, and gives no opportunity to prepare for the loss and bereavement. There is no time to take care of unfinished business or to say good-bye.
- Sudden loss can both be related to death and to a missing person e.g. human trafficking or missing in conflict.

 Common reactions to sudden loss also include denial, depression, hopelessness, numbness and search for meaning. Religious and spiritual beliefs are challenged, goals and plans are re-evaluated

One cannot compare loss. Each loss, whether sudden or not, creates specific challenges. It is important to allow survivors to grieve in their own individual way:
- Sudden loss, like all loss, is very individual and is likely to affect survivors in many different ways.
- Survivor guilt: wondering why they survived while others died; beliefs about not having done something to save the other person.
- Suicide can provoke feelings of guilt, shame and anger in relatives and close friends.
- If the body of a missing person has not been found, the family may not be able to believe that the person is really dead.

People normally cope with loss by grieving. Psychosocial support at this time is important.

Common reactions to sudden loss

- Shock
- Anger
- Guilt
- Depression
- Despair
- Hopelessness
- Search for meaning
- Religious and spiritual beliefs get challenged
- Goals and plans get re-evaluated

THE GRIEF PROCESS AND FACTORS THAT CAN COMPLICATE THIS PROCESS

- In this part we will focus on the time following the loss of a significant other – the time of grieving.
- Grief is about people adjusting to the loss – a normal but painful process. Sometimes this process is complicated by different factors.
- Exemplify by using a case study: Either ask participants if they can give an example of a person who never recovered after a significant loss. Or give an example of a person who was never able to resume their way of life and who remained living in the past.

ACTIVITY 3.3
Individual exercise followed by plenary discussion

Purpose
To let participants deepen their understanding of and reactions to losses.

Procedure
Explain the purpose of the activity to participants. Begin by asking the participants to think about the discussion questions individually. Next ask a few people to share their reflections in the plenary. In the plenary discussion, focus on reactions participants have observed in others, instead of their own reactions in the situations.

Discussion questions
Think about possible reactions to the losses you have worked with in the previous examples.
What reactions did you experience?
Who were the people involved?
How did they experience the situation?

Follow up the discussion with the next slide.

Characteristics of the grieving process

Individual work
- Write down the first three characteristics of a grieving process that come to mind

ACTIVITY 3.4

Individual exercise followed by plenary discussion

Purpose

To introduce participants to processes of grieving.

Procedure

Explain the purpose of the activity to participants. Give the participants five minutes to work on the assignment individually. Follow up in the plenary and record participants' views on a flipchart.

Discussion questions

What are the characteristics of the grieving process? Write down the first three characteristics that come to mind.
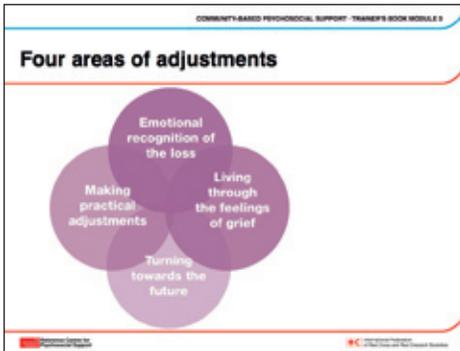
Characteristics of the grieving process:
There are four emotional adjustments necessary in getting on with life:

- Recognition – coming to terms with the fact that the person is not coming back
- Feelings – living through feelings of anger, sadness, frustration

- Skills – gaining new skills e.g. arranging practical things like the funeral, economy, asking friends or family for help
- Future – learning how to get on with one's own life.

Some might seek isolation when going through these adjustments.

Comment on how the elements above correspond with the characteristics suggested by the participants n the flipchart in the last exercise.

Factors that can complicate the grieving process:
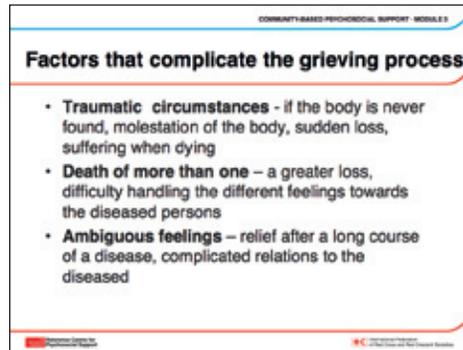
- highly stressful circumstances – e.g if the body is never found, molestation of the body, sudden loss, suffering when dying., seeing someone die in pain

Factors that complicate the grieving process

- the death of more than one person – a greater loss, difficulty handling the different feelings towards the diseased persons.

- Ambiguous feelings – meaning there may be contradictory feelings e.g feeling relieved when someone dies after a long disease, when the relationship to the diseased is complicated.

- When the grieving becomes more permanent, it can be described as complicated grief. Complicated grief means that the grieving process is blocked and paralyses the bereaved. Normal mental and social functioning becomes impaired. At this time the bereaved person needs professional help.

- The loss and the grief may be amplified by harsh living circumstances for survivors, with multiple losses, lack of food and shelter, lack of privacy, lack of opportunities to attend to religious and spiritual needs, or a feeling of not being safe.

ACTIVITY 3.5
Group work followed by plenary

Purpose
To apply what participants have learned to practice by recognizing various types of losses and to discuss potential emotional responses in these situations.

Material required
A flipchart per group. Case studies: Losing a parent and Typhoons (see case studies at the end of this module).

Procedure
Explain purpose of activity to participants. Divide participants into groups of three to four. Ask participants to examine the case studies and to record their findings on a flipchart. Present conclusions in plenary.

Discussion questions
Write down losses and reactions. Describe the factors that might complicate the grieving process

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Identify loss and reactions

Work in groups of three to four.
- Examine the scenario handed out.
- Write down the losses and reactions in the scenario.
- Describe the factors that might complicate the grieving process.
- Present your conclusions in plenary afterwards.

COMMUNITY-BASED SUPPORT TO GRIEVING PEOPLE

We will now look at what needs grieving people have. We will see that social support is a strong contributing factor to regaining resilience and to healing. We look at the role you play as a member of staff or volunteer in providing assistance.

Ask participants to name situations where they helped others in a situation of loss, or where they saw families or communities helping one another to grieve.

- Help can be both emotional and practical, like arranging funerals and other ceremonies. Give time for the bereaved person or family to talk. Often people need to tell their story over and over again as a way to process the experience.
- Stay close, listen and provide care.
- Social support from family and friends plays an important role in preventing complicated grief. It is essential to help people to continue with life after almost unbearable losses.

Examples of situations where RC RC volunteers have supported people in grief:
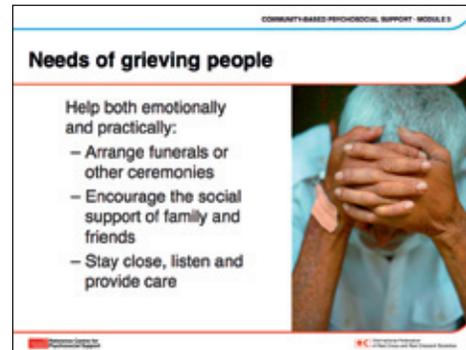
Beslan: After the school siege in 2004 the Russian Red Cross mobilised a large group of staff and volunteers to help the affected population. The programme had a large component of capacity building through staff trainings; twelve psychosocial support seminars were carried out and supplemented by organisational development workshops in collective planning, project writing, fund raising, volunteer management and psychosocial support training of trainers. The continuous trainings supplied the staff with new professional and personal skills that gave them confidence at work and changed their psychological wellbeing. The psychosocial support activities were: home based care with a psychosocial component where the helpers both attended to medical need and psychosocial needs; children were helped through a very difficult time by creative activities in school programmes and the women attended support groups.

Egypt: After a train crash north of Cairo in 2006 Egyptian Red Crescent's trained local volunteers made their way to the scene to offer first aid and psychosocial support to the victims. 58 people died and 140 were injured. The volunteers went to the hospital to give blood, and to offer psychological support to the survivors. Furthermore they supported the bereaved families and listened to those who wanted to tell their story or talk about the crash.

Spain: On 11 March 2004 a series of devastating rush-hour bomb attacks against Madrid commuters left 200 people dead and over 1,400 injured. Volunteers and staff of the Spanish Red Cross fulfilled a range of tasks, including medical care, psychological support and answering calls at a tracing centre. The volunteers assisted at least 1,200 people, accompanying relatives, and especially children, in the mortuaries and hospitals, and passing on available information.

Jamaica: Similar to many other National Red Cross Red Crescent Societies, the Jamaica Red Cross is working to reduce stigma and discrimination of people living with HIV or AIDS. A variety of advocacy activities are used worldwide. In Jamaica, volunteers armed with information material and condoms spread messages on public buses on Valentines Day (14 February) about HIV or AIDS and how to practice safer sex. Knowing that awareness reduces fear, they demonstrate how to put on condoms, hand out free samples and explain how HIV is transmitted.

Norway: More than 2000 children spend time at crisis centres in Norway every year. To support the children, ease this experience and bring focus on something else, Norwegian Red Cross has established support groups for children. The volunteer-led groups organize different activities for the children, including excursions, games and sports.

Scandinavia: After the 2004 Indian Ocean tsunami, support groups for survivors and others affected were established and the groups were active for several years. In the groups the participants shared their experiences, discussed how their life had changed and this helped them resume daily activities and to move forward, despite their losses. In addition websites for survivors and others who were affected were established to share information, communicate, and exchange suggestions for how to best cope in the changed circumstances. Furthermore the website helped connect people that had been in contact at some point during the aftermath of the disaster.

ACTIVITY 3.6

Group work: Role play followed by plenary

Purpose

To deepen understanding of different reactions and needs in the immediate aftermath of a crisis event.
To practice responding appropriately after a crisis event.

In the following role play, either ask all groups to work on the same scenario or decide to let groups work on different scenarios. There are three scenarios available and you may feel free to create other more suitable scenarios. The choice of scenarios may depend on the cultural context.

Material required

One scenario per group.

Procedure

Explain the purpose of the activity to participants. Divide participants into groups of four. Let participants read the scenario and allocate roles.

Allow 25 minutes for the group work, followed by a plenary. If the groups work on different scenarios, the groups should begin their presentation in the plenary by giving a short introduction on their scenario. The presentation should address the questions listed on the handouts.

Discussion questions

Imagine that you are this person in the hours after the event.
Imagine what the responses and needs of the different affected people might be.
How do you imagine that you would you feel if you were directly affected?
How would you react?
What would your needs be?
How could a RC RC volunteer best assist each of these persons?

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 3

Responding after a crises

Work in groups of three to four.
- Spend 25 minutes in group work.
- Prepare a summary for presentation in plenary.
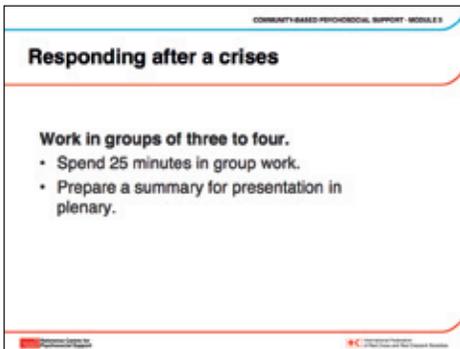
First scenario
Supermarket fire

There has been a massive fire at a crowded supermarket in a neighbourhood on the outskirts of your capital. The fire is believed to have started around midday, near the food court of the centre, which was packed with many families doing their shopping.

When people tried to escape they found that the exit doors had been locked and in

one case welded shut, apparently to prevent shoppers from leaving without paying. Firefighters found the main doors shut when they arrived.

Among the dead were entire families. Around 364 people died and 256 people were admitted to hospital.

The magnitude of the disaster is overwhelming the country's capacity to respond. The country does not experience many emergencies, hospitals have struggled to cope with the influx of wounded and rescue organizations were unable to coordinate effectively.

Split the following roles between you:
- A fire fighter
- A person who was inside the store
- A man who has lost his wife in the fire
- A hospital staff member

Second scenario
Bombing near the embassy
There has been an explosion near one of the foreign embassies in your capital. The bombing claimed nine lives and rained shards of glass and building materials on pedestrians, injuring at least 180 others.

This is not the first time your country has experienced bombings. Two years ago a bomb killed over 200 people and the last explosion a year ago killed 12 people. There are now volunteers who have been trained in preparation for such events.

A lot of people have gathered around the area to see what is going on. This makes it difficult for the volunteers to get access, bring in ambulances, and start taking people to hospital.

There are dead bodies; children suffering terribly from injuries; families who have lost someone; and other people; who are hysterical. People have been shocked by the bombing because the embassy is located in a main street that everyone thought was safe.

Split the following roles between you:
- A volunteer from the rescue team
- A bomb survivor
- A relative of a bomb survivor
- A bystander

Third scenario
A mining accident
A month ago, there was a methane explosion in the local coal mine. 101 miners were killed and 40 injured. A rescue team went down into the hell-hole to help rescue survivors but only managed to bring 18 bodies to the surface.

Most of victims were cremated in the blast.

