



COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

FACILITATOR MANUAL

Community-based Psychosocial Support. Facilitator Manual.

Provision of quality and timely psychological first aid to people affected by Ukraine crisis in impacted countries

Main authors: Louise Lindal and Ea Suzanne Akasha

Design: Laetitia Ducrot

This facilitator manual is a revised version of the *Trainer's manual* from the 2009 *Community-based psychosocial support - a training kit* from the PS Centre.

International Federation of Red Cross and Red Crescent Societies

Reference Centre for Psychosocial Support

Blegdamsvej 27

DK-2100 Copenhagen Denmark

Phone: +45 35 25 92 00

E-mail: psychosocial.centre@ifrc.org

Web: www.pscentre.org

Facebook: www.facebook.com/Psychosocial.Center

Twitter: @IFRC_PS_Centre

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CRISIS EVENTS AND PSYCHOSOCIAL SUPPORT

LEARNING OBJECTIVES

This topic defines crisis events and introduces basic concepts of crisis events, psychosocial support, well-being and psychosocial support activities.

MAIN LEARNING POINTS

Outline of activities

- Psychosocial well-being
- Crisis events
- Risk and protective factors
- Psychosocial support and psychosocial support activities

TOOLS/MATERIALS REQUIRED

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

SUGGESTED OUTLINE OF ACTIVITIES

Activity	Methodology	Time
1.1 What is well-being?	Presentation, plenary reflection and discussion	30 min
1.2 Crisis events	Group work, presentation	40 min
1.3 How communities influence the individual	Presentation, buzz groups	20 min

1.4 Risk and protective factors	Group work	30 min
1.5 Psychosocial support	Plenary discussion, presentation	20 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min

FACILITATOR DIRECTION

ACTIVITY 1.1. WHAT IS WELL-BEING?



30 min

1. Organize the participants into pairs, trios or groups of four. Invite them to come up with their associations with the concept of well-being. What does well-being mean to them? What do humans need to feel at ease? What does an individual need to achieve well-being?

2. Ask them to write their ideas on post-it notes. They are to note one idea per post-it.

3. In the plenary ask the groups to share some of the aspects they noted or highlights from the small group discussions.

4. Explain that well-being depends on many factors. The overlapping circles in the well-being flower to the right suggest that individual and collective well-being depends on what happens in a variety of areas, that meeting at least some minimum level of need in each of these areas is necessary and that the areas are interrelated.

5. Now divide the participants into seven groups and assign each group a petal from the well-being flower: biological, material, social, spiritual, cultural, mental/cognitive and emotional. Each group will discuss and give examples of what is meant by the petal assigned to them.

6. Ask each group to present their petal and their interpretations of the meaning of it. As a facilitator, you can add from the points to be found in the facilitator notes on the next page.



Williamson, J. & Robinson, M., Psychosocial interventions, or integrated programming for well-being?, Intervention, (2006).

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

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

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

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

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

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

ACTIVITY 1.2. CRISIS EVENTS



40 min

1. Everyone experiences stressful situations and events at some points in their life. It can be having a heated argument with someone, experiencing a conflict at work, or getting stuck in traffic and running late for an important job interview. Most learn how to deal and cope with the regular challenges they face. However, some experiences and situations are out of the ordinary and more difficult to deal with than normal everyday challenges.

Examples could be when someone:

- discovers they have a terminal illness
- witnesses or experiences an assault
- is in a car accident
- loses a loved one
- becomes separated from family members during a crisis
- loses their home and personal belongings
- has to flee from their home
- witness others being hurt or killed
- fears for their safety and life due to armed conflict or a natural disaster.

2. Show participants the questions below written on a pre-prepared flipchart. Ask them to spend a moment reflecting individually on the questions.

Think of a crisis event in your community that has taken place in the past three years.

a. What was the crisis event?

b. What factors made it a crisis event?

c. What was the impact of the crisis event on individuals, families and the community?

3. Next divide the participant into groups to discuss their thoughts and answers to the questions. Ask the groups to present their findings to the larger group and explore if common themes are apparent.

4. Say: Some communities manage to maintain a level of normality and interaction even in difficult times. Remind participants of resilience, that is understood as the ability to cope relatively well and to bounce back in and after situations of adversity. Other communities can be severely negatively impacted by a crisis event, potentially leading to:

- break down of social regulations
- signs of mistrust, fear and insecurity by the community
- religious and moral confusion
- absence of respected leadership
- social uprooting and destructive behaviour
- social apathy and loss of trust and hope
- insecurity
- disruption of normal life
- destruction of social structures and protection mechanisms
- amplification of pre-existing vulnerabilities, etc.

ACTIVITY 1.3. HOW COMMUNITIES INFLUENCE THE INDIVIDUAL



20 min

1. Explain how communities influence individuals and their psychosocial well-being. All aspects of people's lives are affected by the social and cultural norms and practices of their community. The effects of crisis events, ways of dealing with loss and grief and modes of coping vary across cultures.

2. Explain that a community is a group of people having a common identity relating to certain factors: geography, language, values, attitudes, behaviour patterns or interests. A community is the social and psychological foundation for the individual, families and groups: belonging, sharing, values, identity, norms, developed structures for health, education, etc. A community is a group of people who live together in a town, village or a smaller unit. A community may also be defined as any group of people who interact and share certain characteristics as a group – for example those who belong to the same ethnic group, those who go to the same faith institution, those who work as farmers or those who volunteer in the same organization. A community can also be an online community for example on Facebook or other social media. Ask the participants to share other examples of a community.

3. Give some examples of the way communities influence the individuals within it. It could be through faith and other beliefs, shared values, rituals such as weddings, burial, school graduation celebrations, how feelings are expressed, gender roles in society. Also mention negative influences that may be through social control, stigma and discrimination, etc.

Ask participants to conduct a brief discussion with the person sitting next to them about different ways their community affects the individual. They can think of giving personal examples of the influence. Ask participants to share their examples with the plenary.

ACTIVITY 1.4. RISK AND PROTECTIVE FACTORS



30 min

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

2. Risk and protective factors affect the psychosocial impact of a crisis event. These can be related to:

- Resources and characteristics in the family and community
- Individual resources and characteristics

3. Divide the participants into four groups. Ask two groups to work on Resources in the family and community and the other two groups to work on Individual resources and characteristics. Give the groups 10 minutes to discuss and write down any risk or protective factors related to their respective topic on a flipchart.

4. The plenary ask the groups to present risk and protective factors for their theme. As a facilitator you may ensure the following are mentioned:

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

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

6. Wrap up the session by explaining that some of the protective factors increasing resilience are:
- having and maintaining social relationships
 - belonging to a caring family or community
 - maintaining traditions and cultures
 - having religious beliefs or political ideology.

For children, stable emotional relationships with adults and social support, both within and from outside the family are strong protective factors. The ability to maintain daily routines and to restore a sense of normality are also protective factors.

Certain groups may potentially be at an increased risk of experiencing social and/or psychological difficulties. Children, older adults, mentally or physically disabled persons, people living in poverty, the marginalized and persons with pre-existing health or mental problems are at risk.

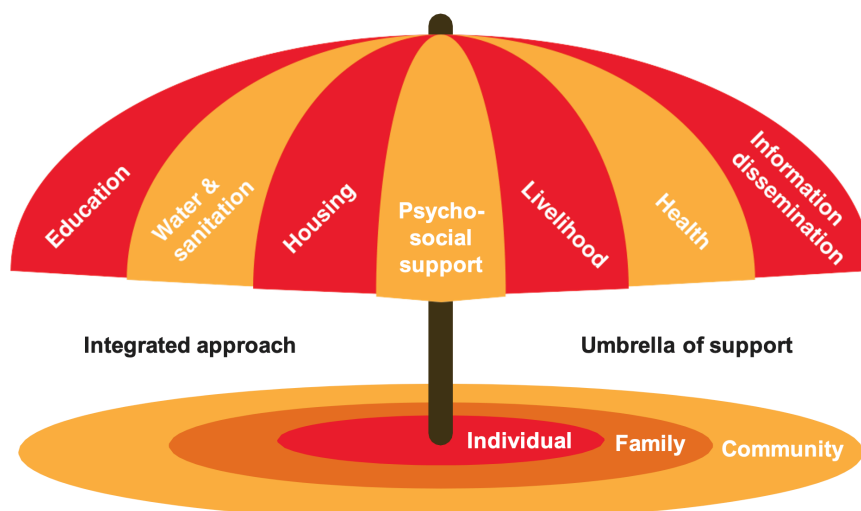
ACTIVITY 1.5. PSYCHOSOCIAL SUPPORT



20 min

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

2. Explain how psychosocial support refers to the actions that address both the psychological and social needs of individuals, families and communities. Psychosocial support in the Red Cross Red Crescent context is sometimes delivered through programmes specifically designed to address psychosocial issues. However, psychosocial support are often integrated within other activities and programmes, such as health programmes during emergency relief, assistance programmes such as during COVID-19 or to those living with HIV and school support programmes in order to ensure a more holistic approach, which takes more components of the well-being flower into consideration.



