

# eCBHFA Facilitator guide

---

## Module: Psychosocial support

### Topic 1: Crisis events and psychosocial support

---

## Learning objectives

This topic defines crisis events and introduces basic concepts of crisis events, psychosocial support, wellbeing and psychosocial support activities.

## Main learning points

### Outline of activities

- Understand what well-being means
- Understand what constitutes a crisis event
- Understand what risk and protective factors are
- Understand what constitutes psychosocial support and psychosocial support activities

## Tools/materials required

Flipchart, markers, post-it notes, pens, well-being flower on flipchart, umbrella of support on flipchart.

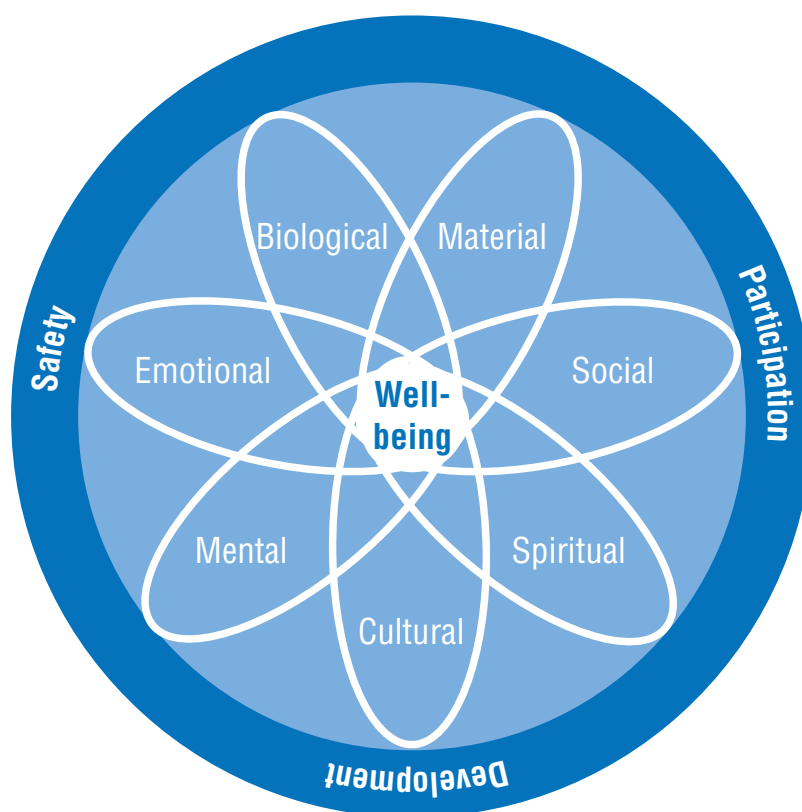
## Suggested outline of activities

Activity	Methodology	Time
1.1 What is well-being?	Presentation Plenary reflection and discussion	30 min
1.2 Crisis events	Group work Presentation	40 min
1.3 How communities influence the individual	Presentation Buzz groups	20 min
1.4 Risk and protective factors	Group work	30 min
1.5 Psychosocial support	Plenary discussion Presentation	20 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min

## Facilitator direction

### Activity 1.1. What is well-being? (30 minutes)

1. Organize the participants into pairs, trios or groups of four. Invite them to come up with their associations with the concept of well-being. What does well-being mean to them? What do humans need to feel at ease? What does an individual need to achieve well-being?
2. Ask them to write their ideas on post-it notes (one idea per post-it).
3. Ask the participants to share with the wider group some of the aspects they wrote, or highlights from the small group discussions.
4. Explain: well-being depends on many factors. The overlapping circles in the “well-being flower” below suggest that individual and collective well-being depends on what happens in a variety of areas, that meeting at least some minimum level of need in each of these areas is necessary and that the areas are interrelated.
5. Now divide the participants into seven groups and assign each group a leaf from the well-being flower: biological, material, social, spiritual, cultural, mental and emotional. In their group, they will try to explain and give some examples of what is meant by the header/flower leaf assigned to them.
6. Ask each group to present their flower leaf header and their explanation. As a facilitator, you can add from the points to be found in the facilitator notes below.



## Facilitator note

**Social:** refers to friends, family, relatives, social activities, sports/leisure groups and clubs, as well as support groups. Human beings are social by nature and a denial of access to social activities and social interaction can increase a person's distress levels.

**Emotional:** refers to how we are feeling. Our feelings have an immense impact on our well-being, and if you have emotional distress it can be difficult to ensure well-being even though you have all other parts of the well-being flower covered. One must feel at ease in order to truly experience well-being.

**Spiritual:** being free to practise one's religious or other spiritual practices is an important aspect of well-being.

**Cultural:** culture involves learnt patterns of belief, thought and behaviour. It defines how things are supposed to be for us. Culture makes life and its stages more predictable and enables a society to maintain itself. A culture also develops, adopts, or adapts the tools, types of shelter, transportation and other physical items needed to maintain itself. It defines standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotion. It defines what behaviour is considered normal or abnormal. A culture evolves and changes over time.

**Mental/cognitive:** refers to thoughts and other related functions of the mind, which include problem-solving, learning how to learn, how to acquire information and how to be able to use it.

**Biological:** refers to the living organism. It is the physical health and the biological aspects of mental health as well as the absence of disease/disorder.

## Activity 1.2. Crisis events (40 minutes)

1. All people experience stressful situations and events at different times in their lives, such as having a heated argument with someone, experiencing a conflict at work, or getting stuck in traffic and running late for an important job interview. Most people learn how to deal and cope with the regular challenges they face. However, some experiences and situations are out of the ordinary and more difficult to deal with than normal everyday challenges.
2. Examples are when someone discovers they have a terminal illness; experiences personal assault; is in a car accident; loses a loved one; becomes separated from family members during a crisis; loses their home and personal belongings; has to flee from their home; witness others being hurt or killed; fears for their safety and life due to armed conflict or a natural disaster.
3. Divide the participants into groups and ask them to spend five to ten minutes reflecting individually on the following questions (write up the questions on a pre-prepared flipchart): Think of a crisis event in your community that has taken place in the past three years.
  - a. What was the crisis event?
  - b. What factors made it a crisis event?
  - c. What was the impact of the crisis event on individuals, families and the community?

4. Ask the groups to present their findings one by one to the larger group and explore if common themes are apparent.
5. Some communities manage to maintain a level of normality and interaction even in difficult times. Remind participants of the idea of resilience, that is the ability to cope relatively well/bounce back in situations of adversity. Other communities can be severely negatively impacted by a crisis event, potentially leading to:
  - breaking down of social regulations
  - signs of mistrust, fear and insecurity by the community
  - religious and moral confusion
  - absence of respected leadership
  - social uprooting and destructive behaviour
  - social apathy and loss of trust and hope
  - insecurity
  - disruption of normal life
  - destruction of social structures and protection mechanisms
  - amplification of pre-existing vulnerabilities, etc.

### **Activity 1.3. How communities influence the individual (20 minutes)**

1. Explain to the participants: communities have an influence on individuals and their psychosocial well-being.
2. 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.
3. Explain to the participants: 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. A community is a group of people who live together in a town, village or smaller unit. But a community may also be defined as any group of people who interact and share certain things as a group – for example those who belong to the same ethnic group, those who go to the same church, those who work as farmers or those who are volunteers in the same organization. A community can also be an online community e.g. through Facebook or other social media. Ask the participants to share other examples of a community.
4. Give some examples of the way communities influence 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. More negative influences may be through social control, stigma and discrimination, etc.

Ask participants to have a brief discussion with the person sitting next to them about different ways their community affects the individual. Ask participants to share their examples with the larger group.

### **Activity 1.4. Risk and protective factors (30 minutes)**

1. Explain to the participants: different factors affect what kind of impact an event will have on the individual and the community. The event itself and the resilience of those affected will influence the psychosocial consequences of a critical event.
2. Risk and protective factors affect the psychosocial impact of a crisis event. These can be related to
  - a. Family and community resources**
  - b. Individual characteristics**
3. Divide the participants into four groups. Ask two of the groups to work on “family and community resources” and the other two groups to work on “individual characteristics”. Ask the groups to spend 10 minutes discussing and writing down any risk or protective factors related to their respective topic on a flipchart.
4. In plenary ask the groups to present risk and protective factors for their topic. As a facilitator you can add the following examples:

**Family and community resources** (social support, belonging to a family, social cohesion, financial resources, available services, protection systems)