Two weeks later, the rescue team had to go back to stop a dangerous fire from spreading. One of the rescue workers was knocked unconscious by a powerful blast. Together

with others injured in the blast, he was taken to the Medical Psychological Centre. Now two months after the accident, he is still shell-shocked and is suffering from multiple injuries. His headaches and nightmares prevent him from sleeping, his eyesight has worsened, and his fingers are numb on both hands.

One of the lucky surviving miners also reports having nightmares. These nightmares affect not only him but also his family. They are all emotionally and economically scarred. After the tragedy he has not been able to go back to his job. He tried to go back to work at the mine but when he approached the coalface, his legs would not move.

The two cases mentioned above are only two in the crowd. The majority of the population in their region is connected to the coal industry and unfortunately accidents happen frequently. Each time the mine workers and their families, relatives or neighbours experience harrowing psychological trauma. Lots of other hidden problems have begun to manifest themselves during times of these crises too. Widows with children have to confront challenges previously handled by their spouses.

Split the following roles between you:
- A person from the rescue team
- A mine survivor
- A relative to a mine survivor
- An staff member of the psychological centre

Case study
Losing a parent

At 16 Martin lost his mother to cancer. Martin used to be very active and outgoing with many friends, enthusiastic about school and activities. After his mother's death, this changed.

Martin thinks a lot about his mother and misses her. He finds it hard to accept that she is not around anymore and that he will never see her again. He ponders questions like, "why is she not here anymore?", "why her?" and "what have I done wrong to be punished like this?" He thinks he will never get past his feelings of sorrow and injustice.

Sometimes everyday activities have no meaning – it does not matter what he does, if he does it or how he does it. He finds himself just sitting around. He doesn't feel like going out with his friends. Once in a while it is as if a big blanket of emptiness is closing around him and he doesn't know what to do.

At times he talks to his mother to feel that she is somehow still around, but it only helps briefly. Martin finds it hard to talk to his family and friends about his thoughts and feelings. He is afraid that they will not understand him or that they will think he has become a different person.

Recap

What are the three most important messages of this module?
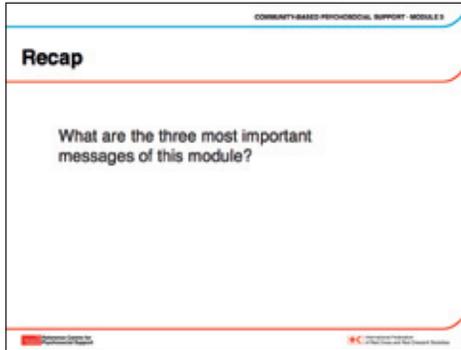
Case study
Typhoons

In 2006 a series of typhoons hit the Philippines and Vietnam. In Vietnam around 200,000 homes were damaged and in the Philipines about 310,000 homes were destroyed.

Typhoons, heavy rains and even the threat of volcanic eruptions are common occurrences in this part of the Philippines but 2006 was unprecedented.

Marlon, a local resident, fought for his life when a typhoon hit, clinging to the roof of a building for three days, as the flood waters raged around him. His family's home, their plot of land, their prized pig and their three-wheeled tuk-tuk were completely destroyed by the mud and rocks that slid down the side of Mount Mayon. The tuk-tuk was the family's only source of income supporting nine people. With no savings to start over and in

a country where the poor struggle to find housing even during the best of times, this family is now in dire straits.

Camped in a corner of a temporary shelter, they are protected from further storms but they also feel trapped, with nowhere else to go.

RECAP

Ask participants to summarize the key points in this module.

Divide the participants into groups of four to five and ask them to agree on the three most important messages of the module. Write them down on a flipchart and present their messages in plenary.

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COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

LEARNING OBJECTIVES

Participants should be able to:
- understand how communities have an influence on individuals and their psychosocial well-being
- reflect upon the importance of the social and cultural setting for a psychosocial activity
- identify community-based psychosocial support activities

INTRODUCTION

This module looks at how communities have an influence on individuals and their psychosocial well-being. It identifies ways of working to bring a psychosocial perspective either in specific programmes or integrated into broader programmes.

Set the scene by telling a story or something that introduces and describes the subject of community-based psychosocial support. It could be a story from the community that you belong to or from a community where you provided psychosocial support.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 6

The meaning of a community

Work in pairs:
- Define your own community: who is a part of it?
- What does it mean to the members to be a part of the community?
- How do the people participate – what are their roles?

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT MODULE 6

Community-based psychosocial support

- Psychosocial well-being in the community
- Community resilience and stress
- Community based psychosocial support

Give an introduction to content of the module.
- All aspects of people's lives are affected by the social and cultural norms and practices of their community. The effects of crisis events, ways of dealing with loss and grief and modes of coping vary across cultures.
- This module seeks to explain the importance of social and cultural factors.
- The presentation gives suggestions on how to conduct community-based psychosocial activities, which does not mean merely that they are carried out in a community. It is about the way that psychosocial support activities are developed and enacted, and how they are connected to community life.

Page **51-53** in handbook

COMMUNITIES AND PSYCHO-SOCIAL WELL-BEING

First we will look at what communities mean for the people who are part of them. A community is a group of people having a common identity relating to certain factors: geography, language, values, attitudes, behaviour patterns or interests.

A community is the social and psychological foundation for the individual, family and group: belonging, sharing, values, identity, norms, developed structures for health, education, etc.

Protective factors in life give people psychological 'cover' and therefore reduce the likelihood of negative psychological effects when faced with hardship or suffering. Some protective factors include:

- belonging to a caring **family or community**
- maintaining **traditions and cultures**
- having a **strong religious belief or political ideology** which gives the feeling of belonging to something bigger than oneself
- For children, important protective factors include **stable emotional relationships with adults** and social **support both within and from outside the family.**

Give some examples of the way communities shape the individuals within it. It could be through religious beliefs; shared values; rituals such as weddings, funerals, school graduation celebrations; how feelings are expressed; male and female roles in society, or the more negative such as social control and discrimination etc.

ACTIVITY 4.1

Group work followed by discussion in plenary

Purpose
To give participants an introduction to communities, their members and the notion of subgroups in a community.

Material required
A flipchart per group.

Procedure
Explain the purpose of the activity. Ask participants to reflect on the discussion questions for a few moments before forming pairs with the person sitting next to them. Allow ten minutes for the pairs to share their findings and to record these on a flip chart. Follow up in plenary.

Discussion questions
Who is a part of your own community? What does it mean to the members to a part of the community? How do people take part and what are their roles?
As most people belong to several sub-communities, consider the characteristics of your own community. Which sub community do you belong to e.g. family, village, sports-club, colleagues?

COMMUNITIES EXPERIENCING STRESS

We look at how crisis events have an impact on communities.

In many wars, as in DRC Congo, rape is used as a weapon to undermine the whole social structure, says Wilhelmine Ntakebuka, the head of the Vico centre for victims of sexual violence in Bakuvu and Walungu. Sexual violence is often used to weaken any opposition in the population.

The impact crisis events can have on a community include: insecurity, disruption of normal life, destruction of social structures, etc.
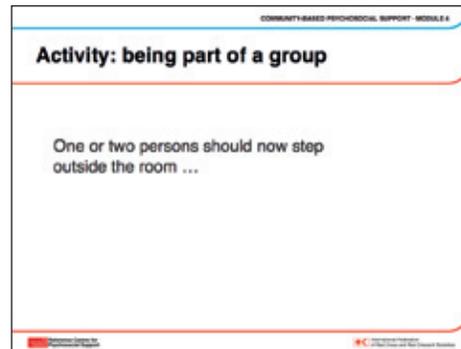
ACTIVITY 4.2
Group game

Purpose
To demonstrate the importance of belonging to a group or community, and to draw attention to the fact that each group has specific traditions and practices that can seem strange from outside. To develop an understanding of vulnerable groups with special psychosocial needs.

Procedure
Explain the purpose of the activity. Ask one or two of the participants to volunteer to step outside the room. Then ask the rest of the participants to create some rules of behaviour – e.g. always hold the hand of the one you talk to; use the word "beep" instead of "please" and "thanks"; only talk to people with your back turned towards them. Additionally ask them to decide upon some kind of forfeit for people who do not follow the rules. Then call the volunteer(s) back into the room, and ask them to interact with the other participants. After 10 minutes stop the game and ask the volunteers(s) how it felt to interact with the group. You might do the activity again with new volunteers and new rules.

Discussion questions
Was it pleasant? Did they feel welcome? Was it difficult to decode the rules of the group? How did they decode the rules?

Some communities manage to maintain a level of normality and interaction even in difficult times. Remind participants of the idea of resilience.

Others may disintegrate to some extent:
• Social regulations break down.
• The community reacts with signs of mistrust, fear and insecurity
• Religious and moral confusion
• Absence of respected leadership
• Social uprooting and destructive behaviour
• Social apathy and loss of trust and hope

Man-made disasters are often intentionally directed towards the destruction of communities and social order, e.g. Darfur, DRC Congo, and Central African Republic.

Some groups may be at risk of more than one issue. For example, an unemployed woman who is living with HIV or AIDS may be particularly vulnerable. The more vulnerable a person is, the greater are the psychosocial consequences of a crisis.

BUT no assumptions should be made. Some individuals within an at-risk group may actually do fairly well in a crisis. Others may be marginalised and difficult to reach, such as older women, widows and those with poor mental health.

ACTIVITY 4.3

Group work followed by a plenary

Purpose

To let the participants apply knowledge to practice on a case study.

Material required

Case study 'Back to Nothing' about the town Gangi in Southern Sudan, where people are rebuilding the community after 20 years of civil war and displacement. (See the case study at the end of this module.)

Procedure

Explain the purpose of the activity. Divide the participants in groups of three to four. After reading the case study, allow 15 minutes for discussion. Follow up in plenary by letting groups present their findings and by discussing possible differences between the groups.

Discussion questions

What kind of stress has the community experienced due to internal conflict? What are the psychosocial impacts on the community?

The impact of stress on a community

Work in groups of three to four:
- Read and discuss the case set in Sudan.
- What kind of stress has the community experienced due to the internal conflict?
- What has the impact been on the community?
- Present your findings in plenary.

The impact of stress on a community

Some communities manage to maintain a level of normality and interaction even in difficult times.

The impact of stress on a community

Others disintegrate to some extent:
- Social regulations break down
- The community reacts with signs of mistrust, fear and insecurity
- Religious and moral confusion
- Absence of respected leadership
- Social uprooting and destructive behaviour
- Social apathy and loss of trust and hope
Man-made disasters are often intentionally directed towards the destruction of communities and social order

It is vital to make an assessment, taking account of risk factors and the social, economic and religious resources which are available and accessible to people. E.g

- individual skills such as problem solving and negotiation
- having community leaders, local government officers, traditional healers
- having land, savings, crops and animals and livelihood
- having schools and teachers, health clinics and staff
- having religious leaders, practices of prayer and worship, burial rites.

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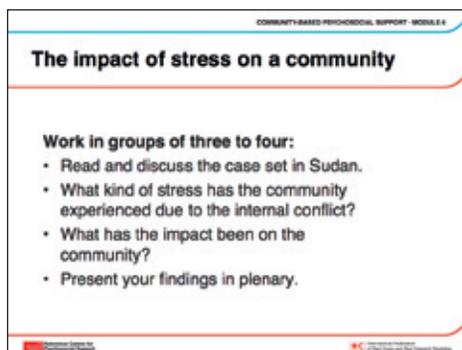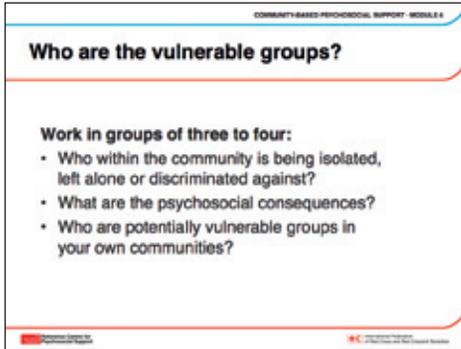
COMMUNITY-BASED SUPPORT ACTIVITIES

Now we will look at the role of RC RC staff and volunteers and how community-based activities can be developed and supported.

An example of a community-based psychosocial support is a theatre project in Zimbabwe. In a neighbourhood called Chitungwiza, on the outskirts of the capital Harare, hundreds of orphaned children meet every week to discuss everyday problems and to express their feelings through role play. At the same time they learn about how to handle the many problems arising when you have lost your mum and dad to AIDS. In a country where few people own a TV it is good entertainment to see a theatre play. The project was started by volunteers in Zimbabwe Red Cross.

Another example is the cash and coffee story from page 56 in the Participant's book.

ACTIVITY 4.3
Plenary discussion

Purpose
To deepen the participants understanding of the needs of vulnerable sub-groups in the community.

Procedure
Explain the purpose of the activity. Allow time for a plenary discussion of the discussion questions.

Discussion questions
Who within the community is being isolated, left alone or discriminated against?
What do you imagine would be the psychosocial consequences of not feeling that you belong?
Can you define any sub-groups of people that are not accepted as part of the community?