3. Explain that the Movement provides psychosocial support because it helps people affected by crisis to recover and early and adequate mobilization of psychosocial support can prevent distress and suffering from developing into more severe mental health problems.

4. In 2007 a group of experts came to a consensus of five intervention principles to guide practice in relation to crisis events. These principles have become known as “the Hobfoll intervention principles” and state that psychosocial support interventions must focus on the promotion of the sense of:

- safety
- calming
- self- and collective efficacy
- connectedness
- hope.

5. Explain that when planning psychosocial interventions, it is helpful to keep all five principles in mind. The principles are all interrelated. Promoting calming, for instance, is not possible if people do not feel some sense of safety, and without a feeling of connectedness, promoting collective efficacy is not easy. At the same time, not all activities can cover all five principles. Doing yoga exercises, for instance, is good for promoting calming, but does not necessarily promote connectedness. Facilitators also need to bear in mind the specific situation in which they are working. For instance, in a safe and non- threatening environment, promoting a sense of safety may not be the main concern.

WRAP-UP

In recent years, the Movement has increased the awareness and understanding of the needs for mental health and psychosocial support. In December 2019, the International Red Cross Red Crescent Movement adopted a set of commitments addressing mental health and psychosocial needs. A resolution was also adopted at the 33rd International Conference. A Roadmap has been developed to support a strategic and coordinated approach with the aim to strengthen the Movement’s collective response to mental health and psychosocial needs. At pscentre.org there is a wealth of videos, podcasts, documents, infographics and other resources on the Roadmap for implementation of the policy and resolution on MHPSS.

2 STRESS AND COPING

LEARNING OBJECTIVES

This topic describes common reactions to stress as well, introduces coping strategies and covers how to support people in distress.

TOOLS/MATERIALS REQUIRED

Flipchart, markers.

MAIN LEARNING POINTS

- What is stress
- Common reactions to crisis events
- Coping with stress
- When to refer for further assistance

SUGGESTED OUTLINE OF ACTIVITIES

Activity	Methodology	Time
2.1 What is stress	Presentation, role play	30 min
2.2 Common reactions to crisis	Timeline, presentation	40 min
2.3 Coping with stress	Presentation, group work	20 min
2.4 Assisted coping	Individual reflection Plenary discussion	20 min
2.5 Complex reactions	Group work and presentation by groups	30 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min

ACTIVITY 2.1. WHAT IS STRESS?



30 min

1. Explain that everybody encounters stress at some point in their lives, and some encounter more stressful events than others. People who live through crisis events may experience stress in its extreme form. Those involved in emergency assistance services or social or psychological services designed to help people in need may also encounter situations where they meet individuals and groups with very high levels of distress.
2. Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. There are different types of stress:
 - **Day-to-day stress** represents the challenges in life which keep us alert and on our toes.
 - **Cumulative stress** occurs when the sources of stress continue over time and interfere with regular patterns of living.
 - **Acute, critical or extreme stress** represents specific situations where individuals are unable to meet the demands made on them and suffer physical or psychological extreme distress.
 - **Post traumatic stress** are reactions that follow after critical or extreme stress. The reactions will often be in the form of having intrusive memories, being hyper aroused and avoiding what caused the stress. The reactions will usually diminish or disappear in days or weeks.
3. Divide the participants into groups and assign a type of stress to each group. Ask each group to come up with a role play that illustrates the type of stress to show in the plenary.
4. After the role play conduct a discussion on which elements in the role play referred to the specific type of stress.
5. For acute stress reactions, some common reactions are fight, flight or freeze as well as a more recently described reaction during critical stress, to appease:
 - Reactions to stress may differ and depend upon the severity of the situation, as well as on an individual's characteristics and previous experiences. However, when extreme stress occurs, it interacts with the body's physical, psychological and social functioning. Stress reactions prepare the body for physical activity - fight, flight or freeze - and in some cases to appease.

- The fight or flight response is activated by the nervous system based on whether we can either outfight or outrun the perceived danger/attacker. The body is ready to react in a matter of seconds, when adrenaline and other hormones are released that produce physical changes, such as increased heart rate and blood pressure, rapid breathing and sweating.
- In some respects, the fight or flight response can be seen as an energy conservation device. It allows someone to go through the day, using a modest amount of energy for mundane tasks, while keeping a massive amount of energy always on reserve in case of emergency.
- Freeze is a mechanism that is activated when the nervous system reacts as the danger is too great to overcome and there is no escape. It can happen for example in accidents, for survivors of sexual assault and someone assaulted at gunpoint. Sometimes they pass out, freeze or mentally remove themselves from their bodies and do not necessarily feel the pain of the event.
- Another response to acute stress is to appease. Where the victim tries to appease an aggressor by making the aggressor believe instead that the victim is cooperating.

6. Most experience stress in the course of being caught up in a crisis event. They may have difficulty in believing what has happened to them and to those around them. In the days that follow, it is only natural to feel disoriented, confused, distressed, fearful or numb. Even though such reactions can seem frightening, it is important to understand that these are entirely normal, natural and understandable responses to something abnormal.

7. Wrap up the session by stressing that recovery takes time. One day a person will feel better, whereas the next day they experience a major set-back. Depending on the scale of the event, their coping skills and social support, reactions can continue longer than would be considered a healthy timeframe for psychological recovery. Improvement should come with time, and if it does not, professional help should be sought. The last section of this module on referral for professional help gives examples of when to refer people.

ACTIVITY 2.2. REACTION TO CRISIS EVENTS



40 min

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

COMMON REACTIONS TO STRESSFUL EVENTS

During and immediately after

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

During or immediately after a severe unexpected crisis event, many react by going into what is commonly known as a state of shock, where time seems to stand still and everything feels numb and unreal. This can be accompanied by physical reactions of increased heartbeat, sweating, shaking, trembling, shortness of breath, dizziness or nausea. It is difficult to think clearly and to know how to handle the situation. These reactions can last for minutes or hours during or after an event. They typically subside after a few hours, although some people may feel like this for longer.

Days and weeks after

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

Many people have physical reactions in the first few days after a distressing event like aches and pains, and may lose their appetite or be unable to sleep. If a person's life has changed dramatically due to a distressing event, it may be difficult to carry out normal everyday activities and to focus on what the next steps should be. Some people may feel an enormous anger with other people and the world, while others experience a sense of emptiness and hopelessness about the future and lose interest in interacting with others or doing things they used to do. Withdrawal, disappointment, avoiding company and thinking no one really understands are also common reactions.

Weeks and months after

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

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

Years after the event

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

INSTRUCTIONS:

1. Ask the participants to sit in groups of four and discuss how people usually react when they experience something distressing based on what they have experienced.
2. After a few minutes ask the groups to agree on a type of event that is relevant to their work context. They are to discuss how the reactions to the chosen event will change over time.
3. Give every group a flipchart or piece of paper and ask them to note the event on top and to draw a timeline with the following categories: "During and immediately after", "Days and weeks after", "Weeks and months after" and "Years after". Groups have about ten minutes to work on this.
4. When the task is completed, ask groups to display the paper or flipcharts next to each other and discuss differences and similarities.
5. When all the groups have contributed, summarize the discussion and highlight that:
 - **Reactions differ:** there is not a standard reaction to distressing experiences. People react in many different ways.
 - **Timing of reactions differs:** reactions change over time. Some react calmly during or immediately after an event, and become distressed days, weeks or even months after the event, whilst others react very strongly at the time of the event.
6. Explain that how someone reacts depends on many factors. Ask the participants what they think influences people's reactions to stressful events.

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

List the different factors that are mentioned. When participants respond, make sure the following are all included:

- the nature of the event – what happened and how people have been affected
- the severity of the event – how severe the consequences were, especially in terms of loss and life changes
- how long the event lasted
- whether the affected experienced something similar before
- what kind of support they have
- their physical health
- their pre-existing state of mental health
- their cultural background and traditions, which impacts their behaviour, expression and communication
- their age (for example, children of different ages react differently to adults)

7. Conclude the session by saying:

Most who experience crises or traumatic events have natural reactions to the event and will recover well, especially if they can restore their basic needs and receive social support from those around them.

