

A Guide to Psychological First Aid



For Red Cross and Red Crescent Societies

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

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It comprises:

- *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies*
 - *A Short Introduction to Psychological First Aid for Red Cross and Red Crescent Societies*
 - *Training in Psychological First Aid for Red Cross and Red Crescent Societies:*
 - *Module 1. An introduction to PFA* (4 to 5 hours)
 - *Module 2. Basic PFA* (8 to 9 hours)
 - *Module 3. PFA for Children* (8 to 9 hours)
 - *Module 4: PFA in Groups – Support to teams* (21 hours – three days)
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Psychosocial Centre



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Foreword

Anyone can find themselves in a situation in which they encounter a person in distress who needs their emotional and practical support – psychological first aid (PFA). Crises happen all the time. Sometimes they are small and personal in nature, affecting only one person. At other times, they are larger and adversely affect huge numbers of people. No matter the scale, people caught up in a crisis may need psychological first aid. As Red Cross and Red Crescent staff and volunteers and humanitarian workers, the nature of our work dictates that we are likely to meet people in distress on an everyday basis.

Psychological first aid is a simple, yet powerful way of helping someone in distress. It is a form of helping that involves paying attention to the person's reactions, active listening and if relevant, practical assistance to help address immediate problems and basic needs. Learning PFA skills and understanding reactions to crises empowers the helper not only to help others, but also to apply the same skills to their own crises.

Although a vast amount of training and reference material on PFA already exists, there was a specific need to develop materials adapted to the requirements and specific contexts of Red Cross and Red Crescent staff and volunteers, who work in their own communities in both emergency and non-emergency, or long-term settings.

The materials developed include this guide to PFA for Red Cross and Red Crescent Societies, a small introductory booklet and four training modules. The first two training modules cover basic PFA skills, the third is on PFA for children and the fourth on providing PFA in groups. The fourth training module responds to a need for more training and guidance on how to provide care and support to Red Cross and Red Crescent staff and volunteers.

We very much hope that the range of materials provided in *Psychological First Aid for Red Cross and Red Crescent Societies* will support staff and volunteers in their primary work of helping beneficiaries. Our goal in this endeavour is as always to assist National Societies in offering the most effective psychosocial support possible to the people they serve.

Nana Wiedemann

Nana Wiedemann

Head of IFRC Reference Centre for Psychosocial Support

CONTENTS

Introduction	10
What is PFA?	13
Why do we provide PFA?	15

Crises and reactions.....	16
Different kinds of crises	17
Reactions to crises	21

Providing psychological first aid.....	26
Who can provide PFA?	27
Who needs PFA?	27
Where can you provide PFA?	27
When do you provide PFA?	28
Preparing to provide PFA.....	28

Look, Listen and Link	29
Look	30
Listen	32
Link	37
Making referrals.....	40

Complex reactions and situations	43
Complex reactions	44
Complex situations	49

Children.....	51
Children’s understanding of and reactions to crises.....	53
Activities to support children.....	56
Helping children in distress – PFA for children	58
Children’s complex reactions and situations	62
Helping parents and caregivers to support their children	64

PFA in groups – support to teams	65
Look, Listen and Link for PFA in groups	67
When is PFA in groups needed?	68
Why provide PFA in groups?	68
Preparing for a PFA and support meeting.....	68
What happens in a PFA and support meeting?	70
Challenges in group settings	76
Supervision and self-care.....	78

PFA helpers	79
Characteristics of PFA helpers.....	80
Helping in different roles	80
Red Cross and Red Crescent staff and volunteers.....	80

Do no harm	84
Cultural contexts.....	85
Safety, dignity and rights	86
Confidentiality	86
Dos and Don'ts	88

Self-care: Look, Listen, Link	89
Recognize your own limits and limitations	90
Recognize signs and symptoms of stress and burnout	91
Applying Look, Listen and Link to self-care	92
Supervision and peer support	96

Monitoring and evaluation of PFA	97
What is M&E?	98
PFA and M&E	99
Challenges in M&E.....	103

Contents

Introduction	10
Crises and reactions	16
Providing psychological first aid	26
Look, Listen and Link	29
Complex reactions and situations	43
Children	51
PFA in groups – support to teams	65
PFA helpers	79
Do no harm	84
Self-care: Look, Listen, Link	89
Monitoring and evaluation of PFA	97

Introduction



Introduction

Psychological First Aid for Red Cross and Red Crescent Societies has been developed for the staff and volunteers of Red Cross and Red Crescent Societies and other organizations working in situations where psychological first aid (PFA) may be relevant. Psychological first aid is a direct response and set of actions to help someone in distress. It is an approach to helping which is particularly well-suited for the International Federation of Red Cross and Red Crescent Societies, as it is based on the fundamental principle of humanity and the intention to help prevent and alleviate human suffering.

PFA for Red Cross and Red Crescent Societies has several parts that can be used separately or together. It comprises this guide, a small booklet on PFA, and four training modules on PFA. This guide has general information about psychological first aid. It can be used on its own for psycho-education and as a reference for the training modules that accompany it. The training modules include instructions, notes, and training resources for the facilitators. An overview of the training modules is presented in the table below.

TRAINING MODULES				
	1: Introduction to PFA	2: Basic PFA	3: PFA for Children	4: PFA in Groups – Support to teams
How long does it take?	4-5 hours	8.5 hours	8.5 hours	21 hours (three days)
Who is the training for?	All Red Cross and Red Crescent Movement staff and volunteers	Staff and volunteers with some prior knowledge and experience of providing psycho-social support	Staff and volunteers whose work involves interaction with children and their caregivers	Managers or others who provide care and support to staff and volunteers
What is it about?	It introduces participants to basic psychological first aid skills	It introduces basic psychological first aid skills and presents a range of situations faced by adults, their reactions to crises, and how helpers may respond appropriately	It focuses on children's reactions to stress, and communicating with children and their parents and caregivers	It is on providing psychological first aid to groups of people who have experienced a distressing event together such as teams of Red Cross and Red Crescent staff and volunteers

Each training module is independent of each other, except *Module 4: PFA in Groups – Support to teams* training which requires prior participation in *Module 2: Basic PFA*. Module 4 has been developed specifically with Red Cross and Red Crescent staff and volunteers in mind. However it can be adapted and used for other groups of people affected by similar situations. PFA can be provided to groups as a form of psycho-education to raise awareness of signs of distress. Such groups also give facilitators an opportunity to identify anyone needing individual referral or other support. PFA in groups are therefore both preventive and responsive forms of support.

All of the training modules use case studies. These can be adapted to make them more appropriate to the training participants and context.

PFA in Red Cross and Red Crescent Societies

Psychological first aid is a psychosocial support activity. Psychosocial support refers to the actions that address both the emotional and social needs of individuals, with the aim of helping people to use their resources and enhance resilience. The model below shows examples of different kinds of mental health and psychosocial support activities. Psychological first aid can be a stand-alone intervention in a crisis situation or a component in a psychosocial support programme that includes other activities. It can also be a component of other interventions, for example in child-friendly spaces or as part of caring for volunteers.

Although PFA is a psychosocial support activity, the use of PFA skills and knowledge is not restricted to psychosocial responses or programmes. All Red Cross and Red Crescent staff and volunteers can use their PFA skills and knowledge in other aspects of their work and in their personal lives.

Mental health and psychosocial support

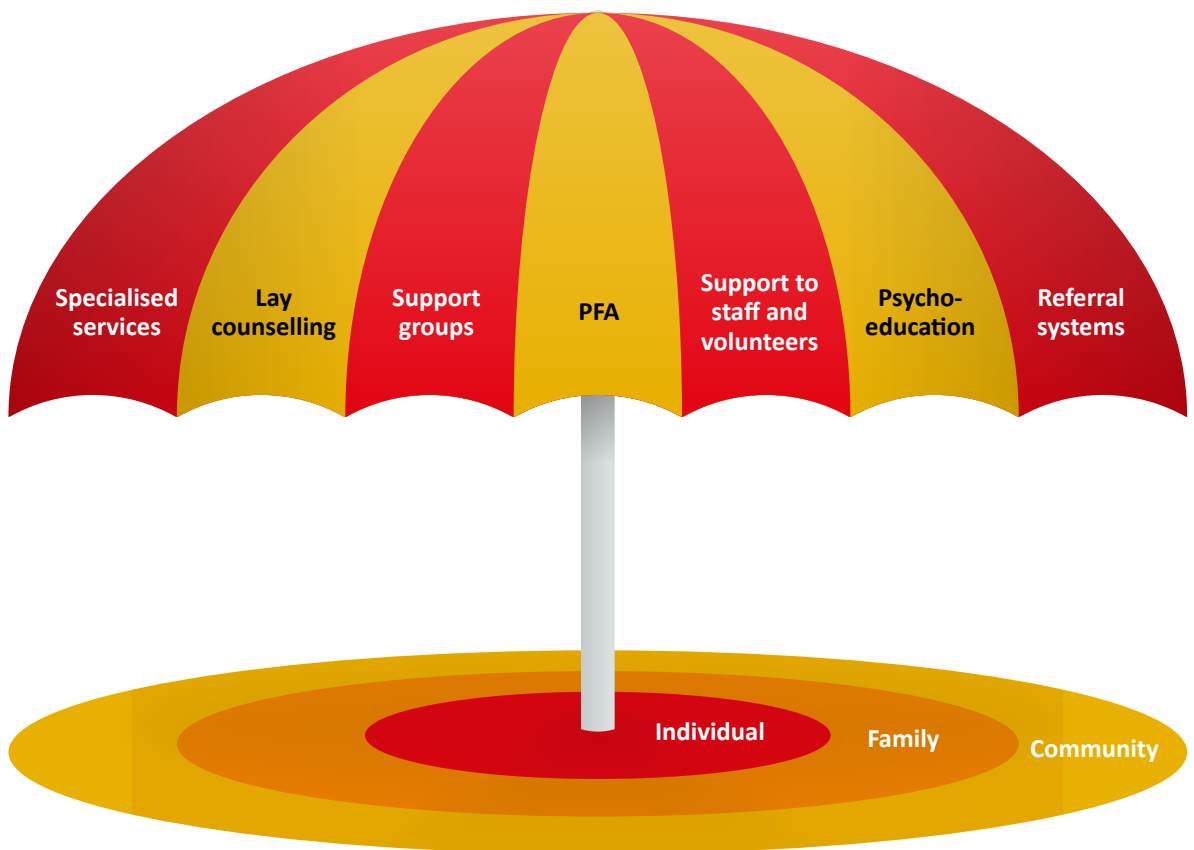


Figure 1: Umbrella shows different types of mental health and psychosocial support services that can be given to individuals, families, and communities.

What is PFA?

Psychological first aid is a method of helping people in distress so they feel calm and supported in coping with their challenges. It is a way of assisting someone to manage their situation and make informed decisions. The basis of psychological first aid is caring about the person in distress. It involves paying attention to the person's reactions, active listening and, if needed, providing practical assistance, such as problem solving or help to access basic needs.

PFA approach

A number of different models of psychological first aid have been developed over the years. They are all slightly different, but follow the same principles of helping people in distress by ensuring their safety, promoting calm, comforting them, talking with them, helping them to access who or what they need. In these materials, various aspects of these different approaches have been integrated, using the same three action principles as the WHO model: 'Look, Listen and Link'. The approach presented here is adapted to suit the many varied activities and situations that Red Cross and Red Crescent staff and volunteers participate in worldwide.

Read more on the Look, Listen and Link approach in the book by WHO (2011) *Psychological First Aid: Guide for field workers*.



All people experience stressful situations and events in their lives, such as a heated argument with someone, a conflict at work, getting stuck in traffic or running late for an important job interview. Most people learn how to deal with the regular challenges they face. However, some experiences and situations are out of the ordinary and more difficult to deal with. Examples are personal assault, when someone discovers they have a terminal illness, a car accident, losing a loved one or home and belongings, extreme violence or fear for their life and safety. Experiences like these can be the results of small or large-scale crises in the family, the local community, natural disasters or on-going situations of armed conflict.

It is a natural reaction to want to help someone in distress. Psychological first aid aims at reducing someone's experience of distress whilst also focusing on practical needs. It is a method of helping that often involves linking people with assistance from others. Psychological first aid skills involve knowing how to assess a situation; familiarity with common patterns of reactions to crises; how to approach someone in distress and how to calm them if needed; and how to provide emotional support and practical help.





LOOK for

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

LISTEN refers to how the helper

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

LINK is helping people

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

Psychological first aid makes the person in distress feel they have been seen and heard and that they have support. Perception of support is a key element in empowering someone to be able to manage their situation and challenges. Understanding reactions to crises and knowing how to help others alleviate and reduce experiences of distress also empowers helpers, so they can apply these skills to their own crises.

Hobfoll's principles of psychosocial support in emergencies*

There is widespread consensus and support for the five intervention principles in psychosocial support in emergencies proposed by Hobfoll et al. (2007):

- ensuring safety
- promoting calm
- promoting self- and collective efficacy
- promoting connectedness
- promoting hope.

* Hobfoll S. E, Watson P, Bell C. C, Bryant R. A, Brymer M. J, Friedman M. J, et al. *Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence*. Psychiatry. 2007;70:283–315.

These principles have been integrated into the approach described in these materials. It is important for the helper to keep these principles in mind when providing PFA.

Why do we provide PFA?

The fundamental reason for providing psychological first aid is to help someone in distress. Psychological first aid can help people feel calm, safe and secure. It is humane, caring and compassionate support that relates to both emotional and practical needs and concerns. Psychological first aid is help based on the understanding that there are times when people have experiences that feel overwhelming and this can interfere with their usual ability to cope. Through active listening and talking calmly to the person in distress, the helper works to identify what the person needs to manage his or her situation. For example, this could be by helping them organize their ideas and feelings so they can better prioritize what is needed and feel less overwhelmed. These needs may be practical, such as warm clothes, food or water, or somewhere to sit down calmly. They may also be emotional, such as needing to cry or talk about what has happened, and to feel heard and understood. Other ways of helping are linking the person with loved ones or helping them access information and services to address their needs. An important aim of psychological first aid is to make the person feel they are supported and connected to help. This will make them feel stronger and able to manage their challenges and be able to care for themselves.



PFA is...

- comforting someone in distress and helping them feel safe and calm
- assessing needs and concerns
- protecting people from further harm
- providing emotional support
- helping to address immediate basic needs, such as food and water, a blanket or a temporary place to stay
- helping people access information, services and social supports.

PFA is not...

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

See more on examples of different psychosocial interventions that include psychological first aid in *Strengthening resilience: A global selection of psychosocial interventions* found in the IFRC PS Centre's library online: www.pscentre.org



Crises and reactions



CARL WHEATHAM / IIRC

Crisis and reactions

Different kinds of crises

There are many different situations where psychological first aid can help people suffering or in distress. The examples given in this section are related to some of the activities the Red Cross and Red Crescent National Societies work with around the world.

Personal crises

Psychological first aid skills can be applied in personal situations. Most people encounter situations in their lives where family members or friends experience crises, for example if someone loses their job, is in a car accident or someone they love dies. Personal crises can lead to a variety of feelings depending on what has happened. Common reactions to the examples given are shock, confusion, fear, sadness or anger which can interfere with the person's ability to manage the situation. Psychological first aid helps the person in distress feel calm and supported, and able to identify what practical steps they need to take to handle the situation positively. Knowing psychological first aid can also assist the helpers recognize their own reactions to stressful situations and promote self-care.

Social challenges

Staff and volunteers support many individuals and groups of people who are marginalised and experience social isolation. Examples are women and children suffering domestic violence, socially excluded families, homeless people, older people, or people who live in institutions such as care homes for older people, psychiatric hospitals or prisons. Social exclusion and loneliness can lead to feelings of not belonging and a sense of worthlessness and loss of self-efficacy. As a result, an individual may lose hope and the will to live or may have an emotional breakdown or begin self-harming behaviour. Psychological first aid can help socially excluded and lonely persons by firstly making them feel cared for, understood and connected to their helper, and by linking them to other people or services that can help address their emotional, social, and practical needs.

Health challenges

National Societies in most countries around the world are involved in health-related activities, ranging from training and providing physical first aid, to supporting people living with physical and mental disabilities, HIV and AIDS, cancer, neurological illnesses, Alzheimer's disease and dementia. They also respond to epidemics such as Ebola, cholera and Zika. Psychological first aid can help those who are ill as well as their loved ones



DAVID CHANCELOR/IFRC

who also experience distress due to the illness and accompanying life changes. Psychological first aid can help not only at the time of a diagnosis, but also during an illness, for example when the person who is ill feels distressed. It can also help the family deal with issues of frustration and sadness over not being able to take the illness away. There may be issues related to fears about how to cope with insecurities about the future, for example, related to financial worries. Illness in the family can also lead to social exclusion and loneliness, which can also be addressed through PFA. PFA can help family members deal with the grieving process when losing a loved one, both at the time of the death and at difficult times afterwards, such as anniversaries.

CASE

PFA in health work

Ben works as a counsellor at a community Red Cross health clinic. He uses PFA skills daily in his work when he has to break the news to clients about a positive HIV test. Ben is trained to respond in a caring and supportive way to their initial reactions of shock. He helps clients reduce their fear of the future by calmly providing them with information on what the next steps are to manage their health challenges. He gives them pamphlets with referral information and makes a point of asking all his clients if they would like help from him to share their status with a trusted family member or friend. If they do, he makes the appointment before they leave the counselling room.

Natural disasters

Disasters such as earthquakes, floods and fires typically affect many people at the same time and often involve large-scale devastation and loss of homes and lives. Natural disasters are frightening and often result in chaos and panic. People affected by natural disasters risk being physically hurt, witnessing the injury or even death of others, fearing for their own lives and safety, being separated from their families and loved ones and temporary or permanent relocation. All of these experiences can be difficult to deal with both in the moment and after the events.

Psychological first aid has been shown to be effective in helping to prevent long-term negative consequences of traumatic experiences such as natural disasters, by helping affected persons feel calm, supported and connected so they can cope better and access the help they need to manage the crisis. Red Cross and Red Crescent staff and volunteers often help in their own communities after disasters, and psychological first aid skills and knowledge are helpful not only in their work to help others, but also in terms of managing their own family and personal crises.

Man-made disasters

There are many varying disasters that are the result of human behaviour, such as fires, explosions in factories or mines, massive accidents involving transport vehicles or panic situations at festivals when stages collapse, etc. Like natural disasters, man-made disasters are frightening and can quickly lead to panic and chaos. They can be as devastating in terms of losses as natural disasters, with the main difference being that the disaster was related to man-made things or human behaviour, which may negatively impact affected persons' trust in others.

Violence

Many people witness or experience violence, such as in domestic conflicts, sexual and gender-based violence, criminal violence, gang-related violence, hate-crimes and stigma-based violence. Stigma-based violence is violence against a person or group of people because of stereotyping and judging a person based on their characteristics, associations, religion, ethnicity, etc. Belonging to a specific gender, age, ethnic group, living with a disability, being of a diverse sexual orientation or being an immigrant are examples of factors that can heighten someone's risk of experiencing violence.

Violent experiences are frightening and usually lead to strong physical and emotional reactions. How people react to experiences of violence depends on several factors, such as how severe the violent act was and what the consequences were, the context of the violence, who the perpetrator was, how others reacted, what help was given, etc.

Receiving psychological first aid can be an invaluable support, helping the affected person to become calm and be able to make decisions on how to stay safe in the future.

CASE

PFA in armed conflict

When the soldiers came to Leila's village, she managed to grab her two young children and hide in the bushes. Her husband was not as lucky. Leila witnessed the soldiers pull him out by his shirt and kick him with their heavy boots. Then they made him kneel in front of them and shot him. After that they burned all the houses in the village. Leila remained in the same spot for almost two hours, terrified to come out even after she saw the soldiers leave. One of Leila's neighbours who had also hidden spotted her and came to help her get up and start moving.