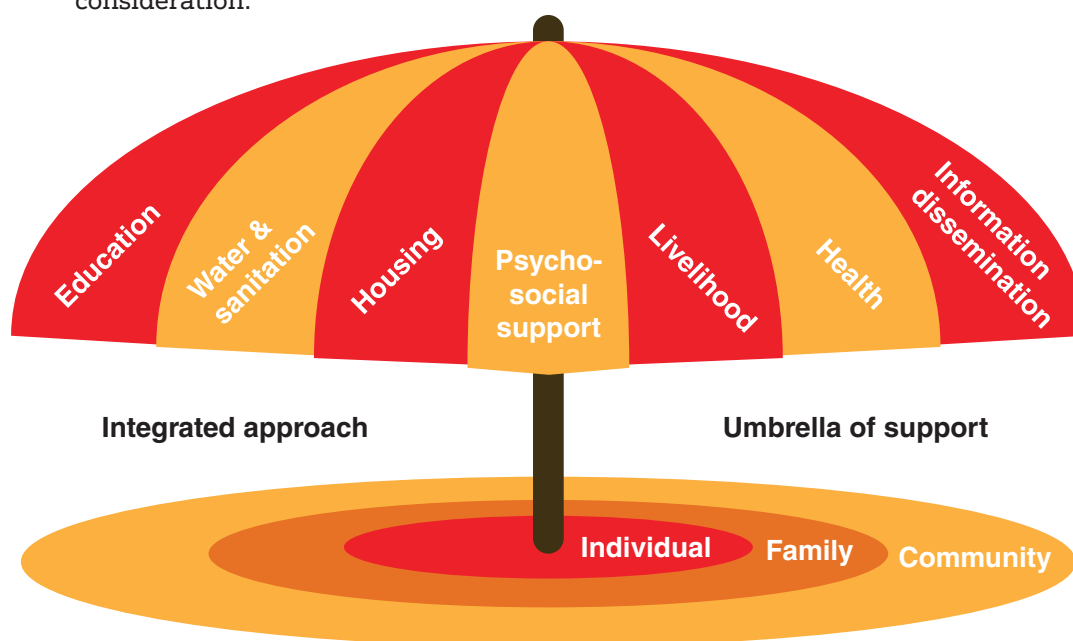
**Individual characteristics** (age, gender, vulnerabilities, individual socio-economic status, past experiences, problem-solving skills)

5. Wrap up the session by explaining: some of the protective factors that can increase resilience are, for example, belonging to a caring family or community, maintaining traditions and cultures, and having religious beliefs or political ideology. For children, stable emotional relationships with adults and social support, both within and from outside the family, are strong protective factors. Ability to maintain daily routines and to restore a sense of normality are also protective factors. Certain groups of people may potentially be at an increased risk of experiencing social and/or psychological difficulties. Children, elderly people, mentally or physically disabled persons, people living in poverty and persons with pre-existing health or mental problems have been shown to be at risk.

### **Activity 1.5. Psychosocial support (20 minutes)**

1. Explain to the participants: the term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the one influences the other. Draw two big slightly overlapping circles on a flipchart and write “psychological” above one circle and “social” above the other circle. Ask the participants to brainstorm in plenary what they think constitutes “psychological” and what constitutes “social” and write their suggestions in the circles. If the participants find it difficult, help them by providing a few examples: the psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

2. Explain to the participants: psychosocial support refers to the actions that address both the psychological and social needs of individuals, families and communities. Psychosocial support in the Red Cross Red Crescent context is sometimes delivered through programmes specifically designed to address psychosocial issues. However, it is more common that psychosocial support is integrated within other activities and programmes, such as health programmes during emergency relief, assistance programmes to people living with HIV and AIDS and school support programmes in order to ensure a more holistic approach, which takes more components of the well-being flower into consideration.



3. Explain that we provide psychosocial support because it helps people affected by crisis to recover and early and adequate mobilization of psychosocial support can prevent distress and suffering from developing into more severe mental health problems.
4. In 2007 a group of experts came to a consensus of five intervention principles to guide practice in relation to crisis events. These principles have become known as "the Hobfoll intervention principles" and state that psychosocial support interventions must focus on the promotion of:
  - ensuring safety
  - promoting calm
  - promoting self- and collective efficacy
  - promoting connectedness
  - promoting hope
5. Explain to the participants: when planning psychosocial interventions, it is helpful to keep all five principles in mind. The principles are all interrelated. Promoting calming, for instance, is not possible if people do not feel some sense of safety, and without a feeling of connectedness, promoting collective efficacy is not easy. At the same time, not all activities can cover all five principles. Doing yoga exercises, for instance, is good for promoting calming, but does not necessarily promote connectedness. Facilitators also need to bear in mind the specific situation in which they are working. For instance, in a safe and non-threatening environment, promoting a sense of safety may not be the main concern.

## **Wrap-up**

In recent decades, disasters, conflicts and health epidemics have taken their toll increasingly on civilian populations. In addition to traditional programming to address the physical and basic needs of the affected population in the form of food, water and shelter, Red Cross Red Crescent National Societies have increased their awareness and programming to address the psychological and social suffering of affected populations. It has been acknowledged that psychosocial support and protection are factors that hold equal importance with addressing physical and basic needs. Psychosocial support activities should be planned for whole communities, focusing both on individual and community needs, and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanisms through community-based activities.

---

# eCBHFA Facilitator guide

---

## Module: Psychosocial support

### Topic 2: Stress and coping

---

## Learning objectives

Describe common reactions to stress as well as coping strategies and how to support people in stress.

## Main learning points

Outline of activities

- What is stress?
- What are common reactions to crisis events?
- Coping with stress
- Referrals

## Tools/materials required

Worksheet 1, flipchart, markers.

## Suggested outline of activities

Activity	Methodology	Time
1.1 What is stress	Presentation Role play	30 min
1.2 Common reactions to crisis	Timeline Presentation	40 min
1.3 Coping with stress	Presentation Group work	20 min
1.4 Assisted coping	Individual reflection Plenary discussion	20 min
1.5 Complex reactions	Group work and presentation by groups	30 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min



## Facilitator direction

### Activity 1.1. What is stress? (30 minutes)

1. 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 where there are people with very high stress levels.
2. Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. There are different types of stress:
  - **Day-to-day stress** represents those challenges in life which keep us alert and on our toes.
  - **Cumulative stress**, however, occurs when the sources of stress continue over time and interfere with regular patterns of living.
  - **Acute stress** represents specific situations where individuals are unable to meet the demands made on them and suffer physical or psychological breakdown.
3. Divide the participants into three groups and assign a type of stress to each group. Ask each group to come up with a role play that illustrates the type of stress to demonstrate to the rest of the participants.
4. Ask the groups to act out their role play for the larger group and discuss with all the participants what elements in the role play referred to the specific type of stress.
5. For acute stress reactions, some common reactions are fight, flight or freeze:
  - Reactions to stress may differ and depend upon the severity of the situation, as well as on an individual's characteristics and previous experiences. However, when extreme stress occurs, it interacts with the body's physical, psychological and social functioning. Stress reactions prepare the body for physical activity (fight, flight or freeze).
  - The fight and flight response is activated when we think we can either outfight or outrun the perceived danger/attacker. The body is ready to react in a matter of seconds, when adrenaline and other hormones are released that produce physical changes, such as increased heart rate and blood pressure, rapid breathing and sweating.
  - In some respects, the fight/flight response can be seen as an energy conservation device. It allows you to go through your day, using a modest amount of energy for mundane tasks, while keeping a massive amount of energy always on reserve in case of emergency.
  - Freeze is a mechanism that is activated when the body thinks the danger is too great to overcome and there is no escape. It happens in car accidents, to rape victims and to people who are robbed at gunpoint. Sometimes they pass out, freeze or mentally remove themselves from their bodies and do not necessarily feel the pain of the event.

6. Most people experience stress in the course of being caught up in a crisis event. They may have difficulty in believing what has happened to them and to those around them. In the days that follow, some people may feel confused, distressed, fearful or numb. Even though such reactions can seem frightening, it is important to understand that these are entirely normal and understandable responses to something abnormal.
7. Wrap up the session by saying: recovery takes time. One day a person might feel better, but the next day they might experience a major set-back. Depending on the scale of the event and other factors, reactions may, however, continue longer than might be considered a healthy timeframe for psychological recovery. Improvement should come with time, and if it does not, then professional help should be found. The last section of this module (referral for professional help) gives examples of when to refer people.

## **Activity 1.2. Reaction to crisis events (40 minutes)**

Read the following for background knowledge on common reactions. This information is also found in the volunteer material.

### **Common reactions to stressful events**

#### **During and immediately after**

There are some crisis events that we can prepare for to a certain degree, such as when someone is dying of an incurable illness, or is close to dying from old age. Crisis events like these are expected but still sad and unwanted. Reactions to events like this can still be overwhelming and difficult, but they are different from reactions to unexpected and sudden events.

During or immediately after a severe unexpected crisis event, many people react by going into what is commonly known as a state of shock, where time seems to stand still and everything feels numb and unreal. This can be accompanied by physical reactions of increased heartbeat, sweating, shaking, trembling, shortness of breath, dizziness or nausea. People may find it difficult to think clearly and do not know how to handle the situation. These reactions can last for minutes or hours during or after an event. They typically subside after a few hours, although some people may feel like this for longer.

#### **Days and weeks after**

Reactions after an initial state of shock vary greatly depending on the perceived severity of the event someone has experienced. If the event was traumatic and frightening, the person may feel relieved that they survived, but they may also feel guilty or angry if others were hurt or killed and they were unable to prevent this. There is often profound sadness and grief especially if lives were lost. Sometimes there can be fear that the frightening event will happen again, for example in the aftermath of an earthquake or in a situation of armed conflict. In this phase it can be difficult to make decisions and to communicate clearly with others. This can lead to feelings of anxiety, confusion and uncertainty about what to do next.

Many people have physical reactions in the first few days after a distressing event like aches and pains, and may lose their appetite or be unable to sleep. If a person's life has changed dramatically due to a distressing event, it may be difficult to carry out normal everyday activities and to focus on what the next steps should be. Some people may feel an enormous anger with other people and the world, while others experience a sense

of emptiness and hopelessness about the future and lose interest in interacting with others or doing things they used to do. Withdrawal, disappointment, avoiding company and thinking no one really understands are also common reactions.