How a little cash and coffee affected psychosocial well-being

A small coffee shop set up by an Indonesian couple in a camp after the tsunami positively affected psychosocial well-being

Another example: Huge parts of Lamno in Indonesia were washed away by the Indian Ocean tsunami. One third of the population in the community died, and thousands had their lives turned upside down on that Sunday morning in 2004. Two of them were Abdullah and Sabri. Abullah lost six relatives, his house and all his belongings. The clothes he is wearing was all he had left. In the time after the tsunami, he lived in a tent with his wife. Sabri lost all his belongings too, but far more devastating, he lost his wife and four year old son. From a hill top he watched his life disappear. He has now almost finished building a new house.

Red Cross has distributed reconstruction kits to the families in the community and together they are rebuilding their lives in the months after the Indian Ocean tsunami. After 100 days the survivors gathered for a ceremony to commemorate the many victims. After that day the whole community agreed on looking forward.

Talk about some general considerations, about the character of possible psychosocial support activities, balancing community vulnerabilities and resources. Discuss risk and protective factors.

Risk factors
Physical and psychological factors that exist in the community, make it more vulnerable and decrease its ability to adapt in its aftermath.

Protective factors
Physical and psychological factors that exist in the community, make it more resilient, and help to respond better during an adverse situation.

Mapping of psychosocial needs

Go into the same groups as before:
- Draw or create a map of your own community. Include the different services relevant to the community – schools, health clinics, public offices etc
- Discuss risk and protective factors in the community
- Complete the table in the hand-out
- Present your map and table in plenary

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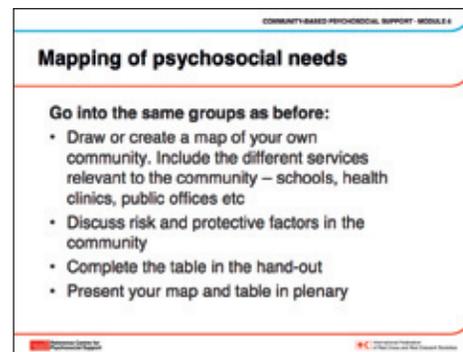
ACTIVITY 4.4

Group work – mapping activity followed by a plenary

Purpose

To introduce a tool participants can use in their own community and to put their knowledge in to practic.

Material required

A flipchart per group, colour pencils, paper, carton, scissors, glue and yarn etc..

Procedure

Ask participants to go to the same groups as in activity 4.3. Explain the purpose of activity to participants. Ask participants to join the same groups as in the previous exercise. Allow at least 30 minutes for the activity.

Instruction

Draw or create a map of your own community. Include the different services relevant to the community such as schools, clinics, public offices, sport facilities and places of worship. Discuss what risk factors and protective factors exist in the community.

Fill in the table from Annex 4 for the entire community or choose one of the sub groups in the community.

Read the statements on the slide entitled 'planning of community-based activities' aloud and ask the participants what the statements mean and whether they agree with them.
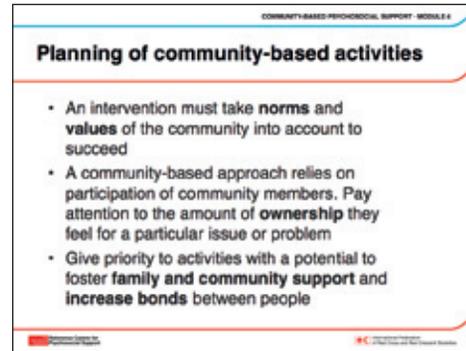
Follow up by going through some general guidelines for planning a community based activity:

- Norms and values – think about your actions and the way you talk to survivors
- Involvement, participation and ownership of the local people – talk to them about social structures, the role of family and religious leaders, etc.
- Fostering family and community support – increasing cooperation between people, and the feeling of working towards a common goal.

Explain each of the steps in a planning process of community-based psychosocial support. Mention the benefits to communities and beneficiaries when using the slides.

If possible give examples of successful community based psychosocial support due to a good planning processes and some that failed due to not taking enough care in the planning process.

Discuss with participants the following points while going through the slides of the planning process:

Steps in the activity planning
- Why are vision and goals necessary?
- What is needed to develop a sound and realistic plan?

Community participation

Is important for several reasons:
· Facilitates ownership and responsibility
· Is a move from dependency to self-reliance

Steps in activity planning

· Identify vision or goal and define objectives
· Identify ways of achieving these objectives
· Identify advantages and disadvantages of possible ways
· Check resources such as time, money, human resources

Community participation

· Is the first step from passive victim to active participant
· Mitigates the emotional impact by action and gives hope
· Encourages sustainability for the future

Steps in activity planning

· Establish an acceptable plan
· Establish who will do what, when, where and how
· Establish a timeframe and criteria for programme evaluation

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Community participation and
• benefits of the participatory approach
• factors needed to make a programme
  sustainable

What activities can be done?

Go into the same groups as before.
• Discuss the possible psychosocial activities
  in the community group you worked with
  before
• Report back in plenary afterwards

Empower community members

To
• identify and set priorities
• define the community's role and responsibility
  in designing and implementing self-help
  strategies
• assess their difficulties based on community
  knowledge and values
• initiate a dialogue and share information
  leading to solutions

Empower community members

To
• Identify and involve local leaders, as this is
  essential for community participation
• Identify leaders who:
  – are locally accepted, trusted and respected
  – accurately represent their communities
  – will work towards helping the community to
    achieve its collective goals
  – have sufficient status to attract other members
    to be involved

Empower community members
• How to identify community leaders
• How to initiate a dialogue and interact
  with community leaders
• How to attract other community members

ACTIVITY 4.5
Group work followed by plenary

Purpose
To develop a deeper understanding of
psychosocial activities.

Procedure
Explain purpose of activity to partici-
pants. Ask participants to form the
same groups as in the previous activi-
ty. Record findings and report to the
plenary.
Discuss the usefulness of suggested
activities in relation to participation,
ownership and fostering family and
community support.

Discussion questions
Which psychosocial activities do you
suggest for the community or commu-
nity group you worked with in the
previous exercise?

RECAP

Lead a discussion about the main points of the module and make sure that you touch on the objectives of this module:

- Can you give a definition of a community?
- How do communities influence people's lives?
- What happens to a community under extreme stress?
- Can you mention some of the key elements of community-based support activities?
- Why are these elements important?
- Do you feel able to use a community-based approach in your own work?

Case study:
Back to nothing

The war in Sudan has gone on for more than 20 years. Two million people have died and twice as many are on the run. Gangi was a large village situated between the two fronts and being on the front line, innocent lives were lost in battles in large numbers. Day by day villagers took flight and slowly the village became a ghost town. Now there is peace in Sudan but the crisis is not over yet.

Jacob Kwaje Joshua and his family have been on the run for most of the war. A month ago he returned to his home; even though the war has destroyed everything, he is more than happy to be back. Slowly the village is growing again. So far villagers have built 75 huts of straw and clay. But it all takes time. There are no basic services or supplies – no clean water, food or medical help.

Several times a month, new people return to the village and each time everyone celebrates. But new inhabitants also mean new demands and more needs. A health clinic and a school are on the top of the village's wish list but for the moment everything is about basic survival. They are trying to cultivate the land, but the land mines in the area make it difficult for them, leaving the people hungry.

Everything has to be built from scratch. Teachers have to be educated, clean drinking water has to run through the water pumps again and the land has to be cultivated.

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REME SACRIFICE

PSYCHOLOGICAL FIRST AID AND SUPPORTIVE COMMUNICATION

LEARNING OBJECTIVES
Participants should be able to:
- give basic psychological first aid and further support to people in crisis situations
- understand supportive communication
- give telephone support
- understand the principles and the benefits of support groups

INTRODUCTION
This module introduces the basic principles of psychological first aid and supportive communication. Participants will be able to practice active listening skills. Telephone support and faciliatating support groups are also discussed.

This module contains many practical exercises in active listening, PFA and supportive communication, as these are the cornerstone of providing practical psychosocial support.

Staff and volunteers often find themselves in situations where feeling confident about how to communicate well with other people is extremely important. For instance, first aid volunteers need to feel confident about informing people about the injuries to their relatives. Volunteers working with people living with HIV or AIDS, for example, need to communicate in a supportive way with people who have just learned about their positive status.

This is done by active listening – the core element of psychological first aid and supportive communication.
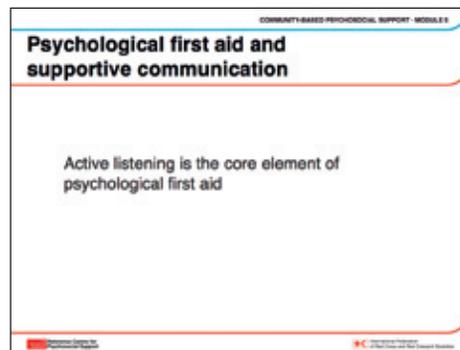
Page **64-66** in handbook

ACTIVE LISTENING AND PSYCHOLOGICAL FIRST AID

Knowing the starting point

In order to truly succeed in leading a person to a certain place, first and foremost you must be mindful of finding him where he is right now and then begin from there.

- Søren Kierkegaard, Danish 19th century philosopher
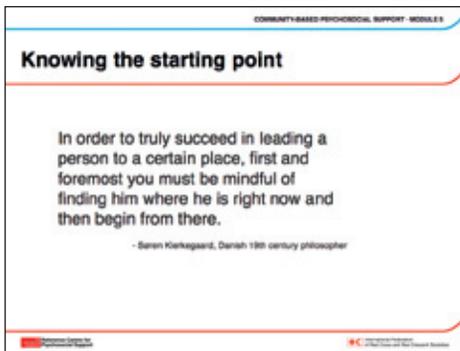
- First we will look at some basic guidelines for active listening.
- Then we will talk about psychological first aid (PFA) – the immediate support to people in crisis situations
- Finally we will look at elements of supportive communication

Introduce the basic element of active listening by giving examples of clarifying and summarizing.

Active listening

Work in pairs:
- One person tells the other a personal story - not necessarily about a crisis event.
- The other person listens actively by asking clarifying and summarizing questions.

Examples of clarifying statements:
"What do you mean by saying ..."
"I am not sure I understand what you mean when you mention ..."

Examples of summarizing statements:
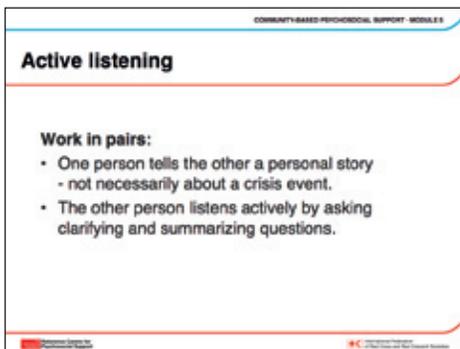"Are you saying that you ..."
"Did I understand you correctly ... "

ACTIVITY 5.1
Group work followed by plenary

Purpose
To introduce the key elements in active listening. Raise participants' awareness about their own abilities to listen actively.

Procedure
Ask participants to get into pairs and to decide, who will take the role of the active listener. The other will be the speaker, and will choose a personal story from everyday life that is not related to a crisis event. Give participants about five minutes for the active listening exercise.

Discussion questions
The listener listens actively by asking clarifying and summarizing questions.

Follow up in plenary by asking the speakers how it felt to be asked questions. Was it affirming, encouraging or maybe annoying? Ask the listeners how it was to ask questions during the dialogue. Was it difficult, awkward or natural?

Introduce the different response possibilities in active listening using the dialogue from the Participant's book page 68.

ACTIVITY 5.2

Group work followed by plenary discussion

Purpose
To introduce participants to different responses in active listening.

Procedure
Explain the purpose of the activity to participants. Divide participants into groups of three. Allow time for reading the dialogue in, Supportive communication and active listening, on page 68 in the Participant's book. Follow up by a plenary discussion of the responses in the dialogue.

Discussion questions
Identify which type of response the volunteer gives in each of the exchanges in the dialogue, Supportive communication and active listening, on page 68 of the Participant's book. Give examples of other possible responses in the exchanges in the dialogue.

Ask participants when PFA is needed
- Disasters
- First aid
- Home visits
- Telephone or online support

Go through and discuss with participants the four important elements:
- Listen actively – the key element.
- Stay close – being near is a sign of caring.
- Accept feelings – accept the affected person's interpretation of the event.
- Provide general care and practical help. This is also a way of showing care.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 5

Providing psychological first aid

Divide into groups of three
- Read the scenario
- Agree on roles:
  - Cecilia who needs psychological first aid
  - Helper supports the recipient
  - Observer notes elements of psychological first aid in the interaction
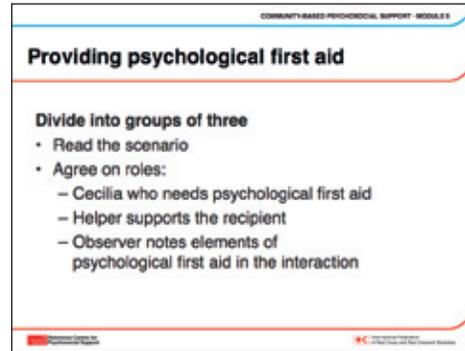
ACTIVITY 5.3
Demonstration of PFA followed by a plenary.

Purpose
To give participants an understanding of PFA in action.