The two women and children walked for almost two days before reaching a camp where others fleeing from the violence were receiving medical and psychological first aid. As they entered the camp, a volunteer saw them and walked quietly towards them with a caring smile. She greeted them and said they were welcome in the camp and should not be afraid to enter. The volunteer took them to a tent with people sitting in small groups or in pairs, receiving help from staff and volunteers. She took them to talk to Sarah who was a psycho-social support officer.

Sarah invited Leila and the other woman to sit down. She asked if it was ok for the volunteer to take the children over to the corner of the tent, where there were some other children eating some fruit and listening to someone reading them a story. Leila agreed. Sarah then proceeded by asking if the women were suffering from any physical injuries or pains. They both said they were uninjured, but very thirsty and hungry. Sarah arranged for some water and food. When they had eaten and rested a little, Sarah explained that they were safe and that she was going to ask them some questions to find out what they needed and how she could help them.

Sarah asked the women gently where they came from and what had happened to them since they had left their homes. Leila began to cry as she remembered watching her husband being killed in front of her. Her neighbour put her arms around Leila and they cried together. Sarah comforted the two women and let them know she understood this was a very painful experience. After a few minutes she continued by explaining that the women could stay at the camp for as long as they needed, until it was safe to return to the village, or they wanted to go somewhere else.



MERVA HELENUS / FINNISH RED CROSS

Armed conflict

Situations of armed conflict include acts of terror, war, and other forms of violence that are between two or more states or armed groups. People affected often live in a constant state of fear and anxiety over their safety and well-being, and the safety of loved ones or with grief and bereavement. Living in a situation of armed conflict is dangerous and frightening and can lead to a variety of social and emotional reactions and challenges that are difficult to manage. These include feelings of fear, anger, confusion or sadness; inability to trust others, loss of solidarity and feelings of betrayal, aggressive behaviour, high rates of risk-taking behaviours, lack of self-protective behaviour, feelings of self-blame and guilt, social isolation, etc.

The very first step in providing psychological first aid is to ensure the safety of the affected person and the helper. When everyone is safe and out of harm's way, psychological first aid can help the affected person by calming them and making them feel supported and cared for. When they feel calmer, psychological first aid can help the person focus on what actions need to be taken to manage the situation.

Forced migration

More people are on the move across the world than ever before and the reasons for global migration are wide-ranging. Many migrants move voluntarily, seeking economic opportunities and different lifestyles. Others are forced to flee their homes due to conflict, repression or persecution, or because they are affected by disasters, environmental degradation or poverty. Migrants who are forced to leave their homes are a particularly vulnerable group. They leave the life they knew behind and often experience extreme difficulties during their journey. They then face financial, social, and emotional struggles in adapting to a foreign country. Many find themselves without friends, family or support system, and feel lonely and out of place. Loss of identity is common and loss of social status is difficult, often accompanied by experiences of stigma and discrimination.

Challenges to psychosocial well-being caused by forced migration include pre-existing problems before the migration, such as belonging to a minority who were discriminated against; emergency-induced problems such as family separation or destruction of livelihoods; and problems after migration, such as not having access to health or other services

in the destination country or living in poverty. Migration is often a prolonged experience that can feel like a continued state of crisis, due to the uncertainty of the future. Psychological first aid is a useful tool in receiving migrants on their arrival to a destination country, but also later as they are adjusting and finding their feet in a new country.

Reactions to crises

Psychological first aid can help someone experiencing distress as a common reaction to a difficult event. It can also help identify if someone is having a more complex or severe reaction and may need referral to specialised services elsewhere. See more on complex reactions in the section on *Complex reactions and situations*.

Psychological first aid can be helpful for people coping with everyday stress and daily challenges. However, it is particularly important when supporting individuals who are in the midst of a crisis, feeling overwhelmed and unable to cope with their situation or experience on their own. How people react to difficult experiences depends on the nature of the experience, their resilience, their age and personality, their support system and usual coping methods, and how much time has passed since the time of the event.

This section describes common reactions immediately during and after an event, and in the days, weeks, months or even years after the event. Psychological first aid can be helpful during any of these times, when and if someone is in acute distress and needs support. There is also a small section on grief and how people react to loss, as this is something psychological first aid providers often encounter.

The following points are important to remember:

- People do not all react at the same time or in the same way to a crisis.
- Not everyone needs or wants PFA.
- Witnesses to a frightening event may also be strongly affected and need PFA.
- Some people are calm and do not react strongly at the time of an event, but have strong reactions later.
- Some people have strong reactions, but do not need PFA because they can manage their situation on their own, or have support from other sources.

The first important psychological first aid skill to learn is how to recognize when someone may need PFA and how to find out if they want the help. The reactions described here mainly relate to adults. Although some older children do react similarly to adults, most children, especially younger children, react differently to adults. See more on children's reactions in the section *Children*.

During and immediately after

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

PFA immediately after an event

Susi was almost hit by a car while riding home on her bike. The driver was turning into a side road and did not see her until the last second. He managed to brake and avoid hitting her, but she lost her balance and slid across the road with her bike. Jodi, a Red Cross volunteer trained in psychological first aid, saw the accident happen as she was walking next to the road. Susi did not seem badly hurt, and was able to get up. However, as she stood up, she became dizzy and it felt like she had lost control over her body. Her heart was pounding fast and she was confused about what had happened and where she was.

LOOK

Jodi observed Susi standing still and looking confused. She recognized that she might have gone into shock. She went over to her and spoke very calmly: "Can I help get you off the road?" Susi nodded her head. Jodi gently took her arm and guided her to safety. She asked, "Have you been injured?" Susi said she did not think she was hurt badly.

LISTEN

Jodi got a chair from a shop for Susi to sit down and rest and to clear her mind. "How are you feeling?" she asked. Susi said that she felt a bit confused and that everything had happened so fast. Jodi said; "What you experienced was very frightening. It is understandable you feel confused." She asked if there was anything she could help with. Susi replied that she needed help to collect her daughter from school, as that was where she was heading when the accident happened.

LINK

"Do you have a phone in your bag?" Jodi asked. "Is there anyone we can call to collect your daughter?" Susi could not remember if there was a phone in her bag. "Can I have a look?" Jodi asked. She found the phone and handed it to Susi. After discussing whom she should call first, Susi called her mother and asked her to collect her daughter and herself. "Is there anyone else we should call?" Jodi asked. Susi remembered to call the school to explain the new arrangement.

LISTEN AND LINK

Jodi went back to the shop to get a glass of water for Susi, and stayed with her until her mother came to collect her. When her mother arrived Jodi quietly explained what had happened, and suggested her mother take Susi to the hospital for a medical check-up just in case of any internal injury. She explained that some people don't feel the pain of injuries immediately, especially if they have been in a state of shock or excitement.

During or immediately after a severe unexpected event, many people react by going into what is commonly known as a state of shock, where it feels like time stands still, they feel numb and nothing feels real. This can be accompanied by physical reactions of increased heartbeat, sweating, shaking, trembling or shortness of breath. Some people feel dizzy or nauseous, and may find it difficult to think clearly and do not know how to handle the situation. These reactions can last for minutes or hours during or after an event. They typically subside after a few hours, although some people may feel like this for longer. Psychological first aid can support people who are in a state of shock, by helping them feel calm and making sure they are safe and out of harm's way.

Days and weeks after

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

CASE

PFA weeks after an event

Jasmine's husband died five years ago after a long illness. Four weeks ago she received the news that her son had been killed in a bomb blast. She does not remember much about the first few days after this tragic event. She was in a daze of disbelief and sorrow, with much crying and confusion. After that she became very practical, and started making arrangements for the memorial service and the burial rituals.

When the practical formalities were over, Jasmine started to feel very lost. She felt like she had no reason to get up in the morning. She was not hungry, and she lay in bed most of the time, even though she hardly slept. Jasmine's friend, Fatima, was very worried about her. She had tried to get her out of bed for over a week without success.

LOOK

Fatima recognized Jasmine's feelings of sadness and unhappiness, and her behaviour of apathy and loss of appetite as common grief reactions, but she also knew that these reactions should not last for a long time and that Jasmine may need help to cope.

LISTEN

Fatima told Jasmine she was worried about her and asked if they could spend some time together. She sat with Jasmine and held her hand for a long time. In the beginning Jasmine did not say much, and cried quietly. Fatima said it was ok for her to cry, and that she should take the time she needed. Jasmine said she was so unhappy, and she did not want to keep feeling like this, but she did not know what to do to change the way she was feeling. Fatima said she understood why it was so hard for Jasmine, as her life had changed forever with her only child now gone. She assured her that she was there to provide support and listen when needed.

LISTEN AND LINK

Fatima gently asked Jasmine to think about how she had coped with difficult experiences before, and if there was anything she thought she could apply to this situation. Jasmine said that when her husband died, she had made a photo book with all the photos she had of special moments with him. She had been thinking she should do the same for her son, only she felt she could not do it alone. It was too painful. Fatima encouraged the idea, and offered to help her with anything she needed to do this project. They arranged to meet the next day and start by looking at the photos on her computer together.

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

Weeks and months after

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

Some people keep themselves excessively busy to try to avoid thinking about their experiences or losses, whilst others find it hard to get out of bed and be with others. Some people become overly vigilant and nervous, and may become over-protective of their loved ones. Some may continue to experience appetite changes and eat more or less than usual. Changes in sleeping patterns are also common, with some sleeping more than usual, and others finding it very difficult to fall or stay asleep. Psychological first aid can help a person with stress reactions weeks or months after they have experienced something distressing.

CASE

PFA years after an event

Inga had a strong emotional reaction 14 years after she had been raped at the age of seven. The perpetrator was a distant family relative, who had needed a place to stay for the night. She had not seen him since and he had threatened that if she told anyone he would kill her and her parents. She had kept this secret for 14 years and not told anyone, until she recognized him one day when she was waiting in a queue to order a coffee. She heard his voice ordering coffee in front of her, and confirmed it was him when he turned around and walked towards her. Inga froze as she realized who it was and had to sit down for a few minutes to gather her senses. After he had left, she walked out of the café to her car where she sat for five minutes in a state of shock and disbelief. She managed to drive home to her flat where she found her flat mate, Anne.

LISTEN

Anne listened to her story, and comforted her with a cup of tea, a blanket and her full attention. Inga said that she felt a mixture of emotions of sadness, anger, shame and guilt. Anne listened quietly and comforted her by saying that all of these feelings were understandable. Inga said she wanted to confront the perpetrator and tell him how much she hated him. Anne again listened quietly and they started talking about the different options for the way forward.

LINK

Anne helped Inga think through different ways of handling the situation, to help her make informed and considered choices and not react solely on overwhelming emotions. She told Inga about a hotline she knew that a friend of hers had used after an experience of sexual assault. Anne agreed to call the number and talk to someone about how she felt and to get more specialised information and support.

However, if their reactions remain severe and begin to negatively impact their lives, it is a sign that they are in need of further support. When someone has strong reactions that interfere with their normal daily functioning, it is likely that they need referral to more professional help than psychological first aid.

Years after the event

Most people recover from crisis situations and difficult experiences and find ways to adapt to their changed lives. However, there can be situations and events that trigger strong memories with stress reactions, such as anniversaries of the event or experiencing something similar triggers reminders of the stressful experience. Psychological first aid can help someone in distress even if it is a reaction to a memory or an event that reminds you of something that happened many years ago.

Grief

Many of the crises people face during their lives involve loss. Grief is the term used for the range of reactions to loss in people's lives. Losing someone or something that was important can be very hard and the reactions connected to grief can be overwhelming. It is most often connected in people's minds to the loss of someone through death. However, people experience grief in many, many other ways in relation to social losses, for example, such as losing a partner through divorce or as a consequence of moving house and thereby losing friends and neighbours. Losing one's job may be an occupational loss leading to a loss of status too. A diagnosis of a terminal illness may also be experienced in terms of a variety of losses leading to grieving, including the loss of physical capacity due to surgery and medication and loss of expectation of future health. Losing someone or something that was important can be very hard, and the emotional reactions connected to grief can be overwhelming. There is no timetable for how or when grief takes place, and people grieve

in different ways. Most people get through grieving processes and manage to adapt and accept their changed lives. However, some are unable to get through the grief process, and experience prolonged grief which they may need professional mental health support to cope with.

See more information about prolonged grief in the section on *Complex reactions and situations*. Learn PFA skills on how to support someone experiencing grief by participating in the one-day training on basic PFA.



Providing psychological first aid



Providing psychological first aid

Who can provide PFA?

Everyone can provide PFA - volunteers, first responders, members of the general public. It does not depend on the expertise of mental health specialists or professional psychologists. Learning about PFA enables anyone to know how to respond in supportive ways to people in distress.

Who needs PFA?

Not everyone who experiences a crisis or distressing event will need psychological first aid. Some people are able to cope with stressful events on their own or with the support of their family, friends or others around them.

Factors that have been shown to help people cope well are:

- feeling safe and calm
- being able to maintain positive and healthy everyday functioning
- feeling socially supported
- having self-confidence in one's ability to manage and handle the situation
- positive thinking and belief systems, such as religious or spiritual beliefs
- the possibility of maintaining or returning to normal life routines.

The best way to find out if someone needs help is to observe and ask them. If the person in distress cannot communicate, for example because they have a disability that affects communication, due to language differences, or because they are too young, the helper will have to make assessments and decisions on what help is needed. Unaccompanied children should always be connected with protection services to ensure their safety and to try to link them with their family.

Where can you provide PFA?

Psychological first aid can be provided in any setting where it is safe and comfortable for the helper and person(s) in distress. It can be in a home, community centre, shopping centre, school, train station, airport, evacuation centre, hospital, clinic, under a tree, or even at the location of a crisis. It is best to provide psychological first aid in a quiet and calm environment where everyone feels safe and secure. If someone has experienced something very sensitive, such as sexual violence, privacy is essential for confidentiality and to respect the person's dignity.



When do you provide PFA?

If someone is in acute distress and needs help, psychological first aid can help during or in the immediate aftermath of a stressful event. However, PFA can also be helpful days, weeks, months or even years after an event has taken place, as explained earlier. Some people have acute stress reactions during or just after an event, while others have strong reactions much later. In some situations, the long-term impact of an event may be more distressing than the actual moment of the event. For example, when someone who has suffered from a long, debilitating illness dies, it may lead to feelings of relief at the time of the death because the loved one is out of pain and suffering, and loved ones may only feel distress months later when trying to cope with the finality of the loss.

Preparing to provide PFA

It is important to be well-prepared when responding to a crisis event where people are likely to be in distress and need PFA. One way of preparing a team is to meet and discuss:

- what kinds of reactions they can expect from the affected population
- what kinds of situations they can tackle alone and when they need to call for help, either from peers or their team leader
- how they can support each other in the field
- what kinds of reactions they themselves may have when they interact with the persons in distress
- support available to the team during the response and after.

It can help to do some calming exercises, such as slow breathing or quiet meditation with the team before they go out to an emergency to help them prepare personally.

Look, Listen and Link



Look, Listen and Link

This section explains the action principles 'Look, Listen and Link' in more detail. Please note that in reality helpers may have to go through these actions in different ways and sequences. For example, helpers may have to repeat actions from 'Look' or 'Listen' several times. It depends on the situation and needs of the affected persons.

LOOK

The action principle 'Look' refers to assessing:

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

Information on what has happened, and is happening

The first step in responding to a crisis situation, whether it affects one or more persons, is to try to get as much information as possible on what has happened and what the current situation is in a calm, considerate and non-intrusive manner. This will help assess safety and security risks and whether others need to be contacted immediately for additional help.

Who needs help?

In some situations, for example, if a friend has a breakdown because her husband has died in an accident, it is obvious that she is the one that needs help. However, there may be other situations where many people are affected by a crisis, such as in an earthquake or explosion, or a large-industrial accident, or a panic situation at a festival. Prioritizing who needs help first is not always easy if there are many people in distress and the helper is alone. However, Red Cross and Red Crescent volunteers and staff do not usually respond to crises alone, and a manager or volunteer leader will typically assist in identifying who needs help first and how to organize the support.

Psychological first aid skills involve learning how to assess who might need help and how to approach them. This involves knowing reactions to stress and also keeping an eye out for groups that are often marginalised in large crisis situations. Examples are children, women, older people, people with health conditions, or persons with physical and mental disabilities.

Safety and security risks

Many of the most distressing events we experience involve danger and violence. Checking for security risks and ensuring safety is the first step in psychological first aid, and also one that is likely to be repeated a number of times. Once the helper is certain it is safe to continue, other psychological first aid actions follow, including assuring the affected person's confidentiality. This can also help to enhance their feeling of safety. If safety at a crisis site cannot be guaranteed, then it is not appropriate to go on with PFA. The helper



should try to get other assistance for the people in need instead, and if possible, communicate with the affected persons from a safe distance.

Physical injuries

The next important step is to check if the affected person has any physical injuries, and attending to these. If the person is too young or unable to communicate for other reasons, the helper will have to assess by looking at their behaviour and obvious injuries on their body. Knowing physical first aid skills is a big advantage to psychological first aid helpers so that they can assess and attend to physical injuries if appropriate.

Assessing immediate basic and practical needs

Immediate basic and practical needs are also priorities. Check if the person needs water, clothing or a blanket and try to provide these as fast as possible. It is difficult for someone to focus on solving problems when they feel cold or thirsty. Provide emotional and practical support according to needs (food, water, clothing, shelter, social support – including restoring family links, medical or legal assistance). An important part of psychological first aid skills is knowing how to help people access basic needs. This does not mean knowing the contact details for all the resources in the community, but it may mean knowing how to access this information when needed.

Emotional reactions

When a person is in distress, it is normal they feel and show a range of different emotional reactions. A key part of psychological first aid is recognising other people's emotional reactions, accepting these without judgment and responding in a caring and understanding way. Make the person in distress feel accepted, even if he or she has emotional reactions that are difficult for the helper to understand or may be different to how the helper would react. For example, the helper must be aware of cultural differences in expressions of emotions.

CASE

PFA at an accident site

Juan was driving home from work late at night on a country road with no lights. Suddenly he noticed the dark shadow of a large animal on the other side of the road in front of him, and saw a car coming towards the animal at high speed. He tried to warn the driver by flicking his lights, but it was too late and the oncoming car hit the animal straight on and they both flew into the air and the car landed upside down.

Juan stopped immediately and saw there were other cars approaching at fast speed from either direction. His first priority was to prevent the accident from worsening so he waved at the cars as they approached so that they slowed down. He then ran to the car that had landed upside down, while calling for an ambulance.

When he reached the car, the driver had managed to crawl out and was moving away from the vehicle. Juan approached the driver calmly and said he was there to help. The driver got up and walked towards him, stumbling and dazed from the accident. Juan took his jacket off and put it around the driver. He asked the man if he was injured, or if any part of his body hurt. The driver was holding his arm and said he thought it might be broken. Juan led him to his own car and invited him to sit in the back seat. He explained that he had called the ambulance and the police and that the man was safe now, but that he should keep his arm as still as possible until more help arrived. The man sat staring straight ahead, looking completely dazed. He told Juan that he had thought he was going to die when the car flew into the air. Juan said he would also have been afraid if it had happened to him. He offered him some water and said he would stay with him till more help arrived.

If the person in distress has strong emotional reactions that start to interfere with their daily functioning over a longer period of time, they should be referred for professional mental health support, if available. Examples of behaviours and signs and symptoms that someone needs specialised help are if the person has not been able to sleep for over a week and seems confused and disorientated; or is so distressed that they are unable to function normally and care for themselves or their children, for example by not eating or keeping clean despite food and toilets being available; if they lose control of their behaviour and behave in an unpredictable and destructive manner; if they threaten to harm themselves or others; or start excessive use of drugs and alcohol. People living with a psychological disorder or taking medication prior to their situation of distress may also need continued professional mental health support.

LISTEN

LISTEN refers to how the helper

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

This action principle refers to the way the helper communicates with the person(s) in distress from the moment they approach and start to interact with them. It includes using a skill called active listening. This is a powerful skill, as being a good listener is something that benefits all aspects of life, and not only in the context of psychological first aid. It is a life skill that can help improve communication and relationships with others both at home and at work.

