PSYA-CE
Psychological first aid and psychosocial support in complex emergencies

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Civil Protection

Psychological First Aid and Psychosocial Support In Complex Emergencies (PFA-CE)

PFA_PSS in beneficiaries in emergencies (Family and community activation)

Trainer Manual for all staff and volunteers

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AUSTRIAN RED CROSS
universität innsbruck
Croce Rossa Italiana
Црвен крст на Република Македонија
Kryqi i kuq i Republikës së Maqedonisë
Macedonian Red Cross
CROATIAN RED CROSS
In service of humanity since 1878
Црвени крст Србије
Red Cross of Serbia
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This trainer manual has been produced within the Psychological First Aid and Psychosocial Support in Complex Emergencies (PFA-CE) Project funded by the European Union.

The objective of PFA-CE is to reach improvement of Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers; Enhancement of disaster response capacities of emergency and volunteer organizations in Europe; Involvement and active participation of affected communities, families and groups in emergency response; Coordination and support for new volunteer types including spontaneous volunteers. This is specifically done through structured experience exchange between the partners from Italy, Serbia, Croatia, Macedonia, Slovenia and Austria,

Implementation period is from April 2017 – March 2019.

Project countries and leading partners
Austria: Austrian Red Cross
Croatia: Croatian Red Cross
Italy: Italian Red Cross
Macedonia: Red Cross of Macedonia
Serbia: Red Cross of Serbia
Slovenia: Slovenian Red Cross

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Abbreviations

ERU	Emergency Response Unit
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organization
NVO	Non-governmental voluntary organization
OR	Official Responders
PFA	Psychological First Aid
PSS	Psychosocial support
SUV	Spontaneous Unaffiliated Volunteers
SV	Spontaneous Volunteers
ToT	Training of Trainers
VRC	Volunteer Reception Center
WHO	World Health Organization

Content

1. Introduction

1.1 Background

In times of more frequent and long-term disasters and crises, the project aims at improving Mental Health and Psychosocial Support (MHPSS) disaster response capacities of European emergency and volunteer organisations by strengthening Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers.

The term complex emergencies[1] may be a little bit confusing, as is normally used in a different meaning. In this project we refer to complexity in the sense of long lasting and repeated disaster situations that pose a special challenge to European MHPSS management systems.

1.2 Aims and objectives of the PFA-CE project

With our project we aimed at the following improvements to be reached.

- Improve involvement and active participation of affected communities, families and groups in emergency response by training staff and volunteers and by developing community activation interventions
- Improve coordination and support for staff and volunteers
- Improve coordination and support for new volunteer types such as spontaneous volunteers
- Improve experience exchange and networking regarding long lasting repeated and ongoing disasters, like earthquakes, flooding and the migrant crisis in Europe

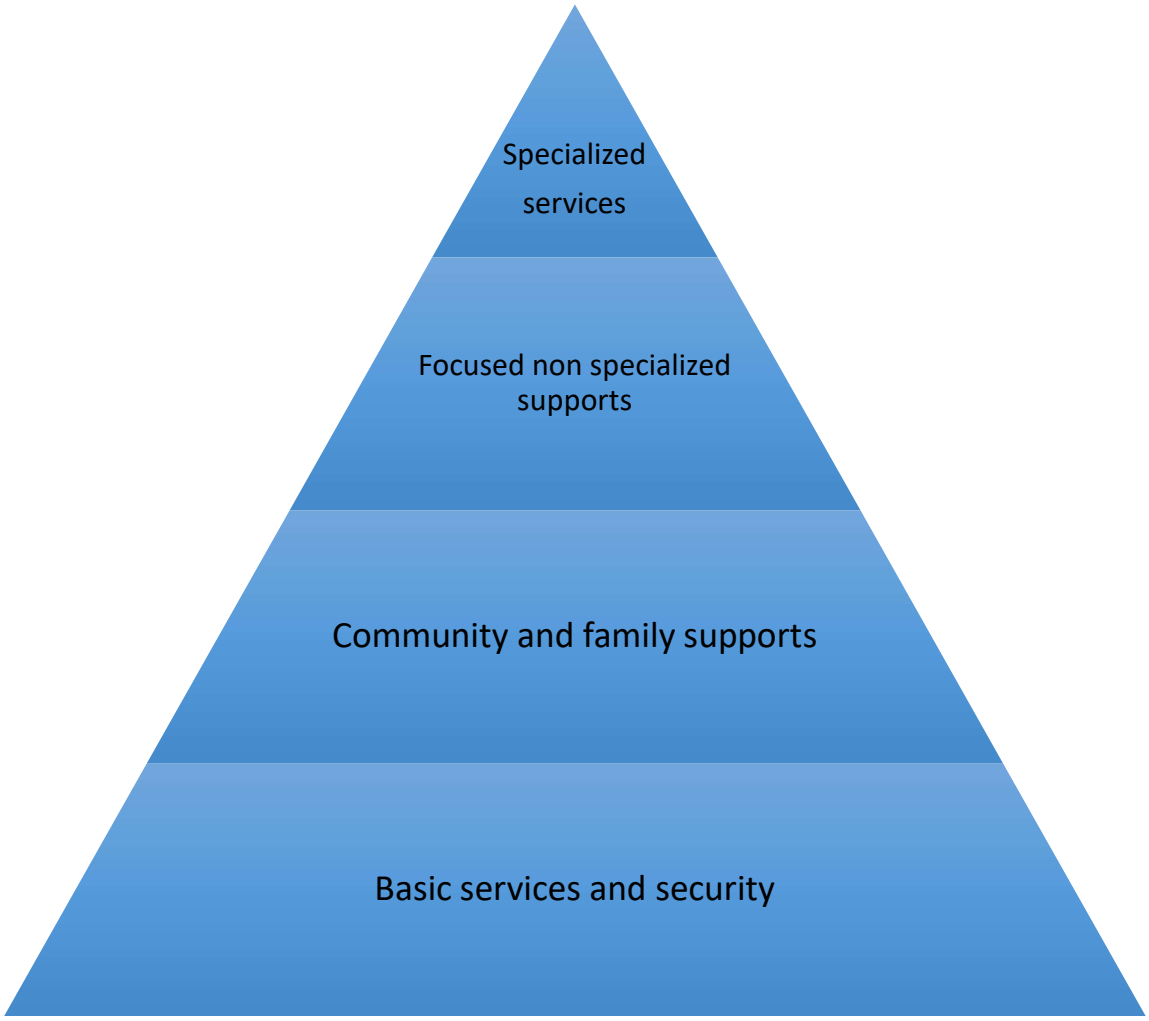
1.3 Aims and objectives of the training manual