Procedure
Explain the purpose of the activity to participants. The trainer demonstrates PFA by setting up a role play with a participant. The trainer takes the role of an RC RC volunteer and a participant takes the role of someone who has experienced a crisis event. Decide on a scenario with the participant before the role play begins. Let the demonstration continue for about ten minutes and follow up in plenary. In the plenary ask participants if they were able to identify the four elements of PFA.

ADDITIONAL ACTIVITY
Exercise in pairs followed by a plenary

Purpose
To train participants in providing PFA.

Procedure
Explain the purpose of the activity to participants. Participants should get into pairs and decide on one of the cases examples below. There will be two role plays. Let participants decide who will take the role of a RC RC volunteer and of a beneficiary in the first role play. Let the exercise continue for ten minutes followed by a brief discussion in pairs about the use of the four elements of PFA by the RC RC volunteer.
Ask participants to switch roles using a new case example. Let the exercise continue for ten minutes followed by a brief discussion in pairs again about the use of the four elements of PFA by the RC RC volunteer. Follow up in plenary.

Possible case examples:
- A caregiver whose son was injured in an unmotivated attack by three youngsters in a nearby street
- A woman who lost her husband who died in an accident
- An adolescent who experienced an earthquake where his home was destroyed
- An employee who lost his job due to the closure of his workplace and doesn't know how to provide for the family.

ACTIVITY 5.4

Role play followed by a plenary

Purpose
To train participants in providing PFA.

Material required
Handouts of the scenario, 'The fire at Cecilia's house' (see the end of this module).

Procedure
Explain the purpose of the activity to participants. Let participants form groups of three and choose roles in the role play. After reading the scenario allow 10 minutes for the role play.

Discussion questions
There are three roles:
- Cecilia, who has been exposed to a crisis event
- a provider of PFA
- an observer. The observer is looking for the four elements of PFA.

Follow up in plenary by asking if the observers were able to identify the four elements of PFA.
Did the person playing Cecilia feel helped?
Did the helper offering PFA find it easy or difficult?

SUPPORTIVE COMMUNICATION

We will now look at supportive communication, including telephone support, and see when it can be useful for staff and volunteers.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT - MODULE 5

Key values in supportive communication

- Empathy is the ability to see and feel from the affected person's point of view
- Respect will allow you to listen and not make assumptions
- When communicating, keep in mind the need to empower the affected person
- Be sure to take a non-judgemental stance

ACTIVITY 5.5

Plenary

See slide 'Key values in supportive communication.'

Ask participants
- Do you agree with the statements?
- What do the statements imply?
- What do they mean to you in your RC RC work?
- Ask participants for examples from their own life – it doesn't have to be related to their RC RC work.

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Some additional values:
- Genuineness
- Positive regard
- Confidentiality
- Be trustworthy and follow through on your words with appropriate deeds
- Never exploit your relationship with the recipient
- Respect a person's right to make his/her own decisions
- Never exaggerate your own skills or competence
- Be aware of own biases and prejudices.

Responding to someone in crisis

- Responding to someone in crisis with questions or with answers can cause difficulty.
- Use statements instead of asking questions or giving answers.
- Be constructive and focus on things that can be changed.
- Focus on the person's thoughts and feelings. Ask open questions e.g. 'How do you feel?, instead of 'Do you feel sad'?,

- Give supportive feedback e.g. 'It must be hard/painful to feel that way' without judging e.g. 'You should not feel that way'.
- Concentrate on what the person is saying, and don't get caught up in giving many examples of your own life or experiences. Remember, this is a space for the other person to share his or her feelings.

ACTIVITY 5.5
Additional exercise in pairs followed by plenary

Purpose
To deepen participants' understanding of the psychosocial effects of supportive communication.

Material required
Pen and paper.

Procedure
Explain the purpose of the activity to participants.
Ask participants to think back to a time when someone offered them support in a difficult situation. Ask participants to note down four elements that were most helpful and supportive in this conversation. Ask participants to get into pairs and share what they have noted. Follow up in plenary.

Discussion questions
What was it about the conversation that was good and helpful? What did the listener do that you appreciated and that helped you?

Non-verbal communication is just as important as verbal communication. Some good tips are:

- Face the speaker
- Keep an open posture, especially with your arms
- Keep an appropriate distance: proximity reflects interest, but may also communicate intimacy, informality or pushiness
- Make frequent non-intrusive eye contact. Be particularly aware of different cultural practices with this behaviour
- Appear calm and relaxed

Ethical considerations should guide your interaction:

- Do no harm
- Be trustworthy
- Never exploit your relationship
- Respect a person's right to make decisions
- Never exaggerate your skills or competence
- Be aware of your own biases and prejudices

ACTIVITY 5.6

Group work followed by plenary

Purpose

To raise participant's awareness of the elements of supportive non-verbal communication.

Procedure

Explain the purpose of the activity to participants. Ask participants to get into pairs and decide who will speak and who will listen in the exercise. Underline that the listener can only respond non-verbally during the exercise. After the exercise, ask participants to make lists of supportive and non supportive signals. Allow ten minutes for the entire exercise before joining the plenary.

Discussion questions

The speaker in the exercise tells the listener of their plans for the next week-end or vacation. For the first three minutes of the exercise the listener listens non-verbally in a supportive way that encourages the speaker to go on. For the next three minutes the listener listens non- verbally in a non supportive way, discouraging way. What non-verbal signals supported and encouraged the speaker? What non-verbal signals were non supportive and discouraged the speaker?

Additional activity

Role play

Purpose

To train participant's, supportive communication skills.

Procedure

Ask participants to get into groups of three. Divide the roles of helper, recipient and observer between participants. The recipient talks about a difficult situation relating to the RC RC work. Let the role play continue for 10 minutes, allow five minutes for feed back and discussion and switch roles if time allows it.

Discussion question

What did the helper do verbally and non-verbally to communicate supportively?

Telephone support

See box – step by step guide for telephone support.

STEP-BY-STEP GUIDE FOR TELEPHONE SUPPORT

1. State your position and role. Especially when initiating the phone contact, be very clear in conveying the role of the helper and purpose of the call.
2. Assist the caller to establish a sense of control. Encourage the caller not just to focus on negatives.
3. Remember not to offer assistance that cannot be provided.
4. Make a referral if the situation is beyond your ability as a helper or when there is a concern about the caller's wellbeing.
5. Put limits on the length of the call. You should also close a conversation when it seems to be going nowhere or the caller is repeating points already made. Here it helps to:
   a. summarize the information shared
   b. acknowledge the other person's situation.
   c. attempt to reach an agreement on what will happen next. Suggest options and encourage decision-making.

SUPPORT GROUPS

Sometimes groups of people with similar problems or life situations – for instance, people living with HIV or AIDS, or people who have lost family members in an earthquake, benefit from meeting together. In such situations, establishing a support group might be an effective way of empowering participants, helping them to support one another and learning that they can make a difference to the group members. It is however important that support groups are not used to replace professional help when that is needed.

ACTIVITY 5.7

Plenary discussion

Ask participants if they have experienced situations where their supportive communication skills were not sufficient. Discuss with the group what could have been helpful in these situations.
Ask participants what communication skills they need to develop when helping.
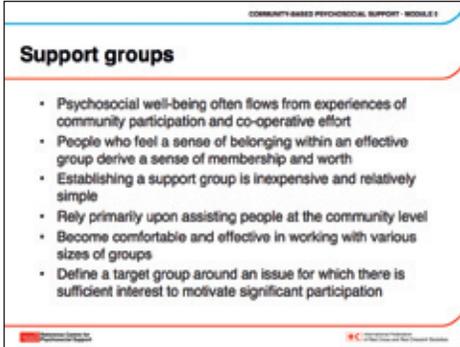
Continue the list with examples from your own community.

An experienced volunteer who has received basic training in psychosocial support can facilitate support groups. Very often people who have learned to cope with a certain problem can become good role models and are good facilitators when starting a group. The idea is that over time, the group should be self-sustaining.

Sometimes group members can be experiencing such severe problems and so much pain, that they will not be able to take over group facilitation themselves. In these circumstances, the group should be facilitated by professional helpers or by volunteers with additional training.

RECAP
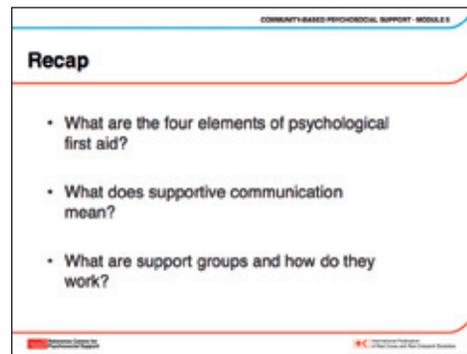
Lead a discussion about the main points of the module and make sure you include the objectives of the module:

- What are the four basic elements of PFA and why are they important?
- What does supportive communication mean?
- What are support groups and how do they work?

This module can be supplemented with lots more activities, practicing active listening and supportive communication. If you have time for this, you help participants further develop key skills in communication.

ACTIVITY 5.8

Plenary discussion
Let participants read through the slides 'Support groups' and 'Facillitating support groups' and ask for their comments.

Ask participants if they have been involved in or have worked with support groups. What were their experiences of working with support groups? How did group members benefit?

Ask participants to list possible support groups that could be established in their community. Lead a discussion on how group members could benefit.

Case study
The fire at Cecilia's house

One ordinary afternoon an explosion in Cecilia's village caused a huge fire. No one knew what caused the explosion but several houses in the surrounding area burned to the ground. Most of the adults living in the village had gone to work in the morning and were not at home when the fire happened. One of Cecilia's children was not feeling well in the morning so she had decided to take him to the doctor. Cecilia's oldest daughter had stayed at home from school to take care of the two other children.

When Cecilia returned to her village that afternoon, a terrible sight hit her. Her house was unrecognisable. It was not a house anymore. She ran towards the burning ruin in front of her, hoping that her children were still alive. Around her many of the houses were still burning and firemen were struggling to beat back the flames. A policeman stopped Cecilia before she could get close to the house and he took her and her son to a nearby shelter. All Cecilia could think about was the children she had left behind, but the policeman could not tell her anything. Later that day she found out that three of her children had died in the fire.

CHILDREN

LEARNING POINTS

Participants should be able to:
- understand the special vulnerabilities of children and know how to protect their best interests
- define different types of child abuse and know what to do if it is suspected
- understand children's reactions to extreme stress, abuse and grief.

INTRODUCTION

This module looks at the protection of children in crisis events. It explains the special vulnerabilities of children in these situations. It defines different types of child abuse and the ways that children react to stress at different stages of their development. The role of staff and volunteers is set out in relation to child protection measures.

Children
- The special needs of children
- Child protection
- Children's reactions to stress, abuse and grief
- How to help
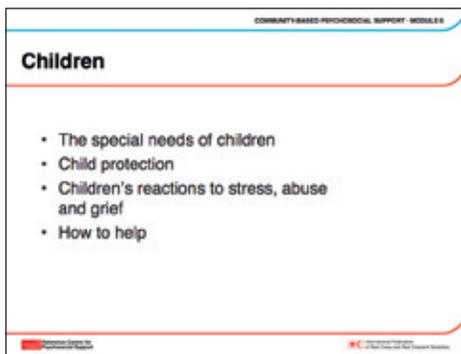
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- Children are especially vulnerable in relation to crisis events. In this module we will consider their different needs and coping mechanisms. Considerable attention is given to the issue of child abuse, as rates of abuse unfortunately often increase in disaster and post disaster settings, heightening children's vulnerabilities even further.

Why are children generally more vulnerable?

Work in pairs:
- Discuss why children are more vulnerable for five minutes and write down 3 to 5 suggestions.
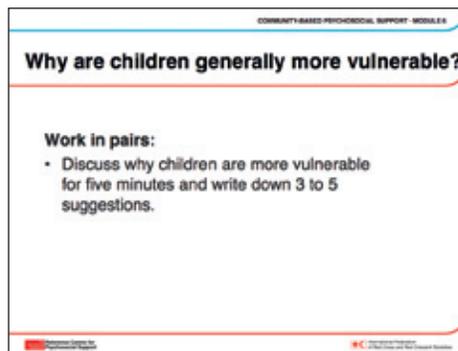
A case story

No hope for a better life – sexual violence in the DRC

A teenager, who we'll call Soso, has twice been the victim of rape attacks by armed groups in the dangerous areas of Eastern Democratic Republic of Congo. "The first time I was 14 years old. They came at night and broke into our house. They beat my father and took everything valuable in the house. We had to carry the goods they had stolen into the forest for them." Soso and another girl were then taken into the forest and raped there.

"In 2006 they came back. They captured the village chief, locked him in a house and set it on fire. Then they raped us, one girl after the other. They always discover where we hide and then there is no way to protect ourselves".