Listening is not only what we do with our ears. That is hearing. Listening involves all the senses and is demonstrated through behaviour. Listening is being present, paying attention, and trying to understand what has happened to the person(s) in distress, what they are feeling, and what they need. It is being open, inquisitive, and sensitive to what the distressed person is experiencing. It is also recognizing when someone does not want to talk, and allowing silence.

Approaching someone

Approach someone in distress carefully, calmly, and in an appropriate manner. Both the helper's behaviour and attitude influence how a person in distress reacts to an offer of help. If the person in distress feels panic and meets a helper who is also panicking, this will make his or her feelings of distress even greater. If instead they meet someone who is calm and focused, this will help them to feel calm and safe.

Introducing yourself

Introduce who you are, what your name is and the name of your National Society or other organization.

Pay attention and listen actively

There are a number of simple things one can do to pay full attention to someone in distress. For example, minimize distractions as much as possible; look directly at the person; do not use a phone whilst talking to someone; face the person, and focus on what they say and how they behave. Try to be at the same physical level as the other person. For example, if the person is sitting on the ground, kneel down to be at the same level.

Active listening is more than just hearing what someone says. It is a communication skill that is both verbal and nonverbal. Nonverbal listening is demonstrated through body language, eye contact, the space between two people, body positioning, focusing on the other person, and if appropriate, touching to connect. Some people show they are listening by holding another person's hand, nodding or gently touching their shoulder. Verbal parts of active listening are asking questions to improve understanding of the situation; rephrasing and summarizing what the person has said in your own words (to ensure and confirm understanding) and being encouraging and supportive.





PEKKA REINKAINEN/FINNISH RED CROSS



Supportive touch

In some cultures, hugs and touch are comforting, whilst in others it is inappropriate, especially if the helper is not someone the affected person knows personally or if they are of a different gender. Be conscious of possible differences regarding this, and always ask permission before touching someone. Follow IFRC or the National Society's child protection policy around guidelines for physical contact with children.

CASE

Supportive communication and active listening

In this dialogue a volunteer, talks to a distressed woman. She witnessed a car accident outside her home in which the driver was badly hurt.

Woman: *Oh, why did it happen? It was so terrible.*

Volunteer: *From what you say it sounds like it must have been a terrifying experience?*

Woman: *Yes, it was awful... (begins to cry uncontrollably)*

Volunteer: *I see... (V moves a little closer) Would you like to tell me what happened and what you did in the situation?*

Woman: *I heard the car outside, I ran to the door, and saw what had happened. Oh, it was really horrible... (Cries more quietly now) There was blood all over....*

Volunteer: *That must have been difficult for you to witness. I would like to listen if you want to talk more about it.*

Woman: *I ran to the car, made sure the driver was conscious and then I rushed to call an ambulance. I talked to the driver till the ambulance came.*

Volunteer: *So first you made sure the driver was all right, then you called for help and you stayed with the driver till help came?*

Woman: *Yes, that is what I did.*

Volunteer: *It sounds as if you reacted quickly, made some good decisions and helped the driver in the best possible way.*

Woman: *(Sighing...) Yes, that is true, but it was shocking. I was really scared.*

Volunteer: *I can understand how it must have been a frightening experience. How are you feeling now?*

Woman: *It still feels unreal, and I keep seeing the driver's body when I close my eyes. But I am glad he survived. Do you think I should go to the hospital and see him?*

Volunteer: *I am not sure I can answer that question for you. Maybe you can tell me more about why you want to go and we can talk about it?*

Accept others' feelings

Everyone reacts differently when they go through tough experiences. Try not to judge someone's reaction, or their feelings, even if they are different from the way the helper would react themselves or expect someone to react. Remember, there is no right or wrong way to feel. Be friendly and compassionate even if someone is being difficult. Psychological first aid skills call for an open, non-judgmental attitude that recognizes people in distress may behave or feel in ways that are different from one's own.

Calm the person

When people are in shock or crisis, they often have strong physical and psychological reactions. They may feel confused or overwhelmed, and may have physical reactions like shaking or trembling, difficulty breathing or increased heart rate.

There are many ways of calming a person who is in distress. Some examples are:

- keeping one's tone of voice calm and soft
- trying to stay calm, as that will have a calming effect on the person in distress
- if culturally appropriate, trying to maintain eye contact (without staring) with the person whilst talking with them
- reminding the person of the intent to help, and that they are safe, if it is true.



Helping someone in distress to feel calmer

It is important to know what to do if someone is in a state of panic or is experiencing physical reactions to a situation of distress. Speak to the person in a calm and unhurried manner and with clear, short sentences. Ask the person to describe their symptoms, and if he or she knows what the symptoms are caused by.

Be aware that chest discomfort and shortness of breath can also be caused by physical problems such as a heart attack or asthma. If there is any doubt as to the cause of the symptoms, make sure the person gets medical help as soon as possible.

Encourage the person to breathe in through the nose, and feel the breath fill up the tummy slowly, and then to breathe out slowly through the mouth. Reassure the person that his or her experience of discomfort will soon stop and that he or she is safe and nothing bad will happen to them. Explain that the symptoms will lessen, as they feel calmer and less distressed. It is important for the helper to keep calm if someone is panicking, and to understand that it may be difficult for the distressed person to become calm and accept help.

Ask about needs and concerns

The aim of psychological first aid is to help the person feel they are supported and cared for in a humane way. It is also about how they can access the support and help they need to cope with the crisis they are experiencing. The helper will need to ask questions that can help the distressed person(s) identify what support they need. If someone does not want help, do not impose it. The focus of the questions should be on what help is needed and what the priorities are. It is not so much on the details of what happened or how they feel about the situation. The helper should gather as much information as possible to help clarify what help is needed but without probing or pressuring those affected to talk.

CASE

Calming and active listening

Tom was walking down the street when he heard screaming and commotion coming from one of the shops on the other side of the road. Then he saw a man running out of the shop, with a big bag and a gun in his hand. The man ran to a car, jumped in and sped away.

Tom ran across the road and into the shop. There was a woman behind the counter who was screaming and crying loudly. She seemed to be having a panic attack, as she was having trouble breathing amidst her crying and screaming. Tom said loudly but calmly that she was safe, and that the robber had gone. He told the woman he would call the police and he would stay with her till they came.

The woman started to calm down and stopped screaming. She was still having trouble breathing, so Tom found a chair and asked her to sit down. He gently guided her to breathe more calmly, asking her to quietly feel the air going all the way into her stomach when she took a breath. She reached for his hand and held it tightly. She told him she felt nauseous and thought she was going to vomit. Tom said he was right there and would stay with her till she felt better.

After the woman started breathing normally, Tom fetched her a glass of water and asked her if she was feeling better. She took the glass and nodded and quietly drank the water. Tom said he saw the robber who left the shop and saw that he had a gun. He told the woman he would also have been afraid if it had been him in the shop. The woman started telling Tom what had happened. She said she had been busy tidying things on the shelves behind the counter when the robber had entered and started shouting and waving his gun at her, demanding that she open the cash register. She said she thought she was going to die.

Tom listened quietly, still holding the woman's hand. He told her she had been very brave and handled the situation well. He asked her if there was someone he should call to come and be with her, perhaps someone from her family. The woman asked him to call her husband who was out doing some errands in town. Tom stayed with the woman until her husband arrived and shortly after the police arrived.

It is common that people in distress are confused and find it difficult to focus on what they need. A helpful psychological first aid skill is trying to anticipate what kind of needs the person may have, and giving information without waiting for the person to ask. Examples are practical information about where they can get help with basic needs, or how to ensure their safety.

Help find solutions to immediate needs and problems

Another important action is to help the person identify what support they require to address immediate needs and problems. One way of doing this is to ask them to share how they have coped with difficult situations before, and affirming their ability to cope with the current situation. Ask them what they need to feel better. Encourage them to use helpful coping strategies and avoid unhelpful ones.

Examples of helpful coping strategies are prioritising what problems or needs should be dealt with first, or asking others for help with what they cannot deal with alone. Examples of unhelpful coping strategies are using alcohol or drugs to try to forget problems, or staying in bed or isolating oneself because the problems seem overwhelming. Whilst these strategies may feel like they are helping the person cope in the moment, if continued over longer periods they are likely to impact the person negatively.

LINK

Link refers to helping the person in distress

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

This action principle has practical outcomes in terms of the helper giving information and helping people to attend to basic needs and access the resources they need to cope with their situation. Remember that providing psychological first aid is often a one-time intervention and the helper may only be there to help for a short time. The role of the helper is to help the person help themselves and to regain control of their situation.

Give information

People affected by a crisis event will want accurate information about the event, as well as information about loved ones or others who are impacted, their safety, their rights and how to access the services and things they need. Provide accurate and useful information relevant to the person and his or her needs. This can range from practical information on where to access different resources, to psycho-education that helps normalize the reaction of distress and helps prepare the person for possible reactions that may follow in the days and weeks to come.





Psycho-education

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

See the IFRC PS Centre's Psycho-education materials for more information.

CASE

Psycho-education on the importance of sleep

In this dialogue, a volunteer talks to a man whose wife has died after a short and complicated illness, leaving him alone with three children.

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

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

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

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

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

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

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

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

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

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

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

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

CASE

Importance of LINK

In the first week as a volunteer in the ambulance service of the local Red Cross Society, Judy helped link a family that had been injured in a car accident to the casualty ward of the nearby hospital. She referred an old man who had collapsed on the pavement to a doctor and to a support service for older people, as he had not slept or eaten for days. She helped a woman who had experienced domestic violence to access legal help and protection, and she referred three different people to a grief support group as they had all lost loved ones in the last few months. When she reflected on the week she realized how important it was to know what services were available and how to link people quickly and effectively with the help they needed from others.

Connect people with loved ones and social support

It is important to connect a distressed person with his or her family, either in person or by phone to update them on what is happening and check if loved ones are OK. PFA helpers should know how to link persons to Restoring Family Link services in emergency situations. There are usually also other social support systems. It is useful for the helper to know what services are available in their area.

Tackle practical problems and enable access to services and other help

Another important aspect of PFA is basic and functional support by finding out what practical help the person needs and linking them to others or services where they can access this help. Depending on the circumstances, the helper may have to accompany the person(s) to the services or wait with them until more help arrives.

Examples of helpful practical support are:

- contacting someone who can come to be with the distressed person
- arranging for children to be picked up from school or to be given something to eat
- helping the person with transport home
- helping the person to get to a hospital or other support services.



DIEGO CASTELLANOS/ECUADORIAN RED CROSS

Making referrals

Making referrals is part of the action principle 'Link.' Referring means linking a person in distress with help they need from someone or somewhere else, by either contacting the other service directly or giving the affected person(s) contact details. Referrals to other professionals or services are made when an assessment has been made that the person in distress needs more, or other, help than the PFA helper can give. Examples of such help are provision of basic needs, medical help, social support, family tracing, child protection services, support to survivors of sexual and gender-based violence, financial support, legal advice and mental health and psychosocial support. When possible, it is best to work together with the person in distress to prioritize the order in which referrals should be made. If a person has been hurt physically, referral for medical assistance is always a first action. If the person is in emotional distress, the first action is to help calm the person down. When the person is calm, then it will be possible to talk with him or her quietly, and find out what help they need and take action to refer them for other help, if appropriate.

Making decisions with or for others

One of the aims of psychological first aid is to help the person in distress identify what help they need. While it is important to identify what someone needs with that person, there may be some circumstances where the helper must make assessments for them. For example, if a person is unable to communicate either because they are hurt, in shock and unable to speak, or they do not speak the same language as the helper, then the helper will have to make decisions for them. If someone is at risk of hurting themselves or others, the helper will also have to intervene and call for help; or if it is a small child who is unable to explain his or her situation, or a child at risk of abuse or exploitation. In situations like this, the helper must make decisions for the adult or child, based on observations and analysis of the situation. When the helper is in a situation of making decisions for others, it is often a good idea to first consult with a team leader.

When to refer

Referrals can be made when the helper and the affected person(s) identify what help is needed. It may be referral for practical assistance, for example, food or shelter; or it may be referral for medical or mental health and psychosocial support.

Refer people for specialised psychological help if:

- they have not been able to sleep for the last week and are confused and disorientated
- they are so distressed that they are unable to function normally and care for themselves or their children by, for example, not eating or keeping clean despite food and wash-rooms available
- they lose control over their behaviour and behave in an unpredictable or destructive manner
- they threaten harm to themselves or others
- they use drugs or alcohol excessively.

People who were living with a psychological disorder or were taking medication prior to the situation of distress may also need continued professional mental health support.

How to refer

It is important to communicate in a caring and considerate manner with the affected person(s) to explain that they will be linked to someone else to receive the help they need.

When referring remember to:

- always prioritize the confidentiality and security of the person in distress
- inform the person what the different options are, if relevant, and help the person make informed decisions about the way forward
- get their informed consent on the plan of action before proceeding
- follow the procedures and requirements of the National Society and of the service referred to.

Procedures will in some instances involve consultation with and approval by the helper's line manager or team leader.

Referral can mean contacting a service and linking the person in distress directly, or giving the person the contact details and asking them to make the contact themselves. What action is appropriate depends on the situation and how the person in distress is affected.



Recognising one's limits as a helper

Psychological first aid helpers need to be clear about the limitations of the help they can provide and know who to call for help. Psychological first aid is usually a one-off action and helpers need to understand the limits of the help they can give, and that they may not personally, be in a position to follow up on the people they help.



YARA NARDI / ITALIAN RED CROSS

CASE

Referral to professional mental health support

Frank is a volunteer with a food distribution team. On one of their trips to a remote village, he was helping with maize meal distribution, when a young boy came running to the truck calling for help. He said his brother was sick and asked if someone could come and help him. Frank went with the boy to his homestead, where he saw a young man outside one of the huts shouting and throwing his arms and legs around.

The boy told Frank that this was his older brother who been away for many years, fighting in the civil war. He had just returned a few days before and he was not himself. He did not seem to know where he was. Every now and then, he would start screaming and shouting in fear, as if someone was hurting him, even though he was completely alone. The episode would stop as soon as it started. Afterwards he was disoriented and confused, as if something had happened in a dream that he could not remember. He had asked his young brother to try to get him some help, as he thought he was going crazy.

Frank first thanked the boy for calling him and said it was good they had decided to try to get some help. He explained that what the brother was experiencing was probably a reaction to the difficult things he had experienced during the war. He said he imagined it was frightening and disturbing for the young man to have these episodes and for the brother to watch it happening.

Frank recognised the young man needed more specialised help than he was trained to give, so he explained that he would like to call his team leader to ask where he could get the right help for them. The young boy and his brother both agreed. Frank's team leader gave him directions to a local clinic where there were trained psychiatric nurses that could help the man. Frank spoke to the young boy and to the brother about this suggestion, and with their agreement, Frank accompanied them to the clinic, where the young man met the psychiatric nurses.

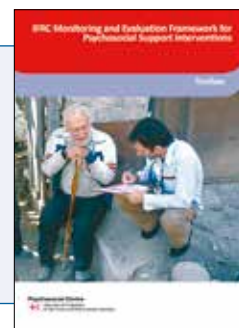
Who to refer to

Referral procedures differ in each context according to the services available and local referral measures. Referral systems are different in every country, community and in every National Society. Training in PFA includes attention to local referral systems and procedures.

Examples of services one may need to refer to are hospitals or other medical services; legal or protective services; restoring family link services; assistance for basic needs; and mental health or psychosocial support services.

Establishing effective referral systems

Information for programme managers on how to establish effective referral systems can be found in chapter 7 of the IFRC Monitoring and evaluation framework for psychosocial support interventions. Guidance is given on how to use two referral tools: a referral resources list and referral documentation forms.



Complex reactions and situations



Complex reactions and situations

Complex reactions

Sometimes people have reactions to distressing events that are more complex than the ones described earlier. There are certain factors that increase the risk of developing stronger and more complex reactions. Examples include: if a person has had previous traumatic experiences; if he or she has an underlying mental condition; if a person has been exposed to events where the horror element was high; if a person thought he or she was going to die; if a person has experienced traumatic bereavement or was separated from his or her family.

The first three kinds of complex reactions described in this section (panic attacks and anxiety; anger and aggressive behaviour; and self-harm and suicide) can take place in the immediate crisis situation, but they are also reactions that can develop over time. The other reactions described in this section (prolonged grief, severe sleeping problems, flashbacks, harmful coping methods, depression, and post-traumatic stress disorder) are all reactions that develop over time. People with complex reactions need more specialised help than psychological first aid and should always be referred for professional mental health support if possible.

It is therefore important for PFA helpers to be able to recognise and to have some knowledge of complex reactions so they know when to refer. Examples of referral services are local counselling services, clinics or hospitals with mental health trained staff, non-governmental organizations that offer psychosocial support, and support groups. In some communities, counselling is offered by religious leaders or other lay counsellors.

Panic attacks and anxiety

Any perceived distressing event can lead to a panic attack. However, panic attacks are most common after accidents or situations that are frightening. A panic attack is a distinct episode of anxiety during which a person feels fear and apprehension. The anxiety reaches its peak within 10 to 15 minutes. During the panic attack, the person can have many different physical symptoms, such as a faster heartbeat, shortness of breath, chest discomfort, profuse sweating, dizziness and light-headedness and nausea. Many people also feel very afraid, for example of dying, losing control or fainting. The first step in assisting someone with a panic attack is helping them to feel calm. See the Listen section of the previous chapter for an example on how to make someone feel calmer through quiet and focused breathing exercises. If the physical reactions continue, it is important to call for medical help.

Anger and aggressive behaviour

Some people react to crisis situations by losing control of their feelings and behaviour. This can be particularly problematic if it leads to strong feelings of anger and aggressive behaviour. Such reactions are common in conflict situations, where people are living in environments marked by violence and destruction. It is also common for people who have experienced immense losses, for example due to disasters, to feel anger and frustration together with feelings of helplessness. Helpers should know what to do if they encounter someone who is angry and aggressive.



Helping a person who is angry and aggressive

When a person in distress is angry and aggressive, take action immediately so as not to be alone with the person. Find or contact others that can come and help. If the person appears very emotional and cannot be calmed down, call for help early, for example from a crisis team, ambulance or police. Be alert as to whether the person has a weapon or object that can be used to hurt others. If needed, evacuate other people to a safe place. Keep a safe distance from the aggressive person. Keep an open posture, for example, hold your hands by your side with palms turned outwards so the person who is angry can see you are not armed or threatening. Avoid touching the person in case they become violent.

Speak to the angry person using a calm and soothing tone and in a non-provocative, non-confrontational way. For example, nod your head to show that you are listening and use open-ended sentences. Encourage the person to talk about his or her reasons for being angry or agitated. Focus on the situation and his or her problem, not on his or her intention to take action.

Maintain contact with the person and keep him or her talking until he or she has time to calm down. Listen to the person in a non-judgmental way. Be assertive and tell the person decisively and empathically that he or she will not be allowed to harm him or herself or others. If appropriate, provide positive reinforcements and suggest ways other than violent behaviours to solve the problems. Ask about the person's social support and resources.

When the person has calmed down, consider if a referral is needed for further assessment and management.

Self-harm and suicide

Volunteers and staff who work in psychosocial activities such as phone or online help lines and support groups or other work that includes lay counselling, regularly help people who are thinking of harming or even killing themselves. Suicide is the act of deliberately killing oneself. Self-harm is a broader term referring to intentional self-inflicted poisoning or injury, such as cutting, which may or may not have a fatal intent. It is not uncommon for people who have experienced shocking or traumatic events and losses, or who feel socially excluded and have feelings of low self-worth to lose hope and think about harming or even killing themselves. Others stop caring about their health and engage in risky and harmful behaviours such as taking drugs or engaging in dangerous sexual encounters.

