

ChildFund®

Psychological First Aid (PFA)

REMOTE TRAINING OF TRAINERS (TOT)





Module 1

Session 1

- Introduction to Mental Health &
- Psychosocial Support (MHPSS) &
- Psychological First Aid (PFA) in Emergencies



Learning Objective

- Identify the different levels & interventions of MHPSS
- Describe the use of & purpose of PFA
- Demonstrate the ability to recognize children's & youth's reactions to stress

Virtual Session Agenda

1. Welcome and introduction

2. Key content on PSS & PFA

3. Activity exploring possible reactions to stress & crisis

4. Offline assignment and closing

Ground Rules

- Turn on auto-live captioning of speakers.
- Mute your mic.
- Let us know in the chat box if you need a break or to drink water.
- Use the “raise hand” option if you wish to speak, or use chat box to post questions.
- Give a chance for every participant to speak.

Materials for Review

Handouts

- Module 1 Participant's Guide: Summary of Learning Points for Module 1
- Module 1 Handout 1: Pre-Session Worksheet – Sources of Stress
- Module 1 Handout 2: Children and Youth's Development and Reactions to Crisis

Videos for Review

- [Psychosocial Support in Emergencies produced by Save the Children:](https://www.youtube.com/watch?v=h0L6u68tbI)
<https://www.youtube.com/watch?v=h0L6u68tbI>
- [CPMS Video Series: Standard 10, Psychosocial distress and mental disorders :](https://resourcecentre.savethechildren.net/library/cpms-video-series-standard--laicosohcysp-10sredrosid-latnem-dna-ssertsid)
<https://resourcecentre.savethechildren.net/library/cpms-video-series-standard--laicosohcysp-10sredrosid-latnem-dna-ssertsid>
- [Introduction to PFA produced by War Trauma Foundation \(WTF\):](https://www.youtube.com/watch?v=VgJezWz8x-U)
<https://www.youtube.com/watch?v=VgJezWz8x-U>
- [Emergency Preparedness - Psychological First Aid produced by Child Care Resource Center:](https://www.youtube.com/watch?v=wXhbFhkdaIM)
<https://www.youtube.com/watch?v=wXhbFhkdaIM>

Icebreaker:

Two Truths and One Lie

Creating a Safe Space & Upholding Confidentiality

- The course will focus on information that may feel personal, and a few case studies may bring up emotions.
- Participants are encouraged to send a private message to the facilitator if they need to step away or take a break.
- Participants are encouraged to share and ask questions; however, they should not share any specific or identifying information for children or families that they are working with in order to protect their confidentiality.



ACTIVITY:
Sources of Stress in Communities

Definition of Psychosocial Support

Psychosocial Support (PSS) refers to a range of care and support interventions. It includes care and support offered by caregivers, family members, friends, neighbors, teachers, health workers, community health workers, social workers and community members that occur daily. It includes care and support that may be offered by more specialized psychological and social services.

Defining Community-based Psychosocial Support

- Structured PSS activities are part of community-based PSS.
- Community-based psychosocial support consists of...

“Activities that work to enhance the **capacity of a community or individual** to engage with their circumstances and more effectively identify and mobilize **internal and external resources.**” ChildFund International (2015, p. 7)

ACTIVITY: Self-Reflection

Drawing on internal individual resources: Children are not just victims.

“Even in situations of acute adversity and suffering, people have assets or resources to support their own mental health and psychosocial well-being and that of their communities. It is essential to consider these capacities as strengths when introducing MHPSS programs. Focusing only on deficits – the weaknesses, suffering and pathology – of the affected people may conceal their strengths and erode their ability to support each other.”

(From: UNHCR (n.d). Community-based protection and mental health and psychosocial support).



“When I am sad or worried, I play soccer, I talk to my grandmother. I study and do my homework and go to church to pray. All these things help me to feel better.”

Community & Child Resilience: Key Message!

In emergencies, nearly all children will show some changes in emotions, behavior, thoughts and social relations in the **short term**.

- These are **normal** reactions to **abnormal** events.
- With access to basic services, support and security, the majority of children will recover and be alright.

A very small percentage of children will have severe reactions requiring referral to specialized (medical) care.

All humanitarian interventions impact positively or negatively on psychosocial well-being.

Community Resources

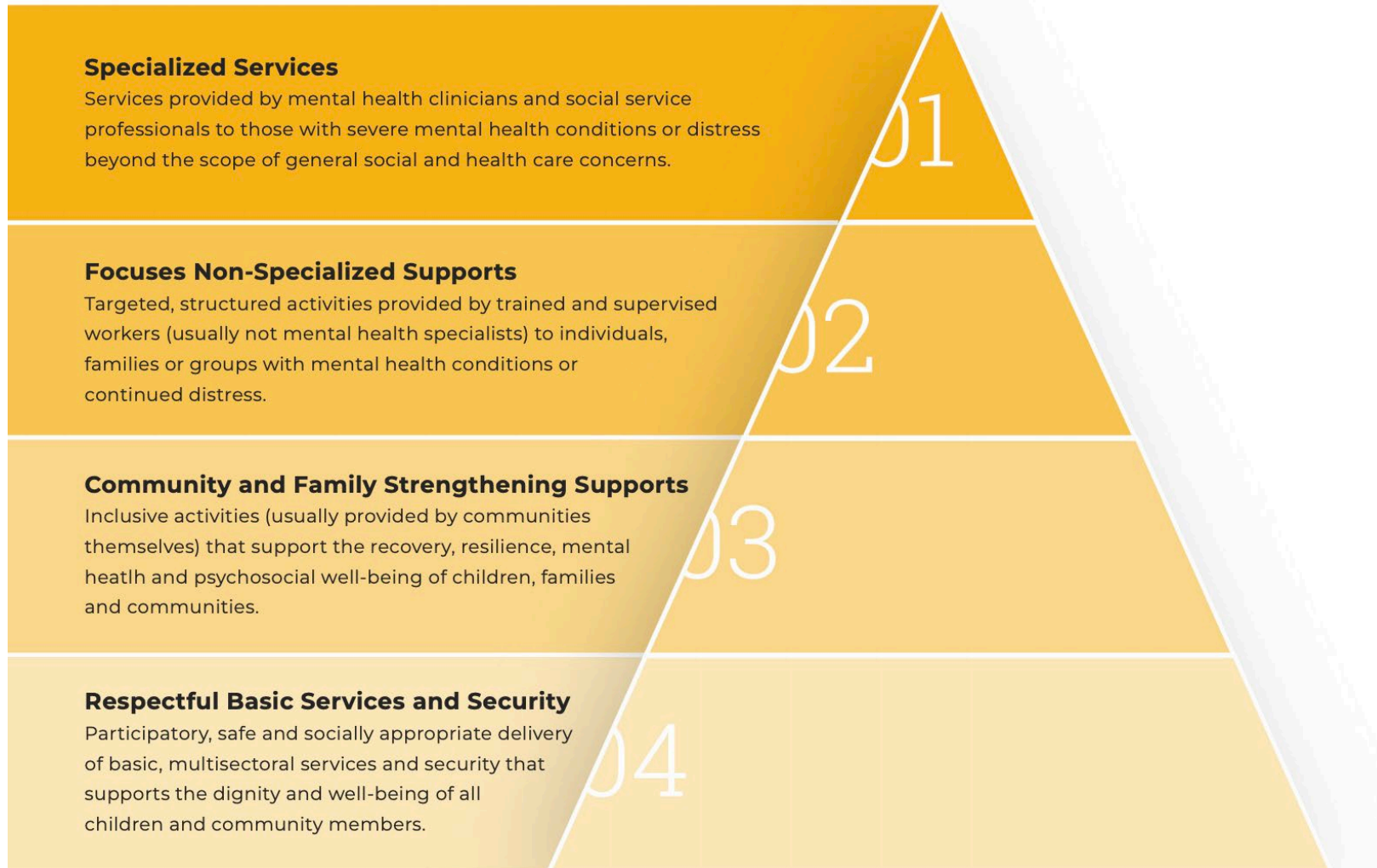
- Communities have strengths!
- There are also **external resources** to draw upon:

“To be successful in supporting a child through an emergency and in recovery, interventions must recognize both the **individual needs of the child** and the many **external influences**, and involve different stakeholders in the planning and implementation of services.”

ChildFund International, 2015, p.10.

The next two slides explain why it is important to acknowledge external resources and influences and involve different stakeholders.

MHPSS Pyramid of Services



Source: Child Protection Minimum Standards-Standard 10 (ACPH 2019)



Psychosocial Support (PSS)

Interventions include:

- Providing and advocating for basic services that are culturally appropriate, gender-informed and promote human dignity.
- Activating existing or new social networks and engaging individual families when possible.
- Providing psychosocial support services with non-specialized content for specific target groups and vulnerable populations.
- Providing access to specialized Mental Health and Psychosocial Support.



What is Psychological First Aid?

- PFA is an evidence-informed modular approach that was originally designed to help children, adolescents, adults and families in the immediate aftermath of a disaster or emergency.
- PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.
- PFA can be administered as a rapid response strategy in non-emergency contexts with vulnerable children and youth, for example with children and youth who have been physically, emotionally or sexually abused or neglected, as well as children in conflict with the law or after accidents.
- The needs of significantly abused or exploited children and youth will require a much longer-term response and system of support (Save the Children, 2012).
- PFA can be very effective for reducing stress in the moment during points of contact with field staff.