"After the last attack I became pregnant. My father died and my family does not have the means to take care of me. Fortunately I heard of Mama Vico and she is doing her best to take care of me and my son. My life has become difficult. I do not have faith or hope for a better life in the future. I cannot marry now with a baby. I am not able to take care of him if he is ill, or even to feed and clothe him properly".
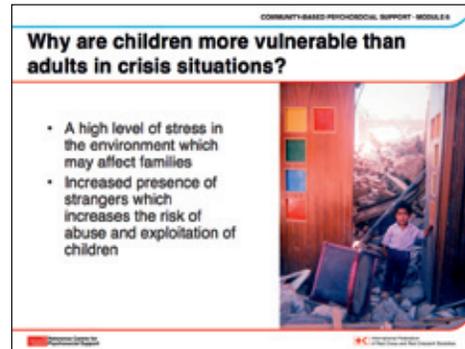
ACTIVITY 6.1

Group work followed by plenary

Purpose
To learn about childrens' vulnerabilities.

Material required
Pens and paper

Procedure
Explain the purpose of the activity to participants. Ask participants to form pairs. Ask participants to note their responses and report in the plenary.

Discussion question
Why are children more vulnerable in crisis situations than adults?

In the plenary add the following points if they are not mentioned:
- Age
- Lack of maturity
- Limited experience and knowledge
- Dependency on others

SPECIAL NEEDS OF CHILDREN

Note for the trainer! Before giving the following session, you should explore whether the country that you are working in has signed the Convention on the Rights of the Child.

It is also important that you explore whether the National Society that you are working with has a Child Policy and what the attitude is to the protection of children, children's safety and how this influences activities with children. These are questions that you will probably be asked and that should under all circumstances be covered in the training.
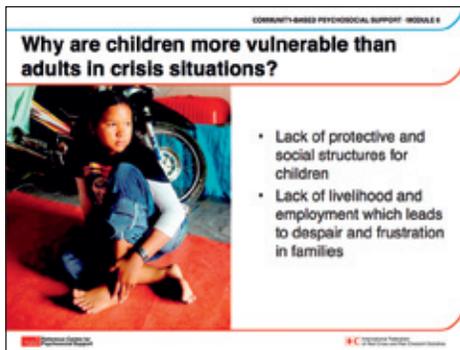
- Children are especially vulnerable, especially during and after crisis events. We will look at their different needs and coping mechanisms.

Children are even more vulnerable than adults during the relief phase after a disaster due to:
- A high level of stress in the environment which affects the functioning of the family
- Increased presence of strangers which increases the risk of abuse and exploitation of children
- Lack of protective and social structures for children.

Children are even more vulnerable than adults during the recovery phase after a disaster due to:
- Lack of livelihood and employment which leads to despair and frustration in families
- Continued increased risk of sexual abuse and exploitation, for example if children are pushed into trying to obtain resources
- Rejection, degradation and terrorization of children is more common in post-disaster settings.

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COMMON REACTIONS TO STRESS AND GRIEF

Children react differently than adults to stress and grief.

Children have different reactions according to their age:
- 0-2 years – irritable, crying, become clingy or passive.
- 2-6 years – often feel helpless and powerless, fear of separation, play activities may involve aspects of the event, denial and withdrawal, become mute and avoid playmates and adults.

- Children react differently according to their age:
- 6-10 years – guilt, feelings of failure, anger, fantasies of playing rescuer, intensely preoccupied with details of the event
- 11-18 years – responses resemble adult reactions, irritation, rejection of rules and aggressive behaviour, fear, depression, risk-taking behaviour, may attempt suicide.

ACTIVITY 6.2
Group Work

Purpose
To increase participants' understanding of children's emotions and coping mechanisms.

Procedure
Explain the purpose of the activity to participants. Ask participants to form groups of three to four. Allow ten minutes for discussion of the case of Amina and Fatima and to note their responses and then report in the plenary.

Discussion questions
List possible reasons as to why Amina and Fatima reacted and coped so differently.

Different ways of coping

Work in groups of three to four
- Discuss the scenario:
Both Amina and Fatima, aged 10, lost their fathers in the Pakistani earthquake in 2005. They were both very distressed. They did not want to go to school or meet anyone. After two years Amina is still very distressed. Her school performance is poor, she is depressed and is unable to make friends. Fatima on the other hand is back in school, doing well having many friends.
- Why have the two girls, faced with the same problem, coped so differently?

Two types of coping:
- Emotion-focused – changing beliefs, cognitions, emotional regulation, stress
- Problem-focused – trying to change the environment or situation causing the problem

Different coping mechanisms

- Emotion-focused changing of belief

- Problem-focused seeking help

Important factors for coping

Individual characteristics that can influence how a child copes:
- Family environment
- School
- Leisure time
- Friends

Relate the two coping mechanisms to the case study about Amina and Fatima.

- Individual factors that can influence how a child copes includes: family environment, school, friends, leisure time

Normal reactions to abnormal situations

- Aggressive behaviour
- Separation anxiety
- Withdrawal
- Denial

Children react differently to adults to loss of significant others.

Sometimes their reactions appear strange and not continuous. They often show signs of aggressive behaviour, separation anxiety, withdrawal and denial.

These are normal reactions to the loss of significant others – after six months normal routine should be resuming.

Characteristics of children's bereavement:
- Limited understanding about death
- Limited capacity to tolerate emotional pain
- Limited ability to talk about their feelings
- Sensitivity about being different from their peers

- Observe the child, compare to other children, observe their behaviour and play. Does the child show anger, frustrations or fear?
- Communicate in a supportive way – ask questions in an open-ended, non-conclusive and judgemental way
- Provide extra care – allow more dependency for a period of time, e.g. not sleeping alone, having the light on, more physical contact than usual
- Maintain daily routines
- Refer if necessary

ACTIVITY 6.3
Group work

Purpose
To train participants' ability in assisting childrens' coping skills.

Materials required
Paper and pens

Procedure
Explain the purpose of the activity to participants. Ask participants to form the same groups as in the last exercise. Allow 15 minutes for group discussion and to note responses to discussion questions. Report conclusions in the plenary.

Discussion questions
How could Amina have been assisted to cope more successfully?

In the plenary underline the importance of providing assistance in coping in these areas:
- Provide information
- Talk about the deceased
- Support by establishing rituals

ACTIVITY 6.4
Additional group work

Purpose
To train participants' abilities in assisting children to cope after a crisis event.

Material
Read the case study to participants.

Procedure
Explain the purpose of the activity to participants. Ask participants to form groups of three. Allow ten minutes for the group work. Let participants note their responses to the question and report in the plenary.

Amir is nine years old. He has started to wet the bed after the earthquake. Usually he wears a cap and when he takes it off, you can see why. Amir has suffered from anxiety since the quake. When it happened he started to pull out his hair, always at the same spot. Now you can see he has a bright bald spot on his head.

Discussion questions
How could a child like Amir be helped to cope?

Follow up in the plenary giving the groups feedback on the relevance of their suggestions.
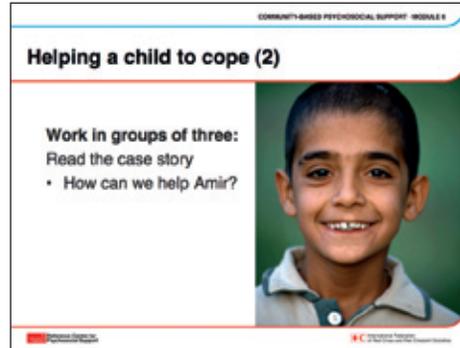
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VIOLENCE AND ABUSE
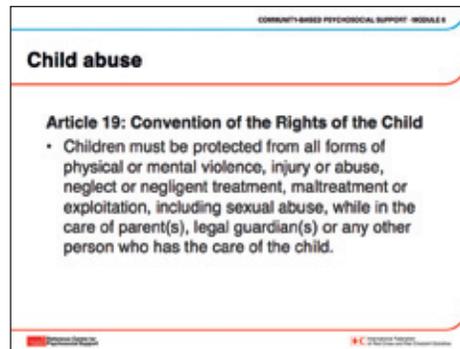
- We will now talk about the different types of violence and abuse children can be exposed to – especially in disaster environments.
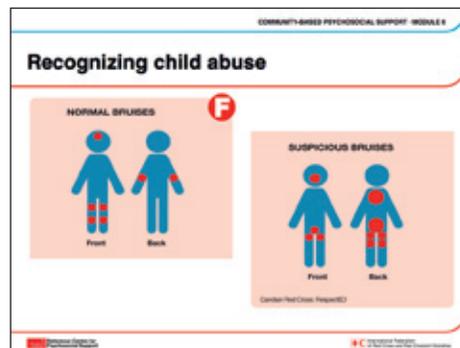
ACTIVITY 6.5
Group brainstorm

Purpose
To let participants reflect on different aspects of child abuse and its impact on children.

Material required
Board or flipchart.

Procedure
Write the phrase child abuse on a white board or a flipchart. Brainstorm what their understanding of child abuse is. Next, ask them to name different kinds of abuse – both physical and mental. Take five to ten minutes for the discussion. Keep the flipchart visible for the rest of the module and use it as a reference during the presentation.

Follow up on the brainstorm by defining common types of violence and abuse children are exposed to:

• Family violence is any action that causes physical, sexual or emotional harm to another person in the family, including hitting, humiliating, or isolating someone.

• Emotional abuse consists of constant attacks on a child's self-esteem. It is psychologically destructive behaviour by a person in a position of power, authority or trust.

• Physical abuse occurs when a person in a position of power or trust purposefully injures or threatens to injure a child, for example through hitting, shaking, burning, slapping, or kicking.

• Neglect is the conscious failure to meet children's basic needs such as shelter, nutritious food, adequate clothing, education, medical care, rest, safe environment, exercise, supervision, and affection or care.

• Sexual abuse occurs when an older or more powerful child, adolescent or adult uses a younger or less powerful person for sexual reasons. Children and youth are unable to give consent to a sexual act with an adult because they do not have equal power or equal knowledge.

All abused children suffer...

• But they react differently depending on their age, gender and cultural background
• They often try to keep it a secret. They may deny the abuse and become very frightened

How to react to child abuse?

• How should adults respond to violence and abuse?
• What actions should be taken?
• In which ways can an abused child be supported?
• How can abuse be prevented?

Ask participants to discuss what action to take to protect children.

The principle of the 'best interests of the child' should be applied in all programmes and services concerning with children. This means that the primary consideration of any activity should be its impact on the well-being of any child involved. This is a key responsibility of all staff and volunteers working with children and families.

There are two aspects to protecting children:
1. taking general child protection measures
2. taking action if child abuse is suspected.

1. General child protection measures:
- Register all children up to 18 years of age
- Document key information about children
- Be aware of all adults who are interacting with children, especially those children who are unaccompanied by adults
- Ensure that all workers are officially approved

- Alert the person in charge if there are any concerns about children's welfare
- Believe children if they say they are feeling unsafe or have worries about specific people; remember that children's safety is the priority
- Support each child as they deal with loss and bereavement
- Provide safe accommodation for unaccompanied children
- Prioritize family reunification for children who are separated from their families.
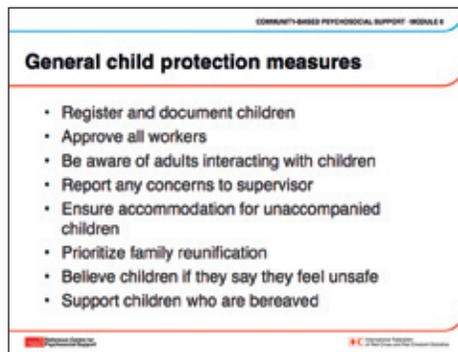
2. Take action if child abuse is suspected:
When abuse is suspected or disclosed, we must act:
A: Acknowledge the child's situation and feelings
Access support and help: report
C: Carefully listen to what the child says
Comfort the child; ensure the child is safe
T: Take notes: document what the child says and what is observed.

Specific action if child abuse is suspected

A Acknowledge the child's situation and feelings
Access support and help: report

C Carefully listen to what the child says
Comfort the child; ensure the child is safe

T Take notes: document what the child says and what is observed

In most countries, child abuse is formally against the law.

The Convention on the Rights of the Child states in Article 19 that children must be protected from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

If child abuse is known or reasonably suspected, concerns should be reported to supervisors, human resources or senior leadership within the Red Cross Red Crescent National Society or other organizations. Social services or the police may also be contacted.

ACTIVITY 6.6
Group work followed by plenary

Purpose
To enable participants to take action when child abuse is suspected.

Material required
Handouts of case study.

Procedure
Explain the purpose of the activity to participants. Ask participants to form groups of four to five. After reading the case study allow fifteen minutes for discussion. Present your findings in the plenary.

Discussion questions
What action as a RC RC volunteer would you take in this situation?

Case study
Misha is a young girl of ten years of age living in a village. For some months she was coming regularly to a children's group organized by a group of RC RC volunteers. Recently however you have noticed she is often absent and she has become more withdrawn. One of the volunteers spotted bruises on her arms some weeks ago. When you went to her house to invite her back to the group, the mother was reticent about letting you in. The father was in the other room and seemed to be in a foul mood.

Special note for the trainer

When you conduct this activity and have participants present findings in plenary, you need to have answers and guidelines ready for how to act in this situation. Discuss with the National Society how cases like this should be handled and who the focal person is regarding child protection issues. Tell participants that when in doubt, they should always contact their manager or supervisor.