The training manual PSS_PFA in Emergencies is part of the training package on (1) PSS_PFA in emergencies; (2) Caring for staff and volunteers in emergencies and (3) Spontaneous volunteers in emergencies, management and support

[1] The IFRC defines complex emergencies as emergencies involving violence. Such “complex emergencies” are typically characterized by: extensive violence and loss of life; displacements of populations; widespread damage to societies and economies; the need for large-scale, multi-faceted humanitarian assistance ; the hindrance or prevention of humanitarian assistance by political and military constraints; significant security risks for humanitarian relief workers in some areas .

1.4 Main recommendations for MHPSS in Emergencies and disasters

The main recommendation in all relevant mental health and psychosocial guidelines is about providing support on different levels, delivered by different helper groups including specifically trained (and experienced) lay persons, as well as trained (and experienced) mental health professionals. The NATO guidance and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings both recommend a multilevel approach to psychosocial support. The following diagram from the IFRC Reference Centre for Psychosocial Support shows how different levels of support require different levels of support (IASC guidelines, page 13).



The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings indicate the kinds of support that can be delivered by lay people and trained volunteers and those that require mental health professionals. As the complexity of needs of those affected increases, so the response changes; trained lay persons can provide certain kinds of support, and more complex needs call for mental health professionals or other practitioners like for example social workers or legal advisors.

1. Basic services and security

In basic services, every helper must be aware of basic principles in PFA and PSS as well as basic strategies in self-help and peer support. In the IASC guidelines on Mental Health and Psychosocial support in emergencies it is stated that

„In the basic services and security the wellbeing of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial wellbeing; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial wellbeing. These basic services should be established in participatory, safe and socially appropriate ways that protect local people's dignity, strengthen local social supports and mobilize community networks (p. 11 ff.)"

An example of the social considerations in basic services and security given by the IASC is advocacy for basic services that are safe, socially appropriate and protect dignity (IASC, 2010).

2. Community and family supports

In the second level community and family support shall be strengthened, examples of which are activating social networks, making use of traditional supports and building child friendly spaces. Interventions that encourage groups and communities to become more active in disaster preparedness, response and recovery (for example by effectively including spontaneous volunteers from the affected community) are situated in this level.

The aim of the training module is to strengthen supports on level 1 and 2 of the pyramid. Level 3 and 4 are not a topic of this manual.

2. PFA_PSS in emergencies for all staff and volunteers

In the following, we will present the training module on PFA/PSS in emergencies focussing on basic PFA interventions[2].

In order to enable all helpers to provide PFA during their regular tasks we suggest a 2- 4h module including the following topics

- Definitions of disasters (basic)
- Basic principles of PFA and PSS in emergencies (basic)
- The Hobfoll principles in action (basic)

Additional materials for further training of specific groups include

- Stress reactions during disasters (extension)
- Communication principles (extension)

2.1 Basic Materials

The following basic materials have been developed for a two-hour training of all staff and volunteers. This shall enhance the resilience of al staff and volunteers: it is not a sufficient training for specialized PSS/PFA teams.

2.1.1 Definitions of disasters

Different types of events have different effects on affected populations and require (at least partly)

different interventions. The increasing complexity of an event does not only simply accumulate the number of affected people etc. it affects the complexity of (possible and necessary) actions in all phases (prevention, mitigation, preparedness, response, recovery) (see Quarantelli, 2006).

According to UNISDR (United Nations Office for Disaster Risk Reduction, 2009, p. 9): a disaster is a "serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources".

These events can be of varying complexity

(Mass)Emergency: all types of crises and incidents a local or regional jurisdiction can handle mainly within its usual means, although they are of larger scale, impact and complexity than routine dispatch problems (e.g. a bus accident) As Nohrstedt (2013, p. 3) puts it, "routine emergencies" (often labelled as hazards or events) are anticipated and can be managed through mobilization of public resources, but may indeed escalate into crises. Infrastructure is not disrupted.

Disaster: the local/regional/affected institutions and organizations are overcharged with the situation and need substantial support from outside. Infrastructure is disrupted. An example of "routine disasters" (Kapucu and Van Wart, 2006, p. 284) is the 2004 series of hurricanes in Florida. Destruction of infrastructure.

[2] All activities in this area have to be implemented strictly in line with existing National laws and the obligations taken by the Red Cross in the particular country.

Catastrophe: the local/regional/affected institutions and organizations are non-functional (any more), most actions have to be organized and/or carried out from outside of the directly affected region (e.g. the 2004 Tsunami). Destruction of infrastructure.

2.1.2 Five essential Elements of Psychosocial Support

Psychosocial Support (PSS) is an umbrella term for a community-based approach to facilitate the resilience of the affected population whilst at the same time Maintaining health and well-being of staff and volunteers. The term Psychosocial Support refers to a community/group- or family-based collaboration with the affected in order to promote the utilisation of their own and their group´ s resources. It equally means to facilitate processes within the family/group/community in order to enhance their recovery. It can be done by tfrained lay persons as well as by mental health professionals.