PFA includes:

- Giving practical care and support that is not intrusive.
- Assessing needs and concerns.
- Helping people to access basic needs (e.g., food and water, information).
- Comforting people and helping them to feel calm.
- Helping people connect to information, services and social supports.
- Protecting people from further harm.

PFA is not:

- Something only professionals can give.
- Professional counseling.
- A clinical or psychiatric intervention, although it can be part of good clinical care.
- Psychological assessment or debriefing.
- Asking someone to analyze what happened to them or to put time and events in order.
- Pressing people to tell their story.
- Asking people details about how they feel or what happened. (IFRC 2020)

Activity: Exploring Reactions to Stress & Crisis



- Select a profile of a child/youth/adult in the age group that they are assigned.
- What is their name? What country do they live in? What is their home like?
- Imagine that the child or person is experiencing a situation of extreme stress.
- Draw a picture of this child/youth/adult and how the stress manifests in their life.
- Consider the biological, social, emotional & gender-specific reactions & experiences.
- Think about their environment. What does the world around them look like?

Questions & Closing

1. Questions from today?

2. Review of self-directed learning assignments

3. Next session

4. Offline assignment and thank you!

PFA Training Offline Assignments

- Complete referral pathways for one community (*insert due date*)
- Develop an approach to adapt PFA to specific country context (*insert due date*)

End of Module 1



Module 2

Session 1

Key Principles of PFA: Prepare, Look, Listen & Link –
Focus on Look Principle



Learning Objective

- Apply PFA principles without face-to-face interaction.
- Define a clear and compelling message to person-in-need.

Virtual Session Agenda

1. Welcome and introduction

2. Intro to PFA:
PREPARE, LOOK,
LISTEN & LINK
principles

3. PFA remote
administration

4. Application of
the “Look”
principle

5. Offline
assignment and
closing

Self-Directed Handouts and Videos

Module 2 Session 1: Key Principles of PFA focusing on Look Principle

Handouts for Review

- Module 2 Participant's Guide: Summary of Learning Points Module 2
- Module 2 Handout 1: Referral Pathways
- Module 2 Handout 2: Steps in Administering PFA Remotely
- Module 2 Handout 3: Tip Sheet for Remote PFA

Videos for Review

- [YouTube Video on principles of PFA: look, listen, and link produced by Swedish Red Cross:](https://www.youtube.com/watch?v=kly45u9ml_A)
https://www.youtube.com/watch?v=kly45u9ml_A

Ground Rules

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Icebreaker:

A message to children
and community

Icebreaker Instructions

- Craft one short message of encouragement for the child or person you drew in Session 2.
- What could you say to them to make them feel comfortable in seeking support during their time of stress?
- Use words and concepts that will resonate with children, youth and families.
- Share your short messages in the chat box and be ready to present to the group your ideas and the thinking that you used to craft them.

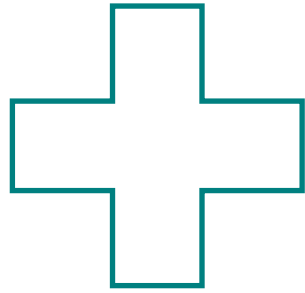
Messages that resonate with children, youth and families:

- ✓ “Focus on the here and now.”
- ✓ “Stay socially close even when maintaining physical distance.”
- ✓ “Establish a daily routine.”
- ✓ “Plan time alone and time together, if living with others.”
- ✓ “Believe in something meaningful, whether family, faith, country or values.”
- ✓ “Being in a stressful situation can cause a lot of different emotional reactions like anger, frustration, anxiety, regrets, second guessing yourself, self-blame, etc. These feelings are normal reactions to an abnormal situation.”

Source: Psychological First Aid Remote Manual, developed by International Federation of Red Cross and Crescent, 2020



**What are the
basic principles of
Psychological First Aid?**



Basic Principles of Psychological First Aid



Plan



Look



Listen



Link



Psychological First Aid: Basic Principles

LOOK:

- How you observe & assess the current situation, identify who is seeking and or needing support, identify the risks & the immediate needs of the affected population/person, & consider and be prepared for possible stress-driven reactions to the situation.
- To identify children who need PFA and make initial contact. Consider addressing people's urgent needs first – people in need of medical attention or who are distressed – and remove them to a safe location and approach them calmly.



Psychological First Aid: Basic Principles

LISTEN:

- How you begin the conversation, introduce the yourself as a helper, focus attention on the person, listen actively to their story and needs, normalize feelings and reactions, use calming techniques if the person is in distress, ask about their fears and concerns and help find solutions and links to support.
- Through active communication to receive information and calm the child/adult. Identify needs by listening carefully and speak calmly using simple words. Give information and answer their questions honestly and calmly. Do not pressure anyone to talk if they don't want to at that time.



Psychological First Aid: Basic Principles

LINK:

- How you assist with accessing information needed to make decisions, connect with loved ones and social support, tackle practical problems such as meeting basic needs and access more specialized services and other help.
- Giving practical information and referring to the right help. Consider keeping groups together and avoiding separation from family groups; link to other services; encourage contact with families and friends.



**How can we adapt
Psychological First Aid for
virtual settings?**



Remote Psychological First Aid



Plan



Look



Listen



Link



What are some of the services or considerations that need to be planned for before launching a PFA intervention?



Plan

- ✓ Determine all possible options of communication.
- ✓ Choose a communication method that secures the confidentiality of the person in need, which is also commonly and easily accessible.
- ✓ Make sure clients consent to the method of communication and understand any privacy limitations.
- ✓ Educate yourself about the current emergency or crisis affecting your clients.
- ✓ Gather contacts, referral pathways, sources of information in your own context.
- ✓ Set up links to specialized Mental Health Services by either building partnerships with existing MHPSS networks or universities or through making use of telemedicine services.

As discussed previously, not all cases will need specialized service but may need more structured Psychosocial Services. [*ChildFund International Structured PSS Training*](#) is a good resource to check out – link in the chat box.



Discuss in Depth: The “Look” Principle

LOOK:

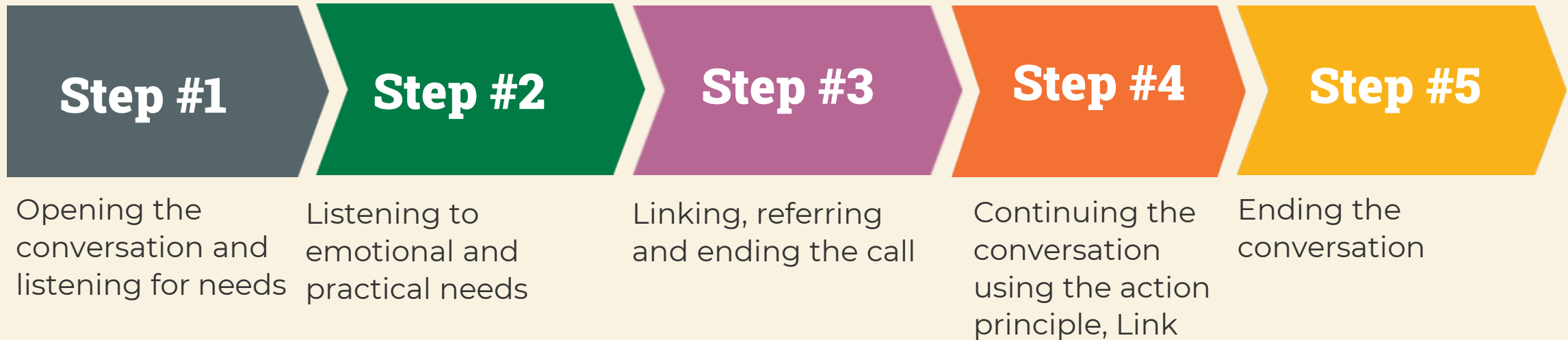
- When working virtually it is important to immediately assess and observe and to take in as much information as possible.
- If you can see the person you are working with via video, take time to assess their surroundings, make note of where they are calling you from and assess the environment that they are in.
- If the interaction only has audio, take a moment to listen for any contextual noise in the background in order to be able visualize the space and situation of the caller.





**How can we adapt the
“Look” principle for
virtual settings?**

Steps in administering PFA remotely



Refer to Handout 2: Steps in Administering PFA Remotely



Look

“Look” covers the ways in which you may connect with people

- 1: Establish contact.
- 2: Gather information.
- 3: Calm and stabilize.
- 4: Pay attention to immediate and ongoing safety issues.



Establish Contact

In video settings, take time to assess their surroundings, make note of where they are calling you from and assess the environment that they are in.

In audio settings, take a moment to listen for any contextual noise in the background in order to visualize the space and situation of the caller – you may also ask the caller directly.



Gathering Information

Module 2 Handout 3: A Tip Sheet for Remote PFA

Responding to COVID-19

Women's Funding Network is a national sponsor of the *Signal for Help* Campaign

[Learn more](#)

THE
VIOLENCE
AT HOME
SIGNAL
FOR HELP

Use this signal to ask for help on a video call without leaving a digital trace.

If you see this sign: REACH OUT. LISTEN. RESPOND.



1. Palm to camera and tuck thumb



2. Trap thumb

Case Scenario

You receive a call from a 13-year-old girl who appears to be in distress and is crying. She says her name is Ula and she is home alone with her 6-year-old brother, Ali. After asking her why she is alone, Ula explains that her single mother has been admitted to the hospital. Her neighbor has been checking on them every hour, but the girl later explains to you that she is worried that her mother will die. Other than the neighbor, Ula and Ali are alone and have no access to food, clean water or information about the status of their mother.