RECAP

Ask participants to summarize the key points covered and to write them down on paper individually. Then divide them into groups of four to five and ask them to discuss the points and to agree on the three most important messages of the module. Afterwards groups present their messages in plenary.
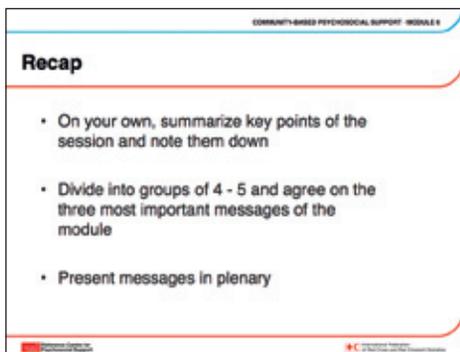
COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 6

Recap

- On your own, summarize key points of the session and note them down

- Divide into groups of 4 - 5 and agree on the three most important messages of the module

- Present messages in plenary

ULRIK NORUP JORGENSEN / DANISH RED CROSS

SUPPORTING VOLUNTEERS AND STAFF

LEARNING OBJECTIVES

Participants should be able to:

• understand causes of stress for RC RC volunteers and staff
• recognize signs of burnout
• be able to care for colleagues and for themselves

INTRODUCTION

This module looks at the causes of stress for volunteers and staff working in difficult situations, and how to recognize the signs of stress. The module suggests ways in which colleagues and management can contribute to the psychosocial well-being of staff and volunteers and how everyone can do self-care and prevent burnout.

Why is this subject important? Ask participants as a large group and note on the flipchart.

Staff and volunteers of the RC RC often work under difficult circumstances in stress-ful environments. Many times they forget themselves and each other in their eagerness to help beneficiaries.

Tell a story that underlines the point made in the introduction.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 7

Supporting volunteers and staff

• Signs of stress and burnout
• How staff and volunteers can help colleagues and themselves

STRESS IN VOLUNTEERS AND STAFF

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 7

Stress at work

Individual work:
- Think about situations where you or others experienced stress over a sustained period of time at work.
- What triggered the stress?
- How was it manifested?
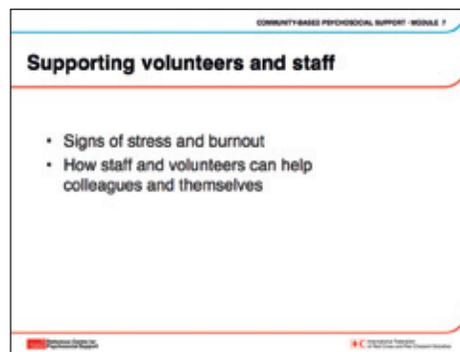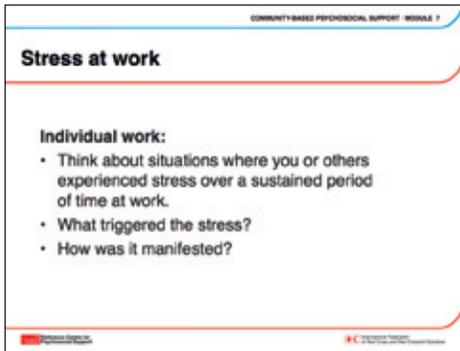
ACTIVITY 7.1
Individual work and plenary

Purpose
To develop participants' understanding of the causes and reactions to stress.

Material required
Paper and pens.

Procedure
Explain the purpose of the activity to participants. Give the participants ten minutes to note down their answer to the discussion questions and report the findings in plenary.

Discussion questions
What has caused you or others stress in a stressful period?
How was the stress manifested?

Follow up in plenary by writing the key points on a flipchart and discuss them with the participants.

RC RC staff and volunteers working in crisis environments often experience stress and pressure.

Contrary to what many people may think, it is not only the violent or extreme experiences in themselves that cause stress in staff and volunteers. Often, those who act as helpers find meaning in their tasks and through this they are able to cope with the situations they are exposed to. Stress reactions of staff and volunteers are instead often caused by working conditions and organisational arrangements, such as:
- Lack of job description
- Poor preparation
- Lack of boundaries for work and support
- Inadequate supervision
- Physically difficulties
- Moral or ethical dilemmas
- Prolonged exposure
- Detachment from home/family
- Feelings of inadequacy

Follow up on the activity by giving a definition of burnout:

An emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment and pessimism and cynicism.

ACTIVITY 7.2

Stress questionaire. Individual work.

Purpose

To let participants learn more about their own stress levels and how to recognize signs of burnout.

Materials required

Stress check lists (see the end of this module).

Procedure

Explain the purpose of the activity to participants. Ask participants to fill out the questionnaires. Allow ten minutes for the task and gather in the plenary. Discuss the participants' results without pressuring anyone to talk about their stress level. Sharing should be voluntary.

Causes of helpers' stress (1)

- Poor preparation and briefing
- Being a part of a collective crisis
- Prolonged exposure to a disaster situation
- Physically difficult, exhausting, and dangerous tasks
- Lack of sleep and feeling chronically fatigued
- Feeling inadequate in dealing with the task
- Facing moral and ethical dilemmas
- Feeling frustrated by policies / decisions of superiors

Causes of helpers' stress (2)

- Being detached from your support system (home and family)
- Feeling unsupported at your work site
- Facing the perceived inability to never do enough
- Being exposed to the anger / apparent lack of gratitude
- Unclear, inadequate or inconsistent supervision
- Feeling guilt over access to food, shelter, and other resources

Stress questionnaire

Individual work:
- Fill in the questionnaire handed out
- Add up your score
- Share your results in plenary afterwards if you feel like it

CARING FOR VOLUNTEERS AND STAFF

How to manage helpers' stress (1)

- Guidance and support from team leaders
- Encourage and support your co-workers
- Respect confidentiality so that people can feel safe admitting stress and seeking help.
- Openly talk and share your problems without fearing the consequences

In this section we will look at how stress and burnout among staff and volunteers can be reduced.

Staff and volunteers are less likely to suffer burnout if they are provided with the following:
- guidance, support, frequent meetings, confidentiality and team work
- supportive supervision and referral

How to manage helpers' stress (2)

- Emphasize self care
- Take a break when you feel your tolerance diminishing
- Stay in touch with family and friends
- Defuse briefly whenever you experience troubling incidents and after each work shift
- Create a peer support system for sharing experiences

Burnout

An emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment and pessimism and cynicism.

Supportive supervision
The traditional role of supervisors is to see that volunteers and staff perform with consistent and sufficient effort and to maintain the quality of work within management standards. However, supervisors should also provide emotional support to the volunteers and staff in their team. In other words, supervisors are expected to nurture volunteers and staff, protecting them as a human resource and placing limits on how far those resources should be extended.

Benefits of supporting staff and volunteers

Stress results in:
- decreased alertness
- performance
- poor judgement
- decreased efficiency
- has consequences on health

Stress equals time and money lost

Team work
Sharing experiences from work has a team building effect and helps to prevent psychological problems. Reactions that are not addressed and processed might lead to increased stress that may eventually turn into a crisis. Sharing difficulties with others will reduce misunderstandings and incorrect interpretations. An environment where talking about emotional reactions and limitations is actively encouraged will ensure the quality and effectiveness of activities and the wellbeing of staff and volunteers.

Stress at work

Work in pairs:
- Find your notes from the previous activity.
- How can the causes of stress you identified be addressed? Use ideas and activities mentioned in this session.
- Discuss your findings in plenary afterwards.
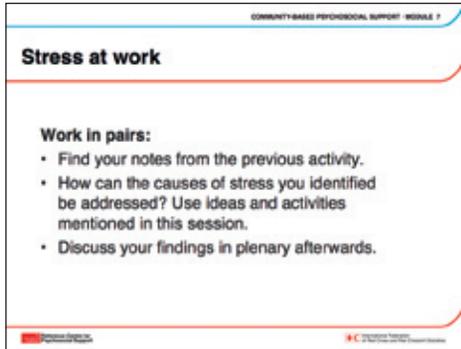
Referral

At times, staff and volunteers may show signs of serious stress reactions or other mental health problems. Each programme should have a referral mechanism within the National Society for individuals in need of professional support.

Your reactions are normal (1)

- Talk to someone with whom you feel at ease, describe your thoughts and feelings
- Listen to others and share insights with them. What do they say and think about the event?
- Take special care of yourself, eat well, limit alcohol and tobacco and stay fit
- Avoid perfectionist expectations; they often lead to disappointment and conflict
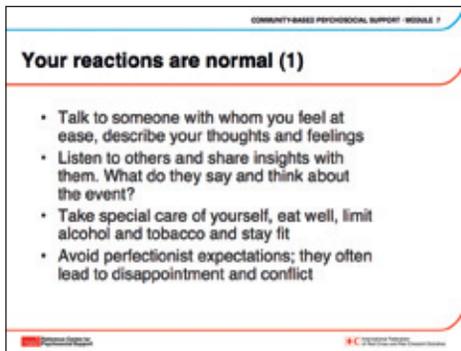
Healthy ways of looking after yourself include:
- Talk to someone with whom you feel at ease, describe your thoughts and feelings.
- Listen to others and share insights with them. What do they say and think about the event?
- Take special care of yourself, eat well, limit alcohol and tobacco and stay fit.
- Avoid perfectionist expectations; they often lead to disappointment and conflict.
- Do not try to hide anxiety or sleeping.
- Do not self-medicate – get medical advice.
- Continue to work on routine tasks. Tell peers and team leaders about your feelings and needs so they understand.

Your reactions are normal (2)

- Do not try to hide feelings
- Do not self-medicate
- Continue to work on routine tasks
- Look for a healthy outlet
- Go easy on yourself
- Seek professional advice
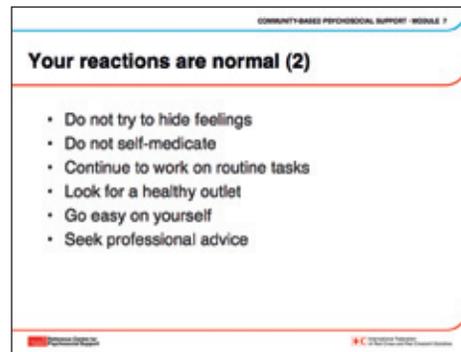
- Look for a healthy outlet. Write, exercise or play music.
- Go easy on yourself – it takes time to cope with a distressing event.
- Seek professional advice, if you still feel uneasy about your feelings after a few weeks.

ACTIVITY 7.3
Group work

Purpose
To let participants think about causes of stress and possible solutions in their own work environment, and to put the knowledge and techniques they have gained into practice.

Material required
Papers and pens

Procedure
Explain the purpose of the activity to participants. Ask participants to work in pairs. Allow 15 minutes for the activity.

Discussion questions
How can the causes of stress you identified be dealt with?
Which caring techniques can you use to ease stress?

Page **97-99** in handbook

PEER SUPPORT

We will now look in more detail into assistance provided as peer support – both individually and in groups.

- Support is provided by someone who knows the situation.
- Assistance can be provided in a short period of time.
- Prompt peer support may prevent other problems from arising.
- People under stress may just need some short-term help and do not have major psychological problems.
- Peer support helps people to develop their personal coping skills.

ACTIVITY 7.4
In plenary

Purpose
To let participants gain an understanding of peer support.

Write the phrase, 'peer support', on a flipchart and ask the participants what they understand by it. Write down their suggestions and summarize the brainstorm by writing your joint definition on the flipchart.

Key elements are effective listening, clear roles, team work, problem solving.

Follow up the brainstorm by going through some of the advantages of teaming up with peers.
- Ask the group whether they agree with the statement or not?
- Could there be any disadvantages?

Guidance for peer support:
- Be available – in a non-intrusive way. If a person does not want to talk, just staying near by might be important.
- Manage the situation and locate resources – find a quiet place and locate relevant people that can help, e.g. family, friends, medical help.
- Provide information – one of the key elements of gaining control is information about the situation.
- Assist in establishing self control – treat the person as a colleague or friend, not as a victim.
- Give encouragement – it is important to encourage positive explanations although not being unrealistic.
- Maintain confidentiality – this is the cornerstone in peer support (as in all other support).
- Provide follow up – should be done in a non-intrusive way.

Go through the guidance and give the participants five minutes to relate it to their local work environment. Would it be possible to implement it? Why would it be feasible?

Listening and responding

Role play in groups of three:
- Assume the following roles - helper, recipient and observer
- The recipient shares a work-related issue
- The helper should practice active listening skills
- The observer provides feed-back on the exercise
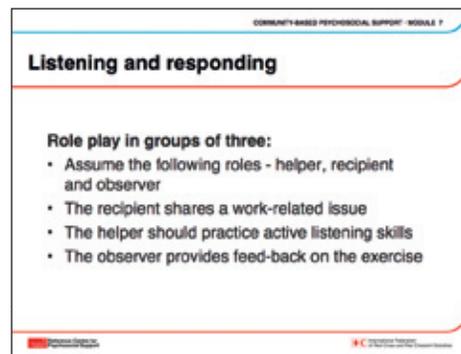
Case study:
Peer support for Peter
You are a team of five volunteers from a bigger city. The team has been engaged in lots of psychosocial activities such as home visits, play activities and trainings the last six months, following a crisis event where many new volunteers were recruited. Peter is one of the newer team members. His behaviour has changed during the past month. He works hard but has become irritable and complains of insomnia. The rest of the team find him difficult to work with now. One of you tried to talk to him, telling him, everyone in the team felt he was stressed, but he became very angry and asked you to mind your own business.