If a person expresses self-harm or suicidal thoughts or intentions, it is important to ask him or her directly about these thoughts and whether the person has concrete plans for harming themselves. Some people are afraid to ask direct questions about someone's thoughts or intentions of committing suicide, as they are afraid to 'put that thought into someone's head.' The opposite has found to be true, however, that people who are considering harming or killing themselves often feel relieved and understood when someone asks them about it, and this can help prevent them from carrying out the harmful behaviour.

If someone shares they have a concrete intention to harm themselves, contact a trained mental health provider or refer to a health provider who can link the person to more specialised help. It is important not to leave the person alone, but to stay with them until they receive the help they need.



Telephone hotlines and online support

Hotlines and online chat support are becoming more common in many countries around the world. The vast use of mobile phones and computers makes it possible for people to access support more easily from their homes or in an emergency situation.

Hotlines are local numbers that someone can use to call and speak to a person for support. The hotline responder is usually someone who is trained in psychological first aid and in helping people with specific problems, such as experiences of rape, or thoughts of suicide. Hotline responders are trained on how to calm someone in distress with their voice and words, and how to recognise signs that someone is at risk through what they hear.

Online chat support is similar, except the helper and the person in distress write to each other by email, chat or text. The online helper is trained to give support using these media. Texting, for example, is often used in post-emergency situations to give people information about where they can access help or what numbers to call if they need someone to talk to. Responders online are trained to recognise signs in what someone has written that indicates they are at risk.

Both hotline and online chat supporters have referral information available to help the person in distress access face-to-face support if needed.

Prolonged grief

Prolonged grief is also known as unresolved grief. This is when the person who has lost a loved one finds it hard to accept the loss and to adapt to life without them. Prolonged grief can impair a person's normal functioning and their relations with others. Examples of symptoms of prolonged grief are extreme focus on the loss and reminders of the loved one, intense longing and pining for the deceased, continued feelings of anger about the death, isolation from others, feelings of hopelessness, and suffering physical symptoms similar to that experienced in the deceased's final illness. Prolonged grief can be recognised when reactions and emotions are not changing around six months after the person has lost their loved one(s). Persons experiencing prolonged grief should be referred to lay counselling or mental health services, if available.

Severe sleeping problems

It is normal for someone who has experienced something distressing to have sleeping problems, such as difficulty in getting to sleep or sleeping too much. Lack of sleep for many nights can lead to physical and psychological problems. It can lead to exhaustion and affects a person's normal functioning, interfering with their ability to carry out regular daily activities, such as going to work and interacting with others. It can lead a person to become very confused, agitated and have mood swings. If a person shares they have not been able to



sleep for many nights, refer them to a medical doctor or for mental health services, if available. Some people react to distressing events by sleeping more than usual. If this continues over a long period, it can affect the person's daily functioning, self-care and social interaction with others.

Flashbacks

When a person has a flashback, it feels as if they are back in the moment of the original stressful event. Flashbacks can feel so real that a person may actually sense or feel as they did at the time of the event, or they may even think they are back in the same situation. Some people confuse flashbacks with hallucinations or signs of mental illness. This is not the case. Flashbacks are a common stress reaction and can happen at any point after an event. They usually become less frequent with time, but may reoccur periodically for years after the event. If a person is troubled by recurring flashbacks, they may need medical help or professional mental health help.

CASE

Flashbacks and panic attacks

Jean owned a textile factory with about 150 employees. The earthquake happened at about 2 pm, so most of his employees were inside the building when it collapsed. Jean's wife, Marielle, was in the office. She died on that day, together with about 50 of their employees trapped in the collapsed building. In the first few days after the disaster, Jean walked around in a complete daze. He does not remember anything from those few days. He was in a state of shock.

LOOK

About a week after the event, Jean went to look for help because he thought he was going crazy. He went to a medical tent from which he had heard others had received help. When he first went in, there were lots of people talking with each other or just sitting around, and Jean did not know who to talk to or what to do.

Martin, a trained nurse and psychological first aid provider, noticed Jean standing near the entrance to the tent looking lost. He approached him and asked if he needed help. When Jean said yes, Martin took him to a space a little away from other people and invited him to sit down and asked him what he needed.

LISTEN

Jean told Martin briefly about his experience in the earthquake, and told him that over the last week every time there was an aftershock, he started panicking. He said he found himself sweating and breathing very fast. Then he would see images of his wife and colleagues as he had seen them in the rubble when he helped dig their bodies out. He felt like he was going mad because the images were so real. He needed help to stop having these thoughts as they were frightening him.

LISTEN AND LINK

Martin explained that he was experiencing flashbacks and they were a reaction to the experiences he had in the earthquake. He assured him that he was not going mad, and that the flashbacks were probably going to decrease and eventually stop. However, he suggested talking to the psychologist who was working at the medical tent who could provide him with some exercises and help with handling the flashbacks, if they continued.

Depression

Depression is characterized by a prolonged feeling of sadness, diminished interest in activities that used to be pleasurable, loss of hope, weight gain or loss, agitation, fatigue, inappropriate guilt, difficulties concentrating, and sometimes, recurrent thoughts of death. Depression is more than 'a bad day.' It is a medical condition that can seriously affect a person's life and their ability to function. It is also different from short episodes of feeling depressed, which are common to most people but which also tend to pass quite quickly. People can develop depression if they have severe reactions that are left untreated, such as prolonged stress or prolonged grief, including sleep problems. People showing signs or symptoms that they may be experiencing depression should be referred for mental health support, if available.

People living with depression typically need referral to a clinical psychologist or psychiatrist. These specialists can evaluate if anti-depressant medication is needed, together with psychological therapeutic treatment, such as cognitive behavioural therapy (CBT) which is often used to help people with depression. If available, the person may also benefit from participating in Problem Management Plus, an intervention developed by WHO for people experiencing symptoms of depression.

Harmful coping methods

Some people use coping methods that can have harmful impacts on their health and well-being, such as self-medicating with drugs or alcohol to numb uncomfortable feelings of anxiety, discomfort, or suffering. Others become violent and aggressive or threatening towards others, whilst some isolate themselves completely from other people. PFA can help a person recognise they are engaging in harmful behaviour and that they need referral for help and support from others to break this cycle and adopt more helpful coping behaviours.

Post-traumatic stress disorder (PTSD)

Some people who experience traumatic events, such as natural disasters, armed conflicts, physical assault, abuse or accidents, may develop post-traumatic stress disorder (PTSD). This is a disorder that can only be diagnosed at least one month after the experience of a traumatic event and is characterized by the persistence of the following three types of symptoms throughout the month: i) re-experiencing the event, ii) avoidance of reminders of the event and iii) symptoms of increased arousal such as nervousness, sleep-related problems, stomach problems and difficulties concentrating. Many people with PTSD have recurrent thoughts and images of the event. They also report feeling emotional numbness and tend to isolate themselves and spend less time than usual with others.

Post-traumatic stress disorder can have debilitating effects on a person's life and affects a person's behaviour and relations with others, leading to problems with family, friends and work. The affected person will most often need mental health treatment and support. If a PFA helper suspects a person has PTSD, connect the person with mental health services for assessment and treatment, if available.

Complex situations

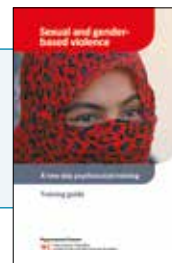
There are some situations that are more complex than others, such as threatening situations, violent attacks including sexual and gender-based violence, unaccompanied children, suicides, witnessing deaths or working with people who have experienced multiple losses, large-scale accidents or disasters with severe destruction and loss, or situations with multiple crises that happen simultaneously or shortly following one another. The three complex situations of sexual and gender-based violence, helping multiple people at the same time, and marginalized groups are described below.

Sexual and gender-based violence (SGBV)

It is not uncommon for psychological first aid helpers to encounter people who have experienced sexual and gender-based violence. This is partly because it is a global and widespread problem and also because helpers often work in safe places, where affected persons may feel comfortable to disclose and share their experiences. Most cases of sexual and gender-based violence are sadly not reported because people fear the negative consequences of a disclosure. Depending on the cultural context, being identified as someone affected by sexual violence can lead to social exclusion, isolation, discrimination, loss of dignity, further violence or even threat to life. These risks may also extend to the person's family and immediate community.

The principles of 'do no harm' are particularly important when providing psychological first aid to someone affected by sexual and gender-based violence. Extra effort should be made to protect the person disclosing their experience of violence and harm, and to protect others involved, such as the person's family or other helpers. It is also important to be particularly careful about maintaining confidentiality. Information should only be shared with the informed consent of those affected by sexual and gender-based violence, unless it involves children. It is mandatory to report child abuse. A child is defined as anyone 18 years and under. It is important to take notes and document what the child says and of any observations. Report the incident immediately through the appropriate channels.

See the IFRC PS Centre training materials on sexual and gender-based violence for more information and guidance on this topic: www.pscentre.org.



Helping multiple people at the same time

It is not unusual to encounter multiple people affected by a crisis situation needing PFA. During an emergency situation, PFA helpers have to assess who needs help, who to help first, who can be helped together and how to ensure that others who need it also receive help. Assessing who needs help first is referred to as 'triage.' It involves identifying persons who are showing signs of physical or emotional distress, assessing what help they need, and prioritising who needs what help first. There may be situations where it is appropriate to help groups of people at the same time, for example, by providing information and psycho-education. This may also encourage peer support amongst the affected group, if appropriate.



It is recommended to help multiple people who are in natural groups, so they know and feel comfortable with each other. Examples of natural groups are families or groups of children from the same school class. They will have similar concerns and needs and will benefit from receiving support together.

Helping multiple people at the same time in an emergency situation is different from the support meeting method explained in the section on *PFA in groups – support to teams* in this guide, and taught in the three-day training. This is a method of providing PFA to groups of staff or volunteers after they have experienced a distressing situation together and is an activity that is planned at least two days after an event has taken place.

Marginalized groups

Some groups of people are marginalised and have less access to resources and opportunities and are subject to higher rates of prejudice, stigma and discrimination, abuse or exploitation than others. The groups which are marginalised vary in different communities, societies and countries. They are often identified by characteristics such as gender, ethnicity, religious beliefs, race, sexual orientation or age. Examples may include people living with disabilities, mental health problems or chronic health conditions; people with visual, intellectual, or physical impairments; linguistic minorities; migrants, and women and children. Marginalised groups of people may need extra protection and specialised help.

Stressors associated with crisis events or difficult experiences may worsen some health conditions, such as high blood pressure, heart conditions, asthma, anxiety or other health and mental disorders. When providing psychological first aid, ask the person in distress if they have any health conditions, or if they regularly take medication for a health problem. If they indicate they have a physical health condition, try to get their medication or help them to access medical services as quickly as possible.

If a person is not able to take care of him- or herself on their own, for example due to physical or mental disability, or because they are older and frail, help them get to a safe place where they can receive care and support. Help them meet their basic needs and stay with the person until someone else takes over to help them.

If the person in distress is at risk for discrimination or violence, for example because they have experienced sexual and gender-based violence, or because they are from a minority group at risk of discrimination, similar procedures as above should be followed. However, an additional focus on protecting them from harm from others is added, and ensuring they access resources that they may otherwise be excluded from because of their social status.

Children



Children

Children face various challenges growing up. They may have to live with their own or a family member's serious illness. They may lose loved ones or become separated from their family, and they may be harassed or exploited. Psychological first aid for children is based on the same principles as PFA for adults. However, children are not little adults and may need support that adults do not because of their dependency on others for protection and care. Children do not have the same life experience or physical and emotional maturity that adults do, and they react to and understand stressful experiences differently than adults. Like adults, children's reactions are influenced by how they experience the distressing event first hand. However, they are also influenced by how caregivers and others around them react to the situation and to them, and by changes in their daily life and interactions with others. Children react according to what they understand of the crisis event, which in turn is related to their stage of development.

Understanding common reactions to stressful experiences in different developmental stages can be helpful when identifying a child in distress. It is crucial to assess if the child is exhibiting a common reaction that is likely to subside with time, or if it is a more severe reaction that needs referral for more professional and specialised help. Common reactions to distressing events linked to a child's age are described below.

It is important to keep in mind that children develop at different rates, and some children may show characteristics of a slightly younger or older age group. This is normal. It is also common that children are able to continue functioning socially and are able to play, smile and laugh, whilst their feelings of distress are communicated in other ways, for example, through drawings.

Learn more about children's reactions to distress and how to provide PFA from the materials developed by Save the Children and the IFRC PS Centre: www.pscentre.org
<https://resourcecentre.savethechildren.net/>



Children's understanding of and reactions to crises

Birth - 2 years

Very small children of up to two years have little or no understanding of the meaning or the consequences of a crisis event. Instead, they are very sensitive to differences in the reactions and behaviour of their parents or caregivers. Babies' and toddlers' reactions are typically linked to the reactions of those around them. Children at this age are not able to clearly identify or articulate what they need with spoken language, but demonstrate distress through their behaviour.

Common reactions of children in distress in this age group include becoming more clingy with caregivers; behaving as if they were younger again; changes in sleep and eating patterns; crying more and being more irritable; being afraid of things that did not frighten them before; becoming hyperactive or losing concentration faster. Changes in play are also very common, such as less or no interest in playing, only playing for short periods, starting repetitive play, or playing more aggressively and in a violent way. Other behavioural reactions are becoming more sensitive than usual to how others react or being more oppositional or demanding than before.

Ages 2 - 6 years

Children aged two to six years can express themselves better with language, but they still have a narrow understanding of the world, and everything is centred around the child's personal experiences. Children at this age still do not understand the consequences of crisis and emergencies and may not, for example, comprehend that someone who dies will not come back. The child still understands the world through reactions of his or her caregivers, but at the same time has a vivid and imaginative inner life. The boundaries between imagination and reality can sometimes be blurred. 'Magical' or imaginative thinking is typical. If the child does not understand something, he or she may 'fill in the blanks' with his or her own imagination. This has nothing to do with lying. It is simply the way a child in this age range understands the world. The child may think that he or she is the cause of events, and think that an emergency was his or her fault. This can lead to the child feeling guilty that they are responsible for someone getting hurt. They may fear that their thoughts can lead to hurting someone in the future. It may help if caregivers explain that their own reactions are not because of the child, but due to the situation.

Common reactions of children in distress at this age include an increase in clinging to caregivers or other adults; regressing to younger behaviour, such as thumb sucking; and changes in eating patterns. Some experience sleep disturbances, including nightmares. Some children stop talking or stop wanting to play with others. Some may become hyperactive, irritable, or difficult to manage. Some children become fearful that something bad will happen, and may take on inappropriate adult roles or responsibilities. Some children find it difficult to concentrate and become easily confused.



CHARLOTTE HVEST / IFO / BELGIAN RED CROSS

CASE

Common reactions for very young children

Holly had just turned two when the earthquake hit. She was at home with her mother, when the house started shaking and collapsing. Holly's mother grabbed her and tried to run out of the building. It was not possible for them to escape in time, and the building fell down on top of them. When Holly's father and his friends finally reached them in the rubble three days later, Holly's mother had died but she had protected Holly with her body.

Holly's father took his daughter to hospital for emergency medical treatment. Holly was severely dehydrated, her leg was badly broken and she had cuts all over her body. In the next few weeks, Holly asked her father every day to take her back to their house, as she wanted to go back and find her mother. She did not understand that her mother was dead, and insisted that she knew where she was as they had been together. She also refused to let her father out of sight, and wanted to be near him all the time.

When Holly's father spoke to one of the Red Cross volunteers at the hospital, he shared that he was worried about Holly and that the experience had made her lose her mind. The volunteer explained that Holly's reaction was normal for her age and that she was not yet able to understand the finality of her mother's death. Her clingy behaviour was also normal, as she was afraid that she would lose her father if he left her side. The volunteer explained it might take a while for Holly to trust that her father would return again if he went away. He encouraged Holly's father to be patient and he reassured him that she would start to be more independent again with time. Understanding Holly's reaction helped her father worry less, and enabled him to give her the comfort and support she needed.

Aged 6 - 12 years

Children aged six to twelve years have a deeper understanding of how things are linked together and of cause and effect, as well as of risks and vulnerabilities. They are interested in concrete facts and they have a better understanding of death and loss. They struggle with change and divide the world into good-evil, right-wrong, reward-punishment, etc. They still use 'magical' thinking sometimes and are more, but not completely, able to think in abstract terms and logically.

Common behavioural reactions to stressful events of children in this age group include regressing to younger behaviour; becoming aggressive, irritable, or restless; engaging in more or less physical activity than before; and having sleep and appetite disturbances.

Social reactions include withdrawing from social contact with others; being reluctant to go to school; or talking about the event repetitively. Internal reactions are feeling confused or afraid; being unable to remember things, pay attention or concentrate; being overly concerned about other people affected and experiencing self-blame and feelings of guilt. Common physical reactions of children at this age are headaches, stomach aches and muscle pains.



CASE

PFA at home

10-year-old Jean-Luc's mother, Emilie, started to worry about him when she noticed that his appetite had changed and he ate much less than he used to. He had also been spending more time than usual in his room, instead of in the sitting room with the family. When she asked him if everything at school was OK, Jean-Luc stormed out of the kitchen and ran angrily into his room and slammed the door. Emilie knocked quietly on his door and asked if she could come in to talk. When she went in, she found Jean-Luc lying on his bed crying. He told her that he was being bullied by some boys from the older class, but had not been able to tell anyone because they threatened to hurt his little sister who was in the first grade.

Emilie sat calmly next to Jean-Luc and thanked him for sharing. She said she understood he was frightened and angry, and that this was a horrible experience for him. She asked if he wanted to say more about what had been going on so that she could understand the situation better. Jean-Luc told his mother what had been going on in more detail. His mother listened quietly and at the end said she was very sorry he had been going through all these difficult experiences without her support. She was relieved he had told her and she was going to do everything she could to help him. She explained that she was going to do some different things to make this stop. She said some of the things he could help her decide on, but for others she would make the decisions. Emilie contacted the school to let them know what was happening and to set up a meeting to discuss how to tackle the situation.

Aged 12 - 18 years

Teenagers have a growing understanding of other people's perspectives, even if they differ to their own, and they understand the seriousness of an emergency situation and how it affects them and others. Teenagers start to feel a strong sense of responsibility for the family, and some are already family breadwinners. Many older teenagers around the world are expected to and do take on adult responsibilities. While teenagers are still attached to the family, peers play a growing role. They become more aware of establishing their identity in relation to others and develop a more engaged social life. Friends can be as important, or even more important and supportive than parents or family during this time. Common reactions of teenagers to stressful events are more like those of adults. At this age they feel intense grief and self-consciousness or guilt and shame that they were unable to help those who were hurt. They show excessive concern about others or become self-absorbed and feel self-pity. They experience changes in their relationships with other people and may start taking risks and engaging in self-destructive or aggressive behaviour. Crises may lead teenagers to experience major shifts in their view of the world, and to have feelings of hopelessness about the present and the future.

CASE

Growing up fast

When Beni's father died in a mining accident, Beni had just turned 15. Despite having two older sisters, as the oldest male child in the family, Beni became the head of the household from the day of his father's death. Although he had not finished school, his family expected him to leave school and find work to earn money for the family. Beni understood these expectations and knew he had no choice but to comply. In front of others Beni did not show any emotions, but inside he was afraid of the huge responsibility he now had. He was also a little angry that he would not get to finish school, as school was the thing he loved most of all. He knew he had to be mature and take on caring for others, but he also felt some resentment that his life as a child had ended so abruptly.

Risk factors for negative reactions

Most children, like adults, manage stressful situations well if they have access to the resources they need to cope, including social support and protection from harm. However, there are some factors that have been shown to heighten risks of negative reactions in children who experience stressful events.

These are when parents or caregivers are unavailable to provide support and comfort after the event; when they have poor physical health, mental or physical disabilities; or previous traumatic experiences such as abuse or neglect; or if they were experiencing other personal crises at the time of the event, such as recently starting a new school, family disruptions such as divorce, or the birth or adoption of a new sibling, which are all experiences that can be stressful for children.