Questions & Closing

1. Questions from today?

2. Review of self-directed learning assignments

3. Next session

4. Offline assignments, evaluation and thank you!

Complete Module 2 Handout 1: Referral Pathways – Pre-session assignment due in Module 2 Session 3

Explain to the participants that they need to reflect on the following questions when completing the handout:

Offline Assignment: Referral Pathways

- ✓ Can they use CBCPM findings to update referral pathways?
- ✓ What are the anticipated main gaps that you foresee when planning for PFA in your selected community?
- ✓ Are the referral pathways already available at the national level and are they connected to the selected community?
- ✓ What changed during/after COVID-19? Are there new services in place or are there any services that have disappeared?
- ✓ What are the services that are missing and what can we do about it?



Module 2

Session 2

Apply Principles of Remote PFA: Look , Listen & Link



Learning Objective

- Practice active listening as a critical tool for applying PFA.
- Use normalization and generalization techniques to support distressed children, youth and/or caregivers.

Virtual Session Agenda

1. Welcome and introduction

2. Learning the purpose and techniques of active listening

3. Application of active listening in PFA

4. Offline assignment and closing

Self-Directed Handouts and Videos

Handouts for Review Participants

- Module 2 Handout 2: Steps in Administering PFA Remotely
- Module 2 Handout 3: Tip Sheet for Remote PFA
- Module 2 Handout 4: Techniques for Active Listening

Videos for Review

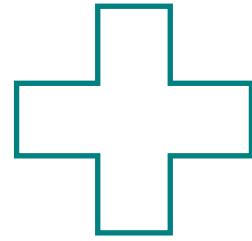
- [YouTube video on Active Listening: https://www.youtube.com/watch?v=rzsVh8YwZEQ](https://www.youtube.com/watch?v=rzsVh8YwZEQ)

Icebreaker:

Feeling Safe

Think of a time someone has helped you feel safe in a stressful situation. What did that person do to make you feel this way?

Think of a time you helped a child/youth feel safe/heard. What did you do? How did they respond?



Psychological First Aid Principles



Look



Listen



Link



Discuss in Depth:

The “Listen” Principle

LISTEN:

- It is critically important to ensure the caller understands who they are talking to - calmly & slowly introduce yourself, the role you play and set the expectations for the services you can provide.
- If the caller cannot see you, ensure them that you are in a safe, quiet and confidential place.
- If you are working without video, think of audible ways to ensure the caller you are actively listening, this can include short re-affirming words while they are telling their story or sharing their needs.
- These words could include - “yes,” “go on,” “I am listening,” “I hear what you are saying” or other verbal cues that show the caller that you are still on the line.



Active Listening

Active listening is an effective tool to help calm families and children.

- To check how accurately you have understood what the speaker said and meant.
- To express acceptance of the speaker's feelings.
- To prompt the speaker to further explore his/her feelings and thoughts.



Active Listening

It is important to remember:

- If someone does not want help, do not impose it.
- Focus on what help is needed and what the priorities are.
- Do not focus so much on details of what happened or how the person in distress feels about the situation.
- Gather as much information as you can to help clarify what help they need, but without probing or pressuring them to talk.
- Speak slowly, clearly and calmly.
- Communicate with empathy and warmth through modulating the voice.
- Understand you may not build trust from the first call.



Active Listening

Non-verbal techniques

- Look at the person speaking (where possible/culturally appropriate).
- Remain focused.
- Use non-verbal gestures – nodding head, smiling, appropriate facial responses.
- Do not interrupt but do ask for clarification if and when you need it.
- Take deep breaths to encourage the person you are listening to to breathe as well, particularly if the content is difficult to share.

A black and white photograph of three young children, likely of African descent, smiling and hugging each other. They are positioned in front of a rustic wooden structure, possibly a doorway or a wall. The child on the left is wearing a light-colored, long-sleeved shirt. The child in the middle is wearing a light-colored, short-sleeved shirt. The child on the right is wearing a dark-colored, long-sleeved shirt with a white stripe on the sleeve. The background is slightly blurred, showing more of the wooden structure and some foliage. The overall mood is warm and positive.

**Do you know what we mean by
generalization and normalization?**



Active Listening

Normalization is telling the child that his or her reaction is very common, and the reactions and feelings don't mean that there is something wrong with the child.

Generalization widens the child's perspective to make sure that he/she realizes that many other children share his or her reactions.



Active Listening

Generalization or Normalization?

“I am sorry that this happened to you.”

“I am sorry that you are feeling this way right now.”

“I know a lot of boys and girls who are feeling the same way as you are. Some of them are your age, some are older.”

“I also know some children who are now feeling much better.”

“I know one girl who is now doing much better after she talked to her mother about what was troubling her.”

Activity #2

Let's Practice Active Listening



- In pairs, one participant will be a “listener” and the other participant will be a “storyteller.”
- Ask the “storyteller” to tell a two- to three-minute story in detail about the last time they remember having a “really bad day.” What happened that day? What went wrong? How did they feel?



Active Listening

- Repeat
- Paraphrase
- Summarize
- Ask questions
 - to obtain additional information.
 - to find out how someone feels
 - to ask for clarification of a word or phrase.
 - to verify your conclusion about your caller's meaning or feeling.



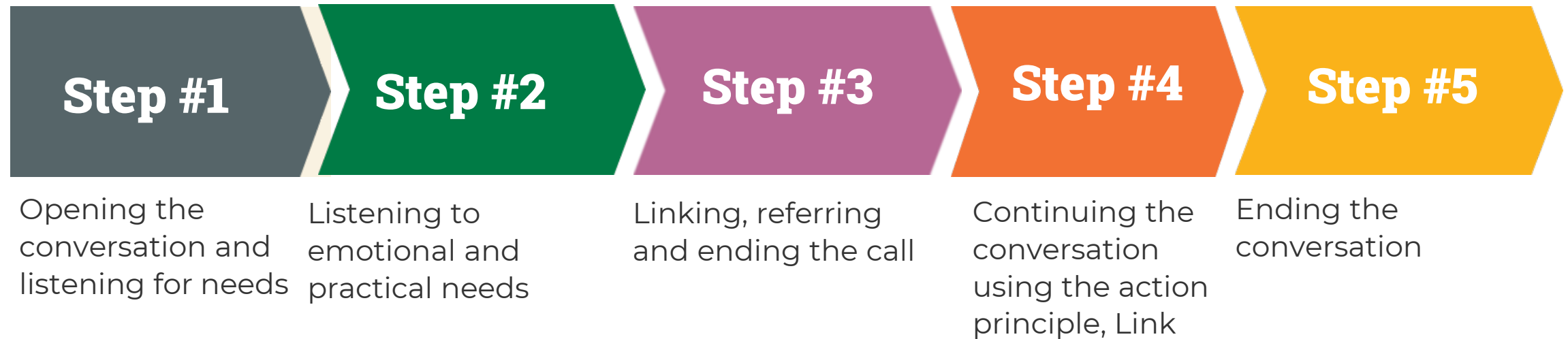
**How can we adapt the
“Listen” principle to
virtual settings?**

Activity #3

Case Scenario

Imagine you work for a public health hotline that offers support to community members who are seeking information, services or general support. You have been trained as a PFA Helper. You are working the hotline late one evening when a 15-year-old male named Juan calls the hotline. Juan explains that his school is closed due to the recent public health crisis, and he misses his friends and specifically tells you that he misses having lunch.

Steps in Administering PFA Remotely



Refer to Handout 2: Steps in Administering PFA Remotely

Questions & Closing

1. Questions from today?

2. Review of self-directed learning assignments

3. Next session

4. Offline assignment reminders

PFA Training Offline Assignments

- Complete referral pathways for one community (*insert due date*)
- Develop an approach to adapt PFA to specific country context (*insert due date*)

Complete Module 3 Handout 1: Referral Pathways – Pre-session Assignment due in Module 2 Session 3

Explain to the participants that they need to reflect on the following questions when completing the handout:

- ✓ Can they use CBCPM findings to update referral pathways?
- ✓ What are the anticipated main gaps that you foresee when planning for PFA in your selected community?
- ✓ Are the referral pathways already available at the national level and are they connected to the selected community?
- ✓ What changed during/after COVID-19? Are there new services in place or are there any services that have disappeared?
- ✓ What are the services that are missing and what can we do about it?

REMINDER

Offline Assignment: Referral Pathways



Module 2

Session 3

Apply Principles of Remote PFA: Look, Listen & Link



Learning Objective

- Describe PFA principles Look, Listen & Link.
- Demonstrate the application on Link Principle.

Self-Directed Handouts and Videos

Handouts for Review

- Module 2 Handout 3: Tip Sheet for Remote PFA

Videos for Review

- [YouTube video on PFA Model Practice Sessions: Hospital Waiting Room produced by Albany University, School of Public Health:](https://www.youtube.com/watch?v=QHAOCeTCHPg-)
<https://www.youtube.com/watch?v=QHAOCeTCHPg->

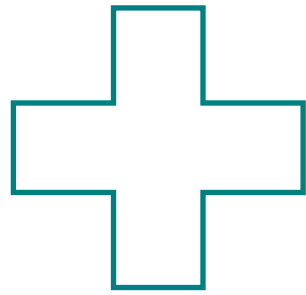
Icebreaker:

Fill the blanks!