Basic principles are the following

- Give not only medical, but also emotional and practical support
- Strenghthen individual and group resources
- Help persons cope with extreme stress reactions

In a shelter PSS may involve the following actions

- Provide information according to needs
- Establish everyday routines
- Enable social networking
- Enable democratic structures (vote for a mayor, speaker of each group…
- Enable play and distancing strategies

Good practice example
After a large earthquake in Italy about 500 people are waiting in front of the morgue in order to be allowed in for identification procedures. The PS teams establish places of worship, places where people can sit down, eat, drink, places for children and accompany the families to the viewings Shelters for 15000 people are established. The PS teams suggest to vote for a major in each shelter, to establish places of social reunion in the shelters, and schools and kindergardens. Funerals are organized in a culturally appropriate manner. Regular information is given to the inhabitants of the shelter on the danger of further earthquakes, the further procedures of recovery as well as insurance questions

Psychosocial Support in general and psychological First Aid specifically can only be effective when a certain framework is provided that allows the affected people to fulfil some of their most urgent needs. Hobfoll and colleagues have best described these needs in 2007. The five elements of effective stress reduction that were described by Hobfoll and colleagues in 2007 are safety, connectedness, self and collective efficacy, calm and hope.

Safety means to provide a safe place as well as honest and correct information about the event, the rescue measures and all other topics of interest for the affected persons or groups. Safety also means to be a respectful, responsible and trustful helper towards the affected.

Connectedness refers to the reunion of family and friends in order to make social support available for the affected. It involves all activities that support the affected to support each other and to re connect with their family and friends.

Calm refers to all interventions that shall help the affected people to calm down and reduce their stress. This may be the reestablishment of normalcy and daily routines, the ability of children to distance themselves by playing games, as well as the use of rituals to mourn their dead.

Self and collective efficacy is another important factor in supporting people after disasters. It refers to activities that shall help the affected to make their own decisions and regain a sense of control. This may be all forms of participation and active involvement of affected people into all phases of disaster management.

Hope refers to activities that shall help affected people to regain a positive view on the (immediate) future. These may be activities that evoke positive emotions as well as support and preparation in taking the next necessary steps.

Each of these five elements reflects a basic need of affected people during and after a disaster.

Depending on the type of disaster, context and characteristics of the affected people themselves each of these elements may involve different strategies in order to be reached successfully. Therefore the elements have to be translated into the given context. Crisis managers and teamleaders play an important role in doing this. The following best practice examples can be used to illustrate the elements.

If there is more time, they can be discussed together: Depending on the timeframe each of the elements can be given to a small subgroup to read and discuss in about 20 minutes. In the plenary, each group gives a very short feedback (10 minutes).

Safety

Examples: Safe point
Migration Crisis Italy
Numbers of beneficiaries in 2016: 181.436

Since mid-January 2016, the Italian Red Cross started to provide support to migrants (people on the move, people out of the asylum system and people who are no more in reception centers) who do not have proper access to the reception network and have difficulties in accessing the local services.

Safe Points are essentially Italian Red Cross help desks that provide information and basic support to all migrants regardless of their status. They aim to provide services and reduce the vulnerability of all migrants in need, particularly those who do not have access to the reception system. Services provided include legal information and advice, information on rights, first aid, basic health care and orientation, psychosocial support, and RFL. Additionally, Safe Points provide referrals to other available assistance. For example, information is provided on locations of safe sleeping spaces in municipalities. Migrants are also advised on how to access the public health facilities and referred to **professional psychiatric care (where relevant).** Safe Points answer any questions migrants have. To be able to set up Safe Points, the Italian Red Cross leveraged its reputation and relationship with municipalities to be allowed

to provide support for all migrants regardless of status. This became especially important given the increase in the numbers of migrants following the introduction of the 'hotspot approach'. Two Safe Points in Catania and Trapani have been opened so far with plans for more.

Video: https://www.youtube.com/watch?v=AW6VPrupJs0 -English version

Connectedness

Examples: Tracing Bus

Migration Crisis Italy

With the international mandate to re-establish family links, the Italian Red Cross has launched the Tracing Bus project, originally created by the Netherlands Red Cross in partnership with Vodafone Netherlands. Made available to the Italian Red Cross, the campervan toured Italy from January to March and then from August to November, stopping in various cities. Thanks to the mobile unit- equipped with mobile telephones for calling aboard- migrants could make a free 3-minutes all to their loved ones, with the support of the Italian Red Cross operators.

11, 000 km travelled in January-March and August- November

54 locations

300 Italian Red Cross volunteers

3212 calls made

7000 migrants contacted their loved ones

Video: https://www.youtube.com/watch?v=-bxQ8qAXbLo -English version

Self and collective efficacy

Croatian Red Cross, Migration Crisis

- It was very difficult to have active participation: limited options for people to make their own informed choices (fast track registration, people stay limited amount of time in the camp etc.)
- RC had interpreters/translators coming from migrant/refugee community to connect better to people –> also served as cultural mediators
- There was a high need to make people more active in participation to increase feeling of having control over their life (we gave people options in choosing the clothes/food they wanted/needed). Our volunteers and staff tried to ask people what they wish to do/have instead of providing options of our activities only – even simple things like choice of food

Floods in Croatia 2014

In mid-May of 2014, heavy rainfall led to severe flooding across north-eastern Croatia, as well as parts of Bosnia and Herzegovina and Serbia, affecting hundreds of thousands of people in the three countries. Over just three days, parts of Croatia received what is normally three months of rainfall. Rivers quickly rose to torrential levels, in some places as much as 3.5 meters within 24 hours. In Croatia, an estimated 15,000 people were evacuated. Throughout the 13 months since the onset of this disaster, Croatian Red Cross teams supported affected persons and families.