If a community is affected by a huge crisis event there is the risk of the protective systems breaking down. Authorities may not be able to function, community leaders be affected themselves and the consequences for the community will often include:

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

Psychosocial support and protection activities are very important in response to any crisis events as it helps recovery after a crisis event. Red Cross Red Crescent implement community-based psychosocial support interventions which focus on emotional support, protection and prevention of violence as well as strengthening the social bonds in affected communities.

ACTIVITY 2.3. COPING WITH STRESS



20 min

1. Explain that coping helps us to function physically, socially and psychologically through and after the course of a crisis event. Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems, seeking to minimize, reduce or tolerate stress or conflict. Coping is a dynamic process: it changes over time as a consequence of changes in the specific context.

2. Divide the participants into groups. Ask them to discuss and note down as many coping strategies as they can think of for during and after a crisis situation. Ask them to divide the strategies into positive and negative coping strategies.

3. Discuss the suggestions in plenary and explain that in psychological terms, humans cope in two ways - adopting avoidance or approach strategies.

Avoiding facing the situation can result in negative thoughts and emotions, depression, psychological and physical strain. Avoidance strategies include denial and disassociation. This may mean that confrontation is avoided or that someone decides that nothing can be done to handle the situation. Negative coping behaviours include ignoring a threat or denying its effect, going into isolation, letting frustration out on others, self-medication including substance abuse and taking other security and health risks. Avoidance strategies can sometimes be useful and necessary and even healthy. They can be applied for some time if this is necessary to continue functioning and not be overwhelmed and flooded by emotions and reactions.

4. In general, most function better when they adopt approach strategies. Facing their problems and trying to solve them often results in reduced levels of stress and makes it easier to move forward. Positive coping behaviour includes reaching out to others for help, actively working to find a solution or eliminating the source of stress. Approach strategies also involve trying to find meaning in the situation, activating support systems and taking action to solve the problems.

5. When someone is in distress their coping strategies are often activated automatically. It can feel empowering and supportive for the person in distress to become aware of their coping behaviours and to find ways to strengthen useful strategies and develop new. Even if the coping strategies seem negative, it is important as a supporter not to be judgmental. It is better to support the affected to identify additional and more appropriate coping strategies.

ACTIVITY 2.4 ASSISTED COPING



20 min

1. Ask the participants to spend a few minutes to identify a situation that has been challenging for them in the past. Next to think about the following questions:

- What coping strategies did you use during and after this situation?
- What was useful for you in this situation?
- Did you receive any support, and if so, what kind of support did you think was helpful?

2. Say: Some will need help in the immediate aftermath of a crisis event. The longer a person remains in a state of confusion and is unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible. The most important elements of assisted coping are:

- A primary focus on physical care and protection
- being available
- providing comfort and reassurance
- providing information
- helping the affected engage in activities
- supporting decision-making processes

3. Ask the participants: Are these points aligned with the needs you identified in your own situation?

4. Did you have additional or different needs?

5. Did anyone who was present in your situation apply any of the points to support you? In what way were the elements applied?

ACTIVITY 2.5. COMPLEX REACTIONS



30 min

1. Sometimes reactions to distressing events will be more complex than described previously. There are certain factors that increase the risk of developing stronger and more complex reactions.

Examples of these are if someone:

- Has had previous traumatic experiences
- Has pre-existing mental health conditions
- Have been exposed to events where the element of horror was high
- Thought they were going to die
- Experienced traumatic bereavement
- Was separated from their family.

2. There are many different complex reactions that can be observed over time. Some of the most typical reactions connected to experiences of distressing events are complicated grief, panic attacks, anxiety, depression and post-traumatic stress disorder (PTSD).

3. Divide the participants into groups and refer each group to one of the complex reactions in the volunteer material (panic attacks/anxiety, depression, PTSD). Ask the groups to read through the assigned complex reaction, discuss and present the key points to the larger group. The groups will have five minutes to prepare and three minutes to make their short presentation.

4. Explain that those having complex reactions often need additional specialized help besides assisted coping and should be referred for professional mental health support if possible. Examples of referral services are local counselling services, clinics or hospitals with mental health trained staff, non-governmental organizations that offer psychosocial support and support groups. In some communities, counselling is offered by faith leaders, trained community members or counsellors.

5. The complex conditions share some of the same set of symptoms, whereas the focus of treatment varies. This material does not cover such disorders in detail. Further longer-term training is required along with supervision to provide the specialized services needed (see also topic 5 for information on referrals).

6. The Red Cross Red Crescent works to support the local health services in most countries. The work is community-based and is grounded in volunteerism. As a result, assisted coping and psychosocial support provided by staff and volunteers and resource persons in the community go hand in hand with professional assistance, and can help reduce the isolation and stigma of those living with mental health conditions and their caregivers.

WRAP-UP

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

During the training use exercises from *The Well-being Guide*. The facilitator can lead *Ground yourself*.

GROUND YOURSELF

Grounding oneself and releasing unnecessary tension before a situation that makes us uncomfortable and tense is a great way to get ready. As humans we relate to the ground when moving about and if muscles are too tense it increases the feeling of uneasiness. Releasing some tension of the muscles by sensing the ground and accepting the support it gives can bring a much-needed sense of connecting to the reality of the moment as well as a sense of slowing down.

Wear flat shoes or no shoes when using this grounding exercise. If doing it with children, ask them to imagine they are growing roots into the ground from the soles of their feet. When swinging slowly back and forth, they need to keep both feet on the ground, so the roots are not coming out of the ground.

- Stand upright and place both feet on the ground. Place your feet a little apart and in a parallel position.
- Rest your arms by your side.
- Take a moment to notice how your body and breathing feel.
- Send your awareness to the soles of the feet.
- Gently and slowly move the entire body from the ankles forward without lifting the heels off the ground.
- Gently and slowly move the entire body backwards from the ankles without lifting the toes off the ground almost like a pendulum.
- Gently move the entire body from the ankle joint back and forth between the two positions.
- Next lean to one side without lifting the other foot off the ground and lean to the other side.
- Repeat these sideways pendulum-like movements a few times.
- Find a comfortable upright position and notice how you feel after the grounding exercise.

3 LOSS AND GRIEF

LEARNING OBJECTIVES

This topic outlines the meaning of loss and grief, the grieving process, the impact on individuals and families and how to support grieving persons.

TOOLS/MATERIALS REQUIRED

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

MAIN LEARNING POINTS

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

SUGGESTED OUTLINE OF ACTIVITIES

Activity	Methodology	Time
3.1 Loss	Self-reflection, presentation brainstorm in groups	30 min
3.2 The grieving process	Presentation	20 min
3.3 Support to grieving persons	Group work, presentation, role play	55 min
3.4 Complicated grief	Presentation, scenario- based group work	35 min
Wrap-up	Concluding remarks	10 min
Total		2 hrs 30 min

ACTIVITY 3.1. LOSS

30 min

1. Explain that everyone will experience loss at some point during their life. Loss is common and particularly in crisis settings. Ask the participants to take a minute to think about a situation in their work where they have experienced other people's losses and next to share the examples in the plenary. Note them down on a flipchart.
2. Discuss the different types of losses. Explain that there are many types of losses – the death of a significant other, destruction of property, loss of livelihood, loss of dignity, loss of self-esteem, loss of trust, loss of hope, the ending of an important relationship, physical injury, loss of security, loss of honor, loss of mobility and of social networks.
3. After a major loss there is a risk that other losses will follow. If losing a job, the family may have to cut down on social activities or move away from the known community. All kinds of losses are unpleasant, but some can be devastating. In the coming exercises, we will talk about loss of life which often has an immense impact on the lives of those left behind. It can be very painful to lose someone and the pain may seem unbearable. The sense of connection is broken and it is difficult to find one's own place in life again. For a family, a member has gone and the death of the person may lead to secondary losses of income, home and social status.
4. Share a case story with the participants: A man was at home when the police arrived and told the man that his partner had been killed in a traffic accident. The partner was crossing a street and was run over by a car when a driver lost control over the car.

Note the following questions on a flipchart and divide the participants into groups where they can discuss the question: What would be the man feelings and reactions in the hours and days to come?

5. After the groups have discussed the immediate reactions in the plenary.

Ensure that the following common reactions to sudden loss are discussed:

- shock
- anger
- depression
- despair
- sadness
- hopelessness
- worrying or constantly thinking about an issue
- search for meaning
- challenged beliefs in faith.