If I win a million dollars, I will...

The worst gift that I ever received was...

When I dance, I look like a...



Remote Psychological First Aid



Plan



Look



Listen



Link



REVIEW:

What are some of the services or considerations that need to be planned for before launching a PFA intervention?



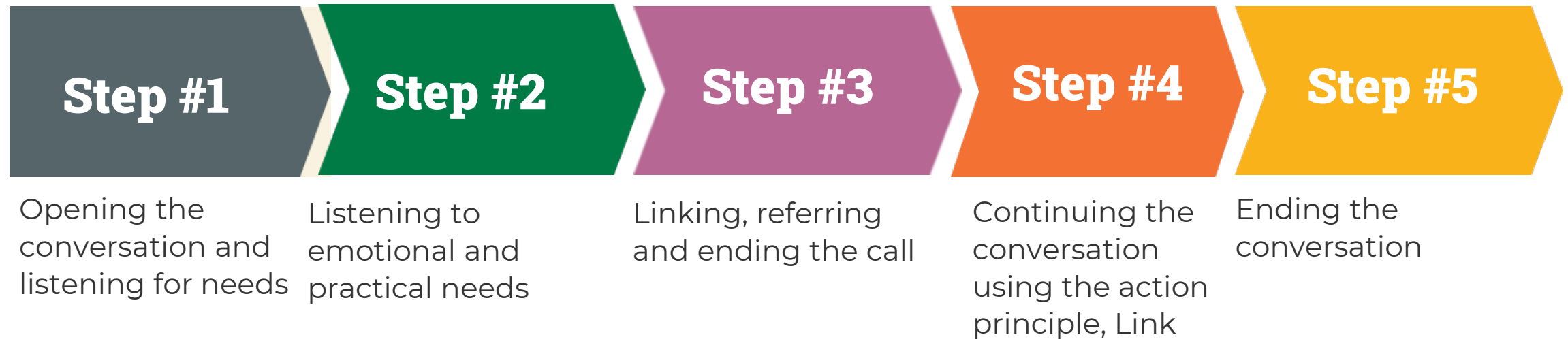
Plan

- ✓ Determine all possible options of communication.
- ✓ Choose a communication method that secures the confidentiality of the person in need, which is also commonly and easily accessible.
- ✓ Make sure clients consent to the method of communication and understand any privacy limitations.
- ✓ Educate yourself about the current emergency or crisis affecting your clients.
- ✓ Gather contacts, referral pathways, sources of information in your own context.
- ✓ Set up links to specialized Mental Health Services by either building partnerships with existing MHPSS networks or universities, or through making use of telemedicine services.



**How can we adapt the
“Link” principle for
virtual settings?**

Steps in administering PFA remotely



Refer to Handout 2: Steps in Administering PFA Remotely



Planning for Remote PFA

LINK:

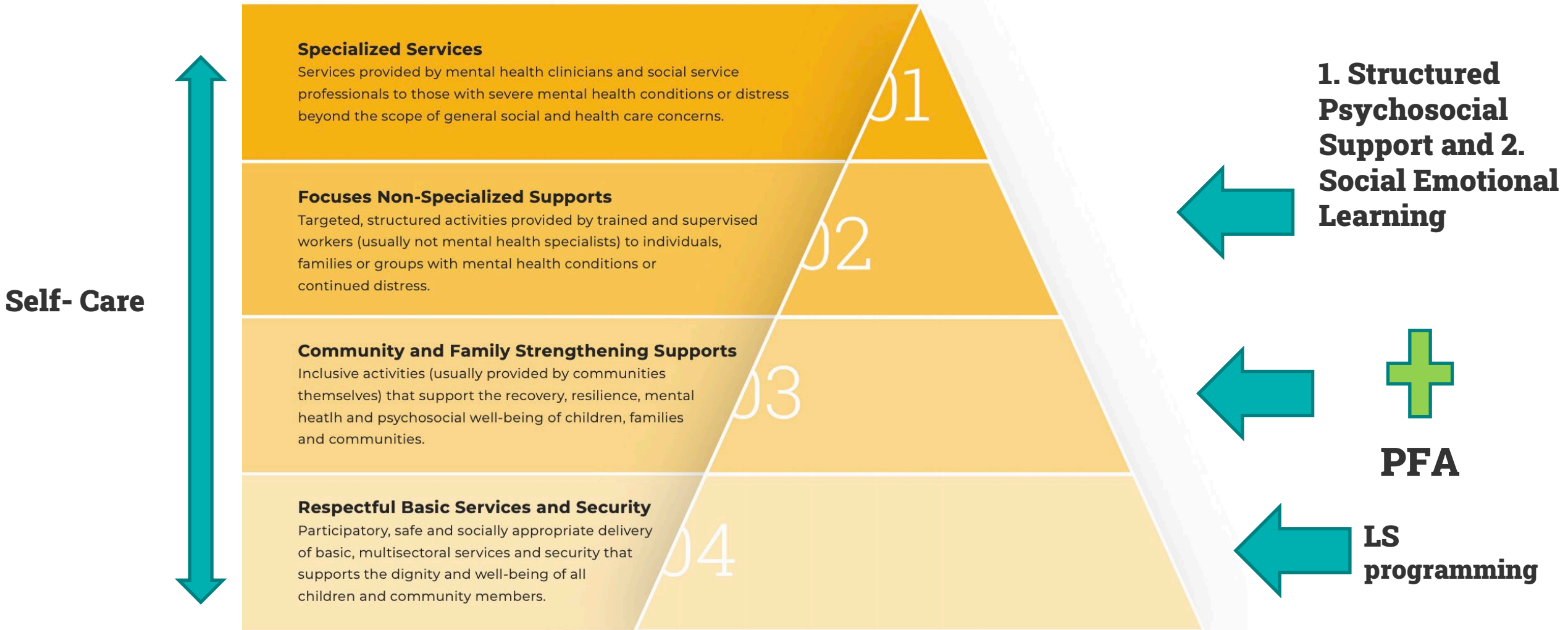
Depending on the virtual platform and the appropriateness, it may be possible to share information, resources and referrals via the platform. This could include SMS, email or messaging of supportive tools and materials or information about referral services.



Link

- Social Supports
- Information and Services
- Encourage Positive Coping Strategies

MHPSS Pyramid of Services



Source: Child Protection Minimum Standards-Standard 10 (ACPH 2019)

Reactions that may require referral:

- ✓ Has not been able to sleep for the last week and is confused and disoriented.
- ✓ Is so distressed that they are unable to function normally and care for themselves or their children by, for example, not eating or able to provide self-care tasks.
- ✓ Loses control over their behavior and behaves in an unpredictable or destructive manner or threatens harm to themselves or others.
- ✓ Starts excessive and out-of-the-ordinary use of drugs or alcohol.
- ✓ Is living with a psychological disorder and/or was taking medication prior to the situation of distress and may also need continued mental health support.
- ✓ Presents chronic health conditions and needs more support.
- ✓ Presents symptoms of severe mental health conditions.
- ✓ Talks about harming self or others, is experiencing violence or is being sexually abused in any way.

Source: International Federation of Red Cross and Crescent (IFRC). Remote Psychological First Aid during the COVID-19 outbreak



REFER TO SPECIALIZED SERVICES IF THE CALLER:

- Shows signs of, or raises suspicion of, physical, sexual or emotional abuse and/or maltreatment.
- Is living with a mental disorder and needs clinical psychological or psychiatric treatment.
- Has experienced a traumatic personal loss, such as the death of a parent or sibling.



Link

Continuing the conversation using the action principle, “Link”

- Ask how the caller stays in touch with social networks like trusted friends, family or others.
- Ask if there are any practical problems or challenges.
- If needed, refer to other services.
- Ensure informed consent from the caller and make the referral. Agree on a follow-up if possible.

Activity #2

Assignment Review: Referral Pathways



With your group, review the Offline Assignment: Referral Pathways



Discuss with your group the current services available in the communities where you plan to roll out PFA.



Discuss where you envision there will be clear service gaps in these communities.



Discuss who you plan to engage in your referral mapping process.



Activity #3: Applying PFA's
Intervention in Remote Settings

Case Scenario 1

A father of 4 children aged 6, 12, 14, 17 years old. The father is the primary breadwinner of the family and he works at a local restaurant in his community. Due to the “social/physical distancing” procedures imposed as result of the current public health crisis, the father was laid off and is now sitting in his one-bedroom apartment with his wife and children. The children stopped going to school and are having a hard time understanding the new distance-learning materials that were sent to them by their teachers.

Discussion

Discuss the following questions/areas:

- How do you think the father is responding/reacting to this situation?
- How do you think the wife may be responding/reacting?
- What are some of the development/age specific considerations we should think about for the children in this family?
- What types of “linkages” could be options for this family?

Case Scenario 2

A mother of 3 children: an infant, 2 and 5 years old. The family, including the husband, has moved in with his parents during a public health community shut down. Her father-in-law has contracted the disease and is required to stay completely quarantined in his bedroom. Her husband drives a truck and is away most of the time. The mother-in-law demands that she take care of the father-in-law and be the only one exposed to him during quarantine. When the husband comes home and hears his wife complain about the situation, he becomes violent and shames her for not doing enough, since his parents were gracious enough to let them stay with them.

