

**BALTPREP PROJECT**  
**ENHANCING REGIONAL PREPAREDNESS**  
**AND RESPONSE CAPACITY**  
**FOR MAJOR ACCIDENTS IN THE BALTIC SEA**  
**REGION**

**MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT**  
**SPECIALIST FOUR DAY TRAINING**



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## Introduction

The overall aim of the four-day training for in the Baltic Sea Red Cross Societies<sup>1</sup> is for participants to be familiar with principles for mental health and psychosocial support in humanitarian settings and to know how to intervene as a MHPSS focal point in times of disasters.

Beforehand, participants have to be informed about the mandate of their National Society, know about the role the National Society has in disasters, as this differs from National Society to another.

It should be noted, that the training has a focus on soft and practical skills the MHPSS focal points need to possess in order to lead interventions in order to minimize the effect of mass trauma events. The training is to be participatory, inviting participants to bring their own experiences and dilemmas into the training environment.

The session is developed for BALTPREP Project Enhancing Regional Preparedness and Response Capacity for major Accidents in the Baltic Sea Region 2019 to 2020. It can be adapted for other programmes and trainings of responders; please adapt and tailor to the specific country-level context as needed.

## For facilitators

As a facilitator it is necessary to be well acquainted with and have experience with mental health and psychosocial support standards, guidelines and tools – preferably from several types of missions. The facilitator should also be well trained in IFRC standards for deployments and cross-border operations, and have good knowledge about the structure of the Movement.

The facilitator must also understand and use principles for adult and participatory learning and have good facilitation skills to be able to run the session. The session should be carried out without any use of PowerPoint to make it more engaging for participants, as adults learn best when being involved and when the learning is applicable to their daily lives and practices.

To engage participants in their own learning, there are daily sessions with a buddy where participants can reflect on their well-being and learning and a daily evaluation process to ensure every problem and suggestion can be addressed as soon as possible.

Furthermore, a time slot can be left unplanned for, that participants will spend discussing topics they'd like to delve deeper into.

The training is scenario-based and it can at times be necessary to encourage role player to get into the roles so they are a bit challenging for supporters and at other times it will be necessary to ask role players to tone it down and not make their role too difficult for those practising giving support.

The plan is indicative, as the facilitator will analyse the background knowledge and needs of a specific group before launching into more detailed planning. Also, every group is different, you may have to adapt to fit a talkative group who like to discuss at length or to a group that needs more encouragement to discuss the topics.

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<sup>11</sup> The session is written for Baltic Sea Red Cross Societies; therefore, there is no mention of Red Crescent Societies – this can of course be adapted to fit the context

On-line adaptation of the session is possible using platforms that allow interactive on-line training and learning.

**Materials needed for the session:**

- Flipchart, markers, and tape to hang flipcharts on walls
- An inflatable ball the size of a handball or a scarf made into a ball and tennis balls
- Pens and post its
- Picture lotteries for creating pairs and groups
- Masking tape or pieces of chalk for creating scenario rooms
- Props as Red Cross vests, caps, scarfs, jackets, toys etc. for different role plays

**Materials for participants (all available at [pscentre.org](https://www.pscentre.org) in several languages):**

A copy for each participant of

- IFRC Reference Centre for Psychosocial Support: *Introduction to Psychological First Aid*. (2018)
- IFRC Reference Centre for Psychosocial Support: *BALTPREP Folder for briefing of and for spontaneous volunteers*. (2019)
- IFRC Reference Centre for Psychosocial Support: *Minimum standards of caring for volunteers during COVID-19*

**Materials for a table for minimum standards materials as reference materials (all available at [pscentre.org](https://www.pscentre.org) in several languages)**

- IFRC Reference Centre for Psychosocial Support: *Loss and grief during COVID-19* (2020)
- IFRC Reference Centre for Psychosocial Support: *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies*. (2018)
- Council of Delegates of the International Red Cross and Red Crescent Movement: *International Red Cross and Red Crescent Movement policy on addressing mental health and psychosocial needs*. (2019)
- MOMENT project: *A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023* (2020)
- Hobfoll et alii.: *Five essential elements of immediate and mid-term mass trauma intervention* (2007)
- IFRC: *Minimum standards for protection, gender, and inclusion in emergencies* (2018)
- IFRC PS Centre: *Outreach Walk. Improving protection and psychosocial support through outreach*. (2020)
- IFRC PS Centre: *A Guide to Psychological First Aid for Red Cross Red Crescent Societies*. (2018)
- IFRC Reference Centre for Psychosocial Support: *Remote PFA during COVID-19* (2020)
- IFRC Reference Centre for Psychosocial Support and World Vision: *Activity Catalogue for Child Friendly Spaces in Humanitarian Settings + Operational Guidance for Child Friendly Spaces in Humanitarian Settings*. (2018) and *Activity Cards for CFS at home* (2020)
- IFRC Reference Centre for Psychosocial Support: *M&E Toolbox chapter 2 & 3* (2018)
- IFRC: *Minimum standards for protection, gender and inclusion in emergencies*. (2018)
- ICRC and IFRC report: *The importance of mental health and psychosocial support during COVID-19*. (2020).

**Additional materials that facilitators should be familiar with:**

- IFRC on-line learning: *Restoring Family Links (RFL) & Psychosocial Support (PSS) - Module 1: in Emergencies* (English)
- IFRC Reference Centre for Psychosocial Support: *Caring for volunteers. A psychosocial support toolkit.* (2016)
- IFRC policies: Child Protection policy, Fraud and Corruption Prevention policy, PSEA policy, IFRC Code of conduct, Whistleblower Protection Policy, Safecall

## Indicative overview of the training programme

The facilitator writes the plan for each day on a flipchart and presents it at the beginning of each day mentioning that the programme is indicative as things will invariably change along the way depending upon participants and the progression of the training.

<b>Day 1</b>	
<b>ACUTE PHASES OF ACCIDENTS AND EMERGENCIES IN BALTIC COUNTRIES</b>	
Time	Session
9.00-10.15	<b>Welcome, presentation of the programme, group tasks, buddy systems and rules of engagement</b>
10.15-10.30	<b>The auxiliary mandate and role of the Baltic Sea National Societies in emergencies</b>
10.30-10.45	<b>Coffee and tea break</b>
11.15-12.15	<b>The auxiliary mandate of the Red Cross Red Crescent in emergencies continued</b>
12.15-13.00	<b>Lunch</b>
13.00-13.30	<b>Understanding mental health and psychosocial support</b>
13:30-14:00	<b>Principles of PSS in emergencies: Case study of an acute phase of an emergency: Understand and use the Hobfoll five</b>
14.00-14:45	<b>A Baltic Sea disaster – a scenario</b>
14.15-14.45	<b>Tea and coffee break</b>
15.00-16.10	<b>Triage and technical debrief - A Baltic Sea disaster – scenario continued</b>
16:10-16:30	<b>Protection needs in the scenario</b>
16.30-16.45	<b>Buddy cool down and self-care conversation</b>

**Day 2**  
**PSYCHOLOGICAL FIRST AID AND PSYCHOEDUCATION IN BALTIC DISASTERS**

Time	Session
9:00-09:25	<b>Opening of the day, recap of evaluation of day one, and any other business</b>
9:25-10:10	<b>Tracing and Restoring Family Links</b>
10:10-10:30	<b>Introduction to key concepts of loss and grief in disasters</b>
10:30-10:45	<b>Coffee and tea break</b>
10:45-11:10	<b>Case study on loss and grief in a Baltic Sea disaster</b>
11:10-11:30	<b>Look, listen and link: Psychological first aid (PFA) in disasters</b>
11:30-12:30	<b>Psychological first aid and psychoeducation</b>
12:30-13:45	<b>Lunch</b>
13:45-15:00	<b>Remote PFA during a Baltic Sea disaster</b>
15:00-15:15	<b>Coffee and tea break</b>
15:15-16:15	<b>Child protection and Child Friendly Spaces in humanitarian settings</b>
16:1305-16:	<b>Buddy cool down and self-care conversation and CEA</b>

**Day 3**  
**EMERGENCIES WITH LONGER TERM IMPACT**

Time	Session
9:00- 09:25	<b>Opening of the day, recap of evaluation of day two and any other business</b>
9:25- 9:45	<b>Briefing: A Baltic Sea disaster with a long-term impact – a scenario</b>
9.45-10.45	<b>Rapid protection and psychosocial assessments Development of assessment questionnaires</b>
10:45-11:00	<b>Feedback on assessment questionnaires</b>
11.00-11.15	<b>Coffee and tea time</b>
11.15-12.10	<b>Practicing assessment interviews</b>
12.10-12:30	<b>Plenary on assessment interviews</b>

12.30-13.15	<b>Lunch</b>
13.15-14.30	<b>Planning PSS interventions for different target groups</b>
14:30-15:00	<b>Feedback on intervention plans for different target groups</b>
15.00-15.15	<b>Coffee and tea break</b>
15:15-15:40	<b>Planning psychoeducative sessions for different target groups</b>
15.40-16.30	<b>Psychoeducative sessions</b>
16:30-16.45	<b>Buddy cool down conversation and CEA</b>

<b>Day 4</b> <b>VOLUNTEERS</b> <b>ENGAGING, CARING FOR, TRAINING AND SUPERVISING VOLUNTEERS</b>	
Time	Session
9:00- 09:25	<b>Opening of the day, recap of evaluation of day</b>
9:25-10:45	<b>Support to volunteers - engaging with different categories of volunteers</b>
10:45-11:00	<b>Tea and coffee break</b>
11:00-11:45	<b>Training and supervision plan for volunteers</b>
11:45-12:45	<b>Group PFA for staff and volunteers after critical events</b>
12:45-13:15	<b>Lunch</b>
13:15-14:00	<b>Ethical dilemmas – should you blow the whistle</b>
14:00-14:45	<b>National Society teams plan next steps</b>
14:45-15:00	<b>Coffee and tea break</b>
15:00-15.30	<b>Presentation and discussion of National Society plans</b>
15:30 -16:00	<b>Reflections, learnings, and evaluations</b>
16:00 - 16:30	<b>Closure of the training</b>



## Day one

### Acute phases of accidents and emergencies in Baltic countries

9:00 – 10:15

#### Welcome, buddy talks, introduction of participants and practicalities

Aim of the session: Welcome participants, inviting to and creating a conducive training environment, introducing the buddy system set up and the three-phased model before, during and after or *Are you ready, checking in and cool down* for buddy conversations. The need and outcomes of establishing such systems is explained and how participants will practice throughout the training.

Materials: a memory game, a prepared flipchart with the subjects covered in the training, another with the programme for the day and a printed copy for each participant of the Buddy talk guide in Annex 1.

Reference materials: Resolution Addressing mental health and psychosocial needs and A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023 (2020).

Speaker notes:

*Welcome to the four-day training that will focus on mental health and psychosocial support (MHPSS) in the context of the countries around the Baltic Sea.*

*At the Council of delegates and the International Conference in December 2019, the resolution “Addressing mental health and psychosocial needs” and a MHPSS and a Movement policy on MHPSS were adopted.*

*This resolution is a landmark for all National Societies and countries signatories to the Geneva Convention. The Movement policy on MHPSS is the first policy ever that covers ICRC, IFRC and its membership. To assist National Societies in their work, “A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023” has been developed that you can see on the table with reference materials.*

*In this session we will go over the expected learning outcomes, the plan for the days, we will introduce buddy talks. You will be paired with a buddy and present yourself in the plenary.*

*Let me remind you of the main outcomes of the training:*

- *Prepared for work as psychosocial support responders also in cross border humanitarian operations including pandemics*
- *Equipped with a psychosocial technical skills-set to rapidly assess, plan, coordinate and implement psychosocial interventions during different types of Baltic country emergencies*
- *Trained to identify needs for protection and integrate such measurements in mental health and psychosocial support approaches*
- *Understand the needs for mental health and psychosocial support activities and programmes*

*The training covers:*

- *Mandate and roles of National Societies around the Baltic Sea*

- *Principles and guidelines for mental health and psychosocial support and protection in emergencies in countries around the Baltic Sea*
- *Psychosocial triage in acute crisis situations*
- *Assessments of MHPSS needs*
- *Collaborating with or integrating tracing services in responses*
- *Psychological First Aid in emergency operations*
- *Establishing mental health and psychosocial support activities*
- *Identifying and collaborating with key stakeholders in the community such as faith-based leaders*
- *Managing volunteers and developing a training plan for volunteers*
- *Developing a plan of action*

*The programme for the day is on the wall for you to see and we will begin each morning by going over the plan for the day.*

*The training methodology is participatory, and you will be involved in discussions, group work and role play to ensure adult learning principles are followed.*

### Buddy systems

The facilitator asks participants to form pairs using a memory game spreading them on a table or the floor with the backside up. Each participant picks a brick and finds a partner who holds the corresponding brick. Next pairs are asked to sit together for the introduction to the buddy talks.

*The term "buddy system" originated in the safety industry and has been used for the mutual safety of the partners in hazardous situations. This underlines the protective aspect of the buddy system.*

*Buddy systems build relationships between co-workers, creates trust and understanding and makes it easier to speak one's mind. Buddy systems develop confidence, as people are more likely to be innovative and creative if they have a support system behind them. If they have someone validating that what they are doing is right, and encouraging them to do their best, then they build more confidence and resilience.*

*In emergencies it can be useful to buddy an experienced volunteer with a newer member of the Red Cross. It is important the older is supportive of the newer volunteer and does not dominate.*

*A scoping study concluded: "To reduce the impact of traumatic exposures it is important to provide immediate practical support to those engaged in dealing with a trauma or disaster, and to ensure that emergency response staff are demobilized (such as standing down from 'combat-ready' status) at the end of each shift in order to allow for emotional and mental processing of the event and time to promote self-care and recovery. Although debriefing is not designed to prevent or treat PTSD (Regal and Dyregrov, 2012; Ruck et al., 2013), the provision of an organizational early intervention following a traumatic incident meets several needs for leaders and their teams including: a) mutual support that is highly valued by workers, b) an opportunity to identify workers requiring clinical support, c) an increase in level of social cohesion, d) a reduction in harmful responses (e.g. alcohol abuse), e) a reduced level of sick-leave, and f) increased performance (Creamer et al., 2012)."*

*The scoping study also stressed how the buddy system can prevent stress in front line workers, as buddies know each other and can monitor their workload and stress reactions.*

*The buddy system should be supported and endorsed by management. What is said during buddy talks is confidential and must not be mixed with appraisals.*

Hand out copies of the Buddy talk to participants.