Behavioural changes

A key indicator of distress for children is a lasting change in their behaviour. If there is a child of concern, start by gathering information from others in the child's world, such as their parents or teachers, on whether they have noticed changes in the child's behaviour.

Activities to support children

There are varied child-centred activities where psychological first aid skills can help to calm and support children in distress. Examples are supporting bereaved children, child friendly spaces in emergencies, children's resilience programmes, and life skills or sports and physical activity programmes.

Child friendly spaces in emergencies

Child Friendly Spaces (CFS) is a child right's programming approach that supports children's well-being in emergencies. CFS protect children by providing a safe space with supervised activities, by raising awareness of the risks to children, and mobilizing communities to begin the process of creating a protective environment. CFS are places designed and operated in a participatory manner, where children affected by natural disasters, migration crises or armed conflict are provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and information about services and other support provided. Generally, CFS refer to a relatively short to medium term programme response, and are very often operated from tents or temporary structures (schools, under a tree or a vacant building).

Read more about this in the IFRC Psychosocial Centre and World Vision International (2018) *A Toolkit for Child Friendly Spaces in Humanitarian Settings*.



Children's resilience programmes

Children's resilience programmes are sets of structured and planned psychosocial workshops for children that have been affected by adversity. The workshops are tailored to the specific group of children participating and their needs and challenges.

Read more about the *Children's Resilience Programme* in the IFRC PS Centre's library: www.pscentre.org



Life skills programmes

Life skills programmes aim to help children make informed decisions, solve problems, think critically and creatively, empathize with others, communicate effectively, build healthy relationships, and cope with and manage life in a productive manner. These skills are essentially the abilities that promote mental and social well-being in situations encountered in the course of life. Examples are interpersonal skills such as negotiation skills, or personal skills, such as learning how to manage finances, or cognitive skills that help a person analyse situations and make good decisions.

See more on life skills programmes and activities in *Life skills – skills for life* in the IFRC PS Centre's library: www.pscentre.org



Sports and physical activity programmes

Sports and physical activities have positive effects on physical health and on cognitive and psychosocial well-being. Children and youth who develop their physical skills and lead a physically active life are more likely to live healthier lives as adults. Children who are physically active are more likely to stay in school, and active children tend to do better academically.

See more on sports and physical activities in *Moving Together* in the IFRC PS Centre's library: www.pscentre.org



Helping children in distress – PFA for children

Psychological first aid for children follows the same action principles as for adults, ‘Look, Listen and Link.’ However, there are some key differences between helping adults and children, or additional actions needed, that are explained below.

LOOK for:

- information on what has happened
- safety and security risks
- who the child is with or whether the child is alone
- physical injuries
- immediate basic, practical and protection needs
- emotional reactions.

CASE

Reactions to problems at home

Jessie worked as a helper in an after-school care institution in a big city. One day she noticed one of the children, Peter, a 13-year-old boy who was usually happy and sociable with the other children, had spent most of the afternoon on his own. He had a book in front of him and looked like he was reading, but as she observed his behaviour, she noticed he was just staring at the book without reading or turning any pages.

She approached Peter and asked him if she could join him. When he looked up at her, Jessie saw that he had tears in his eyes. She asked him if he wanted to go with her to a quiet corner of the room where they could talk more easily, which he agreed to. Peter told her that his parents had told him the night before that they were going to divorce. He did not want to tell his friends about it because he was so angry and disappointed, and because he started to cry every time he thought about it. The family was supposed to be going on holiday together in the summer and now everything had changed. Instead of going away, he would have to help his mother move into a new house. He hated his parents and hated his life, and he was not planning to go home that evening. In fact, he wanted to run away.

Jessie told Peter she completely understood that he was angry. This was not a fun situation and it was the beginning of a different life for him. She said she understood if he did not want to be with the others, and he was welcome to spend some time alone in the quiet room if he wanted. She also talked with him about his plans to run away, and said that even though it all felt hopeless and horrible, running away was only going to make things worse. She encouraged him instead to think of how he could tell his parents how he was feeling, so they could understand how difficult this was for him.

Jessie was a little worried that Peter would not go home at the end of the day, because he had threatened to run away. So she suggested to Peter that she call his parents and ask them if they could collect him instead of him taking the bus as he usually did. She said she would be happy to be there when he talked to them about his feelings if that would help. Peter thanked her and said he would like that very much. It would be easier for him to share his feelings if she was in the room.

The first additional action is to assess who the child is accompanied by, or if the child is alone, to follow the protocol on helping unaccompanied children. If the child is accompanied by caregivers, assist the caregivers so they can comfort and care for the child. If, for some reason, this is not possible, continue to involve the caregiver as much as possible in caring for the child, and carefully explain everything that will be done to help the child. It is important caregivers understand that you want to help so they can give informed consent for any actions to help their children.

The second additional action is to focus on protection needs. Ensure the child has a safe place to be and is not in danger for exploitation or abuse.

LISTEN refers to how the helper:

- approaches the child and introduce themselves
- calms the child
- pays attention and listens actively
- accepts and validates the child's reactions and feelings
- asks about needs and concerns with age-appropriate questions
- helps the child find solutions to their immediate needs and problems.

The important difference between PFA for adults and for children regarding the action principle LISTEN is about how one communicates with children. If the child is with his or her parents or caregivers, ask for their consent before you start to communicate with their children. Children communicate differently depending on their age and emotional and social development. They react to how others interact with them, depending on what they are used to, how they understand the world around them and how they are able to express themselves.



CHRISTOPHER BLACK/IFRC

Remember that communication is not only about speech. It is also about body language, eye contact and any other interaction with the child or others around him or her. Try to be at the same physical level as a child when communicating with him or her. If the child is very small, the helper can sit or kneel down to allow them to look at each other at the same level. Communication is also about knowing social norms and appropriate behaviour and expectations. In some cultures, for example, it is not appropriate for young girls to speak with men, or for children to look directly at adults.

Children, like adults, do not always ask the questions they are thinking because they may be afraid of upsetting adults with their questions, or they are afraid of the answers. A good way of dealing with this is to try to anticipate the questions the child may have and give answers to those questions without them being asked. Be mindful to share information in an age-appropriate manner.

It helps children, as it does adults, to understand that their reactions are normal. Children may feel confused about their feelings and not know how to share this with anyone. It helps to explain that their reactions and feelings are normal, and that other children in similar situations have similar feelings and reactions.

Communicating with young children

Younger children, in particular, do not communicate in the same way as adults. Most young children do not have a very wide or developed vocabulary and are not able to express their experiences of distress clearly with spoken words. They may express distress in other ways, such as through their behaviour, interaction with others, or through other forms of sharing their thoughts, such as drawing or storytelling.

Tips for supportive communication with children in crises

- Children caught up in crisis events need information. They need to know what has happened and why in order to rebuild their understanding of the world and themselves. Encourage caregivers to talk to children about what has happened, if the children actively seek information.
- Create opportunities for children to express themselves. Encourage children to ask questions and let their questions be the guide. Give children age-appropriate, honest explanations and reassurances about their situation.
- Supportive communication with children means acknowledging their feelings about a situation. Take time when responding and really hearing the whole story.
- Communicate at the child's own level, and gently encourage them to talk about their experiences and feelings at their own pace.
- Show respect – do not shout or verbally abuse a child.
- Do not assume you know a child's opinion.
- Encourage and support a child's efforts and speak respectfully as you do to others – say "Please" and "Thank you."
- Listen to the child and look at the child when he or she is talking and pay attention.

Avoid negative communication

When children experience stress in some way, they tend to become more vulnerable and may start behaving more aggressively or cling to their caregivers. Adults can tend to communicate with children in critical, negative tones. This approach will not help. Instead of responding to children as if they were being naughty or irritating, try to support them and focus on strengthening positive coping behaviour.

LINK is to:

- assess the child's needs, with the child, if possible
- help the child access protection and services for basic needs
- give age-appropriate information
- connect the child with loved ones and, if needed, social services.

Assessing a child's needs

The main difference in LINK when providing children with psychological first aid is that the helper has a different responsibility in terms of making decisions on linking. When helping adults, the helper strives to involve them as much as possible in making the decisions on what help they need and taking action to address them. However, with children, helpers may have to make decisions on their behalf, depending on the age of the child concerned. Older children can participate in identifying their needs and taking action to address them, but younger children may not be able to understand or express what they need.

If older siblings, parents or other caregivers accompany children, they should be involved in identifying and addressing the child's needs as much as possible. If a child is unaccompanied or separated, the helper should follow protocols and procedures to protect and care for the children.

Protection needs

Children depend on adults for care and protection. They are vulnerable to abuse and exploitation because of their smaller physical size, lower power status, dependence on adults and early stages of development. Children's vulnerability is heightened in emergency or crisis situations, as their usual family protection and support system may be threatened, damaged, or even destroyed. In addition to the risks adults face in crises, children may also be separated from their caregivers and be subjected to physical, sexual or other forms of abuse or abduction. It is very important to link children in distress (especially separated or unaccompanied children) with relevant and appropriate protective services.

Age-appropriate information

Consider a child's age and stage of development to assess how much of the situation they understand and what is appropriate to discuss. It is not helpful to discuss things with a child that he or she does not understand. Explain things and ask questions with language that is easy for the child to understand, and encourage them to ask questions if they do not understand.

Connecting children with loved ones

Children generally cope better when they have a stable, calm adult with them. If they have been separated from their families, the first step is reuniting them with their families or caregivers. If this is not possible, connect them with child protective services to ensure their safety.

Making referrals for children

Making referrals for children is different from making referrals for adults. This is because the helper will often make decisions for children, especially younger ones, as explained above. See the box below for examples of complex reactions and situations that will most likely lead to referrals, if services and help are available.

Children's complex reactions and situations

Most children have common reactions to crisis events, as described earlier. However, some children have complex reactions or are in situations that can be complicated for the helper to respond to. When younger children have complex reactions to stressful events, it is usually because their caregivers are not available or able to care for them in the way they used to. Typical indicators of complex reactions in younger children are major withdrawal from others, refusal to eat or drink, lack of interest in anything or anybody, or persistent and continued aggressive or violent behaviour. Older children can experience all the same complex reactions to stressful events as adults. These include prolonged grief, panic attacks, harmful coping methods, depression, anger and aggressive behaviour, self-harm and suicide and post-traumatic stress disorder. There are some clear signs that may indicate a child is not coping well with the impact of a traumatic event. These include constant thinking about death or safety; problems with sleeping, eating, anger, and attention; refusing to go to school; increased negativity, either about other people or activities, or with self-perception or self-esteem.



PFA for children – Link

Helping a lost child

Lukas, a volunteer trained in PFA, worked in a shop in a large shopping mall. One Friday evening, as he was heading home after closing the shop, he noticed a small boy of around four or five walking around the mall on his own. Lukas approached the boy calmly. He hunched down so he was at the same level as the little boy, and asked him what his name was. The boy looked frightened and whispered that his name was Peter. Lukas asked him where his parents were. Peter shook his head and started crying, saying he didn't know where they were, and he had been looking everywhere for them.

Lukas said to Peter that he was going to help him, and that he was safe. He showed Peter his Red Cross National Society membership badge and said he worked with the Red Cross. He told the little boy that he had been trained on how to help children who were lost from their parents to find them again. Peter looked up at Lukas with big hopeful eyes, and took Lukas's hand. Lukas walked with Peter to the security guard, and they called the police to explain the situation and ask for help. Whilst they waited for the police, Lukas gave Peter a drink and a sandwich. He explained that he had called the police and they were on their way to come and help him and Peter find his parents. Lukas stayed with Peter until the police arrived. A social welfare officer came with the police. She took responsibility for Peter and Lukas went home.

Children caught in a flood

When a river burst its banks, a small primary school was flooded. In all the chaos, three children had climbed onto the roof themselves and were now stranded. When the disaster response team found the school children, they were very frightened, cold and wet. The teachers and other children had gone and no-one knew who the children were and where their parents or caregivers were. Eventually the team got the children into their boat and took them to the emergency centre. Three volunteers took each of the children by the hand and introduced themselves. They gave them dry clothes and some warm food and then led them to a quiet corner to speak with them. They asked the children what they knew about the flood. The volunteers began to realise the children were all from a village which had been flooded by the river that day too. They explained to the children that they would contact local social services and would look after them until they arrived.

Helping to stop bullying

A children's football team in the refugee settlement had been doing very well for about six months. A helper there enjoyed seeing the children play football and have fun. But now some of the children had started to tell her they were afraid of the president of the club. He was twenty years old and he had begun to bully them. The helper listened to the children share their concerns but didn't know what to do. The next week she decided she must help in some way. After the football practice, she spoke to the children again. She asked them to tell her what was happening. They all gave similar stories about what the club president was doing. He was hitting the children on their backs and arms if they made any mistakes during a football match and threatened to do worse if they told their parents. The volunteer knew she must tell a social worker straightaway. She explained to the children what action she would take and said she would wait for their parents to arrive to explain what she was doing to them too.

Some situations are more complex than others when helping children, such as when a child has experienced abuse or exploitation. This is further complicated if the perpetrators were parents, caregivers or other family members. This may mean that the child needs protection from their family. If there is an indication that a child is being harmed or abused, this must be reported to the relevant local authorities and measures must be taken to prevent the child from being further harmed. This is complicated in many countries, as it may not be possible to remove a child from the family on the grounds of suspicion, and in some countries there may be few, if any, protected homes to take the child to.

Helping parents and caregivers to support their children

Parenting can be difficult in crisis situations. It is hard to focus on taking care of one's children during a crisis, if caregivers are also in distress and feel overwhelmed themselves. Psychological first aid for children includes helping parents and caregivers, so that they can cope better and be able to support their children. See the box below for tips for parents and caregivers.



Tips for parents and caregivers to help children in distress

Infants

- Keep them warm and safe
- Give cuddles and hugs
- Keep a regular feeding and sleeping schedule, if possible
- Speak in a calm and soft voice
- Keep them away from loud noises and chaotic situations.

Young children

- Give them extra time and attention
- Keep to regular routines and schedules as much as possible
- Explain to them that they are not to blame for bad things that happened
- Provide a chance to play and relax, if possible
- Give simple answers about what happened, but don't include frightening details
- Allow them to stay close, if they are afraid or clingy
- Remind them often that they are safe
- Be patient with children who start behaving as they did when they were younger, such as sucking their thumb or wetting the bed
- Avoid separating young children from their families.

Older children and adolescents

- Give them your time and attention
- Help them to keep regular routines
- Provide facts about what happened and explain what is going on now
- Allow them to be sad. Don't expect them to be tough
- Listen to their thoughts and fears without being judgmental
- Set clear rules and expectations
- Ask them about the dangers they face, support them and discuss how they can best avoid being harmed
- Seek out opportunities for them to be helpful.

PFA in groups – support to teams



PFA in groups – support to teams

The method of providing PFA to a small group described here specifically refers to groups of Red Cross and Red Crescent staff and volunteers. Many Red Cross and Red Crescent staff and volunteers work in difficult, complex, and sometimes, dangerous environments. They support people through crises, providing them with practical help, understanding and emotional support. However, their overwhelming desire to help others can overshadow their own exposure to loss, devastation, injury, and death. Volunteers and staff may be deeply affected by witnessing pain and suffering because they are often from the affected communities themselves.

Part of the obligation that front-line managers and team leaders have in caring for staff and volunteers is offering support during and after crises. One way of offering support is through conducting support meetings. Support meetings differ from regular team meetings that usually focus on programme or work-related issues. Support meetings are a space for team members to reflect on what has happened, promote understanding, social cohesion, and peer support. They also enable managers or team leaders to assess if anyone needs referral or other individual support. These meetings can be informal or formal social gatherings to show appreciation for the teams' efforts and assess how the team members are doing. They can be structured support meetings where affected persons receive PFA either alone or in a group setting. In groups participants also benefit from learning about each other's reactions and solutions and by giving and receiving peer support.

PFA in groups skills

The skills involved in psychological first aid for groups are similar to those of basic PFA for individuals, being based on the same principles of 'Look, Listen and Link.' PFA in groups builds on basic skills of recognising emotional reactions and signs and symptoms of distress; active listening; calming persons in distress; assessing needs and concerns; helping people find solutions to their needs and problems; helping people access information and services and other help; and activating social support systems. However, the group setting requires additional and slightly different communication and interaction skills. These include:

- communicating and facilitating the support meeting in a way so everyone feels included
- providing PFA to individuals and support to the team at the same time
- managing time and involving other participants when relevant
- managing group dynamics and interactions
- drawing on the strengths and resources of the group to promote social cohesion and connectedness
- encouraging and enabling peer support
- handling different and difficult emotions shared
- providing psycho-education in a group setting.

Learn more about informal and formal social gatherings by reading the *Guidelines for Caring for Staff and Volunteers after Crises*.



Look, Listen and Link for PFA in groups

There are other considerations for 'Look, Listen and Link' for PFA in groups which are shown in the box below. This includes making a thorough assessment of the impact of the crisis event on staff and volunteers.

INDIVIDUAL PFA	PFA IN GROUPS – SUPPORT TO TEAMS
<p>Before providing PFA to individuals</p> <ul style="list-style-type: none"> gather information on what has happened and is happening assess what reactions can be expected from the affected individuals assess if colleagues or team leader are needed to assist in immediate situation prepare to support colleagues prepare for own reactions that may arise when providing PFA find out what support is available for PFA helpers during the response and after. 	<p>Before the PFA in groups session</p> <ul style="list-style-type: none"> gather information on what has happened and is happening assess emotional reactions of the team and decide if PFA in groups is appropriate assess which group of people may benefit from PFA in a group together choose an appropriate time and venue (include considerations of safety and security risks).
<p>LOOK for</p> <ul style="list-style-type: none"> information on what has happened and is happening who needs help safety and security risks physical injuries immediate basic and practical needs emotional reactions. 	<p>LOOK for</p> <ul style="list-style-type: none"> behaviours in the group and interactions with others and then select appropriate psycho-education and referral information problematic reactions that may influence group dynamics in a negative way or risk secondary traumatization. Manage these reactions and promote calming at individual and group level.
<p>LISTEN refers to how the helper</p> <ul style="list-style-type: none"> approaches someone introduces oneself pays attention and listens actively accepts others' feelings calms the person in distress asks about needs and concerns helps the person(s) in distress find solutions to their immediate needs and problems. 	<p>LISTEN refers to how the group facilitator</p> <ul style="list-style-type: none"> introduces the meeting and welcomes participants pays attention and listens actively gathers a review of the action taken by group members asks about needs and concerns interacts with group members and makes everyone feel included accepts different reactions to promote empathy and social cohesion within the group encourages participants to help each other find solutions to immediate problems identifies relevant topics for psycho-education focuses on common issues and problems promotes sharing of positive coping methods.
<p>LINK is helping people</p> <ul style="list-style-type: none"> access information connect with loved ones and social support tackle practical problems access services and other help. 	<p>LINK is helping people</p> <ul style="list-style-type: none"> identify similar problems and promote peer support and sharing of solutions link with each other during and after the PFA and support meeting share ideas and knowledge of how to access social support outside of meeting, including connecting with loved ones share ideas on how to tackle problems and on support and services available support each other after the meeting.

When is PFA in groups needed?

PFA in groups can be helpful in many situations, such as after a team of staff and volunteers has responded to a crisis together, or if a team member has faced a severe personal tragedy that is also affecting the team, or has been wounded or died. This will affect other team members and PFA in groups may be helpful. It is a combined method of providing support, encouraging peer support, and assessing if anyone needs additional individual support. It can also be offered to a team as a preventative measure, providing information about recognising and coping with symptoms of distress. It can be offered in response to one or more team members showing signs and symptoms of distress.



Psycho-education: Choosing the right topics

Psycho-education provides information that helps participants to better understand their own and other people's behaviour and feelings. Different events are likely to have different impacts on affected persons. Choosing the right topics for psycho-education for a specific team therefore depends on an assessment of the impacts of the crisis event experienced by team members. See the IFRC PS Centre's Psycho-education materials for different topics.