### **Weeks and months after**

As weeks and months go by after a distressing event, reactions continue to change. Most people begin to accept the changes to their lives and start slowly to adapt and adjust to a different reality. This can still be very difficult, however, and even though most people are able to function and carry out daily activities, some people continue to have recurring moments where they feel fear or anxiety, anger and irritability or sadness and hopelessness.

Some people keep themselves excessively busy to try to avoid thinking about their experiences or losses, whilst others find it hard to get out of bed and be with other people. Some people become overly vigilant and nervous and may become over-protective of their loved ones. Some may continue to experience appetite changes and eat more or less than usual. Changes in sleeping patterns are also common, with some sleeping more than usual and others finding it very difficult to fall and/or stay asleep. If the problems stay the same and are continuously severe, this is a sign that they are in need of further support. When someone has such strong reactions that they interfere with their normal daily functioning, then they may need referral for more specialized services and support.

### **Years after the event**

Most people recover from crisis situations and difficult experiences and find ways to adapt to their changed lives. However, there can be situations and events that trigger strong reminders of the stress reactions and may make them recur, such as anniversary dates of the event or experiencing something similar.

## **Instructions:**

1. Ask the participants to sit in groups of four and start by discussing how people usually react when they experience something distressing.
2. After a few minutes ask them also to discuss how people's reactions change with time.
3. Give every group a copy of worksheet 1 and ask the participants to draw a timeline on a flipchart with the following categories: "During and immediately after", "Days and weeks after", "Weeks and months after" and "Years after".
4. Explain that the words from worksheet 1 are examples of common reactions and feelings that people can have to crises or stressful events.
5. Ask the participants to discuss in their groups and agree where on the timeline they think most people have these reactions. Ask them to plot the words into the timeline. Give the participants about 10 minutes to work on this.

**Note:** there are some blank spaces for words in worksheet 1. Explain that the participants can use these to add reactions or feelings that are not listed, or to make duplicates of some of the cards, if they think some of the reactions and feelings can occur at multiple times after an event.

6. When they have completed the task, ask the participants to display the flipcharts next to each other and discuss differences and similarities.
7. When all the groups have contributed, summarize the discussion and highlight that:
  - **Reactions differ:** there is not one standard reaction to distressing experiences. People react in different ways.
  - **Timing of reactions differs:** reactions change over time. Some people react calmly during or immediately after an event, and become distressed days, weeks or even months after the event, whilst others react very strongly at the time of the event.
8. Explain that how someone reacts depends on many factors. Ask the participants what they think influences people's reactions to stressful events.

*You can say:* People experience crises every day, in different ways and in different circumstances. Some people are able to cope with these and function well without strong reactions, while others come to a complete standstill and cannot complete even the smallest daily tasks. Everybody reacts differently, depending on a range of different factors. What do you think these factors are?

9. List the different factors that are mentioned. Make sure the following are all included:
  - the nature of the event – what happened and how people have been affected
  - the severity of the event – how severe the consequences were, especially in terms of loss and life changes
  - how long the event lasted
  - whether they experienced something similar before
  - what kind of support they have
  - their physical health
  - their pre-existing state of mental health
  - their cultural background and traditions, which impacts their behaviour, expression and communication
  - their age (for example, children of different ages react differently to adults)
10. Conclude this session by saying:

Most people who experience crises or traumatic events have common reactions and recover well, especially if they can restore their basic needs and receive support from people around them.

Remember that when a community is affected by a crisis event the impact is bigger than the individual reactions. Therefore the consequences in the community will be severe, and may include for example:

- increase of violence and abuse
- increase in discrimination and stigmatization
- decrease in trust and social cohesion

This is one of the reasons psychosocial and protection activities are so important in response to crisis events. Psychosocial support helps people recover after a crisis event. Red Cross Red Crescent implement community-based psychosocial support interventions which focus on emotional support as well as strengthening the social bonds of people in affected communities.

### **Activity 1.3. Coping with stress (20 minutes)**

1. Explain to the participants: the objective of coping is to function physically, socially and psychologically through the course of a crisis and afterwards.
2. Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems, seeking to minimize, reduce or tolerate stress or conflict. Coping is a dynamic process: it changes over time as a consequence of changes in the specific context.
3. Divide the participants into groups. Ask them to write down as many coping strategies as they can think of for both in and after a crisis situation. Ask them to divide the strategies into positive and negative coping strategies.
4. Discuss the suggestions in plenary and explain: in psychological terms, people are seen to cope in two ways. They may adopt avoidance or approach strategies. Avoiding facing the situation can result in negative thoughts and emotions, depression, psychological and physical strain. Avoidance strategies include denial and disassociation. This may mean that confrontation is avoided or that the person decides that nothing can be done. Negative coping behaviours include ignoring a threat or denying its effect, going into isolation, letting frustration out on others, self-medication including substance abuse and taking other security and health risks.
5. Sometimes avoidance strategies can be applied for some time if this is necessary for the person to continue functioning. They can therefore sometimes be useful and necessary.
6. However, people tend to function better when they adopt approach strategies. Facing their problems and trying to solve them often results in reduced levels of stress and makes it easier to move forward. Positive coping behaviour includes reaching out to others for help, actively working to find a solution or eliminating the source of stress. Approach strategies also involve trying to find meaning in the situation, activating support systems and taking action to solve the problems.
7. When people are in distress their coping strategies are often activated automatically. It can feel empowering and supportive for the person in distress to become aware of these coping behaviours and to find ways to strengthen the ones that are useful to them. Even if the coping strategy is seemingly "negative" the strategy should not be judged, however the person should be supported in trying to activate additional and more appropriate coping strategies.

### **Activity 1.4 Assisted coping (20 minutes)**

1. Ask the participants: reflect a few minutes on a situation that has been challenging for you and think about the following questions:
  - What coping strategies did you use during and after this situation?
  - What was useful for you in this situation?
  - Did you receive any support, and if so, what kind of support did you feel was helpful?
2. Some people will need help in the immediate aftermath of a crisis event. The longer a person remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible. The most important elements of assisted coping are:
  - primary focus on physical care and protection
  - stay available
  - provide comfort and reassurance
  - provide information
  - help people engage in activities
  - support decision-making processes
3. Ask the participants: are these points aligned with the needs you identified in your situation?
4. Did you have additional or different needs?
5. Did anyone who was present in your situation apply any of the points to support you? In what way were the points applied?

### **Activity 1.5. Complex reactions (30 minutes)**

1. Sometimes people have reactions to distressing events that are more complex than the ones described previously. There are certain factors that increase the risk of developing stronger and more complex reactions. Examples of these are if a person has had previous traumatic experiences; has an underlying mental condition; was exposed to events where the horror element was high; thought he or she was going to die; experienced traumatic bereavement and/or was separated from his or her family.
2. There are many different complex reactions that can be observed over time. Some of the most typical ones connected to experiences of distressing events are complicated grief, panic attacks, anxiety, depression and post-traumatic stress disorder (PTSD).
3. Divide the participants into three groups and refer each group to one of the complex reactions in the volunteer material (panic attacks/anxiety, depression, PTSD). Ask the groups to read through the assigned complex reaction, discuss it and present the key points to the larger group. The groups will have five minutes to prepare and three minutes to make their small presentation.

4. Explain to the participants: people who have complex reactions often need additional specialized help besides assisted coping and should be referred for professional mental health support if possible. Examples of referral services are local counselling services, clinics or hospitals with mental health trained staff, non-governmental organizations that offer psychosocial support and support groups. In some communities, counselling is offered by religious leaders or lay counsellors.
5. The complex conditions share some of the same symptoms, but the focus of treatment varies. This material does not cover these disorders in detail. Further longer-term training is required along with supervision to provide the specialized services needed (see also topic 5 for information on referrals).
6. The Red Cross Red Crescent works to support the local health services of a given country. Our work is community-based, grounded in volunteerism. As a result, assisted coping and psychosocial support provided by staff and volunteers and community resources go hand in hand with professional assistance, thereby reducing the isolation and stigma of persons with mental health conditions and their caregivers.

## Wrap-up

Explain to the participants: stress is a natural response to a physical and emotional challenge and occurs when demands are out of balance with the person's resources. Reactions to stress may differ and depend upon the severity of the situation as well as on an individual's characteristics and previous experience. Stress reactions have an impact on the body's physical, psychological and social functioning. Just as there are many ways of reacting to crisis events, there are many ways of coping with the impact of the events. The objective of coping is to restore physical, emotional and social functioning, and some people will need to be assisted in the early stages of coping. This can be done by focusing on physical and practical care and protection, by being available, by providing comfort and reassurance, by providing information, and by helping people do normal activities.

---



# eCBHFA Facilitator guide

---

## Module: Psychosocial support

### Topic 3: Loss and grief

---

#### Learning objectives

Outline the meaning of loss and grief, the impact they have on individuals and families and how to support grieving persons.

#### Main learning points

- Loss and common reactions to loss
- The grieving process and complicating factors
- How to support grieving persons

#### Tools/materials required

Flipchart, markers, case studies, model of the grieving process on flipchart or PowerPoint.