*In the handout you can see the three phases of the Buddy system – and it should be noted that the check in will depend on the situation. However, it's known that teams that do regular check in do better in emergencies since they don't get caught up in stress making it impossible for them to reflect on what they are doing.*

*The three phases are*

**Before:** *Are you ready? - mentally and practically preparing for the tasks of the day. Each partner will talk about their current mental and emotional state, clarify their readiness for the action (understood as session, exercise, or deployment), go over if there is any unfinished business they need to attend to or park aside.*

**During:** *Checking in. Buddies will keep an eye out for each other – look for each other's safety and well-being. This can be done at regular intervals eg during breaks or after partial tasks have been completed. Buddies get to know each other and knowing about the buddy's strengths and weaknesses helps. Buddies can monitor the stress level and workload. In extreme cases as in an Ebola operation, buddies can observe each other putting on and taking off personal protective equipment.*

**After:** *Cool down – focuses on the transition to after work mode and can focus on unfinished business and self-care plans for the rest of the day.*

*Now it's time for your first buddy talk. Please in the pairs introduce yourself by:*

- *Name*
- *National society (NS),*
- *position in the NS,*

*and discuss the questions from the Are you ready part of the buddy talk. You have 10 minutes for the buddy talk.*

*After the talk in pairs, participants introduce themselves (or their partner) to the group.*

*The facilitator asks for a scribe to come to the flipchart to note the suggestions for the rules of engagement to follow in the training to ensure the learning environment is a safe, fun, diverse, and inclusive. Please come up with realistic rules that everyone will be willing to and able to follow and phrase them in the positive. When thinking about the house rules, remember that to be creative you must take chances, run risks, make mistakes and you must be able to lean into the unknown!!*

*The facilitator will help the scribe formulate the rules in the positive. Should a participant formulate a rule in the negative, help by discussing how to rephrase it in the positive as in the example below:*

*Show support and encouragement*

- *one voice at a time*
- *follow the law of the two feet*
- *all questions are welcome*
- *it's ok to challenge*
- *silent mobiles in pockets*
- *photos with consent*

*Discuss briefly with participants what difference it makes if a rule is phrased in the negative or positive...*

*Finally, the facilitator shows a diagram of tasks to ensure community ownership for during the training where participants can put their name down for tasks as in the example below:*

GROUP TASKS	Day 1	Day 2	Day 3	Day 4
Keeping the training room friendly and tidy				
Energizers				
Circle engineers				
Recap (prepare for the next morning)				NA

**10:15 - 10:30**

### **The auxiliary mandate and role of the Baltic Sea National Societies in emergencies**

Main facilitator: A National Society presenter

Aim of the session: for participants to understand the auxiliary role of the Movement, the national disaster frameworks, and practices with a focus on cross border disasters. To be introduced to the rules for Movement collaboration with disaster authorities and military.

Materials: Guide to the auxiliary role of Red Cross and Red Crescent National Societies – Europe and Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance [http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/1294600-Guide\\_Europe\\_En\\_LR.pdf](http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/1294600-Guide_Europe_En_LR.pdf)

The guest presenter – preferably a Disaster manager from the host National Society – asks participants to stand if a National Society is (mention one of the three options at a time!):

- A non-governmental organization
- A governmental organization
- Something else

Next explains “the auxiliary role of Red Cross and Red Crescent National Societies: According to the Statutes of the International Red Cross and Red Crescent Movement, to be recognized as part of the Red Cross and Red Crescent Movement, a National Society must be duly recognized by the legal government of its country, on the basis of the Geneva Conventions and of the national legislation, as a voluntary aid society, auxiliary to the public authorities in the humanitarian field.”

**10:30-10:45**

### **Tea and coffee break**

**10:45-12:30**

### **The auxiliary mandate and role of the Baltic Sea National Societies in emergencies-continued**

Main facilitator: A National Society disaster manager

Aim of the session: for participants to increase their knowledge on PSS activities of the national societies in the region, discuss similarities and differences in strengths, weakness, opportunities, and threats of the NS's in the field of PSS in emergencies.

Materials: ahead of the training participants could be asked to prepare a one pager on the role and MHPSS activities of their National Society.

Each National Society presents their role and MHPSS activities.

Lead a discussion on the mandate and role in their respective national societies – that was part of their preparatory work - and lead a discussion on how these different roles would impact a cross border operation.

**12:15-13:00**

## **Lunch**

**13:00-13:25**

## **Understanding mental health and psychosocial well-being**

Time: 25 minutes

Aim of the session: for participants to understand of the different key aspects of mental health and psychosocial well-being and the importance in emergencies.

Materials: pens and post its for participants, a prepared flipchart showing a flower with seven overlapping petals, post its and pencil for each participant – as in the drawing below.

Reference materials: A copy of the roadmap for the table with reference materials.

Speaker notes:

*In this session on mental health and psychosocial support in response to any crisis or emergency I will give a short introduction to the topic and an overview of the session before moving into the practical exercises.*

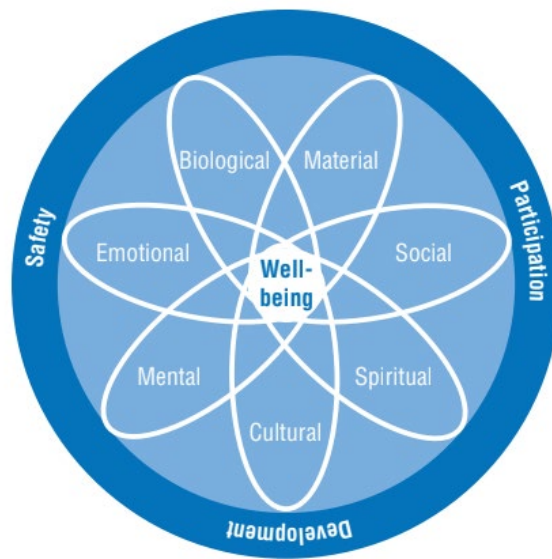
*In major crisis and emergencies safety is challenged, social structures are shaken, routines are lost, and power dynamics change, and early psychosocial interventions can be lifesaving.*

*There is a growing recognition and body of evidence that mental health matters. The greatest need was to be listened to: The importance of mental health and psychosocial support during COVID-19” is the telling title of an ICRC and IFRC October 2020 report. When reading it, its clear that MHPSS needs are as important as food, shelter, and other basic needs. As humans we have a basic need to be met, heard, and seen!*

*In conflict areas more than one in five suffers from depression and anxiety. Mental health conditions will double in a humanitarian crisis and staff and volunteers are affected too. We also know that working in the humanitarian sector is associated with an increased risk of adverse mental health. Humanitarians experience increased anxiety, PTSD, depression, burnout, alcohol, health complaints and suicidal ideations.*

*The following statements let us understand the importance of HOW we do WHAT we do: We can give people food, but we cannot give them appetite, we can give people shelter but not a home, we can give blankets but not sleep. The mental health and psychosocial aspects must be part of any intervention as it relates to how we intervene and underlines these considerations need to be in place from the beginning.*

*Any comments or thoughts from you?*



Speaker notes:

*Psychosocial well-being describes the positive state of being when an individual thrives. It is influenced by the interplay of psychological and social factors. Psychosocial well-being fluctuates and can be strengthened, even during the most challenging circumstances. In this exercise we will explore what areas in life are influenced by mental health and well-being.*

*Pair with someone you haven't talked to yet. Discuss which needs and factors in life ensure that a person can be mentally healthy and well. What does a person need in life to feel and do well? Think of concrete factors – you could think of having access to water as a very concrete example and of having guiding values as another less concrete example.*

*Write your suggestions on post-it notes; **note one suggestion per post-it only**. Take a few minutes to think and write post its – you are welcome to write as many as you like; do however remember one item – one post it.*

Next show the drawing of the petals and on the petals note respectively: biological, material, social, spiritual, cultural, mental, and emotional.

Ask participants to place their post it on the corresponding petal – and in case the need or factor is already on a petal – place the post it on top of it.

Speaker notes:

*Mental health and well-being depend on many factors. The overlapping circles in the “well-being flower” suggest that individual and collective well-being depends on what happens in a variety of areas, that meeting at least a minimum level of need in each of these areas is necessary and that the areas are interrelated.*

Comment on which of the petals that has the least post its. Ask the group to come up with suggestions for factors belonging to this petal. (often the least unfolded petal will be the mental; therefore explain that mental refers to learning, stimulating and creative activities and how important it is to keep learning to learn during any disaster and how schools and Safe Spaces for Children are key for children's well-being.)

Divide participants into seven groups and assign each group a leaf from the flower and to discuss how it relates to their work or how it can be promoted during the work in an emergency setting.

13:25-13:35

## **Keep calm and keep going - or how to calm oneself when distressed**

Aim of the exercise: to introduce participants and a component in provision of MHPSS and selfcare

Time: 10 minutes

Reference materials: IFRC Reference Centre for Psychosocial Support: *Calming people down - video on pscentre.org*

Gather participants in a circle and ask them to pair up with someone they haven't talked to till so far in the training. If participants have just met, ask them to introduce themselves having a minute each. They are to tell where they are from, what their position is in the branch or National Society and to say what they like to do to calm themselves after a stressful episode or period.

Ask participants to end their presentation and to turn back to the circle. Ask them to share what they do to calm themselves after a stressful episode or period.

Speaker notes:

*I hope you got inspired by the different calming activities that were mentioned. They are part of our repertoire of coping methods and strategies. Knowing and using good and diverse coping methods – some mentioned by you are fun and innovative - and strategies is extremely important during stressful times as when working in an emergency. Knowing how to calm yourself and using different methods can help emergency teams working more efficiently. When being in the field and there are stressors, hard work, long hours, and the people of concern may be upset, scared, and threatened, knowing how to calm yourself is important.*

Should time allow it, group the different suggestions under different headings, mentioning that the headings are some of the key factors that promote resilience:

- Finding ways to keep calm and collected
- Positive thinking – being an optimist
- Looking for solutions
- Accepting things as they are
- Keeping engaged in one's networks

13:35-14:00

## **Principles for mental health and psychosocial support during emergencies**

Time: 30 minutes

Aim of the exercise: introducing the Hobfoll principles and applying these to a simple case study for easy absorption of the implementation of all five principles.

Materials: A prepared flipchart with a large circle divided into five parts, A4 paper, post-its and pencil for each participant

Reference materials: <https://pscentre.org/?resource=five-essential-elements-of-immediate-and-mid-term-mass-trauma-intervention-empirical-evidence-hobfoll-et-al>

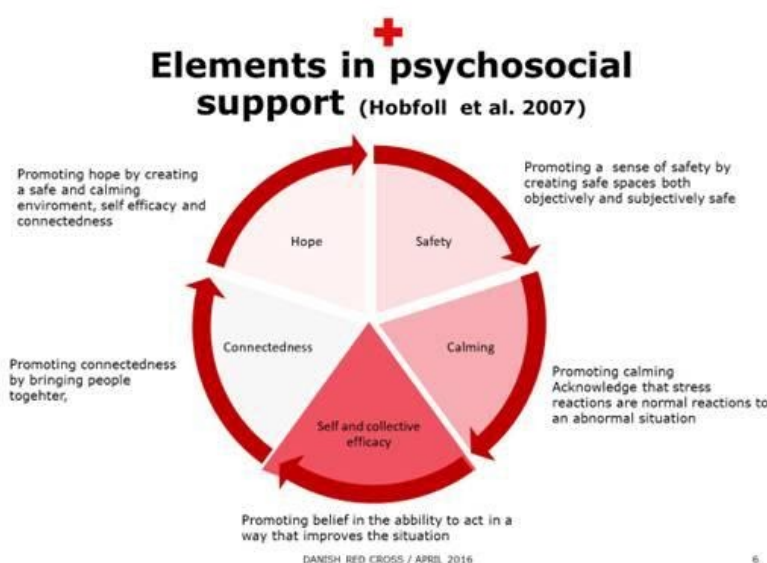
Participants sit or stand in a circle. Divide them into groups by counting safety, calming, self-efficacy and collective efficacy, connectedness, and hope.

Speaker notes:

*Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence (by Hobfoll and others) is a very important piece of research in mental health and psychosocial support. Hobfoll and the associates identified five empirically supported intervention principles that should be used to guide and inform intervention and prevention efforts at the early to mid-term stages. These are promoting: 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) hope.*

*This framework of understanding can help understand how to think about mental health and psychosocial support in any emergency.*

Draw a large circle or divide it into five parts or show a prepared flipchart with the drawing. On each piece of the circle write the word: *safety, calming, self-efficacy and collective efficacy, connectedness, and hope.*



The facilitator can use the below case, or any other case proposed by participants: *As in the previous exercise, safety and security is the basis of everything else. Let's use an example of take a local and small-scale disaster to work with the principles.*

*In a town in a Baltic Sea country a fire raged (or choose a flash flood) and it destroyed a family house completely. The family home was flooded and the family consisting of two adults and a teen-ager and a six-year old only had half an hour time to save a few of their personal belongings. The family moved to a small suite in a very big hotel that is used for conferences and meetings. The hotel has a big lobby, several lifts, long corridors, a popular café, several restaurants, gym, and pool area.*

*Imagine you are from the Disaster Response Team and are asked to assist the family the day after they have moved to the hotel. The family is clearly devastated by the loss and by having to be temporarily living in a hotel until an interim solution is found for them. However, they seem like a resilient family. Even though it's sad and challenging for the, they would very much like to meet with you to have concrete guidance on what they can do to come through this difficult time.*

*How will you use the five principles in your concrete guidance to ensure they will have information, knowledge and skills that will help them to maintain their well-being when living in the hotel?*



Groups are assigned to the part of the circle that they are named after and are given 10 minutes for their discussion. They are to select a team leader responsible for keeping time and for appointing a team member to present the findings in the plenary.