Discussion

Discuss the following questions/areas:

- How do you think the mother is responding/reacting to this situation?
- What are some of the development/age specific considerations we should think about for the children in this family?
- What types of “linkages” could be options for this mother and her children?

Young People & Adults Who Require Additional Help:

- ✓ Show signs of, or raise suspicion of, physical, sexual or emotional abuse and/or maltreatment
- ✓ Indicate a need for individual psychosocial support or psychological counseling
- ✓ Are living with mental disorders and need clinical psychological or psychiatric treatment
- ✓ Need medical attention for physical ailments or illnesses
- ✓ Have a disability and would benefit from additional assistance
- ✓ Have experienced a traumatic personal loss, such as the death of a parent or sibling
- ✓ Have learning difficulties and would benefit from educational assistance (IFRC, 2020)
- ✓ Show willingness or evidence of self-harm or suicidal ideation

Important Tips:

- ✓ Service mapping and the establishment of referral connections to trusted specialized mental health services should be completed before the rollout of PFA.
- ✓ In situations of distress which require a referral to specialized mental health services:
 - ✓ Timeline for mental health or protection service referral:
 - ✓ Should happen as soon as possible after the incident or observation was made (within 24 hours).
 - ✓ PFA Helper should conduct a “check-in” a week later to check on referral completion.
- ✓ Consider the immediate action that child/family member needs.
- ✓ If a child or youth is referred to a service that is not immediately appropriate or needed, this could delay access to the right specialist or case manager who can best meet their most immediate and critical needs.

Important Tips:

- ✓ Do not refer a child or youth without the presence of parents or consent/assent of their parents or other legal guardian. This includes online contact or contact via phone. This is a little tricky as sometimes the parent is the perpetrator, but we should not jump to conclusions. If there is a strong suspicion that parent is the perpetrator, PFA Helper must refer to case management or/and child protection services.
- ✓ If a referral is required, identify the greatest and most urgent services required. It may be protection, medical services or police, but it should answer the question:

What does the child or youth need right now to ensure immediate safety, protection and wellbeing?

PFA Training Offline Assignments

- Complete referral pathways for one community (*insert due date*)
- Develop an approach to adapt PFA to specific country context (*insert due date*)

End of Module 2



Module 3

Session 1

Apply PFA Principle Listen and Training Skills



Learning Objective

- Practice active listening as a critical tool for applying PFA.
- Use normalization and generalization techniques to support distressed children, youth and/or caregivers.
- Demonstrate facilitation skills by teaching peers.
- Provide constructive feedback to peers and colleagues.

Virtual Session Agenda

1. Welcome and introduction

2. Understanding how to give constructive feedback to your colleagues

3. Practice PFA

4. Offline assignment and closing

Ground Rules

- Turn on auto-live captioning of speakers.
- Mute your mic.
- Let us know in the chat box if you need a break or to drink water.
- Use the “raise hand” option if you wish to speak, or use chat box to post questions.
- Give a chance for every participant to speak.

Self-Directed Handouts and Videos

Handouts for Review

- PowerPoint Presentation for Module 1-3

Videos for Review

- [YouTube Why Feedback Fails: https://www.youtube.com/watch?v=8V60RkBSrIM](https://www.youtube.com/watch?v=8V60RkBSrIM)
- [YouTube video on Feedback Fallacy: https://www.youtube.com/watch?v=ZU6rsxN55tk](https://www.youtube.com/watch?v=ZU6rsxN55tk)
- [YouTube Conducting Role Plays: https://www.youtube.com/watch?v=J3cImcSxbN0](https://www.youtube.com/watch?v=J3cImcSxbN0)

Icebreaker:

Positive Post-Its!



Pop Quiz

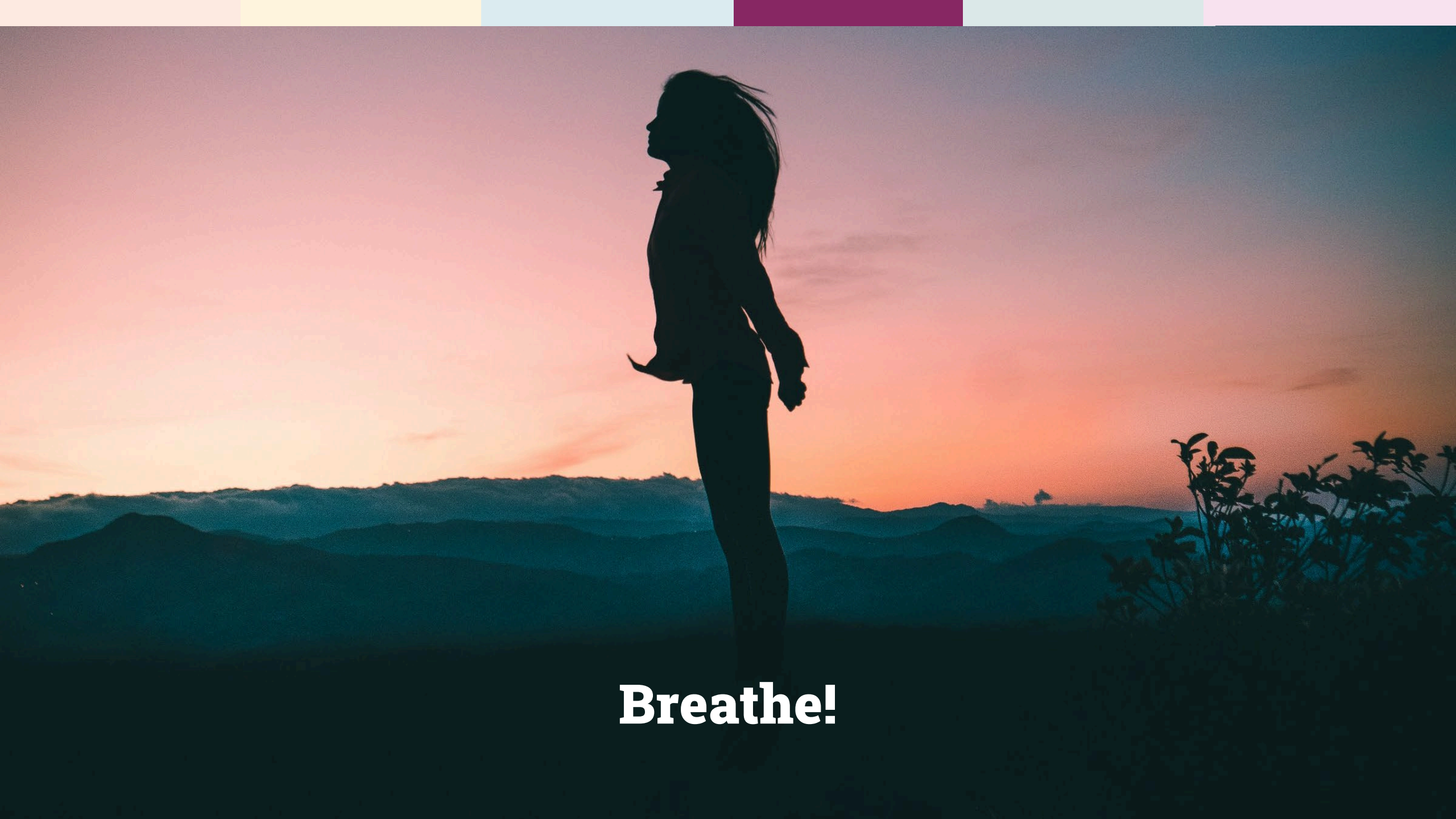


Activity #3: Practice administering PFA with limited face-to-face

Case Scenario 1

PFA Helper:

Claudia: You are an elementary school administrator, and you are making phone calls to households to check on students who have not been attending classes. You are calling a home to check on Rodrigo and Juan, two brothers who have not been back to school in nearly three weeks since in-person classes resumed.