As community links were badly weakened by the disaster, it was of outmost importance to provide opportunities for people to get together and work through what they had experienced and to collectively, rather than in isolation, explore solutions and steps to move forward.

Example Workshops with youth

Youth expressed their wish to work together and create their own activities and small projects in the community. The youth workshops led to the idea of organising a Christmas basketball tournament. The purpose of this activity was to prevent psychosocial difficulties, encourage resilience, empower and support proactivity of young people. The young people from flooded areas, with the support of the local Red Cross Branch organised a basketball tournament, bringing together a large number of teams. The event was also the first sporting event organised in the flooded area, which intrigued a large number of residents. Importantly, the young people have continued to hold annual tournaments, gathering more and more young people, which testifies to the long-term sustainability of the psychosocial support project and recognising the potential of the affected community.

Save the children, Camp Jalalabad, Afghanistan (30000 refugees)

Afghan Social workers organized workshops with parents about children's rights, development, reactions and needs of children, their own frustrations and sorrows. They helped the parents to organize playgroups for, those who had teaching experience organized school. Materials and rooms were organized and paid by Save the Children. The children were now better supervised. The parents regained some control

Slovenian Red Cross/Migration Crisis

Access through kids

- Good, personal relationship with children
- Children could laugh, play, be children again
- Then also parents calmed down.

How to build up Child friendly spaces see:
https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_(2).pdf

Calm

Case example/Austrian Red Cross Migration Crisis/John Nattel

It is a sunny morning in late October, and Fatima, a refugee from Syria, is sitting on a bed in an Austrian transit centre. Fatima's three-year old daughter is standing next to her, and is refusing to let Fatima change her diaper.

Both Fatima and her daughter are tired and stressed after many weeks of difficult travel. Fatima finally loses her patience with her daughter, and gives her a slap across the cheek.

Fortunately a volunteer from Austrian Red Cross is nearby, and comes over to the family to offer support. Even though the volunteer speaks a language that they don't understand, they can tell from the warmth in her voice and the expression on her face that the volunteer is friendly and is there to help.

The little girl takes the volunteer by the hand. When Fatima begins responding to the volunteer in Arabic, she has the sense that the volunteer understands her feelings, if not her words. Something about the way the volunteer is listening gives Fatima the sense of being cared for and safe.

The warm and supportive presence of the volunteer has a fast-acting effect on the mother and the daughter. Both of them soon begin to calm down, and when the volunteer says goodbye a few minutes later, Fatima's daughter calmly lets her mother change her diaper. The daughter then runs off to play with the other children, and Fatima is able to get some much needed rest.

Find more examples for establishing daily routines and restoring normalcy

Hope

Red Cross of Serbia- Red Cross of Sombor

Advocating for those in need is a part of our mission

Good practice example

The fundaments of our mission include alleviating human suffering, saving lives and improving health and social security of our citizens. Advocating for interests and needs of people in need is one of the first steps in fulfilling the Red Cross mission and is a part of our everyday work. Advocating for vulnerable people is our task and we fulfil it through our function, our network, the work of our volunteers, cooperation with our partners and institutions that can contribute to our advocacy being successful and resulting in concrete assistance to those in need. Sometimes we may not even be aware that when we speak about those in need we indeed advocate. Lead by humanitarian needs, the Red Cross speaks and acts on behalf of those whose voices are not heard or listened to in our communities that always look ahead. Speaking about needs and vulnerabilities we do the advocacy work.

One example of good practice comes from the Sombor branch of the Red Cross of Serbia.

Migrants have since 2015 been travelling through our country looking for a better more secure future for themselves and they are without a doubt a vulnerable category. They are on foreign countries, where they don't speak the local language, where they don't even know their rights and at the same time they have large humanitarian need. Sombor is on their route. In September 2015 when Hungarian government installed the fence at the border, the migrants could no longer officially enter this country and so on the same night more than 8.000 of them tried to continue their journey to a better life via Sombor. The Red Cross of Sombor was there to help them, offer them smiles and kind words, to set up improvised stands for restoring family

contacts in order to assist them in finding their loved ones. Children, women, men, young and old, with frowns on their faces were moving across the Danube bridge in order to pass another border crossing as fast as they could. Although in 2015 the border crossing near Sombor was closed, a centre for migrants was then established there and this is where still there are numerous migrants from Syria, Afghanistan, Turkey, Iraq… The Red Cross of Sombor provided them with basic humanitarian assistance and warm food but also, through the workof its professionals and volunteers delivered different psychosocial support services.

Through these activities, one face stood out from the crowd. Face of a girl named Zahra. Born in Tehran

Zahra moved with her family to Afghanistan when she was five. As a highschool student she studied drawing but a long journey to Europe changed her life for good. Her family first set off to Mahshad in Iran but then through Tehran they arroved to Tirkey where they stayed for a while. Zahra then remembers fearing the sea they had to cross, then camps in Greece… The stayed in Athens for half a year and then in Macedonia human traffickers set her family apart. Ten months later she was in Serbia.

Some of her family stayed in Krnjaca, some of them in Sid and, finally, in February 2017 they were all together again, in Sombor.

Through creative workshops implemented in cooperation with the Commissariat for Refugees, we quickly became aware of her talent. She showed us several drawings she did while still in Greece and then those made in Sid and Sombor. We made sure she got some regular drawing classes which made her really happy. These classes took place two times per week in the city, where she spent time with her peers learning to draw. She then started producing beautiful drawings, mostly portraits of people and children she met on the mirgation route, whose photos she had. Everybody in the Red Cross wanted to support her as much as possible and so the Red Cross of Sombor, the Commissariat for Refugees and the local government organized an exhibition of her works in the Sombor Cultural Centre.