Ask groups to present in the plenary.

**14:00- 15:00**

### **The Baltasia musical festival - a Baltic Sea cross border disaster scenario**

Aim of the session: for participants to reflect on their mental preparedness for deployments, and to be introduced to the immediate preparatory reflections when a disaster happens.

Reference materials: IASC Guidelines on Mental Health and Psychosocial Support in emergency settings checklist

Speaker notes:

*In this session we look at preparation of immediate and acute phase deployments to a disaster. We will look at a scenario and discuss:*

- *personal preparedness - are you ready to respond*
- *the impact on a given disasters on teams and volunteers*
- *the collaboration with non-state actors, branches, national authorities, press, spontaneous volunteers and the local community and religious leaders*
- *the protection elements in the scenario.*

#### **A briefing – the Baltasia musical festival**

*I will now brief you on the scenario – do you have pen and paper ready?*

*Imagine that you are a national society MHPSS focal person in a region where this disaster happens.*

*There is a music festival 10 km outside a medium sized town in Baltasia. The participants come from the surrounding Baltic countries and the official festival language is English.*

*1000 young people of all ages are together for a three day of music, drinks, and partying. Most are staying in the camping grounds in smaller tents behind the festival music scenes.*

*There is a group of about 20 immigrants from outside the Baltasian union who have come to the festival to collect bottles for the refund.*

*A group of young handball players from Sudan is attending the festival, as they have been to a match in the previous days and wanted to enjoy the festival.*

*Finally, there is a number of musicians, stagehands and many volunteers working in the food and drink areas – and there is a Baltasia Red Cross first aid post with 5 volunteers and a team leader.*

*At 7 pm on the second day the music is in full swing from 2 stages. Many are still in the camping area waiting for the big bands to play later on in the evening.*

*A loud explosion happens at the right side of stage one. Panic, screams, confusion - many run away towards the other stage, where, due to the loud music no one has yet realized what has happened. A second explosion follows a few minutes after at the other side of the first stage creating even more panic.*

*Some are hurt by parts flying around after the explosions and are bleeding heavily or have minor bruises and cuts. Two are killed by the explosion.*

*The Red Cross volunteers have seen what has happened and take immediate action. They realize that many will try to get to the camping area through the main gate and the narrow passage to the camping site. They open the gates so people can leave the area and find their friends in the camping area without going through the narrow passage.*

*The police is quick to arrive and they secure the area getting everyone away from the stage areas and have sniffer dogs searching for more explosives.*

*Nothing is found, but a message appears from an extremist group taking responsibility for the deed. As it is hard to disseminate this information rumours begin to circulate.*

*Everyone is evacuated to a school complex as the police wants to interview everyone before they leave.*

*More Red Cross volunteers are called in to help evacuate everyone to a high school in the nearby city by busses and they offer support in the busses. The bands travel in their own busses. The phone net and internet break down due to overload in some periods till the next morning.*

*Once in the shelters there is still confusion and many walk around looking for friends.*

*At midnight the police issues a statement saying it was a terrorist attack and holds a press conference.*

After the briefing the facilitator asks participants to reflect individually for a few minutes:

*What are your immediate thoughts about how you can prepare yourself to intervene?*

Conduct a short plenary on how one can prepare to intervene. *Did you think of or use the Are you ready questions?*

Divide participants into five groups counting: who, where, how, which and staff and volunteers. When groups are formed, ask them to find a place to sit and to choose a team leader, a scribe and who will report to the plenary. Instruct the groups to work on the following questions (that can be noted on a flipchart) and ask all groups to begin with a short introduction on How psychosocial needs in emergencies are addressed in your country?

#### WHO

- Who are the different groups of affected people? List them.
- Where are they and how are they connected?
- Which groups are particularly vulnerable and in need of support?
- How would you assess their needs?

#### WHERE

- Where are the different groups of affected?
- How should the response be coordinated for the different sites?
- What kind of psychosocial interventions should be planned for the first days and where could they be organized?
- What protection elements should the response take into consideration?

#### HOW

- How are the different groups affected?
- Which stories do you expect the affected to share with you?
- Which kind of psychosocial interventions should be planned for the first days?

- Which protection elements should the response take into consideration?
- Where would the activities take place

#### WHICH

- List the authorities you'd need to work with in the MHPSS response
- List civil society actors, other organizations that you could mobilize in the MHPSS response?
- Which kind of follow-up arrangements should be making for those returning from the event to their country of origin?

#### STAFF AND VOLUNTEERS

- List the stressors that face the teams of Red Cross and other responders in the first 48 hours
- List the stressors that would face the Red Cross volunteers after two weeks.
- How to mitigate some of the stressors for volunteers?

Groups can note their results on a flipchart and next report to the plenary. End the session by saying, that the considerations mentioned is a framework to remember when deploying.

If there is time national reflections of similarities and differences can be shared:

- Who would take the lead in your country?
- What would be the role of your national society?

**15:00-15:15**

#### **Tea and coffee break**

**15:15-16:10**

#### **Triage in the A Baltic Sea cross border disaster – a case scenario continued**

Time: 45 minutes – 15 minutes for instruction and preparation, 15 for the roleplay and 25 min for technical debrief and discussion.

The aim of the session: To practice an outreach walk in the acute phase of a disaster and learn how to identify needs based on psychosocial triage.

Materials: Cut out of instructions for role players in Annex 2., Red Cross vests, caps and post its and pens for volunteer role players. Scarfs and other props for those role playing.

Reference materials: IFRC PS Centre: *Outreach Walk. Improving protection and psychosocial support through outreach.* (2019)

The facilitator appoints or asks for four volunteers to take on the roles of Red Cross volunteers depending on the group composition, background, and experience. Asks them to prepare to visit the shelter to see who needs psychosocial support or has other burning needs. The four volunteers are asked to step outside the training room for their preparation. When outside the facilitator instruct them to categorize those, they talk to in three categories: green, yellow or red. They are to note how they assess the persons they talk to by giving them a post it with their notes of their triage needs.

The rest of the group are handed identities to role play and the training room is arranged to be the shelter and props are handed out.

Finally, they are instructed **not** to overdo the roleplay or making it difficult for the volunteers; remember it is a learning experience for all.

Once the scene is ready, let the volunteers into the shelter. Allow the roleplay to go on for approximately 15 minutes.

with the group

The facilitator stops the roleplay and asks participants to step out of their roles and to gather in a circle. Asks those roleplaying Red Cross volunteers:

- How did you triage the affected?
- Which information did you gather and what were your triage criteria?
- What went well and what was challenging?

Next ask those roleplaying the affected in the shelter:

- How did it go? What support did you receive?
- How were you triaged, and did it correspond with your own perception of your needs?
- What was challenging and what went well?

Go over the categories non- urgent, less urgent, and urgent.

#### Non urgent

Those with non-urgent needs may need assistance in the form of information on the emergency, provisions of food and water and health services to name a few examples. Sometimes the needs for information can make up the majority of interactions during a walk. If the PS provider is busy with less urgent and urgent cases, refer people with non-urgent needs to a nearby information board.

#### Less urgent

People with less urgent needs could for example be highly distressed or vulnerable. Such cases will require a supportive and sometimes also protective response based on their individual needs. The less urgent category may include those in need of psychological first aid, tracing services or referral to non-urgent medical care. Some may need to be guided to a safe space for children or other safe spaces and others may need to be given aids as for example adult diapers, a walking stick, or other aids. It will be possible to direct some cases to the information board once the primary needs are met.

#### Urgent

Those assigned to the urgent category are prioritized and may require immediate medical treatment if injured or showing signs of psychiatric disorder. They could also have pressing needs for intense psychosocial support. Others assigned to the category may need to be referred to other services. This could be protection services as in cases of unaccompanied or separated children, human trafficking, domestic violence, or cases of sexual and gender-based violence.

16:10 – 16:45

## Protection needs in the scenario

Aim of the session: Participants are introduced to why protection is an issue in emergencies and are introduced to the IFRC Protection, Gender, and Inclusion Minimum standard tool.

Time: 35 minutes

Materials: Paper and pens, ball, and prepared A 4 papers with numbers on as described below.

Reference materials: IFRC: *Minimum standards for protection, gender, and inclusion in emergencies*. (2018)

*We will now discuss protection needs in emergencies.*

*What happens in any emergency that require us to include protection in all interventions? You can begin by thinking about what happened in the scenario – note down a few points on protection needs you saw or thought about in the scenario. You have three minutes.....save the paper for after the next exercise.*

Next distribute A 4 papers on the floor with figures and say: *Go to the paper that shows the number you believe to be correct on how much violence increases in emergencies: 10 %, 30 % or does it increase by 100% (the correct answer is the latter: violence is assumed to double). Explain, that in emergencies it is acknowledged that there will be an increase in all forms of violence.*

Distribute new papers with the figures 17 %, 35 % or 41 %. Ask participants to stand at the figure they believe is correct when posing the question: *According to WHO (2013) How many women have experienced one or more sexual abuses? (the correct answer is 35 %)*

Ball throw asking participants: *Why does violence increase in emergencies?* Take some answers and show the prepared flipchart with a list of reason for increase in violence. Tick those mentioned.

*When protective systems weaken, violence will increase. While there are many variables that increase the risk of violence during an emergency, common underlying risk factors include:*

- the collapse of protective systems; (explain what they are as police, rescue services, local authorities and local protection services and institutions, army, and armed forces)
- crowded and insecure environments.
- a stress-filled context.
- separation of family members.
- gender and age-based inequalities and discrimination.
- social isolation and exclusion.
- harmful use of alcohol and other substances.
- income inequality.
- pre-existing vulnerabilities such as domestic violence, child abuse; and
- misuse of power.

*Pair up by finding the person who stands opposite you now. If someone does not have a partner, you are invited to join any of the pairs. Share what you noted were protection issues in the triage exercise and what could be done to mitigate the exposure to protection threats. You have five minutes.*

Conduct a plenary on the identified protection threats and wrap up by showing the IFRC *Minimum Standards for protection, gender and inclusion in emergencies* explaining how this can be used if there is no PGI staff or volunteer at hand. Mention that later in the training, the group will work on assessing protection and MHPSS needs in a scenario.

16:45-16:55

### **Buddy cool down conversation**

Time: 10 minutes

Materials: red and green post its and pens, a flipchart marked with plusses and improvements.

*We have come to the end of the day and its time to for the buddy cool down conversation. Find your buddy and spend 10 minutes going over the cool down conversation. End the conversation by going over*

- *Plusses of the day or what went well? – note them on the green post its*
- *Minuses or what could be changed or improved? – note these on the red post its.*

*In the morning we will look at the green and red post its and see what is going well and what should be changed. This is part of the community-engagement in practice, so we are aware of how we are doing.*

16:55-17:00

### **Ending the day**

Time: 1 minutes

Materials: a ball

Ask participants to form a circle and thank them for the day and their contribution so far. Initiate a ball throw and ask each participant to say in one word only what they appreciated most during the day. End the ball throw and remind the teams responsible for recap and energizers to prepare for day 2.

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## Day two

### Psychological first aid and psychoeducation in disasters

9:00 – 9:25

#### **Opening the day, recap of day one, plusses and suggestions, and buddy talks**

Aim of the session: Welcoming participants, checking the feedback to see if anything should be changed or added in the way the training is run, recap of day one and buddy talks.

Materials: a prepared flipchart with the programme for the day

Facilitators go over the programme for the day, the plusses and suggestions to show participants an example of community-engagement in practice, invite the recap team to present, and asks buddies to have their *Are you ready* talk.

9:25-10:10

#### **Tracing and Restoring Family Links (RFL)**

The session should be led by an RFL staff member from the National Society. Preferably an interactive session with a short exercise for participants to work on as below.

Aim of the session: for participants to be introduced to the tracing and RFL work of the National Societies.

Materials: copies of the *Tracing request template*. Participants can be shown a copy of the IFRC PS Centre material and training manual *Broken Links Psychosocial support for people separated from family members – a field guide*. (2014) and the IFRC on-line training module *IFRC on-line learning: Restoring Family Links (RFL) & Psychosocial Support (PSS) - Module 1: in Emergencies*.

*Restoring Family Links is the term used to describe various activities that aim to prevent separation and disappearance, restore, and maintain contact between family members, reunite families and clarify the fate of persons reported missing. These activities are often connected to the psychological, legal, and material support provided to the families and persons affected, resettlement and reintegration programmes and social welfare services.*

*The restoration of family links is a priority in all emergency situations. Not knowing the fate of family members and loved ones causes great suffering to a large number of people throughout the world. Not knowing the fate of one's family can ultimately lead to years of anguish. In emergencies, the need to know where and how relatives are – if they have survived, if they need help – is important. Beyond the immediate needs in the acute phase of an emergency, the psychological, physical, and social recovery of individuals and communities depends heavily on the family. For the majority of the affected, belonging to a caring family is perhaps the most essential coping mechanism of all.*

*Some operations will have Restoring Family Links delegate/s that the PS delegate will collaborate with and consult on matters of tracing of missing persons and family reunification – restoring family links.*

*The psychosocial teams will often be faced with people in dire need of support because they have been separated from their families. Providing them with psychosocial support is crucial and helping them to restore contact or finding out the whereabouts of their family members will contribute immensely to their psychological well-being. RFL colleagues will deal with RFL cases, trying to restore contact and reuniting loved ones. Providing psychosocial support to these families will help them deal with the agonizing pain of not knowing the fate of their relatives.*

The session should cover:

- How RFL is more and more used for emergencies
- That there will always be a need to locate and reconnect people
- How in the aftermath of crises and emergencies RFL needs emerge
- That there is a pool of RFL specialists in each National Society

The presentation should cover the different modalities for RFL interventions with a focus on emergency tools.