#### Suggested outline of activities

Activity	Methodology	Time
1.1 Loss	Self-reflection Presentation Brainstorm in groups	30 min
1.2 The grief process	Presentation	20 min
1.3 Support to grieving persons	Presentation Role play	55 min
1.4 Complicated grief	Presentation, Scenario-based group work	35 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min



## Facilitator direction

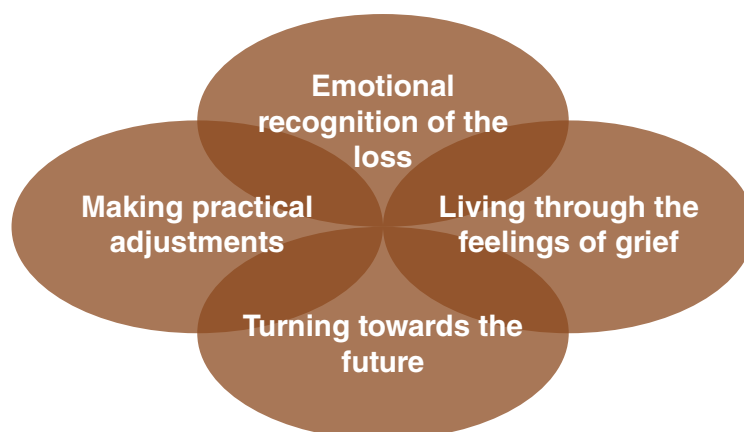
### Activity 1.1. Loss (30 minutes)

1. Explain to the participants: we all experience loss at some point during our lives. Loss is common, particularly in crisis settings. Tell the participants: take a few minutes to think about a situation in your work where you have experienced other people's losses.
2. Discuss the different types of losses in plenary and note them down on a flipchart.
3. Explain to the participants: there are many types of losses – the death of a significant other, destruction of property, loss of livelihood, loss of dignity, loss of self-esteem, loss of trust, loss of hope, the ending of an important relationship, physical injury, loss of security, loss of honour, loss of mobility and social networks.
4. All kinds of losses are unpleasant, but some losses can be devastating. In the coming exercises, we will talk about loss of life which often has an immense impact on survivors' lives.
5. It can be very painful to lose someone. The pain may seem unbearable. The sense of connection to the person is broken and it is difficult to find one's own place in life again. For a family, one member has gone. The death of that person may lead to secondary losses of income, home and social status. In these circumstances, it can take a while for the family to reorganize.
6. Tell the participants: a man was at home when the police arrived and told him that his wife had been killed in a traffic accident. She had been a pedestrian in the street when a driver lost control over his car and hit her.
7. Write the following questions on a flipchart, then divide the participants into groups where they can discuss the question:
  - What do you think would be the husband's feelings and reactions in the hours and days to come?
8. Discuss the reactions in plenary.
9. Ensure the following common reactions to loss are discussed:
  - shock
  - anger
  - depression
  - despair
  - sadness
  - hopelessness
  - worrying or constantly thinking about an issue
  - search for meaning
  - religious and spiritual beliefs might be challenged
10. One cannot compare loss. Each loss, whether sudden or not, creates specific challenges. It is important to allow bereaved people to grieve in their own individual way. People usually cope with loss by grieving, and psychosocial support at this time can be important.

## Activity 1.2 The grief process (20 minutes)

1. Grieving is about adjusting to the loss – a normal but painful process. Ask the participants to have a quick discussion with the person next to them about the characteristics of a grieving process and to share their findings afterwards in a plenary session.
2. Explain to the participants that in the grief process, four areas of adjustment take place in order for those who have been bereaved to get on with their lives. The process includes (draw the four areas of adjustment on a flipchart):

### The Four Areas of Adjustment



- Emotional recognition of the loss - "My daughter is never coming back".
  - Living through the feelings of grief - sadness, anger, despair.
  - Making practical adjustments such as seeking help from neighbours for the first time after the person has died, finding a new place to live if necessary, taking on new responsibilities e.g. financial responsibilities or house chores (if that was something the deceased person usually managed).
  - Turning towards the future and learning how to live with the memory of the lost person (re-engaging in life and activities, activating social networks).
3. The grieving process is not linear, and grieving people can go in and out of the different processes. How long people grieve is very individual. For some it is a few months, for other people it may be years, or even their whole life. Grieving for a long time is normal especially if you had a very close emotional connection to that person e.g. your spouse or child.
  4. Grief can influence family dynamics. Grief reactions can be very different with family members, which can cause tension and conflict. New roles within the family may need to be defined.
  5. Grief might make people seek isolation and shut others out. This may be helpful as a coping strategy for a while, but it should not go on.
  6. Sometimes you may be grieving over a person for the rest of your life, but there should be changes in the grief, so that you are able to resume your life and activities and again experience positive aspects of life.

7. It is important for the bereaved to go on living and create room for other people in his or her life. It is also important that the bereaved understands that it is fine to be happy and to laugh. This can be done even though the grieving is still a big part of a person's life. Grief is a long and difficult emotional process – both in time and substance.

### **Activity 1.3 Support to grieving persons (55 minutes)**

1. Explain to the participants: we will now look at what needs grieving people have. We will see that social support is a strong positive factor in the adjustment process, and we look at the role you play as a member of staff or volunteer in providing assistance. Ask the participants to go back to the same groups they were in for the previous exercise in activity 1.1. Ask them to recap the scenario, the losses and reactions of the husband who lost his wife. Ask the participants to answer the following question in the group:
  - What would this person's need be?
  - How could a Red Cross Red Crescent volunteer assist this person?
2. Go through the answers from the group and add: 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. It is important to be available, listen and provide care and practical assistance.
3. Social support from family and friends plays an important role in preventing and/or living through times of complicated grief. It is essential to help people to continue with life after almost unbearable losses. Help the person engage in activities and maintain daily routines.
4. Some people might find comfort in participating in a support group with other people who have also experienced loss. This can give people an opportunity to share their concerns and worries, and encourage them to support and help each other.
5. Ask the participants to go back into their groups and prepare a small role play that can illustrate any kind of support that Red Cross Red Crescent volunteers can provide at a time of grieving.
6. Ask the participants to act out the role plays for each other (five minutes for each role play). After the role plays lead a plenary discussion about additional ways of supporting people who are grieving.

### **Activity 1.4. Complicated grief (35 minutes)**

1. Explain to the participants: complicated grief is also known as unresolved grief. This is when the person who has lost a loved one finds it hard to accept the loss and difficult to adapt to life without them. Complicated grief can impair a person's normal functioning and their relationships with others. Examples of symptoms of complicated grief are extreme focus on the loss and reminders of the loved one, intense longing and pining for the deceased, continued feelings of anger about the death, isolation from others, feelings of hopelessness, and

suffering physical symptoms similar to those experienced by the deceased in his/her final illness. Complicated grief can be seen as soon as six months after the person has lost their loved one(s). Persons experiencing complicated grief should be referred to mental health services if available.

2. Divide the participants into three groups and give each group a case study (the case studies should be adapted to the context in which you work) and ask the groups to take on the following tasks:
  - Write down the different types of losses in the scenario.
  - Describe any factors that you can think of that might complicate a grieving process.
3. Go through the findings in plenary and add the following if not mentioned:
  - ambiguous loss (someone has died but the body cannot be found; the fate of the person is unknown; losing someone to a permanent coma; Alzheimer's etc.)
  - child death
  - death occurred under immense suffering, or via an unsuccessful attempt to save someone
  - suicide
4. If grief reactions are still severely affecting the bereaved person's life after more than six months, you may need to refer the person to more specialized services as the grief process has maybe turned into complicated grief. Persons experiencing complicated grief should be referred to lay counselling or mental health services if available.

## Wrap-up

1. Explain to the participants: often, small things like letting somebody cry, making a phone call to the bereaved or expressing sympathy can make a big difference. 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.
2. Social support is a strong contributing factor to regaining resilience and to healing. Depression is less likely to develop among people experiencing loss when they receive a high level of social support in comparison to those who receive a low level of support.
3. Other people's expressions of sympathy and support generally improve the ability of affected individuals and families to cope with loss and grief. People provide important practical support by, for example, bringing food to the family, participating in funerals and other grieving ceremonies or rituals and being with the family during difficult times.
4. If the appropriate ceremonies take place, if the social network is supportive and if the bereaved has time for grieving, gradually the bereaved is able to engage in family life, social relationships and work again. How long this adjustment process takes depends on the circumstances of the loss, the type of relationship to the deceased person and the amount and type of support received.

# eCBHFA Facilitator guide

---

## Module: Psychosocial support

### Topic 4: Psychological first aid

---

## Learning objectives

Explain the principles of psychological first aid (PFA) and to be able to provide PFA to people in distress.

## Main learning points

### Outline of activities

- Understand the relevance of PFA
- Understand what PFA is and what it is not
- Understand the three action principles of PFA: Look, Listen and Link
- Practise providing PFA

## Tools/materials required

### Guidance for teaching content and correct modelling of methods

- Flipcharts, markers
- Pre-prepared flipchart with "What PFA is" and "What PFA is not". See activity 1.4,
- Pre-prepared flipcharts with the action principles "Look", "Listen", "Link" (including action points) written on them. See activity 1.5
- Tool A
- Case study for activities 1.6, 1.8 and 1.9 (same case study used in all activities) and role play peer evaluation sheet for each participant

## Suggested outline of activities

Activity	Methodology	Time
1.1 Introduction to PFA	Presentation	10 min
1.2 PFA introductory game	Game	15 minu
1.3 Helpful behavior	Self-reflection Plenary discussion	10 min
1.4 What if PFA	Presentation and plenary discussion	20 min
1.5 Introducing “Look,” “Listen,” “Link”	Presentation	5 min
1.6 Look	Case study	20 min
1.7 Listen	Practice exercise	30 min
1.8 Link	Brainstorm in groups Plenary discussion	15 min
1.9 Practicising PFA	Role play	45 min

## Facilitator direction

### Activity 1.1. Introduction to PFA (10 minutes)

1. Introduce the training by asking the participants if anyone knows what psychological first aid (PFA) is. Ask them to share what they know.