Why provide PFA in groups?

There are a number of advantages of providing PFA in a group setting. The most obvious is that multiple people receive help and support at the same time. Participants also benefit from being part of a group because they learn about each other's experiences and reactions, which promotes empathy and understanding of each other and heightens self-understanding. This also enables them to feel supported individually in the process. PFA in groups promotes hope and optimism, as participants observe and experience problems being addressed or even solved.

An important focus of PFA in groups is encouraging peer and social support, which helps strengthen trust and cohesiveness in the group. Participants imitate each other's behaviour and that of the facilitator(s). They may be inspired by new ideas and strategies from others and learn how they can take care of themselves and others. PFA in groups promotes good communication and prevents isolation which helps reduce the likelihood of acute stress reactions developing into long-term distress.

Preparing for a PFA and support meeting

Assessment

Before holding a PFA and support meeting, it is crucial to make a detailed assessment of the crisis event and to identify which staff and volunteers may need PFA. This includes finding out how each team member experienced the event and what roles they played in the response. This helps facilitators to anticipate possible reactions and prepare relevant psycho-education materials.



Participants

Select group participants. Be aware of natural divides that could cause tension or discomfort for group members. For example, in some cultures and communities it is not appropriate for groups to be mixed-gender, or for staff of different organizational levels to discuss issues together. If there is conflict within the group, it may be best to try to resolve it before holding a PFA and support group meeting. At the very least, the facilitator should be aware of potential sources of conflict, as this may influence how he or she manages the group dynamics in the meeting.

The participants impact the aim and focus of the meeting. PFA can be offered to a group of people who know each other already or may have experienced something distressing together or have similar reactions to what they have experienced. They may be a group of staff and volunteers from the same department in a Red Cross or Red Crescent Society or from the same community or who have otherwise provided support to the same community.

It may be that not all persons in the group show signs or symptoms of distress and need PFA. However, it can still be helpful for everyone to participate in the group to prevent the development of difficult reactions, to strengthen their own coping strategies, or so they can support others who are in distress.

It is recommended that groups are no larger than 10 people. Larger groups of participants give less time for each person to share. If a large group is affected by the same event, organizing an information-sharing meeting is the first step. At this point it is helpful to provide both psycho-education and information on where to get help, together with an opportunity for participants to ask questions. Individuals that feel they need additional support can then be invited to attend separate individual sessions or a group PFA and support meeting afterwards.

Facilitators

Once it is clear who will be attending the PFA and support meeting, identify the facilitator(s). Ideally, it is recommended to have more than one facilitator per group. This allows one facilitator to focus on managing the meeting, while the other addresses any emerging distractions and strong individual reactions. The facilitator(s) of the PFA and support meeting should be familiar with the group composition and how the participants are linked with each other.

Facilitators can be managers, such as programme managers, or volunteer leaders, field officers, youth leaders, trained peer supporters or staff. Managers play an important role in creating a supportive environment and arranging group PFA when needed. It may be the manager who facilitates the PFA and support meeting, or they may identify others to facilitate the meeting, depending on the context and the competences and skills needed. There may be situations where groups of volunteers or staff feel more comfortable that someone other than their manager facilitates the support meeting, for example if there is discord or disagreement between the manager and the team.

PFA and support meeting facilitators should be trained and mentored in providing this type of support. It requires additional skills compared to providing PFA to an individual.

Timing and length of a PFA and support meeting

A PFA and support meeting is a structured and planned support activity that is usually arranged within two or three days of a crisis situation, but before 14 days have elapsed. This timing is recommended to allow for normal coping, recovery processes and activation of social support networks to start in the first and second day after the event. Conducting the meeting before 14 days have passed maximises the preventative and supportive impact of PFA. Depending on the number of participants, a PFA and support meeting can take from 45 minutes to two hours. Allocate enough time for everyone to be included and heard and to have opportunities to share.

Venue

It is best to arrange a PFA and support meeting in a calm, safe setting with minimal or no disturbances, and where the facilitator can manage distractions. Participants should feel comfortable about sharing their experiences and feelings in the environment chosen.

Preparing information to share

Giving participants relevant information about common reactions to what they have experienced, and where to get more help if needed are key components of a PFA and support meeting. It is helpful for the facilitator to anticipate what information will be relevant and to prepare this beforehand. See the IFRC PS Centre's psycho-education materials for different topics that may be relevant.

What happens in a PFA and support meeting?

PFA and support meetings vary depending on the context and situation, just as individual PFA does. However, some common elements of PFA and support meetings are listed in the box below:

Components of a PFA and support meeting

1. Welcome and introductions
2. Checking how participants are doing
3. A brief factual review of actions taken in the crisis situation
4. Providing information and psycho-education
5. Promoting self-care, peer support and positive coping
6. Linking participants with information for referral as needed
7. Ending the meeting by checking that everyone feels ok and discussing the way forward.

These are described in more detail below. Some of the steps may be omitted if they are not needed. It is up to the facilitators to assess what the group needs.

1: Welcome and introductions (Listen)

A PFA and support meeting starts with introductions, if needed, between facilitators and group members. The facilitators then explain the aim and objectives of the meeting and the expected duration. The group should agree on ground rules together, such as confidentiality, not interrupting when someone else is speaking, turning cell phones off, etc. Confidentiality is an essential part of ethical behaviour when offering any kind of psychosocial support.

Keeping information that is shared private is absolutely crucial. In a group setting it is important that all participants agree to this at the beginning of the meeting. They should be advised not to share very personal things in the meeting that they may feel uncomfortable about others knowing afterwards.

Look, Listen and Link in PFA and support meetings and support meetings

The different steps in a PFA and support meeting all involve at least one or more of the 'Look, Listen and Link' actions. These are guiding principles for facilitators throughout the support meeting.

JOE AND HIS TEAM

CASE

Providing group PFA

Joe is the manager of a group of staff and volunteers who worked together for three days with very little rest, providing emergency care to survivors and helping to clear up dead bodies after a devastating hurricane. He called his team together to provide group PFA a few days after the response. He had noticed that some individuals were short tempered and losing patience quickly, whilst others had become withdrawn and seemed very sad. Joe knew that most of his team lived in or near the community they had been helping.

Joe started the PFA meeting by saying:

Thank you all for coming today. I called this meeting because I felt it was important for all of us to come together to talk about some of the difficult experiences we have had in the last few days and to give each other support. The meeting will take between one and two hours, depending on how much we need to talk about. I will facilitate the meeting and make sure that everyone gets an opportunity to talk if they wish to do so.

First, we will talk briefly about what has happened in the last week. I will then share some information about how people often react to experiences like these. We will then discuss problems some of you might be facing, and explore ideas on how you can deal with these problems. Towards the end of the meeting I will share some information about where you can get more help if you need it."

Could we all agree that we put phones on silent during the meeting, and not to interrupt when someone else is talking? I also ask that we agree to keep what is said at this meeting to ourselves and not talk about it with others who are not here. This will make everyone feel safe and comfortable about sharing their experiences and feelings. Are there any other rules we should agree on for us to have a good meeting where everyone feels comfortable?

2: Checking how participants are doing (Look, Listen)

During a PFA and support meeting the facilitator should ask the participants how they are doing and how things are going. The focus should be on how they are doing and functioning and not specifically on their feelings or emotions. He or she can say: *“I would like to hear from each of you just briefly about how you are doing. We will talk more about the event later, but first I would like us to go round the group to hear briefly from everyone how they are doing.”*

Including everyone

One way of inviting everyone to participate equally is to do a round of the group, where each person is invited to share for the same amount of time. Another way is to have someone speak and then ask others to follow on if they had similar experiences or were present in the same place. This is a method of ‘weaving’ participants together through their similarities. In some settings, team hierarchies may be important and this may need to be addressed in terms of who should speak before others.

If participants share difficult feelings or indicate that they are not doing so well, explain that these feelings are normal and to be expected and part of the meeting today is to talk about those reactions and how to cope with them in a positive way.

3: Brief factual review of action taken in the crisis situation (Look, Listen)

The next step is to engage the participants in a brief review or short summary of the crisis event or situation that has affected the participants. The idea is not to make a detailed review of the event, but to establish the timeline and to review the work the staff and volunteers did. Facilitators check the facts of the event with the participants to clarify what happened, and give them the opportunity to share their different perspectives and experiences of the situation.

Reviewing the action taken may be sensitive for those involved. Facilitators should therefore be observant and careful to ensure that no one becomes more distressed by hearing or talking about what happened during the crisis. If this happens, it may be helpful to say something to calm the participant, such as “It is natural to feel upset after experiences like this. I imagine that most in the group have found the experience difficult. Often these feelings will lessen in time and we are all here to support each other.” Alternatively, facilitating a calming activity or offering individual PFA to the affected person may be appropriate.

JOE AND HIS TEAM

CASE

Brief review of action taken

Joe invited the participants to engage in a short review of what happened in the days of responding to the crisis event. He said:

Let’s talk briefly about the events of last week. I called all of you in on Thursday evening when the hurricane was weakening and it was safe for us to start our emergency response. Some of you went from door to door to provide assistance, and I know some of you found dead bodies. It was a demanding experience that required rational thinking and careful consideration about how to respond in supporting the surviving family members you found. I know that some of you had to make some difficult decisions to be able to manage and control the situation as well as you did.

Do any of you want to share a little about what happened? Remember to share only what you want to.

After the event has been reviewed all the way to the end and to the point where the participants were safe and no longer in the actual stressful situation, it can be a good idea to recap and to emphasize the sound decisions and actions that were taken by the different team members during the event. In this way the members realize that they made good decisions, even during very stressful circumstances, which can be empowering. This can sometimes reduce some of the emotional discomfort experienced when talking about the event.

4: Providing relevant information and psycho-education (Listen, Link)

Information sharing is an important part of psychological first aid after crisis events. Having access to accurate information promotes safety, supports healthy coping, and helps to stabilize emotional reactions. Information can help put an end to speculation and worry. Information sharing is essential for participants to feel safe and cope because they know, for example, what happened, who was affected, and how a situation ended.

Another key part of PFA is helping participants understand common reactions to abnormal events, and to recognize what kinds of reactions may need referral for professional help. The participants are given psycho-educational information about common reactions to distressing events and information on signs and symptoms of reactions, feelings and behaviours that may require further attention. See the IFCR PS Centre’s psycho-education materials on different topics related to common reactions to stressful events.

JOE AND HIS TEAM

CASE

Providing psycho-education

As the participants talked about the event, Joe noticed that a few people became tearful as they described what they had experienced. Mark, one of the men at the meeting, choked on his words when he described how he had helped dig out an older woman who had died as a result of her roof collapsing during the storm. He knew this woman and her son was a friend of his. He said one of the hardest parts of this experience was telling his friend that his mother had died.

Joe responded by saying:

It is very hard when people we know and care about pass away. It can feel even harder when it is in a disaster like this, which is sudden and it was probably very frightening for your friend’s mother. Thank you for sharing this. It may be helpful for you to talk more to your colleagues or family about this after the meeting. If you continue to feel strongly affected by this experience, please come and see me so I can arrange the help you need to get through this. Does anyone have anything they would like to say to Mark, hearing about how he is feeling? Perhaps some of you have had similar feelings and reactions before and can share how you handled this?

5: Promote self-care, peer support and positive coping (Look, Listen, Link)

Other important elements of PFA and support meetings are promoting self-care, peer support and positive coping. Facilitators invite participants to share and discuss positive activities and techniques for self-care and coping, and encourage identifying naturally occurring support systems or include activities to promote group cohesion and peer support. Building trust amongst group members can help to enhance peer support after the PFA and support meeting and in similar situations in the future.



Examples of such activities are giving participants opportunities to practise active listening and giving each other support in pairs, and arranging buddy systems for support after the PFA and support meeting. Informal social contact is encouraged between group members after the meeting where they

can check in on each other and be there for each other to talk to immediately after one of them has experienced something challenging. Facilitators can enhance peer support skills during the meeting by encouraging participants to support each other if, for example, someone discloses they are feeling low or having difficulties.

6: Linking and referrals (Look, Listen, Link)

A key part of PFA for groups is encouraging and assisting participants in connecting with informal support systems, such as family, friends or co-workers, and with more formalized support systems, such as community mental health systems, employee assistance programmes, hospitals or other services. It is helpful to have referral information prepared and available before the meeting. This can be prepared and provided together with psycho-educational materials referred to above.

JOE AND HIS TEAM

CASE

Promoting peer support

Joe asked if any of the participants were having sleep difficulties:

Joe: *Does anyone else have difficulties sleeping?*

Participant 1: *Yes, I have had trouble falling asleep at night.*

Participant 2: *Me too. I guess I have a lot of thoughts in my head, and I just do not seem to be able to get the rest that I need.*

Participant 3: *I'm also not sleeping as I used to, but it is more that I wake up very early and cannot fall back to sleep.*

Joe: *Sleeping difficulties are very common after going through what you have experienced. Does anyone have any ideas to share on how to get a better sleep?*

Participant 1: *I usually count to a hundred backwards. That sometimes helps me.*

Participant 2: *I have heard it helps not to watch TV or look at screens before bedtime. Another idea is to take a warm shower or read some pages of a book before sleeping.*

Participant 3: *I have tried many of these things but I feel very afraid at night. I have a lot of thoughts and my heart starts pounding very fast.*

Joe: *You have all been through a scary situation, and it is normal to still have physical reactions. You are safe now, and maybe your head knows this, but it might take a bit longer for your body to understand. Does anyone else have similar reactions to what '3' is explaining?*

Joe knew the group members also socialised sometimes after work hours. He used this knowledge to encourage peer support after the PFA and support meeting. He said:

Since many of you know each other well and meet outside of work, I would like to encourage you to support each other over the next few days and weeks. It helps to have someone who knows what you have been through to talk to about your feelings and reactions. If you don't have each other's phone numbers maybe you can exchange numbers now, or make some arrangements to meet socially.

Referral information should be provided to everyone so that no one feels singled out or exposed by the facilitator making a personal referral in front of others. The facilitator should make any individual referrals in private outside of the group setting. If needed, the facilitator may offer additional PFA to any individuals that show high levels of distress at a separate individual meeting. Participants should also feel welcome to approach the facilitator for more referral information, if they need it. Any referrals that are made should be followed up by the manager or facilitator, unless they are made anonymously.

7: Ending the meeting

Ending a meeting in a good way is as important as starting the meeting with relevant information and introductions. Just before closing a meeting, it is a good idea for the facilitator to summarise what has been talked about, and to recap any decisions or plans made for further support or future meetings. To end the meeting the manager or team leader should thank the participants and check that everyone is feeling OK. Remind them their reactions are natural and that it can take some longer than others to feel OK again. If needed, closing remarks can include reminders about their obligations to confidentiality, and they can be given information on where additional and other support can be accessed. If another meeting is needed the manager gives information on when and where that meeting will take place.

JOE AND HIS TEAM

CASE

Ending the meeting

Joe closed the meeting by saying:

We have reached the end of the time allocated for our meeting today and we are about to finish. I want to thank you all for coming today, and also for sharing your experiences and challenges, and especially your examples and ideas of ways to overcome some of these challenges with each other. Please remember that everyone here has agreed to keep confidential what has been said in the meeting. If any of you find that you have continuing difficult reactions, please contact me so that I can give you information on where you can get more help individually. You all have my phone number. Please do not hesitate to use it if needed.

Follow-up

Participants in PFA and support meetings will sometimes agree on certain actions to be taken, and it is important to decide who will be responsible for following up on commitments made during the meeting. If a manager makes any promises or commitments, these must be followed up. This includes any referrals made for additional help elsewhere. If needed another meeting may be called after an agreed period of time to check how the group is doing.



PFA in Groups – Support to teams

The three-day training on *PFA in Groups – Support to teams* has been developed for managers or other team leaders who have the responsibility for the well-being of groups of Red Cross and Red Crescent staff and volunteers. Participants of this training should first take part in the one-day training on basic PFA so they have a solid understanding of the principles ‘Look, Listen and Link.’ It is also beneficial if participants have some experience in providing PFA to individuals before facilitating PFA for groups.

The three-day training gives participants competences in preparing for a PFA and support meeting, which includes consideration of when PFA is needed, the venue, timing, group composition, and suitable facilitators. It also gives participants skills and practice in facilitating PFA in a group setting with guidance on how to manage communication and inclusion; promote social cohesion and peer support; provide relevant psycho-education; handle difficult emotions; and when to refer individuals for specialised support after the group meeting.

See the PFA for Red Cross and Red Crescent Societies training materials, *Module 4: PFA in Groups - Support to teams*.



Challenges in group settings

This section presents examples of different kinds of challenging situations in group settings and suggests how facilitators may respond.

Handling difficult reactions and disclosures

If a participant has strong emotional reactions related to the event being discussed and becomes either agitated or withdrawn, the facilitator can start by letting the participant know they have noticed the person is very quiet, or upset, and that these reactions are understandable given the situation. If the participant continues to display strong reactions and seems to be in severe distress, the facilitator can ask them to focus on the present, by bringing their attention back to the here-and-now. Asking direct questions about what the person can see, hear or feel in the present moment is an important technique in this situation. This enables the affected person to control and calm themselves by focusing on the present and will help dealing with possible flash-backs of past events or a tendency to dwell on memories of past crisis events. The facilitator can also ask the person to take a few slow deep breaths. If someone starts to cry uncontrollably, if appropriate comfort them by putting a hand on their shoulder, for example or holding their hand. Invite them to share what is making them so upset and provide PFA. Provide space for the person to express their grief, if this is needed, and use this as an opportunity for psycho-education and inviting others to share ideas of positive coping methods.

Sometimes participants will share very personal information. This might make other participants uncomfortable. It is the facilitator’s role to decide if the information being shared in the group is too much or too personal. If it is too personal or if it may distress others, ask the participant to be cautious of how much they share and try to reduce it. The facilitator can also gently lead the discussion in another direction or cut someone off if they are sharing too much information and say:

Thank you (name) for sharing this. It sounds like it has been very difficult for you. If you would like to talk more with me about this, let's set up a time where we can talk just the two of us. I wonder whether others would like to share some of their experiences now?

If someone discloses something very sensitive, there are different options on how to handle it depending on the context. If it is in a group setting, it is important not to let the participant become more vulnerable, as this may feel unsafe and could be uncomfortable for the person. The best option may be to acknowledge what has been said, stop the speaker in a gentle way, and suggest discussing the situation after the group meeting in an individual support meeting. If someone discloses a situation of harassment or violence during an individual support meeting, acknowledge the situation and listen supportively, ensure the safety of the affected person and if relevant refer for further support after the meeting.

From group to individual PFA

PFA in groups is a method which enables facilitators to provide individual PFA and group support at the same time. This brings benefits to the participants receiving individual support in a group setting. They are able to observe and experience others sharing their challenges and receiving support. The facilitator should develop competence and confidence in providing PFA to an individual in front of a group and know how to include others appropriately.

See more on other complex reactions in the section on *Complex reactions and situations* where there is information on how to manage the situation if someone has a panic attack, becomes angry or aggressive or if someone threatens self-harm or suicide.

Managing very dominant or quiet participants

A dominant participant might be someone who talks a lot, does not let other participants share, talks over others or rejects other participants' opinions. Be sure to always use basic helping skills when managing dominant participants, and respond to them in front of the group and on their own. In front of the group, thank the person for their contribution and then invite others to share. For example, you can say:

Thank you (name). What you are saying is very interesting but I'd also like to hear from others in the group. Has anyone else had a similar or different experience?

If a participant does not respond to management in the group setting, then it may be necessary to speak to them on their own during a break or at the end of the meeting. Explain that it is important that everyone has a turn to talk and has the opportunity to share and participate in the group. Be careful not to start with saying something negative to the person, as they may not listen to your suggestion. For example, you can say:

You have been very engaged in the discussions today, which is good. However, I want others to have the opportunity to participate as much as you are. Let's also listen to what others have to say about their experiences.