Participants should see the Tracing request template and understand how a tracing request is initiated.

End the session with a case study that can be enacted in the training hall or distributed for participants to work on:

*Imagine you are in the Red Cross office established after a flooding. Your task is to register the people who need food, water, and temporary shelter. The office is very busy, and many people are trying to get through to you.*

*You notice an elderly woman sitting in a corner hugging a young boy who is crying desperately. She has not approached you so far and she seems almost passive. When you approach her, she does not register you or try to establish contact. She keeps repeating; “I can't find her. She does not answer her phone”.*

Ask participants to discuss:

- What kind of support they would offer?

- What kind of questions they would ask to get the information needed?
- What kind of RFL emergency tools they would recommend?

**10:10-10:30**

## **Introduction to loss and grief in emergencies**

Aim of the session: participants understand the basis of meeting those affected by loss in disaster situations and possible losses after a cross border Baltic Sea disaster

Time: 20 minutes

Materials: a prepared flipchart with types of losses – as below - and a ball

Reference materials: IFRC Reference Centre for Psychosocial Support: *Loss and grief during COVID-19*

Gather participants in a circle. Ask them to change places by moving in and out in the circle as when shuffling a deck of cards, so they end up standing beside someone they haven't talked to so far.

Ask for or nominate a scribe to note the different types of loss that will be mentioned during the exercise.

Speaker notes:

*In almost every crisis people will experience and react to losses. There are many types of losses. When working in crisis situations, it's important to acknowledge that the affected need to deal with their losses in many ways including for example mentally, psychologically, and socially. Their reactions and grief in response to losses will depend upon several factors. Let us think about the situations of loss you can imagine the affected will experience losses in a Baltic disaster. Who can suggest a larger scale disaster with longer term impact that we can use as a point of departure?*

Agree on a disaster type as a large flood, a huge forest fire, large inundations, or ice storm. Next throw a ball to a participant asking: which types of losses will we witness in the disaster? The one who catches the ball will name a type of loss and throw the ball to another participant and so on.

Ensure the different types of losses are mentioned:

- **Physical loss:** such as loss of physical health, loss of motor skills, loss of limbs or other parts of the body (caused by an accident, or disease)
- **Psychological loss:** such as loss of self esteem, loss of confidence and trust, loss of sense of control
- **Cognitive loss:** such as loss of memory, loss of language, loss of visual and spatial abilities
- **Social loss:** such as loss of support networks, loss of freedom to gather, loss of meaningful relationships
- **Human loss:** such as loss of loved ones or people who have a role in one's life
- **Spiritual loss:** such as loss of faith, loss of belief, loss of hope, loss of values
- **Material loss:** such as loss of property
- **Financial loss:** such as loss of employment and livelihoods, loss of savings, loss of income.

End the ball throw and show the flip chart with the different types of losses and ask participants to raise a hand if they think that all of these losses could be experienced in the chosen disaster.

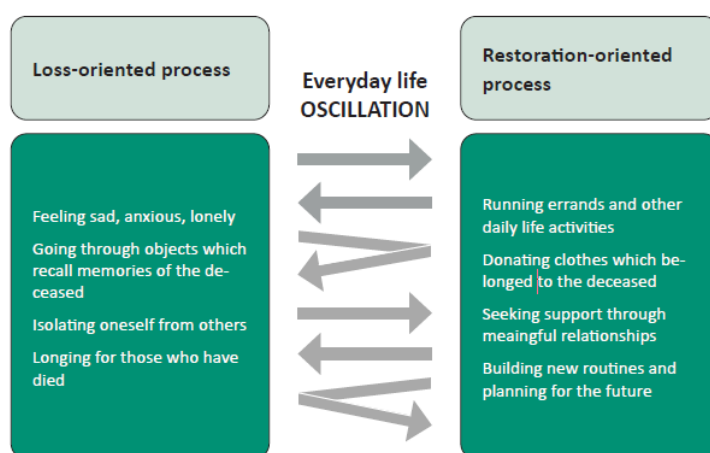
*Continue: Being able to prepare physically and mentally for certain kinds of loss may help the affected to better deal with the consequences. On the other hand, losing something meaningful or a dearly loved person in a sudden and unexpected way, is likely to make it more difficult for those affected to cope with this loss.*



The loss of loved ones is without a doubt one of the most difficult and painful events in a person's life. From birth, the capacity to create and maintain strong and meaningful links with other human beings is key to individual development and social relationships.

After any major loss a period of grieving is to be expected. To understand how best to support the grieving the dual process model of understanding what individuals or a community go through can help.

On the one hand – or column there are reactions related to the loss and on the other column processes that orient towards restoring the new life and living with the loss. As the arrows indicate these two processes are happening at the same time. For mental health and psychosocial well-being teams should think about how they can ensure conditions that allow for these processes. A factor that can complicate a grieving process could be if traditional burial rituals cannot be observed as in Ebola epidemic and in pandemics and the teams can help find alternative solutions.



10:30 – 10:45

## Tea and coffee break

10:45 – 11:10

## Case study on loss and grief in emergencies - Conservation of resources

Reference materials: Loss and grief during COVID-19. IFRC PS Centre. 2020.

Expanding the Science of Resilience. Hobfoll, Stevens and Zalta. 2015.

When an emergency strikes it is important to be **conserving resources**. In 2015, Hobfoll and Zalta wrote the article “Expanding the Science of Resilience” introduced a model and way of thinking about losses that is related to conserving or losing resources.

The conservation of resources-theory states that people strive to maintain, protect, and achieve resources in order to survive and thrive. Resources are understood as property, conditions, physical and mental capacities, social relations, society, and culture. A crisis follows if key resources are:

- Lost
- Threatened
- Not achieved despite substantial efforts

*And the significance and value of resources are determined by the individual and society. If resources are scarce, loss of resources is more threatening.*

*Other key points of the conservation of resources theory is, that:*

- *Maintaining and achieving resources requires resources*
- *Achieving new resources is more pronounced if resources have been lost*
- *If resources are scarce people may feel threatened and become defensive.*

### **Spirals of loss**

*Losses tend to follow each other when resources cannot be maintained and its difficult to invest in new resources. Think of a classical situation where a family has lost their home as in the exercise on the Hobfoll principles yesterday. The facilitator can also choose another example as eg: is going through a divorce and everyone will experience a range of losses following the loss of the family as it was.*

*Ask the group: Which other losses could follow such a case as the fire or the divorce? (having to move and change home and area, losing friends and socioeconomic status – having to change schools – and the loss of feeling safe and secure etc.).*

*Next I would suggest to do an individual exercise for two minutes: Think about one of the persons you interviewed or role-played yesterday and note the losses your interviewee or your role experienced and which would incur later on as a consequence of the first loss?*

*Now I would suggest you spend two minutes noting what a Red Cross team could do in prevent or mitigate each of these losses?*

*Discuss the cases in the plenary if time allows. Conclude by saying: When intervening in MHPSS think ahead from the concrete actual situation of those you support to prevent more losses incurring.*

### **11:10-11:30**

#### **Look, listen and link: Psychological first aid (PFA) in crisis situations and disasters**

*Aim of the session: for participants to understand the action principles and key actions of psychological first aid*

*Materials: Cut outs of the headings and the action principles from Annex 3 and a prepared print out or flipchart with the action principles as below.*



## **LOOK** for

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

## **LISTEN** refers to how the helper

- approaches someone
- introduces oneself
- pays attention and listens actively
- accepts others' feelings
- calms the person in distress
- asks about needs and concerns
- helps the person(s) in distress find solutions to their immediate needs and problems.

## **LINK** is helping people

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

*In this session we are introducing the principles used when interacting with and responding to those in need. The universally accepted approach is Psychological First Aid – a skill set that everyone everywhere can use anytime when meeting someone in distress. The action principles are LOOK, LISTEN and LINK.*

Invite participants to stand. *Let's do a quick exercise:*

- Say LOOK while placing their hand above the eyes as if looking for someone (put a foot forward and lean slightly forward whilst placing the hand above the eyes)
- Say LISTEN while putting a hand to one ear (lean a bit to the side of the hand to the ear as if listening to someone)
- Say LINK by linking arms with someone standing nearby (move quickly to the sides to link with someone else).

Repeat the Look, listen link exercise a few times going faster and faster maybe adding the moves as described in the parenthesis above.

Form groups of three or four and hand each group a set of randomly ordered cut outs of the actions of the action principles. Ask them to organize the cuts under the correct headings as they see fit giving them 10 minutes to do so.

Show the flip chart of the principles as above and ask the groups to mention some of the actions that they placed differently and why they did so. Explain that the principles overlap, so even though the three headings there the actions are overlapping, so each group will probably have made good choices!

11:30 – 12:45

## Psychological first aid and psychoeducation

Aim of the session: for participants to be introduced to the links between psychological first aid and psychoeducation.

Materials: a ball and prepared flipcharts with a) the definition of psychoeducation and one with useless responses, and copies of the psychoeducative dialogue (see Annex 4 or copy the dialogue from *A Guide to Psychological First Aid* p. 38.)

*How many of you have heard of psychoeducation – please raise a hand if you have heard the term?*

Show the definition of the term psychoeducation: “Providing people with information that helps them to better understand their own behaviour and feelings, and those of people around them. An important psychological first aid skill is having knowledge of common reactions to stressful events and the ability to explain these reactions to someone who is in distress. This can help reassure the person that what they are feeling is normal and is not a sign of mental illness. Providing information on stress and coping can also help people prepare for possible reactions that may follow in the days and weeks to come.”

*Psychoeducation is a part of psychological first aid. Would any of you have an example of psychoeducation? Can you think of where in the actions of PFA psychoeducation will be provided?*

*To know more about how to support someone in distress by providing psychological first aid, we will look at the opposite – what could be useless responses to someone in distress. Could you give me an example of a statement from a distressed person that could be difficult to respond to? (examples could be I don’t know what to do, I have lost everything etc.) decide on one of the suggestions made or agree with participants. Next ask them to stand in a circle and initiate a ball throw saying: *If someone said (the agreed statement) what would be a typical useless response.**

Once the ball throw is done, show the prepared list of useless responses:

- Advising
- Questioning
- Consoling
- Talking about yourself
- Being better
- Educating
- Storytelling
- Archaeological
- Correcting
- Saviourizing
- Moralizing

Discuss with participants how it makes them react and feel when someone uses one such response when they themselves are in distress. Also ask what could be the reasons for using such useless responses?

Ask for a scribe for the next ball throw: Use the same statement, this time asking for useful responses.

Discuss what the difference is between the useless and useful responses.

*Let’s look more at psychoeducation. Can I ask for two volunteers who will read the dialogue on Psychoeducation on the importance of sleep? In this dialogue, a volunteer talks to a man whose wife has died after a short and complicated illness, leaving him alone with three children.*

After the dialogue, ask: *Did this dialogue clarify how psychoeducation can be part of PFA?*

Next, ask participants to form four groups with someone of the same eye colour, shoe size or colour of clothes.

*The groups will discuss **which** psychoeducative information should be shared with different target groups in the affected in the shelter from the scenario from day one. What are important messages and information to share? Also discuss **how** can this psychoeducative information be shared with the different groups?*

- Group 1 work on psychoeducation for children
- Group 2 on psychoeducation for adolescents
- Group 3 on psychoeducation for adults and older adults
- Group 4 on psychoeducation for migrants

**12:45-13:30**

## **Lunch**

**13:30-15:00**

### **Remote PFA during a Baltic Sea disaster**

Aim of the session: Understanding ways of enabling people to keep in touch with one another and to offer remote support

Materials: IFRC PS Centre: Remote PFA during COVID-19

#### **1. Remote support options in National Societies**

*In this session we will look at remote support and you will get to practice your remote psychological first aid skill set in pairs.*

*I'd like to begin by asking if your national society offers or has offered any remote support by phone or on-line in the form of having a chat function on the website or by on-line video consultations?*

After participants have shared examples from the National Societies end by summing up:

*There are various options for National Societies in setting up services to provide remote support:*

- *Setting up a 'well-being and care' call system, where volunteers call several people daily or run a well-being circle where members of the circle check on well-being and find out if there are unmet needs and where volunteers or members to listen to concerns. These services may be targeted at older adults, those who are lonely, or people living with disabilities, or those in isolation or quarantine, living far away from their social networks.*
- *Collaborating with authorities to run call centres to answer questions from the public e.g. on a disaster or on COVID-19.*
- *Establishing a helpline for people with mental health or psychosocial support (MHPSS) needs. Appointments can be booked using an app and then the person seeking help would be called back at the agreed time by a PFA helper.*
- *Setting up a call centre to match people needing practical help and support with volunteers living in the same area.*

Add mentioned examples of remote support mentioned by volunteers that isn't mentioned above.

#### **2. Case study: Wildfires in the Baltic Sea region where there are cases of COVID-19**

After two very hot and dry months a country in the Baltic region has had to tackle eight wildfires, the biggest of which tore across an area of a forest the size of 900 footballs fields. The Red Cross branch secretary says: *“It’s an extraordinary summer. We’ve hardly had rain in the last two months, and it’s been very hot. The air has been filled with wildfire smoke for days. At the same time the residents are in lockdown due to the ongoing pandemic of COVID-19. Red Cross volunteers are helping firefighters getting the fires under control and we also run a health clinic and safe space for children.”*

Schools function partially and the Red Cross runs a health clinic and safe space for children. The general feeling in the area is anxiety, many worry about the future and are afraid of the area being left alone. There is also a general uncertainty with regards to COVID-19.