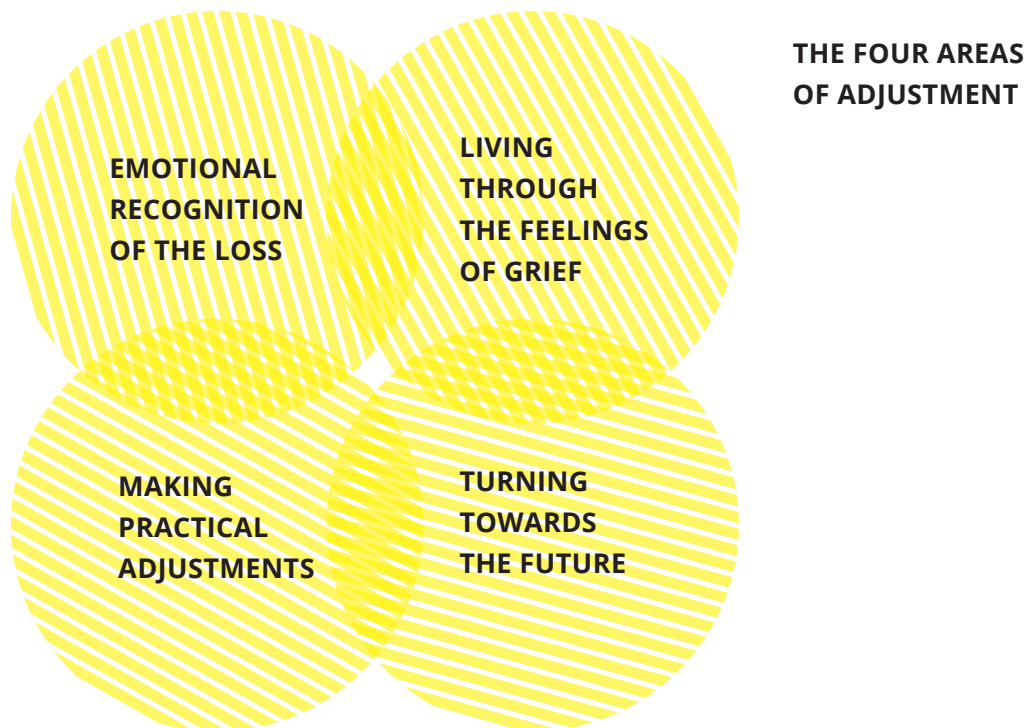
6. One cannot compare loss as each loss, whether sudden or expected, poses specific challenges. It is important to allow the bereaved to grieve in their own ways. Many cope with loss by grieving, and psychosocial support at this time can be important.

ACTIVITY 3.2. THE GRIEVING PROCESS



30 min

1. Grieving is also about adjusting to the loss – a natural and very painful process. Ask the participants to have a quick discussion with the person next to them about the characteristics of a grieving process and to share their findings afterwards in the plenary.
2. Explain that in the grief process, four areas of adjustment take place in order for the bereaved to continue with their lives and come to terms with living with the loss. The process includes (draw the four areas of adjustment on a flipchart):



- Emotional recognition of the loss - “My daughter is never coming back”.
- Living through the feelings of grief - sadness, anger, despair.
- Making practical adjustments such as seeking help from neighbours for the first time after the person has died, finding a new place to live if necessary, taking on new responsibilities for examples financial responsibilities or house chores if they were managed by the deceased.
- Turning towards the future and learning how to live with the memory of the lost person. Re-engaging in life, activities and activating social networks.

3. The grieving process is not linear, and the grieving can go in and out of the different processes. For how long someone grieves will be very individual. For some it is a few months, for other people it may be years, or even their whole life. Grieving for a long time is normal especially if there was a very close emotional connection and attachment to the deceased for example when losing a child or a spouse. Loss and the grieving process will often also lead to changes, insight and growth.

4. Grief can influence family dynamics. Grief reactions can be very different within families which can cause tension and conflict. New roles within the family may need to be defined. Grief can make people seek isolation and shut others out. This may be helpful as a coping strategy for a while, but it should not go on. Sometimes grief will continue for the rest of life. However, there should be changes in the grief, so that a grieving person is able to resume life and activities and again experience positive aspects of life whilst continuing to honor the memory of the deceased. Thus, it is important for the bereaved to go on living and to create room for other people in their lives. It is also important that the bereaved understands that it is natural to be able to also have good experiences and be happy. Grief is a long and difficult emotional process.

ACTIVITY 3.3. SUPPORT TO GRIEVING PERSONS



55 min

1. Explain that participants will now look at the needs of grieving persons and explore the role of social support as a strong positive factor in the adjustment process. They will also look at the role of staff or volunteer in providing assistance. Ask them to find a new partner for the next discussion on support to grieving persons.

Instruct them to continue with the scenario where they worked with the losses and reactions of the man who lost his partner. They are to discuss the below questions in their groups:

- What could be the needs of the man who suddenly lost his partner.
- How could a Red Cross Red Crescent staff or volunteer assist a person going through such a grief.

2. Go through the answers from the group and add, if not mentioned, that help can be both emotional and practical as for example arranging burials and other ceremonies. Give time for the bereaved person or family to talk. Often they have a need to tell their story and share memories over and over again as a way to process the experience. It is important to be available, listen and to provide care and practical assistance. Social support from family and friends plays an important role in preventing and/or living through times of complicated grief. It is essential to help people to continue with life after almost unbearable losses. Help the person engage in activities and encourage them to maintain daily routines.

3. Some people might find comfort in participating in a support group with others who have also experienced loss. This can offer an opportunity to share concerns and worries and encourage them to support and help each other.

4. Ask the participants to form groups of four and prepare a small role play that can illustrate any kind of support that Red Cross Red Crescent staff or volunteers can provide at a time of grieving.

5. Ask the participants to act out the role plays for each other allowing a few minutes for each role play. Offer positive feedback after the role plays and sum up or lead a plenary discussion about additional ways of supporting those who are grieving.



35 min

ACTIVITY 3.4. COMPLICATED GRIEF

1. Explain that complicated grief is also known as unresolved grief. It is being in an on-going or heightened state of mourning that interferes with engaging in life, where it is hard to adapt to life without the deceased. Complicated grief can impair a person's normal functioning and their relationships with others. Examples of symptoms of complicated grief are extreme focus on the loss and reminders of the loved one, intense longing and pining for the deceased, continued feelings of anger about the death, isolation from others, feelings of hopelessness, and suffering physical symptoms similar to those experienced by the deceased in their final illness. Complicated grief can be diagnosed six months after the loss of loved one(s).
2. Divide the participants into three groups and give each group a case study from the annex that should be adapted to the context in which they work. Instruct the groups to take on the following tasks:
 - Write down the different types of losses in the scenario.
 - Describe factors that could complicate the grieving process.
3. Go through the findings in plenary and add the following factors if not mentioned:
 - ambiguous loss (someone has died but the body cannot be found; the fate of the person is unknown; losing someone to a permanent coma; Alzheimer's etc.
 - the death of a child
 - death occurring under immense suffering
 - death occurred during a failed attempt to save somebody
 - death by suicide.
4. If grief reactions are still severely affecting the bereaved person's life after more than six months there may be a need to refer to more specialized services.

WRAP-UP

1. Explain how even small actions like allowing and letting somebody cry, making a phone call to the bereaved or expressing sympathy can make a big difference. Social support from family and friends plays an important role in preventing complicated grief. Social support is a strong contributing factor to regaining resilience, to live with loss and to healing. Depression is less likely to develop among people experiencing loss when they receive a high level of social support in comparison to those who receive a low level of support.
2. Expressions of sympathy and support generally improve the ability of the affected individuals and families in coping with loss and grief. Providing important practical support by for example, bringing meals, participating in memorials, ceremonies or rituals and being with the family during difficult times.
3. If the appropriate ceremonies take place, the social network is supportive and the bereaved has time for grieving, gradually the bereaved is able to engage in family life, social relationships and work again. How long this adjustment process takes depends on the circumstances of the loss, the type of relationship to the deceased person and the amount and type of support received.

4 PSYCHOLOGICAL FIRST AID

LEARNING OBJECTIVES

The topic introduces the principles of psychological first aid (PFA) and enables participants to be able to provide PFA to someone in distress.