The objective was to create an event that will temporarily break the routine of a refugee life but also to show the public the enormous talent hidden in migrant centres, not only in our country but across the world. We also wanted to show that advocacy is not only about somebody's right to be alive, but also about the right to continue living in dignity.

The motivation that Zahra demonstrated in attending the drawing classes was infectious as it also motivated the other students – local teenagers preparing for their entrance exam to Academy of Arts – to work harder and recognize their own privilege in being able to lead dignified lives in peace and focus on art.

The exhibition also contributed to decreasing the stigma associated with migration and bridge the gap between the migrant population in the centre and the domicile population. Having in mind that now the borders are much more difficult to cross the migrants stay in centres for longer periods of time, it is important to ensure as little friction between locals and migrants as possible and foster understanding and recognition of each other.

Considering that being respected and accepted in the local community is an important element of physical and psychological health of migrants, this activity demonstrated that the efforts of all the Red Cross staff and volunteers in working in the migrant centre actually yield positive results. Even though this is an individual, highly particular case, it is nonetheless a good example of using cultural activities to engage the local community with the work of migrants and strengthen the ties between the two populations. In the longer run this will serve to improve both the mental health of migrants residing in the centre as well as their integration with the local community.

2.1.3 Psychological First Aid Principles

Psychological First Aid is a direct intervention with the affected person(s) in the acute situation. According to the WHO *Psychological first aid* is a 'humane, supportive response to a fellow human being who is suffering and who may need support' (WHO, 2011)

PFA includes the following actions

- Non-intrusive, practical care and support
- Assessing needs and concerns
- Helping people to address basic needs (food, water)
- Listening, but no pressuring people to talk
- Comforting people and helping them to feel calm
- Helping people connect to informaton, services and social supports
- Protecting people from further harm

Steps in PFA

PFA in direct interaction with the affected can be done in several steps, which are described as follows

LOOK

- Check for safety
- Check for people with obvious urgent basic needs.
- Check for people with serious distress reactions.

LISTEN

- Approach people who may need support.
- Ask about people's needs and concerns.
- Listen to people, and help them to feel calm.

LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support

Good practice example

Case example/Austrian Red Cross Migration Crisis/John Nattel

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minutes later, Fatima's daughter calmly lets her mother change her diaper. The daughter then runs off to play with the other children, and Fatima is able to get some much needed rest.

Exercise

Examples for Roleplay

Shortterm shelter for 300 people. You are working there as a volunteer in non food item distribution and childrens play area. The refugees are brought by busses during the night. You help at reception. During arrival you see that some oft he refugees seem extremely tired, some seem to be rather angry, others more relieved to finally have arrived ata place where they can stay. They all are in great fear how their future will look like, they are freezing and do not have many things with them.

- *A boy of about 9 years is standing alone. He looks anxious. It seems as if he has been separated from his family. How do you approach him and what can you do next?*
- *You see a mother of a very small child (about 6 months) the child is freezing, has only a thin shirt and trousers but no warm clothes, she ssems tob e completely unaware of her childs needs.*

Further examples: see ANNEX

2.2 Additional Materials for specialized training

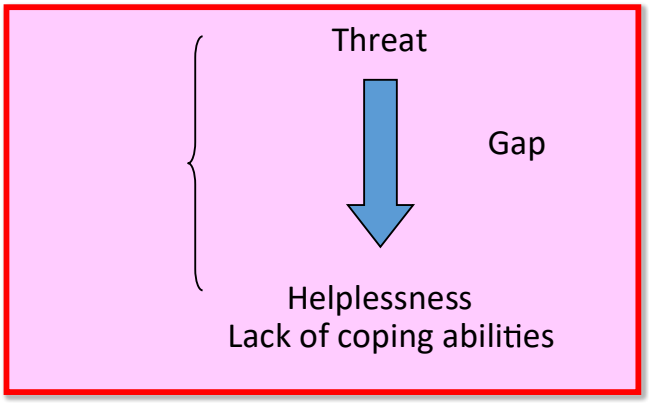
In the following we present some additional materials for further trainings. These may be used for trainings of specific groups of staff and volunteers who are especially exposed to the affected people such as those working in a shelter or in food distribution. Be aware that also these materials are not sufficient for a full training of a specialized PSS team member. For these we recommend the IFRC Reference Centre Training materials on Community based Psychosocial Support and the materials on Psychsocoial Support in emergencies (see www.pscentre.org).

2.2.1 Stress reactions during disasters

From the viewpoint of the beneficiaries themselves, also small scale events are perceived as disaster. Each of these events are potentially traumatic in the sense that they produce a gap between perceived threat and coping abilities. People see a threat to themselves or others and cannot do anything (enough) about it.