Divide participants in five groups ensuring a good mix between participants. Hand out the instruction to the groups and give them 15 minutes for the group work. Ask them to choose a team leader, a scribe and who will give a one-minute presentation of the key points from the group work.

**Group one:**

Setting up services to provide remote support: What options are available and possible in the setting?

**Group two:**

What practical and emotional support may the residents need?

What situation do the residents find themselves in? What are the imagined and realistic risks the residents are experiencing?

**Group three:**

Plan remote support services: Which considerations are important in planning the remote services in the area? How to train volunteers to respond remotely?

**Group four:**

Setting up the service: What are the basic requirements for a remote support service offered?

**Group five:**

Plan remote psychosocial interventions for the residents: What information is important to provide the residents with?

Conduct a plenary with one to two-minute presentations, time for questions and comments from the group and a final set of comments from the facilitator.

**Time for an energizer.....**

**Responding to calls**

Divide participants in two groups – one being the providers and the other being residents calling in - and instruct the two groups individually.

Instruct the providers: *You are to provide PFA on the remote support telephone line. A resident from the scenario will call in and you will offer PFA and psychoeducation. Begin the call by presenting yourself and fast forward to five minutes into the conversation. Sit for a few minutes and prepare yourself for answering the phone.*

Instruct the residents explaining that they call in on the remote support telephone line. You are an adult of any age and gender that you choose yourself. After you have introduced yourself to the volunteer, you will fast forward to five minutes into the conversation:

*You are worried and upset when calling the hotline as you have heard rumours that you are to be rehoused but have no information yet. What to do?*

*You have been sleeping badly since the fires broke out and it will be worse now. Your family (invent who is in the family) is also worried and you worry about them too. What can you do?*

*You also ask a concrete question: you have a cough so is it COVID-19?*

Give the groups a few minutes to prepare themselves. Next arrange for the responders to be matched with a resident. The resident can call the responder from another room or you can arrange for the pairs to sit in the training hall to conduct the conversation sitting back to back.

End the exercise asking the resident to give feedback to the provider by saying what went well and what they appreciated the responder said on the phone.

### 15:00-15:15 Coffee and tea break

### 15:15-16:15 Child protection and Child Friendly Spaces in humanitarian settings

The aim of the session: to familiarize participants with the basics of Child Protection and Child Friendly Spaces

Materials: Print outs of Child Friendly Space at home cards and materials as pens and paper and a reference copy of Activity Catalogue for Child Friendly Spaces in Humanitarian Settings + Operational Guidance for Child Friendly Spaces in Humanitarian Settings.

#### Introduction

*Violence against children can occur in many settings: homes, schools, orphanages, religious institutions, prisons, hospitals, and refugee camps. When an armed conflict or a disaster occurs, children are at increased risk of being subjected to violence from family and community members, as well as from outsiders. It is important to understand that these special risks can compromise children's psychosocial wellbeing. Working with children or other vulnerable groups requires special attention. Part of our responsibility is to protect our children and it is thus highly important to include protection and violence prevention into all psychosocial support activities.*

Show the below diagramme from Canadian Red Cross for an overview of what happens in emergencies.

### CPIE: Predictable and preventable



*In this session we are looking at child protection and at Child Friendly Spaces (CFS). Let me show you some of the key manuals for establishing and running a CFS from the IFRC Reference Centre for Psychosocial Support and World Vision. There is a guidance manual and an activity guide for the CFS. The materials are at the reference table for you to consult anytime.*

*Do any of you have experience with a CFS or similar work with children?*

### **CFS at home cards – warm up exercise**

*We will begin with an exercise from the Child Friendly Space at home cards adapted to COVID-19. They are to be added to family kits and used in camps by caregivers or older children instructions friend or younger siblings.*

Divide participants into groups of three or four and distribute a CFS at home card to each group. Ask the groups to choose who will instruct the other group members in the exercise. When handing a group a card that includes a reference to the emotional wheel instruct them to decide on an emotion they will work with.

*How were the exercises?*

### **Child protection and Child Friendly Spaces**

*In most emergencies, Child Friendly Spaces (CFS) or Safe Space for Children, are established. The aim of a CFS is to provide a safe space where children can come together, to play, relax, learn, and engage in psychosocial activities. A CFS is part of living up to the UN Convention of the Rights of the Child. (1989) Article 31 of the convention states: Every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.*

*CFS often address these objectives:*

- *Protection from risk*
- *Promotion of psychosocial well-being*
- *Strengthening the child protection capacities in communities*

*In this part of the session we will look more at CFS.*

Ask participants to form new groups counting: safe, unsafe, definition and CFS. Give groups ten minutes, ask them to note key points on a flipchart and ask them to appoint a one-minute presenter in the plenary.

- *Group safe:* Note factors that would make a child feeling and being safe during a disaster.
- *Group unsafe:* Note factors that would make a child feeling and being unsafe during a disaster.
- *Group definition:* Write a definition of child protection.
- *Group CFS:* How you could engage children in setting up and running activities in a CFS?

After the one-minute presentations, and time for comments and questions, show a definition of child protection (noting that there are several definitions): *Child protection involves prevention and responses to abuse, neglect, exploitation, and violence affecting children.* Also quote the UN Convention article 19: *Children have the right to be protected from being mistreated, physically and mentally.*

Ask the participants to give examples on the difference between “prevent and respond” (add the below points to the discussion if it is not mentioned by the participants).

- *Prevention: advocacy, training, child safe recruitment, education, policy, risk management*
- *Response: active listening, psychosocial support, reporting/documentation, referral counselling*



Ask participants to go back to their groups and plan for a CFS in a shelter.

- Group 1: Which activities would you plan in the shelter for children from 6 to 12 years of age?
- Group 2: Which activities would you plan in the shelter for children from 13 to 18 years of age?
- Group 3: What can the PSS team do to improve the overall child protection situation in the shelter?
- Group 4: How can the PSS team ensure the safety for children in the CFS?

Round the activity of by explaining that child protection can be defined as “the prevention of and response to abuse, neglect, exploitation and violence against children”. All staff needs to be aware of child protection measures, so they are able to identify and react to violence against children, or other vulnerable groups, in an appropriate and safe manner and know when and how to refer to other services or relevant authorities

**16:15-16:25**

### **Buddy cool down and self-care conversation and CEA**

Time: 10 minutes

Materials: red and green post its and pens, a flipchart marked with plusses and improvements.

*We have come to the end of the day and its time to for the buddy cool down conversation. Find your buddy and spend 10 minutes going over the cool down conversation. End the conversation by going over*

- *Plusses of the day or what went well? – note them on the green post its*
- *Minuses or what could be changed or improved? – note these on the red post its.*

*In the morning we will look at the green and red post its and see what is going well and what should be changed. This is part of the community-engagement in practice, so we are aware of how we are doing.*

**16:25-16:30**

### **Ending the day**

Time: 5 minutes

Materials: a ball

Ask participants to form a circle and thank them for the day and their contribution so far. Initiate a ball throw and ask each participant to say in one word only what they appreciated most during the day. End the ball throw and remind the teams responsible for recap and energizers to prepare for day three.

## Day three

### Emergencies with longer term impact

9:00 – 9:25

#### **Opening the day, recap of day one, plusses and suggestions, and buddy talks**

Aim of the session: Welcoming participants, checking the feedback to see if anything should be changed or added in the way the training is run, recap of day 2 and buddy talks.

Materials: a prepared flipchart with the programme for the day

Facilitators go over the programme for the day, the plusses and suggestions to show participants an example of community-engagement in practice, invites the recap team to present and asks buddies to have their *Are you ready* talk.

9:25 - 9:45

#### **Briefing: A Baltic Sea disaster with a longer term impact**

##### **Flash flood and flooding in Anglaby in the Baltasian Union Background**

Aim of the session:

Materials: Red Cross vest and cap for a facilitator or guest star to role play the Anglaby branch secretary

*The theme of the day is emergencies with longer term impact so we will look at a new scenario. One of the most common disasters in this and other parts of the world is flooding. Please get ready for a briefing of the flash flood and flooding in Anglaby.*

One of the facilitators or a colleague role plays the branch secretary and gives a briefing:

*Welcome to Anglaby branch. We are happy you have come to assist us with the response. The flooding happened four days ago, so right after this briefing, I will ask you to help us by preparing the assessment of MHPSS needs, as we have reports many are not doing well following the emergency.*

*Anglaby is a city with 50.000 inhabitants in the Baltasian region and we are close to the border of the neighboring Baltasian country. Anglaby is situated close to a river and near a mountain range.*

*A smaller suburban community, with approximately 400 family houses, few apartment buildings, a school, a kindergarten, a small supermarket, and a boat club house all are close to the river. The boat club house is used as a community centre for different kinds of activities and meetings and it also serves as a sports club with an adjacent football field.*

*Anglaby also houses a group of approximately 200 immigrant workers with different national backgrounds. They all live in broken-down houses near the river, that are now flooded and uninhabitable. Most work as domestic workers, daily laborers in a nearby forest, or in fast food establishments. Many have low national language skills, and their children are enrolled in the local kindergarten and schools.*

*It rained heavily for five days, the flood water rose, inundating grounds and houses close to the river. Next, a flash flood hit the sides of the river 3 pm. It destroyed the boat club house and a handful or nearby houses. 300 houses are now flooded and so are the school, kindergarten, and supermarket as well as the whole area where the immigrants live.*

*When the flash flood hit the community, a meeting on sustainable cities in the boat house club with about 20 participants was on-going on the veranda. Those sitting near the water were washed into the river but managed to get to safety bruised and shocked, others had major cuts and wounds and they are all in hospital. Unfortunately, four persons are not yet accounted for.*

*A group of immigrant women were collecting mushrooms near the river when the flash flood hit, and two of the women were washed into the river. One managed to survive, one woman died leaving a partner and two school aged children.*

*300 households nearest to the river are being evacuated and are moved to a shelter in an old boarding school a few kilometers outside. The immigrant community is not treated well within this community and thus, they are taken to another shelter to avoid conflicts.*

*It is expected to take approximately six weeks for the water to recede and several months for houses to be dry and for damages to be assessed and repaired.*

*Any questions?*

*Your task coming up is to prepare and conduct a rapid MHPSS needs assessment and prepare for the Red Cross who will come tomorrow from the twin city across the border.*

## **9:45 – 10:45**

### **Rapid protection and psychosocial assessments and development of assessment questionnaires**

The aim of the session: participants are introduced to the background for assessments and to IFRC tools for rapid assessments of psychosocial needs and plan individual assessment interviews as a basis for planning of activities and interventions

Materials: prepared flipchart of the purpose of assessments and what MHPSS assessments provide and a copy of IFRC PS Centre *M&E Toolbox* chapter 2 & 3 for each group.

Reference materials: IFRC PS Centre *M&E Toolbox* chapter 2 & 3 pp. 7 to 10.

*Before preparing the assessment questionnaires, let's look at why we have to assess needs during emergencies.*

#### **The purpose of assessments in emergency setting is to:**

- Create a broad and immediate picture of a population's well-being
- Identify emergency issues requiring immediate follow up
- Provide information and recommendations to aid survivors and their families during the recovery process
- Inform the development of appropriate policy and practice.

#### **When looking at specific MHPSS assessments they provide:**

- An understanding of the emergency situation
- An analysis of threats to and capacities for mental health and psychosocial well-being
- An analysis of relevant resources to determine, in consultation with stakeholders, whether a response is required and, if so, the nature of the response.

Keep these **whys** and **outcomes** of assessments in mind when you plan and carry out the assessment.

### **Questionnaires for the assessment of MHPSS needs**

Divide participants in four groups e.g. counting: children, adolescents, adults, and older adults. *Create an assessment tool with relevant questions for protection and MHPSS needs for people displaced by the flooding. The assessment will help plan interventions for the next 6 months. Groups will plan questionnaires for different target groups:*

- *Children from host and immigrant communities*
- *Adolescent from communities*
- *Adults from host and immigrant communities*
- *Older adults from host and immigrant communities*

Distribute the copies of the IFRC PS Centre M&E Toolkit and ask groups to consult the *Rapid PSS and VP/protection assessment – seven questions* and the *Detailed PSS and VP/protection assessment questions* from the M&E Toolbox.

Instruct participants to note their assessment questions on a flipchart and hang on the wall when done.

**10:45 – 11:00**

### **Coffee and tea break**

**11:00 – 11:20**

### **Feedback on assessment questionnaires**

The aim of the session: participants present their questionnaires and get feedback from the facilitator on their appropriateness.

Facilitator invite participants on a gallery walk to look at the different assessment questionnaires. Gives feedback on the questionnaires and whether they are relevant for the target groups.

**11:20 – 12:10**

### **Practicing assessment interviews**

The aim of the session: to practice individual assessment interviews taking place four days after the flood and flash floods in or outside shelters.

Materials: Red Cross vest, caps or name tags and paper and pens for interviewers and props for role players. Interview roles in Annex 3.

*Its now time for you to get ready to do the assessment interviews. Be mindful that you may not necessarily be interviewing someone from the same target group you prepared questions for.*

Distribute the interview roles to half of the participants. Instruct them to find a place to sit, write the main characteristics of their role (age, gender and in which shelter the character is temporarily housed) and prepare with props.

Ask the assessors to go and meet one interviewee each – some will meet a person from the target group for which they prepared questions, others may not. Allow for a few minutes for all assessors to note the key questions if interviewing someone from a different target group than they prepared questions for - and begin the interviews. Allow ten minutes for the assessment interview.

After ten minutes ask participants to end the interview and ask the assessor to note the immediate MHPSS and protection interventions they will suggest.

Distribute interview roles to the assessors and repeat the above instruction.