If none of the participants are familiar with PFA, you can start by asking them what they know about physical first aid, and then what they think PFA is.

2. Summarize their responses by saying: psychological first aid is a set of skills you can use to help people in distress who need support to manage their situation and cope with immediate challenges. Once you have learnt these skills you can use them in your personal life and when you are part of a team reacting to a crisis event.
3. Ask participants to give examples of the kinds of situations that might lead someone to need psychological first aid. Examples of situations are when someone:
  - finds out they have a serious illness
  - is in a car accident
  - is assaulted or experiences other forms of violence
  - experiences a disaster, like an earthquake or a flood
  - loses a loved one

Highlight that crisis situations can be individual and personal, for example when going through a divorce or losing a loved one, and they can be public and affect many people together, for example due to a natural or human-related disaster.

4. Continue by explaining: when we experience frightening or distressing events like the ones you have mentioned, we react with our bodies, thoughts and feelings. This is normal. It is important to understand this. Everyone reacts when they go through something stressful and difficult. Most people recover from difficult experiences by themselves or with the help of friends, family or others. Psychological first aid involves knowing common reactions to crises and how to help people cope with these reactions.

Many international organizations, including the Red Cross Red Crescent Movement, and the World Health Organization, agree that psychological first aid can help people in distress cope better emotionally and practically, and thus help to reduce negative impacts of crisis events. Today you will learn about the three action principles, "Look", "Listen" and "Link", which give guidance on how you can provide PFA to someone in distress.

Some people need more help, or help other than psychological first aid. Part of learning psychological first aid skills is learning how to recognize when someone needs other help and knowing who to contact to refer the distressed person. We will talk more about this later in the training.

### **Activity 1.2 Introductory game - Look, Listen, Link (15 minutes)**

1. Start by asking the participants to stand in a circle. Explain that you will now play a little game to illustrate some principles of PFA.
2. Begin by asking everyone to walk around the room and to LOOK for a partner with whom they have something in common that can be seen. For example, they could be wearing the same colour t-shirt, or they have the same coloured hair or eyes, etc.
3. When everyone has found a partner, tell them to ask the other person's name and prepare to introduce the other person to the bigger group.
4. Invite the partners back to the circle and take a round where each person introduces their partner to the big group.
5. Now explain that they will repeat the activity, and find a new partner, but this time they should talk to the others and LISTEN to find someone with whom they have something in common, for example, the same number of children, or they live in the same area, or they like the same music etc.
6. When everyone has found a partner, tell them to come back to the circle and share with the big group what they have in common.
7. Summarize that now they all know a little about each other, what ways they look alike, and what things they have in common, their last task is to try to create a human chain where they all LINK together through things they have in common. This may take some time, as they can only link the people at the end of the chain.

*For example:* Tomas links to Jessie because they both like reading, and Jessie links to Ezra because they both have three children. Tomas links to Dominic because they both like classical music, and Ezra links to Maha because they went to the same school, etc.

8. When they have formed a human chain ask them to link it into a circle. End the activity by explaining that they have now practised the three core action principles of psychological first aid, of LOOK, LISTEN and LINK.

### **Activity 1.3 Helpful behaviour (10 minutes)**

1. Ask the participants to quietly and individually think of a time in their life when they experienced something unexpected that was more difficult than usual to handle.
2. Now ask them to think about whether they received help from one or more people when they had this experience, and to think about what this person, or persons, did to help them, and what it was that was helpful or unhelpful.
3. Invite the participants to share some of their reflections. They should not go into detail about what the difficult experience was but keep focus on the help they received and what it was that was helpful or not helpful.
4. Write some keywords on a flipchart with two columns: "Helpful" and "Not helpful" to capture their responses.

Examples are:

Helpful	Not helpful
Listened calmly	Started panicking herself
Called my family	Took over the situation
Brought me a glass of water	Talked about themselves
Took over the situation	Interrupted

Use these responses to show that different things are helpful in different situations, and for different people. Someone who is in a state of shock may find it helpful that a friend takes over the situation and takes care of practical matters, while another person might find the same action unhelpful because it made them feel powerless and unable to cope.

### **Activity 1.4 What is PFA? (20 minutes)**

1. Start by summarizing the information the participants have already received about PFA: psychological first aid aims to reduce the initial distress someone feels after a difficult event or experience, and to help fulfil the person's practical and basic needs, such as finding somewhere to stay if they have had to leave their home, helping them contact family, etc.

It involves assisting someone in distress to manage their situation and be able to make informed decisions, so they can adjust and cope with the challenges they are facing. Psychological first aid skills involve recognizing when someone is in distress and taking action to help them. The action you take depends on the situation and the kind of help the person needs and is likely to differ every time you help someone.



2. Explain that you will now go through some clear guidelines on what PFA is, and what it is not.

Display the prepared flipcharts with the information given below.

**PFA is...**

- comforting someone who is in distress
- helping them feel safe and calm
- assessing needs and concerns
- protecting people from further harm
- providing emotional support
- helping to address immediate basic needs (e.g. food, water, a blanket or shelter)
- listening to people but not pressuring them to talk
- helping people access information, services and social supports

**PFA is not...**

- something only professionals do
- professional counselling or therapy
- encouraging a detailed discussion of the distressing event
- asking someone to analyse what has happened to them
- pressing someone for details on what happened
- pressuring people to share their feelings and reactions

3. Ask the participants if they have any questions at this point and address these.
4. Now ask the participants **who** they think can provide PFA?

After they have responded, you can summarize by saying: psychological first aid does not have to be provided by a mental health specialist or professional, but can be provided by volunteers, first responders, or members of the general public who have been trained in psychological first aid skills and the action principles.

5. Now ask the participants **when** they think PFA should be provided. After their responses, summarize by saying: simply explained, PFA is for when someone is in distress and needs help. It is an approach that can help during or in the immediate aftermath of a stressful event. PFA can, however, also be helpful days, weeks, months or even years after an event has taken place, when the situation develops further or memories of what has happened trigger reactions. Some people react during or just after an event, while others have stronger reactions much later.
6. End this session by asking participants **where** they think it is appropriate to provide PFA. You can summarize by saying: psychological first aid can be provided in any setting where it is safe and comfortable for the helper and person(s) in distress to be. It can be in a home, community centre, shopping centre, school, train station, airport, evacuation centre, hospital, clinic, or even at the location of a crisis. It is best to provide psychological first aid in a quiet and calm environment where everyone feels safe and secure. If someone has experienced something very sensitive, such as sexual violence, privacy is essential for confidentiality and to respect the person's dignity.

### **Activity 1.5 Introducing Look, Listen Link (5 minutes)**

1. Start the activity by saying: PFA is becoming increasingly popular and recognized more and more as an effective way of helping people in distress all over the world. Different models are used by different organizations, but the aim of PFA is the same, to empower you with the knowledge and skills to be able to provide PFA to people in distress. The different organizations also all follow the same basic principles of approaching someone in distress, assessing what help the person needs together with him or her, and helping them access this help.
2. Explain that you will go through each of the three action points of PFA: Look, Listen, Link

Make a point of explaining that although it may initially look like it makes sense to follow the presented order of the action principles, Look, then Listen, and then Link - in reality the order of actions will be mixed up and take place in different ways and sequences, depending on the situation. At times some actions will take place simultaneously. You may also have to repeat some actions several times or focus more on one action than the others because of the situation and the person's needs.

### **Activity 1.6 LOOK (20 minutes)**

1. Show the pre-prepared flipchart with the information on the action principle "Look".

LOOK for

- information on what has happened and is happening
- who needs help
- safety and security risks
- physical injuries
- observe/identify immediate basic and practical needs
- emotional reactions

*Case studies:* ensure case studies are relevant to the context and participant group. You can choose to give the groups the same case story or to give to give each group a different case story.

2. Explain: the first action principle is LOOK, which is about gathering information on what has happened and assessing the situation to help you make decisions about who needs to be offered help and how best to help them. It also involves assessing safety and security risks and making sure you and the person(s) in distress are not in harm's way. LOOK refers to finding out what has happened and is happening - assessing if there are physical injuries that need tending to, finding out if the person(s) has immediate basic and practical needs and assessing what emotional reactions the person is experiencing and what help will be caring and supportive.
3. Put the participants into groups of three and give each group a case study. Ask the participants to read the case study and then to apply the action principle of LOOK.

4. After a few minutes, ask the groups to share how they would apply the LOOK actions to their case study. If the groups are working on different case stories ask them to first shortly present their case.
5. Use their examples from the case studies to explain the actions of LOOK in more detail. You can use the notes below to help you.

LOOK for

- information on what has happened and is still happening
- who needs help? – are there many people in distress? If so, who should you help first?
- safety – are you and/or the affected person(s) in any danger? Do you need to go somewhere else to be safe and out of harm's way?
- physical injuries – is anyone physically hurt and needing immediate medical attention?
- immediate basic and practical needs – observe and identify if anyone needs a warm blanket or some water to drink?
- emotional reactions – what kind of emotional reaction is the person having and what is the most caring and helpful way to support them? Does anyone need referral for immediate professional mental health support?