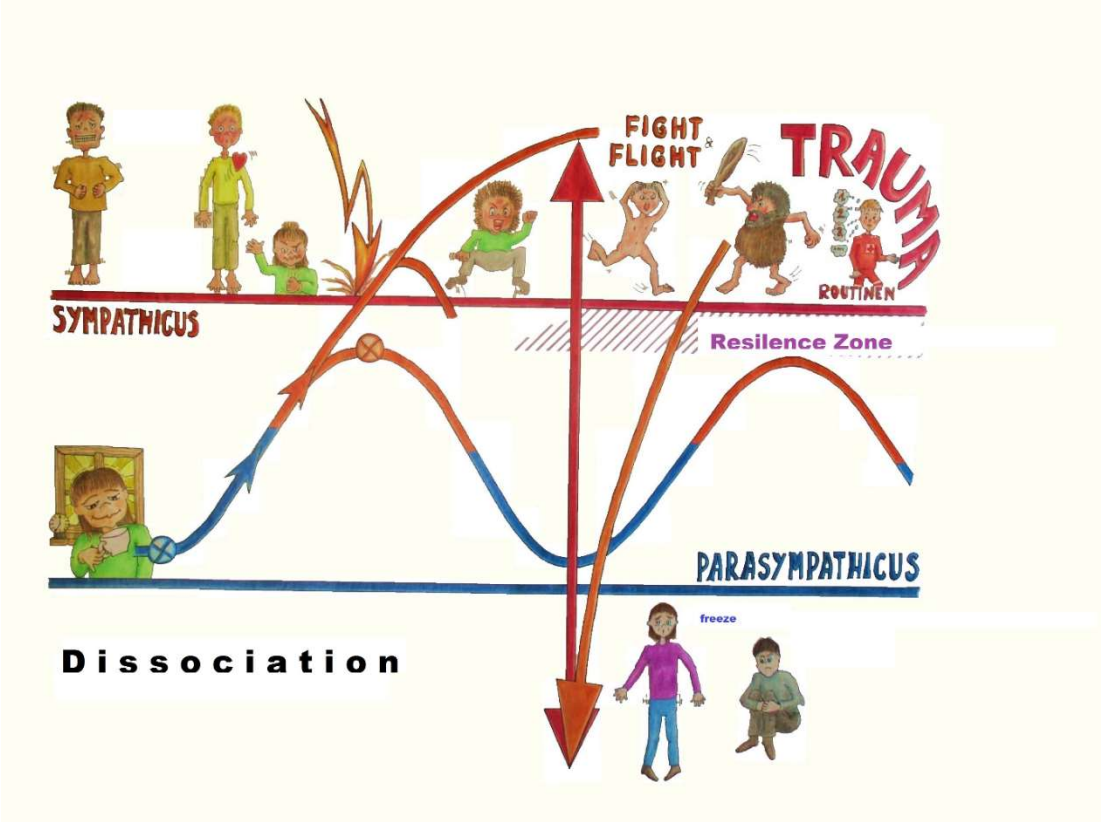
Following such experiences, a serious disruption of ones beliefs about oneself and the world can follow. After man made disasters this disruption is much more prominent than after natural disasters.

Reducing the gap



The graph shows the gap between threat and coping and gives a hint on how to support people during this situation. By providing (external and internal) safety the threat may be reduced, by supporting people in their coping efforts helplessness can be reduced.

In the following we will first talk about some common stress reactions during this situation.



Finding back into the resilience zone

As table x shows, in the resilience zone parasympathicus and sympathicus activity are in a normal range, whilst we are constantly changing from activation to relaxation. In this zone all our cognitive functions are available and we fell well physically and emotionally. We are able to establish social contact.

If very stressful things happen to us, or if our stress level is permanently too high, we leave the resilience zone. Sympathicus activation enables us to mobilize energy to face the challenge.

In the traumatic situation (when we perceive an existential or life threat we react automatically with either fight (problem oriented behavior) or flight (problem evading behavior). If we have well trained emergency routines these may be functional even through this phase, when normal cognitive functioning is temporarily blocked. Sometimes we dissociate during these situations which means parasympathicus and sympathicus are activated at the same time and we dissociate parts of our minds from the body, memory or we dissociate thoughts from emotions.

In order to get back into our resilience zone we need signals that allow our Amygdala (part of the limbic region in our brain that is responsible for recognizing stressors as dangerous) to recognize "safety". This can be signals from different areas like

- Social contact (partner, dog ..)
- Routines (brushing teeth, taking a shower...)
- Actions (listening to music, breathing slowly...)

Helpers may develop rituals that help them to end a stressful mission such as taking a shower, collecting and cleaning the materials etc. Beneficiaries may become calmer if provided with signals of "normalcy" like the reestablishment of daily routines or the reconnection with significant others.

Exercise
Sit together and discuss activities, places and persons that normally help you to calm down. Go into detail in describing these resources. Afterwards think about a disaster situation that you have been part of as a helper and discuss the small things that helped people to find back into a kind of normalcy.

Acute Stress reactions

Stress reactions during the traumatic situation may be either "loud" or "silent". By loud we mean active reactons stemming from sympathicus activation. Silent reactions may be easily overseen. They have been mentioned above as dissociative reactions.

Loud reactions

People may cry, shout, run away or start to act aggressively towards helpers. All these reactions are effects of heighthened sympathicus activation and aim at solving the problem and reducing the threat or provoking helping and bonding behaviour by expressing helplessness and despair.

Main principle in dealing with these reactions is "GO WITH THE SYMPTOM" which means we do not go against the reaction by trying to stop people from expressive their emotions. Only exception is aggressive or autoaggressive behaviour where we set limits when people may cause serious harm to

self or other. Normally if you just stay calm and let people express themselves, the reaction will end by itself and you can then try to start a dialogue. If you start a dialogue with a severely distressed person do not focus on the event in the beginning. Do not start your conversation with the question "do you want to tell me what happened?" because this might enhance distress. Start by telling your name and function and asking about the persons name. Then find a beginning for your conversation that is not too stressful whilst at the same time acknowledging the persons situation. A sentence like "Do you want me to stay with you?" or an offer to support the person in anything that she may need is a possible first step. When the person then starts to talk about what has happened, let him/her do so but do not go into detail by asking too many questions. If you realize it is getting too much ask about less stressful things and change the topic without signalling that you are not interested in the story. Make clear that the story is too stressful to be told in a row.

Silent reactions

Very often people show dissociative reactions during the traumatic situation. These may vary from light to severe reactions.

Changes in perception: Sometimes people may perceive time in a changed manner such as perceiving seconds and minutes as if they were hours (for example when waiting for help to come) or hours as just minutes (for example when trying to save somebody and showing incredible strength and endurance).

Derealisation: People may perceive the situation as unreal like in a movie or have the feeling that the situation is "unreal".

Depersonalsation: people may perceive themselves as indifferent observers of what s happening, they may view themselves from the outside.

Numbing: people may not have access to their feelings, they may not feel their body, they may not feel any emotions, they may have the experience of not believing or not wanting to accept what has happened.

Freezing: people may feel unable to act or move during the traumatic situation.

In very severe cases people may go into a dissociative stupor which is a very severe form of freezing that needs immediate medical attention.

When dealing with a person in dissociation the most important thing is again to GO WITH THE SYMPTOM and not cause additional stress. Again telling who you are and that you are here to support is a god first step. Establishing contact may be difficult in the beginning but except in cases of dissociative stupor which are very rare, establishing a safe place is normally reducing symptoms enough to make dialogue possible. Again it is NOT recommended to ask about the event when the person shows more severe reactions. Better to talk about other things and use distracting strategies like going for a walk or making a cup of tea etc.). As soon as contact is possible again PFA can proceed as described above.

We suggest to use the following framework (Basis Model)

B (bonding) establish a trustful relationship

A (assessment) assess needs and reactions

S (structure) structure the situation in a way that active coping becomes possible

I (information) give information and let yourself be guided by the persons questions

S (social network) activate the persons social network and try to reunite them with family and friends as soon as possible

Exercise
Examples for Roleplay and discussion *Shortterm shelter for 300 people. You are working there as a volunteer in non food item distribution and childrens play area. The refugees are brought by busses during the night. You help at reception. During arrival you see that some of the refugees seem extremely tired, some seem to be rather angry, others more relieved to finally have arrived at a place where they can stay. They all are in great fear how their future will look like, they are freezing and do not have many things with them.* • *A boy of about 9 years is standing alone. He looks anxious. It seems as if he has been separated from his family. When you approach him he first does not react to you but stares into space.* • *You see a mother of a very small child (about 6 months) the child is freezing, has only a thin shirt and trousers but no warm clothes, she seems to be completely unaware of her child s needs. When you approach her she becomes anxious that you may take the child from her and clutches it fiercely to her breast.*

2.2.2Communication and listening skills

Communication during a crisis shall be taken in three steps

- Establish a trustful relationship
- Explore needs and listen carefully
- Collaborate with the affected person in order to cope with immediate needs and threats

Guiding principles are

- Empathy, respect, genuineness
- Sincere, positive regard and trying not to be judgemental
- Empower the affected people
- Try to maintain confidentiality

Also nonverbally trust has to be established by an open and calm manner, the correct and culturally appropriate distance as well as appropriate eye contact.

How to start a conversation

Introduce yourself and tell the person that you have time. With adults the question: do you want to tell me what happened? Is often an adequate way to begin a conversation. Let people talk openly but do not ask for details. Focus on the immediate situation and the needs. Persons may tell you also

about the distant past or future but YOU have to focus on the question: what does the person need at this given moment?

With children or very distressed adults it is often better to start the conversation by referring to something else like: are these your dolls over there? May we go and play? Afterwards you may tell the child: you may ask me any question that you like

Exercise
Use Case example of bus accident (husband and wife not talking, son severely injured) *Just find out their immediate needs, do not try to solve the situation as a whole* *One event, different kinds of involvement (friend, father, mother) Let persons say the first sentence and try to begin a conversation and find out about their immediate needs E.g. „I organised this holiday", Silence, „I will never recover from this……" –ask the one who has played the affected person how he experienced the conversation*

How to give information

Be careful about information that is not secure, give only secure information and be honest. You do not have to tell everything you know but what you say has to be true, do not lie in order to protect the person.

Two main principles arethe following

- Be careful to give only the information that people ask for
- Let yourself be guided by peoples questions

Exercise
Do a roleplay *An old woman has been evacuated from her home. Her animals (a cow, some gats and hen) could not be evacuated because of and she is very anxious about the animals that are her livelihood. Her house has been completely flooded and the animals could not be saved. You have to tell her that her animals have drowned in the flood. The only good message that you can give her is that her dog has been found by a neighbour and will be brought into the evacuation center soon.*

How to open up space for decision making

People have to have some space for decisionmaking and action. Especially in disaster situation these spaces may be very small and narrow. Nevertheless it is important to help people to stay active and decide for themselves.

Some principles are

- Give clear frame/information
- Accompany persons to find their own solution
- If you have got a narrow action or time frame: Open up a small space for decision making

Exercise
(discussion and/or roleplay) (1) *Old man has to be evacuated, he does not want to leave his house because he fears he will be brought into an institution and not be able to come back after the disaster is over. Nevertheless he has experienced some earlier floods and knows a lot about how and when to evacuate.* (2) *A Mother has just been told about the death of her son (17) and insists upon seeing his body immediately (the body is not released yet and can not be seen before autopsy)* *Discuss how you could transform the principles: accompany persons to find their own decisions, give clear frame, open up small space for decision, discuss where you can open up a small decision frame for the mother* *Afterwards try to solve the situation in a roleplay*

3. Annex

Roleplay instructions

Roleplay and table top exercise instructions

You may use the case examples for roleplays and tabletop exercises. You should do this in several steps.

Roleplay: you let participants play out the situations by going into the role of each character.

Table top exercise: you give out information about the situation and let participants discuss problems that may arise during the situation and how to best solve them.

Define Objectives

Before starting you should define the objectives

- What topics do you want the exercise to cover?
- How much time do you and your class have to work on it?
- What do you expect of your students: research, reports, presentations?
- Do you want the students role-playing separately or together?
- Do you want to include a challenge or conflict element?

For example you can use the following case example for reflecting on how to best deal with conflicts with relatives in case of emergencies.