After this assessment interview they are asked to quickly list the MHPSS/ Protection interventions they would suggest, based upon the needs assessment:

Additional questions:

- List those you need to coordinate and engage with for planning the rapid assessment
- Who to interview for having an overview of needs for the groups in the community?
- Which resource persons in the community would they also interview.
- How to train assessors or volunteers for the assessment

**12:05 -12:30**

### **Plenary on assessment interviews**

The aim of the session: participants consider ethics, protection needs and other gender and identity questions, knowing when to refer PFA during assessments

Materials: A hand out of the below questions to each pair. If relevant refer participants to the IFRC PS Centre manual *Life Skills* where there are several questions for assessing needs for life skills.

The facilitator discusses some of the below questions with the participants. The below can be handed out for participants.

#### **HANDOUT ON ASSESSMENTS**

##### **Informed consent and other formalities:**

Did you present yourself and get informed consent? Ask a participant to read the recommendations from WHO as in IFRC PS Centre manual *Life Skills* p. 58



## Informed consent

WHO recommends the following for getting informed consent from adults:

Hello, my name is \_\_\_\_\_ and I work for \_\_\_\_\_. We have been working in \_\_\_ (area) to \_\_\_\_\_ (type of work) for \_\_\_ (period). Currently, we are talking to people who live in this area. Our aim is to know what kind of problems people in this area have, to decide how we can offer support. We cannot promise to give you support in exchange for this interview. We are here only to ask questions and learn from your experiences. You are free to take part or not. If you do choose to be interviewed, I can assure you that your information will remain anonymous so no one will know what you have told us. We cannot give you anything for taking part but we would greatly value your time and responses.

Do you have any questions?

Would you like to be interviewed?

1. Yes
2. No

Did you tell the key informant that they did not have to answer questions if they didn't want to and could stop at any time?

Did you tell the key informant what the information will be used for?

What did you consider about location for the interviews? How did you set up a safe environment?

Would it have been better if interviews had been conducted by someone of the same sex? When would this be beneficial?

Were you asked to exchange goods for information? In short, did you make promises?

### Process

How did you ensure your understanding was correct?

What happened if the informant had an emotional reaction?

Did you go off in a direction led by the information?

Working with interpreters – how to ensure they understand the concepts of PSS and translate the information correctly?

### Perspectives

Did you get information on gender?

Did you capture the perspectives of marginalized groups (such as ethnic or religious minorities, the elderly, children and youth, women, etc.)?

What is different when interviewing children from interviewing adults?

**12:30-13:00**

**Lunch**

**13:00 -13:30**

**Planning PSS interventions for different target groups**

The aim of the session: participants learn to plan activities and interventions for a period of four weeks following a Baltic Sea disaster with a long-term impact

Materials: a basic template for creating a simple activity plan (see below) – depending upon how experienced the group is a column can be added for M&E.

Participants work in the same groups they formed when preparing the assessment questions and are tasked with preparing a plan for PSS interventions for their target group: children, adolescents, adults and older adults from host and immigrant communities. Participants could also be divided in four new groups, should this be required for some reason working with an allocated target group.

*Based on the information gathered in the assessment interviews you are to plan which psychosocial interventions you would prepare for your target group for the next three months. Begin the discussions by deciding who will present the plan to the Baltasian General Secretary who will visit us today and is taking a keen interest in mental health and psychosocial support.*

*Following the Anglaby disaster, plan psychosocial activities for a period of four weeks for your specific target group.*

*Select a person for the presentation for the Baltasian secretary general and present the highlights of your group discussions.*

<b>Target group:</b>					
<b>Type of activity in as many details as possible</b>	<b>Expected outcome and learned skills</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>

**14:30 – 15:00**

**Feedback on intervention plans for different target groups**

**15:00 – 15:15**

**Coffee and tea break**

**15:15 – 15:40**

**Planning psychoeducative sessions for different target groups**

The aim of the session: participants plan and run psychoeducative sessions for different target groups: children, caregivers, older adults, and volunteers.

Materials: Handout with a plan of the goals, topics, methods, session plan, materials, and M & E.

Divide the participants in new groups depending upon the constellation in the group. Ask each group to appoint a timekeeper, a note taker and who will carry out the different parts of the session. Everyone in the group should be assigned a role in the planned session.

<b>Planning a psychoeducative intervention for xxx group of participants xx days after the emergency in xx location.</b>					
<b>Goals</b>	<b>Topics</b>	<b>Methods</b>	<b>Session plan</b>	<b>Materials</b>	<b>M &amp; E</b>
What do you want to achieve in this session?	What are the topics you will discuss? And which skills do you plan for the participants to learn during the session?	Describe your approach and methods?	Outline the plan with time division and note who will run the different parts of the session	Which materials are needed for the activities in the session?	How could or would you measure the outcome of the session?



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**15:40 – 16:30**

**Psychoeducative sessions**

The aim of the session: to practice giving psychoeducation to groups

Materials: a prepared flip chart outlining the table as below.

*In the next session we will work in two separate groups and the groups will conduct sessions for each other.*

*Facilitator A will go with groups children and caregivers to group room A.*

*Facilitator B will go with groups older adults and group volunteers to room B.*

*The facilitators will be timekeeper for the session.*

*The group receiving the session will have five minutes for their feedback. When giving feedback please focus on what went well and give suggestions and more ideas for how to also run the session if you have some.*

*After both sessions are conducted, the facilitators will give the overall feedback to both groups.*

*Please remember when role-playing act normally and do not make it too difficult for your peers!*

**Group room A**

Group children conducts a session for group caregivers	15:40 – 15:55
Feedback from group caregivers to group children	15:55 - 16:00
Group caregivers conducts a session for group children	16:00 –16:15
Feedback from group children to group caregivers	16:15-16:20
Overall feedback by the facilitator assigned to groups in break out room A	16:20-16:30

**Group room B**

Group older adults conducts a session for group volunteers	15:40 – 15:55
Feedback from group volunteers to group older adults	15:55 – 16:00
Group volunteers conducts a session for group older adults	16:00- 16:15

Feedback from group older adults to group volunteers	16:15 - 16:20
Overall feedback by the facilitator assigned to groups in break out room B	16:20-16:30

16:45-16:55

### **Buddy cool down conversation**

Time: 10 minutes

Materials: red and green post its and pens, a flipchart marked with plusses and improvements.

*We have come to the end of the day and it is time to for the buddy cool down conversation. Find your buddy and spend 10 minutes going over the cool down conversation. End the conversation by going over*

- *Plusses of the day or what went well? – note them on the green post its*
- *Minuses or what could be changed or improved? – note these on the red post its.*

*In the morning we will look at the green and red post its and see what is going well and what should be changed. This is part of the community-engagement in practice, so we are aware of how we are doing.*

16:55-17:00

### **Ending the day**

Time: 1 minutes

Materials: a ball

Ask participants to form a circle and thank them for the day and their contribution so far. Initiate a ball throw and ask each participant to say in one word only what they appreciated most during the day. End the ball throw and remind the teams responsible for recap and energizers to prepare for day 2.

## **Day four**

### **Engaging, caring for, training and supervising volunteers**

9:00 – 9:25

#### **Opening the day, recap of day one, plusses and suggestions, and buddy talks**

Aim of the session: Welcoming participants, checking the feedback to see if anything should be changed in the way the training is run, recap and buddy talks.

Materials: a prepared flipchart with the programme for the day

Facilitators go over the programme for the day, the plusses and suggestions to show participants an example of community-engagement in practice, invites the recap team to present and asks buddies to have their *Are you ready* talk.

**9:25 – 10:45**

## **Leading and engaging with different categories of volunteers**

Aim of the exercise: participants understand how different types of volunteers are motivated to respond and how to manage and motivate the different types of volunteers.

Time: 80 minutes

Reference materials: A copy for each participant of the *BALTPREP Folder for briefing of and for spontaneous volunteers* (Annex 5) and *Minimum standards of caring for volunteers during COVID-19*

*When leading emergency interventions you will interact and work with volunteers. The following exercise is about managing different types of volunteers based on their characteristics. Let me explain the set-up of the exercise, as it has a couple of steps. I will also explain the case scenario we will be working with for this exercise.*

- 1. I will ask you to form groups – one group will be team leaders, and four groups will represent different types of volunteers. In these groups you will discuss different topics and there is a handout explaining the tasks of the groups.*
- 2. Next each team leader will meet with their group of volunteers so each group of volunteers will be assigned a team leader.*
- 3. After this meeting there will be a discussion on how it went. The format will be a so-called fishbowl where some talk and the rest listens. First the team leaders and next to a representative from each group will discuss how the meetings went.*

*Any questions so far?*

*The case is the following: there has been a huge forest fire in a Baltic Sea country and a village of 1347 people will have to evacuate to the outskirts of a larger town where the volunteers are from. They will be living at the site for some time till the danger is over and they can move back. The town administration has asked Red Cross to help with the move and to set up psychosocial activities. This was reported in the media and got a lot of local attention.*

Appoint or ask for five volunteers who will play the role of the team leaders.

Divide the group into four groups of volunteers:

1. A group of psychologists who come to offer support who know each other well beforehand.
2. A local sports club volunteers from a handball club – trainers and teen-age players and some parents.
3. A Knitting and reading circle of women in their sixties and who are very eager to serve. They know each other and have been in the circle for years.
4. Spontaneous volunteers who show up at the Red Cross branch. They will sit individually and think about similar questions as the other groups – however being spontaneous volunteers they do not socialize before they meet the team leader.

**Handout for volunteer team leaders:**

You have 10 minutes with the other team leaders to discuss your task and how to carry it out.

You will each be managing one of the groups of volunteers.

Your job is to instruct them on the task they are asked to do by the branch and authorities.

The volunteers are to help with setting up the shelter with camp beds, kitchen, distribute nonfood items and cook and do the washing up.

The psychosocial activities that many volunteers want to help with are only to begin if the stay is extended beyond the two weeks – which runs counter to what the administration has declared. The DM teams are only allowed to offer psychological first aid when doing their assigned tasks.

**Handout for group work for volunteers' groups or individuals**

As a group you have ten minutes to discuss:

What are your characteristics as a group?

What do you want to do in the response to support?

Which support do you need?

How do you perceive the other groups?

What could be difficult in managing you?

**Handout for spontaneous volunteers – one handout per volunteer**

What are your characteristics as a volunteer?

Why did you turn to the Red Cross?

What do you want to do in the response?

How do you perceive the other groups?

Which support do you need?

What could be difficult in managing you?

Instruct team leaders to join an assigned group of volunteers letting the spontaneous volunteers meet and talk for the first time.

Allow ten minutes for the team leaders and groups to interact.

Stop the group work/roleplay and ask the volunteer team leaders to come to the centre of the room and sit on four chairs in the middle of the room. The groups are sitting in a circle around the four chairs and are instructed to listen to the volunteer team leader's conversation.

Ask the volunteer team leaders how their meeting with the volunteers went. What challenges did they encounter? What went well? Did the expectations to the tasks match?

Allow the conversation to continue for some minutes before asking the volunteer team leaders to step away from the fishbowl. Ask a representative from each of the groups of volunteers to sit in the middle.

Instruct them to discuss how was it to meet the team leader? Next what challenges and opportunities did the team leader have in managing the group. Did the plans for what to do match? What did the groups think of the other groups of volunteers? Any tips for the volunteer team leaders in managing volunteers?

Distribute the BALTPREP folder for spontaneous volunteers (see Annex 5 and go over it. The folder can be used by volunteer team leaders to give a briefing to spontaneous volunteers and can also be handed to volunteers to ensure they have the basic information needed to begin volunteering with the Red Cross.

**10:45-11:00**

## **Coffee and tea break**

**11:00 – 11:45**

## **Training and supervision plans for volunteers**

The aim of the session: to create a realistic training plan based on the long-term scenario

Materials: IFRC PS Centre *Caring for volunteers Tool kit* and training manual

*We will look at creating an overview of training for volunteers having different key tasks. The scenario is the following: A month after the fire, the temporary housing is ready for the move back to the town. A temporary kindergarten and school are open and the local branch asks the PSS team to design and run PSS activities in the coming six months having a community centre with support groups, a CFS and activities for young people and for older adults.*

Ask participants to form groups depending upon their interest and at the same time ensuring all four areas of the planning is covered.

*What should volunteers be trained in, when and how should they be supervised to be able to plan and run the activities?*

*Create a training plan for volunteers carrying out the mentioned activities.*

	<b>Month 1</b> Week 1 to 4	<b>Month 2</b> Week 5 to 8	<b>Month 3</b> Week 8 to 12	<b>Month 4</b> Week 12 to 16	<b>Month 5</b> Week 16 to 20	<b>Month 6</b> Week 20 to 24	<b>M&amp;E tools</b>
<b>Support groups</b>							
<b>Training materials used</b>							
<b>Child Friendly Spaces</b>							
Training materials used							
<b>Adolescents</b>							
Training materials used							
<b>Older adults</b>							
Training materials used							

11:45 – 12:45

## Group psychological first aid

The aim of the session: to introduce to the support given to groups of volunteers after a critical event

Materials: a preprepared flipchart with the heading of the seven phases of a group meeting after a critical event

Reference materials: Training manual <http://pscentre.org/archives/resource-category/emergencies>

The facilitator appoints 4 team leaders to lead the group PFA session, asking if they are willing to be leading the group PFA. The team leaders should preferably be participants who are experienced in psychological first aid.

*Group PFA for staff and volunteers after critical events is extremely important to support the teams, to prevent effects of the incident and to promote inclusion and group cohesion.*

*A group PFA meeting is a way of providing support to more people at the same time often for group members who know each other beforehand. Group members learn that others may have similar reactions as themselves. This can help normalize and validate their feelings and make them feel connected to others. It can decrease*

isolation and lead to group cohesiveness. The meeting leads to the development of empathy as group members learn about each other's experiences and reactions. This can promote peer support and self-understanding. It can inspire group members with new ideas and strategies for self-care, encouraging positive coping strategies. It gives the facilitators an opportunity to observe and assess if anyone needs individual support.