### **Activity 1.7 LISTEN (30 minutes)**

1. Display the flipchart with the title LISTEN and the action points listed below.

LISTEN refers to how you

- approach someone
  - introduce yourself
  - pay attention and listen actively
  - accept others' feelings
  - calm the person in distress
  - ask about needs and concerns
  - help the person(s) in distress find solutions to their needs and problems
2. Start the activity by explaining: the action principle LISTEN refers to the way you communicate with someone, from the very first moment when you approach and interact with the person(s) in distress.
  3. Ask the participants to give examples of how they think you should approach and introduce yourself to someone who is in distress. What information do they think is important for them to have about the PFA helper? Ask a volunteer to demonstrate how she or he would introduce himself or herself and ask the rest of the participants to give feedback. It is important to start by saying your name, what organisation you come from and that you are there to provide support.
  4. Move on to the next action point on paying attention and active listening which will be the focus of this session, as active listening is an essential component of PFA. Start by explaining: listening is not something you do only with your ears. That is hearing. Listening involves all the senses and also refers to your behaviour. Listening is being present, paying attention and trying to understand what has happened to the person in distress, what they are feeling, and what they need. It is being open, inquisitive and sensitive to what the distressed person is experiencing. It is also recognizing when someone does not want to talk and allowing silence.

We will now explore a psychological first aid skill called active listening. This is a powerful skill, as being a good listener is something that benefits you in all aspects of your life, not only as a psychological first aid helper.

### **Active listening**

1. Ask the participants if they know what active listening is and to share what they know.
2. Summarize their input by explaining that active listening is an attitude and a set of skills that can help someone in distress. Listening is more than sitting passively while someone speaks to you. Listening is both verbal and nonverbal.

3. Some examples are:

#### **Non-verbal**

- Using *body language*, such as e.g. eye contact, facial expressions, gestures (with head, arms and hands, touching the person gently on their arm or holding their hand - if appropriate)
- Being aware of *space*, such as how you distance, position and orient yourself in relation to the other person
- Taking the *time* needed to understand what the other person is going through

#### **Verbal**

- Asking *questions* to improve understanding
  - Restating and *summarizing* what the person says in your own words to ensure understanding
  - Being *encouraging* and positive
4. Now give the participants time to practise active listening. Ask them to think of a problem they feel comfortable talking about. It should not be a big or complicated problem, or one that refers to a traumatic experience, as they will only have a few minutes each to talk about it. If they prefer, they can make something up.

Examples of problems one could talk about are:

- an argument with a colleague
  - finding it difficult to balance responsibilities at work and at home
  - living far from work and having to travel long distances every day
5. Explain that they will work in pairs and take turns to tell the other person about their problem. Each person will have about three to five minutes to talk about his or her problem. The person who is listening should practise active listening and towards the end restate and reflect the main points the other person has shared. They should also note if there was anything in the conversation that was different to how they would react themselves and challenged their own beliefs or morals.

6. When both participants have had a chance to be the talker and the listener, ask everyone to reflect on the activity. You can use the following questions to guide the reflection:

**Questions to the listener:**

- How easy or difficult was it to listen? Why?
- What did you do to show active listening?

**Questions to the talker:**

- Was the listener attentive to you?
- How could you see that?
- How did he/she make you feel in his/her attitude?

**Asking about needs and concerns and providing help**

1. Explain that the last two action points for LISTEN are asking about needs and concerns and providing help to find solutions for immediate needs and problems. Highlight the following points on asking about needs and concerns:

Important to remember:

- If someone does not want help, do not impose it.
  - Focus on what help is needed and what the priorities are.
  - Do not focus so much on details of *what happened* or how the person in distress *feels* about the situation.
  - Gather as much information as you can to *help clarify what help they need* but without probing or pressuring someone to talk.
2. Ask the participants to think back to the beginning of the training, when you asked them to think of a time when they were in distress and someone helped them. Now ask them to think about what immediate needs and problems they had in that situation.
  3. Ask them to share what kinds of immediate needs and problems they think PFA can help with.

Examples are:

- basic needs, such as food, water, a blanket, a place to sit quietly or rest
- someone to comfort you and help you feel calm
- someone to hold your hand or give you a hug
- help to call the emergency response services
- help to call your family

### **Activity 1.8 Link (15 minutes)**

1. Show the participants the flipchart with the action principle "Link":

LINK refers to how you

- access information
- tackle practical problems
- connect with loved ones and social support
- access services and other help

2. Start by saying: the third action principle is LINK. This is a practical action where you give information and help people access the resources they need to cope with their situation. Remember that providing psychological first aid is often a one-time intervention and you may only be there to help for a short time. The main aims of the action principle LINK address basic needs and access information so they can tackle practical problems, connect people with loved ones and social support and help them access services and other help.
3. Divide the participants into the same groups of three as in activity 1.6 and ask each group to refer back to their case studies and to brainstorm and list all the different kinds of practical help, information or sources of social support that may be relevant for the people in distress in the case studies.
4. Lead a short plenary follow-up on the participant's suggestions.
5. Continue by explaining that there are some situations where it is important to refer a person for professional mental health or other health-related support as soon as possible. This could be if someone:
  - has not been able to sleep for the last week and is confused and disorientated
  - is so distressed that they are unable to function normally and care for themselves by, for example, not eating or keeping clean despite food and washrooms available
  - loses control over their behaviour and behaves in an unpredictable or destructive manner
  - threatens harm to themselves or others
  - starts excessive and out-of-the-ordinary use of drugs or alcohol
  - suffers from complex reactions such as complicated grief, severe anxiety, depression or PTSD
6. The referral should be carried out in agreement with the affected person. Often your supervisor or line manager will also be informed
7. Explain to the participants that when they work as a psychological first aid provider in the capacity of a Red Cross or Red Crescent staff or volunteer, it is the responsibility of their manager or volunteer leader to have information on the local referral system

### **Activity 1.9 Practising PFA (45 minutes)**

1. Start by saying: now it is your turn to practise providing PFA to someone in distress. You will do your role-plays in groups of three using the same case story you previously worked on. Take turns to be the helper to help someone who role-plays that they are the person in distress. The other participant will watch you provide PFA and use the evaluation sheets in Handout 2: Role-play peer evaluation to give you feedback on your PFA work.
2. Give all participants a copy of Tool A: PFA action principles so they have this to refer to and as a reminder when preparing to provide PFA.
3. Give all participants a clean copy of Handout 2 so that the observer of the role-plays has a clean copy for the peer they will evaluate. Remind the participants it is only evaluation of the PFA provider and not of the person in distress. Each person should take a maximum of five to seven minutes to provide PFA, and this gives the observer about two to three minutes to provide feedback. The observer will also be the time-keeper. This activity should not take more than 30 minutes.
4. When everyone has had a chance to role-play and has received feedback from their peer on how they did, ask the participants to come back to plenary.
5. Ask participants to share what they felt went well and what was difficult.

### **Wrap-up**

1. Ask the volunteers if they have any questions, comments or reflections about the PFA module.
  2. Conclude the session by wrapping up: psychological first aid is a psychosocial support activity. It is the compassionate and caring support offered to a person or a group of people after they have experienced a very distressing event or situation. It is a method of helping that involves assessing needs and providing emotional support and practical help. For many humanitarian organizations, including the Red Cross Red Crescent Movement, psychological first aid has always been part of their humane response without them realizing that this is what it is called. The aim of the session has been for you to have clear structure for providing PFA and to practise your PFA skills.
-

# eCBHFA Facilitator guide

## Module: Psychosocial support

### Topic 5: Psychological support activities and referrals

## Learning objectives

The participants will be able to explain the Mental Health and Psychosocial Support (MHPSS) intervention pyramid as well as describe different kinds of psychosocial support activities, referral systems and self-care.

## Main learning points

### Outline of activities

- Learn about the MHPSS intervention pyramid
- Learn about different psychosocial support activities
- Understand referral systems
- Understand the importance of self-care

## Tools/materials required

Guidance for teaching content and correct modelling of methods

- Referral form, post-it notes, flipchart, markers

## Suggested outline of activities

Activity	Methodology	Time
1.1 Psychosocial support activities	Group work	30 min
1.2 MHPSS intervention pyramid	Presentation	30 min
1.3 Identifying relevant psychosocial activities	Case-based group work	40 min
1.4 Community-based work	Case-based group work	30 min
1.5 Referrals	Plenary discussion Presentation Self study	40 min
1.6 Team and self-care	Buzzing groups	30 min
Wrap-up	Plenary discussion	10 min
Total	Plenary	3 hrs 30 min



## Facilitator direction

### Activity 1.1. Psychosocial support activities (30 minutes)

1. Explain to the participants: psychosocial support helps people recover after a crisis has disrupted their lives. Red Cross and Red Crescent National Societies implement community-based psychosocial support interventions which concentrate on strengthening the social bonds of people in affected communities, by improving the psychosocial well-being of individuals and of communities as whole entities.
2. This approach is based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future.
3. Divide participants into four groups and hand out post-its. Ask the participants to think about what they now know about crisis events and psychosocial support. In groups they should brainstorm as many different activities as they can think of that can provide emotional support and strengthen social bonds during or after a crisis event.
4. Ask participants to place all their post-its on a common flipchart (if there are duplications place the post-its on top of each other). If the following have not been mentioned you can add the following to the post-its after the groups have presented theirs:
  - psychological first aid
  - lay counselling
  - peer support
  - support groups and self-help groups
  - life skills
  - psycho-education
  - making referrals
  - advocacy and awareness activities related to psychosocial support issues
  - recreational and creative activities
  - sports and physical activities
  - restoring family links
  - child friendly spaces
  - community committees
  - supporting memorials and traditional burials

## **Activity 1.2 MHPSS intervention pyramid (30 minutes)**

1. Display the Interagency Standing Committee (IASC) MHPSS intervention pyramid on PowerPoint or draw it on a flipchart
2. Explain to the participants: in practice, there has been a wide range of approaches and activities undertaken in the name of “mental health” and “psychosocial support”. The IASC guidelines have helped to bridge the gap between mental health and psychosocial support and encourage a shared understanding. The guidelines set out a framework that outlines steps to be taken before emergencies occur, describes minimum responses during the acute phase and then suggests comprehensive responses to be undertaken during early reconstruction phases of an emergency.
3. Go through the four levels of the intervention pyramid and ask the participants for as many examples as possible (psychosocial support activities) on each layer:

### **First layer: Social considerations in basic services and security**

The first (bottom) layer includes the way basic services and security – necessary for the survival and well-being of all persons – are implemented. Psychosocial support includes help to ensure basic services and security are implemented in safe, dignified and socio-culturally appropriate ways. This can include sensitizing other sectors (e.g. shelter, water and sanitation) to psychosocial support approaches.