The objective here could be to train or discuss good ways of dealing with relatives in emergency situations.

Example 1

Case 1: Landslide into village

August: heavy rains for more than one week, the village of B. as well as the whole valley are cut off from the external world because of the danger of landslides and flooding on the streets. The villages are supplied via helicopters. The mayor in B. does a regular information meeting for the tourists each afternoon. Some parts of the village are marked red and evacuated, some are green, these are the parts where the tourists are told that they would be safe from landslide.

One afternoon after the information meeting there is a special event for the children. Everybody goes to the main plaza in order to enjoy the event when a big landslide strikes the village and buries 55 people. As the weather is too bad no helicopters can fly ion and bring help. So tourists and village inhabitants start to dig for survivors and dead bodies on their own. They bring the dead bodies into the firefighter´s hall and the injured survivors into the tennis hall. At five in the morning on the following day the first helicopters can fly in and bring the injured persons out into hospital.

10 000 persons, mainly tourists are evacuated by helicopter from all the valleys that are closed because of rainfall.

In B. the search for missing persons last one week after which the last body a girl of seven is found.

All in all 41 persons have been killed.

Context
A reception centres for victims and relatives is set up. The students work there in registration, in food distribution, medical point....etc.

Case example for roleplay
Man and woman: are from the village, they lost their home but saved their life and the life of their five year old daughter. (you can vary this example by changing the age of the child, changing the situation (child badly injured), second child present, one parent still missing…..)

Choose Context and Roles
Decide on a problem related to the chosen topic(s) of study and a setting for the characters. It is a good idea to make the setting realistic, but not necessarily real.

Define roles and contexts clearly
In the Case example above you have to define the role of the father as well as his reactions, the role of the mother, the PSS staff/volunteer.

Prepare cards for each role and give them to the participants. Furthermore you have to define the context of the roleplay (in the reception center with both parents and the child…food distribution, the child does not want to eat, …medical point, the mother needs special medication and tals repeatedly about her house that is lost and the debts and that she does not know what to do…)

´The same situation can also be discussed in a table top exercise. In this case you only discuss which problems may arise and how you want to cope with them.

Give a clear introduction
Engage the students in the scenario by describing the setting and the problem.

- Give information about the characters, the situation, the goals and background information
- Find out how many participants have already done role-playing before and explain how it will work for this exercise.
- Outline your expectations of them and tell the participants what you expect them to learn in this lesson.
- Give them time to go into their roles (by using character cards or by instructing each group of characters separately depending on their role in the situation
- Tell them about the importance to do a roleplay in a constructive manner and give every character the chance to stay in control (no overreactions, no intentional „tricks“ to make the situation especially difficult for the other participants etc.)

Using our case example we have to give all participants an overview of the situation and explain our goal (understanding the situation and needs of caregivers and parents as well as the situation and

needs of the affected people in emergency situations). In the character cards explain the character his/her background and goals clearly.

Define problems for table top exercise

Also the problems have to be clearly defined in order to allow for a good discussion.
In the given example you could discuss the following problems

- How to best approach the parents/child as a volunteer distributing food etc.
- How to best approach the parents/child as a paramedic in the medical point etc.

Debriefing after roleplay and table top exercise

Do a debriefing for the participants to define what they have learned and to reinforce it. Let them come out of their roles explicitly before starting the debriefing. Let each character talk about his or her experience. Try to highlight the main lessons learned.

After the exercises groups present their findings/experiences in the plenary.

Handouts

Action Sheet Nr. 25: Psychological First Aid (PFA)

Area All event types, all target groups, response phase, practice

Key actions in psychological first aid

CITATION:
World Health Organisation, War Trauma Foundation & World Vision International (2011). Psychological first aid: Guide for field workers, **p.13 & p.53ff.** Available at http://www.who.int/mental_health/publications/guide_field_workers/en/

- **Helping responsibly** entails four main points
  - Attend to safety, dignity and rights
  - Adapt for culture
  - Be aware of other emergency response measures
  - Practise self-care.

- **Get information**
  - Learn about the crisis event
  - Learn about available services and supports
  - Learn about safety and security concerns

- **Basic activities** (p.13)
  - **Principle - LOOK**
    - Observe for safety
    - Observe for people with obvious urgent basic needs
    - Observe for people with serious distress reactions
  - **Principle - LISTEN**
    - Make contact with people who may need support
    - Ask about people's needs and concerns
    - Listen to people, and help them to feel calm
  - **Principle - LINK**
    - Help people address basic needs and access services
    - Help people cope with problems
    - Give information
    - Connect people with loved ones and social support

- **People who need more than PFA** alone
  - Some people will need much more than PFA alone. Know your limits and ask for help from others who can provide medical or other assistance to save life.

- **People who need more advanced support immediately**
  - People with serious, life-threatening injuries who need emergency medical care

- People who have such high level of distress that they cannot care for themselves or their children
- People who may hurt themselves
- People who may hurt others.

- About **the evidence** see the "Systematic Review of Psychological First Aid" by Bisson and Lewis (2009) and also the article "A Systematic Literature Search on Psychological First Aid: Lack of Evidence to Develop Guidelines" by Dieltjens (2014).

Additional resources

Bisson, J.I. & Lewis, C. (2009). Systematic Review of Psychological First Aid. Commissioned by the World Health Organisation (available upon request). Available at http://mhpss.net/?get=178/1350270188-PFASystematicReviewBissonCatrin.pdf

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Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, P. R., De Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. Psychiatry 70 (4), 283–315.

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Practice examples

7th July Assistance Centre, Stone, C (2009). Lessons Learned by the 7th July Assistance Centre staff, steering group and partners. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/78999/7july-assistancecentre-lessons-learned.pdf

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best Practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/

Figures