Team members that have experienced something together, people who know each other already should join the meeting. If someone is clearly very distressed or does not wish to participate, they should not be included. It is not always appropriate to have people from different levels within an organization together as some participants may not feel comfortable to talk freely.

We recommend there are not more than 10 people in a PFA and support meeting. If only a small number of people seem to need PFA, it may be more fitting to hold a less structured, informal support meeting.

A PFA and support meeting is held at least two to three days after an event has happened, as this gives those affected a few days to rest and recover if, and leaves time for natural coping mechanisms to take effect such as reaching out to family for support.

It takes skill and energy to manage communication and interactions in a group, especially the first few times. Having two facilitators makes this task easier and helps improve the level of support provided to the participants. It means one person can facilitate and run the meeting and the other can help to provide additional support to an individual if someone has strong or difficult reactions. Should you plan to run a group PFA event, please take time to consult the training manual and the additional materials, to ensure the meeting is held according to all guiding principles.

I will briefly go over the 7 phases of group support after a critical event:

1. opening the meeting
2. checking how participants are doing
3. brief factual review of actions taken in the crisis situation
4. providing information and psychoeducation
5. promoting self-care, peer support and positive coping
6. provide referral information, if needed
7. ending the meeting.

### **The scenario: Volunteers under attack**

Three days ago, there was a very unpleasant and unexpected attack led by a group of angry locals when the volunteers came to offer support in the camp after the fire in the scenario from this morning.

The volunteers were attacked with angry words, a barrier of people blocking their entrance to the camp area and a few of the volunteers were pushed by some of the locals. While prior some of the villagers were very supportive of the fate of those who have lost their homes in the forest fire, now there are complaints of the camps being dirty and unruly.

Some of the locals blame the volunteers for supporting those who live in the camp as they also find they receive more financial and other support than the villagers.

The volunteer team leader first tried to reason with the most vocal of the angry locals, and when realizing this did not help matters, withdrew the team.

The branch secretary has been asked the team leaders to run a group PFA sessions mitigate the effects of the attack and assuring everyone has received appropriate support. Since the incident there hasn't been more episodes, but volunteers were shaken by the unexpected event. Steps are also being taken by the Red Cross and the authorities to handle the criticism by the locals and find ways to improve the situation.

When forming the groups allow those roleplaying volunteers to spend two minutes preparing their roles and finding eventual suitable props.

When wrapping up the exercise, ask team leaders to sit in the middle of the room and discuss how it went for a few minutes. Next ask those roleplaying the volunteers what they found useful in the group PFA.

**12:45 – 13:15**

## **Lunch**

**13:15 – 14:00**

### **Ethical dilemmas - Should you blow the whistle?**

Aim of the session: for participants to be aware of the IFRC policies that relate areas such as prevention and response to sexual abuse and harassment and corruption. Participants are informed about whom they can turn to, should they need support to decide upon how to act when confronted with difficult ethical dilemmas.

Materials: PSEA Policy, Whistleblower policy, Safecall

<https://media.ifrc.org/ifrc/what-we-do/inclusion/protection-gender-inclusion/ensuring-dignity-safety-communities-volunteers-staff/>

*In the next session we are going to look at ethical dilemmas. Such dilemmas are inevitable when intervening in an emergency. There will be a lot of dilemmas where you will wonder what to do.*

*In this session, groups will work with cases so you can be prepared, know who to turn to and where to get advice, should you meet corruption, sexual exploitation, abuse and harassment, or should there be a conflict in the team.*

*We have prepared some cases for you, but let me hear if any of you have any concrete cases from your own experience you'd like to discuss in a group? If so we can create a group for such cases.*

Allow time for participants to share ethical dilemmas they have come across or imagine they could be confronted with. Should a group of participants wish to work with these dilemmas, they should form a group and the rest of the participants can work with the below dilemmas.

Distribute copies of the below cases to the groups. Instruct groups to choose a team leader, a scribe and who will present the results of the discussion to the plenary.

Groups have xx minutes to discuss the case.

Should groups be working with cases of their own choice, give them the following instruction:

Describe your case and explain the dilemma it poses for those involved. Next discuss:

- What will you do?
- Who can you turn to for advice on how to handle the situation?
- Which IFRC policies can guide you?



### Case 1

You have noticed that some of the staff in your operation often go out for lunch and dinners with their counterparts from the National Society and that they charge this to the programme as meeting expenses. Recently you found out that they also lunch with friends and family and charge this to the expense accounts as you worked with the finance delegate on the finances in your programme. Your volunteer work ends in two weeks' time and you would like to become a delegate soon. You are aware of whistleblowing policies etc. but have also heard that your name may not be protected if you blow the whistle and finally, it's cheap to lunch and dine out so the losses aren't that great.

- What will you do?
- Who can you turn to for advice on how to handle the situation?
- Which IFRC policies can guide you?

### Case 2

You are a Baltasian National Society staff member deployed to a neighboring country during a disaster. You handle the PSS file - planning and training and supervising - with the NS counterpart. You happen to find the invoices in the printer room from your trips in country and notice that there are changes in the invoices making things 25 % more costly.

- What will you do?
- Who can you turn to for advice on how to handle the situation?
- Which IFRC policies can guide you?

### Case 3

You are a junior delegate in an IFRC mission in the Baltasian regional office. You have been in the country for 6 months and have made friends with local staff and expats in-and outside the Movement. Your appraisal to be advanced to delegate is coming up in a month. You are going out in the evenings with friends to a local bar. You find most of the delegates in the bar and they are all drinking wine. Later you see one of them leave driving a car. Later, another is seen kissing someone from the local community that you assume is a sex worker.

- What will you do?
- Who can you turn to for advice on how to handle the situation?
- Which IFRC policies can guide you?

### Case 4

You are a volunteer in a cross-border response in Baltasia. The incoming team from the neighboring country has a very energetic member who is also very opinionated. You are asked to go with him to a meeting with the branch manager that gets rather heated. An argument erupts between your colleague and the branch manager on the recovery plan the incoming team has drafted. After the meeting you tell the colleague that you agree with the branch manager and that the plan is not realistic. Then you two have a huge and

unpleasant argument where you are being yelled at. The next morning you are informed that you are mentioned in a negative way in the neighboring branch's FB page "*xx is not well trained in planning and this will negatively impact our work for our neighbours...*"

- What will you do?
- Who can you turn to for advice on how to handle the situation?
- Which IFRC policies can guide you?

**14:00-14:45**

### **National Society teams plan next steps**

Aim of session: participants discuss the learning in the light of their national context, plan what to implement, when and how to make use of the interventions discussed during the training. eventual establishment of a training network. Discussion of transnational collaborations.

Group work in national teams on the plans for MHPSS in their NSS or branch. In this session participants work in groups with other participants from their National Society or branch creating individual plans for the work in MHPSS for the coming year.

As a warm-up exercise, the facilitator can ask participants to form two lines standing opposite each other. Instruct them to each talk for a minute: *If you came to my country to offer support during an emergency, you should know XXXX about our national society, our culture, our collaboration with authorities in order not to make a complete fool of yourself!*

After the first exchange, ask participants to move in bicycle chain fashion, so they are standing in front of a new participants exchanging information on their National Society. Repeat a final time.

Next divide participants in national society or branch groups and should there one person only from a National Society or branch they can join another group or work alone, as the facilitator sees fit. Groups are instructed to:

- create a realistic plan for the work in the coming e.g. 12 months
- note which materials can support their work
- discuss how to engage management in promoting their initiatives
- discuss how they can use the collegial support from fellow MHPSS focal persons in own or other National Societies and make use of e.g. European Network of Psychosocial Support
- discuss funding strategies to support the work plans

Groups are to note the plans down and to present to the plenary afterwards.

**14:45 – 15:00**

### **Tea and coffee break**

**15.00 – 15:30**

### **Presentation and discussion of National Society plans**

Aim of the session: National Society presents their work plans to formalize them.

The facilitator leads the presentation and discussion of the National Society work plans. The workplans can be shared with all participants and a follow up of implementation arranged. A WhatsApp group can be established for support between participants post training.

**15:30 – 16:00**

### **Reflections on learnings**

The aim of the session: participants reflect with their buddy on their learning and their next personal steps in acquiring MHPSS knowledge and skills and for participants to reflect on their buddy when preparing a certificate for him or her.

Materials: a preprepared flip chart with the below questions and paper, pens, colour pencils and crayons for the personalized buddy certificates.

The facilitator instructs participants to form pairs with their buddy for a final buddy talk. They have 10 minutes each to tell their buddy about:

- The most significant change they have experienced during the training
- How they will continue learning about MHPSS and develop their MHPSS skills
- Who will benefit from them having been in the training?
- How they can ensure transfer of knowledge and skills from the training to their daily work
- What could be changed in the training to make it more effective

Inform participants that they will do an evaluation of training at the end of the training or on-line after the training. See Annex 6 for a suggestion for the evaluation.

### **Creating a certificate for the buddy**

The facilitator instructs participants to create a personal certificate for their buddy noting:

- What they liked about the buddy
- What they learned from their buddy
- What they wish for their buddy

When developing the certificates, they can be as creative and innovative as they wish to be.

**15:30 – 16:00**

### **Closing ceremony**

The facilitator invites the buddies to hand their certificate to their buddy. The training certificates from the training management can be handed out after each pair of buddies have exchanged the personalized certificates or mailed to participants after the training e.g. when they have filled out the evaluation as suggested – and that the facilitator adapts as needed - in Annex 6.

The facilitator closes the training with a formal speech praising participant for their efforts and wishing them good luck for the time ahead.

# Annexes

## Annex 1

# STRUCTURED BUDDY TALKS BEFORE, DURING AND AFTER

### **Before: Are you ready?**

The questions focus on getting ready for the day, task, shift or mission.

Making an inventory of how things are here and now:

- How are you today? Did you sleep well? How was your trip here? Etc...

Worries or concerns that should be handled or parked:

- Is there anything that prevents you from being fully mentally present today?
- Do you have any worries, reservations or resistance against the day, task, shift or mission?
- Is there anything at home or outside what you are to do, that you are thinking about, need to do or maybe mentally park aside before we begin today?

Preparing for the task:

- What do you think will be the tasks today?
- Is there anything you can do to prepare?
- What can you do to get the most out of the work today?

Needs for support and when to check in:

- Do you need any support from me for today?
- When should we check in with one another?

### **During: Checking in**

The questions focus on how the buddy is doing, how the buddy is dealing with the situation.

- How are you doing?
- Are you hydrated, did you eat, and have you had breaks?
- What has happened until now?

Should anything have happened: Do you want to tell me what happened now or maybe later?

---

**After: Cool down**

The question focus on how the buddy has been doing, which challenges arose and how to change to an after work mode.

- How was the day?

Are you ready to move on and finish the shift/session?

- What would you like to do now?
- Anything else you should or can do to cool down?
- Any self-care plans for the rest of the day?

Annex 2            Identities of the affected in a shelter

<p>1 A mother with a young child - you are an undocumented migrant living with your husband from collecting bottles. Your husband was badly hurt in the attack that just occurred. You saw him being carried away and don't know where he was taken. You don't know what to do, and you are very scared for the future. Your child is crying and frightened and you don't know what to do with the child as it is enough for you to think about the possible loss of your husband. He was the one who spoke English and you don't since you arrived recently and overstayed your visa. You don't want to go back to your in-laws that you don't get along with.</p>	<p><b>Emotional Distress-</b> Confused and tearful</p> <p><b>Physical Distress</b> shaking and fingering with a scarf</p>
<p>2 A young woman who came for the festival from another Baltasian country with your husband and his brother who is badly hurt and hospitalized.... It was you who wanted to go as your favourite band was playing. Now your husband is angry, he says its your fault that his brother came too. Your head is bleeding from where your husband hit you an hour ago. No one saw it happen. You are scared that if people find out he will become angrier. You are bleeding and you feel dizzy and are worried. You are sitting down, away from people and holding your head.</p>	<p><b>Physical Distress-</b></p> <p>Difficulty breathing &amp; sitting hunched over trying to hide</p>
<p>3 A middle-aged man who love festivals – and who has a hearing impairment. Music at festivals is so loud that you can both feel and hear it so you travel a lot to festivals! You just had a text that your father fell severely ill and need you back; however right after the net broke down and you need to get home... the police insists on interviewing everyone and you are at the back of the queue .. it will take hours. You are trying to get information and look for someone that can help you in the midst of all those in emotional pain.</p>	<p><b>Emotional Distress</b> sick with worry, restless, tearful</p>

<p>4</p> <p>You are angry about the quality of food that they are serving in the shelter. You cannot eat this, it is disgusting. You are so angry that you are not in control of your emotions and you are verbally aggressive to people who speak with you.</p> <p>You witnessed a terrorist attack in your home country some years back where you lost a close friend.</p>	<p><b>Emotional Distress-</b> Displaying agitation and anger</p> <p><b>Physical Distress-</b> Difficulty breathing</p>
<p>5</p> <p>A 75-year-old man in a wheelchair who went to the festival with a 17-year old grandson. He is very good to you and takes care of you but you do not want to tell him that you need adult diapers and you are not able to stay clean. You are ashamed that your grandson has the burden of taking care of you in the shelter till you can go home.</p>	<p><b>Emotional Distress-</b> Displaying agitation, speaks in a low voice Shameful</p> <p><b>Physical Distress-</b> Difficulty breathing</p>
<p>6</p> <p>You are with a group of friends and just need to call your sister to let her know you are ok as she knows you were at the festival. You lost your phone.</p>	<p><b>Emotional Distress</b> Tearful</p>
<p>7</p> <p>A 78-year old women with dementia. You are alone and you have no idea what is going on. You somehow got pushed into the shelter, as there was a lot of commotion when the busses came to the shelter. you happened to be passing with your family who took you out for a walk. You are more than lost and have no idea. (The family is looking for you outside but the police have closed doors to the shelter and it will take some time till they can manage to get through to you).</p>	<p><b>Emotional Distress</b> Confused</p>
<p>8</p> <p>A 15-year-old girl who is on her own. You got permission to travel to the festival with a close friend, but you were not together when the attack happened. The net is down and you cannot find your friend who has been taken to another shelter. You have poor English and there are some men that you do not feel safe with who are trying to take care of you. You don't know what to do...</p>	<p><b>Emotional Distress-</b> Experiencing high levels of anxiety.</p> <p><b>Physical Distress-</b> Shaking</p>
<p>9</p> <p>You are the coach of the Sudanese handball team. You are worried about what will happen, maybe the police will arrest you for having gone to the festival – and how to take care of the team. You have strong emotional reactions having witnessed attack in your own country. You are experiencing flashbacks and you cannot get the horrible images out of your head. You cannot eat or drink and you want to be away from everything and everyone. You sit somewhere far away where no one can see you. How could this have happened in a Baltic Sea country??? How could it happen in a Baltic Sea country... you keep repeating this..... You speak English,....</p>	<p><b>Emotional Distress-</b> Confused &amp; numb and almost frozen - afraid</p> <p><b>Physical Distress-</b> rapid breathing</p>