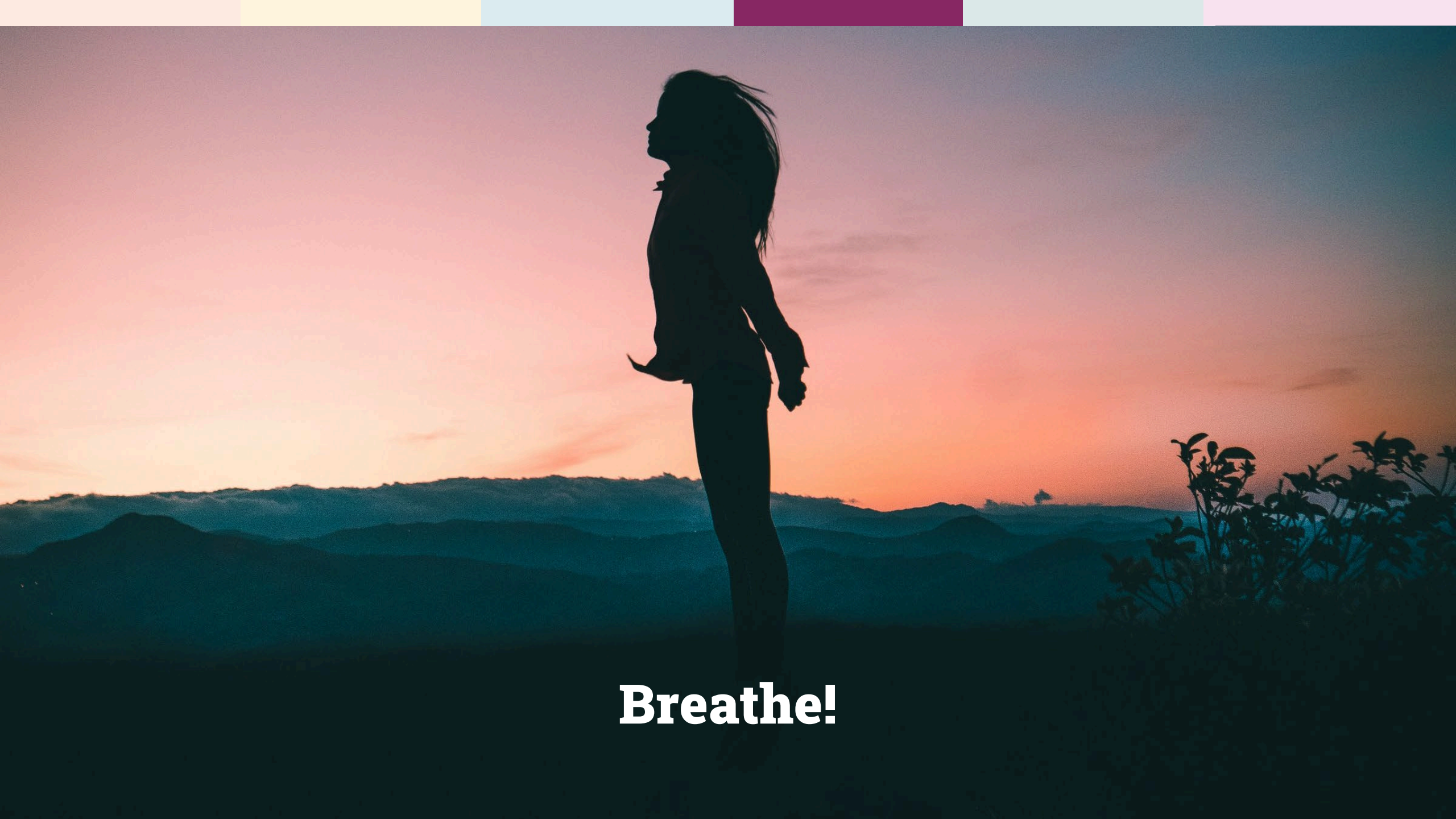


Breathe!

Case Scenario 2

PFA Helper:

Timothy: You are working at a hotline service established by a local community health program. You work an eight-hour shift taking video calls for the program. You have some ability to make referrals and you can schedule follow-up sessions if your supervisor gives you approval. You like the work and are trying hard to give the best support possible during challenging times.

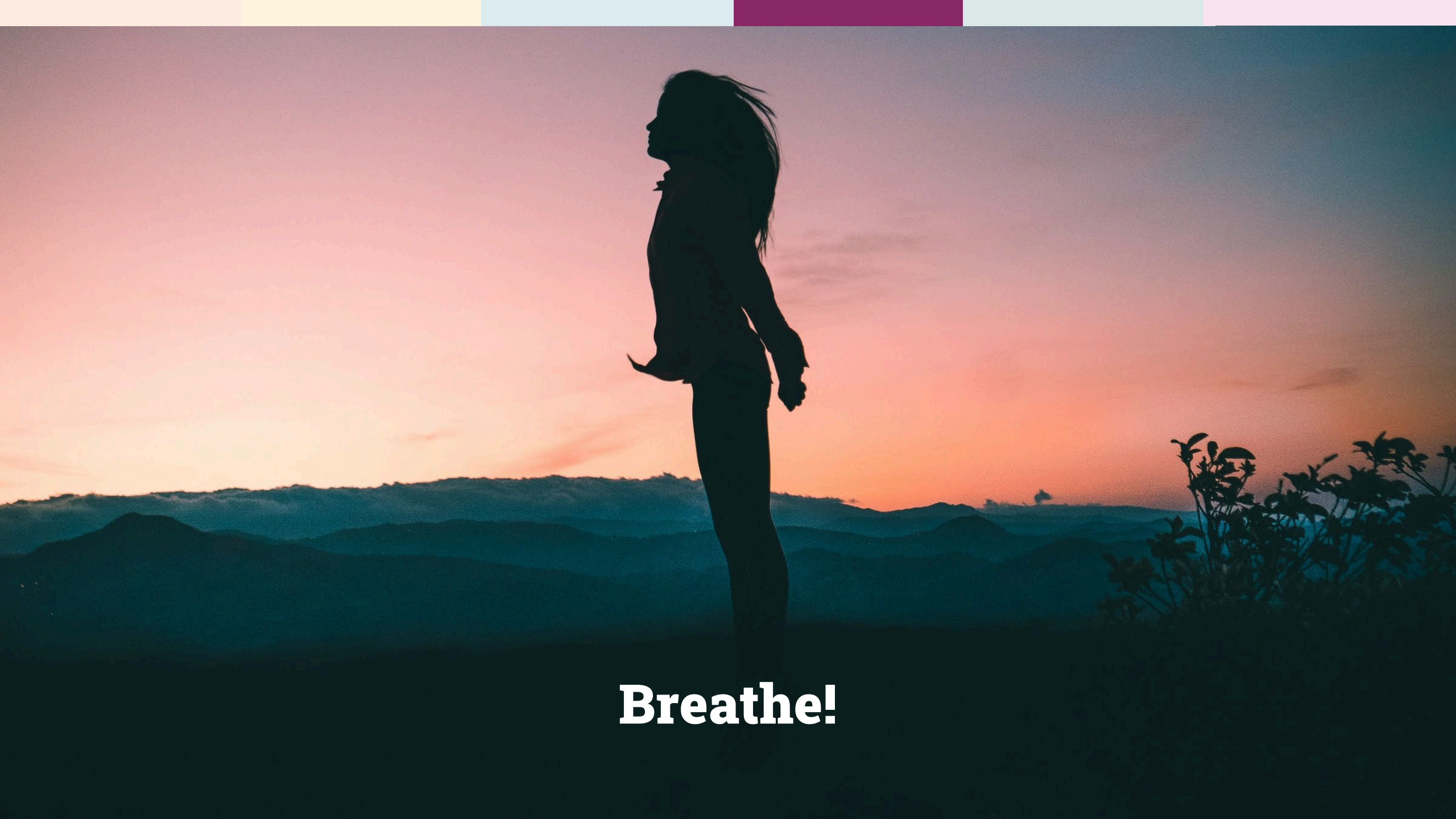


Breathe!

Case Scenario 3

PFA Helper:

Nicole: You are a community volunteer, 25 years old, supporting the efforts of a local organization in resettling migrants at the borders of LALA Land. On your way to the main camp center, you found a mother holding her newborn. You understand the LALA Land language and can express yourself, but not fluently.

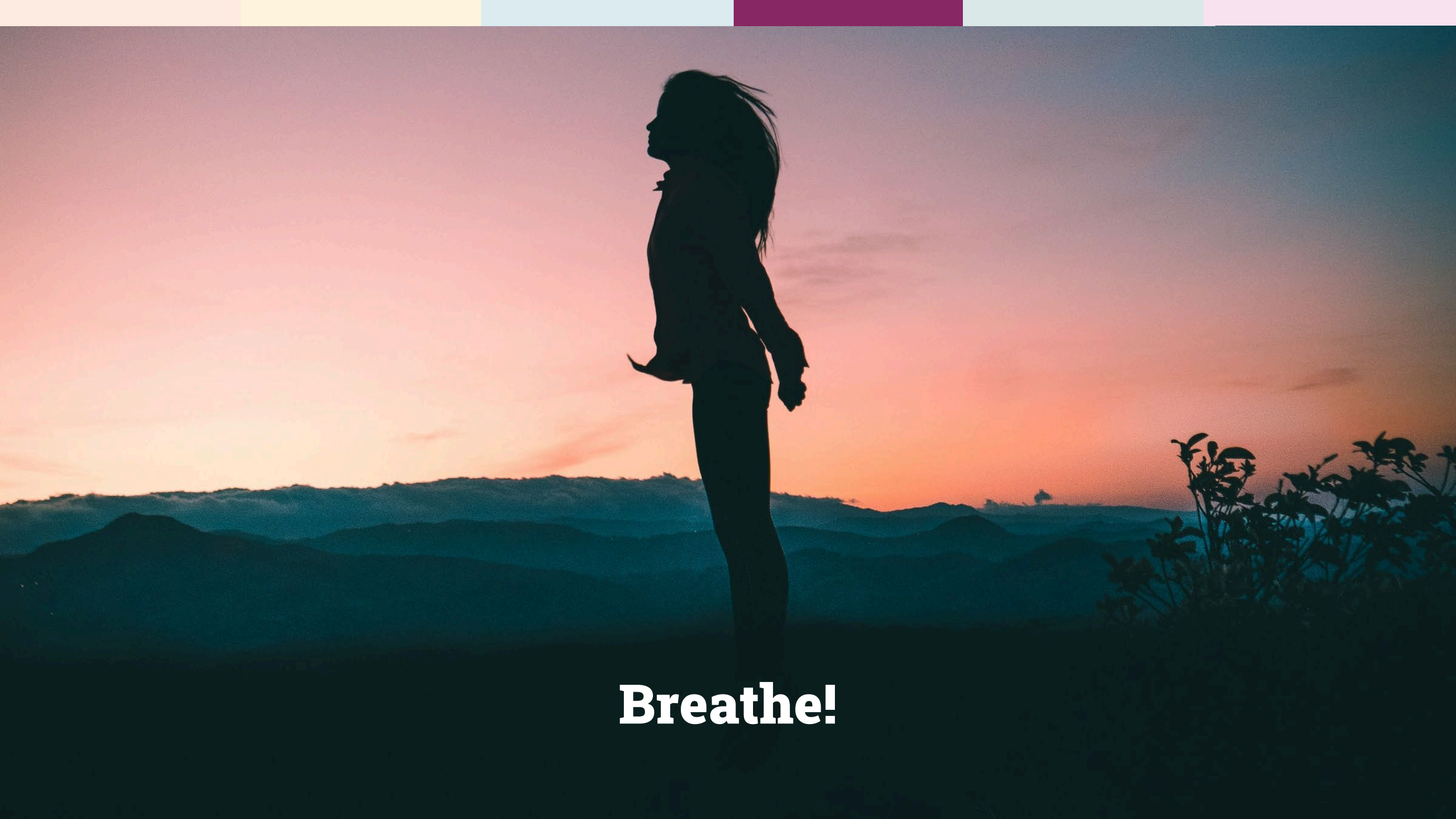


Breathe!