MAIN LEARNING POINTS

- Understand the need for PFA
- Understand the three action principles of PFA: Look, Listen and Link
- How to provide PFA

TOOLS/MATERIALS REQUIRED

- Flipcharts, markers
- Pre-prepared flipcharts with the action principles “Look”, “Listen”, “Link”

SUGGESTED OUTLINE OF ACTIVITIES

Activity	Methodology	Time
4.1 Introduction to PFA	Buzz groups	10 min
4.2 When is PFA needed	Buzz groups	15 min
4.3 Look out for yourself	Individual reflection Buzz groups	10 min
4.4 Look: Reactions to crisis events	Group work Plenary discussions	25 min
4.5 Look: Who needs help	Group work Scenarios	25 min

4.6 Listen	Role plays	30 min
4.7 Link	Brainstorm in groups Plenary discussion	15 min
4.8 Practicing PFA	Role play	45 min
Wrap-up	Concluding remarks	5 min
Total		2 hrs 30 min

ACTIVITY 4.1. INTRODUCTION TO PFA



15 min

1. Ask participants to pair up with the person sitting next to them or the person sitting opposite to them. Give the pairs two minutes to discuss what they know about PFA. If some are not familiar with PFA, ask them what they think PFA is.
2. After two minutes, ask some of the pairs to share what they know about PFA or think PFA is in the plenary. Summarize their responses.
3. Next explain that psychological first aid is a set of skills and attitudes for helping people in distress who need support to manage their situation and cope with immediate challenges. These skills can be used in everyday life and when responding to a crisis.

ACTIVITY 4.2. WHEN IS PFA NEEDED



15 min

1. Ask the participants to stay with their partner in the pairs. Give the pairs five minutes to discuss in which situations someone may need psychological first aid in their work context. They can think of needs of both people of concern and staff and volunteers who are their peers. Ask them to share their situations in the plenary. Note down the types of situations the participants bring up on a flipchart. These situations will be used later. Ensure the below types of examples are covered.

Examples could be in everyday situations when someone:

- is upset after an argument with a friend
- is coming in late for work due to traffic and had promised to be there on time
- is overwhelmed by the responsibility of caring for loved ones

Examples can also be in a crisis situation when someone:

- has to evacuate and leave home
- is separated from others during transport or movement
- cannot get in touch with loved ones who they are separated from
- finds out they have a serious illness
- is in or witnesses a traffic accident
- has been discriminated against
- is assaulted or experiences other forms of violence
- witnesses something frightening or traumatic as a bomb blast
- experiences a disaster as an earthquake or a flood
- loses a pet or a loved one.

2. Highlight that distressing events can be happening to one person as for example when someone has lost a loved one or can affect many people together for example due to a natural or human-related disaster as an armed conflict where many are affected at the same time.

Say: Some distressing events lead to long periods of uncertainty and it is important to be aware that after some events families and communities live with this 'not knowing' for a long time. They may not have control over their life circumstances, nor know what their future will bring, and may be distressed from the many losses and maybe also by having experienced traumatic events.

When we experience frightening or distressing events, we react with our bodies, thoughts, and our feelings. Everyone reacts when they go through something stressful and difficult or live with uncertainties. Most people recover over time from difficult experiences by themselves or with the help of friends, family, or others. Psychological first aid involves knowing common reactions to distressing events and how to help people understand and cope with these reactions.

Part of psychological first aid is helping the affected access social support, which help to reduce stress and improve recovery.

Some need more help than psychological first aid. Part of learning these skills is being able to recognize and refer someone who needs more support.

ACTIVITY 4.3. LOOK OUT FOR YOURSELF



10 min

We will now go over the three action principles, "Look", "Listen" and "Link", which give guidance on how to provide PFA to someone in distress.

Show the flipchart with the LOOK action principles.

LOOK

- are you and the team are ready to respond
- information on what has happened and is happening
- who needs help
- safety and security risks
- physical injuries
- immediate basic and practical needs
- emotional reactions.

Say: The first action principle is LOOK. Look is also about looking out for yourself when responding. Is each PFA provider ready to act given the information they have about the situation?

- Ask the participants to think about what they generally do to prepare themselves when responding as volunteers or prepare for a challenging situation if they haven't volunteered yet. Give them a minute make some notes of their techniques or ideas for what they can do if they haven't been active yet.
- Next, ask them to turn to their neighbour and exchange their ideas. Ask for one of the pairs to say what they do to look out for themselves. If others use the same technique, they can raise their hand or stand up. Ask the other pairs if they have other techniques so more ideas for looking out for oneself is mentioned.
- Say that responders must look for information on what has happened and is happening. Ask participants, if they have been in situations where it was not safe to respond based on the information they had. End by reminding participants that a volunteer always has the right to decline a task if it does not suit them or it isn't safe to respond.

ACTIVITY 4.4. REACTIONS TO CRISIS EVENTS

25 min

Mention that although it looks as if it makes sense to follow the order of the action principles, the order of actions may be mixed and take place in different ways and sequences depending on the situation.

1. Ask participants to form groups of four and choose one of the types of situations from the flipchart from activity 4.2. They will use this case example from their work to discuss which reactions they would expect to witness right after the event and again those they would see some weeks later. They are to note a few typical reactions at these two different points in time. Give the groups five to ten minutes to work on this.

2. Ask three groups who worked with different cases to present the reactions they noted at the two different points in time. Use the different cases to highlight that:

- There is not a standard reaction to distressing experiences and people react in different ways.
- Reactions change over time. Some react calmly during or immediately after an event. However, they may become distressed days, weeks or even months after the event, whilst others react very strongly at the time of the event.

Also mention that how someone reacts depends on many factors:

- **What people bring to the event**
Their experience, age, social support/network, pre-existing mental/physical health, culture, prior trauma exposure
- **The experience of the event**
The nature, severity, duration of and how close they were to the event. What they witnessed, whether they are injured, have suffered losses, etc.
- **What happens after the event**
The ability to access support, how they are treated by authorities and aid organizations, the level of impact and disruption on life.

3. Conclude the session by saying: Many who experience distressing or traumatic events have common reactions and recover well, especially if they can restore their basic needs and receive support from people around them.

After a traumatic event, most will experience post-traumatic stress reactions in the first days or weeks – reactions that will diminish over days and weeks. During the first days or weeks they will experience heightened stress and alertness, intrusive thoughts or images, and may avoid things and events that remind them of the traumatic event. There will often be cognitive challenges with memory and difficulties in focusing. If these symptoms persist for more than four to six weeks a person may have developed post-traumatic stress syndrome.

Knowing what reactions are natural after major crises and traumatic events is very important to normalize and be prepared for reactions and it is part of PFA to inform people of reactions they can expect to have.

ACTIVITY 4.5. WHO NEEDS HELP



25 min

Continue by saying: As we saw LOOK refers to assessing safety and security risks, finding out what has happened, and is happening; next it is about assessing if there are physical injuries that need tending to; finding out if the person(s) has immediate basic and practical needs; and assessing what emotional reactions the person is experiencing and what kind of help will be caring and supportive.

1. Form new groups of four to five (so there is an even number of groups) and ask each group to choose another case example that is relevant to their work context. They are to quickly create a small non-verbal scenario of a crisis event that involves all group members. Give them five minutes to do create the scenario.
2. Pair the groups. Ask one group to look at the non-verbal scenario created by the other group and give them four minutes to say loud what they think:
 - if the situation is safe for volunteers to intervene
 - has happened

- if there are physical injuries
- what are the basic and practical needs
- what emotional reactions they are seeing.

After four minutes the group that created the scenario will say if the observations they heard said out loud were correct. Next, they change so both groups have the option to observe a crisis scenario.

ACTIVITY 4.6. LISTEN



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

LISTEN refers to how to:

- approach someone
- introduce yourself
- pay attention and listen actively
- accept others' feelings
- calm the person in distress
- ask about needs and concerns
- help the person(s) in distress find solutions to their needs and problems

2. Begin the activity by explaining: the action principle LISTEN refers to the way to communicate with someone, from the very first moment when approaching and interacting with the person(s) in distress.

3. Ask the participants to go in the groups from the previous scenarios. Pair members from the two groups. In the pairs they are to take turns to approach and introduce themselves to the other who will be in the role from the scenario. Give them five minutes to do this.

4. Discuss how it went in the pairs and stress, that it is important to present yourself by name, and organization that you are there to provide support.

Paying attention and listening actively

1. Move on to the next action point on paying attention and active listening. Explaining that listening involves all the senses, body language and also refers to behaviours. Listening is being present, paying attention and trying to understand what has happened to the person in distress, what they are feeling, and what they need. It is being open, inquisitive and sensitive to what the distressed person is experiencing. It is also recognizing when someone does not want to talk and allowing silence.

2. Ask the participants to stand in a circle. Say that they will do an exercise about inattentive listening by throwing an imaginary ball to each other. The person throwing the ball will call out the name of someone in the circle saying, their name and "Listen, I ". The person catching the ball will demonstrate inattentive listening in body and words. The catcher may look to the side saying 'Oh yes, do tell me..' without showing any interest. Begin the exercise by throwing the ball to one of the participants and let the exercise go on till different ways of inattentive listening has been made clear for the group. Ask the participants to sum up which inattentive listening skills they witnessed.