<p>10</p> <p>A 17-year-old handball player. Your family was so proud that you were on the team to go to Baltasia for the match. You haven't understood what will happen as no one has informed the you and your mates in Arabic about what happened. the coach was on another bus, has your passport and you have been taught never to trust the police – they only want bribes. You are scared and don't who is safe to talk to. You understand and speak a little English.</p>	<p><b>Emotional Distress -</b> Confusion - scared -</p> <p><b>Physical Distress</b> quietly keeps moving closer to the Red Cross for them to notice and help him/her</p>
<p>11</p> <p>A young person who is with a sibling. You are going out of her mind and is in a state of panic as you witnessed the attack at close hand. You fear the terrorists will come into the shelter and think every sound and movement is a sign of this.</p> <p>Your sibling is trying to find out what is going on and has left you on your own - you want him/her to come back NOW.</p>	<p><b>Emotional Distress-</b> panicky - not able to hear what is being said in the beginning - then clings to the Red Cross</p> <p><b>Physical Distress-</b> shaking</p>
<p>12</p> <p>You are a stage-hand and this is your first job with a famous band. You suffered an injury, lots of bleeding on your arm and leg and the Red Cross bandaged you in the bus. The band left in their own van and you feel left alone, they saw you were hurt, and just left - and you feel insecure about what is expected of you. Will you get the money for the work already done. Some said, the band left for the airport already as they got VIP treatment from the police who also took selfies with the band – some say. The lack of information is making it hard to concentrate.</p>	<p><b>Emotional distress</b></p> <p>feeling lonely, afraid, and worried</p>

### Annex 3 Psychoeducative dialogue - Psychoeducation on the importance of sleep

Source: IFRC PS Centre *A Guide to Psychological First Aid* p. 38.

**Man:** *I don't feel like myself. I feel like I am in a play where I am acting that I am alive, but inside I feel like I am dead. I pretend to be OK in front of my children but I don't know who I am anymore.*

**Volunteer:** *I understand that feeling. This is a common reaction when you lose someone you love. Your whole life has changed and you have to find yourself again without her. This is a really difficult situation for you.*

**Man:** *I don't think I will ever feel happy again. I feel like I have lost the will to live.*

**Volunteer:** *I know. It is a tough state to be in. Many people who suffer losses like yours lose the will to live. However, this feeling will pass. Feelings change with time, and although it feels heavy now, you will start to feel stronger bit by bit. Others in similar situations have found the first period very difficult, but slowly things start to get better and they regain their strength and will to live.*

**Man:** *I am also so tired. I cannot sleep. When I lie down, my body is exhausted and I can hardly move, but my mind is restless and I cannot sleep.*

**Volunteer:** *This is also a very common reaction to such a difficult experience. Tell me a little about what happens before you go to sleep?*

**Man:** *I have been watching TV till very late. Just to think about something other than the empty bed in the bedroom. Then when I get to the bedroom, I leave a light on because the darkness makes me sad. I was used to hearing her little noises in the dark and now the darkness is empty. But I find it difficult to sleep with the light on.*

**Volunteer:** *Have you considered perhaps sleeping somewhere else in the house? Can you sleep on the sofa for a few nights, or move the bed to a new place so that you can symbolically start a new chapter without her? This has helped others who have been in your situation. Sleep is so important for the body to recover and restore energy. You need sleep to be able to cope with this whole situation.*

**Man:** *Yes, I need sleep. I will try your idea and move the mattress to another room.*

**Volunteer:** *Another tip is to make sure you exercise and eat well. Many people who feel grief forget to eat and stop exercising. Both of these are important to help you become strong so that you can feel better.*

**Man:** *You are right. I have not been eating well. I have no appetite.*

**Volunteer:** *Try to follow a normal routine of taking care of yourself and the children. If you are still unable to sleep in the next few days, please contact your doctor as it can lead to health issues if it persists.*

Annex 4      [Look, listen and link for cut outs](#)

Cut out each line in the following pages for the exercise on psychological first aid.

## LOOK for

- information on what has happened and is happening
- who needs help
- safety and security risks



- physical injuries
- identify/observe immediate basic and practical needs
- emotional reactions

## LISTEN

- approaches someone
- introduces oneself
- pays attention and listens actively
- accepts others' feelings
- calms the person in distress
- asks about needs and concerns

- helps the person(s) in distress find solutions to their needs and problems

## LINK

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

## Annex 5 Folder for spontaneous Red Cross volunteer

The folder is handed to spontaneous volunteers and the briefing by the Volunteer Team Leader follows the same order. A pdf version of the folder is to be found at [pscentre.org](http://pscentre.org) with the BALTPREP training curricula.

### Welcome to the Red Cross

We are glad you have decided to join the Red Cross as a volunteer to help others in a time of need. This folder gives basic information on volunteering with the Red Cross as well as a brief introduction to volunteers' tasks and responsibilities.

We will do our best to help you fulfil the role of a volunteer and make you feel part of the community of volunteers. If for any reason, you decide that volunteering with the Red Cross is not for you, please let the team leader know.

### Spontaneous volunteers

A spontaneous volunteer is someone who is not affiliated with a response or voluntary organization but who offers support to the response, and recovery from an incident without extensive preplanning. Spontaneous volunteers are often part of the affected communities. They know the situation on the ground and this is a great asset in the response. At the same time it is important to know that the events may affect volunteers more than anticipated, due to witnessing their own community in distress.

### Red Cross and the 7 fundamental principles

Red Cross is the world's largest volunteer organization. 191 countries have Red Cross or Red Crescent Societies. They act in a supporting role to their governments. National Societies assist those in need whether in everyday life or crisis situations. Part of the Red Cross Red Crescent mandate is to be auxiliary to the state, yet at the same time independent, and volunteers may interact and work alongside public authorities. The emblems of the Red Cross and Red Crescent Societies are protected symbols. When wearing it, volunteers are obliged to uphold the seven principles of: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality.

Red Cross volunteers must be clearly identifiable by wearing a Red Cross vest or cap, have an ID badge and must be over 18 years of age. Volunteers usually work in teams under the guidance of a volunteer team leader.

### Respect instructions

To help in the current crisis event, volunteers are obliged to respect and follow the instructions given by the authorities such as the police, civil protection services and Red Cross. These parties are trained to assess the situation and decide on the best course of action. Not following instructions may compromise safety and complicate the aid operation. Volunteers are expected to follow and respect a certain chain of command. Make sure it is clear who is the team leader before engaging in activities.

### Safety

Ensuring that volunteers remain safe is a main concern for the Red Cross as keeping and feeling safe is vital to be able to help others. Don't take risks that may compromise safety as this can have serious consequences. In case a situation seems or feels unsafe, don't hesitate to bring this to the attention of other team members and the team leader.

### Briefing

Red Cross volunteers will receive a briefing before taking on a set of tasks. The volunteer team leader will explain what should be done, where to go, when to begin and end the work, whom and how to assist, when and where to meet to report back and hand in materials. It is recommended to take notes during the briefing and note down key phone numbers on the mobile and at the back of this folder.

### Assigning tasks and the right to decline

The volunteer team leader will assign tasks to the group of volunteers. When signing up, it is a good idea to let the volunteer team leader know about useful skills and capacities that you may have.

Volunteers should never be asked to intervene if there is any danger or risk of violence. Volunteers have the right to decline a task if:

- They are close to those needing support or they themselves are in a similar situation
- They don't feel well or need rest
- The work situation and conditions are too demanding
- The tasks assigned exceeds their capacity and competencies

### Child protection

Child protection is very important in crisis situations especially since children (any person under 18 years), face many risks when crises occur. Taking good care of children and ensuring not to do harm is therefore vital. Red Cross volunteers are obliged not to abuse, exploit or injure a child. Being alone with children should be avoided, although if a child needs to speak with a volunteer in confidence steps like being out of hearing but in sight, or having two volunteers present, can be used. This has the dual function of ensuring the safety of both parties. If there are any concerns for the well-being of a child, volunteers should report these to the team leader and the authorities.

### Confidentiality

Confidentiality must be upheld during and after volunteering work and this includes everything the volunteer has seen, heard and read. In a crisis situation a volunteer may be told private stories and these must be kept confidential and not be shared with those outside the Red Cross or the media. Consent from the involved parties must always be obtained if taking photos, video etc. Special rules apply for those under 18, where consent from caregivers is needed for photos, videos etc. If a volunteer is told about unlawful behaviours and harm or risks to those under 18 there is a need to report to the authorities. When in doubt, consult the team leader.

### Team support

Volunteers will often work in pairs even when sent out as part of a team. Keep an eye out for the partner and for other team members and their well-being as it is important for any operation to be successful. Remember to take breaks, drink and eat during the operation. Taking even short breaks will ensure that the team has the capacity to go on for longer.

### Media

In times of crisis and emergency situations, the media will be interested in what is going on. It is important to uphold the dignity of the portrayed, especially the dignity of children. Volunteers can talk about what they are doing with the approval from the team leader, but cannot discuss cases they support, as such cases could be identified. Discuss with the team leader if and how the use of social media is allowed, and be mindful that under no circumstances are volunteers allowed to take photos or film for private uses. Consent must be given to take photos, films, interviews etc. and for children consent has to be granted by caregivers.

### Do no harm

When volunteering, the principle of doing no harm must be upheld. Volunteers will constantly be mindful of securing the dignity of those they help. They will also think about and discuss if their interventions benefit those in need or if there could be personal motives that may cloud their judgement.

### Duty to inform and report

After an intervention is over, Red Cross volunteers must report that they have finished the shift, how the assignment went, what was done, if they encountered problems and if there are any situation of concern where further support is needed.

Useful advice for psychosocial well-being in crisis situations

Offer the following advice to anyone affected:

- After distressing events, social support is very important. Therefore, show others that you care!
- Spend time with others you feel comfortable with
- Show interest and concern for others – especially for children and youth
- Help each other by talking about good and bad experiences
- Respect if you or anyone else do not feel like talking about what happened
- Be physically active and maintain eating and sleeping routines
- Follow the instructions by the authorities and avoid getting caught up in the media coverage of the events
- Family and friends, who are not in the area, may be very concerned and will often send constant messages of concern. Arrange to let them know you are well at agreed times so their worry doesn't distress unnecessarily

Support to children

- Offer the following advice to those involved in children's well-being:
- Children need to be physically and emotionally near their family and friends in times of distress
- Be as calm as possible in word and action in order to create a safe environment for children
- Spend extra time with children doing things they like
- When asking about the situation, children need simple and concrete answers
- Be honest and truthful yet avoid giving children overwhelming or scary information
- Be careful not to let your own worry distress children so they make the worry their own
- Don't let young children watch distressing things on tv or social media. Take time to explain the situation to them in a way that is adapted to their age

Practical information Please note that this page is to be written by each NS and should cover: insurance, cost recovery and possible further support

Contact info of the branch and volunteer team leader: \_\_\_\_\_

Volunteers are insured in case of accidents when they register with the National Society.

Should a volunteer be affected by the voluntary work and the situation, there are the following options for receiving support: \_\_\_\_\_

## **Evaluation sheet to be adapted and shared at the end of the training or done on-line after the training**

### **Pre-training**

- Was the information in the announcement of the training useful?
- Is there additional information that needed to be communicated?
- Pre-readings- Which of the pre-readings were useful?

### **Experience during the training**

- What are the activities you enjoyed the most?
- I enjoyed .....
- What are the activities that you found challenging?
- I found ..... challenging
- Any suggestions for improvements?
- I suggest ..... to make the training better.

### **Learning topic wise**

Rate the following activities (0-5) scale based

0- Least useful

5- Most useful

Which activities helped you learn better?

- Buddy system
- Triage
- Restoring Family Links
- Group PFA
- Grief and loss
- MHPSS and P assessment – planning
- MHPSS and P assessment – assessment interviews
- PFA and psychoeducation
- Remote PFA
- Planning interventions
- Managing volunteers
- Group PFA
- Ethical dilemmas
- Which topics/ sessions did you find useful for your learning?

### **Content**

- What did you think of the content support provided during the training? (References and explanations by the facilitators)

### **Content Delivery & Learning**

What did you think of the below methods of content delivery? (Please comment on all)

- Roleplay
- Groups
- Discussions
- Activities
- Brainstorming
- Plenary
- Lectures
- Discussions
- Learning
- Individual
- Pairs

**How did the mix of interactive learning formats work for you?**

#### **Guest Lectures**

- Restoring family links
- Mandate and role of National societies

#### **Facilitators**

- Have some suggestions or comments for how we can improve ourselves.
- How do you plan to use the learnings and experiences from this training?
- Overall, if you have any suggestions or complaints, please share with us.