Case Scenario 4

PFA Helper:

Sophia: You are a member of the Community-Based Child Protection Committee in your area. You live and serve in an urban location that has been severely hit by COVID-19. In coordination with Child Protection Services, you are checking on the most vulnerable cases that they have on file. Child Protection Services has only given you the most essential information about the cases to respect confidentiality; you do not have much information about the household that you are about to visit except that you are visiting a 17-year-old married woman with no children.



Breathe!

End of Module 4



Module 4

Session 1

SMART Self-Care Planning



Learning Objective

- Recognize and identify strategies to disrupt burnout, compassion fatigue and vicarious traumatization.
- Identify professional and personal resiliencies and vulnerabilities (PPRV).
- Create and commit to a SMART self-care plan.

Virtual Session Agenda

1. Welcome and introduction

2. Information and definitions

3. Exploring possible reactions to stress & crisis (2 activities)

4. Offline assignment and closing

Ground Rules

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- Give a chance for every participant to speak.

Self-Directed Handouts and Videos

Handouts for Review

- Module 4 Participant's Guide: Overview of Key Definitions and the Five Stages of Burnout
- Module 4 Handout 1: The Five Stages of Burnout Worksheet

Videos for Review

- How aid [workers](#) fight burnout (Doctors Without Borders):
<https://www.doctorswithoutborders.org/what-we-do/videos/how-aid-workers-fight-burnout>
- Humanitarian Burnout (Save the Children): <https://www.youtube.com/watch?v=UZFnSXPF7xI>
- Role Play – Using PFA with Colleagues: <https://www.youtube.com/watch?v=NGr9BnY90WY>
- Understanding Burnout During COVID-19: <https://ready.csod.com/ui/lms-learning-details/app/material/a3e8c21c-6c4-50f0cb-59a-b52a72499224>

Icebreaker:

POLL: Work-from-Home Attire

- Business on top, PJs on the bottom.
- I literally just took off my PJs a few minutes ago.
- 100% PJs all day.
- Never PJs at work – home or not.



Burnout

- Mental, emotional and physical exhaustion.
- Lack of motivation.
- Frustration, cynicism and other negative emotions.
- Not taking care of yourself.
- Health problems.
- Cognitive problems.



Compassion Fatigue

- Feeling numb or indifferent.
- Intentionally isolated.
- Unusually extreme emotional sensitivity to media.
- Feeling physically and emotionally exhausted when you encounter certain events.
- Acting out of character and struggling to maintain close relationships.



Vicarious Traumatization

- Sensitive to violence and violent events.
- Feeling guilty for having more resources than person-in-need.
- Isolation and change in relationship.
- Suicidal thoughts.

Self-reflection

A person with long hair, seen from behind, stands on a grassy shore looking out at a large body of water under a cloudy sky. The scene is in a monochromatic blue color scheme. The person is wearing a dark, knee-length dress or coat. The water is calm with gentle ripples. In the distance, there are low hills or mountains. The sky is filled with soft, grey clouds. The overall mood is serene and contemplative.

Keep Calm and Let's Practice

Activity #2: How “The Stressor Impact”
affects our work

Case Scenario 1

Ana was required to start a new project in an area that she never worked in before. Ana loved the organization where she worked, and this opportunity could help her advance to a higher position on her team. She asked her supervisor for help, and he declined, saying she would just have to figure it out.

Ana worked long hours over many weeks and weekends to complete the project, primarily by herself because she was embarrassed to ask for additional help and wanted to prove herself valuable to the organization.

When Ana presented the results of her work to her supervisor and team, her boss belittled her, criticizing everything as she gave the presentation, and then asked her to meet him in his office. Once there, he told her she clearly didn't understand the project and she had to go back and make significant changes immediately.

Ana felt the urge to cry but held it back and returned to her desk. Her chest felt heavy, and she started repeating the word "failure" over and over in her head. She opened Google and typed in "new job."

Case Scenario 2

Mohammed is leading the technical team on child protection in a refugee camp. Each day, Mohammed and his team meet with parents, caregivers and children to assess how they are doing, and their immediate needs related to safety, using Psychological First Aid strategies.

Mohammed and his team see up to 150 families per day. They hear stories of soldiers killing family members, including children; women saying that their husbands are abusing them nightly; a young person says that they are alone, gay and have been threatened by people in the camp who find them suspicious. Each day the team debriefs and creates a list of the most vulnerable who need help. They are all vulnerable, most of them in immediate danger.

On day 14 of the assessment, Mohammed finds it difficult to get out of bed in the morning, but he does it anyway. At the end of the day, he realizes that he didn't take any notes for the assessment and can't remember much of what was said to him. He even feels mad at these families for bringing their children to a refugee camp where it is not safe. He feels ashamed that he didn't do his job and cancels the next day's assessment.

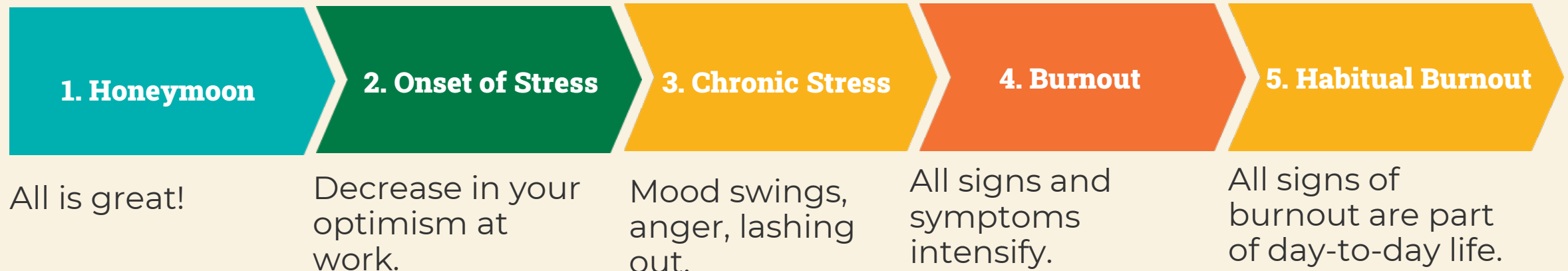
Case Scenario 3

Sarah is a psychosocial officer for a center that works with victims of gender-based violence. She is assigned around 10 cases and works with women and their children to find ways to leave their abusers. Sarah notices that one family is extremely vulnerable, with the mother physically, sexually and psychologically abused by the husband. There are strong indications that the husband is sexually abusing their 12-year-old daughter.

The mother and daughter come to the center every day and are so happy to see Sarah, who talks with them for hours. The mother says she wants to leave, but always at the last minute decides to go back home, as she says she still loves her husband and that she knows he will change. Often the husband will show up at the center and drag the mother and daughter back home.

Sarah is enraged and feels that she is not doing enough to “rescue” the mother and daughter. When Sarah goes home, she can’t eat or sleep, and tries taking pills to help. She takes more and more of these pills each day. She finds herself with continual headaches and stomach aches. One day, while thinking about the family, she wasn’t paying attention on the road while driving to work and crashed into the car in front of her.

Five Steps of Burnout





Group Activity #3:

Tracking the Stages of Burnout

- An individual assignment – no need to break out in your groups.
- Think of a time when you or someone you know experienced burnout.
- Fill out Module 5 Handout 1.
- Take 15 mins to discuss as a group, then we will discuss in plenary.

Questions & Closing

1. Questions from today?

2. Review of self-directed learning assignments

3. Next session

4. Offline assignments

PFA Training Offline Assignments

- Complete referral pathways for one community (*insert due date*)
- Develop an approach to adapt PFA to specific country context (*insert due date*)



Module 4

Session 2

SMART Self-Care Plan



Learning Objectives

- Recognize and identify strategies to disrupt burnout, compassion fatigue and vicarious traumatization.
- Identify professional and personal resiliencies and vulnerabilities (PPRV).
- Create and commit to a SMART self-care plan.