ACTIVITY 7.5
Work in pairs followed by plenary

Purpose
To let participants experience the benefits of peer support and practice skills in peer support.

Procedure
Explain the purpose of the activity to participants.

Ask participants to form pairs and decide who will offer and who will receive peer support.

The recipient of peer support chooses an issue of concern to his or her RC RC activities. Ask the listener to use active listening and supportive communication skills. Allow 15 minutes for the activity and five minutes for discussion in pairs in relation to what was helpful for the speaker.

Follow up in plenary by asking participants to comment on the benefits of peer support, what they found helpful and what was learned from the exercise.

ADDITIONAL ACTIVITY
Group work followed by plenary

Purpose
To let participants plan how to approach a team member and offer peer support.

Procedure
Explain the purpose of activity to participants. Divide participants in groups of four. Allow time to read the case study to participants (see below) and 15 minutes for discussion. Let the group present their ideas on how to offer peer support in the plenary.

Discussion question
How is it best to approach a fellow volunteer under these circumstances? What peer support can the team offer Peter?

In the plenary discussion you might ask participants if they have experienced a similar situation and what they did that was helpful in offering peer support. Underline that although it is difficult to find a solution, action should be taken in order to protect beneficiaries as well as the volunteer himself. It might also be necessary to involve RC RC managers at some point.

RECAP
Individual work and plenary

Ask participants to summarise the key points covered and to note them individually. Then divide into groups of 4-5 and ask them to discuss the points and to agree on the three most important messages of the module. Afterwards the groups feedback in plenary.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · MODULE 7

Recap

- Summarize individually key points covered and note down

- Divide into groups of four to five and agree on the 3 most important messages of the session

- Feedback in plenary
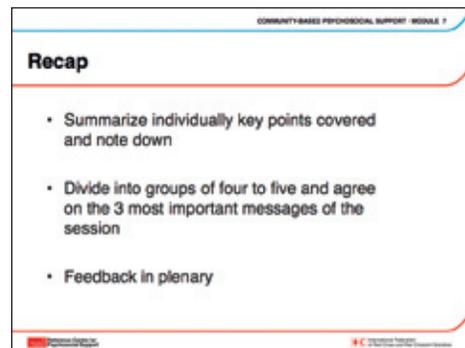
Short questionnaire on stress

Interpretation: No formal norms are available for this measure. Based on the content of the items, a score of 0-15 suggests the person is probably coping adequately with the stress of his or her work. A score of 16-25 suggests the person is suffering from work stress and would be wise to take preventive action. A score of 26-35 suggests possible burnout. A score above 35 indicates probable burn out.

Instructions: Rate each of the following items in terms of how much the symptom was true for you in the last month.

0 = Never
1 = Occasionally
2 = Quite often
3 = Frequently
4 = Almost always

1. Do you tire easily? Do you feel fatigued a lot of the time even when you have gotten enough sleep?

2. Are people annoying you by their demands and stories about their daily activities? Do minor inconveniences make you irritable or impatient?

3. Do you feel increasingly critical, cynical or disenchanted?

4. Are you affected by sadness you can't explain? Are you crying more than usual?

5. Are you forgetting appointments, deadlines, personal possessions? Have you become absent-minded?

6. Are you seeing close friends and family members less frequently? Do you find yourself wanting to be alone and avoiding even your close friends?

7. Does doing even routine things seem like an effort?

8. Are you suffering from physical complaints such as stomach aches, headaches, lingering colds, general aches and pains?

9. Do you feel confused or disoriented when the activity of the day stops?

10. Have you lost interest in activities that you previously were interested in or even enjoyed?

11 Do you have little enthusiasm for your work? Do you feel negative, futile, or depressed about your work?

12. Are you less efficient than you think you should be?

13. Are you eating more (or less), smoking more cigarettes, using more alcohol or drugs to cope with your work?

Total score:
(Add up scores for items 1-13)

ANNEXES

ANNEX 1 · Opening and closing a workshop

Before a presentation:
- if necessary adapt module to context
- print programme
- print handouts
- print case stories needed for the particular module
- prepare timetable
- check your electronic devices and make sure that everything is working
- make sure that you can open films, play music and run the PowerPoints
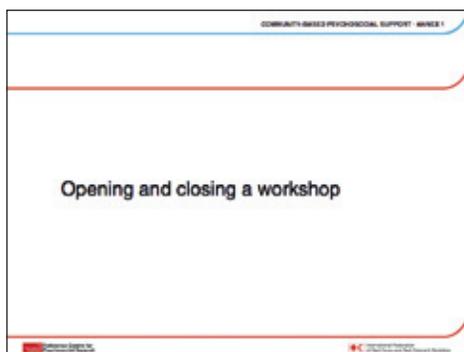
Training in psychosocial issues poses some extra challenges since the topics at hand are sensitive and participants may be reminded of their own personal painful or traumatic experiences. The facilitator must be a good role model. This means that it is essential to demonstrate good listening skills, to reassure participants and to facilitate positive emotional support within the group.

It is extremely important to have an appropriate opening as well as an appropriate closure to the workshop.
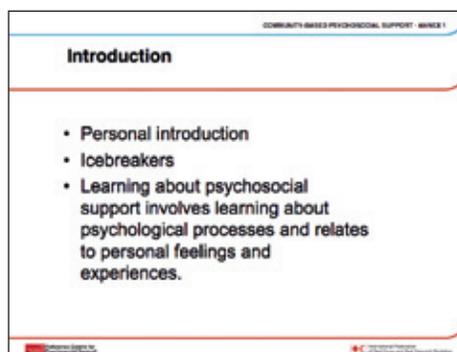
Introduction

- Open the meeting with a personal introduction – personal characteristics, background, why you believe that this is an important topic. Let each of the participants introduce themselves. A more informal way of starting the workshop is by using an icebreaker activity so people get to know each other and feel comfortable being together. Suggestions for icebreakers are listed in the initial section.
- Explain that learning about psychosocial support involves learning about psychological processes, relating to personal feelings and experiences. This might sometimes lead to a member of the group becoming emotionally affected and this is understandable and acceptable.

COMMUNITY-BASED PSYCHOSOCIAL SUPPORT · ANNEX 1

Setting the rules

- Create a safe environment: what is said in the room is confidential and stays in the room
- Everybody has the right to speak but nobody is obligated to speak
- All contributions are to be received in an appreciative way
- There is no right or wrong
- Discuss rules for interacting in the classroom
- Discuss expectations
- Present and discuss the programme
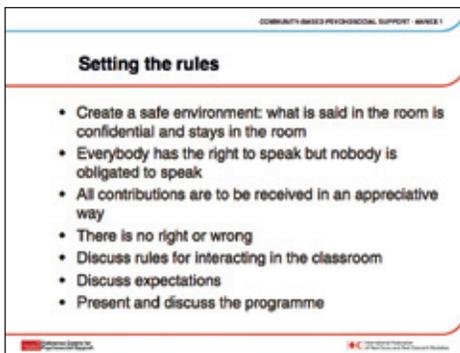
Setting the rules together

- Create a safe environment by letting the participants know that confidentiality is maintained. What is said in this room stays in the room.
- Emphasize that everybody has the right to speak but nobody is obligated to speak.
- Encourage participants to air their views and concerns and to discuss different points. All contributions are to be received in a appreciative way.
- Make it clear to the participants that when talking about individual feelings and reactions, nothing is right or wrong.
- Set rules for interacting in the classroom in cooperation with the participants.
- Make the participants aware of the ground rules of the group and your expectations (if they have not listed these themselves):
  - Ask the participants to turn off their mobile phones – if this is not possible, to put them on silent mode out of respect for each other.
  - Emphasize punctuality.
  - Provide participants with a time schedule (flexible) for the whole programme. This should give a clear indication of how the sessions will be run indicating breaks and timing. Make it clear that it may be perceived as disrespectful if you leave the room while another participant is sharing a personal experience.
  - Underline that participants are expected to ask questions whenever they are confused or do not understand.
- Present the programme and discuss it with the participants. Is this what they expected? Is there something they would prefer to spend more or less time on? Be prepared to make changes if this is the case.
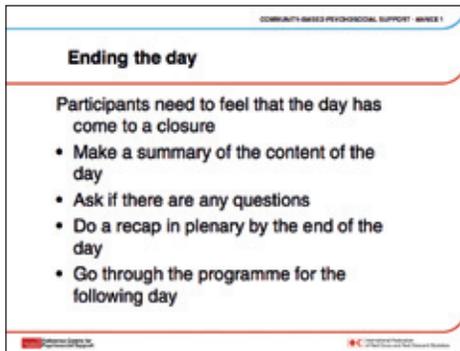
Closing the day

- Participants need to feel that the day has been rounded off. Therefore, a summary or review is important.
- At the end of each day, make a summary of the content of the day, ask if there are any questions and go through the next day's program.
- Let the participants do a recap in plenary at the end of the day for example by asking participants what made the biggest impression during the day or what they can put into practice immediately after the workshop.
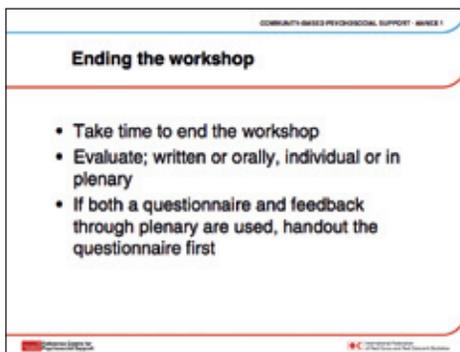
Closing the workshop

- It is important to take time to end the workshop in a way that makes the participants feel ready to leave and want to implement all the good ideas they have received at the workshop. Therefore, evaluation, written or oral, is important. Below are ideas on how to do an evaluation:
- Let each one of the participants fill out an evaluation questionnaire, e.g. like the one in annex 5.
- Do the evaluation in plenary by asking questions like:
  Do you think that your knowledge of psychosocial support has increased?
  Did the workshop meet your expectations?
  Do you think the goals of the workshop were achieved?
  Was it easy or difficult to follow the presentations?
  What did you enjoy during the course?
  Do you have any suggestions for improving the course?
- Get the participants to form a circle and ask them to name the three most important things that they have learnt. Or to name the one most significant experience that they have had during the training.
- If both a questionnaire and feedback through plenary are used, let paticipants fill out the questionnaire first, otherwise the plenary might influence participants' answer.

Saying goodbye

- Facilitator can give a speech and hand out certificates
- Do a final activity together (such as singing a song)
- Make time for everyone to say goodbye to each other

Saying goodbye

- Distribute a big piece of paper to the participants together with crayons. Ask the participants to "visit" each other and write things that they learned from that person, what they appreciate about that person or wish for that person.
- Prepare a short thank you and goodbye speech in which you thank the participants for their participation and cooperation, and encourage them to keep up their good work. Ensure that they have received full contact details of you and each other (if they so wish), and encourage them to keep in touch as far as they are able and to continue to exchange news, views and challenges with each other. Hand out certificates and remember to thank everyone who has helped in the process.

Other ideas for saying goodbye could be:
- To sing a song together that's well-known in the community
- Walk around to say a personal goodbye to each and everybody
- Stand in a circle and say goodbye, maybe holding hands if that's culturally appropriate

There are many other ways of saying goodbye that you can choose. However, make sure that you choose something that allows the participants to leave the training and feel that the training ended on a positive and warm note, encouraging group members to keep up the good spirit and to use what they learned during the training for the benefit of the community and their peers.

ANNEX 2 · Working with interpreters

Conducting training in psychosocial support using interpreters is a difficult process that needs good preparation.

It can be difficult to translate psychological terms and words describing emotions, because exact synonyms to describe the particular emotion might not exist in the language of translation. Cultural differences in the expression of emotional and psychological reactions have a bearing here too. It is important that the interpreter is aware and translates concepts and feelings as accurately as possible.

To make the translation process as straightforward as possible, it is helpful to make all written material and PowerPoint presentations, modules etc. available to the interpreter in advance. All PowerPoint presentations and handouts, where possible, should be translated into the common language of the training group.

If more than one interpreter is available, then the guidance on selection criteria given below may be helpful. If the workshop is longer than a couple of hours, or if there are no professional interpreters (which is most often the case), it is often best to work with more than one interpreter. Interpreting is exhausting and mistakes multiply, as interpreters get tired.