First layer examples:

- advocacy and awareness-raising activities related to psychosocial support issues
- sensitization of other sectors on psychosocial support issues
- violence prevention and general protection for basic services
- ensuring access and participation in basic services
- non-discrimination and non-stigmatization in basic services

### **Second layer: Community and family supports**

The second layer – community and family supports – includes strengthening community support and helping people to mobilize their support networks. Interventions may include activation of networks, such as women’s groups and youth clubs, recreational activities aimed at enhancing psychosocial well-being and psychosocial activities within safe spaces. Other examples include psychosocial support in restoring family links (RFL) services, facilitating communal mourning and healing after a disaster or providing communities with psycho-education on stress and coping.

Second layer examples:

- psycho-education and awareness raising on psychosocial support (to wider community)
- life skills/vocational skills
- recreational and creative activities
- sports and physical activities
- restoring family links
- child friendly spaces
- community committees
- supporting memorials and traditional burials
- celebration of national and religious events

**Third layer: Focused (person to person) non-specialized support**

A smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. The third layer includes family or group psychosocial interventions by trained or supervised staff and volunteers. This may include psychological first aid, lay counselling and focused support groups.

Third layer examples:

- psychological first aid (as “intervention”)
- lay counselling
- support groups and self-help groups
- structured follow-up after crisis events (e.g. for volunteers)

**Fourth layer: Specialized services**

At the top level of the pyramid are specialized services by mental health professionals (e.g. psychiatric nurses, counsellors, psychologists, psychiatrists) that only a minor part of the affected population will require. Staff and volunteers may refer beneficiaries in need of specialized support to the appropriate resources in the community.

Fourth layer examples:

- (Referral to) professional counselling or psychiatric treatments

4. Wrap up the activity by saying: for the Red Cross Red Crescent, the IASC guidelines are relevant for large-scale crises, when we work together with other international organizations. But the intervention pyramid can also be used as a framework for the ongoing situations handled day to day by our National Societies to ensure a multi-layered approach of different interventions and thus ensuring 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.

**Activity 1.3 Identifying relevant psychosocial activities (40 minutes)**

1. Ask the participants: how do we know which activities are relevant and appropriate in a given situation?
2. Discuss the answers and explain: assessments play a critical role in determining which activities are planned in psychosocial response. Before planning can begin it is necessary to find out what has happened and how people have been affected. Assessments ensure that programmes and activities are a response to the actual needs of the affected population. Assessments also explore the resources and strengths of the population, which are as important as identifying needs when planning for an intervention. An assessment will for example look at:
  - the psychosocial impact of the crisis event (stress reactions)
  - violence and insecurities
  - the most vulnerable groups/individuals
  - where people usually go for support
  - local protection mechanism
  - how people usually cope with stressors and adversity
  - individual skills such as problem-solving and negotiation
  - what the functions of the community leaders, local government officers, traditional healers, religious leaders are
  - whether the communities have land, savings, crops, animals and livelihood

- whether there are functioning schools and teachers, health clinics and staff
  - what the religious practices of prayer and worship are, plus burial rites
3. Tell the participants that if they are interested in more in-depth information about assessing psychosocial support needs they can refer to: “Rapid assessment guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery” - [pscentre.org/wp-content/uploads/PSS-and-VP-Rapid-Assessment-Tool-Emergencies-and-Recovery.pdf](https://pscentre.org/wp-content/uploads/PSS-and-VP-Rapid-Assessment-Tool-Emergencies-and-Recovery.pdf)
  4. Tell the participants: living with AIDS/HIV can be challenging and affect your life in many different ways. It is difficult both for the persons living with HIV and for their families. People might face social exclusion and stigmatization, loss of income, inadequate health care, becoming increasingly ill and witnessing family members who become increasingly ill and even dying.
  5. An assessment done in an area with high prevalence of HIV/AIDS showed that some common reactions when living with HIV/AIDS were (write on flipchart): isolation, loss of feeling of belonging, stigma, shame, guilt, worries about the future, fears for the children’s future, anxiety, depression, denial.
  6. Divide the participants into three groups and ask them to identify which psychosocial activities they would implement with people affected by HIV/AIDS, the families and the community. They will have 15 minutes for the groupwork.
  7. Ask one of the groups to present their findings. After the presentation, the other groups can add if they have additional activities. Add the following if not mentioned. Psychosocial interventions:
    - Information activities (at community level as well as for the affected person and family), information to prevent transmission and stigmatization, information about medical services and support in the community (e.g. support groups), advice on how to be healthy and taking care of oneself, information on how to support family members who are living with HIV, information on stress and coping.
    - Home-based care and practical help by volunteers for people living with HIV or AIDS and orphans and children made vulnerable by HIV or AIDS – transportation to clinic and check-ups, support in the home, e.g. buying food, running errands, supporting to maintain normal routines and day-to-day activities.
    - Support activities (include both family and individuals) lay counselling, psychological first aid, support groups.
    - Creative activities and community events – drama, sports, drawing, singing, celebration of religious and national holidays (include people stigmatized in the community).
    - Caring for the helper – peer support, supervision, information about AIDS/HIV, protective materials (soap, gloves).
  8. Wrap up the activity by telling the participants that they can find more information and guidance about specific psychosocial activities in the volunteer material.

### **Activity 1.4 Community-based work (30 minutes)**

1. Explain to the participants: Red Cross Red Crescent National Societies primarily use a community-based approach in responding to psychosocial needs. This is based on the premise that communities will be empowered to take care of themselves and each other. In this way dependency on outside resources is reduced through community mobilization and strengthening of community relationships and networks.
2. The term “community-based” does not in fact refer to the physical location of activities. Rather it stresses that the approach strives to involve the community itself as much as possible in the planning, implementation and monitoring and evaluation of the response. It is an approach that encourages the affected community to gain ownership of and take responsibility for the responses to their challenges. Community participation is therefore an integral aspect of a community-based approach.
3. Tell the participants to go back to the groups they worked in for the previous exercise. Think about the case of people living with HIV. Give examples of how you could involve the community in deciding on the more concrete content of the activities, as well as involving the community in other aspects related to the planning and implementation by answering the following questions:
  - How can you involve the community in planning and implementation?
  - How can you ensure cultural appropriateness and relevance of the activities?
  - How can you ensure ownership and sustainability?
2. Ask the groups to present their findings (one group present the first question and the other groups add, the second group present the second question and the other groups add, etc.) and wrap up the activity by saying: when planning for activities always take into consideration:
  - norms and values in the community
  - involvement, participation and ownership of the local community
  - fostering community support through cooperation between people and the feeling
  - of working towards a common goal

### **Activity 1.5 Referrals (30 minutes)**

1. Tell the participants: a functioning referral system is an essential component of good practice when implementing psychosocial support programmes. Careful documentation of referrals ensures beneficiaries receive the specialized support they need for optimal psychosocial well-being. Referrals may be made for specialized mental health services, as well as other types of services: general health care, protection, social services, legal services, economic support, etc.
2. Staff and volunteers will often come across people in distress and other challenging situations. It is very important to know what type of support you can provide as well as what are your limitations and when you should refer a person to another service or more specialized support. Tell the participants: let us start by thinking about referrals for mental health and psychosocial support. Think back on the information we have discussed on stress reactions and grief reactions. What do you think could be some signs that you would need to refer the person to more specialized services?