3. Say that the group will now explore active listening. Divide the participants into pairs and let them decide who will be the listener first. Instruct them to find a place in the room where they can sit face to face in a comfortable distance from each other. The talker will have three minutes to tell the listener about something they value and appreciate. The listener will give the talker their full attention. They can ask questions if there is something they don't understand or couldn't hear.

4. After three minutes instruct the listener to summarize as precisely as possible what they heard. The talker may correct what wasn't well or precisely summarized.

5. Next, the roles are reversed and the exercise repeated. End the exercise by asking about key learnings from listening and summarizing.

Asking about needs and concerns and providing help

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

- If someone does not want help, do not impose it.
- Focus on what help is needed and what the priorities are.
- Do not focus too much on how the person in distress feels about the situation.

2. Ask the participants to find another partner for the next exercise where they will talk about a problem and the listener will help find solutions for needs. They will have eight minutes for the exercise.

In the first round, the talker will take on the role of a beneficiary who approaches a Red Cross Red Crescent volunteer at an event. The person is in high distress explaining that they can't find their nephew of five years of age who they lost sight of a few minutes ago.

The listener will summarize the situation and then move on to assist identifying problems and needs. End the first part of the exercise and ask the participants to change roles.

In the second round the talker will take on the role of a volunteer who comes back to the branch after a shift where they witnessed a loud and unpleasant conflict between two beneficiaries who were in the community.

The listener will summarize the situation and then move on to help identify problems and needs. End the second part of the exercise.

Ask the participants to give feedback to each other about what went well in the role play.

3. Next, ask what kinds of immediate needs and problems PFA can help with.

Examples are:

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

ACTIVITY 4.8 LINK



1. Show the participants the flipchart with the action principle “Link”: LINK refers to how to

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

2. Start by saying that the third action principle is LINK which covers practical actions as giving information and helping people access the resources they need to cope. When getting help to tackle practical problems, connect with loved ones and social support and get with loved ones and social support and getting access to services the situation and the well-being improves.

3. Divide the participants into the same groups of three as in activity 4.6 and ask the groups to refer back to the case studies and to brainstorm and list all the different kinds of practical help, information or sources of social support that may be relevant for the people in distress in the case studies.

4. Lead a short plenary follow-up on the participant’s suggestions.

5. Continue by explaining that there are some situations where it is important to refer a person for professional mental health or other health-related support as soon as possible. This could be if someone:

- has not been able to sleep for the last week and is confused and disorientated
- is so distressed that they are unable to function normally and care for themselves by, for example, not eating or keeping clean despite food and washrooms available

- loses control over their behaviour and behaves in an unpredictable or destructive manner
- threatens harm to themselves or others
- starts excessive and out-of-the-ordinary use of drugs or alcohol
- suffers from complex reactions such as complicated grief, severe anxiety, depression or PTSD

6. The referral should be carried out in agreement with the affected person. Often a supervisor or team leader will be informed.

7. Explain to the participants that when they work as a psychological first aid provider in the capacity of a Red Cross or Red Crescent staff or volunteer, it is the responsibility of their manager or volunteer leader to have information on the local referral system.

ACTIVITY 4.9. PFA PRACTICE



45 min

1. Start by saying: Groups will now practise providing PFA to someone in distress using all three action principles. Form groups of three and use one of the case stories we have used today. Take turns to be the helper to help someone who role-plays that they are the person in distress. The other participant will watch the provision of PFA and give feedback.

2. Give all participants a handout of the three action principles from the annex so they have this to refer to and as a reminder during the exercise. Each will have ten minutes to provide PFA, and the observer about two to three minutes to provide feedback. The observer will be the time-keeper.

3. When everyone has had a chance to role-play and has received feedback from their peer on how they did, ask the participants to come back to the plenary.

4. Ask participants to share what they thought went well and what was difficult. Should time allow for it, the facilitator uses some of the examples of challenges in a short demonstration role play using good PFA skills.

WRAP-UP

1. Ask the volunteers if they have any questions, comments or reflections about the PFA session.

2. Conclude the session by wrapping up: psychological first aid is a psychosocial support activity. It is the compassionate and caring support offered to a person or a group of people after they have experienced a very distressing event or situation. It is a method of helping that involves assessing needs and providing emotional support and practical help. For many humanitarian organizations, including the Red Cross Red Crescent Movement, PFA is a key skill for all humanitarians. The aim of the session has been for you to have clear structure for providing PFA and to practise your PFA skills.

5 PSYCHOSOCIAL SUPPORT ACTIVITIES AND REFERRALS

LEARNING OBJECTIVES

The participants will learn about the Movement framework for MHPSS, describe different kinds of psychosocial support activities, referral systems and self-care.

TOOLS/MATERIALS REQUIRED

Prepared flipchart of the Movement framework for MHPSS, A 4 papers, the referral form, post-it notes, flipchart, markers

MAIN LEARNING POINTS

- Be introduced to the Movement framework for MHPSS
- Learn about different psychosocial support activities
- Understand referral systems
- Understand the importance of self-care

SUGGESTED OUTLINE OF ACTIVITIES

Activity	Methodology	Time
5.1 Psychosocial support activities	Presentation Group work	30 min
5.2 The Movement framework for MHPSS	Presentation Group work	30 min
5.3 Assessing needs to identify relevant psychosocial activities	Case-based group work	40 min
5.4 Community-based work	Case-based group work	30 min
5.5 Referrals	Plenary discussion, presentation, self study	40 min
5.6 Team and self-care	Buzz groups	30 min
Wrap-up	Plenary discussion	10 min
Total	Plenary	3 hrs 30 min

ACTIVITY 5.1 PSYCHOSOCIAL SUPPORT ACTIVITIES



30 min

1. Explain that psychosocial support helps people recover after a crisis has disrupted their lives. National Societies implement community-based psychosocial support interventions focusing on strengthening the social bonds of people in affected communities by improving the protection and psychosocial well-being of individuals and of communities as whole entities. This approach is based in trust as well as research that when humans are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future.
2. Divide the participants into groups and hand out post-its. Ask the groups to brainstorm on which psychosocial activities – one activity per post-it - they can think of that can provide emotional support and strengthen social bonds during or after a crisis event. Give the groups six to eight minutes to do the activity.
3. Ask a representative from each group to place their post-its on a common flipchart and if there are duplications to place the post-its on top of each other. Go over the activities mentioned and should any of the following not be mentioned, add these:
 - psychological first aid
 - psychoeducation
 - dissemination of key information on a communal notice board
 - child and other safe and friendly spaces
 - awareness-raising session on stress and coping
 - lay counselling
 - psychological counselling
 - peer support for staff and volunteers
 - support groups and self-help groups
 - creating buddy systems for young peers
 - life skills/vocational skills
 - livelihood activities
 - recreational and creative activities
 - home visits
 - sports and physical activities
 - communal restoration activities
 - restoring family links activities
 - community committees
 - celebration of national and faith-based events
 - mapping referral pathways and making referrals
 - community memorials

- advocacy and awareness activities related to psychosocial support issues
- supporting burials
- training key community actors as faith leaders in psychological first aid

4. End by commenting on all the good suggestions for MHPSS activities in the communities. Should it be the case that not everyone is familiar with some of the activities, ask participants to give examples of how they have been used in communities and how they worked.

ACTIVITY 5.2 MHPSS MOVEMENT FRAMEWORK



30 min

1. Explain that the Movement framework for MHPSS shows the different levels of intervention that people need in community support which is especially important in crisis situations. The pyramid is broader at the bottom, because most of those affected by any crisis are resilient and find ways to cope provided they can activate their personal coping strategies and have access to basic services and external supports.
2. Form groups of four to five participants. Hand each group a piece of paper and ask them to copy the pyramid on the piece of paper.
3. Instruct the groups to note down the different MHPSS activities from the flipchart from the previous exercise where they belong on the framework. Give the groups about eight minutes to do this. When doing the exercise, they should leave the volunteer guide aside and use their common sense!
4. Go over the following key information on each layer in the framework. Participants follow this to see if they placed the activities and interventions in the right order.

1. Specialized mental health care

Top layer of the pyramid – includes specialized clinical care and treatment for individuals with chronic mental health conditions and for persons suffering such severe distress and over such a long period of time that they have difficulty coping in their daily lives. Examples of services could include treatment centres for survivors of torture and alternative approaches to drug therapy. Services are provided within state healthcare and social welfare systems and in detention facilities.