DURING THE TRAINING

- Always keep eye contact with the person who is speaking or to whom you are speaking, not the interpreter
- Use simple language
- Speak in short sentences if you want direct translation
- Remember to pause
- Clarify with participants that the message is understood
- Make breaks for the interpreters, and switch interpreters if this is possible

Discuss the session with the interpreter(s) in advance. Inform them about the training and its purpose. Discuss the topics to allow for questions from the interpreter – remember that the more he or she knows and understands, the more likely it is that the interpretation will be of high quality. Stress the importance of translating directly, without leaving out any information or adding own thoughts or ideas, as this is a common mistake made by non-professional interpreters. It is important that the interpreter does not embroider participants' expressions of feelings or accounts of personal experiences. Underline that it is okay to ask if he or she has missed something or does not understand, rather than translating something incorrectly.

When working with interpreters, it is important to be aware of the extra time needed for the translation to take place. If too short a time is allowed for the translation, it will be rushed and clarity may be lost. It is estimated that it is only possible to cover 60% of material when working through translation, compared to using direct communication.

Just like participants, the interpreter can become emotionally affected by the stories that are told. React to the interpreter as you would react to any participant (see section above entitled 'how to deal with strong emotional reactions on p. 1 8).

Wherever possible, it is important to meet with the interpreter(s) at the end of each day to check:
- Did he or she feel that they were able to translate everything?
- Are there any issues that need clarification?
- Should the sessions be done differently to make it easier to translate?
- Did he or she find it hard to listen to the examples and stories?

QUALITIES OF A GOOD INTERPRETER FOR THIS PURPOSE ARE:

- a sophisticated understanding of the foreign language
- understanding of psychosocial support
- knowledge of the cultures involved
- attention to detail
- knowledge of psychological terminology and a willingness to do further research if necessary
- training or experience

ANNEX 3 · Workshop planner

Workshop planner – day 1

National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS

- participants are engaged in learning process
- participants familiar with different kinds of psychosocial support
- participants able to define stress and common reactions

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL
09:00-11:00	Welcome note and opening of workshop	The National Society/Branch Office opens the workshop	Flipchart Nametags or ball
		Introduction	
		Icebreaker game: Your favourite things	
		Make suggestions for ground rules, discuss with participants	
		Presentation of goals of the workshop, discuss with participants	
11:00-11:15	Break		
11:15-12:00	Module 1: Critical events and psychosocial support	Presentation: Crisis events Activity 1.2: What made these events critical?	PowerPoint module 1, slides 1-4
		Activity 1.3: What can increase the emotional impact? + follow-up	Handouts case, flipchart, slides 5-9
12:00-13:00	Lunch		
13:00-14:45	Module 1: continued	Activities 1.4,1.5 and or 1.6	Slide 10-14
		Activity 1.7: Presentation – the role of staff and volunteers in psychosocial support	Slides 15-16
		Recap	Slide 17
14:45-15:00	Break		
15:00-17:00	Module 2: Stress and Coping	Activity 2.1: Presentation: What is stress and common reactions to stress	Slides 1-5
		Activity 2.2: Extreme stress and common reactions	Slide 6-8

Note that this workshop planner should serve as an example only. Use the scheme on the last page to structure the training according to the needs and context of your particular workshop.

Workshop planner – day 2

National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS

- participants understand mechanisms related to extreme stress, and have increased capacity in supporting others
- participants understand mechanisms of loss and grief, and are better prepared for helping people experiencing loss

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL
09:00-09.30	Follow-up on the first day	Good morning greetings – ask about thoughts, impressions/feelings from the first day	
		Recap of the previous day – questions and answers session	
09:30-10:30	Module 2 continued	Activity 2.3: Coping strategies.	Slides 9-12
		Presentation: Assisted coping. Activity 2.4	Slide 13-14 Flipchart, slides 16-19
10:30-10:45	Break		
10:45-11:15	Module 2 continued	Activity 2.4: Presentation – referals.	Slide 15-20
		Recap	Slide 21
11:15-12:15	Module 3: Loss and grief	Activity 3.1 and 3.2: Presentation – What is loss	PP to module 3, slides 1-8
12:15-13:00	Lunch		
13:00-15:00	Module 3 continued	Characteristics of a grieving process. Activity 3.3	Slide 9-11, flipchart
		Presentation: Four emotional adjustments, factors that can complicate the grieving process, help to a grieving person	Slides 12-15
		Activity 3.5	Slide 16-17, case study, flipchart
		Activity 3.6: role play + follow up	Slide 18
		Recap	Slide 19
15:00-15:15	Break		
15:15-16:45	Module 4: Community-based psychosocial support	Presentation: Communities and the shaping of an individual	PP to module 4, slides 1-4
		Activity 4.1: The meaning of a community	Flipchart
		Activity 4.2: Being part of a group	Slide 5
		Presentation: Vulnerable groups in the community.	Slide 6-8
		Activity 4.3: The impact of stress in a community – case of Sudan + follow-up	Slide 9 – handout
16:45 -17:00	Midway evaluation	Plenary discussion: Are participants content so far?	

Workshop planner – day 3

National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS

- participants are able to identify elements in community-based support activities and able to use a community-based approach in their work
- participants are able to give basic psychological first aid, and have improved their supportive communication skills

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL
09:00-09:30	Follow-up on the second day	Good morning greetings – ask about thoughts, impressions/feelings from the second day	
		Recap of the previous day – questions and answers session	
09:30-10:45	Module 4 continued	Presentation: Community-based support activities	Slides 10-12
		Activity 4.4: Mapping of psychosocial needs + follow-up	Slide 13-14, handouts (table)
10:45-11:00	Break		
11:00-12:00	Module 4 continued	Activity 4.5: Activity planning. What activities can be done. Steps in activity planning	Slide 15-20
		Recap	Slide 21
12:00-13:00	Lunch		
13.00-15:00	Module 5: Psychological first aid and supportive communication	Presentation – when is psychological first aid needed?	Slide 1-6
		Activity 5.2, 5.3: Providing PFA or 5.4	Dialogue participants p. 68 and slides 7-8
		Presentation: Supportive communication	Slide 9
15:00-15:15	Break		
15:15-16:45	Module 5 continued	Activity 5.5: Supportive communication	Slide 9
		Activity 5.5: Responding in a crises	Slide 10
16:45-17:00	Midway evaluation	Plenary discussion: Ask participants whether procedures/content have been adjusted as wished for during the midway evaluation the previous day?	

Workshop planner – day 4

National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS

- participants understand principles for group work and ??counselling
- participants are familiar with children's reactions to crisis events, loss and mechanisms for coping
- participants understand mechanisms of violence and child abuse
- participants have improved ability to support children

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL
09:00-09:15	Follow-up on the third day	Recap of the previous day – questions and answers session	
09:15-11:00	Module 5 continued	Non-verbal communication, Activity 5.6 or additional activity 5.6 + ethical conduct	Slide 11-14
		Presentation: Telephone support and support groups	Slide 15-16
		Recap	Slide 17
11:00-11:15	Break		
11:15-12:15	Module 6: Children	Presentation: Why are children more vulnerable + Activity 6.1	PP to module 6, slide 1-2
		Presentation: Why are children more vulnerable in crisis situations	Slide 3-6
		Presentation: children's reactions to stress and grief	Slide 7-8
12:15-13:00	Lunch		
13:00-15:00	Module 6 continued	Activity 6.2 Different ways of coping	Slide 9
		Presentation: Children's coping mechanisms	Slide 10-12
		How to provide assisted coping?	Slide 13-16
15:00-15:15	Break		
15:15-17:00	Module 6 continued	Activity 6.5: What is child abuse?	Slide 17-19, flipchart
		Presentation: Child abuse	Slide 20-22
		Activity: How to react to child abuse?	Slide 23
		Activity 6.6	Slide 24

Workshop planner – day 5
National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS
- participants understand conditions causing stress on volunteers and staff working under difficult circumstances
- participants know how to support each other and themselves

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL
09:00-09:15	Follow-up on the fourth day	Recap of the previous day – questions and answers session	
09:15-10:30	Module 7: Supporting volunteers and staff	Presentation: Stress in volunteers and staff Activity 7.1	PP to module 7, slide 1-2, flipchart
		Activity 7.2: Stress questionaire	Slide 3, handout
		Presentation: Conditions causing stress	Slide 4-5
10:30-10:45	Break		
10:45-12:00	Module 7 continued	Presentation: Caring for others and yourself	Slide 6-10
	Presentation	Presentation: Peer support. Activity 7.4	Slide 11-12, flipchart
11:45-13:00	Lunch		
13:00-14:15		Activity 7.5 and additional activity case study p. 111	Slide 10-15
		Recap of the day	Slide 16
14:15-14:30	Break		
14:30-15:30	Follow-up and evaluation	Brief run through of most important issues in all modules	
		Space for clarifying outstanding issues	
		Evaluation discussion in plenary (using questions listed on page 25)	Handout (questionnaire)
		Individual rating of the workshop	
15:30-16:00	Closing the workshop	Closing by National Society/Branch Office, information on next steps	
		Goodbyes and contact data exchanged	

Workshop planner – day
National Society:
Setup of classroom:
Date:
Trainer(s):
Number of participants:

TRAINING GOALS

TIME	TOPIC	ACTIVITIES	SUPPORT MATERIAL

ANNEX 4 · Table for Activity 4.4 for participants to identify the resources needed to fulfill the needs of the community

NEEDS OF THE COMMUNITY	AVAILABLE RESOURCES	AVAILABLE SKILLS	NON AVAILABLE RESOURCES AND SKILLS

ANNEX 5 · Evaluation form

Date:
Place:

Please indicate your responses to the following statements using the scale below:

Very poor		Unsatisfactory		Satisfactory		Good		Excellent
0	1	2	3	4	5	6	7	8

1	Was the training of relevance to you as a RC RC worker?	
2	Was the training planned and presented logically?	
3	A: Was teaching about theory appropriate for you?	
	B: Was teaching of skills appropriate for you?	
4	Were theory and skills elements well balanced?	
5	A: Did the training cover relevant topics?	
	B: Did the Participant's book, slides and other materials contain good quality information?	
6	A: Did activities and discussions cover relevant topics?	
	B: Did activities and discussions provide a good way of learning?	
7	Was the trainer's feedback on the activities and groupwork helpful?	
8	Rating of the modules (please rate the modules you have been trained in)	
	1. Crisis events and psychosocial support	
	2. Stress and coping	
	3. Loss and grief	
	4. Community-based psychosocial support	
	5. Psychological first aid and supportive communication	
	6. Children	
	7. Supporting volunteers and staff	
9	Please comment on how your capacity to provide psychosocial support has developed. (Please state specific areas of learning):	
10	Please indicate where more time might be given to certain activities:	
11	Please indicate where less time could be given to certain activities:	
12	Any other comments (please continue to write on the back of the sheet if necessary):	
13	Overall rating of content: (use scale above)	
14	Overall rating of presentation: (use scale above)	

ANNEX 6 · Resources

1. Red Cross Red Crescent Standard Procedures

For all Red Cross Red Crescent activities, there are certain actions and organisational procedures which must take place. When planning to set up a psychosocial support programme, these actions follow the standard cycle of programme implementation:

1. Carry out a needs assessment which describes the overall situation after an emergency, lays clear the local priorities and defines 'psychosocial well-being' in the particular context. At this early stage, steps are taken to develop indicators which express the overall goal of what the programme aims to achieve.

2. Develop the programme document logical framework (or logframe) which expresses the programme logic and forms the basis for planning the implementation and setting up monitoring practices.

3. Design and implement a baseline which provides information on the programme area and the expected changes seen from the intervention. The baseline describes the status of selected indicators at the pre-intervention stage.

4. Plan and carry out ongoing monitoring of both quantitative and qualitative indicators and issues (planned or unplanned) arising during the implementation phase.

5. Undertake an evaluation, which describes the process of implementing the programme and measures the degree to which the programme has been successful in reaching the stated objectives.

2. IASC Guidelines on Mental Health and Psychosocial Support in Emergencies

The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergencies (2007) is the key tool in planning minimum responses in crisis situations.

IASC has also developed a checklist for field use of IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2008).

The Guidelines and the checklist for field use are available online: http://www.humanitarianinfo.org/iasc/

3. The Psychosocial Working Group

The Psychosocial Working Group www.forcedmigration.org/psychosocial, has developed a number of guidance documents relating to the conceptual framework of developing psychosocial interventions.

4. The PS Centre

Psychosocial interventions. A handbook. A handbook on planning and implementing psychosocial programmes. PS Centre Publications. (2009)

Details on each step in the programme cycle are described in the PS Centre's Guidance Note on how to implement psychosocial activities after emergencies.

Both is available on the PS Centre's website: www.ifrc.org/psychosocial.

Specific references for each step of the cycle are found here:

Needs assessment
IASC Guidelines, pp 38-45

Indicators
PS Centre Guidance Note on indicators available on www.ifrc.org/psychosocial
http://www.forcedmigration.org

Logframe
Project Planning Process Handbook. IFRC. (2002)
http://participation.110mb.com/PCD/PP-Phandbook.pdf

Monitoring
IASC Guidelines, pp 46-49
http://www.globalpolicy.org/ngos/aid/2007/0209goodenough.pdf

Evaluation
IFRC (2007) Monitoring and evaluation.
http://www.interventionjournal.com/

THE INTERNATIONAL FEDERATION'S GLOBAL AGENDA (2006-2010).

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support, it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

Together for humanity

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