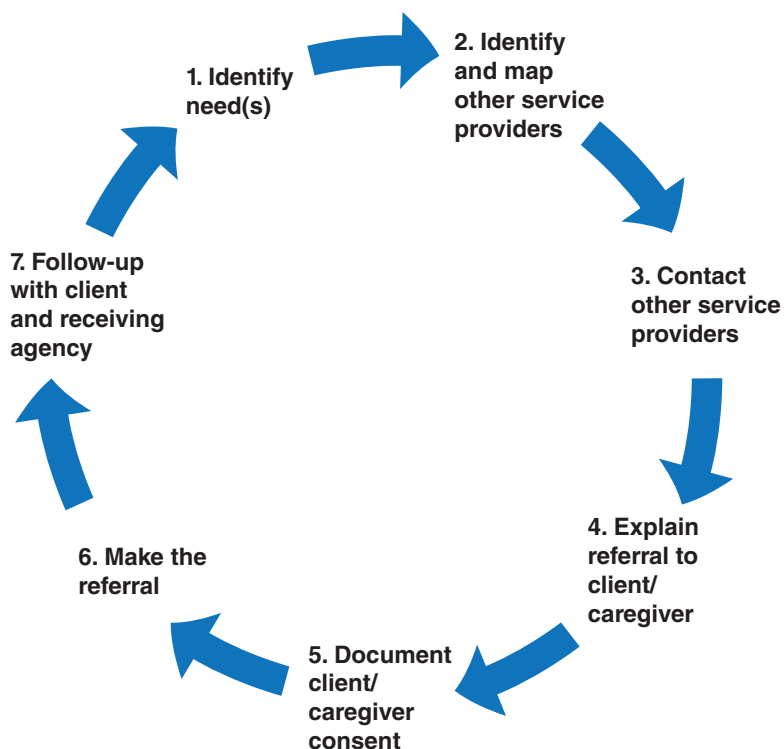
3. Have a plenary discussion with the participants and add to the discussion, if necessary:

If someone:

- has not been able to sleep for the last week and is confused and disorientated
  - is so distressed that they are unable to function normally and care for themselves by, for example, not eating or keeping clean despite food and washrooms available
  - loses control over their behaviour and behaves in an unpredictable or destructive manner
  - threatens harm to themselves or others
  - starts excessive and out-of- the-ordinary use of drugs or alcohol.
  - suffers from complex reactions such as complicated grief, severe anxiety, depression or PTSD
4. The principles of making referrals are universal. Referring means linking a person in distress with help they need from someone or somewhere else, by either contacting the other service directly or giving the affected person(s) contact details.

Remember when referring to:

- always prioritize the confidentiality and security of the person in distress
  - inform the person what the different options are, if relevant, and help the person make informed decisions about the way forward
  - get their informed consent on the plan of action before proceeding
  - follow the procedures and requirements of the service referred to. Procedures will in most instances involve consultation with and approval by the helper's line manager or supervisor
5. Each context and each National Society may have different ways in which the local referral system works and how the local referral procedures should be applied. However, to support agencies in developing referral procedures an interagency referral tool has been developed. Tell the participants that they will get a chance to study the interagency referral form at the end of this session.
  6. It is important first to develop a resource list with available services. A referral resource list should include the names of potential service providers and their contact details – preferably the name of a specific contact and their contact details. It should also include details on the referral procedure for each service provider, for example, if a specific form needs to be filled out, how to make appointments, etc.
  7. When a staff member or volunteer comes across a person who is in need of referral they can use the interagency tool for documentation.
  8. The referral form can be used by any service provider, for example by a doctor working in a primary healthcare centre referring a child to a child friendly space or a nutrition feeding programme, or a case manager referring a client for physical rehabilitation. It can also be used by persons providing psychological first aid after a distressing event.
  9. At its most basic, the steps required to make a successful referral are (show the diagram on flipchart or PowerPoint):



1. **Identify the problem - what does the client need?** Identify and/or assess the client's problems, needs, and strengths with her/him and/or their caregiver (e.g. if the client is a minor or with severely impaired functioning requiring caregiver help).
2. **Identify which organization or agency can meet this need.** Identify and map other service providers who may be able to assist the client and/or the caregiver with her/his needs. Information about other services in your geographical areas can be obtained from service guides, 4Ws mapping reports or coordination meetings<sup>1</sup>.
3. **Contact the service provider to confirm eligibility.** Contact the other service providers in advance to find out more about their services and eligibility criteria, what their referral protocol entails and whether or not they will be able to assist the client.
4. **Explain referral to the client.** Provide information about available services and explain the referral to the client and/or caregiver (e.g. what services are provided? Where is the service provider located? How can the client get there and receive services? Why do you recommend the referral?). Keep in mind that the client can choose to be not referred.
5. **Document consent:** If the client agrees to the referral, obtain consent before the client's information is shared with others. Parental/caregiver consent should be obtained if the client is a minor.

---

<sup>1</sup> The IASC 4Ws: Who is Doing What, Where and When in Mental Health and Psychosocial Support Emergency Settings maybe a useful guide when sourcing service providers.



6. **Make the referral:** Fill out the interagency referral form in triplicate (one copy with referring agency, one copy with client/caregiver, one copy to receiving agency). Provide the referral agency's contact information to the client and accompany them to the referral agency if needed. Referrals can also be made over the phone (if in an emergency), via e-mail or through an App or a database.
7. **Follow-up** with the client and the receiving agency to ensure the referral was successful and exchange information (if applicable). Did the client receive the planned services? What was the outcome?
8. Hand out the referral form and ask the participants to study the form. Give them 10 minutes to do so.
9. Ask the participants if there are any questions related to the form or the information on referrals.
10. Wrap up the activity by explaining to the participants that when they work in the capacity of a Red Cross or Red Crescent volunteer, it is the responsibility of their manager or volunteer leader to have information on the local referral system. If they need to link a distressed person to a service or support system they should always contact their manager or volunteer manager for help and support, unless it is an emergency situation where the person is in danger of being harmed or harming others. It is important to know who your supervisor or volunteer leader is, so that you have someone you can contact if you are in a situation where you do not know how to help the person in distress, or need referral information very fast. Carry contact details of the person with whom you can get in touch for advice or support with you at all times. You are not expected to know about all the services available or how to handle all reactions on your own.

### **Activity 1.6 Team and self-care (30 minutes)**

1. Explain to the participants: across the globe, Red Cross Red Crescent volunteers help other people in crisis. This may be in response to disasters, armed conflicts and mass shootings, or in social programmes for slum-dwellers, for example, or with victims of violence or accidents. Volunteers in the Movement also support older people or people who are isolated or stigmatized because of illness and prejudice. They assist refugees and asylum seekers and many more. In the course of their work, volunteers may be exposed to trauma, loss and devastation, injury and even death.
2. Ask the participants: what are some of the risks to volunteer well-being? (make sure to cover both personal, interpersonal, work environment and organizational issues in the plenary discussion).
3. We need to pay attention to the psychosocial well-being of staff and volunteers to ensure that they can keep helping beneficiaries in crisis. Many volunteers working in challenging situations often put aside their own needs. At the end of the day, they often feel inadequate to help beneficiaries with the tragedy they are facing. They may themselves also be members of affected communities and be working close to home. They may be experiencing the same losses and grief in their families and communities as the beneficiaries they are supporting.



4. National Societies have an obligation to support the well-being of their volunteers. Whether you are responsible for volunteers in emergencies or on-going social programmes, be sure that your psychosocial support system for volunteers includes information and interventions at all three stages of a response, i.e. before, during and after:
  - Before the actual response, it is important to prepare the volunteers for the task at hand.
  - During the activity, it is important to provide the volunteers with on-going support.
  - After the response, it is time for recovery, reflection and improving future responses.
5. Volunteer managers or staff who work with volunteers play an important role in creating a supportive team dynamic by showing concern for the well-being of individual volunteers and the team as a whole. Managers can:
  - ensure reasonable working hours and conditions for volunteers
  - prepare job descriptions or make clear what is expected
  - prepare and train volunteers for their task in the field
  - check in with volunteers to see how they are coping during the emergency response
  - have regular team meetings during the emergency to check in with everyone and offer support
  - encourage volunteer work to be carried out in pairs
  - set up peer support or buddy systems
6. Volunteers also have an individual responsibility to take of themselves and each other. Ask the participants to discuss with the person next to them how they can take care of themselves and each other.
7. After a few minutes, ask for participants to share their thoughts and write down the self-care strategies mentioned

Examples are:

**Communicate with others:** talking to others about experiences and feelings can be very helpful, both to process feelings and to get someone else's perspective on challenges. It is also helpful to listen to other people's stories and to hear how they have coped with similar challenges. They may share useful insights.

**Take care of yourself:** take care of your own body and mind. Exercise to relieve tension, eat healthy foods and keep regular meal times. Limit your intake of alcohol and tobacco. Get enough rest and sleep. If you have sleep difficulties or feel anxious, avoid caffeine, especially before bedtime.

**Manage your stress level:** focus on routine tasks, if you feel overwhelmed by the situation or your duties. Ask your manager to support you in prioritizing your tasks. Understand your own stress symptoms and use them to guide you in activating your self-care strategies.

**Relax and have fun:** consciously try to relax through activities like meditation or yoga, sports, cooking, gardening, reading, drawing, painting, writing, listening to music, spending time with friends and having fun.

8. Add that peer support is also an effective way of taking care of yourself and each other. Peer support means offering assistance at the same level as the supporter. Peers can learn from each other about ways of coping. Some key elements are important when supporting peers:
  - concern, respect and trust
  - active listening and communication
  - open discussion on work experiences and stressors

## Wrap-up

1. In recent decades, disasters, conflicts and health epidemics have taken their toll increasingly on civilian populations. In addition to traditional programming to address physical and basic needs of the affected population in the form of food, water and shelter, the Red Cross Red Crescent National Societies have increased their awareness and programming to address the psychological and social suffering of affected populations. It has been acknowledged that psychosocial support and protection are factors that hold equal importance as addressing physical and basic needs.
  2. Psychosocial support activities should be planned for whole communities, focusing both on individual and community needs, and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanism through community-based activities.
  3. 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 therefore vary across cultures.
  4. The Red Cross Red Crescent Movement works to promote psychosocial well-being with and through communities for several reasons. Community self-help counteracts the negative consequences of a disaster or other crisis event. Communities are equipped, or can be supported, to address problems faced by individuals or groups within that community. Many societies have weak mental health systems. Community-based work using volunteers is thus a cost-effective way of increasing reach and ensuring culturally appropriate services, as well as increasing access and identification of vulnerable groups.
-