If a person is very quiet and has not participated at all during the meeting, try to make them feel comfortable about sharing and let them know their input is valued. For example, you can say:

What do you think about what has been said so far? I am curious about your reflections. Feel free to contribute with anything. Remember, there are no right or wrong things to say in this meeting.

Conflict in the group

Working with a group in situations that are stressful and difficult has the potential of both bringing the group together and leading to divisions in the group. Everyone will experience and remember the situation differently. If there were challenges or things that did not go well or as planned, part of recovering from the experience is trying to understand what happened and what led to specific actions or consequences. This may lead to blaming others or strong feelings of guilt. The facilitator can help reduce this by acknowledging such feelings, and inviting participants to talk about them in a safe environment.

If conflict arises in the group, de-escalate the situation by showing understanding that it is a difficult situation and asking participants to show kindness and respect for one another. If needed it may be necessary to take the involved persons out of the group and talk to them individually.

Supervision and self-care

It is important that facilitators have supervision in relation to the PFA and support meetings they provide. This should include time for reflection in preparation for a meeting and afterwards. This may specifically relate to any challenges that they faced or for self-reflection and thoughts on how to improve own helping skills. If possible, it is recommended team leaders have experience and skills in PFA and in providing peer support to colleagues. It can be challenging to facilitate PFA and support meetings, as it takes focus and energy to manage groups in a way that everyone feels valued and understood. It can also be hard to hear multiple accounts of distress, and the facilitator may doubt as to whether he or she was able to help everyone as much as they needed. Read more about this in the section on Self-care: Look, listen, Link.

PFA helpers



PFA helpers

Characteristics of PFA helpers

The most basic quality of a psychological first aid provider is that the person wants to help others. Other important qualities are that the helper is approachable, trustworthy, able to stay calm and focused in a crisis situation, and is a good listener. A good way of identifying what is needed to be a good helper is thinking about what characteristics make people feel comfortable when someone offers help. Examples are having a caring attitude, showing kindness, patience, and empathy, and being non-judgmental. Another important characteristic of a good PFA helper is someone who knows his or her own limitations, and practises self-care to prevent burnout and maintain positive and healthy emotional well-being.

Helping in different roles

Psychological first aid skills and knowledge can be applied in personal situations when helping friends or family, and in more formal situations through paid or voluntary work.

Helping friends, family and colleagues

There are many situations where psychological first aid skills and knowledge can help friends and family cope with difficult situations. Examples are when someone has lost a job, or their marriage or relationship has ended, or they have lost someone they love. Helping friends and family is different to helping a stranger, as the familiarity one has with friends and family allows for a more personal and natural response. In this situation, the helper can skip some of the more formal aspects of psychological first aid, such as introducing themselves and asking questions to find out more about the other person. In fact, many people help friends and family naturally using psychological first aid skills without knowing that this is what they are called.

Helping as ‘a spontaneous volunteer’

‘Spontaneous volunteers’ are people who offer immediate help in a crisis situation without being linked to a particular organization or system. It is always recommended that these kinds of volunteers try to link up with an organization that is part of the formal response to the crisis situation, so they can have guidance and support to provide the best help possible. If this is not possible, the spontaneous helper should do the best they can on their own, remembering the principles of psychological first aid.

Red Cross and Red Crescent staff and volunteers

PFA training is available to both staff and volunteers. People in different roles in a National Society have different responsibilities in terms of providing psychological first aid. For example, volunteers working in their communities may provide direct emotional support and help to calm people who are in distress. A volunteer manager, on the other hand, is based in the office and provides referral information and is responsible for arranging PFA training for volunteers.

There are many different situations where a volunteer can use psychological first aid skills in the Red Cross and Red Crescent movement. It can be in daily support activities to vulnerable populations, such as lonely older people, or it could be in response to crisis situations. In a crisis response, the volunteer is part of a structured system, and usually knows what their mandate is and they are briefed about a situation before they enter it.

This section outlines typical differences in roles and responsibilities of staff and volunteers. Keep in mind, however, that these vary according to the contexts and resources in each National Society



Preparing to respond to a large crisis event

Gather the most important information about the crisis event including:

- What has happened?
- When and where did it take place?
- How many people are likely to be affected and who are they?
- How long did or will it go on?

Volunteers are trained to assess a situation carefully to ensure they do not put themselves or the people they are helping in any danger.

Before going to the site of the crisis situation:

- Make sure as a volunteer you have all that you need whilst out helping, such as phones, chargers, a water bottle, a first aid kit, etc.
- Prepare yourself mentally for what you may witness and experience, and calm your senses so you can cope with chaos.
- Give your family members details about what you are doing and when you are likely to be home. Make arrangements for children or others you may have responsibility for, etc.

Volunteer leaders/team leaders

It is highly recommended that volunteer leaders and team leaders have training and gain experience in providing psychological first aid, so they can understand what it involves and requires of volunteers. If possible, it would be helpful for them to participate in all of the different training modules on PFA. Volunteer leaders or team leaders of staff and volunteers working in psychosocial support programmes should be trained in providing support to those who support others. PFA in groups can be a useful method of providing such support.

Volunteer leaders are responsible for ensuring that their team of volunteers has been adequately trained in providing psychological first aid, and are clear about what their roles are, and what is expected of them in a crisis response. Volunteer leaders typically gather as much information about a crisis situation as possible to make sure the volunteers under their supervision are ready and able to provide the support needed. This avoids situations where volunteers feel overwhelmed or incompetent, which can lead to problems both for the affected individuals and groups and the volunteers.

Volunteer leaders also need to know and understand the local referral system. They should make themselves available and able to share relevant information with the volunteers as and when they need it when they are providing psychological first aid.



Important information to map and document is:

- Who is providing for basic needs like emergency medical care, food, water, shelter or tracing family members? Where and how can people access these services?
- Are there any services available for mental health and psychosocial support needs? Where and how can people access these services?
- Who else is helping? Are community members involved in responding?
- Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?
- What dangers might there be in the environment, such as threats of violence, landmines or damaged infrastructure?
- Are there areas to avoid because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?
- Are services available to help separated families reunite?

Providing psychological first aid to others can be tiring and difficult. It is not easy to interact with and help people in distress. It is important that volunteer leaders know when and how to provide PFA to their team after they have responded to a crisis. As many volunteers help in their own local communities, when there has been a large-scale disaster or accident, they may also have suffered losses or had frightening experiences. They may also know some of the people they are helping personally, which can be a difficult task. Volunteer leaders can provide support to volunteers individually or as a group.

Supporting teams

It is important for volunteer leaders to support their teams and create an open, safe atmosphere in the work place. Staff and volunteers will feel more comfortable in asking for support when they need it. Talking openly about stress without forcing anyone to talk, allowing for individual ways of coping, being available for supervision and creating a safe environment by respecting confidentiality are all practices that can go a long way towards creating a culture of mutual support.

Read more about *PFA in Groups - Support to teams* in this guide. Participate in the three-day training on PFA for groups to learn how to support your team.



Programme managers

It is also important for programme managers across sectors to understand what PFA is, what the training involves and what is required of volunteers when they provide PFA to an affected population. Programme managers may also encounter a situation where they will need to provide PFA to volunteers or other staff they are responsible for.

Programme managers, like volunteer leaders, have the responsibility of ensuring that volunteers are adequately trained to take on the tasks they are given in their different volunteer roles. Programme managers should try to advocate for and include PFA as a compulsory component of volunteer training, as skills in providing psychological first aid will improve volunteers' ability to help people in distress.

Programme managers also have the responsibility of ensuring that monitoring and evaluation protocols are followed as required to assess the effectiveness of psychological first aid training and implementation. See the section on Monitoring and evaluation of PFA for more on this.

Delegates in the field of psychosocial support

Delegates often work in settings and countries away from their own home or place of origin. Some delegates may have training in or knowledge of psychological first aid. However, they are not usually the ones who will be in the field providing direct support to the affected population, as they often do not speak the local language and they may be unfamiliar with the local support systems. Delegates can help provide PFA to local staff and volunteers, and they can help support programme managers and volunteer leaders in preparing for and training volunteers on PFA.

Do no harm



ELENA PEDRAZZANI

Do no harm

Psychological first aid is calming, emotional support, active listening and practical assistance, not counselling or treatment. It is often described as 'non-intrusive and pragmatic care' that focuses on providing emotional and practical support and not on getting a detailed account of the traumatic event. There are a number of ethical considerations when helping responsibly. This is important both when helping individuals or a group of people in distress.

Cultural contexts

Culture impacts the way people relate to one another and what is acceptable and not acceptable to say or do. In some cultures, for example, it is not usual to share feelings with someone outside of the family. It may also not be appropriate for women to speak to men outside of the family.

When responding to a crisis situation, helpers may find themselves helping people from a different background or culture, even if they are from the same country or area. It is essential in this context to be aware of one's own cultural background and beliefs and try to set aside biases when working and helping others. Offer help in ways that are suitable and comfortable for the people in distress. Some important things to consider when helping are described below.

Gender, age and power relations

Who may I approach? Are there social or cultural norms that affect who I can approach? For example, is it appropriate for me as a male helper to approach a woman who is in distress on my own? If I see someone crying in a supermarket, is it appropriate for me to approach that person? If I see a young child walking along the pavement alone looking lost,



is it appropriate for me to take the child with me on my own to protective services, or should I contact someone else to join us?

Touching and behaviour

What are acceptable ways of touching in this community? Is it alright to hold someone's hand or touch their shoulder? Are there special things to consider in terms of behaviour around older people, children, women or others?

Beliefs and religion

Which ethnic and religious groups are represented in the community? What beliefs or practices are important? How might those who are affected understand or explain what has happened?

Safety, dignity and rights

Behave in ways that respect the safety, dignity and rights of the people being helped.



SAFETY

Avoid putting people at further risk as a result of your actions.
Make sure to the best of your ability that the people you help are safe and protect them from physical or psychological harm.

DIGNITY

Treat people with respect and in accordance with their cultural and social norms.

RIGHTS

Make sure people can access help fairly and without discrimination.
Help people to claim their rights and access available support.
Act only in the best interest of any person you encounter.

Confidentiality

Confidentiality is about mutual trust and respect, and is very important when building a bond with someone in distress. Maintaining confidentiality means that information about someone should not be shared with others without the informed consent of the person. This means not sharing information with family members, co-workers, doctors, other NGOs, the media, etc. without consent. There are certain exceptions to this rule that are about the safety of the person, their immediate family or others. For example, if the person is hurt and unable to talk, you may have to call for medical help and share details of their injury and condition without being able to get consent.

Disclosure and social stigma

Disclosure of confidential information about someone can expose him or her to social stigma. For example, in some societies people affected by sexual and gender-based violence are punished or at risk of losing their life (together with their immediate family).



MIKKEL ØSTERGAARD/IFRC

They may be isolated from or rejected by their families and the community. Confidentiality is therefore paramount in all aspects of support for survivors of sexual and gender-based violence. The threat of discrimination, social isolation, and punishment is very real. Persons who have experienced sexual and gender-based violence, for example, could be frightened that information about them could become public. Helpers must always inform those they are supporting that no information will be shared unless written consent is given. The exception to this rule is with disclosures from children, where the helper is obliged to act to provide the child with the care and protection even without their consent.

CASE

Experiencing stigma and discrimination

After Jolie discovered she was HIV positive, she completely isolated herself. She had contracted HIV from her boyfriend, who had been unfaithful many times, and did not even know himself who he had contracted it from. Jolie felt betrayed and afraid. She had already lost a number of friends through AIDS-related deaths, and there was still a lot of stigma and discrimination in her community against people known to be positive. She knew that people were talking about his escapades and she suspected that everyone knew about her status.

One Saturday morning, Jolie was forced to go to the shops as she had absolutely no food left in her house. She decided to go as early as possible to avoid seeing too many people. She did not know, however, that this particular Saturday was a market day. When she arrived at the supermarket early in the morning, there were already hundreds of people outside, setting up their tables and stalls for the market. She regretted coming. She got out of her car and headed for the supermarket entrance. Just as she was about to go in, two women stepped in front of her and blocked her way. They both looked at her with disgust and threatened her, saying that if she went into the shop, she would make them all sick. Jolie ran back to her car and drove home, without any food.

The fact that a person has shared his or her story with you whilst they were in distress is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. Maintaining confidentiality at all times is an important strategy to ensure the safety of the person in distress and to minimize any risk of discrimination and isolation and social stigma associated with their difficult experiences.

Dos and Don'ts

Here is a summary of dos and don'ts in helping responsibly when providing psychological first aid:

DO	DO NOT
respect privacy and keep the person's story confidential	break the rule of confidentiality, unless you have very good reason to
give emotional and practical support	probe too deeply
behave appropriately by considering the person's culture, age and gender	show disrespect or exploit your relationship as a helper
listen actively	be distracted and think of other things while someone tells you something important
be aware of and set aside your own biases and prejudices	judge the person for their actions and feelings
respect people's right to make their own decisions and facilitate self-help so they can solve their own problems	tell another person what to do or how to solve their problems
be honest and trustworthy	make false promises or give false information
help people access basic needs	ask the person for money or favours for helping them
know when something is too difficult for you to handle	overestimate your own skills
make it clear to people that even if they don't want your help now, they can still access help in the future	continue to press if the person does not want your support
end your help in a respectful manner.	end the help in an abrupt way, without giving information about further support and closing the conversation.

Ending your help

Psychological first aid is not on-going support. It is usually a one-off meeting or conversation that lasts between 30-60 minutes depending on the situation. When everything has been done to help the person in distress and the help is ending, make sure to explain this clearly to the affected person. If someone else is going to help from that point on, introduce the new helper. Say goodbye to the person in a positive way and wish them well. In many situations there may be a need to follow up and check the distressed person received the help they needed and are well.

Self-care: Look, Listen, Link



Self-care: Look, Listen, Link

Helping responsibly includes helpers taking care of their own health and well-being. Helpers can be affected by supporting others in crisis situations or by their own distress. Providing psychological first aid can be difficult both physically and emotionally. It is not easy interacting with people who are in distress and this can lead to feelings of guilt, sadness, and frustration if helpers feel they did not do enough.

This section outlines the ways helpers may be personally impacted by providing support in crises, and indicates how the action principles of PFA can be used to help them to take care of themselves and deal with stressful situations in their personal lives.

Recognize your own limits and limitations

It is a human trait to want to help others. People who train as psychological first aid helpers are often motivated to do this because it gives them a sense of purpose and fulfills a desire to help people in need. Sometimes they may also have had personal experiences of loss or other difficult life situations and want to help others going through similar challenges. Personal experiences can enhance understanding and empathy of what someone else is going through. However, they can also negatively influence the helper by leading to assumptions about what the person in distress needs. They may also cloud the helper's openness and capacity to truly understand the distressed person's situation, and their capacities and resources to help themselves.

Helpers may encounter situations or hear about issues or problems that others are facing, that challenge their own moral standards and attitudes. This can lead them to unfairly judge the person in distress based on their own biases or beliefs. It is important for PFA providers to be aware of their own experiences and beliefs and try to keep an open and non-judgmental attitude in their role as a helper to others.

Understanding one's own preferences and limits as a helper is an important prerequisite for providing psychological first aid. For example, some people feel comfortable helping others individually, on a one-to-one basis, whereas others prefer to help as a member of a team. Others prefer not to work with children because they find it too distressing when children are hurt or abused. It is important to know the limits to one's skills, and knowing when and where to refer someone for other help.

Finally, it is crucial to remember that everyone is human, including the helper. Red Cross and Red Crescent staff and volunteers often help in their local communities and meet people they know personally who are in distress, or their own families are directly affected. Helpers need to be aware of their own needs, accept their own reactions, and access the support they need themselves to cope.



STEPHEN RYAN / IERC

Recognize signs and symptoms of stress and burnout

It is important for staff and volunteers to understand and recognise signs of stress and burnout to try to avoid the build-up of stress that leads to burnout. Stress is a normal reaction to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. The box below presents common signs of distress that can be experienced by staff and volunteers who respond to crises.

PHYSICAL

- Problems with sleeping
- Stomach problems like diarrhoea or nausea
- Rapid heart rate
- Feeling very tired
- Muscle tremors and tension
- Back and neck pain due to muscle tension
- Headaches
- Inability to relax and rest
- Being frightened very easily

EMOTIONAL

- Mood swings: feeling happy one moment and sad the next moment
- Feeling over-emotional
- Being quickly irritated
- Anger
- Depression, sadness
- Anxiety
- Not feeling any emotions

MENTAL

- Poor concentration
- Feeling confused
- Disorganised thoughts
- Forgetting things quickly
- Difficult making decisions
- Dreams or nightmares
- Intrusive and involuntary thoughts

SPIRITUAL

- Feelings of emptiness
- Loss of meaning
- Feeling discouraged and loss of hope
- Increasingly negative about life
- Doubt
- Anger at God
- Alienation and loss of sense of connection

BEHAVIOURAL

- Risk-taking e.g. driving recklessly
- Over-eating or under-eating
- Increased smoking
- Having no energy at all
- Hyper-alertness
- Aggression and verbal outbursts
- Alcohol or drug use
- Compulsive behaviour, i.e. nervous tics and pacing
- Withdrawal and isolation

There are different types of stress:

DAY TO DAY STRESS: This represents the challenges in life that keeps us alert and on our toes, and without which life for many people becomes dull and ultimately not worth living.

CUMULATIVE STRESS: This occurs when the sources of stress continue over time and interferes with regular patterns of functioning and daily life.

ACUTE STRESS: This is the stress one feels in specific acute situations often characterised by shock reactions and where individuals suffer physically and psychologically.

CRITICAL STRESS: This represents situations where individuals are unable to meet the demands upon them and suffer physically or psychologically.

Staff and volunteers who continuously experience sources of stress without receiving adequate support are at risk of developing the psychological condition called 'burnout.' Burnout is an emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment, pessimism and cynicism.

Often the person with burnout is the last person to realize what is happening. For this reason, it is important for everyone – including other team members and team leaders – to recognize what is happening in order to support the affected person. At times, staff and volunteers may show signs of serious stress reactions or other mental health problems. Every organization should have a referral mechanism for individuals in need of professional support.

Applying LOOK, LISTEN and LINK to self-care

The PFA principles of 'Look' and 'Listen' can be applied as the helper learns to recognise risk factors to well-being and what his or her personal limitations are and what kinds of situations may be overwhelming or particularly stressful. This can help preventatively as the helper builds awareness of her or his strengths and weaknesses as a helper and knows when to call for help from others. 'Look, Listen and Link' also apply as the helper learns to recognise his or her own signs and symptoms of distress and how to manage these in a positive and helpful manner.

There are different factors that can either heighten risks of distress or act as protective factors and boost well-being. It is good to know what these are to try to minimise risk factors and promote protective factors.

Read more about managing stress in humanitarian work on the Antares Foundation website www.antareshfoundation.org



ANTARES
FOUNDATION

Self-care: Look

The first step helpers can take in self care is in observing their reactions to the circumstances they are facing in responding to crisis situations. Reactions are commonly related to staff and volunteers' working conditions and organizational issues, as well as to their distress in seeing the impact of a crisis on affected populations.

It is therefore helpful for staff and volunteers to look at their reactions and acknowledge that they are present. Using the categories listed in the table earlier as a checklist may alert individuals of heightened stress in some aspect of their lives. Are there physical, emotional, mental, spiritual or behavioural signs that may be a cause for concern? If helpers scan themselves and realize that they have certain physical symptoms that are not going away, such as, for example, backache and tension in the shoulders and problems going to sleep, they may need to take action.

Self-care: Listen

The next step is in listening to how these reactions are impacting how helpers feel about what they are doing. It is like listening to an inner voice. Underlying everything, individuals may be saying to themselves, for example: "I am too busy and I need a break." "This was too difficult for me. I don't really know what I'm meant to be doing." "Why do my children have plenty of food, when the children here are hungry? It makes me feel really guilty."

It is important when helpers are listening to what might be impacting their reactions, that they remember that working conditions and organizational issues as well as personal issues can cause difficulties in helpers' lives.