2. Psychological support

Third layer of the pyramid – includes prevention and treatment services for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. Examples of services include basic psychological interventions, such as counselling or psychotherapy, which are usually provided in healthcare facilities with accompanying outreach work or in community facilities, where this is culturally acceptable.

3. Focused psychosocial support

Second layer – includes the promotion of positive mental health and psychosocial well-being and prevention services, with a specific focus on groups, families and individuals at risk. Examples of services include support to groups of children or caregivers and self-care and peer support for staff and volunteers. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff, and volunteers and/or trained community members.

4. Specialized mental health care

First layer of the pyramid – promotes positive mental health and psychosocial well-being, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to all of the affected population, where possible. Examples of services include awareness raising, recreational activities and providing psychological first aid as and when needed. This can include sensitizing other sectors such as shelter, water and sanitation to psychosocial support approaches. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.

ACTIVITY 5.3. ASSESSING NEEDS TO IDENTIFY RELEVANT PSYCHOSOCIAL ACTIVITIES



30 min

1. Ask the participants if they have been involved in assessments of psychosocial support needs. Ask them to say a bit about the assessment tools, the process of conducting the assessment and the outcomes.

Present the key role assessments play in determining which activities should be planned in a psychosocial response. Before planning begins it is necessary to find out what has happened, how people are affected and which resources are available in the community.

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

In emergency situations, the assessment will furthermore 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 and inform the development of appropriate policy and practice.

An assessment will for example look at:

- the psychosocial impact of the crisis event (stress reactions)
- violence and insecurities
- vulnerable groups
- where people usually go for support
- local protection mechanisms
- how people usually cope with stressors and adversity
- individual skills such as problem-solving and negotiation
- the functions of the community leaders, local government officers, traditional healers, religious leaders
- whether the communities have land, savings, crops, animals and livelihood
- whether there are functioning schools and teachers, health clinics and staff
- what the religious practices of prayer and worship are, plus burial rites

Mention, that when doing a needs assessment, there is also a need to collect and review existing sources of secondary data about the situation, needs and resources.

2. Explain how living with a communicable disease can be challenging and affect someone's life in many different ways. Communicable diseases can be viruses, bacteria borne or parasites. To mention some of the communicable diseases they are coronavirus, HIV, tuberculosis, measles or cholera. Some communicable diseases as HIV are difficult for those living with the disease as well as for their families and friends. A loss of good health will lead to other losses such as social exclusion and stigmatization, loss of income, not having access to health care and becoming more impaired due to the illness.

Common reactions when living with a communicable disease are known to be isolation, loss of feeling of belonging, stigma, shame, guilt, worries about the future, fears for the children's future, anxiety, depression and denial.

3. Divide the participants into groups of three and ask them to identify which psychosocial activities they would implement with people affected by a communicable disease, for their families and the communities. They will have 15 minutes for the groupwork.

4. Ask one of the groups to present their findings. After the presentation, the other groups can add if they have additional activities. Add the following if not mentioned:

- Information activities (at community level as well as for the affected person and family), information to prevent transmission and stigmatization, information about medical services and support in the community, support groups, advice on how to be healthy and taking care of oneself, information on how to support family members who are living with the disease and information on stress and coping.
- Home-based care and practical help by volunteers for people living with the disease and to children made vulnerable by the loss of able caregivers. transportation to vaccination and check-ups, home visits, running errands, supporting to maintain normal routines and day-to-day activities.

- Support activities include both family and individuals, lay counselling, psychological first aid and support groups.
- Creative activities and community events – drama, sports, drawing, singing, celebration of religious and national holidays. All to include people stigmatized in the community.
- Caring for the helpers – peer support, supervision, information about the diseases and prevention of it.

5. Wrap up the activity by informing the participants that they can find more information and guidance about specific psychosocial activities in the volunteer material.

ACTIVITY 5.4. COMMUNITY-BASED WORK



30 min

1. National Societies primarily use a community-based approach in responding to psychosocial needs. The term “community-based” does not only refer to the physical location of activities. Community participation is an integral aspect of a community-based approach. It stresses that the approach strives to involve the community as much as possible in the planning, implementation and monitoring and evaluation of the response. It is an approach that encourages the affected community to gain ownership of and take responsibility for the responses to their challenges.

2. Ask the participants to stay in the groups from the previous exercise and discuss how to involve the community in the work they suggested.

They have ten minutes to look at and answer the following questions:

- How to involve the community in planning and implementation.
- How to ensure cultural appropriateness and relevance of the activities?
- How to ensure community ownership and sustainability?

3. Ask the groups to present their findings. One group present the first question and the second groups present the second question and the other groups add, etc. Wrap up the activity by saying: When planning for activities always take into consideration:

- the norms and values in the community
- involvement, participation and ownership of the local community
- fostering community support through cooperation between people and the feeling
- of working towards a common goal.

ACTIVITY 5.5. REFERRALS



30 min

1. Explain that a functioning referral system is an essential component of good practice in psychosocial support programmes. Careful documentation of referrals ensures that beneficiaries receive the specialized support they need. Referrals may be made for specialized mental health services as well as other types of services: general health care, protection, social services, legal services, economic support, etc. It is important to be mindful to include someone referred to specialized services in all other community-based activities.

2. Staff and volunteers will often come across people in distress and other challenging situations. It is very important to know what type of support can be provided. It is equally important to know of the limitations and when to refer someone to other services or specialized support.

Ask the participants to think back to the sessions on stress- and grief reactions. What do they think would be signs that someone would need to specialized services at the top of the Movement framework?

3. Lead a plenary discussion with the participants on when they would refer and add the following to the discussion if not mentioned:

If someone:

- has not been able to sleep for a week and is confused and disorientated
- is so distressed that they are unable to function normally and care for themselves by, for example, not eating or keeping clean despite food and washrooms available
- loses control over their behaviour and behaves in an unpredictable or destructive manner
- threatens harm to themselves or others
- starts excessive and out-of- the-ordinary use of drugs or alcohol.
- suffers from complex reactions such as complicated grief, severe anxiety, depression or PTSD

4. The principles of making referrals are universal. Referring means linking someone with help needed from another service provider. When referring make sure to:

- always prioritize the confidentiality and security of the person in distress
- inform what the different options are, if relevant, and help the person make informed decisions about the way forward
- Ensure informed consent on the plan of action before proceeding
- follow the procedures and requirements of the service referred to. Procedures will in most instances involve consultation with and approval by a manager or supervisor

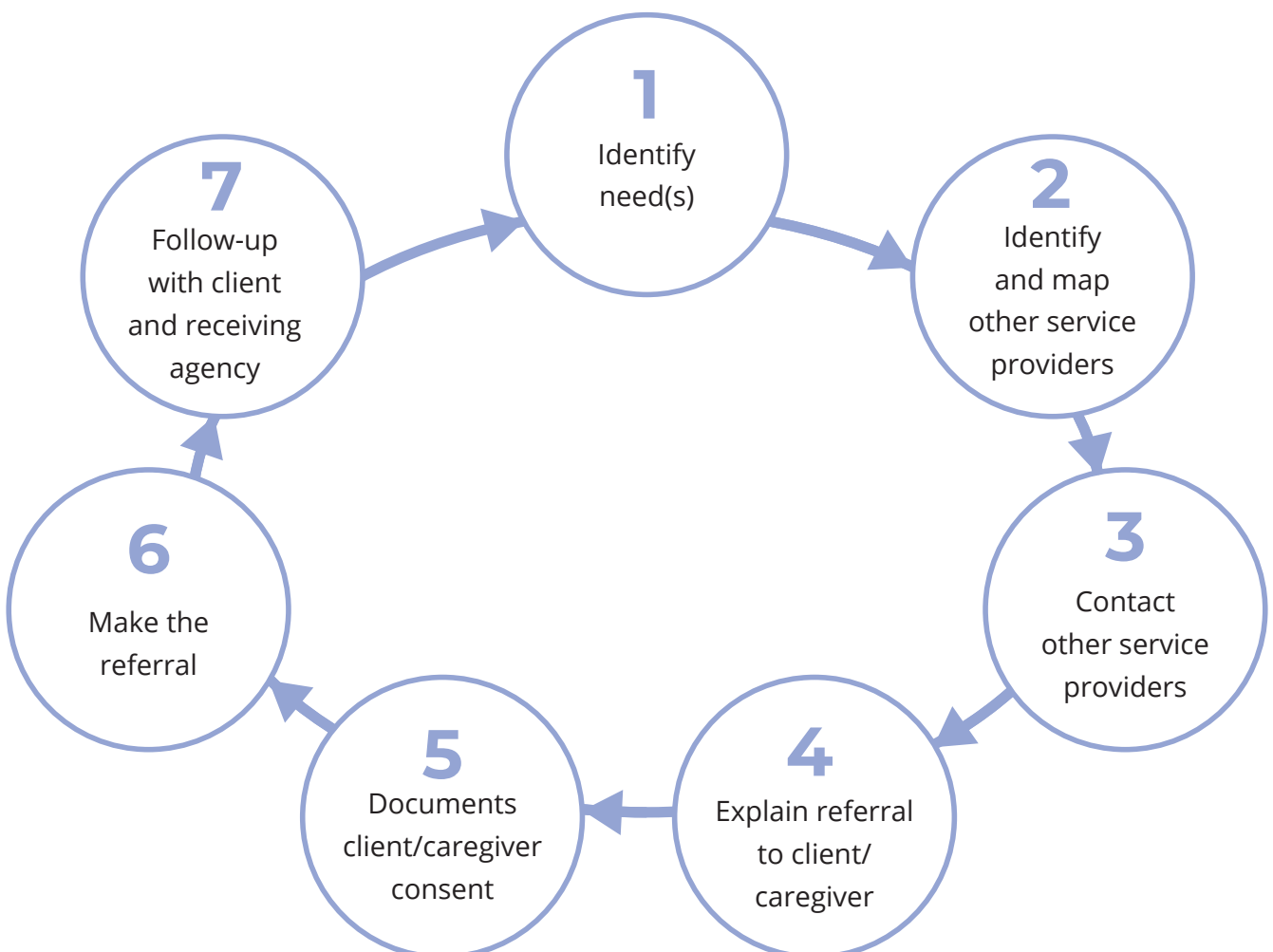
5. Each context or each National Society may have different ways in which the local referral system works and how the local referral procedures are applied. To support agencies in developing referral

procedures an interagency referral tool has been developed. Tell the participants that they will get a chance to study the interagency referral form at the end of this session.

6. It is important to develop a resource list with available services. A referral resource list should include the names of potential service providers and their contact details – preferably the name of a specific contact and their contact details. It should also include details on the referral procedure for each service provider, for example, if a specific form needs to be filled out, how to make appointments, etc.

7. When a staff member or volunteer comes across a person who is in need of a referral they can use the interagency tool for documentation. The referral form can be used by any service provider, for example by a doctor working in a primary healthcare centre referring a child to a child friendly space or a nutrition feeding programme, or a case manager referring a client for physical rehabilitation. It can also be used by persons providing psychological first aid after a distressing event.

8. At its most basic, the steps required to make a successful referral are (show the diagram on flipchart)



1. Identify the problem - what does the client need?

Identify and/or assess the client's problems, needs, and strengths with her/him and/or their caregiver (e.g. if the client is a minor or with severely impaired functioning requiring caregiver help).

3. Contact the service provider to confirm eligibility.

Contact the other service providers in advance to find out more about their services and eligibility criteria, what their referral protocol entails and whether or not they will be able to assist the client.

5. Document consent

If the client agrees to the referral, obtain consent before the client's information is shared with others. Parental/caregiver consent should be obtained if the client is a minor.

7. Follow-up

with the client and the receiving agency to ensure the referral was successful and exchange information (if applicable). Did the client receive the planned services? What was the outcome?

2. Identify which organization or agency can meet this need.

Identify and map other service providers who may be able to assist the client and/or the caregiver with her/his needs. Information about other services in your geographical areas can be obtained from service guides, 4Ws mapping reports or coordination meetings¹.

4. Explain referral to the client.

Provide information about available services and explain the referral to the client and/or caregiver (e.g. what services are provided? Where is the service provider located? How can the client get there and receive services? Why do you recommend the referral?). Keep in mind that the client can choose to be not referred.

6. Make the referral

Fill out the interagency referral form in triplicate (one copy with referring agency, one copy with client/caregiver, one copy to receiving agency). Provide the referral agency's contact information to the client and accompany them to the referral agency if needed. Referrals can also be made over the phone (if in an emergency), via e-mail or through an App or a database.

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

9. Ask participants to pair up and hand each pair a copy of the referral form. Instruct the pairs to go over the form to be sure they know how to use it. Give them a few minutes to do so. Next ask if there are any questions related to the form or the information on referrals.

10. Wrap up the activity by explaining to the participants that when they work in the capacity of a Red Cross or Red Crescent volunteer, it is the responsibility of their manager or volunteer leader to have information on the local referral system. If they need to link a distressed person to a service or support system they should always contact their manager or volunteer manager for help and support, unless it is an emergency situation where the person is in danger of being harmed or harming others. It is important to know who your supervisor or volunteer leader is, so that you have someone you can contact if you are in a situation where you do not know how to help the person in distress or need referral information very fast. Always carry contact details of the person with whom you can get in touch for advice or support with. You are not expected to know about all the services available or how to handle all reactions on your own.

ACTIVITY 5.6. TEAM AND SELF-CARE



30 min

1. Say that across the globe, Red Cross Red Crescent staff and volunteers help other people in crisis. This may be in response to disasters, armed conflicts, mass shootings, in social programmes for slum-dwellers, or with survivors of violence or accidents. Volunteers in the Movement also support older adults, those living with disabilities, and people who are isolated or stigmatized because of illness and prejudice. They assist refugees and asylum seekers and many more. In the course of their work, volunteers may be exposed to trauma, loss and devastation, injury and even death.

2. Ask the participants form buzz groups of two, three or four. Groups are to discuss what they find are some of the risks to the well-being of staff and volunteers. They are to note down each of the risks mentioned on a post it. Give the groups eight minutes to do this. Next ask them to place the post its on flipcharts with the headings: personal, interpersonal, work environment and organizational. Conduct a plenary discussion on the risks to the well-being of staff and volunteers.

3. National Societies have an obligation to support the well-being of their staff and volunteers. Support systems should include plans for what to do at these three stages of a response: Before, during and after a crisis intervention.

- Before - it is important to prepare for the task at hand.
- During - it is important to provide on-going support.
- After the response - it is important to take time for recovery, reflection and discuss improving future responses.

Next, ask the participants to go back to their buzz groups and discuss which of the risks from each of the three phases they themselves can do something about. Conduct a plenary discussion of what

staff and volunteers can do to ensure their branch or team support their well-being. Comment positively on good suggestions and ideas and discuss how participants could support each other in promoting a supportive work environment.

4. Move on to the topic of self-care. Say that in PFA the principle of Look includes looking out for yourself and the team. The principle of looking after oneself is something we all have an obligation to do. Mention that each staff member or volunteer has the responsibility of taking care of themselves – to balance work tasks and task in their time off that replenish and nourishes their physical, mental and psychological well-being. It is difficult for many reasons to practice selfcare. Ask each participant to take a few minutes to note down some of their preferred selfcare ideas and strategies.

5. Gather the participants in the plenary and ask them to share some of their ideas and strategies for selfcare. After some minutes, ask participants also to share some of the reasons it is difficult for them to set time aside for selfcare. Also ask participants what they will do to overcome the reasons mentioned. End the group discussion by having each participant share what they will do to self-care in the next days and when they will do it. End the discussion by saying that peer support is an effective way of taking care of yourself and each other. Peers can learn from each other about ways of coping. Some key elements are important when supporting peers:

- concern, respect and trust
- active listening and communication
- open discussion on work experiences and stressors

WRAP-UP

1. In recent decades, disasters, conflicts and health epidemics have taken their toll on civilian populations. In addition to traditional programmes to address physical and basic needs, National Societies and the adoption of the MHPSS Movement policy and resolution have increased the awareness of the needs to address the psychological and social suffering. It is acknowledged that psychosocial support and protection are factors that hold equal importance as addressing physical and basic needs.

2. All aspects of people's lives are affected by the social and cultural norms and practices of their community. The effects of crisis events, ways of dealing with loss and grief and modes of coping therefore vary across cultures.

3. The Red Cross Red Crescent Movement works to promote psychosocial well-being with and through communities for several reasons. Community self-help counteracts the negative consequences of a disaster or other crisis event. Communities are equipped, or can be supported, to address problems faced by individuals or groups within that community. Many societies have weak mental health systems. Community-based work using volunteers is thus a cost-effective way of increasing reach and ensuring culturally appropriate services, as well as increasing access and identification of vulnerable groups.



Psychosocial Centre

**International Federation of Red
Cross and Red Crescent Societies**

Reference Centre for
Psychosocial Support
Blegdamsvej 27, DK-2100
Copenhagen, Denmark