Virtual Session Agenda

1. Welcome and
introduction

2. Self-Care &
PPRV information
and definitions

3. Self-care
planning

4. Offline
assignment and
closing

Ground Rules

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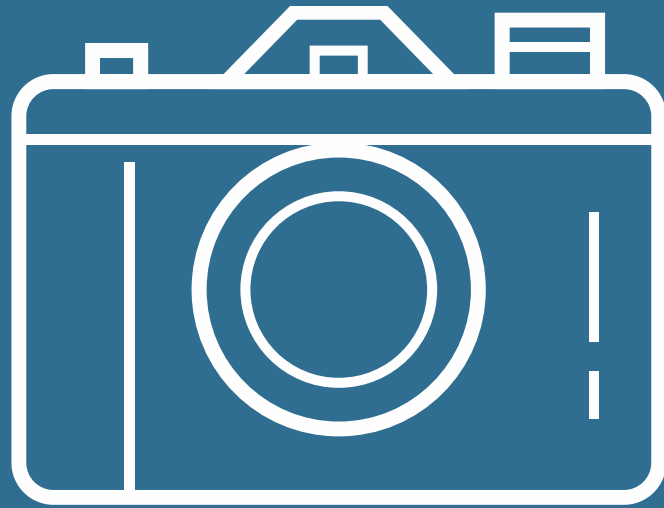
Self-Directed Handouts and Videos

Handouts for Review

- Module 4 Handout 2: PPRV Inventory
- Module 4 Handout 3: SMART Self-Care Plan Template

Videos for Review

- [Role Play – Using PFA with Colleagues: https://www.youtube.com/watch?v=NGr9BnY90WY](https://www.youtube.com/watch?v=NGr9BnY90WY)
- [Aid workers speak out about mental health: ‘I was afraid they would think I couldn’t handle it’ The Guardian \(2015\): https://www.theguardian.com/global-development-professionals-network/-dia/23/von/2015/htlaeh-latnem-seirots-srekrow](https://www.theguardian.com/global-development-professionals-network/-dia/23/von/2015/htlaeh-latnem-seirots-srekrow)
- [Headspace: https://www.youtube.com/watch?v=CS76mK58urI](https://www.youtube.com/watch?v=CS76mK58urI)



Icebreaker.

Photo Contest!

Share a fun or cool photo from your weekend. We will vote for the best shot!

Introduction to Self-Care

- Awareness of self is critical to emotional and mental wellbeing in both our professional and personal lives.
- Self-awareness is defined as “an awareness of one’s own personality or individuality,” how we move throughout the world, what bothers us, what do we feel and how we react to different circumstances and experiences.
- These are traits that are innate to who we are as individuals or that we have learned along the way in our careers and as we develop as human beings throughout life.
- Resiliencies and vulnerabilities are generated on multiple levels – individual, organizational, community, national and global.

Identify Professional and Personal Resiliencies and Vulnerabilities (PPRV)



Professional Resiliencies

- Your training and education
- The number of years working on the job and/or your area of expertise
- Working in a supportive and caring work culture
- Your skill set

Personal Resiliencies

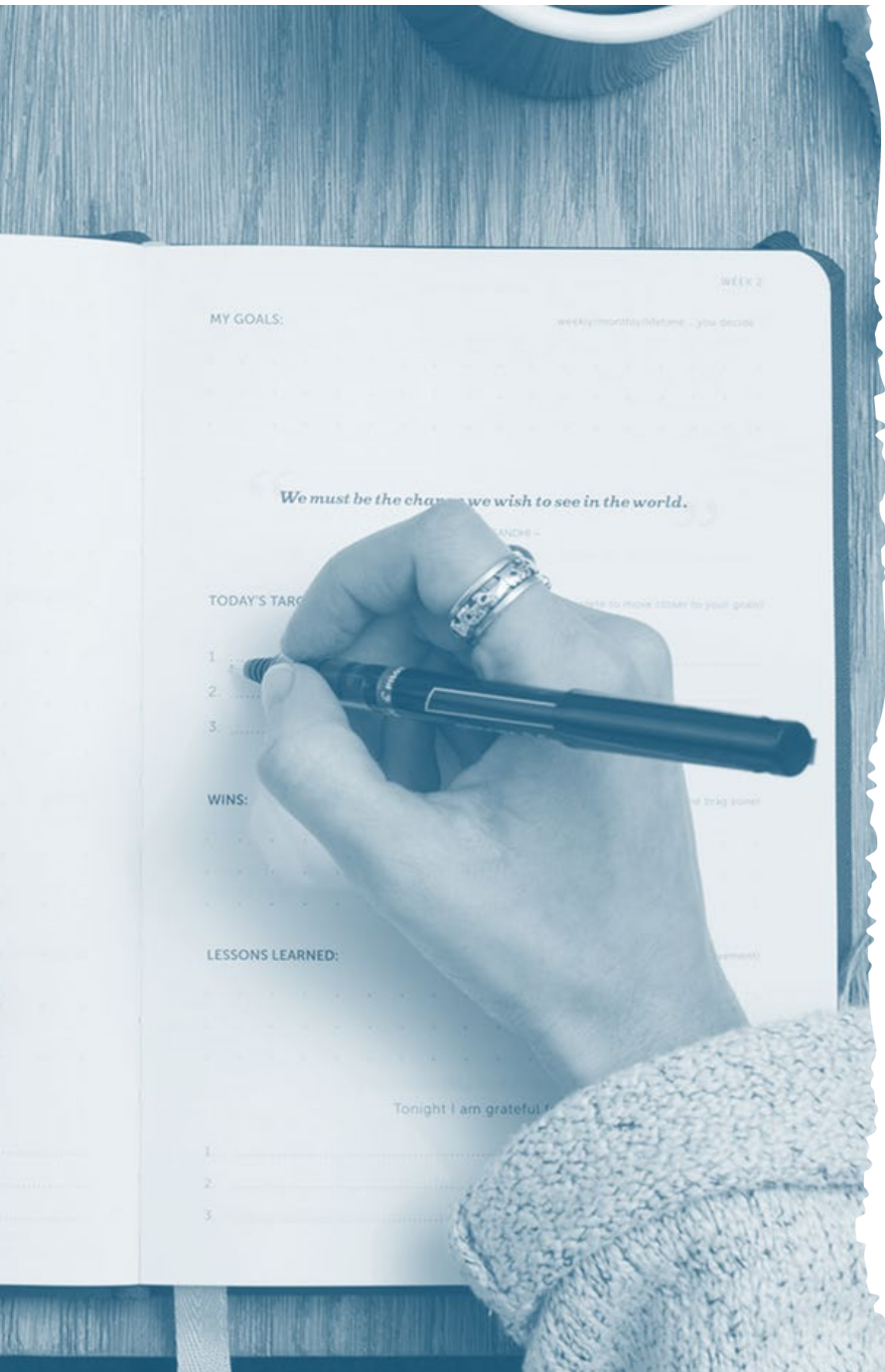
- Health
- Work-life balance
- A calm demeanor
- Confidence
- Ability to multi-task
- Good listening skills
- Kindness and trust towards others

Professional Vulnerabilities

- Being new to a job or work context
- Working in a toxic work environment
- Not having the skills to do the job you need to do

Personal Vulnerabilities

- Easy to anger
- Inability to say no
- Poor health
- No support system
- Unhealthy stress reduction methods



Group Activity #2:

PPRV Personal Inventory Exercise

- Complete individually both sections of the exercise presented in Handout 2: PPRV Personal Inventory Exercise.
- In pairs, share an aspect of your PPRV inventory.
- Take 15 minutes to discuss in a group, then we will discuss in plenary.
- We will share only what makes you feel comfortable.

Global Development Professional Network (GDPN) survey on mental health and wellbeing (2015)

79%



Experienced mental health issues

93%



Confirm that it is due to their work in humanitarian and aid setting

SMART Self-Care Framework

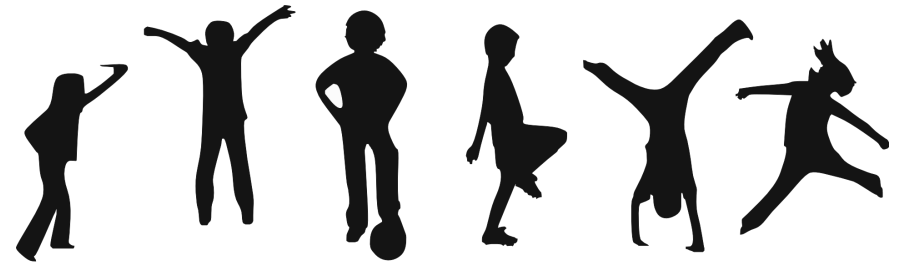
Specific: Stating a goal or intention clearly and with strong purpose.

Measurable: Able to attach milestones or check-ins to assess progress.

Attainable: Can be achieved, is aspirational but not impossible.

Relevant: Reflects personal preferences and specific context.

Time-bound: Goal or intention has a beginning and an end that can be renewed if appropriate.



Supporting Your Staff!



Group Activity #3:

SMART Self-Care Plan

- Take 15 minutes to think about possible components for your own self-care plan.
- Remember: small things done regularly can go a long way.
- Take 10 minutes to review and write up some ideas; and then we will discuss in plenary.
- You will complete your self-care plan in your offline assignments.

Questions & Closing

1. Questions from today?

2. Review of self-directed learning assignments

3. Next session

4. Offline assignments

PFA Training Offline Assignments

- Complete referral pathways for one community (*insert due date*)
- Develop an approach to adapt PFA to specific country context (*insert due date*)

End of Module 4