Working conditions are often challenging, and staff and volunteers may have to perform physically difficult, exhausting and sometimes dangerous tasks, or be expected (or expect themselves) to work long hours in difficult circumstances. Organizational issues might include having an unclear or non-existent job description or an unclear role in the team. Staff and volunteers may have been poorly prepared or briefed for tasks, or may have not had clear boundaries between work and rest. They may feel unsupported by colleagues or team leaders, having difficult dynamics within a team or working with team members who are stressed or burned out.

On a personal level, some staff and volunteers may develop idealistic or unrealistic expectations of what they can do to help others and feel they should have solved all the problems for the people they helped. This can lead to feelings of guilt when they realise they were unable to do so. They may also feel



guilty if someone they were helping died, or about paying attention to their own need for rest or support. Some staff and volunteers may also face moral or ethical dilemmas in their roles of helping others, such as having to choose whose needs are more important than others.

Sometimes, doing humanitarian work may make helpers feel detached from their own family and home life because they cannot share the details of their experiences at home. They may also feel they did not deal with their tasks adequately or that they were not adequately prepared for facing the frustration and anger of affected people who feel their needs are not being met. Witnessing traumatic events or hearing survivors' stories of trauma and loss can also be very difficult.

Self-care: Link

Linking with others or engaging in activities is the vital third step for helpers in caring for themselves. Staff and volunteers may reach out for support from others, for example, through peer support or by contacting their team leader. They may choose to begin activities that will help them feel better as part of a self-care regime, such as taking walks, spending more time with their friends, taking a regular break from work.

The box below indicates personal and organizational factors that contribute to the protection of the well-being of individuals. It is important that helpers remember that both these factors (personal and organizational) have a role in maintaining their well-being in the work they do to help others. Otherwise they run the risk of taking responsibility for things on their own that their peers, team members and manager could help them with.



PERSONAL PROTECTIVE FACTORS

- Belonging to a team
- Finding work meaningful
- Being motivated to help others
- Maintaining daily routines and structures
- Being able to leave work behind and take a rest
- Knowing there is support available, if and when it is needed
- Being able to give support to and receive support from team members
- Maintaining one's cultural practices and beliefs
- Belonging to a caring family or community.

ORGANIZATIONAL PROTECTIVE FACTORS

- Regular meetings, which bring all staff and volunteers together and foster a feeling of belonging to a team
- An organizational culture where people can talk openly and share problems and respect the principle of confidentiality
- Showing appreciation for the work of volunteers
- Reasonable working conditions through policies and strategies
- Providing clear information about how to access available support.

Recognising one's personal limits

Taking some rest can help

Anton had had a long day on the hotline, listening to so much sorrow and pain from people living with HIV. These are some of the ways he practised self-care by using the PFA principles:

LOOK

When I came home I suddenly felt very bad. I was sad, tired, frustrated and felt very tense.

LISTEN

I realized, after thinking about what was happening, that this shift had been far too long. I really did not have enough energy because my own daughter was also ill and we were going through some difficulties at home. I realized that this was too much for me to cope with.

LINK

I called my team leader and told her that I felt bad and that things were getting out of hand for me. I needed more time right now to care for my daughter and my family. My team leader was very understanding, and we agreed to talk again after a week, and see if I was ready to start my volunteer work again.

Talking with someone else can help

John worked in the ambulance response of his local National Society. He was on his shift when a call came in about a young girl who was threatening to jump off a building to end her life. He joined the response team and jumped into the first ambulance that set off to the scene. They began to hear more about the details of the situation over the radio, as they raced through the streets towards the incident.

LOOK

John realised he was feeling more and more agitated, the nearer they got to the building. He hadn't really thought through what they might be facing before they left. Even though he was an experienced volunteer, this was possibly going to be a step too far today.

LISTEN

Now he knew what was making him feel so nervous: His young niece was currently in hospital recovering from being treated for self-harm. He had been supporting her lately – as an uncle, not in a formal way, but nevertheless, this was very stressful.

LINK

When he came home, he talked to his wife about the situation and felt that his level of stress slowly decreased. Understanding his own reaction better and having someone to talk with about it helped him to feel better, and ready to take up similar tasks at work again. He informed his team leader about how he had felt, but also how he had coped with these feelings. He just wanted to make sure that the manager was aware of his situation.

Supervision and peer support

Supervision and support systems are extremely important in supporting everyone involved in providing PFA. It is recommended that all PFA staff and volunteers have a team leader to talk to if they begin to feel overwhelmed or that their work helping others starts to affect them negatively.

Peer support is a key element within a support system for helpers. 'Peer support' means offering assistance to someone who is a peer (meaning someone in the same position as the supporter). Peer support is an active process that requires peers to be engaged in supporting each other and creating the time and space to talk about reactions, feelings and coping mechanisms. It is a useful strategy that can be implemented quickly and makes good use of the resources within an organization.

Peer support can prevent staff and volunteers under stress from developing more problems, as they learn ways of coping from each other. It is also a way for staff and volunteers to reduce misunderstandings or misreading of behaviour as they get to learn more about each other's challenges and coping strategies.

Peer supporters share experiences and provide each other with short-term assistance. It is important to emphasize that peer supporters are NOT counsellors and that the aim of peer support is not to replace professional help. Professional psychosocial support staff can play a role in training and supervising peer supporters. They can help peer supporters to troubleshoot and refer peers who may need additional professional support.

There are different ways of encouraging peer support, including buddy systems and PFA in groups – support to teams. Learn more about peer support in *Module 4: PFA in Groups - Support to teams*.

See the IFRC PS Centre's library for more on *Caring for Volunteers: www.pscentre.org*



Monitoring and evaluation of PFA



Monitoring and evaluation (M&E) of PFA

What is M&E?

Monitoring is a continuous process of collecting and analysing information to compare how well a project or programme is being implemented against expected results. Monitoring provides regular feedback and indications of progress, or lack of progress, in the achievement of intended results. It generally involves collecting and analysing data on implementation processes, strategies and results, and recommending corrective measures.

Evaluation is the systematic and objective assessment of an ongoing or completed project or programme, its design, implementation and results. Evaluation determines the relevance and fulfilment of objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, leading to the incorporation of lessons learned into the decision-making process of both recipients and donors.

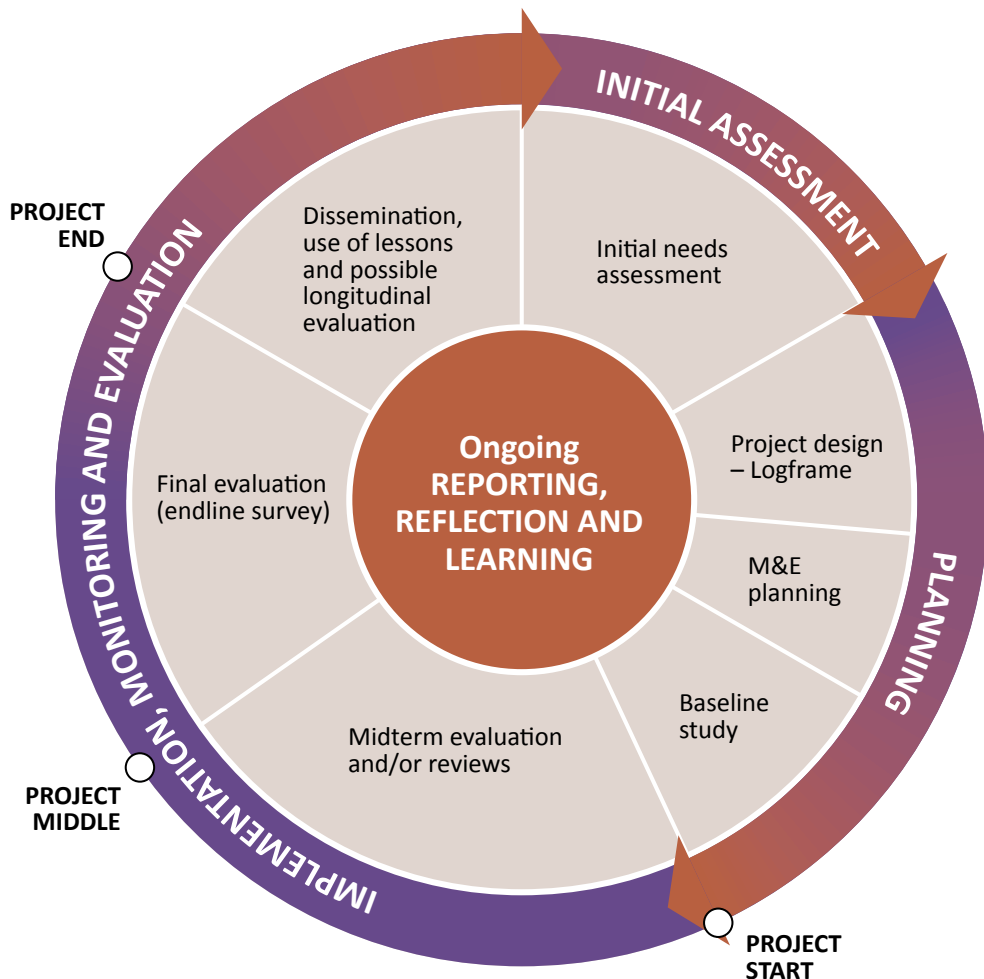


Figure 2: Diagram shows key M&E activities in the project/programme cycle.

Source: *Project/programme monitoring and evaluation (M&E) guide*. International Federation of Red Cross and Red Crescent Societies, Geneva, 2011. p. 12.

M&E is a central feature in the programme management cycle. The diagram below shows the usual stages of project/programme planning, monitoring, evaluation and reporting. M&E systems are usually developed from the outset in conjunction with project planning, and integrated into each stage of the cycle. Learn about M&E specifically for psychosocial interventions in the *IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions* developed by the IFRC PS Centre and available at website.

The IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions

The IFRC Reference Centre for Psychosocial Support (PS Centre) developed the *IFRC Monitoring and Evaluation Framework For Psychosocial Support Interventions* to promote best practice in monitoring and evaluation (M&E) throughout IFRC global psychosocial (PS) programmes. The framework aims to support National Societies in designing relevant M&E systems for psychosocial programmes; in programme planning and the development of PS strategies; and in mainstreaming global reporting of progress on PS programmes. The framework consists of various tools to help build the capacity of National Societies in developing a systematic approach to M&E of their PS programmes:

1. A guidance note

The guidance note provides an overview of M&E approaches and principles as key components of the programme management cycle. Psychosocial programme objectives and indicators are covered, including quantitative and qualitative indicators, and guidance is given on the development of M&E plans. It also details ethical principles and other fundamental requirements in preparing for M&E, including building the capacity of National Societies' staff and volunteers in conducting M&E activities.

2. An indicator guide

The indicator guide presents a set of sample indicators which are broadly applicable to National Societies PS programmes of various kinds. Although each PS programme will be unique to the context where it is implemented and the people who are involved, certain key priority areas are shared among different kinds of PS programmes. The sample indicators capture key aspects of change that PS programmes hope to achieve. The guide provides a broad understanding of changes that can result from PS programmes at goal, outcome and output levels. It is a road map for developing an M&E system and indicators for PS programmes.

3. A toolbox

The toolbox contains guidance and tools for data collection in M&E of PS programmes.

PFA and M&E

Activities that relate to PFA can be integrated into psychosocial programmes or other programmes in multiple ways, for example as training activities that aim to build capacity of PFA skills of staff and volunteers, and as actions to help people in distress. This means there may be multiple indicators in a programme's M&E system that relate to PFA. Here is an example of how PFA activities could be included in an M&E system with specified goals, outcomes, outputs, indicators and means of verification.

GOAL STATEMENT: Improved psychosocial well-being, resilience and capacity to alleviate human suffering		
Objective statement outcome (PS service provision): Target population achieves and sustains personal and interpersonal well-being and capacity.		
Objective statements for outputs: Target beneficiaries (e.g., survivors of crisis events) are provided with PFA according to their needs and in a timely fashion.		
Outputs	Indicators	Means of verification
Target beneficiaries (e.g., survivors of crisis events) are provided with psychological first aid (PFA) according to their needs and in a timely fashion	Psychological first aid Estimated # of target beneficiaries reached with PFA within specified time frame from exposure to a crisis event. Follow-up and referrals are made according to the needs of target beneficiaries	Programme management cycle reports: Staff and volunteer activity records, including referral documentation

M&E tools for measuring PFA

The toolbox in the IFRC Monitoring and Evaluation Framework For Psychosocial Support Interventions provides a range of different tools that can be used in a programme management cycle to measure well-being, collect qualitative data and to measure quality standards.

Here is an example of a capacity assessment questionnaire where PFA is included as an item to clarify existing capacities and gaps for National Societies in terms of implementing quality PS interventions.

CAPACITY ASSESSMENT QUESTIONNAIRE				
Psychological First Aid	Completely	Partially	Not at all	Don't know
Are all volunteers trained in psychological first aid?				
Is PFA part of the first aid training course?				
Which volunteer groups have been trained in PFA?			How many PFA instructors/trainers do you have? (write number):	

Here is an example of a participant training evaluation form from one of the training modules in the PFA for Red Cross and Red Crescent Societies package:

TRAINING EVALUATION FOR BASIC PFA					
	Very Poor	Poor	Average	Good	Excellent
1. Overall, how would you rate the content of the training?					
Comments:					
2. Overall comments: Please indicate how much you agree with the following statements	Strongly disagree	Disagree	Agree	Strongly agree	
2.1 The content was interesting and engaging					
2.2 The training met the training objectives					
3. Knowledge and skills: Please indicate how much you agree with the following statements					
3.1 I know more about reactions to distress					
3.2 I know what psychological first aid is and what it is not					
3.3 I understand the three action principles of Look, Listen and Link					
3.4 I have practised providing PFA to someone in distress					
3.5 I have considered complex reactions and situations					
3.6 I understand the importance of self-care when helping others					
4. The following helped my understanding					
4.1 Plenary discussions					
4.2 Power points					
4.3 Group exercises					
4.4 Role play					
5. The facilitator					
5.1 The facilitator was knowledgeable about the topic					
5.2 The facilitator presented the content in clear and logic manner					
5.3 The facilitator had good facilitation skills					
6. Thinking about the training overall					
6.1 I have gained a better understanding of psychological first aid					
6.2 The learning environment was safe and inclusive					
6.3 The overall length of the course was appropriate					
7. What went well in the training?					
8. What did not go well in the training?					

It is recommended that National Societies review the IFRC M&E Framework for Psychosocial Support Interventions to develop the specific M&E tools they need for the PFA activities included in their programmes, such as training or service provision. See the case example of the Hong Kong Red Cross Society below which illustrates how M&E tools have been developed to ensure quality of capacity building, and to conduct research on the effectiveness of the PFA training and service delivery.

CASE

PFA in the Hong Kong Red Cross, a Branch of Red Cross Society of China

Hong Kong Red Cross, a Branch of Red Cross Society of China, has included PFA as a central focus in their psychosocial programmes since 2004. They have developed a detailed and comprehensive training programme and M&E system to ensure the quality of their capacity building activities and service provision. There are several levels of training and expertise within the PFA teams at Hong Kong Red Cross, with PFAiders, PFA leaders, professional volunteers, and in-house clinical psychologists who are master trainers. The diagram below shows the different training requirements and details of these different roles.

Volunteer Development and Quality Control

In-house Clinical Psychologists as Master Trainers

Professional volunteers

- Clinical and Educational Psychologists
- Trained in Psychological First Aid courses
- Volunteer trainers and professional support in emergency services

PFA Leaders

- Actively participate as teaching assistants, in emergency operations and simulation exercises
- Attend PFA leader course with 100 % attendance
- Pass final interview
- 2-year appointment period
- Performance review every two years

PFAiders

- First interview
- Complete 18-hour PFA course with 100% attendance
- Pass assessment (Including written test, role play and 2nd interview)
- 3-year appointment period with continuous trainings
- Refresher course and renewal of certificate every 3 years

Following an enrolment interview, PFAider trainees participate in an 18-hour PFA course. On completing this course they sit a 20-minute written exam and are evaluated in a role-play practical exercise to assess their mastery of PFA Look, Listen and Link skills. Upon passing the assessment, participants are presented with certificates of completing PFA training and are enlisted in the pool of HKRC PSS volunteers. The PFA certificate is valid for three years.

PFAiders then begin their voluntary work, supported by further training consisting of drill exercises, workshops and volunteer gatherings. After three years, PFAiders are required to attend refresher courses and post-course assessments.

PFA leaders are PFAiders who actively participate as teaching assistants, in emergency operations and in simulation exercises. They have to attend a PFA leaders training course and pass a final interview. PFA leaders are appointed for two years at a time, at which time their performance is reviewed. PFA leaders provide onsite support to PFAiders and take on coordination roles during emergency operations.

The final level of PFA providers is professional volunteers. These are typically professionals like clinical and educational psychologists who have been trained in PFA. They provide professional support in emergency services, supervision to PFAiders, and also help with training of PFAiders and PFA leaders.

Research on self-efficacy and effectiveness of service provision

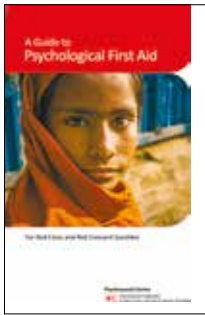
Hong Kong Red Cross has conducted a four-year research project to evaluate perceived self-efficacy on service delivery and the perceived effectiveness of PFA on beneficiaries from provider's perspectives. A total of 285 PFAiders took part in the study from November 2013 to July 2017. The participants completed an 8-item self-efficacy scale which used a 5-point Likert measuring scale from 1: "not confident at all" to 5 "very confident". An example of an item from the scale was "During the service, how confident are you in providing the core action – referral to collaborative service?" They also completed questions using similar scales to measure how effective they felt the provision of the core actions addressed beneficiaries' needs. Findings showed that from the perspectives of the PFA providers, all core PFA actions were effective in addressing the needs of the beneficiaries.

Challenges in M&E

There are several challenges in evaluating outcomes in providing PFA in crisis events. Some are linked with how PFA is implemented. For example, PFA is usually part of a wider continuum of psychosocial support strategies and as a result it is difficult to evaluate the benefits of PFA separated from other elements in the response. PFA itself is also designed and implemented in a range of ways in various humanitarian emergency programmes. This makes it hard to compare the findings from different evaluation reports about outcomes of PFA.

There are challenges too about measuring outcomes in relation to the encounter between the PFA helper and the person in distress. For example, it can sometimes be impossible to trace the person helped afterwards to ask them evaluation questions about how useful it was to receive PFA. It is also difficult to design a set of evaluation questions that will address the range of actions that may be implemented in PFA. For beneficiaries too, it can be very challenging to answer evaluation questions and to describe how PFA and other types of PS support differ. In their lived experience, other programmatic supports, such as shelter and livelihoods, may merge with how they were supported through PFA in the initial stages of a humanitarian response.

It is therefore essential to design the evaluation of PFA activities at the planning stage of PS programming to tailor the processes to the setting.



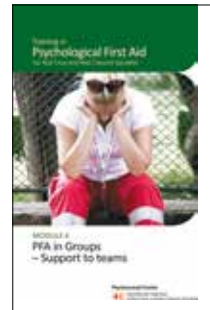
Psychological First Aid

For Red Cross and Red Crescent Societies

Psychological first aid is a simple, yet powerful way of helping someone in distress. It involves paying attention to the person's reactions, active listening and if relevant, practical assistance to help address immediate problems and basic needs. Learning psychological first aid skills and understanding reactions to crises empowers helpers to help others and apply the same skills to their own lives.

Psychological First Aid for Red Cross and Red Crescent Societies has several parts that can be used separately or together. It includes an introductory guide, a short booklet and four training modules. The first two training modules cover basic PFA skills, the third is on PFA for children and the fourth on providing PFA in groups and supporting teams.

We hope these materials will support staff and volunteers in their primary work of helping others. Our goal is to assist National Societies in offering the most effective psychosocial support possible to the people they serve.



Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies