

Save the Children

Psychological First Aid Training
Manual for Child Practitioners



Psychological First Aid for Children: 2 Days
Stress Management for Staff: 1 Day



Save the Children

Save the Children works in 120 countries. We save children's lives. We fight for their rights. We help them fulfil their potential.

OUR VISION

Save the Children's vision is a world in which every child attains the right to survival, protection, development and participation.

OUR MISSION

Save the Children's mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

OUR VALUES

- Accountability
- Ambition
- Collaboration
- Creativity
- Integrity

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Psychological First Aid for Children: 2 Days

Stress Management for Staff: 1 Day



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FOREWORD

Save the Children is pleased to present this training resource on psychological first aid for children.

Children experience abuse, neglect, violence and exploitation in all the countries in the world. Millions of children are affected and even more are at risk. Child protection is therefore a key priority for Save the Children's domestic and international programmes, in both development and humanitarian contexts.

Save the Children's approach is based on every child's right to be protected and cared for, ideally by their own family or in a family like environment. We are strengthening community-based and national child protection systems and we are working in partnership with governments and civil society actors. Supporting children to reduce distress is an integral part of this approach. This tool has been developed to support Save the Children staff and partner organisations as there is a growing demand from staff working in the field for knowledge and skills to provide support to children in immediate crisis.

Psychological first aid (PFA) is globally acknowledged as a simple, efficient method of providing initial support in crisis situations, and is now included in the Minimum Standards for Child Protection in Humanitarian Action.

Psychological first aid is a set of skills and competencies that enable people working in contact with children to reduce the initial distress of children caused by accidents, natural disasters, conflict, interpersonal violence or other crisis.

The training targets all people working with and for children, including social workers, Save the Children and partner staff, teachers, health workers etc., regardless of their professional background.

The material was developed with the participation of Save the Children staff and partners across the world. The manual comprises of lessons learned and best practices of decades and was tested in 12 countries.

We would like to extend a profound thank you for the tremendous support that we have received in developing this training manual from everyone involved in the drafting, testing and reviews.

Special gratitude is owed to the experts of Child Protection Initiative and IASC MHPSS for their invaluable reviews, advice and their ceaseless efforts to support this PFA manual for children.



Director, Child Protection Initiative

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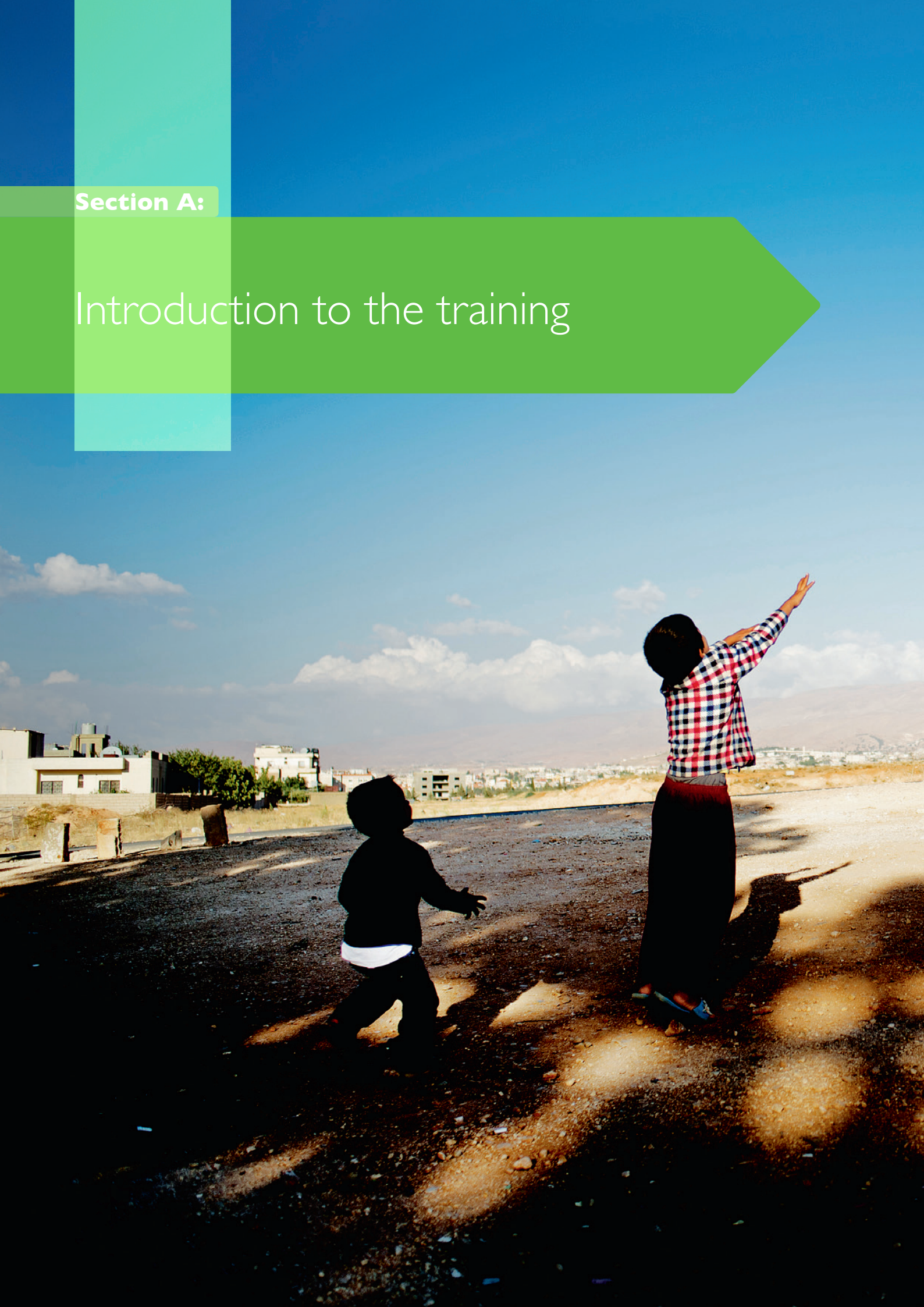
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Section A:

Introduction to the training





I. Introduction to the training

I.1 Background

What is psychological first aid (PFA) for children?

The *Save the Children Psychological First Aid Training Manual for Child Practitioners* is a set of skills and competences that help staff reduce the initial distress of children caused by accidents, natural disasters, conflicts and other critical incidents. The training manual consists of:

- Tools for communication, reassurance and comfort for staff working directly with distressed children
- Advice and guidance for staff working with parents and primary care-givers
- Suggestions for ways to support a distressed child

Psychological first aid for children can be given during an emergency situation or immediately after a critical event. Training in psychological first aid for children can take place as part of an immediate response or as part of a capacity building activity in disaster preparedness in emergency prone areas, as well as when preparing staff on the global emergency response list.

However, psychological first aid is used not only in connection with major emergencies such as a tsunami or an earthquake, but also during or after a crisis affecting a small group of individuals.

Save the Children staff, partner organisations and other professionals can also give psychological first aid for children as a first and immediate intervention in their work with vulnerable children in a non-emergency context, for example with children who have been sexually or physically abused or neglected, as well as children in conflict with the law or after accidents.

I.2 Why is psychological first aid for children needed?

As it fosters adaptive functioning and coping in a child, psychological first aid helps prevent short- and long-term psychological problems as a consequence of distressing and traumatic incidents. Today, a growing body of research underpins adequate support from family, professionals such as teachers and other persons in the immediate environment as the most important factor for children's development and recovery from difficult experiences¹.

Common reactions of children who have been through distressing events include sleep disorders, feelings of anxiety and depression, social withdrawal from others, concentration difficulties, crying, clinging behaviour and regression.

Most children survive distressing events without developing long-term mental health problems and many recover by themselves. However, recovery can be helped when children receive appropriate support at an early stage, and this can reduce the risk of developing long-term mental health problems dramatically.

¹ M. Ungar (ed) (2012), *The Social Ecology of resilience. A Handbook*. Springer, New York.

1.3 What is the focus of the training?

Although the overall focus in this training manual is on children, the training also contains activities on how to communicate with parents and care-givers, as they are also likely to be affected by the crisis event or emergency. The manual also includes an optional day on stress management for staff.

1.4 Who can give psychological first aid to children?

Save the Children's Child Protection staff and their counterparts working directly with children, such as partner organisations, teachers, educators, health and social workers, can provide psychological first aid for children.

Others who support children in distress, including anyone who arrives shortly after a crisis event, can also give psychological first aid for children.

1.5 Where can psychological first aid to children be given?

You can give psychological first aid for children in any safe location, such as Save the Children Child Friendly Spaces, schools, Early Childhood Development centres or preschools, refugee camps, or at emergency sites.

Whenever possible, helpers should find a quiet place where children, parents and care-givers can feel safe and comfortable to talk and be comforted.



Hedirm Halldorsson/Save the Children

2. Introduction to training manual

The training toolkit provides input for three days of training. The training toolkit consists of this manual, two sets of PowerPoint slides, hand-outs and appendixes. Together they provide input for:

- Two days of psychological first aid focusing on children.
- One day about stress management for staff. The stress management training day can be conducted separately as a part of staff wellness and human-resource management initiatives.

During their training, the participants will learn the most supportive things to say and do for people who are very distressed. The training also provides information on how to approach a new situation safely for yourself and others, and how to avoid causing harm by your actions.

2.1 Training schedule

DAY 1

TRAINING SCHEDULE: Psychological first aid focusing on children

8:30 – 9:00	Session 0: Preparation	Welcome and registration
9:00 – 10:30	Session 1: Introduction	<ol style="list-style-type: none"> 1. Welcome and introduction 2. Introduction to the day's programme 3. Objectives 4. Mutual expectations 5. Introduction to Save the Children (optional)
10:30 – 10:50	Tea/coffee break	
10:50 – 11:00	Energiser	
11:00 – 11:15	Session 2: What is psychological first aid for children?	<ol style="list-style-type: none"> 1. Introduction to psychological first aid for children
11:15 – 13:00	Session 3: Children's reactions to crisis	<ol style="list-style-type: none"> 1. Case example: Fire at a school 2. Children's reactions to stressful events
13:00 – 14:00	Lunch break	
14:00 – 15:00	Session 4: Identifying children who need psychological first aid, and psychological first aid action principles	<ol style="list-style-type: none"> 1. Identifying children who need psychological first aid 2. Action principles of psychological first aid
15:00 – 16:00	Session 5: Initial contact with distressed children	<ol style="list-style-type: none"> 1. Animated movie I 2. Initial contact with distressed children
16:00 – 16:30	Tea/coffee break	
16:30 – 17:45	Session 6: Role-plays	<ol style="list-style-type: none"> 1. Role-plays
17:45 – 18:00	Wrap-up	

DAY 2**TRAINING SCHEDULE: Psychological first aid focusing on children**

8:30 – 10:30	Session 7: Communicating with children	<ol style="list-style-type: none">1. Mood greetings2. Introduction to Day 23. Recap of Day 14. Communicating with children 15. Communicating with children 2
10:30 – 10:50	Tea/coffee break	
10:50 – 11:00	Energiser	
11:00 – 13:00	Session 8: Children in distress	<ol style="list-style-type: none">1. Normalisation and generalisation2. More suggestions for communicating with children in distress3. Practise communicating with children
13:00 – 14:00	Lunch break	
14:00 – 14:15	Energiser	
14:15 – 15:45	Session 9: Parents and care-givers in distress	<ol style="list-style-type: none">1. Animated movie 22. Parents' and care-givers' reactions3. Communicating with parents and care-givers
15:45 – 16:00	Tea/coffee break	
16:00 – 17:15	Session 10: Practice	<ol style="list-style-type: none">1. Psychological first aid practice
17:15 – 17:30	Wrap-up with evaluation	

DAY 3**TRAINING SCHEDULE: Stress management for staff**

8:30 – 9:00	Session 0: Preparation	Registration
9:00 – 10:30	Session 1: Introduction: What is stress?	1. Welcome and introduction 2. What is stress?
10:30 – 11:00	Tea/coffee break	
11:00 – 12:00	Session 2: Types of stress	1. Balloon exercise 2. Types of stress 3. Checklist: Signs of stress
12:00 – 13:00	Session 3: Over- and under-involvement	1. Over- and under-involvement
13:00 – 14:00	Lunch break	
14:00 – 15:30	Session 4: Ways to reduce stress	1. Stress-reducing activity 2. Ways to reduce stress
15:30 – 16:00	Tea/coffee break	
16:00 – 17:15	Session 5: Practice	1. Stress-reducing activity 2. Active listening and mentoring
17:15 – 17:30	Wrap-up and evaluation	

2.2 Aim of training

The training covered by this manual is for Save the Children's staff, partners, professionals like teachers, health workers etc., and volunteers working directly with children in emergencies or in the aftermath of conflicts, natural disasters and critical events..

Psychological first aid is not limited to larger-scale events, but may also be given in isolated and small-scale crises such as a fire at a school, a robbery, accidents, interpersonal violence and personal loss.

The aim of the training is to empower participants with skills and knowledge to give psychological first aid to children and families.

Day 3, which focuses on stress management, will provide the participants with insights and tools to prevent and deal with work-related stress to avoid burn-out.

2.3 How to use this manual

Following this introduction, the trainer is given a step-by-step guide to facilitating the three-day training programme for psychological first aid for child practitioners and for stress management for staff.

2.4 Introduction to the training

The three-day training programme consists of 15 training sessions. Six training sessions will take place on the first day, four on the second day and five on the third day.

The first session introduces the training programme, provides the participants with a chance to get to know each other better; discusses mutual expectations for the training and gives a short introduction to the work of Save the Children.

Session two explores what psychological first aid for children is and what the ground rules are when working with children. The third session explores how children of different age groups react to crises and other stressful events. Session four looks at how you may identify children and families in need of psychological first aid. It also explains the action principles for providing psychological first aid for children.

During session five the participants watch a short film and discuss how to make the initial contact with distressed children. In session six, the last session of day one, participants prepare and perform role-plays for each other, summarising what they have learnt from the days' training.

On the second day, after recapping day one's training, the participants start discussing how to communicate with children. Session eight focuses on children in distress. During this session the participants learn how to give emotional support to a distressed child. By exploring, through a short animated movie, how parents and care-givers react when they are distressed, participants also acquire skills in how to help parents and care-givers cope in a positive way during session nine.

In the tenth and final session of the first two days' training participants have more time to practise their communication skills and to consolidate everything they have learnt.

As the stress management training on day 3 may be either an integrated part of the training package or a stand-alone training programme, this part of the training has its own numbering.

Day 3 consists of five sessions. In introducing the programme of the day, the first session explores what stress is and how you can recognise signs and symptoms. In session two the participants learn about different types of stress, and evaluate their own stress level.

Session three focuses on over- and under-involvement, and how to involve oneself in an appropriate way. In the fourth session the participants will learn about stress reduction and discuss ways to reduce stress.

Finally, in the last session, the participants will practise stress management and collegial support.



Luca Kleve-Ruudi/Save the Children

2.5 Participants

The participants in the training programme are people who will give psychological first aid to children and their families. They have been chosen to take part because of their current or planned involvement with children and families in distress.

The participants may be staff working with child protection in Save the Children and its partner organisations, or from other sectors such as health, nutrition, water, sanitation and hygiene (WASH) or education.

Your job as facilitator is to draw on the participants' experiences and skills during the training. You must remember to take time to discuss how different reactions to stress, appropriate responses and perceptions of childhood are influenced by the culture, traditions and religion in the country and context where the training takes place.

By finding out as much as possible about the participants ahead of the training, you can draw on the participants' own expertise. Advance knowledge of the participants' background also helps ensure that all the activities are appropriate for a specific group of participants.

Things to explore in advance are e.g.:

1. Are the participants Save the Children staff, government officials, NGO partners, community representatives or others?
2. How many people will participate?
3. What do you expect the participants' educational level and typical posts to be?
4. What do you expect their attitudes, knowledge and skill levels concerning psychological first aid for children to be?
5. What and how much experience do the participants have of working with children and families in distress?

You can gather this information through the application process and during the pre-skills and knowledge assessment in the beginning of the training.²

² Pre-training questionnaire, Appendix 1, Day 1 & 2

2.6 Training preparation

One facilitator may conduct the training, especially if s/he is an experienced facilitator with previous knowledge of the topics. However, as the training is very comprehensive, and as the issue may cause some participants to react emotionally, it is better if two facilitators carry out the training.

Good preparation is essential for the quality of the training. Facilitators should familiarise themselves thoroughly with the training manual and the materials required for the training.

All participants should be given a binder with all hand-outs to keep after the training.

The facilitators should prepare the binders ahead of the training.

2.7 Timing

Training in psychological first aid for children can be held as a part of disaster preparedness or as a response to a small- or large-scale emergency situation or crisis event. It may also be used during long-standing situations that create continuous threats to children and their families' well-being.

Day 1 & 2 are designed to take place over two consecutive days.

Day 3 may either be conducted as an extension of Day 1 & 2, or it may be conducted separately.

2.8 Venue

The venue should have:

1. Space for all the participants to sit comfortably in a half- or full-circle, so they can see each other
2. and the screen or flip charts to be used for presentations.
3. Space for group work and for participants to talk privately in pairs.
4. Privacy so the training can take place undisturbed.
5. AV facilities to show PowerPoint slides and animated movies.



Jensen Walker/Getty Images for Save the Children

2.9 Materials required

Lists of materials required are included in Appendix 2, Day 1 & 2, and Appendix 2, Day 3. Note that you may need to adapt some of the materials to the context or substitute them with local alternatives that are more readily available or appropriate for the activity. Gather all the materials before starting the training.

2.10 Investigation of child protection and referral systems

During this three-day training, participants are asked to discuss and identify what the correct referral procedures are for children who need specialised services or protection due to experiences of abuse, violence or neglect. Find out as much as you can about what these procedures are in the local context, so you can help guide the participants if they do not know all the details needed.

We recommend you as the facilitator to remind participants of their duty of care and accountability in keeping with Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe³ at the beginning of the training.

If anyone raises a child protection matter or identifies a child at risk, the facilitator must encourage the participant to report it to the relevant authorities. Otherwise you will have to follow up.

The facilitator should also make a statement about not disclosing any personal information during the training. You can offer to talk to any participant after the sessions to ensure they have no problems arising from the training and that any concerns are properly responded to.

2.11 Evaluation and certificates

Evaluation is always the final session, no matter whether the training lasts two or three days. We recommend you to use the evaluation sheets attached as Appendix 3, Day 3, and the Pre-training questionnaire (application form) attached as Appendix 1, Day 1 & 2.

A good evaluation enables the facilitator to assess how effective the training was. There are two kinds of evaluation: the reaction evaluation and the learning evaluation. Reaction evaluations measure the reaction of the participants to the overall training, such as the facilitation, time allocation and management, venue, relativity to real life scenarios etc. The learning evaluation measures changes in the participants' skills, knowledge, attitude and practice.

At the very end of the training all participants should receive a certificate with name, training course, venue and dates. Certificate templates are included in Appendix 3, Day 1 & 2 and Appendix 4, Day 3.

The participants would probably be happy for a group photo as a memento from the training.

³ See Hand-out 3, Day 1 & 2 'Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe'

2.12 Facilitation methods and tips

Facilitators are responsible for planning and guiding the training. We recommend you to have at least two facilitators at the training, and at least one of these should be from the same region or community as the participants.

It is important that you are well prepared for the training and feel comfortable about the planned activities.

A good facilitator:

1. Prepares well for every workshop.
2. Listens to understand rather than evaluate or challenge what is being said.
3. Speaks slowly and clearly and avoids using 'jargon.'
4. Manages group processes.
5. Takes responsibility for good communication among the participants.
6. Is sensitive to unexpressed feelings.
7. Protects minority points of view and validates helpful comments.
8. Keeps the discussion going.
9. Limits own contributions to give more time for others' participation.
10. Listens carefully without interrupting.
11. Is oriented about appropriate language, posture, gestures and facial expressions.
12. Is prepared to take part in all activities if needed.
13. Is flexible and responsive, adapting activities when needed.
14. Enjoys facilitating and has fun doing it.⁴

As a good learning environment depends a lot on the participants, it is important that the facilitators know and understand:

1. Why the participants are attending.
2. The participants' hopes and expectations.
3. Their fears and concerns.
4. Their range of experience, discipline, age, gender and status in the community.

Make efforts to enable the participants to get to know each other and to feel comfortable in the company of the others. Never make a fool of a participant. If this should happen unintentionally, apologise. If you are courteous, your participants will also be courteous.

2.13 Adult learning

Remember that people learn in different ways, according to their personalities and experiences. Although learning by doing is often the best way to learn new skills, some people learn best by observing and reflecting, or by applying observations to theories. Be flexible and encourage participants to share their preferred methods of learning and to learn from each other. It may be necessary to adapt the activities slightly to accommodate different kinds of learning.

A key aspect of learning new skills and knowledge is being able to understand and relate these to real-life contexts. Adapt case studies and examples provided in this training programme to fit the local context. For example, encourage role-plays that show situations that are common in the local context so that participants may easily recognise and relate to them.

If you are not from the same region or community as the participants in the training, try to

⁴ IFRC Reference Centre for Psychosocial Support/Save the Children Denmark (2012). *The Children's Resilience Programme. Psychosocial support in and out of schools. Facilitator handbook 1: Getting started*, <http://resourcecentre.savethechildren.se/library/childrens-resilience-programme-psychosocial-support-and-out-schools-facilitator-handbook-1>

recruit a local or regional co-facilitator who can help ensure that the language, communication and references to case studies are all relevant to the participant group. If this is not possible, make every effort to familiarise yourself with the local context before conducting the training.

This training programme is part of capacity building for providing psychological first aid for children. Encourage participants to practise their psychological first aid skills and actively engage in providing psychological first aid for children whenever they can.

2.14 Role-play

In role-plays, group members act out a relevant life situation. The facilitator usually gives the participants a theme or some guidance on what the role-play should focus on.

Participants may be given roles to play, or they may be able to choose a role to play, depending on the nature of the role-play activity.

Role-plays can help people explore their attitudes towards themselves and others and serve as a forum for practising communication skills. They give participants the opportunity to understand and feel empathy for others' challenges and situations, preparing them to meet such situations in real life.

2.15 Buzz groups

In small groups or pairs, the participants are asked to reflect or comment on a concept, idea or problem. The groups may be asked to share the outcome of their discussion in plenary, or the activity is used to stimulate thought on a topic that will be explored in greater depth in further activities.

2.16 Plenary discussions and presentations

Plenary discussions and presentations are when all participants are involved in an activity together as one big group.

2.17 Energisers

These are fun activities that are used to make the participants feel comfortable about being in the training space together and to energise them after breaks or long periods of passive activities.

They are usually short activities, about 10 minutes or so, and although there is time allocated for energisers in the training schedules, additional energisers can be added during the training days if needed.

You can plan energisers yourself, or you can ask the participants to suggest or demonstrate energisers to their peers.

Energisers may be found on the internet or in many other training manuals.



2.18 PowerPoint slides

Most of the training sessions include PowerPoint slides. The PowerPoint slides are developed to support the facilitation and to ensure quality and consistency. Familiarise yourself with the content and order of the slides beforehand. Read what is written on the slide and be aware of the additional speaker's points for some of the slides provided in this training manual.

Not all slides have additional speaker's points and simply require reading what is on the slide. However, feel free to speak more or add more examples to help explain or demonstrate what the slide is about.

Some of the slides have questions for the participants. Make sure you allow time for and encourage participants to respond to these questions before moving on to the next slide.

Some slides show an activity for the participants. Follow the activity notes in the manual to supplement the slide.

We recommend that you print the slides and use them as hand-outs for the participants. Participants can make additional notes on the hand-outs. Providing the slides as hand-outs will also help you if you for some reason, such as lack of electricity, cannot use AV equipment.

You can either distribute the relevant slides at the beginning of each session, or distribute all the slides in binders at the beginning of the training. The PowerPoints can be found on the cd.

2.19 Questions and answers

Participants who have never heard of psychological first aid will encounter many new concepts and words during training. From the very beginning you should encourage the participants to ask questions when needed and refer to the glossary attached in Hand-out 2, Day 1 & 2.

The glossary is included in the participants' binders. Encourage participants to answer their peers' questions before you do, to encourage peer-to-peer capacity building and for you to get a more in-depth understanding of the participants' knowledge.

There may be questions you cannot answer. Don't feel embarrassed or shy to admit this. Use the group as a resource asking, "Would anyone like to comment or answer this?" No one is expected to know everything. Tell the participants you will try to find an answer for the next day or the next time you meet. Add pending issues or questions to the noticeboard

2.20 Notice board

It is always a good idea to create a notice board for the duration of the training. This is a designated space, such as a wall, or a notebook, where participants are invited to post any questions or comments they want to have addressed during the training.

If available, provide Post-Its or small pieces of paper that can be pinned on the wall so that everyone can see and access them on the notice board.

It is your responsibility as facilitator to make sure that questions and comments on the notice board are addressed, either in plenary or with the individual who posted the question or comment.

2.21 Groups

With a short training programme like this one, we recommend you to maintain the same groups, allowing the group members to get to know each other well.

There are a number of ways to make groups. One way is to let the participants choose their group according to their common area of work, so they have knowledge in common or want to learn more from someone else in the group.

You can also create groups randomly by assigning each participant a number from e.g. one to five, in keeping with how many groups you want to make, and asking the people with the same number to group together. Either keep a good gender balance in the groups, or, depending on the context, make same-gender groups.



2.22 Contextualise the training

Refer as much as possible to the local context and culture during the training sessions. Although these training sessions are based on standard international guidelines for providing psychological first aid, reactions to emergencies and crisis events and the coping mechanisms people use are all interlinked with the norms, values, cultural practices, beliefs and resources available in the local context.

2.23 Confidentiality

The issue of confidentiality will be discussed in Session 1 when setting the ground rules. The training should apply the same rules of confidentiality as when staff and volunteers are working with children and their care-givers. Personal information should not be disclosed outside the group, excepting information on violence, abuse, exploitation or matters that are in conflict with national law.

If such matters are brought up during training, you must bring this information to the knowledge of relevant persons and bodies that can help to address the problems.

Save the Children's Safeguarding Policy should be referred to and followed.

Before taking any action inform the person who discloses the matter.

2.24 Remember to provide feedback⁵

In all training situations, but especially training with active contributions by the participants, facilitators must provide feedback to their participants. Good feedback skills are essential for the effectiveness and the quality of the training. The way in which this feedback is delivered can serve to either enhance the participants' learning or, if delivered insensitively, can humiliate and de-motivate the learner. It is important to follow these guidelines when giving feedback:

1. Be specific and clear. Avoid general comments such as "You are excellent" or "It wasn't very good." Instead say, "You were excellent, because you had prepared well and you used straightforward language with no jargon."
2. Don't make generalisations. Avoid using 'always', 'never' or 'all.' Link your specific feedback to the specific context.
3. Be selective. People find it difficult to work on more than one or two areas of development and change at once. Don't overload them with points to work on.
4. Offer alternatives. When you offer criticism, suggest something the person could do differently: "It was difficult to follow the last session as I could not read what you had written on the flip chart. You could use larger handwriting and use two sheets of the flip chart."
5. Own the feedback and be descriptive, not judgemental. Start the feedback with "I" or "In my opinion," and describe the effect the participant's contribution had on you. For example, "When you said 'You don't have any questions, do you?' I got the impression that you did not actually want me to ask any questions."
6. Leave the recipient with a choice. Skilled feedback leaves the person with a choice about whether they act on it or not.
7. It is important to give feedback as soon as possible and feasible after the event, otherwise the comments may not be relevant to the receiver any more.
8. In certain circumstances, it is good to let the participants make comments on their own performances individually before you do. This gives them the opportunity to indicate that they recognise areas where they can develop. For example, "I think I started gabbling at the end and probably confused everyone."
9. Be very careful with advice. People rarely struggle with an issue because of lack of specific information. The best help is often to help people to come to a better understanding of their issue, how it developed, and how they can identify possible actions to help them address the issue more effectively.

⁵ Action for the rights of children (2009). *ARC Resource Pack. Facilitator's Toolkit* page 41-42; <http://www.arc-online.org/documents/pdfs/ARC-FacToolkit-2009.pdf>

2.25 Key skills for facilitators⁶

The chart provides a list of key skills that a facilitator should be able to use and apply effectively:

Skill	Short description of skill
Paying full attention	Using body language and small verbal encouragements to give another person your full attention. Physical actions are as important as words. They give a 'non-verbal' message: sometimes they support a verbal message, sometimes they confuse it, and sometimes they contradict it. Your body language accurately reflects your honest regard for the other person's well-being.
Paraphrasing	The skill of putting into a few words the content of what someone has said. A good paraphrase is brief and concise and contains both facts and feelings. It focuses on the other person's experience. It describes, in your own words, an accurate understanding of another person's thoughts and feelings.
Open questions	<p>Questions that encourage another person to speak freely and openly about their experience. They invite people to talk about something. Some examples of open questions are:</p> <p>"Can you tell me about...?"</p> <p>"What courses of action have you thought about?"</p> <p>"How did you react to...?"</p>
Probing questions	<p>Questions that prompt more specific responses by inviting the other person to explain or clarify something.</p> <p>"You said earlier that... What are you saying now?"</p> <p>"Could you say more about that?"</p> <p>For example: Participant statement: "What's happening makes me angry." Probing question: "What exactly is it that makes you angry?"</p>
Summarising	Is a recap of all the key elements that someone has said. It demonstrates that you have understood the whole story, not just parts of the story, well. It contains what another person has told you about their experiences, their behaviour and their feelings. A good summary helps the other person make sense of what they have been talking about and can help them have insights they had not realised before.

⁶ Action for the rights of children (2009). *ARC Resource Pack. Facilitator's Toolkit*. <http://www.arc-online.org/documents/pdfs/ARC-Fac-Toolkit-2009.pdf>



Anne-Sofie Helms/Save the Children

2.26 Be prepared to deal with the unexpected

Any number of things might go wrong in the course of a training workshop. One of the most demanding tasks for a facilitator is to know how best to deal with a situation when the event is not going according to plan⁷.

One of the easiest ways of dealing with unforeseen problems in training workshops is to apply the notion that if what you are now doing is not working, try doing the opposite. For example:

- If a plenary session is not working, break into smaller groups.
- If a practical exercise is not working, change it to a demonstration.
- If a thinking session is not working, move on to a practical activity.
- If a facilitator's example is not appropriate, seek out a participant's example.

Another way of planning for such problems is to develop a series of simple exercises or activities that can be relied on to assist in resolving the most common problems encountered in any group. These can be used when the problem arises. For example:

- If participants are becoming disengaged from the content, divide them into smaller groups and ask them to apply the material to situations from their own experience.
- If you are unsure what to do next, announce a short break (for refreshments, if there are any) to give yourself more time to think.
- If there seems to be resistance, call for a round where participants express how they are feeling.
- If the present session is not working, initiate the next part of the programme early.
- If you are running out of material, end the session early rather than create fillers.
- If the group is becoming fragmented, bring participants back together and ask them to work on clarifying the purpose of their work together.

Many of these common problem-solving techniques rely upon the use of opposites. They also enable the facilitator to re-assert a measure of control, or let the participants to express their own difficulties in a legitimate way within a group.

⁷ Pickles T, Pavilion (1995). *Toolkit for Trainers*, Brighton, England, as presented in the *Action for the Rights of Children resource pack: Facilitator's toolkit*. <http://www.arc-online.org/documents/pdfs/ARC-FacToolkit-2009.pdf>

2.27 Dealing with your own anxieties

Even the most experienced facilitators experience pre-workshop anxieties. There are two useful ways of dealing with them, and it is really worthwhile spending time reflecting about which ways suit your own personality.

Analyse your anxieties and think about how to deal with them. Make a note of the worst things that you think might happen during the workshop, then for each item on the list note down two ways in which you could deal with the situation. This should make you feel more confident.

Accept that you won't be able to cope with everything perfectly. You don't have to be perfect. If you feel stressed by the thought of potential crises, or by real training problems, the concept of a 'good enough' facilitator may be helpful. You are developing your training skills and knowledge every time you facilitate a training session.

If the participants seem to be learning something, you are probably doing fine. As soon as possible after the training event make a note of the things that you did not do so well, and consider how you might handle them differently if they arise again. This exercise will contribute to your own learning process.

2.28 Follow-up and supervision after training

Psychological first aid skills must be practised. Since these skills are primarily based on human contact, contact with children and their care-givers is crucial to maintaining and developing the capacity to give psychological first aid.

Self-confidence comes with experience. Staff trained in psychological first aid should have the opportunity to use their skills and, preferably, the opportunity to share experiences with colleagues.

Staff well-being and stress management also need follow-up and management support on a regular basis. Management may create opportunities for monthly supervision meetings, refresher training sessions and peer-support systems.

2.29 Glossary

Not all of the terms in the glossary in Hand-out 2, Day 1 & 2, are directly used in the training manual, but these key terms are important to know for the facilitator.

Most psychological reactions to traumatic events are usually considered normal reactions to extreme situations, even though they are distressing. In most cases only a minority of a population will suffer from long-lasting traumatisation.

Most people, including children, feel some level of distress following a traumatic event. Most will recover with appropriate care and support. Recent research shows that the quality of the initial social support is important for the ability of both children and care-givers to recover from harsh conditions and stressful experiences and to minimise the risks of developing long-term psychological problems.

Although humans recover and adjust, there may be long-term effects on personality and adaption across a life span. Practitioners have noticed the resilience and capacity of children to overcome difficult circumstances and readjust⁸. Newer research, however, emphasises that we should not ignore the potential impact of traumatic events on children's development, and that we have to be careful no matter what we label children – be it 'traumatised' or 'resilient.' In all situations, children will react differently according to the culture, religion, situation, previous experiences, age and personality of the child or young person⁹.

Also, use the term 'psychological first aid' with caution when you describe what you are doing on the ground. Many people hear the word 'psychological' and associate it with mental illness. There is a lot of stigma attached to mental illness in many countries, and using this term may deter children and families from accepting your help.

Some participants may feel that the term 'psychosocial first aid' would be more appropriate, as we are not talking of psychotherapy, but Save the Children uses WHO's terminology.

When communicating with non-specialists it is also advisable to avoid using terms that have clinical meanings such as 'trauma' or 'traumatised.' These terms may be frightening to people and induce a feeling in people that they are being negatively labelled and disempowered.

The terms 'distress' and 'acute distress' are used when describing unspecified psychological impacts after a distressing event. They are not linked to a specified diagnosis or syndrome but entail feelings of anxiety, crying, sleeping problems, poor appetite, being withdrawn and concentration problems, all of which will disappear little by little with proper care-taking. All are common feelings and reactions among children and adolescents and are directly related to the crisis event.

An emergency is defined as 'a situation where lives, physical and mental well-being or development opportunities for children are threatened as a result of armed conflict, disaster or the breakdown of social or legal order; and where local capacity to cope is exceeded or inadequate.'¹⁰

The term 'crisis' covers a stressful situation where a person's previous experiences and coping strategies are not adequate to deal with the situation. A crisis can be sudden and dramatic, but can also develop gradually.

8 Inter-Agency Standing Committee (2007). *IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings*. http://www.who.int/mental_health/emergencies/9781424334445/en/

9 Pynoos, Steinberg, Layne et al (2009). *DSM-V PTSD diagnostic criteria for children and adolescents: A developmental perspective and recommendations*. http://www.academia.edu/1201576/Pynoos_Steinberg_Layne_et_al_2009_DSM-V_PTSD_diagnostic_criteria_for_children_and_adolescents_A_developmental_perspective_and_recommendations

10 Save the Children (2010). *Save the Children Child Protection: Taking action against all forms of abuse, neglect, violence and exploitation*. <http://resourcecentre.savethechildren.se/library/child-protection-taking-action-against-all-forms-abuse-neglect-violence-and-exploitation-cpi>

The term 'trauma' is used to describe an emotional state of discomfort and stress. Trauma is caused by the memories of an unusual catastrophic experience, a traumatic event, which violated the person's feeling of safety and injured the feeling of integrity. In trauma, the person's existing coping strategies are not adequate to deal with the new experience.

The term 'traumatised' is the adjective of the term trauma. A traumatised person is a person who is subjected to one or more traumas. To be subjected to a traumatic event is not a sufficient condition for being traumatised. The experience must be overwhelming, emotionally painful, distressful or shocking and may result in lasting mental and physical effects.

Posttraumatic Stress Disorder (PTSD) is a diagnosis used for persistent mental and emotional stress occurring as a result of severe psychological shock after one or more traumatic events. It is characterised by a certain pattern of symptoms. The term should not be used randomly without a proper diagnosis from professionals, or mixed up with general psychological responses to traumatic events such as Acute Stress Disorder (ASD).

Acute Stress Disorder can occur in the first month following a trauma. The symptoms that define ASD overlap with those for PTSD and generally involve feelings such as not knowing where you are or as if you are outside of your body. In some cases, ASD develops into PTSD, but the symptoms can also disappear after one month¹¹.

Other examples of persistent mental illness and extreme emotional reactions resulting from severe stress due to traumatic events are clinical depression and anxiety states.

Social support is the support from the social network – the attention and care you get from family members, friends, colleagues, teachers etc.

¹¹ National Center for PTSD. <http://www.ptsd.va.gov>

A young boy with dark hair, wearing a blue and white striped shirt, is seen from the side, spraying a white hose. He is barefoot and standing on a concrete floor. The background is cluttered with several wooden chairs, some of which are broken or stacked. A blue metal gate is visible in the background. The scene appears to be outdoors, possibly in a courtyard or a narrow alleyway. The overall atmosphere is one of a busy, somewhat neglected environment.

Section B:

Day 1:

Two-day training programme on
psychological first aid for children



Day 1



Chris Stowers/ Panos for Save the Children

SESSION 0

Welcome and registration



Aim: To create a welcoming atmosphere and register each participant



Note to facilitator: Make sure you:

- Arrive at least 30 minutes before the first session is scheduled to begin.
- Arrange the space for seating the participants in a half- or full-circle.
- Arrange drinking water in the workshop room.
- Place Post-It notes, notebooks and pens for each participant in the room, along with a flip chart and markers.
- Give each participant a binder with the workshop material and a name tag.
- Register each participant on arrival.
- Ensure everyone is welcomed.
- Make sure that AV equipment for the PowerPoint slides and animated movies works.



SESSION 1

Introduction



Aim: To introduce the training to the participants and set ground rules for training together.



Activities: 1.1 Welcome and introduction. 1.2 Introduction to the day's programme. 1.3 Objectives. 1.4 Mutual expectations. 1.5 Introduction to Save the Children (optional).



Materials required: PowerPoint slides 1-9. Copies for all of Hand-out 3, Day 1 & 2 'Save the Children's Safeguarding Policy. Flip chart and markers.



Note to facilitator: Please note that Activity 1.5. Introduction to Save the Children is only needed if participants are not familiar with Save the Children and its work. Before the training, fill in PowerPoint slide 9, which describes what Save the Children is doing in this country.

If the introduction exercise is inappropriate in this context, you may select another introduction exercise.

ACTIVITY 1.1 Welcome and introduction



Aim: To welcome the participants and give them the opportunity to introduce themselves.



Materials required: N/A

INSTRUCTIONS: Welcome the participants. Ask them to stand with you in a circle where everyone can see each other.

Step into the circle and introduce yourself, say your name and the name of the organisation you work for or volunteer with. Step back out and ask everyone to do the same, one at a time.

When everyone has introduced themselves, explain that they will now have an opportunity to find out something about each other by playing a game called *The sun always shines on those who...* You can replace the sentence with another if more appropriate.

Start the game by explaining that when participants hear something that is true for them, they step into the middle of the circle. If the next thing someone says is also true for them, they stay in the middle of the circle. If not, they step back out again.

Start the game with:

“The sun always shines on those who work directly with children.”

“The sun always shines on those who have more than three years’ working experience.”

“The sun always shines on those who have met a distressed child.”

Request the participants to take turns. When everyone has had a turn, end the activity by asking the participants to take a seat to prepare for the next activity.

ACTIVITY 1.2 Introduction to the day’s programme



Aim: To introduce today’s programme.



Materials required: PowerPoint slides 1 to 3, Hand-out 1, Day 1 & 2, Training schedule.

INSTRUCTIONS: Once again welcome the participants and thank them for joining this training session on psychological first aid for children. Refer to the previous activity and highlight the fact that one thing they all have in common is that they are here to learn about psychological first aid for children.

Explain: “Giving psychological first aid to children can make a very big difference to how children react to a crisis event, immediately as well as in the long-term. Psychological first aid can help children cope and adapt better when they face big challenges and changes.”

“Today and tomorrow we will talk about what psychological first aid for children is, who it is for, and how you give it to children and their parents and care-givers.”

Before showing slides 2 and 3, explain: “You are here to participate in a two-day training programme. During this training I will share some information that has been prepared in advance, but we will all learn from each other through participating in group activities and plenary discussions.”

“In the process, you will also become aware of your own issues and experiences – they may influence your work as a helper. You cannot ignore own issues and experiences – you must acknowledge and deal with them. It is important that you keep yourself physically and emotionally safe at all times when you are working with psychological first aid for children.”

“As a professional and responsible helper you must identify and discuss with supervisors or managers anything that could hinder your ability to do this work in ways that are safe for you and for the people you are trying to help.”

Go through the programme with the participants. Additional speaker’s notes are included for each slide:



Slide 2: “Today you will learn what psychological first aid for children is, and we will talk in detail about which children need this kind of support and how to give it. Tomorrow we will spend more time practising skills in psychological first aid for children.”

“There are six sessions in today’s training:”

“Session 1 is where you become acquainted with the training programme and what it is all about. We will also discuss what our mutual expectations are. If some of you are not familiar with Save the Children, I will briefly introduce the organisation to you and tell you what we do around the world.”

“Session 2 is after the coffee and tea break. In Session 2 we will investigate what psychological first aid for children is.”


“During Session 3 we will explore how children of different age groups react to crises and other stressful events.”

“This will lead to Session 4, which is after lunch. During Session 4 we will look more closely at how to identify children and families who may need psychological first aid. We will also examine the action principles of psychological first aid for children.”

“In Session 5 we will watch a short animated film and use it as a point of departure for discussing how to make the first contact with a distressed child and his or her parents or care-givers.”

“After a short coffee break, we will end the first day of training with Session 6, where you will apply what you have learnt during the first day by engaging in short role-plays.”

“Tomorrow there are four sessions.”

 Slide 3: “During Session 7 we will learn about how to communicate with children, and how communication with children differs from communication with adults.”

“Session 8 is after the coffee break. During Session 8 we will focus on children in distress and practise how to support them.”

“After lunch, during Session 9, we are going to watch a short movie about how parents and care-givers react emotionally when they are distressed, and how that affects their children.”

“Session 10 is after the break. During this session you will have time to practise the psychological first aid skills that you have acquired during the training.”

Ask the participants if they have any questions to the training schedule and address these.



ACTIVITY 1.3 Objectives



Aim: To present the objectives of the training.



Materials required: PowerPoint slide 4.

INSTRUCTIONS: Show slide 4 and explain: “The aims of this training are to provide you with skills and knowledge so that you will be able to give psychological first aid to children in emergencies or to children who have been through distressing events.”

“You will also learn how to identify children who are in distress, and you will learn how to communicate with such children and their parents and care-givers.”



ACTIVITY 1.4 Mutual expectations



Aim: To identify and agree on rules of behaviour in order to encourage mutual respect and trust among the participants.



Materials required: Flip chart and marker.

INSTRUCTIONS: Start by explaining that it is important that everybody, as a group, agrees on how to treat each other during the training and that they agree on ground rules and acceptable behaviour.

Ask the participants to brainstorm with you about the ground rules they want to set. List these on a flip chart with the title “Ground rules.”

Display this flip chart in the training venue for the entire duration of the training. If the fundamental rules given below are NOT included, ask the participants if you can add some of your own. As you add them, explain what they mean and why you add them.

Explain: “Some fundamental ground rules should be included to establish a fun, safe and inclusive training environment:

- Listen to your peers and don't interrupt when they are talking.
- Make fun, but not of each other.
- Everyone has the right to an opinion, even if you disagree.
- No-one is forced to share their feelings or opinions if they do not want to.
- Please seek permission before taking photos and filming.
- Any information disclosed indicating that a child or anyone else is at risk of harm will be responded to in accordance with the organisation's reporting requirements.
- Personal information shared through this training remains confidential.”

Highlight the rule of confidentiality by saying:

“This training venue is a personal safe space. Therefore, we treat each other with kindness and respect and we tolerate different opinions. It also means you are allowed to share anything you want to, and no-one is going to share your personal and private matters outside this training venue. It is important that we all agree on this because it will make us all feel safe and comfortable about sharing.”

Ask if everyone agrees. If anyone does not agree, ask why and continue discussing this issue and how important it is for everyone to agree, until everyone has agreed.

Once everyone has agreed on the ground rules, ask the participants what consequences there should be if someone breaks the rules. Make sure the consequences are appropriate and acceptable.

ACTIVITY 1.5 Introduction to Save the Children (optional)

15



Aim: To give the participants a brief introduction to Save the Children and the work done by the organisation.



Materials required: PowerPoint slides 5 to 9. Copies for all of Hand-out 3, Day 1 & 2 'Save the Children's Safeguarding Policy.'



Note to facilitator: If all the participants are Save the Children staff you may omit this activity.

If time permits, you may describe Save the Children's reporting procedures¹.

INSTRUCTIONS: Show slides 5 to 9 and use the additional speaker's notes:

5 Slide 5: "Save the Children International is a global movement for children. It consists of 30 member organisations working to deliver changes for children in 120 countries. We save children's lives, advocate for their rights, and strive to help them fulfil their potential."

6 Slide 6: "Save the Children is a 'dual mandate' organisation that provides services and protection for children in both development and emergency contexts. Humanitarian crises make children even more vulnerable. Therefore, our work addresses the immediate and long-term child protection consequences of emergencies. We are also giving increasing attention to urbanisation, as safety nets are often weakened as a consequence of urban growth."

7 Slide 7: "CPI is an abbreviation for the Child Protection Initiative. The Child Protection Initiative is one of Save the Children's six Global Initiatives for Save the Children members to support and benefit from."

"The Child Protection Initiative became operational in May 2009 and aims to strengthen the rights of children to be protected from abuse, neglect, exploitation and violence. It is our ambition to reach 21 million children with preventative and remedial quality child protection services by 2015."

"Psychological First Aid (PFA) for children is one approach under the Child Protection Initiative. Psychological First Aid will contribute to preventing short- and long-term psychological problems after traumatic incidents by fostering adaptive functioning and coping."

"Despite its name, psychological first aid covers both psychological and social support."

8 Slide 8: "Save the Children aims to be a child-safe organisation. Therefore, we will do all that we can to ensure that the experience of children (and their families) during their involvement with our organisation is free from any form of abuse or exploitation. Our responsibilities are outlined in the Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe.²"

"We do everything we can to reduce the risk of harm and ensure that our staff and associates are screened and our programme design and implementation are safe for children."

"Anyone representing our organisation will at all times adhere to the highest standards of behaviour towards children and their families. All staff and associates sign a *Code of Conduct*."

"Whenever there are concerns regarding our own representatives, they will be investigated honestly and fairly with due regard to internal disciplinary procedures and national legal procedures. We have a reporting process and people who are responsible for managing all

¹ According to safeguarding and child protection policies

² Save the Children (2012). *Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe*. <http://resourcecentre.savethechildren.se/library/save-childrens-child-safeguarding-policy-rules-keeping-children-safe>

sorts of concerns and allegations. They are often called Child Safeguarding or Protection Focal Points. Children and adults using our services are encouraged to speak up and report any concerns they may have.

“Procedures are also in place to protect children whose rights have been violated.”

“Responsibility for the implementation of the Safeguarding Policy lies with Save the Children International’s Human Resource Department. However, all staff members in the organisation are responsible for ensuring that we do no harm and that our child protection programmes do not put children at risk.”



Show slide 9 and introduce the activities of Save the Children in the given context. Ask the participants if they would like to add anything, or if they have questions. Address these and end the first training session with a break for tea and coffee.

ENERGISER: Pen in the bottle



Aim: To energise the group and enhance team spirit.



Materials required: Empty bottle. Pen or small, straight stick. Yarn or string.



Note to facilitator: Prepare the exercise by tying four long pieces of string or yarn to a pen or small, straight stick the size of a pen. The activity will be more challenging if the strings are long. The activity can be made even more difficult if the team leader closes his or her eyes or turns his or her back to the team.

INSTRUCTIONS: Start the activity by dividing the group into four teams. Ask the team members to stand in the four corners of the selected space for the game.

Explain: “These four teams represent North, South, East and West. This is not a competition but an exercise where everyone has to co-operate to succeed.”

Place the empty bottle in the centre of the area. Request each team to select a team leader. Give each team leader an end of one of the strings attached to the pen.

Explain: “You have to co-operate by pulling the string with equal force from each corner to bring the pen into the bottle. The team leader holds the string, but is not allowed to move from where s/he is standing. Team members can help by giving verbal instructions to the team leader.”

When the team leaders have succeeded in bringing the pen into the bottle, request the teams to choose new team leaders and repeat the activity until as many as time permits have got the opportunity to pull the string.

Thank the participants for their collaboration and remind them that co-operation with others is critical if we are to succeed in life and overcome challenges. Highlight that this is a good game to play with older children and young people.



SESSION 2

What is psychological first aid for children?



Aim: To introduce the participants to psychological first aid for children.



Activities: 2.1 Introduction to psychological first aid for children.



Materials required: PowerPoint slides 10 to 18. Pens and paper.

ACTIVITY 2.1 Introduction to psychological first aid for children



Aim: To introduce psychological first aid for children.



Materials required: PowerPoint slides 10 to 18. Pens and paper.

INSTRUCTIONS: Ask the participants what they know about psychological first aid. When a few people have responded, show slides 10 to 18, using the additional speaker points:



Slide 11: “This training draws on the *Psychological First Aid Field Operations Guide* by the National Child Traumatic Stress Network³ and on the *Psychological first aid: Guide for field workers*, developed by the World Health Organization (WHO), together with World Vision and the War Trauma Foundation⁴.”

“The WHO guide is based on the guidelines presented in *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*⁵ and the *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings*⁶.”

3 National Child Traumatic Stress Network – National Center for PTSD (2006). *Psychological First Aid Field Operations Guide*. 2nd Edition. <http://resourcecentre.savethechildren.se/library/psychological-first-aid-field-operations-guide-2nd-edition>

4 WHO, World Vision and War Trauma Foundation (2011). *Psychological first aid: Guide for field workers* http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

5 The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. <http://www.sphereproject.org/handbook/>

6 Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings*. http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

“In the newly developed *Minimum Standards⁷ for Child Protection in Humanitarian Action*, psychological first aid is mentioned as one action indicator; namely: ‘Percentage of sectors in the humanitarian response in which workers have received training on psychological first aid.’”

12 Slide 12: “WHO, World Vision International and War Trauma Foundation introduce psychological first aid as ‘A description of a humane, supportive response to a fellow human being who is suffering and who may need support.’”

13 Slide 13: “Psychological first aid includes:

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

“Psychological first involves factors that seem to be most helpful to people’s long-term recovery, according to various studies and the consensus of many crisis helpers⁸. These factors include:

- Feeling safe, connected to others, calm and hopeful.
- Having access to social, physical and emotional support.
- Feeling able to help themselves, as individuals and communities.”

14 Slide 14: Explain: “Psychological first aid is *not*:

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

15 Slide 15: “Psychological first aid for children can be given during an emergency situation or immediately after a crisis event. Training in psychological first aid for children can be done as part of an immediate response or as part of capacity building activity in disaster preparedness in emergency prone areas, as well as preparation for staff on the global emergency response list.”

“However, psychological first aid is not only for use in connection with major emergencies such as a tsunami or an earthquake. It may also be used during or after a crisis affecting a small group of children, such as a fire at a school, or a robbery.”

“Save the Children staff, partner organisations and other professionals can also give psychological first aid to children as a first and immediate intervention in their work with vulnerable children in a non-emergency context, for example with children who have been sexually or physically abused or neglected, as well as children in conflict with the law or after accidents.”

Before you move on to slide 16, ask the participants: “Why do you think we developed psychological first aid specifically for children? Why can’t children just benefit from psychological first aid for adults?”

⁷ Child Protection Working Group (CPWG) (2012). *The Minimum Standards for Child Protection in Humanitarian Action Handbook* page 98. <http://cpwg.net/minimum-standards/>

⁸ WHO, World Vision and War Trauma Foundation (2011). *Psychological first aid: Guide for field workers* http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf



- 16 Slide 16: "In crisis events, children react and think differently to adults. They have specific needs according to their ages and are vulnerable to adverse effects due to their physical sizes and social and emotional attachments to care-givers. Therefore, children need psychological first aid developed especially for children."
- 17 Slide 17: "Not all children need psychological first aid. Like adults, some children cope very well with difficult experiences. Later today we will explore how children react to stressful events and how to identify children who are in distress and may need psychological first aid."
- 18 Slide 18: "Basically, all adults who work directly with children can give psychological first aid. These adults include Save the Children's protection staff, Save the Children partners who work directly with children such as teachers, educators and social workers, and all others who work to support children in a crisis situation."

Ask the participants if they have comments or questions. Allow for reflection and address the questions before rounding-up the activity.



Louise Dyring Mbae/Save the Children

SESSION 3

Children's reactions to crisis



Aim: To engage the participants in learning about children's reactions to stressful events.



Activities: 3.1 Case example: Fire at a school. Children's reactions to stressful events.
3.2 Children's reactions to stressful events.



Materials required: Flip chart and marker. Pens and paper. PowerPoint slides 19 to 41.

ACTIVITY

3.1

Case example: Fire at a school



Aim: To discuss how children and their care-givers react to stressful events.



Materials required: Flip charts and markers.

INSTRUCTIONS: Divide the participants into five groups. Provide each group with a flip chart and a marker and present them with this scenario:

"You have just heard that there has been a fire at a school nearby. It is a school with children of all ages, from preschool to end of high school. Many people have been injured and some children and adults have died. You and your colleagues prepare to go to the affected area. What reactions do you expect from the people you will meet? Discuss how you expect people to behave, and which emotions and feelings they will display."

Ask each group to focus on one or more of specific school community members:

- Very young children (6 years and below).
- Young children (7 to 12 years).
- Teenagers and adolescents (13 to 18 years).
- Parents.
- School staff and teachers.

Ask them to take their point of departure in how people in their own community could be expected to behave, so that the reactions and behaviours they list are relevant to their culture.

Give the participants about ten minutes to discuss the expected reactions of the group they have been allocated before listing these on their flip charts. After the ten minutes, ask the groups to read their lists aloud in plenary.

Thank the participants for sharing and allow for questions or comments.

ACTIVITY 3.2 Children's reactions to stressful events



Aim: To learn more about children's reactions to stressful events.



Materials required: PowerPoint slides 19 to 41.

INSTRUCTIONS: Prepare to show slides 19 to 41 by saying: "During the group work we explored how children and adults, and children of different age groups, react differently in a crisis situation."

"The next session will focus on the child's level of development and what others have observed are common reactions among children in emergency situations. Some of them are the same as the ones you listed. Some may not be relevant for how people react and behave here."

There is a lot of information on slides 19 to 41. Take time to answer any questions the participants may have.



Slide 20: "There are some concerns that most children of all ages have. Most children will show signs of fear that the event will take place again, and they will worry that their loved ones or they themselves will be hurt or they will be separated from loved ones. Most children also react to seeing their community destroyed. All children react to separation from parents and siblings, and all age groups may experience changes in sleep patterns or difficulties sleeping, as well as crying."

"Be aware that potentially all children have these thoughts, even if they don't show or share their thoughts and emotions. Children do not always ask the questions they are thinking about. Perhaps they are protecting their care-givers from distress. Perhaps they are shy. Maybe they do not have the capacity to express these thoughts. Be alert to underlying questions."



Slide 21: "Cognitive development describes what kind of development children have reached in terms of thinking, communicating with others and understanding of the world around them."

"Children's cognitive development affects how they react to crises and difficult experiences. Children aged 0 to 3 years have no or limited language, so they communicate with body language. They have very little or no understanding of an emergency or event. Physical contact means comfort to them."

"Young children react to changes in their closest environment. They may react to details and fragments of behaviour or language that they pick up, but do not have the ability to contextualise and organise their experiences. Remember that also young children may remember a distressing event and act it out in their play or behaviour later in life."

"The greatest threat to an infant is to be abandoned. Do you know why?"

Allow for reflection and discussion.

Sum up the discussion: “Young children are completely dependent on others for basic needs, such as food, water, warmth and protection. If they are completely abandoned they are at risk of dying, and their risk of being hurt is very high.”

“Please be aware that although physical comfort is critical for young children, you should be very sensitive and careful if the child reacts badly or rejects you. The child does not automatically know you are a safe person just because you reach out to them. For example, children who have previously been subjected to violence or abuse in their own family may react very acutely, with very intense emotions, or they may be ‘numb.’ ”

“However, abused children often welcome the help of ‘strangers’ such as people giving psychological first aid, so our responsibility is to ensure that the children will not experience further distress. Therefore, you must always screen everyone who gives psychological first aid to children.”

22 Read the case example in slide 22 and explain: “Elina demonstrates that children of all ages, also very young ones, can have physical reactions, and also have reactions where the incident is closely linked with the location. In some circumstances, this can lead to avoiding behaviour.”

23 **24** Slides 23 and 24: “There are some common reactions for children aged 0 to 3 years:

- They cling more to their parents.
- They regress to younger behaviour.
- There are changes in their sleep and eating patterns.
- They cry more or are more irritable
- They are afraid of things that did not frighten them before.
- They display hyperactivity and poor concentration.
- There are changes in their play activity: Less or no interest in playing or only playing for short periods, repetitive play. They may play aggressively and in a violent way.
- They can be more opposing and demanding than before.
- They can be very sensitive to how others react.”

“Therefore it is important to be aware of changes in young children’s behaviour.”

Request the participants to form buzz groups and then discuss common reactions that they have observed among children aged 0 to 3 years.

Share in plenary (10 minutes in total).

25 Slide 25: “A child aged 4 to 6 years has a language, but a narrow understanding of the world, as everything is centred on the child’s personal experiences. The child does not understand the consequences of emergencies. Although it is preoccupied with death, it doesn’t understand that, when you are dead, you will never come back.”

“The child understands the world through its parents’ reactions, but at the same time it has a vivid inner life. Sometimes the boundaries between imagination and reality are blurred. ‘Magical’ or imaginative thinking is typical. The child may think that he or she is the cause of events, and think that an emergency was his or her fault. The child is seeking the purpose and reason for why things happen, and sometimes s/he ‘fills in the blanks’ with his or her own imagination. This has nothing to do with lying. It is simply the way a 4-to-6 year-old child makes reason of and understands the world.”

“At this age, children may remember many details, but not in the correct order, or the correct places. Active listening is helpful to understand the child’s experiences.”

26 Show slide 26, and read the case.



- 27** **28** Show slides 27 and 28 and explain: “Children react to immediate changes in their environment, and especially to how their parents or care-givers react. They will react to seeing their community destroyed, to loss and to separation from family and friends. Some children react more strongly than others, because their reactions will be influenced by their previous life experiences, including previous abuse, neglect etc.”

“Children aged 4 to 6 years may:

- Start clinging to parents or other adults.
- Regress to younger behaviour such as thumb-sucking.
- Stop talking.
- Become inactive or hyperactive.
- Stop playing, or start playing repetitive games.
- Feel anxious and worry that bad things are going to happen.
- Experience sleep disturbances, including nightmares.
- Change eating patterns.
- Become easily confused.
- Be unable to concentrate well.
- At times take on adult roles.
- Feel irritability.”

Invite the participants to form buzz groups to discuss common reactions in children aged 4 to 6 years observed by the participants.

Share in plenary (10 minutes in total).

- 29** **30** Slides 29 and 30: “Children aged 7 to 12 years are more but not completely able to think in abstract terms and logically. They 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 fully understand death and loss. They struggle with change, while they divide the world into good-evil, right-wrong, reward-punishment etc. They still practise ‘magical’ thinking sometimes.”

Ask the participants: “Do you all know what we mean by ‘logical thinking?’ ”

Allow for discussion and then explain:

“‘Logical thinking’ means when the child for example is able to understand cause and effect, analyse information and deduct conclusions from information.”

Explain: “The child in pre-puberty can be very preoccupied with justice and start comparing and understanding differences between families’ living conditions, traditions etc. S/he can also develop a strong sense of guilt as shown in this case study.”

- 31** Show slide 31 and read the case study.

Ask the participants if they have any examples of reactions of children aged 7 to 12 years.

32 **33** Show slide 32 and 33: “Common reactions to stressful events among children aged 7 to 12 years are:

- Their level of physical activity changes.
- They feel and behave confused.
- They withdraw from social contact.
- They talk about the event in a repetitive manner.
- They may be reluctant to go to school.
- They feel and express fear.
- They experience a negative impact on memory, concentration and attention.
- They have sleep and appetite disturbances.
- They show aggression, irritability or restlessness.
- They have somatic complaints (physical symptoms related to emotional stress).
- They are concerned about other affected people.
- They experience self-blame and guilt feelings.”

Invite the participants to form buzz groups and discuss common reactions that they have observed in children aged 7 to 12 years.

Share in plenary (10 minutes in total).

34 Slide 34: “During the transitional teen years, children are often preoccupied with wanting to define themselves in relation to others. While the child is still attached to the family, peers play a very important role as the child gradually gets engaged in social life.”

“Teens have a growing understanding of others’ perspectives, even if they are different to their own, and they understand the seriousness of an emergency situation from their own viewpoint as well as from others’ viewpoints.”

“Teens start to feel a strong sense of responsibility for the family, and some are already family breadwinners. Guilt and shame are also common feelings during this period.”

35 Show slide 35 and read the case study.

36 **37** Show slides 36 and 37: “Teenagers often feel intense grief. They feel self-consciousness or guilt and shame that they were unable to help those who were hurt, and they show excessive concern about other affected persons. They may become self-absorbed and feel self-pity, and they may experience changes in their relationships with other people.”

“Teenagers may also start taking risks, engage in self-destructive behaviour, have avoidant behaviour, and become aggressive. They experience major shifts in their view of the world, accompanied by a sense of hopelessness about the present and the future. They often become defiant of authorities and parents, while they start relying on peers for socialising.”

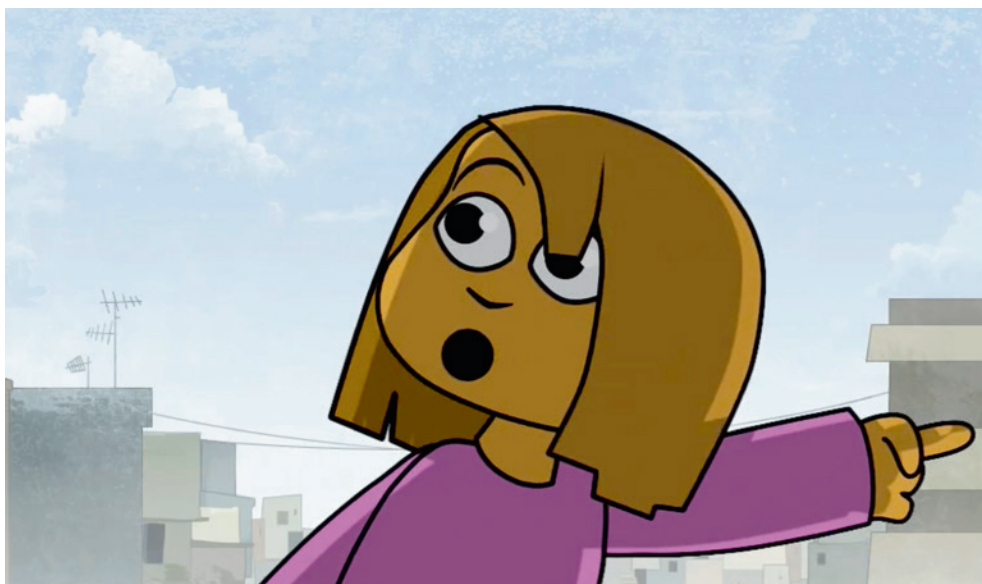
Invite the participants to form buzz groups and discuss common reactions that they have observed in teens.

Share in plenary (10 minutes in total).

38 Sum up this session by showing slide 38: Explain: “Children’s reactions also depend on past experiences such as abuse, family violence and neglect.”

“Children with long-term exposure to stress may express themselves differently than children who have been in a safe and nurturing environment. Some are more reserved, others express themselves in ways that are either younger or older than their actual age. At the same time, children with disabilities can have different ways of communicating, depending on the nature of the disability. Be sensitive to non-verbal communication and notice when the child initiates contact.”

Be aware that children understand events differently than adults.



39 Show slide 39 and ask the participants what kind of experiences they think impact how children react to an emergency.

40 **41** Allow time for suggestions and discussion before you show slides 40 and 41 and read the summary of common experiences that affect children's reactions.

Explain: "This was the final activity of Session 3."

Thank the participants for their attention. Tell them that after lunch they will learn about the action principles of psychological first aid for children and about the initial contact with a distressed child.






Lars Hartman

SESSION 4




Identifying children who need psychological first aid, and the action principles of psychological first aid



-  Aim: To identify children at risk of strong reactions to stressful events and in need of psychological first aid.
-  Activities: 4.1 Identifying children who need psychological first aid. 4.2. Action principles of psychological first aid.
-  Materials required: PowerPoint slides 42 to 55. Copies for all of Hand-out 4, Day 1 & 2 'List of local resources.'

ACTIVITY 4.1 Identifying children who need psychological first aid



-  Aim: To identify children and their families who can benefit from psychological first aid.
-  Materials required: PowerPoint slides 42 to 48.
-  Note to facilitator: This activity involves participants 'buzzing' with the person sitting next to them. If there are an unequal number of participants, create one group of three.

INSTRUCTIONS: Request the participants to sit in a circle.

Explain: "Before lunch we discussed some of the common reactions children of different age groups have to stressful events. We also looked at the factors and experiences impacting on how children react. We discussed that not all children react in the same way, and that some react more strongly than others, meaning that not all children need the same kind of support."

"In this session we will explore how we may identify children in need of psychological first aid in the immediate aftermath of an event and needing support in the days, weeks and even months to come."

"You will also learn about the action principles of psychological first aid for children, and we will talk about referral systems for children in need of more professional psychological help than provided by psychological first aid."

“Earlier, we talked about a fire at a school. Imagine that you have just arrived at the rescue site. You walk into a big tent with about 50 adults and children who have all, in one way or another, been affected by the fire.”

“Which children are at a higher risk for negative reactions to the fire incident?”

Ask the participants to turn the person on their right to discuss this question for a few minutes.

43 After a few minutes, show and read slide 43.

Ask the participants to discuss with the person to their left: “How would you select the children you want to approach in order to give psychological first aid in this immediate aftermath of the stressful event?”

44 **45** After a few minutes show and read slides 44 and 45.

Ask the participants if something is missing when they compare the two slides with their discussions.

46 Show slide 46 and ask: “And what about culturally specific reactions?”
Allow for a brief discussion.

47 Slide 47: “Parents and care-givers also react to emergencies and crises. Do you know about obvious signs of distress in parents and care-givers?”

48 Let them respond and then show slide 48, again asking the participants if there is other behaviour not on the list that would indicate adult distress in their own culture.

Explain: “Expressing emotions is acceptable in many western countries. However, in some cultures it is considered shameful or unacceptable to express emotions. Therefore, it is important that we are aware of not just applying ‘western’ concepts encouraging expression of emotions, tears, fears, anger etc.”

Ask: “Can you provide examples of such differences in other cultures?”

Allow for reflection and discussion.

Ask: “What about boys and girls, men and women? Are there any differences in what emotions we consider acceptable?”

Allow for reflection and discussion.

Look for children who seems lost or with severe distress reactions.



Stefano Buonamico, Animator for Weblink

ACTIVITY 4.2 Action principles of psychological first aid



Aim: To introduce the participants to the three main action principles as presented by WHO, World Vision International and War Trauma Foundation in their guiding principles, with specific focus on children and their parents and care-givers.



Materials required: PowerPoint slides 49 to 55. Copies for all of Hand-out 4, Day 1 & 2 'List of local resources.'



Note to facilitator: Ahead of this activity you should find as much information as you can about referral systems and procedures in the community to be able to provide the participants with this information. Preferably prepare a copy for all participants with relevant information, including names of individuals, organisations or government departments and how to contact these institutions.

INSTRUCTIONS: Explain: "The action principles I will present here are the same as the ones recommended by WHO's *Psychological first aid: Guide for field workers*.⁹ Our focus will be on how we may support children and their parents and care-givers."

Show and read slides 49 to 52. Use the additional speaker's points for the slides:



49 Slide 49: "There are three main action principles to adhere to when giving psychological first aid to children and adults. They are LOOK, LISTEN and LINK."



50 Slide 50: "The action principle LOOK has three main components¹⁰."

"The first is to check for safety. This includes being observant and aware of potential dangers in the environment such as conflicts, damaged roads, unstable buildings, fire or flooding."

"You also must investigate if your own safety is at risk. If you feel it is unsafe, you must find other ways to support the children."

"You should also do your utmost to find a safe environment to communicate with children and care-givers in distress."

"The second action is to look for children with obvious basic needs:

- Do any children or their families appear to be critically injured and in need of emergency medical help?
- Do any children or their families seem to need rescuing, such as people trapped or in immediate danger?
- Do any children or their families have obvious urgent basic needs, such as protection from the weather, torn clothing?
- Are there children or their families who may need help in terms of accessing basic services and special attention to be protected from discrimination and violence?"

"Be aware of people around you who can help. Know your role and try to get help for children and their families who need special assistance or who have obvious urgent basic needs. Refer critically injured children and their parents or care-givers to medical personnel or others trained in physical first aid."

"The third action is to look for children and parents or care-givers who have serious distress reactions."

⁹ WHO (2011). *Psychological first aid: Guide for field workers*. http://www.who.int/mental_health/publications/guide_field_workers/en/index.html

¹⁰ WHO (2011). *Psychological first aid: Guide for field workers* page 19. http://www.who.int/mental_health/publications/guide_field_workers/en/index.html

“We have previously talked about children’s reactions to distress. Based on the children’s reactions you may select children and parents or care-givers that you think would benefit from psychological first aid for children.”



Slide 51: “The action principle LISTEN also has three main components:
“The first is to approach children and parents or care-givers who may need your support. We will learn more about the initial contact with a distressed child or parent or care-giver in the next session.”

“Part of the initial contact with the distressed child and family is asking about their needs and concerns. However, be aware that people who are very distressed may find it difficult to explain clearly what they need.

“The second action in this principle is listening to the child and parents or care-givers and helping them feel calm by:

- Staying close to the child and parent or care-giver.
- Listening if they want to talk about what happened.
- Not pressuring anyone to talk if they don’t want to.”



Slide 52: “The action principle LINK has four components:
“The first is to help children and parents or care-givers address their basic and specific needs such as:

- Basic needs: food, water, shelter and sanitation.
- Specific needs: health care, clothing, cups and bottles for feeding small children etc.”

“Try to link them to places or persons where these needs may be met.”

“Always follow up when you have promised to support a child and his or her parents or care-givers.”

“This action principle will help children and parents or care-givers cope with their problems. There are many ways to do this, and we will learn more about them tomorrow.”

“You also should provide information. One of the most frightening aspects of stressful events is the worry and concern about your own safety and well-being, and that of others you care about. Children and their parents or care-givers are likely to want information about:

- The event.
- Loved ones or others who are affected.
- Their safety.
- Their rights.
- How to access services and things they need.”

“To be able to provide as much accurate information as possible you should:

- Find out where to get correct information, and when and where to get updates.
- Try to get as much information as you can before you approach people to offer support.
- Try to keep updated about the state of the crisis, safety issues, available services and the whereabouts and condition of missing or injured people.
- Make sure people are told what is happening and about any plans for evacuations, resettlement, reopening of schools etc.
- If services are available (health services, family tracing, shelter, food distribution), make sure people know about them and can access them. Give people contact details for services, or refer them directly.”

“When you give information to children and their families you should:

Explain the source of the information you are giving and how reliable it is.

Only say what you know – do not make up information or give false reassurances.

Keep messages simple and accurate, and repeat the message to be sure people hear and understand the information.”


“It may be useful to give information to groups of affected children and their families, so that everyone hears the same message.”


“Let the children and their families know if you will keep them updated on new developments, including where and when.”


“The last action under the LINK principle is connecting children and their families with each other and with social support.”

“One of the biggest determinants of how a child copes with a stressful event is whether or not the child was separated from or has lost its parents or care-givers. Helping a child reunite with his or her family can be one of the most important actions in psychological first aid for children.”

“If the child is alone, and if s/he cannot be reunited with his or her family members, follow all the necessary protocols to make sure the child is linked to an organisation or a person who will take responsibility for the child. Follow the guidance provided in the *Inter-Agency Guiding Principles on Unaccompanied and Separated Children*.¹¹”

 53 Slide 53: “Most children recover and cope positively with the challenges they face during or after a stressful event if they are reunited with their parents or care-givers, have their basic needs met, feel safe and out of danger, and receive support like psychological first aid for children.”

 54 Slide 54: “However, there will always be children who do not cope so well. Examples of children who may need additional professional support and help, in addition to psychological first aid for children, include children who continue to be highly distressed, who show continued dramatic changes in personality and behaviour, who cannot function daily in their life or who are a danger to themselves or others.”

 55 Show and read slide 55.

Allow time for discussion before sharing the additional information on referral systems and information that you prepared for this activity.

Ask the participants if they have any questions, and address these.

¹¹ Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings*. http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Listen to children and help them feel calm.



SESSION 5

Initial contact with distressed children



Aim: To learn and discuss how to make the initial contact with distressed children and their families.



Activities: 5.1 Animated movie I. 5.2 Initial contact with distressed children.



Materials required: Animated movie I. PowerPoint slides 56 to 65. Paper and pens.

ACTIVITY 5.1 Animated movie I



Aim: To stimulate learning and discussion about establishing the initial contact with children who are distressed.



Materials required: Animated movie I. Paper and pens.



Note for facilitator: To become familiar with the movie watch it ahead of the training. The movie takes only a minute and explains the action principles LOOK, LISTEN, LINK. The movie is about a distressed child. A staff member catches sight of a 6-year-old boy on crutches supported by a 10-year-old girl looking lost and frightened near an evacuation centre (LOOK). The staff member calmly introduces herself. She comforts the children and listens to the children's needs and concerns (LISTEN). She informs the unaccompanied children about the options and links them with immediate support (LINK).

INSTRUCTIONS: Explain: "You will now explore how to communicate with children who are distressed. We are going to watch a short movie and then discuss what you saw in the movie."

Divide the participants into groups. Distribute paper and pens. Ask the participants to pay attention to the behaviour of the different characters in the movie and how they communicate with each another.

Show animated movie I.

When the movie is over, ask the participants to discuss what they saw, especially regarding the behaviour of and the communication between the characters in the movie.

After five to ten minutes, request the groups to share their discussion in plenary.

If the participants do not mention it, make sure to discuss:

- How the staff member presents herself and establishes contact.
- How she alternates her attention between the two children.
- Is touching appropriate in the local context - if so: how and when?
- The staff member's ability to listen and encourage the children by nodding and letting them speak.
- Does the staff member let herself be distracted by the fact that one child is on crutches?
- If the movie raises any possible cultural issues?

Thank the participants for sharing.



David Bloomer/Save the Children

ACTIVITY 5.2 Initial contact with distressed children



Aim: To present guidance on good ways of approaching and communicating with distressed children for the first time.



Materials required: PowerPoint slides 56 to 65.

INSTRUCTIONS: Explain: "We will discuss some tips on how to approach children and their families for the first time, and what to do in the initial meeting."

Present slides 56 to 65 using the additional speaker's points:



Slide 57: "Remember the action principles we learnt in the last session: LOOK, LISTEN, LINK. You should follow these from the very first contact you have with children and their families."



Slide 58: "Approaching children and families is part of the first action principle, LOOK."

"Always initiate the contact by introducing yourself. Explain who you are, what you do, whom you work for and what you are doing here. Make your explanations simple and allow for questions."

"Sometimes the best way to approach children and their families is to offer to link them to practical assistance, such as food, water and blankets."

Ask the participants to turn to the person on their right. Tell them to take turns in pretending they are explaining what they are doing in the tent at the fire rescue site in a way that both children and their parents or care-givers understand without feeling pressured or intimidated.

- 59** Slide 59: “When you approach small children, sit down next to them, or squat, so you are at the same level. This makes the initial contact less intimidating for them.”

“If it is appropriate in your culture, touch the child gently while you talk, for example by holding its hand, or putting your arm around the child if you are sitting next to it. This can be soothing to a child who has been hurt or is afraid.”

“It is very, very important to observe the reaction of the child, as some children are not comfortable with physical contact. If the child shows any kind of discomfort, stop the physical contact, or limit it to a light hand on the shoulder or hand if this seems better to the child.”

- 60** Slide 60: “Always LISTEN. Collect as much information about the situation of the children and parents or care-givers as you can in a gentle way. Remember that your role is to help reduce distress, assist with current needs and provide emotional support, so you should not probe into details of distressing experiences and loss.”

“Speak slowly and calmly. In some cultures direct eye contact is not appropriate. If it is culturally appropriate, look at the person you are talking to even when you are communicating through a translator.”

- 61** Slide 61: “If parents or care-givers are present, ask for their permission before talking directly to a child in order to acknowledge and respect their role as parents and care-givers.”

Ask: “When does this rule *not* apply?”

Let the participants reflect and respond.

Explain: “The only exception is when you suspect or have proof that parents or care-givers have hurt or abused the children, for example through neglect, violence or sexual abuse, or when the children are unaccompanied and has no one you can ask for permission.”

- 62** Slide 62: “Patience is important. Do not interrupt conversations. Do not assume that people will respond to your offers with immediate positive reactions. It may take time for some children, parents and care-givers to feel safe and have confidence and trust in you. Children who have been abused, or seen loved ones hurt by others, may be particularly reluctant to trust and communicate with you.”

Ask the participants if they have any examples. Allow for discussion.

Explain: “Accept a child's or adults' emotions of anger, guilt and grief. It is important for children and adults who are in distress that you are able to deal with strong emotions. Do not tell the distressed person how they should be feeling, but instead acknowledge the feelings they have and tell them you understand.”

Ask the participants if they have any examples. Allow for discussions.


Explain: “Offering hope to children is not to say ‘everything will be as before’, because that would be untrue. Use stories about other children to convey the message that most children will recover: ‘I know a boy about your age. He had a similar experience to you. He was very afraid for a long time, but now he is okay.’ Talk about things that will happen in the near future: ‘Next week, I will come back and see how you are doing.’”

- 63** Slide 63: “LINK is the third action principle. You should identify the most immediate needs and address these. Agree with the children and parents or care-givers what their most important needs are right now. The most important needs are usually very practical: medical attention, clean water, food, and a safe place to sleep.”

“Give accurate and honest information to children and parents or care-givers. Do not make guesses or assumptions. If you cannot answer their questions, make an effort to try to find the information for them and explain you will make your utmost to return with updated information as soon as you can.”

“Keep information to children concrete and in short sentences. If you are uncertain whether the child or their parents or care-givers have understood the information, ask them to repeat what you have told them. Encourage them to ask questions if they do not understand.”

“If children are separated from their families, do your utmost to reunite them in accordance with the *Inter-Agency Guiding Principles on Unaccompanied and Separated Children*¹². Also see Hand-out 4, Day 1 & 2 ‘List of local resources.’ ”

 Slide 64: “If you are responding to an emergency or crisis outside your own area, or you are working with refugees from other areas and countries, you may need to use a translator. If you have the option, select a translator you trust. It is also helpful if you can find a translator who knows how to engage with children in a natural way and who understands the cultural context of the child. Ideally, try to find translators who have had training in child protection and child participation.”

“Instruct the translator in how you want to communicate with the children and their families. Ensure that the translator has a clear understanding of his or her role as a translator, including its scope and limitations. Go through the questions in advance and rehearse. Have a signed code of conduct and confidentiality statement.”


“A female translator is preferred when you have to talk to women and girls about gender-sensitive issues.”

“Sometimes you have to use relatives or family members to translate. Be cautious, because they are not impartial and may interpret according to their own needs. By observing the translator’s body language and facial expressions while talking you may be able to deduce if s/he actually translates what the person is saying. You may also compare the length of the original response with the length of the translation. ”

“Don’t criticise the translator, but double check by posing the same questions in different ways.”

“When you work with a translator you should ask the child to tell his or her story in short sentences in order to let the translator translate everything word for word. This will help you understand better what the child is expressing. Translate in ‘first person.’ E.g. if the child says: ‘I feel sad’, the interpreter should also say: ‘I feel sad.’ If culturally appropriate, look at the child during the interview.”

“The translator is an assistant to you, while you have to be the lead during the interview.”

 Slide 65: “As we spoke about earlier, some children may have previous experiences of abuse and may feel unsafe talking to someone of the opposite gender. Ask the child if s/he feels safe talking to you. The child may not dare to respond honestly, but his or her body language and facial expression will reveal if s/he is feeling uncomfortable.

“In such situations you should consider asking someone else of the same gender as the child to take over or to be present during the interview.”

Round up the session by thanking the participants for their attention.

¹² Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings*. http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf



SESSION 6

Role-play



Aim: To consolidate the day's learning through role-playing.



Activities: 6.1 Role-plays.



Materials required: Pen and paper.

ACTIVITY 6.1 Role-play



Aim: To consolidate what the participants have learnt during the day through role-playing.



Materials required: Pen and paper.



Note for facilitator: To ensure that all groups have approximately the same time to present their role-play and allow for comments afterwards, calculate the remaining time after their planning and rehearsal time, and divide it up equally between the number of groups.

INSTRUCTIONS: Explain: "We have been talking about a lot of different topics today, and we have learnt a lot from each other. In order to recap what you have learnt today and to improve your skills in giving psychological first aid to children we will spend the next hour or so performing small role-plays in groups."

Divide the participants into groups of four to five persons.

Explain: "First of all each group has to select a person to take notes."

"Then, spend five minutes sharing the most important things you learnt today. There are no right or wrong answers, since different people may have different opinions. You may also all agree on one or more important learning points. The person who takes notes will participate in the sharing while taking notes."

"During the next 20 minutes you should discuss, plan and rehearse a role-play. Everyone in the group has to participate. You have to present a scenario displaying the most important

learning points identified by your group. Each role-play must show a situation with a staff member or volunteer giving psychological first aid to children. You may also include parents or care-givers.

“Find a place nearby where you can work privately as a group. Please return to plenary after 20 minutes.”

Ask the groups to present their role-plays in plenary. After each role-play, ask the audience what they thought the important messages in the role-play were. Give the acting group a few minutes to supplement with their own comments after the audience has commented.

Repeat this for each group.

When all groups have completed, thank them for their participation.

DAY 1 Wrap-up



Aim: To round up the first day of the training and present a brief overview of the activities for the next day.



Materials required: Ball.

Thank the participants and tell them that you are aware that they have got a lot of information.

Explain that tomorrow you will engage in more practical activities, where they will have the opportunity to practise different communication skills with children and learn how to comfort children and adults who are distressed.

Ask the participants if they have any questions and answer them.

Ask two or more participants to prepare energisers for tomorrow and the day after if the third day is included in the same training. Each energiser should take around 10 minutes.

Ask all the participants to stand in a circle. Explain that when you throw a ball to them, they should mention one thing that made an impression on them during the day's training. It can be something they have learnt, or something they have reflected on in terms of their own experiences, skills or knowledge.

When a person has made a contribution ask them to throw the ball to someone else who has not said anything yet. Make sure everyone in the circle touches the ball.

Say goodbye to the participants.





Section B:

Day 2:

Two-day training programme on
psychological first aid for children



Day 2







Dorrit Hermann/Save the Children

SESSION 7




Communicating with children



-  **Aim:** To stimulate reflection on how communication with children and adults differs.
-  **Activities:** 7.1 Mood greetings. 7.2 Introduction to Day 2. 7.3 Recap of Day 1. 7.4 Communicating with children 1. 7.5 Communicating with children 2.
-  **Materials required:** One small slip of paper for each participant with one mood written or drawn on it, such as: happy, sad, angry, worried, concerned. Paper and pens. Flip charts and markers.
-  **Note to facilitator:** Before the training, make sure that you are well informed and updated about referral mechanisms, agencies and procedures in the current context.

ACTIVITY 7.1 Mood greetings



-  **Aim:** To raise awareness of how a person's mood and emotional state of mind influence initial contact and communication with another person.
-  **Materials required:** One small slip of paper for each participant with one mood written on it such as: happy, sad, angry, worried, concerned.
-  **Note for facilitator:** Prepare the slips of paper in advance. Ensure there are enough slips of paper with moods for all participants.



INSTRUCTIONS: Welcome the participants to the second day of training on psychological first aid for children.

Give a slip of paper with a mood drawn on it to each participant. Explain that for the next five minutes the participants should walk around the room and greet each other in the manner culturally appropriate to the context and in keeping with the mood stated on their slip of paper.

They should also exchange a few words on their well-being, for example: “Hello, how are you?”, “Hi, I am worried about my daughter, who is ill.” After this short exchange they should find someone else to greet and repeat this.

After five minutes, invite the participants to sit in a circle or semi-circle where they can all see each other.

Ask the participants how it felt to do this greeting activity, and what they noticed. If they do not mention it themselves, highlight that our moods influence both how we feel when we communicate with others, and how others react to us when we meet them.

ACTIVITY 7.2 Introduction to Day 2 of the training



Aim: To introduce the day’s training programme.



Materials required: PowerPoint slides 66-68

INSTRUCTIONS: Explain: “The greeting activity we just did was clearly showing how much our emotional state of mind and our mood influence the way we communicate with other people.

“Today we are going to improve the ways we communicate with children and parents or care-givers who are in distress. You will have time to practise your communication skills, so that you may feel more confident in giving emotional support to people, especially children, who are in distress.”



Go over the programme with the participants using slide 68 and the additional speaker’s notes:

“Today we will learn about and practise communication skills with children and their parents and care-givers when they are in distress. This is an important part of giving psychological first aid to children. We will end the day’s training with an activity to summarise everything we have learnt during these two days.

“When we have recapped what we learnt in the training yesterday we will start talking about how communicating with children is different from communicating with adults.

“After the coffee and tea break, Session 8 will continue focusing on communication with children in distress. You will all be encouraged to practise how you may give emotional support to a distressed child.

“After lunch, during Session 9, we will explore how parents and care-givers react emotionally when they are distressed, and we will learn skills that may help us help them to cope in a positive way.

“Session 10 will provide more time to practise communication skills, and we will consolidate everything we have learned these two days, so that you leave the training feeling confident about your new knowledge and skills in giving psychological first aid for children.”

Ask the participants if they have comments or questions and address these.

ACTIVITY 7.3 Recap of Day 1



Aim: To refresh the learning of the previous days' training.

Tell the participants that you would like them to help you recap what they learnt during the previous day's training. Mention the main topic of the session, and then ask for volunteers to recap what was done and learnt during that session:

- Session 1: Introduction.
- Session 2: What is psychological first aid for children?
- Session 3: Children's reactions to crisis.
- Session 4: Identifying children who need psychological first aid, and psychological first aid action principles.
- Session 5: Initial contact with distressed children.
- Session 6: Role-playing.

Thank the participants for their contributions and summarise by saying:

“Yesterday we explored what psychological first aid for children is. We learnt that psychological first aid for children involves giving different kinds of support, depending on the needs of the affected children and their families. A very important kind of support is emotional support, and that is what we are going to focus on for most of today.”

ACTIVITY 7.4 Communicating with children 1



Aim: To reflect on how communication differs between adults and children.



Materials required: Paper and pens. Flip charts and markers.

INSTRUCTIONS: Divide the participants into groups.

Ask the groups to discuss whether they communicate in the same way with children as they do with adults. Remind the participants that communication is not only speech, but also physical interaction and behaviour. Request them to take notes from the discussion.

After about 10 minutes, ask the groups to share their findings in plenary.

List the essence of the answers on a flip chart. For example, if someone says ‘we don't share our worries with children,’ you can shorten it to ‘selective sharing.’

Thank the participants for their contributions.



Note to facilitator: If the participants do not mention it, make sure to ask about the concept of age and gender. At what age would they presume that a child can benefit from talking or other types of supportive communication? Is there a difference between boys and girls?

Make sure that the discussion reflects the local concept of childhood and children's ability to understand and communicate.

It is important to note that, although there are cultural differences, there is also some universal knowledge on child development and children's reactions:

- Small children also react, but in other ways than older children. Remind the participants about the learning from Day 1.
- Children notice more than we think. They pick up speech, notice moods, changes and body language in adults.
- Children do not necessarily ask questions. They may not want to upset the adults or they may be afraid that their questions are rejected.
- Sometimes we need to answer the questions that children are probably thinking, but not asking.
- Children of all ages 'fill in the blanks.' They try to make sense of the situation. Sometimes children's imagination is worse than reality.

Share this case story: "In Cambodia, 14-year-old Choy's family was attacked by robbers in their own home in the middle of the night. The parents were pulled out of their beds and held at gunpoint. The parents were sleeping in one room and Choy was sleeping with his 12-year-old brother in another room.

The robbers did not find Choy and his brother, who managed to hide under their bed. No one was injured but the family lost their savings and were terribly shocked. Because Choy was under the bed in his room he only heard the sounds and did not see anything. His parents did not tell the boys any details of the assault in order not to distress them, but Choy was imagining that his mother had been raped and the father beaten. He did not ask any questions."

Remind the participants that even older children and adults have the tendency to 'fill in gaps', especially when exposed to serious incidents.

Let the participant discuss whether they think that Choy's parents should have told him the details or not. The purpose is to let the participants discuss what information is appropriate for children at different ages.



Note to facilitator: This discussion should bring out perceptions of when and how much information children should have. Make sure to probe into the answers to bring out the underlying attitudes. Make sure to give the feedback that children, if given age-appropriate information, can benefit from factual information. Sometimes children's fantasies are worse than the reality.





Hedinn Halldorsson/Save the Children

ACTIVITY 7.5 Communicating with children 2



Aim: To stimulate discussion on how to communicate the best possible way with children in distress.



Materials required: Flip chart and marker.

INSTRUCTIONS: Ask three people to volunteer to prepare a role-play.

Let the rest of the group engage in an energiser while you instruct the three volunteers:

“The characters in the role-play are 1) a 6-year-old child, 2) a 14-year-old child, and 3) an adult who wants to help them. The adult approaches the children because they are in distress. The younger child is clearly upset and crying uncontrollably, and the older child is very angry and confused. The adult tries to talk to them, but is not able to connect with or communicate with the children because s/he speaks to the children as if they were adults, trying to reason with them in an adult manner. The younger child becomes increasingly upset and the older child becomes more and more angry. The adult is clearly frustrated and is unable to communicate successfully with the children.”

Encourage the three volunteers to make the role-play as relevant as possible to the context, using speech and behaviour common to the participant group.

Wind up the energiser and ask the three volunteers to perform the role-play.

Ask the observing participants to comment on what happened in the role-play.

Guiding questions you can use to stimulate the discussion:

- What happened in the role-play? What did you see?
- Why was the helper not able to connect with the children?
- What could the helper have done differently to gain the trust and confidence of the children?

Write the answers to the question “What could the helper have done differently to gain the trust and confidence of the children?” on a flip chart. You will refer to it in the next activity.

Thank the participants for their contributions and explain that after the coffee break you will look more at how to communicate with children who are in distress and everyone will have a chance to practise communication with children in distress.



SESSION 8

Children in distress



Aim: To discuss and practise how to communicate with children in distress.



Activities: 8.1 Normalisation and generalisation. 8.2 More suggestions for communicating with children in distress. 8.3 Practise communicating with children.



Materials required: Flip chart and markers. Pens and paper. Soft toys or scarfs with a smiley face drawn on them. Slides 69 to 79.

ACTIVITY 8.1 Normalisation and generalisation



Aim: To learn about normalisation and generalisation as tools to communicate with children in distress.



Materials required: Flip chart and pen.

INSTRUCTIONS: Write the words 'normalisation' and 'generalisation' on the flip chart. Explain that normalisation and generalisation are communication techniques that usually work well with children and adults alike.

Explain that normalisation in this context does not mean that we label a reaction as normal or abnormal; it means that we reassure a child that his or her reaction is common.

“The key point is that the child should know that his or her reactions are understandable and human. Children may be confused about their own reactions and feelings, and they may not share this confusion with anyone.

“Tell the child that his or her reaction is very common and the reactions and feelings don't mean that there is something wrong with the child, but the child reacts to an unusual situation.

“By doing this you help the child link his or her own feelings and reactions and those of other people to the situation and understand that there is a reason for the feelings and reactions. This helps the child reduce the feeling that the world has turned upside down, and it gives hope to the child so it may believe that things can return to normal again.

“The term ‘validation’ is often used in this context. Validation is the recognition and acceptance of another person’s thoughts, feelings, sensations, and behaviours as understandable. Self-validation is the recognition and acceptance of your own thoughts, feelings, sensations and behaviours as understandable. By being present, by reflecting on what the child tells you and by helping the child to express his or her own feelings and showing that you genuinely understand and recognise these feelings, you may help the child validate his or her reactions and feelings.”

Share this case study: “In Denmark, 8-year-old Malene had seen her father beat her mother all her life. Since her father lost his job two weeks ago it has become worse, and one day the violence was so bad that the mother had to go to the hospital.

“Malene’s teacher knew about the case from the social services, but Malene did not talk about it in class. After school, Malene said to her teacher: ‘I am very tired.’ The teachers asked, ‘Do you want to tell me why you are tired?’ Malene said, ‘I don’t sleep very well.’ The teacher said, ‘Yes, I know that many boys and girls find it difficult to sleep if they worry about something. It is very common not to sleep well if you are sad, angry or confused about something, especially if it involves someone you love.’”

Explain: “Generalisation is related to normalisation. The purpose of generalisation is to widen the perspective to make sure that the child realises that many other children share his or her reactions. It is not sufficient for the child to realise that his or her reactions are common and perfectly normal in an unusual situation. It is important to stress that many other boys and girls are sharing the same feelings and reactions. This helps reduce the feeling of isolation and can give hope.

“You may for example say, ‘I know a lot of boys and girls who are feeling the same way as you are. Some of them are your age, some are older. I also know some children who are now feeling much better.’

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

Tell the participants that such stories can be used to talk about how a child copes without exposing the child.

If time permits, you may ask the participants for their own examples.

ACTIVITY 8.2 More suggestions for communicating with children in distress



Aim: To provide the participants with suggestions, tips and techniques to communicate with children in distress.



Materials required: Soft toy or scarf with a smiley face drawn on it. Slides 69 to 79.

INSTRUCTIONS: Explain: “I will now introduce more suggestions and techniques that you can use in communicating with children. Some of these suggestions are also relevant for care-givers. This will be elaborated in Session 9. You will also have the opportunity to practise your own communications skills.”



Slide 69: “Do you remember the three action principles we learnt yesterday? The first one was LOOK. This involves identifying children and families that are in distress and need psychological first aid.



“When children and their parents or care-givers are very distressed, the first helpful thing you can do is to help them become calm. There are a number of ways you can do this.

“First, speak softly, slowly and calmly. Try to sit down next to the person, or crouch down to talk to the parent or child, so you are at the same level. If it is appropriate in your culture, maintain eye or physical contact, such as holding the parent’s or child’s hand, or having your arm around or on his or her shoulder.

“If the parent or child is panicking or looks disoriented, try to encourage them to focus on non-distressing things in the immediate environment. For example, try to shift their attention to something you see or hear – with a parent you could comment on a sound or object in the nearby surroundings.

“Help the parent or child to reduce a feeling of panic or anxiety by asking them to focus on their breathing, and encouraging them to breathe deeply and slowly.”

70 Slide 70: “The second action principle is to LISTEN. Be patient and remain calm when you talk to children who are in distress. It may take time for children to trust strangers, especially if they are afraid.

“Listen actively:

- Pay attention. Look at the child and avoid distractions or interruptions when you are talking to the child and his or her care-givers.
- Show that you are listening by nodding, smiling and using facial expressions. Repeat what the child said in your own words to ensure that you have understood the child correctly.
- Encourage the child to talk if she or he wants to.
- Respond to what the child tells you – without judgement.
- Observe non-verbal cues and reflect on them if appropriate.
- Silence is okay too.”

71 Slide 71: “Active listening helps validate the child as someone important and worth listening to. When you pay attention and listen carefully without judging, you increase the child’s self-esteem and confidence and thereby help re-establish trust and reduce isolation.”

Ask the participants if anyone can give an example of what a validating style of communication could be like.

Explain: “Active listening also helps to ensure mutual understanding between the helper and the child, helps reduce false assumptions and helps access important information. Active listening encourages a sense of unity and improves the child’s willingness to co-operate.

“When a child feels heard and understood, stress and tension are also reduced. Active listening invites to dialogue and leads to openness and may contribute to a sense of calm and reflection.

“When you acknowledge the child’s personal resources and help the child understand that these personal resources are important in everyday life during and after the emergency situation you also help the child. Encourage the child to take initiative to solve problems and discuss how this might be done.”

Ask the participants if anyone can give an example.

Allow time for reflection and discussion.

Share this example: “In Haiti, 15-year-old Maiti survived the 2010 earthquake because she was hiding under a table. Maiti had attended disaster risk reduction classes and was able to put her knowledge to use. When talking to Maiti, comforting and reassuring her, the emergency staff member re-enforced her own strengths and resources: ‘Because of your own knowledge, and because you were able to act fast, you did the right thing, and saved your life.’”

Explain: “Active listening may also help improve the child’s sense of safety and replace dread and hopelessness with realistic and constructive hope for the future.”



Slides 72 and 73: “There are five elements included in active listening.

“‘Attentive focus’ means that you do not talk, just listen. Stay quiet and let the child speak without interruption. Use your body language to show that you are listening and concentrating on what the child is saying. Block out any distractions. Sit with the child in a peaceful corner. Turn off your mobile phone or put it on silent, but don’t use it. Give the child your undivided attention.

“Avoid interrupting, and be aware of your own body language and the appropriate body language in the cultural context. Make eye contact if this is appropriate in accordance with cultural practice. Sit or stand in a position that puts you at the same level as the child. Be aware of the child’s personal space, depending on age, gender and context.

“You may need to sit in an angle to the child in order to avoid being completely face to face with the child.

“Make sure that the child knows you are listening – for example, don’t be tempted to use your phone during the conversation with the child.

“If you are working with a translator, ensure that the translator is aware of the meaning of active listening and is very precise when s/he translates.

“Recognise and control your own listening barriers and emotional triggers: Sometimes certain issues, words and situations may trigger personal emotions and listening barriers in you. These may lead to judgements and positive or negative bias if you are not very aware of your own role.”



Slide 74: “Active listening also includes paraphrasing. When you repeat key words spoken by the child you are showing the child that you are listening and concentrating on the child’s information.

“Act like a mirror. Not in a mechanical or parrot-like way but as a way of using the same type of language as the child. This is one way of showing you are listening carefully.

“Describe rather than interpret what you have heard. Say, for example, ‘I understand what you are saying’, and, ‘Did I get that right?’ To reflect a description of a feeling, you might say, ‘It sounds like this experience made you feel angry. Is that so?’



“Watch out for non-verbal contradictions to what the child is saying. If you notice that the child’s body language is telling a different story, you can check with the child in order to make sure that you are not misunderstanding something.”

- 75** Slide 75: “Active listening also includes encouragement. Convey warmth and positive sentiments in verbal as well as non-verbal communication.

“Verbal and non-verbal communication help create openness and a feeling of safety, which is crucial when you want to build trust. For example, repeat the last part of the child’s last sentence in order to encourage the child to say more. Raise the tone of your voice at the end of your own sentences so that it sounds a little like a question to encourage the child to continue.

“Only touch children if it is appropriate in the cultural context. In many cultures it is inappropriate to give the child a hug. Even if the child is crying and upset, s/he may not feel comfortable being touched by an unknown person. You may, for example, show your empathy by saying ‘I’m very sorry.’ Learn what is culturally acceptable for that child.”

Ask the participants for their experiences on how to approach an upset child in their context.

- 76** Slide 76: “Use open-ended questions. They often begin with ‘why,’ ‘when,’ ‘where,’ ‘what’ and ‘by whom.’ Open-ended questions are questions that normally cannot be answered with a ‘yes’ or a ‘no.’ The child is encouraged to tell his or her story on his or her own terms and from his or her own perspective. For example, say, ‘Where were you when it happened?’

“If the child’s story appears incoherent, ask clarifying, open-ended questions about what happened, and about the child’s feelings and thoughts. Let the child know how you understand his or her story in order to make the child feel that you are listening and trying to understand. Avoid probing when you ask questions.

“Explore topics with important information about the child’s perspective and experience with clarifying questions like, ‘I am interested in hearing more of your thoughts on...’, and ‘Are you saying...?’ ‘Do you mean...?’”

- 77** Slide 77: “Reflect and summarise what the child has told you throughout the conversation. This shows that you have listened, and that you are trying to understand. In addition, you are verifying if you have understood correctly.

“Every now and then take time to identify important key points raised by the child. Highlight and combine these key points with other thoughts raised by the child to reach a mutual understanding of what’s being said, and then draw your conclusion. Having developed this understanding and conclusion together may help the child get ready for making plans.

“For example, you can say, ‘I would like to summarise what I have understood...’, or ‘Let me briefly review what I’ve heard you say...’ and ‘Please correct me if I left anything out...’”



Slide 78: “When you communicate with children in distress remember:

- Do not probe: You are there to help reduce distress, not to probe into the details of what has happened to the child. Probing can harm the child in the initial phase after a distressful event. Practise your listening skills and focus on the basic needs the child expresses.
- Be sensitive and focused in your communication with children.

“Remember: your mandate is primarily to focus on the well-being of the children. Although this includes helping the parents and care-givers, make sure you are attentive to the children’s needs, which may be different from that of the parents or care-givers.

“Accept and support all emotions the child may express or show. While you cannot prevent a child from being worried and anxious, you may help the child understand that such emotions are common after bad or unexpected experiences. For example, you can say ‘I can see that you are afraid. Many children experience fear. This is quite common.’

“If the child reacts negatively, for example with aggression, validate the child’s emotions and encourage the child to cope with this feeling in a different way. Explain to the child that you understand his or her anger, but also tell him or her that it will not help to act out feelings. For example, you can de-escalate a potential conflict by saying, ‘It is okay to be angry, but please do not hit others when you are angry. I am here to take care of you and to keep you and your friends safe.’

“Some children react physically to traumatic experiences. If this happens, you can explain, ‘It is normal for the body to react when you have experienced something frightening. It can, for example, make your heart beat faster, make your mouth feel dry or make your arms and legs feel numb. You may have pains. It can also make you feel tired or angry.’ The child may feel less worried if he or she understands that the bodily reactions are normal.

“If you know you are going to be meeting and dealing with young children you can take pencils, paper or a few little toys with you – they may help the child express his or her feelings in a different way.

“Sometimes children, especially younger children, find it very intimidating and scary to talk to strangers. If a child does not want to talk to you directly, talk to the child ‘through’ another person, or using a toy. This is called triangulation, because a third person or object becomes part of the conversation, and the three of you form a triangle. This is a good, non-threatening way of communicating with children who do not trust you yet.


“When using triangulation you should still relate primarily to the child, to make him or her feel that you are focusing on him or her. For example, if you ask a child how old he or she is, and s/he remains silent, you could say, ‘May I ask your mum instead?’ If the child nods, ask the adult.

“To confirm that you still are focusing on the child, look at the child again and say, ‘Ah, you are five years old?’ Eventually, even the shyest child usually start talking if s/he feels safe and secure and a bit distracted from his or her emotions. If the child is not with his or her parents or care-givers, you can use a toy, like a puppet or a soft toy to triangulate with.”

Demonstrate what is meant by triangulation by taking the soft toy or scarf with a face drawn on it in one hand, and pretend it is talking to the child. You can say: “Hello, my name is XX. What is your name?”

“Continue using the puppet to talk to the child. It can be used to ask questions or to make comments or to explain things, like generalisation and normalisation: ‘Many boys and girls feel the way you do when they experience the things you have experienced. Your reactions are very similar to others in the same situation.’ Reassure the child that his or her feelings are understandable.

“Older children and parents or care-givers can also be given written information on common reactions to abnormal situations.”

 Slide 79: “The last action principle is LINK.

“Linking a child with his or her family may be one of the first actions that you take if a child is found alone, although LINK is presented as the last action principle. If you can’t link a child with his or her family, you will need to link the child with organisations or government departments that can care for the child. You should refer to the *Inter-Agency Guiding Principles on Unaccompanied and Separated Children*¹ and *UN Guidelines for the Alternative Care of Children*² for guidance on how to do this.

“Make sure you give the child accurate information. Do not guess or make assumptions. Language may be a barrier to understanding. If you are unsure about a situation, you should explain that you will find out and that you will give the child and his or her family updated information as soon as possible. *Never* make promises you cannot keep. Do not be tempted to say you will be back if it is unlikely.

“On the other hand, you should never promise confidentiality either if a child’s safety is at stake, or a child is at risk of doing harm to self or others.

“Make every effort to help children and families access services. These services could be to address basic needs, or specialised medical or psychological services.”

ACTIVITY 8.3 Practise communicating with children



Aim: To practise communicating with distressed children.



Materials required: Puppets, soft toys or scarfs with smiley faces so each group can use one if they want.

INSTRUCTIONS: Request the participants to join their groups again. Explain that they now have an hour to practise communicating with distressed children.

Explain that they will take turns in pretending to be the helper, a distressed child, and the reflective team. Instruct them:

“The person who is the distressed child can decide how old they are and what has happened to them. They should explain this to the helper to allow the helper to understand the context.

“The helper must make initial contact with the child and provide emotional support, trying out some of the communication skills you have heard about so far.

“After a few minutes the helper will pause, while the reflecting team talk to each other about what they see.

¹ Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial support in Emergency settings*. http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

² *UN Guidelines for the Alternative Care of Children* (2010). <http://resourcecentre.savethechildren.se/library/united-nations-guidelines-alternative-care-children>

“The role of the reflecting team is to observe and reflect on what happens between the helper and the child, focusing especially on the skills and behaviour of the helper. They are there to help the helper improve his or her skills at providing emotional support, so their reflections should be positive and constructive, and not negative or judgemental.

“Repeat this process twice for each person so that everyone tries to give support, listens to the reflecting team, gives more support, and then hears the last comments from the reflecting team.

“Each group should appoint a timekeeper and divide the hour up so everyone in the group gets equal time to practise their communication skills.”

During the hour of practice, the facilitator should be available for questions and spend time with each group.

When an hour has passed, return to plenary.

Use the remaining 15 minutes to ask the participants to reflect on this activity and on what they learnt about their own communication skills.

ENERGISER: The shrinking sheet



Aim: To stimulate communication and collaboration between the participants. To show that we can overcome all challenges when we work together and reach out for help. Some tasks are not meant for one person alone.



Materials required: One or two large blankets or sheets that people can stand on.

Note for facilitator: This activity involves close physical contact. Divide the participants into gender-based groups if this is more appropriate.

INSTRUCTIONS: Divide the participants into two large groups. Participants should have bare feet. The groups can either take turns to do the activity or do it simultaneously if you have two sheets or blankets. If they take turns, ask the observing group to explain what they saw happening as the other group tackled the challenge.

Put the sheet or blanket on the floor. Consider how big the sheet should be. If it is a small group, fold the sheet double. Invite all the participants to take their shoes off and stand on the sheet. They should not have much room to move once everyone is standing on the sheet.

Explain that they now have to turn the sheet or blanket upside down. The floor around the sheet is toxic so they can't leave the sheet or touch the floor.

Provide enough time to work out how to do this. If they get stuck, encourage them and tell them it can be done as long as the group co-operates. Tell them that it may take longer than planned, but that it is possible. When the activity is over, praise the participants, request them to sit in a circle and ask:

- Why was this activity difficult?
- How did you solve the challenges of turning the sheet over? Did someone take on the leader role or did you all work it out together?
- What did you learn from the activity?

Wind up by saying that this activity is a good reminder of how things may seem impossible at first, but when we co-operate, everything is possible.

Support to parents is important to children.



Stefano Buonamico, Animator for Weblink

SESSION 9

Parents and care-givers in distress



Aim: To discuss and practise how to communicate with parents and care-givers in distress.



Activities: 9.1 Animated movie 2. 9.2 Parents' and care-givers' reactions to distress. 9.3 Communicating with parents and care-givers.



Materials required: Animated movie 2. Flip chart and markers. Hand-out 5, Day 1 & 2 'Advice to parents.' Paper and pens.

ACTIVITY 9.1 Animated movie 2



Aim: To stimulate learning and discussion about good ways to approach parents and care-givers who are distressed, and to provide the participants with suggestions and guidance on how to communicate with parents and care-givers in distress.



Materials required: Animated movie 2. Flip chart and markers. Paper and pens.



Note to facilitator: Ahead of the training, watch the short animated movie to familiarise yourself with it. It takes only a minute. The movie is about a mother who is sitting with her baby. Both are looking very distressed. A Save the Children staff member sees the mother, approaches her and guides her to a Save the Children camp where the staff give immediate support and stabilise them by comforting, listening, informing and guiding the mother so she can breastfeed and care for her child.

INSTRUCTIONS: Explain that the participants are going to explore the techniques of communicating with parents who are distressed.

Explain: "Now you are going to watch a short movie and then discuss the movie in groups. When you watch the movie, you have to pay attention to the behaviour of the different characters in the movie, and to how they communicate with one another."

Encourage the participants to take notes.



Dan Alder/Save the Children

Show the animated movie 2.

Ask the participants to form groups and discuss what they observed in the movie, especially regarding the behaviour and communication that took place between the characters in the movie.

After about five to ten minutes, ask the groups to share their observations in plenary.

Write the feedback on a flip chart.

When giving feedback, encourage the participants to discuss any differences between the communication in the movie and the local context. There might be cultural differences.

If the participants do not mention it, remind them about the active listening they learned about in Session 8.

Mention that the staff member in the movie provides a good example of the LOOK-LIS-TEN-LINK principle.

Explain: "After quickly introducing herself, the staff member makes sure that the mother is out of danger. The staff member checks with the mother if it is okay to make contact with the baby – verbally and non-verbally."

If time allows, ask a participant to demonstrate.

Explain: "The staff member is giving physical comfort. This is crucial, because it is not only physical: she also shows empathy and caring."

Remind the participants that Save the Children's approach to parents is one of respect.

Explain: "We may not always agree with parents, but you should always convey the message to parents that we respect them and that they are the most important people in their children's lives. This approach aims to empower parents. Advice on handling stress reactions in children can be given when appropriate, and discussions on positive discipline are often relevant.

"Remember that, in an acute situation, a parent or care-giver may be in crisis too. Do not engage in prolonged discussions. Be precise and clear, and leave the longer discussions for later. An acute situation is not the time for long-term profound changes.

"However, we may need to intervene if a child is being harmed.

"Remember that parents and care-givers are not passive receivers of support, so offer reassurance and guidance, which may help parents or care-givers care for and communicate better with their children.

“Also, protect parents and care-givers as well as children from the media, which can sometimes be invasive. Any media contact should be co-ordinated through the persons on the team assigned to this task.”

Thank the participants and wind up the activity.

ACTIVITY 9.2 Parents’ and care-givers’ reactions to distress



Aim: To stimulate participants to reflect on how distressed parents and care-givers feel and behave, and how to help them cope positively.



Materials required: Flip chart and markers. Hand-out 5, Day 1 & 2.

INSTRUCTIONS: Ask a volunteer to write, on a flip chart, any keywords that come up in the following discussion with the participants. You can title three flip charts: ‘Behaviour,’ ‘Feelings’ and ‘How to help.’ This is a good way for people to keep up with the conversation, and to prevent people from repeating the same points. It is also a good tool for you when you summarise the key points from the discussion.

Invite the participants to sit in a big circle. Ask them to think about how parents and care-givers react when they are in distress.

To stimulate discussion, ask:

- How can you tell when parents and care-givers are distressed? What type of behaviour that indicates when an adult is distressed is common where you live?
- What kind of feelings and reactions do you think parents and care-givers have in crisis situations? Probe into the participants’ answers to stimulate an in-depth discussion of this topic. For example, if someone says ‘They are afraid,’ ask, ‘What are they afraid of?’ or ‘Why do you think they are afraid?’
- What can you do to help parents and care-givers cope better in crisis situations? How do people in your culture cope with distressful situations?

If the participants do not mention it, add that one of the most important ways of helping children is to help their parents or care-givers, so that they can care for the children. Distribute Hand-out 5, Day 1 & 2. Go through the advice. Remind the participants that there may be other things they can do to support parents and care-givers that are not on these lists, but may be appropriate in their culture.

ACTIVITY 9.3 Communicating with parents and care-givers



Aim: Practise communication skills with parents and care-givers in distress.



Materials required: No materials required.

INSTRUCTIONS: Ask the participants to pair up with the person they are sitting next to. If there is an unequal number of participants, make one group of three. Explain that during the next 30 minutes they will take turns in practising their skills in communicating with a distressed parent or care-giver. One of them will be the distressed parent or caregiver, while the other is the helper. The distressed parent or care-giver can decide what has happened to the family and how he or she is reacting. However, the distress they are feeling must somehow be related to the children.

The participants should allocate a few minutes to give each other feedback. The feedback from the distressed parent should focus on whether or not the support felt helpful. The helper should focus on how it felt to give support.

Encourage the groups to sit apart to ensure some privacy while practising.

After 30 minutes, request the participants to return to the circle.

Spend the remaining 10 minutes to get the participants' feedback on what they learned during this practice session.



Jensen Walker/Getty Images for Save

SESSION 10

Psychological first aid practice



Aim: To consolidate the two-day's training on psychological first aid for children.



Materials required: Flip charts and markers for each group. Copies for all of evaluation sheets Appendix 3, Day 3. Appendix 3, Day 1 & 2, 'Certificate template.'

INSTRUCTIONS: Invite the participants to join their groups.

Explain: "We have spent most of today exploring and practising communication skills that are very important when giving emotional support to children and their parents or care-givers when they are distressed. Remember, however, that giving psychological first aid involves more than comforting and giving someone emotional support.

"It also involves assessing and addressing basic needs, linking children and their families to others who can help them further; making sure children are safe and protected, and so on.

"In this final activity you will have the opportunity to consolidate what you have learnt, and to share the most important learning points."

Explain that each group has to prepare a role-play that brings together what the participants have learnt about psychological first aid for children. Encourage the groups to select one person to be the narrator, or the storyteller, who can help highlight the most important lessons learned.

The role-play should simulate a crisis situation that could happen in this area, and it should show the process of giving psychological first aid to children.

Remind the groups that there are no 'rights' or 'wrongs', and that we all learn different lessons from training.

Suggest that the participants spend the first 10 to 15 minutes talking among themselves and looking through their hand-outs and notes to recap what they have learnt. Then they will have about 15 minutes to rehearse their role-play and narration.

After 30 minutes, ask the groups to perform their role-plays in plenary. Encourage the observing participants to give brief feedback after each role-play.

Thank the participants and tell them that it is time for rounding up and evaluation.

WRAP-UP and evaluation



Aim: To round up the two days' training on psychological first aid for children.



Materials required: Copies for all participants of the evaluation sheet (Appendix 5, Day 3). Training certificates for all.



Note for facilitator: Prepare the training certificates ahead of the training. A certificate template is attached in Appendix 3, Day 1 & 2.

Thank the participants for their participation and explain that they have now reached the end of the two-day training programme.

Ask the participants if they have any comments or questions and address them.

Provide time for reflection and feedback.

Distribute the evaluation sheets and allow time to complete them. Encourage people to be very honest and explain that this will help you improve future training sessions.

Make a small certificate distribution ceremony where you shake hands – if culturally appropriate – and say thanks and goodbye to each participant.

Louise Dyring Møller/Save the Children





Section C:

One-day training programme on
stress management for staff



Whether you as a humanitarian worker are involved in the immediate emergency work, the longer-term relief work or in some other crisis event that affects children you work under difficult conditions and you may yourself be affected by the disaster or incident. You must expect to be touched, affected and burdened when you are working with children and care-givers in crisis situations, and the meeting with severely distressed children and care-givers may trigger your own anxiety.

It is common for staff working in disasters or with crisis-affected children or care-givers to experience powerful emotions and reactions. You may be overwhelmed with feelings of despair, anger, rage or guilt or a sense of lost control or loss of temper. You may blame yourself for not being able to meet children's and other people's needs and expectations. Under these conditions your stress level will rise and you may be at risk of increasing stress or burn-out.

To prevent these feelings and reactions from affecting your work negatively or leading to neglecting your own safety and social and physical needs it is important that you acknowledge the importance of handling stress in humanitarian work.

This workshop day, Day 3 of the *Save the Children Psychological First Aid Training Manual for Child Practitioners*, is therefore focused on stress management for staff.



Notes for facilitator: The two sessions after lunch both start with a 15 minute slot for learning and practising a practical or physical relaxation or de-stressing activity. It is empowering for participants to be given the opportunity to teach their peers something new. At the beginning of the day, during the introduction session, ask for two volunteers to teach their peers a skill or activity that helps to reduce stress during these two 15 minute slots. They should demonstrate the activity and give time for the participants to practise.

If no participants feel comfortable doing this, you can choose from a small selection of activities found in Hand-out 8, Day 3. Familiarise yourself with these techniques before the training so you know which ones you will share, if needed.

Session 0 is included in case Day 3 of the training is not conducted as an extension of the Psychological First Aid for Children training on Day 1 & 2. Session 0 may be skipped if the participants have already registered and you already have done the preparations for the entire three-day training.

This chapter contains the training manual and refers to the schedule in chapter 2.1., as well as Hand-out 1, Day 3.



SESSION 0

Welcome and registration



Aim: To create a welcoming atmosphere and register each participant.



Note to facilitator: Make sure you:

- Arrive at least 30 minutes before the first session is scheduled to begin.
- Arrange the space for the participants to sit in a half- or full-circle.
- Arrange drinking water in the workshop room.
- Place Post-It notes, notebooks and pens for each participant in the room along with a flip chart and markers.
- Give each participant a binder with the workshop material and a name tag.
- Register each participant upon arrival.
- Ensure everyone is welcomed.
- Make sure that AV equipment for the PowerPoint slides work.







Hannah Reichardt/Save the Children

SESSION 1

Introduction: What is stress?





-  **Aim:** Introduce the participants to the workshop programme.
-  **Activities:** 1.1 Welcome and introduction. 1.2 What is stress?
-  **Materials required:** Flip chart and markers. Small pieces of paper or Post-Its. PowerPoint slides 1 to 7. A picture of a balance, a real balance or a balance you have built. See Appendix 1, Day 3, for instructions. Hand-out 4, Day 3 'Sources of stress.'
-  **Note for facilitator:** This is the third day of a three-day training programme on Psychological First Aid for Children. Today's programme focuses on stress management for staff.

Today's programme can also be used as a one-day stand-alone training to enhance staff's knowledge on how to handle the stress they face while providing humanitarian services to disaster victims and other crisis-affected children and care-givers.

ACTIVITY 1.1 Welcome and introduction



-  **Aim:** To welcome the participants to Day 3 (or to the training if it is a stand-alone event) and to introduce the programme and objectives for the day's workshop. Explore what causes stress in the participants' work life.
-  **Materials required:** Flip chart and markers. PowerPoint slides 1 to 4

INSTRUCTIONS: Welcome the participants to this one-day workshop on stress management for staff.

Divide the participants into groups. Request the participants to remain in these groups for the rest of the day.

Explain: "Helping children and families that have been through difficult experiences can be a very rewarding personal experience. However, it can also be very challenging. It is hard to watch people suffer and grieve when they have lost loved ones or are afraid of what will happen to them in the future."


"In this line of work, you meet children and adults who have many different emotions, including sadness, confusion, anger, guilt and fear. You may be personally challenged by long work hours, with reduced sleep, and extended workdays, with weeks away from your own family, or other work challenges. You and your own family may also be affected by the crisis you are responding to, which can make helping more of a personal and emotional experience."

"At the same time, all of you will have your own issues and experiences. These cannot just be ignored but have to be acknowledged and dealt with. It is important to keep yourself physically and emotionally safe at all times. As a professional and responsible helper you must identify and discuss with supervisors or managers anything that could hinder your ability to do this work in ways that are safe for you and for the people you are trying to help."

"Although managers and team leaders are responsible for meeting an organisation's duty of care to staff in the field and ensuring resources for debriefing, you also have a responsibility for your own health and safety."

"Feeling stress from working in emergencies is a very normal occurrence, but if the stress grows or continues for a long time and is left unattended, it may begin to affect your well-being in a negative way, and this will affect the quality of help and care you are able to provide to others."

 Show slide 3 and explain the objectives of the training.

 Show slide 4 and use the additional speaker's notes here while introducing today's programme:
"We are going to start the day by talking about what stress is and exploring different types of stress."

"During session 2 we will discuss different types of stress, and how to identify early signs of stress."

"We are going to talk about over- and under-involvement and how to involve oneself in an appropriate way during Session 3."

"After lunch, exploring ways to reduce stress is on the agenda in Session 4."

"The fifth and final session of the day is devoted to practising stress-reducing self-help and supportive techniques."

Allow for reflection and questions and answer them.

ACTIVITY 1.2 What is stress?



Aim: To explore what stress is and how to recognise signs and symptoms of stress.



Materials required: PowerPoint slides 5 to 7. A picture of a balance, or a balance you have built. See Appendix 1, Day 3, for instructions. Hand-out 4, Day 3 'Sources of stress.' Small pieces of paper or Post-Its.

INSTRUCTIONS: Give all the participants a small piece of paper or a Post-It. Ask them to take a few minutes to think about and write down their definition of stress.

When they have finished, ask a few of the participants to share their definitions. You do not need to hear all the answers. The definitions will be elaborated in the slides.

Thank the participants for sharing and show slides 5 to 7 using the speaker's notes:



Slide 5: "It is difficult to define precisely what stress is, because it can differ from person to person."

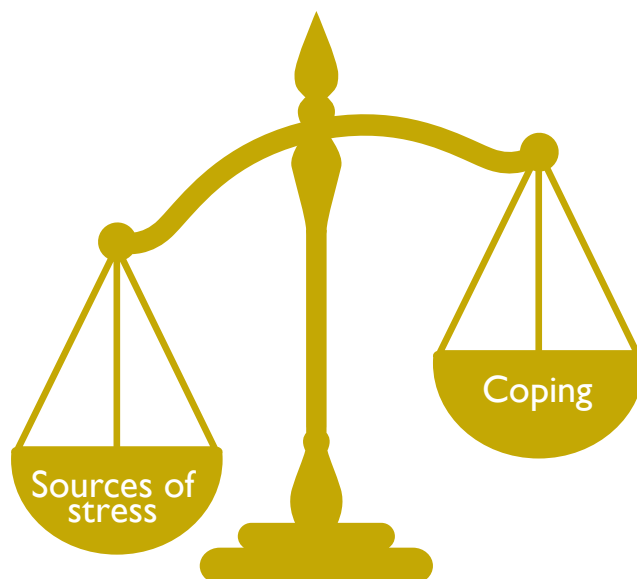
"Some explain it as a reaction of the mind and the body to a threat, challenge or a change in one's life. An example of a threat is a car that suddenly speeds towards you. A challenge could be learning new skills at work. A change could be starting a new job or becoming a parent."

"It is important to understand that stress in small doses is good for us as it motivates us to focus, be active, and to react quickly to protect others or ourselves. The so-called 'fight or flight' response enables us to dash to avoid being hit by the car, to be extra focused and concentrated when learning new skills, and to create the energy it takes to deal with the new job or child."

Request the participants to turn to the person on their left.

Explain: "Please spend a few minutes discussing stress factors in your work life, and then identify the three most common."

Allow for 10 minutes discussion before requesting everybody to return to plenary to share the common stressors in work life.





- 6** Slide 6: “Sometimes there are too many stressors at the same time, or the same type of stress persists for a long time and we are unable to cope. We feel overwhelmed and unable to live up to our own or other’s expectations. The demands of life exceed our resources and abilities to cope, and we feel out of balance.”

You can illustrate this with a real or self-made balance or scales, if available, or use slide 6: We will focus on today the negative stress that makes us out of balance.

- 7** Slide 7: “Stress may affect us physically, emotionally, socially and spiritually, and has an impact on our behaviour and well-being. Generally, stress hampers our ability to function.”

Provide the groups with flip charts and markers and ask them to discuss what the signs and symptoms of stress are in different domains. Assign only one domain to each group, unless there are less than five groups:

- Group 1:** Physical
- Group 2:** Emotional
- Group 3:** Social
- Group 4:** Spiritual
- Group 5:** Behavioural

Ask the groups to list the signs and symptoms on the flip chart to present in plenary. Allow around 15 minutes for this task. If the groups need inspiration, you can share a few of the examples of typical stress symptoms as listed in the following table. The Antares Foundation developed the list.

PHYSICAL ¹⁾	EMOTIONAL	MENTAL
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Poor concentration • Feeling confused • Disorganised thoughts • Forgetting things quickly • Difficulty making decisions • Dreams or nightmares • Intrusive and involuntary thoughts
SPIRITUAL		BEHAVIOURAL
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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
<small>1) Antares Foundation, http://www.antaresfoundation.org</small>		

Request the groups to share their findings in plenary.

After each presentation, ask the observing participants if they want to add something to the lists.

Explain: "Stress also affects communication and behaviour in groups."

Ask: "Do you know in which ways stress can impact on behaviour in groups?"

Allow for reflection and examples.

If they are unsure of what you mean, provide some examples:

"Negative impacts of stress are, for example, the formation of cliques, gossiping, complaining, negative attitudes towards change, or negative behaviour between group members towards one another."

"Positive impacts of stress may be a feeling of solidarity, an open atmosphere with honest communication and no gossiping behind people's backs, mutual respect among colleagues, sharing of workload, and use of interpersonal skills to solve conflicts and misunderstandings."

Explain: "Now we have explored signs and symptoms of stress. After the break we will talk about different kinds of stress and the sources of stress in your own lives."

Your own stress level may rise when working with distressed children.



SESSION 2

Types of stress



Aim: To discuss different kinds of stress: basic stress, cumulative stress, burn-out and traumatic stresses.



Activities: 2.1 Balloon exercise. 2.2 Types of stress. 2.3 Checklist: Signs of stress.



Materials required: Flip chart and markers. About four balloons for each group. PowerPoint slides 8 to 19. Copies for all of Hand-out 3, Day 3 'Check list: Signs of stress.' Copies for all of Hand-out 4, Day 3 'Sources of stress.' Small pieces of paper and pens for each participant. Hand-out 5, Day 3 'Secondary traumatisation.'

ACTIVITY 2.1 Balloon exercise



Aim: Teambuilding involving group collaboration and individual persistence. A physically vibrant activity that is fun and difficult at the same time.



Materials required: About four balloons for each group.

INSTRUCTIONS: Request the participants to remain with their groups and stand up.

Give each group one balloon and ask them to blow it up.

Explain: "Your task is to keep the balloon up in the air. It must not touch the ground."

Request the groups to start. After about a minute, give them another balloon, and tell them they have to keep this one up in the air too.

Continue adding a balloon every minute until each group keep three or four balloons afloat at the same time.

End the activity and request the participants to sit in a semi-circle.

Ask: "How did this activity reflect stressors in your life?"

If nobody mentions it you can highlight two points: “While it was probably fun in the beginning, when you had only one balloon to keep afloat, the task became gradually more difficult and challenging when you added more balloons.”

“When you had too many balloons at the same time it may have overwhelmed you and become difficult to handle. You need to balance the number of balloons like you need to balance your life.”

“Ultimately, you could only keep the balloons afloat if you were helping each other. This is very similar to real life: Sometimes we need each other’s help to cope with the challenges of life.”



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ACTIVITY 2.2 Types of stress



Aim: To discuss the different types of stress and how they affect us.



Materials required: Hand-out 5, Day 3 ‘Secondary traumatisation.’ Slides 8 to 19.

INSTRUCTIONS: Show slides 8 to 19 using the additional speaker’s notes:



Slide 9: “There are four main types of stress: basic stress, cumulative stress, burn-out and traumatic stress.”

“Most people experience basic stress from time to time, or even daily. This is the kind of stress, as mentioned earlier, that can be motivating and good for us, but if there is too much of it, it can disrupt our balance, functioning and well-being.”

“We can try to overcome basic stress by physical and psychological adjustments. If we succeed, the stress symptoms will go away, but if we don’t, the stress symptoms will remain or grow. This is the kind of stress that can disrupt your life in a harmful way.”

“Cumulative stress is the most common type of stress and occurs when there is an accumulation of basic stress and we are no longer able to overcome the stress by physical and psychological adjustments. Examples of cumulative stress are on-going exposure to children in distress during an emergency response, or an unhealthy working environment which doesn’t improve.”



Slide 10: “Signs of cumulative stress typically build up slowly, as you can see in this diagram.”





Slides 11 to 13: “Burn-out is a severe state of emotional and physical exhaustion caused by excessive and prolonged stress. It is typically work related, when you feel overwhelmed and unable to meet demands. It may start as disinterest or lack of motivation, but can eventually affect your productivity, sapping your energy and making you feel hopeless, powerless, negative and resentful.”

“Burn-out can eventually threaten your ability to maintain your job, your relationships and your health.

“Burn-out is sometimes called ‘depression at work’ as the symptoms resemble those of depression, but they only occur in relation to the work environment. When symptoms are experienced both at work and at home, there is a risk that the affected person has or is developing a more general depression.

“Burn-out can also be confused with symptoms of grief. Although the symptoms might look alike, the causes of burn-out, depression and grief are different and therefore need to be dealt with differently.”

 Slides 14 and 15: “The fourth type of stress is traumatic stress, with two sub-types: critical incident stress and secondary traumatisation stress.”

 Slide 16: “Critical incident stress results from exposure to a critical incident, like a natural disaster, an accident or violence. Critical incidents tend to be sudden and disruptive, and often threatening. The incident is beyond normal experience and creates overwhelming demands that affect coping. It disrupts both a sense of being in control and fundamental perceptions of one’s environment as safe and predictable.


“Critical incident stress can begin immediately after the critical incident or may be delayed. It may start days, months or even years later. It is important to remember that the reactions of critical incident stress are normal reactions to abnormal events.”

 Slide 17: “These symptoms are usual and normal reactions to traumatic incidents or situations:

- Anxiety that the incident will happen again, or about losing control or losing loved ones.
- Powerlessness and feeling of being overwhelmed by the situation or because you were unable to help or save yourself or others.
- Helplessness as no-one could protect you or others or was able to change the situation.
- Anger at those who caused the incident or situation, at the injustice or because it happened to you and not to someone else.
- Guilt because you are alive and others are not, or because you were not well prepared to assist and warn others.
- Shame about inner feelings like helplessness and grief or about your reaction to the situation.
- Grief that you or others are hurt or others died.
- Deprivation and suffering from material or moral losses.
- Despair alternating with hope for better times.

“Although such symptoms are normal, you need professional help and support in order to recover from the incident if symptoms do not lessen over time or seem to be increasing.”

Distribute Hand-out 5, Day 3: Secondary traumatisation.

 Slides 18 and 19: “Some emergency workers, who have worked for an extended time with traumatised children and parents, may develop symptoms of traumatisation themselves.

“Secondary traumatisation is a state of exhaustion and dysfunction – biologically, psychologically and socially – as a result of prolonged exposure to traumatised persons.”

Let the participants read the hand-out.

Ask: “What do you think of what is written in the hand-out?”

Allow for reflection and about 10 minutes of discussion.

ACTIVITY 2.3 Checklist: Signs of stress



Aim: To evaluate your own stress level and reflect on the outcome.



Materials required: Copies for all of Hand-out 3, Day 3 'Checklist: Signs of stress.' Small pieces of paper and pens for all participants. Flip chart and markers.



Note for facilitator: The 'Checklist: Signs of stress' is a tool for the participants to take home.

INSTRUCTIONS: Provide all participants with a copy of the 'Checklist: Signs of stress,' and ask the participants to fill in the checklist.

Give everyone a small slip of paper and ask them to write the score they got on the checklist. They should not put their name on the paper. Collect the papers and write how many people scored in the different categories: under 20; 20 – 35; 36 – 45.

Ask: "What do you think when you read the results?"

Explain: "If some of you have a high score, you will probably feel worried or confused. But it is good and professional to be honest to yourself, and in order not to do harm to yourself you must deal with these issues. Please seek help from your management when this training is over."



Gemma Naccache/Save the Children

MANAGEMENT SUPPORT IS IMPORTANT

A training workshop on stress management for staff must always be carried out in close co-operation with your organisations' managements.

Follow-ups – such as including stress management as a regular theme in staff meetings – must be prioritised and supported by management.

The management is also responsible for ensuring procedures when staff is affected by stress.



SESSION 3

Over- and under-involvement



Aim: To create awareness of how to involve oneself in an appropriate way.



Activities: 3.1 Over- and under-involvement



Materials required: Flip chart and markers. Slides 20 to 22.

INSTRUCTIONS: Show slides 20 to 22 and explain: “The way you get involved in the situation of a distressed child plays an important role in stress management and burn-out. There are ideal ways of involving yourself, and then there are also two conflicting ways of involving yourself that can threaten your ability to manage stress and avoid burn out. These are called over-involvement and under-involvement.

“It is important to be aware of the risks of both kinds of involvement, as continuing to work in this manner can lead to burn-out and have negative impacts on your well-being and ability to provide care for others.”



Show slide 22:

Explain: “The typical behaviours of people who become over-involved are described in the left side of the slide:

- The saviour attitude: As a helper your ambition may be to be a ‘saviour’ of traumatised children and their families. Failure in this will result in serious disappointment and lack of trust in your own abilities and capacity.
- Doing everything yourself: As a helper you are of the opinion that no one is as good, as professional and as committed as you are. You may also think that the children only trust you.
- Settling everything: You carry out your responsibility for the child to extremes, and you will leave no tasks for the parents and the child to undertake. You may spend evenings and nights in your efforts to settle everything.
- Exaggerated responsibility for the child’s feelings: You feel that the child’s sorrow is your fault, or that angry feelings are provoked because you are not doing your job well enough. The boundaries between your own feelings and those of the child may become blurred. If the child is sad, you are also sad. If the child is angry, you are angry too. This is very taxing emotionally.

- Exaggerated preoccupation with people's problems: An exaggerated preoccupation with people's problems may change the way you experience the world from basically being a safe place to an unsafe place. Traumatized people are perceived as victims rather than survivors, and your focus is on problems rather than on resources. The risk of burn-out is high.

"The typical behaviours of people who become under-involved are described in the right side of the slide:

- Cynicism: Cynicism is an attitude resulting in a lack of care for the distressed child and the family. You probably feel that the child and the family should pull themselves together, and there is really no reason to support them. You may also believe that the child and the family are pretending and exaggerating their problems. Cynicism contains an element of hostility.
- Less contact: A natural consequence of cynicism is to reduce contact with the child and the family. You don't support the child, although it is a part of your job. You may not want to address cultural and religious barriers preventing your support of, for example, raped women.
- No responsibility for children's and parents' reactions: The cynical staff member may also ignore his or her responsibilities, avoid supporting the child and the family and disregard their reactions.
- Lack of empathy: When you resist helping the child, you also resist understanding the child and her or his family and refrain from exploring their situation and reactions.
- Blaming: By blaming the child and its family and claiming that they have brought the difficulties upon themselves you avoid involvement.
- Changing the subject: When a child or the family talks about their difficulties, you change the subject and talk about something else.

"An ideal attitude is described in the middle section of the slide:

"An ideal attitude and balance of involvement would result in the following behaviours:

- Involve yourself as a helper and maintain the ability to register the facts: On the one hand you involve yourself as a helper. You wish to know more about the child, his or her background and distress. On the other hand you preserve the ability to register the facts. You do your utmost to maintain objectivity. You have a professional distance, and you are well aware that one day you will no longer be helping the child. You are not a part of the family, only supporting it, and you are not available 24 hours a day. You identify what you can do realistically for the family, and you know your limitations. You empower the child and the family to cope as well and for the parents to undertake their parental role.
- Empathy and professional distance: On one hand you use your empathic skills to understand the background for the child's emotions, thoughts and situation. On the other hand you keep a professional distance. Don't confuse the feelings and thoughts of the children with your own.
- Balance your engagement: While you feel responsibility to serve the child and the family according to your professional knowledge and your assignment, you also maintain your boundaries and know your limitations.
- Have a strategy for your work with the child: You develop a comprehensive understanding of the problems and prepare a strategy for what has to be done. You are not a part of the problem. You are helping the child and the family. You are a professional person. Be aware of your own boundaries and your own limitations.
- Secure your private life: When you are off duty, you should engage yourself in activities that differ from your professional life – for example, promoting the well-being of your own family and leisure activities."



SESSION 4

Ways to reduce stress



Aim: To explore ways to reduce stress.



Activities: 4.1 Stress-reducing activity. 4.2 Ways to reduce stress.



Materials required: Flip charts and markers. Paper and pens for all. Slides 23 to 25. Hand-out 6, Day 3 'Examples of strategies to reduce stress.' Hand-out 7, Day 3 'My ways of coping.' Hand-out 8, Day 3 'Examples of stress-reducing activities.'

ACTIVITY 4.1 Stress-reducing activity



Aim: To learn physical, psychological and social skills that help reduce stress.



Materials required: Copies for all of Hand-out 8, Day 3 'Examples of stress reducing activities.'

INSTRUCTIONS: Introduce one of the stress management skills provided in Hand-out 6, Day 3. Ask if a volunteer would like to try to facilitate the exercise. Otherwise, you may introduce it yourself.

Spend about 15 minutes on the exercise.

If a volunteer led the activity, thank him or her and give the participants a few minutes to take notes on the skill they have learnt.

ACTIVITY 4.2 Ways to reduce stress



Aim: To learn ways to reduce stress.



Materials required: Flip charts and markers. Slides 23 to 25. Hand-out 7, Day 3 'My ways of coping.'



Note to facilitator: The participants are to work in groups. They will identify different strategies to reduce stress. A list of examples of strategies is given in Hand-out 6, Day 3. You can use these examples to contribute to the groups' lists after they have presented their own input.

INSTRUCTIONS: Summarise: "This morning we looked at what stress is, different types of stress and personal and work sources of stress. This afternoon we are going to explore different ways of reducing stress. In other words, our coping resources on the right side of the balance."

Refer to either the real balance or the one on slide 24.

Ask the participants to brainstorm in plenary: "How can we reduce stress?"

Write the answers on a flip chart.

When everyone has contributed, request the participants to have a look at the answers on the flip chart. Ask the participants what they find most striking.

Explain: "There are many different things you can do to reduce stress and prevent it from becoming a negative part of your life. You have given examples that are physical, personal or psychological, social and also work-related."



Show slide 25 and request the participants to join their groups and write a list on a flip chart of the different coping methods or stress-reducing skills that they know. The skills should be grouped in domains. Each group will cover one domain:

- Psychological/emotional/personal
- Physical
- Social
- Work-related
- Supervisor/ team leader support/management support

Let the groups work on these lists for about 10 minutes.

Request the participants to return to plenary. Each group is to present its list. Encourage the other participants to add more items.

Refer to the list in Hand-out 6, Day 3 to check if something has been left out.

Provide each participant with Hand-out 7, Day 3 'My ways of coping.' Tell the participants to write their own ways of coping on the hand-out.

When they have completed this, ask them to consider if they are satisfied with these ways of coping. And if not, what would they like to change or further develop?

They don't have to share this in plenary. This is only for personal reflection.

Know your own limits to avoid burn-out. Seek support from others.



Stefano Buonamico, Animator for Weblink

SESSION 5

Practice



Aim: To practise stress management and peer support.



Activities: 5.1 Stress-reducing activity. 5.2 Active listening and mentoring.



Materials required: Slides 26 to 30. Copies for all of Hand-out 8, Day 3: 'Examples of stress-reducing activities.'

ACTIVITY 5.1 Stress-reducing activity



Aim: To learn physical, psychological and social skills that help reduce stress.



Materials required: Copies for all of Hand-out 8, Day 3: 'Examples of stress-reducing activities.'

Introduce one of the stress-reducing activities listed in Hand-out 8, Day 3. Ask if a volunteer would like to try to facilitate the exercise. Otherwise, you may introduce it yourself.

Spend about 15 minutes on the exercise.

If a volunteer led the activity, thank him or her and give the participants a few minutes to take notes on the skill they have learnt.

ACTIVITY 5.2 Active listening and mentoring



Aim: To practice peer support.



Materials required: Slides 26 to 29.

INSTRUCTIONS: Explain: "As we learnt in the previous session, there are many different ways to help reduce stress and improve the resources we need to deal with stress. One very important thing you can do is to take part in collegial peer support, where you share work-related challenges with a colleague you trust and feel comfortable with, and with whom you can discuss and identify ways to change the situation to reduce the stressors.

“This is what you are going to practise in this last session of the day. This can be done in groups of more people, but today we will practise it in pairs. If you don’t have a real problem to discuss, make one up. The aim of the activity is to practise active listening and mentoring skills.”

27 Slide 27 and explain the slide: “Active listening is when you pay full attention and show that you are listening. You encourage the person to talk and respond without judging. “

28 Slide 28: “Mentoring is using your own knowledge, skills and experiences to assist others. A good mentor is positive, motivating and empowering. Beware that helping someone find a way forward is *not* about resolving the issue for them, but rather supporting them in finding their own solutions.”

29 Slide 29: Ask the participants to form pairs. If there is an uneven number one group may consist of three participants.

Explain: “Join your partner or group and find a space where others won’t disturb you. One of you is the problem-bearer and the other is the mentor and listener.

“You have 30 minutes for this activity, so you should swap roles after 15 minutes to get equal time to practise your active listening and mentoring skills.”

“The first 5 minutes are for the problem-bearer to share his or her problems.”

“The next 5 minutes are for the listener to ask clarifying questions and reflect on what s/he has been listening to.”

“The final 5 minutes are for a two-way discussion on possible strategies to address the problem.”

After 30 minutes, and when all participants have tried both roles, ask the pairs to spend a few minutes talking with each other about this experience, and to give each other constructive feedback on their active listening and mentoring skills.

30 Slide 30: “Remember that everyone experiences stress in life. Working with children and families that have been through traumatic incidents, or who are struggling in other ways, can be very overwhelming and stressful. When you feel that stress is growing and is affecting you negatively, remember:

- Your reactions are normal.
- Go easy on yourself.
- Talk to someone you trust.
- Do not try to hide feelings.
- Do not self-medicate.
- Continue to work on routine tasks.
- If the stress grows and disturbs your well-being and functioning, seek professional advice and report to your management.”

Allow for reflections and questions and address these.

Wrap-up and evaluation



Aim: To round up the one-day training on stress management for staff.



Materials required: Copies for all participants of Appendix 3, Day 3, 'Evaluation sheet.' Training certificates for all.



Note for facilitator: Prepare the training certificates ahead of the training. A certificate template is attached in Appendix 4, Day 3.

Thank the participants for their participation and explain that they have now reached the end of the training.

Ask the participants if they have any comments or questions and address these.

Also ask if the participants have learned any new strategies they plan to put in place to prevent stress.

Provide time for reflection and feedback.

Mention the importance of a sense of humour and check that everyone is feeling good. If someone is not feeling good, explain that s/he is welcome to share his or her concerns with you when the other participants have left. Encourage the participants to share their new knowledge with friends and family.

Distribute the evaluations sheets and allow time for the participants to complete. Encourage people to be very honest and explain that this will help you improve future training.

Make a small certificate distribution ceremony where you shake hands – if culturally appropriate – and say thanks and goodbye to each participant.

Glenna Gordon





Appendixes and Hand-outs



APPENDIX I, Day 1 & 2



Anne-Sofie Helms/Save the Children

Preparation

Application form

Please complete in block capitals

Your first name			
Your last name			
Your primary telephone number:			
	<i>Country code</i>	<i>City/area code</i>	<i>Number</i>
Your primary email address			
Your postal address		
City and country where you work (city) (country)		
Your current position in Save the Children			
Language proficiency			
What is your mother tongue?			
Other languages?	Fluently	Intermediate	Basic

APPENDIX I, Day 1 & 2

What is the nature of your current work?

Please tick the relevant boxes

I currently work directly with e.g. teachers, Child Friendly Space facilitators or others who care for children	<input type="checkbox"/>
I currently work directly with children	<input type="checkbox"/>
I currently work directly with parents and care-givers	<input type="checkbox"/>
I currently work as a child protection manager/advisor/coordinator	<input type="checkbox"/>
I currently work in another sector (health, education etc.) as a manager/advisor/coordinator	<input type="checkbox"/>
I am currently a member of Save the Children's Global Roster	<input type="checkbox"/>

How many years have you spent on child protection work/Psychosocial Support (PSS) work during your career?

Please tick one box

More than 10 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
6 months to 1 year	<input type="checkbox"/>
Less than 6 months	<input type="checkbox"/>
I have never worked directly with child protection or Psychosocial Support (PSS)	<input type="checkbox"/>

How many years have you spent working directly with children and parents or care-givers during your career?

Please tick one box

More than 10 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
2 to 5 years	<input type="checkbox"/>
6 months to 1 year	<input type="checkbox"/>
Less than 6 months	<input type="checkbox"/>
I have never worked directly with children and parents or care-givers	<input type="checkbox"/>

Please describe your current work with child protection/psychosocial support/other sectors

Please describe your previous experiences from working directly with child protection/psychosocial support/other sectors

APPENDIX I, Day 1 & 2

Please tick the statement that applies most closely to you:	
I have a university degree in social work/psychology/child development/or similar (kindly specify)	<input type="checkbox"/>
I have attended more than one university or college course in child psychology/social work, but do not have a degree in this field	<input type="checkbox"/>
I have attended one university or college course in social work/psychology/child development	<input type="checkbox"/>
I have not attended any university or college courses in social work/psychology/child development	<input type="checkbox"/>
I have attended training courses in social work/psychology/child development because of my work and professional development	<input type="checkbox"/>
I have not attended any courses or training in social work/psychology/child development	<input type="checkbox"/>

Please tick the relevant boxes	
I strongly support the idea of implementing psychological first aid for children in the immediate aftermath of emergencies	<input type="checkbox"/>
I strongly support the idea of establishing a pool of trained Save the Children child protection staff who can deliver training in diverse settings, and who will commit some time to take part in these training sessions in our region	<input type="checkbox"/>
I will be able to assist in the translation of the psychological first aid manual, if required	<input type="checkbox"/>

Please tick the box that is most applicable to you:	
Once I am trained in psychological first aid I will be able to travel every two to four months to give psychological first aid as part of my job in countries in my region	<input type="checkbox"/>
Once I am trained in psychological first aid I will be able to travel two or three times a year to give psychological first aid as part of my job in countries in my region	<input type="checkbox"/>
Once I am trained in psychological first aid I will be able to travel once a year to give psychological first aid as a part of my job in countries in my region	<input type="checkbox"/>
I am not able to travel in my job	<input type="checkbox"/>

APPENDIX I, Day 1 & 2



CERTIFICATE OF

Country Director's/Supervisor's Approval and Support

"I approve of the applicant's participation in this training, and I will
support the work of

(name of applicant)

to give psychological first aid as part of his/her job."

Country Director's/Supervisor's name (Family name last):

Please complete in block capitals

Country Director's/Supervisor's signature

Date:

Month/Day/Year



Save the Children



APPENDIX 2, Day 1 & 2

List of materials required

Day 1

Session 1:

- PowerPoint slides 1 to 9
- Pre-training questionnaire (application form)
- Flip chart and markers
- Copies for all of Hand-out 1, Day 1 & 2, Training schedule, Hand-out 3, Day 1 & 2 'Save the Children's Safeguarding Policy'
- Small binder to each participant

Energiser:

- Empty bottle
- Pen or small, straight stick the size and shape of a pen
- Yarn or string

Session 2:

- PowerPoint slides 10 to 18
- Pens and paper

Session 3:

- PowerPoint slides 19 to 41
- Flip chart and marker
- Pens and paper

Session 4:

- PowerPoint slides 42 to 55
- Hand-out 4, Day 1 & 2 'List of local resources'

Session 5:

- PowerPoint slides 56 to 65
- Pens and paper
- Animated movie 1

Session 6:

- Pens and paper
- Ball

Day 2

Session 7:

- PowerPoint slides 66 to 68
- One small slip of paper for each participant with one mood written or drawn on it, such as: happy, sad, angry, worried, concerned
- Pens and paper
- Flip charts and markers

Session 8:

- PowerPoint slides 69 to 79
- Flip chart and markers
- Pens and paper
- Puppets, soft toys or scarfs with smiley faces drawn on them
- Energiser
- One or two large sheets or blankets

Session 9:

- Animated movie 2
- Flip chart and markers
- Pens and paper
- Copies for all of Hand-out 5, Day 1 & 2 'Advice to parents'

Session 10:

- Flip charts and markers
- Copies for all of Appendix 3, Day 3, 'Evaluation sheets'
- Appendix 3, Day 1 & 2, 'Certificate template'

APPENDIX 3, Day 1 & 2



CERTIFICATE

awarded to

(Recipient Name)

For the successful completion of the

Training in Psychological First Aid for Children

(Date, place of training)

Hosted by Save the Children in

(country)

(name, titles and organisation of facilitators)

(Signatory Name)

(Signatory Title)



Save the Children



APPENDIX I, DAY 3

How to build a balance

Be creative and use available materials. If possible, build a balance that can move so you can pull the left side down when illustrating the weight of stress and the right side up or down when explaining about how coping strategies help a person deal with stress.

The balance in the picture requires:

- Two cardboard boxes
- A projector screen
- Tape to fix the boxes to the projector screen
- A marker to write 'Sources' on the left box and 'Coping' on the right box
- Paper or Post-Its where the sources of stress and ways of reducing stress can be written



APPENDIX 2, DAY 3

List of materials required

Session 1:

- PowerPoint slides 1 to 7.
- Flip chart and markers
- Small pieces of paper or Post-Its.
- A picture of a balance, a real balance or a balance you have built. See Appendix 1, Day 3 for instructions
- Hand-out 4, Day 3 'Sources of stress'
- Small binder to each participant

Session 2:

- PowerPoint slides 8 to 19
- Flip chart and markers
- Four balloons for each group
- Copies for all of Hand-out 3, Day 3 'Check list: Signs of stress'
- Copies for all of Hand-out 4, Day 3 'Sources of stress'
- Copies for all of Hand-out 5, Day 3 'Secondary traumatisation'
- Small pieces of paper and pens for each participant

Session 3:

- PowerPoint slides 20 to 22
- Flip chart and markers

Session 4:

- PowerPoint slides 23 to 25
- Flip charts and markers
- Copies for all of Hand-out 6, Day 3 'Examples of strategies to reduce stress'
- Copies for all of Hand-out 7, Day 3 'My ways of coping'
- Copies for all of Hand-out 8, Day 3 'Examples of stress-reducing activities'
- Paper and pens for all participants

Session 5:

- PowerPoint slides 26 to 30
- Copies for all of Hand-out 8, Day 3: 'Examples of stress-reducing activities'.

Wrap-up and evaluation:

- Copies for all participants of Appendix 3, Day 3, 'Evaluation sheet'. Appendix 4, Day 3: 'Training certificates for all'.

APPENDIX 3, DAY 3

Evaluation sheets

Please fill out this evaluation form. This will help us improve the training in the future.

The scale from 1 to 5 indicates:

- 5.** Very good
- 4.** Good
- 3.** Satisfactory
- 2.** Okay
- 1.** Not good
- NA** Not applicable

SUBJECT	SCORE AND comments
Concept and theory	Was the concept and theoretical part of the training relevant to your work? Please circle your answer. 5 4 3 2 1 NA <hr/> Comments:
Examples and cases	Were examples and cases relevant to your working context? Please circle your answer. 5 4 3 2 1 NA <hr/> Comments:
Animated movies and presentations	Were the animated movies (only applicable for participants in training on Psychological First Aid for Children) and PowerPoint slide presentations relevant to your working context? Please circle your answer. 5 4 3 2 1 NA <hr/> Comments:

SCORE AND comments	
Participation	<p>How active were you as a participant. Please circle your answer.</p> <p style="text-align: center;">5 4 3 2 1 NA</p> <hr/> <p>Comments:</p>
SCORE AND comments	
Peer relations	<p>Was the working climate with the other participants constructive? Please circle your answer.</p> <p style="text-align: center;">5 4 3 2 1 NA</p> <hr/> <p>Comments:</p>
SCORE AND comments	
Facilitation	<p>How was the facilitation of the training? Please circle your answer.</p> <p style="text-align: center;">5 4 3 2 1 NA</p> <hr/> <p>Comments:</p>
SCORE AND comments	
Logistics	<p>How were the overall logistics of the training? Please circle your answer.</p> <p style="text-align: center;">5 4 3 2 1 NA</p> <hr/> <p>Comments:</p>
<p>Any other comments or suggestions:</p>	

APPENDIX 4, DAY 3



CERTIFICATE

awarded to

(Recipient Name)

For the successful completion of the
Stress Management for Staff

(Date, place of training)

Hosted by Save the Children in

(country)

(name, titles and organisation of facilitators)

(Signatory Name)

(Signatory Title)



Save the Children





Gemma Narcache/Save the Children

HAND-OUT I, Day 1 & 2



Luca Kleve-Ruud/Save the Children

TRAINING SCHEDULE:

Psychological first aid for children

DAY 1

TRAINING SCHEDULE: Psychological first aid focusing on children

8:30 – 9:00	Session 0: Preparation	Welcome and registration
9:00 – 10:30	Session 1: Introduction	<ol style="list-style-type: none"> 1. Welcome and introduction 2. Introduction to the day's programme 3. Objectives 4. Mutual expectations 5. Introduction to Save the Children (optional)
10:30 – 10:50	Tea/coffee break	
10:50 – 11:00	Energiser	
11:00 – 11:15	Session 2: What is psychological first aid for children?	<ol style="list-style-type: none"> 1. Introduction to psychological first aid for children
11:15 – 13:00	Session 3: Children's reactions to crisis	<ol style="list-style-type: none"> 1. Case example: Fire at a school 2. Children's reactions to stressful events
13:00 – 14:00	Lunch break	
14:00 – 15:00	Session 4: Identifying children who need psychological first aid, and psychological first aid action principles	<ol style="list-style-type: none"> 1. Identifying children who need psychological first aid 2. Action principles of psychological first aid
15:00 – 16:00	Session 5: Initial contact with distressed children	<ol style="list-style-type: none"> 1. Animated movie 1 2. Initial contact with distressed children
16:00 – 16:30	Tea/coffee break	
16:30 – 17:45	Session 6: Role-plays	<ol style="list-style-type: none"> 1. Role-plays
17:45 – 18:00	Wrap-up	

HAND-OUT I, Day 1 & 2

DAY 2

TRAINING SCHEDULE: Psychological first aid focusing on children

8:30 – 10:30	Session 7: Communicating with children	<ol style="list-style-type: none"> 1. Mood greetings 2. Introduction to Day 2 3. Recap of Day 1 4. Communicating with children 1 5. Communicating with children 2
10:30 – 10:50	Tea/coffee break	
10:50 – 11:00	Energiser	
11:00 – 13:00	Session 8: Children in distress	<ol style="list-style-type: none"> 1. Normalisation and generalisation 2. More suggestions for communicating with children in distress 3. Practise communicating with children
13:00 – 14:00	Lunch break	
14:00 – 14:15	Energiser	
14:15 – 15:45	Session 9: Parents and care-givers in distress	<ol style="list-style-type: none"> 1. Animated movie 2 2. Parents' and care-givers' reactions 3. Communicating with parents and care-givers
15:45 – 16:00	Tea/coffee break	
16:00 – 17:15	Session 10: Practice	<ol style="list-style-type: none"> 1. Psychological first aid practice
17:15 – 17:30	Wrap-up with evaluation	

HAND-OUT 2, Day 1 & 2

Glossary

Not all the terms in the glossary are directly used in the training manual, but some key terms are important to know.

Most psychological reactions to traumatic events are usually considered normal reactions to extreme situations, even though they are distressing. In most cases, only a minority of a population will suffer from long-lasting traumatisation.

Most people, including children, feel some level of distress following a traumatic event. Most will recover with appropriate care and support. Recent research shows that the quality of the initial social support is important for the ability of both children and care-givers to recover from harsh conditions and stressful experiences and to minimise the risks of developing long-term psychological problems.

Although humans recover and adjust, there may be long-term effects on personality and adaptation across a life span. Practitioners have noticed the resilience and capacity of children to overcome difficult circumstances and readjust¹. Newer research, however, emphasises that we should not ignore the potential impact of traumatic events on children's development, and that we have to be careful no matter what we label children – be it 'traumatised' or 'resilient'. In all situations, children will react differently according to the culture, religion, situation, previous experiences, age and personality of the child or young person².

Also, use the term 'psychological first aid' with caution when you describe what you are doing on the ground. Many people hear the word 'psychological' and associate it with mental illness. There is a lot of stigma attached to mental illness in many countries, and using this term may deter children and families from accepting your help.

Some participants may feel that the term 'psychosocial first aid' would be more appropriate, as we are not talking of psychotherapy, but Save the Children uses WHO's terminology.

When communicating with non-specialists it is also advisable to avoid using terms that have clinical meanings such as 'trauma' or 'traumatised'. These terms may be frightening to people and induce a feeling in people that they are being negatively labelled and disempowered.

The terms 'distress' and 'acute distress' are used when describing unspecified psychological impacts after a distressing event. They are not linked to a specified diagnosis or syndrome but entail feelings of anxiety, crying, sleeping problems, poor appetite, being withdrawn and concentration problems, all of which will disappear little by little with proper care-taking. All are common feelings and reactions among children and adolescents and are directly related to the crisis event.

¹ Inter-Agency Standing Committee (2007). *IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings*. http://www.who.int/mental_health/emergencies/9781424334445/en/

² Pynoos, Steinberg, Layne et al (2009). *DSM-V PTSD diagnostic criteria for children and adolescents: A developmental perspective and recommendations*. http://www.academia.edu/1201576/Pynoos_Steinberg_Layne_et_al._2009_.DSM-V_PTSD_diagnostic_criteria_for_children_and_adolescents_A_developmental_perspective_and_recommendations

HAND-OUT 2, Day 1 & 2

An emergency is defined as 'a situation where lives, physical and mental well-being or development opportunities for children are threatened as a result of armed conflict, disaster or the breakdown of social or legal order, and where local capacity to cope is exceeded or inadequate'.³

The term 'crisis' covers a stressful situation where a person's previous experiences and coping strategies are not adequate to deal with the situation. A crisis can be sudden and dramatic, but can also develop gradually.

The term 'trauma' is used to describe an emotional state of discomfort and stress. Trauma is caused by the memories of an unusual catastrophic experience, a traumatic event, which violated the person's feeling of safety and injured the feeling of integrity. In trauma, the person's existing coping strategies are not adequate to deal with the new experience.

The term 'traumatised' is the adjective of the term trauma. A traumatised person is a person who is subjected to one or more traumas. To be subjected to a traumatic event is not a sufficient condition for being traumatised. The experience must be overwhelming, emotionally painful, distressful or shocking and may result in lasting mental and physical effects.

Posttraumatic Stress Disorder (PTSD) is a diagnosis used for persistent mental and emotional stress occurring as a result of severe psychological shock after one or more traumatic events. It is characterised by a certain pattern of symptoms. The term should not be used randomly without a proper diagnosis from professionals, or mixed up with general psychological responses to traumatic events such as Acute Stress Disorder (ASD).

Acute Stress Disorder can occur in the first month following a trauma. The symptoms that define ASD overlap those for PTSD and generally involve feelings such as not knowing where you are or as if you are outside of your body. In some cases, ASD develops into PTSD, but the symptoms can also disappear after one month⁴.

Other examples of persistent mental illness and extreme emotional reactions resulting from severe stress due to traumatic events are clinical depression and anxiety states.

Social support is the support from the social network – the normal kindness and care you get from family members, friends, colleagues, teachers etc.

³ National Center for PTSD, <http://www.ptsd.va.gov>

⁴ Save the Children (2010). *Save the Children Child Protection: Taking action against all forms of abuse, neglect, violence and exploitation*. <http://resourcecentre.savethechildren.se/library/child-protection-taking-action-against-all-forms-abuse-neglect-violence-and-exploitation-cpi>

HAND-OUT 3, Day 1 & 2

Save the Children's Safeguarding Policy

Rules for keeping children safe

Save the Children promises:

1. To take children seriously when they tell us about abuse, and to get help for them. If the abuser is a Save the Children person we will make sure the abuse stops.
2. To make sure children are always safe when we take them away from their communities. And we will get written permission from parents.
3. When we take videos or photos, or write stories about children, the videos, photos and stories will be respectful. They won't be sexy, make children feel ashamed, or put children at risk.
4. When we have private information about a child we will keep it safe, so that the wrong people can't find out the information, including the child's identity or location.

Save the Children promises *not to*:

5. Hit, flog, pinch or physically abuse of children in any other way.
6. Shame or humiliate children, or shout or use bad language, or abuse children in any other way emotionally.
7. Give advice that makes children feel bad or do bad things, or get into trouble.
8. Have sex or any sexual activity with children including NO sexy talking, looking, or touching.
9. Ask for anything in exchange for our assistance. We won't ask you for money, or for sexual favours, or ask you to work for us. Everything we do and give is for free.
10. Show favouritism or discriminate against any child or group of children.
11. Sleep in the same bed with a child with whom we are working.
12. Sleep in the same room as a child with whom we are working, unless it is absolutely necessary for the child's safety, and we must first get permission from our line manager.
13. Spend too much time alone with a child or children (with whom we are working), including in cars, in rooms, or at the children's own homes. We are also not allowed to let children (with whom we are working) to come and stay with us at our houses.
14. Get involved in any compromise settlement with parents, abusers, or authorities when a child is abused.

HAND-OUT 4, Day 1 & 2

List of local resources

This list is to be developed by the facilitator:

The list should contain the names of possible institutions, organisations and individuals that helpers may refer and link children, parents and care-givers to for further services and support.

Please mention the referral procedures for each local resource that you mention. Also, mention if a service is open to all without referral.

Government offices and institutions:

Police and other law-enforcement agencies:

Civil society organisations:

UN organisations:

Doctors:

Psychological and mental health support:

Religious institutions:

HAND-OUT 5, Day 1 & 2

Advice for parents¹

IF YOUR CHILD...	UNDERSTAND THAT...	WAYS TO HELP
Infants and toddlers		
Has problems sleeping, doesn't want to go to bed, won't sleep alone, or wakes up at night screaming.	<p>When children are scared, they want to be with people who help them feel safe. They worry when you are not together with them. If you were separated during the disaster, going to bed alone may remind your child of that separation.</p> <p>Bedtime is a time for remembering because we are not busy doing other things. Children often dream about things they fear and can be scared of going to sleep.</p> <p>Understand that the child is not being difficult on purpose.</p>	<p>If possible, let your child sleep beside you. Let him or her know that this is just for now.</p> <p>Have a bedtime routine: A story, a prayer, cuddles etc. Tell the child the routine will happen every day, so the child knows what to expect.</p> <p>Put your arms around the child and tell the child that s/he is safe, that you are there, and that you will not leave.</p> <p>This may take time, but when the child feels safer, s/he will sleep better.</p>
Worries that something bad will happen to you.	<p>It is natural to have fears like this after being in danger.</p> <p>These fears may be even stronger if your child was separated from loved ones during the disaster.</p>	<p>Remind your child and yourself that right now you are safe.</p> <p>If you are not safe, talk about what you are doing to keep the child safe.</p> <p>Ensure that someone else will care for your child if something actually happens to you. This may help you worry less.</p> <p>Do positive activities together to help your child think of something else. Read a book or sing together – whatever the child likes doing.</p>
<p>Doesn't want to play or do anything.</p> <p>Seems like s/he doesn't have any feelings – neither happy nor sad.</p>	<p>Your child needs you. So much has happened, and the child may be feeling sad and overwhelmed.</p> <p>When children are distressed, some yell and others blank out their feelings. No matter what the reaction is, the child needs your love.</p>	<p>Sit by your child and put your arms around him or her. Let your child know that you care. If you can, try expressing the child's feelings. Let him or her know that it's okay to feel sad, mad or worried: "It seems like you don't want to do anything? I wonder if you are sad. It's okay to be sad. I will stay with you."</p> <p>Do positive activities together to help your child think of something else. Read a book or sing together – whatever the child likes doing.</p>

¹ National Child Traumatic Stress Network (NCTSN) (2006). *Psychological First Aid. Field Operations Guide, 2nd Edition.*

HAND-OUT 5, Day 1 & 2

IF YOUR CHILD...	UNDERSTAND THAT...	WAYS TO HELP
<p>Cries a lot.</p>	<p>Your family may have experienced overwhelmingly big changes because of the disaster, so it is natural that your child is sad.</p> <p>Letting your child feel sad while giving him or her comfort is a way to help your child, even if s/he remains sad.</p> <p>If you yourself are overwhelmed by sadness, seek support. Your child's well-being is connected to your own well-being.</p>	<p>Allow your child to express feelings of sadness.</p> <p>Help your child express his or her feelings and explain why it may feel like this: "I think you're sad. A lot of sad things have happened."</p> <p>Support your child by sitting together, by paying extra attention and by spending extra time together.</p> <p>Offer hope for the future to your child. Talk about how your lives will continue and the good things you will do, like seeing relatives, playing with friends etc.</p> <p>Take care of yourself too.</p>
<p>Preschool children</p>		
<p>Fears the disaster will return.</p>	<p>Fearing the return of a disaster is natural and it will take a while before the child feels safe again.</p> <p>Protecting your child against reminders and comforting your child is important.</p>	<p>Explain the difference between the event and memory of the event.</p> <p>Say to your child, "Even though it's raining, it doesn't mean that the hurricane will come back. A rainstorm is smaller and can't destroy like a hurricane can."</p> <p>Keep your child from television, radio and computers, as stories of the disaster can trigger fears of it happening again.</p>
<p>Preschool-age children don't understand that death is not reversible. They have 'magical thinking' and might believe their thoughts caused the death, or that the dead person will come back.</p> <p>Losing a pet or a special toy may cause a lot of grief to a child.</p>	<p>A child needs age-appropriate, consistent explanations without false hopes about the reality of death.</p> <p>Minimising feelings over the loss of a pet or a special toy will not help your child recover.</p>	<p>Take cues from what your child seems to want to know. Provide simple responses and allow for more questions.</p> <p>Let your children participate in cultural and religious grieving rituals.</p> <p>Help them find their own way to say goodbye by drawing a happy memory, lighting a candle or saying a prayer for the deceased.</p> <p>Be honest. E.g: "No, Pepper won't be back, but we can think of him and talk about him and remember what a lovely dog he was."</p> <p>And, "The fire-fighter said no-one could save Pepper and that it wasn't your fault. I know you miss him very much."</p>

HAND-OUT 5, Day 1 & 2

IF YOUR CHILD...	UNDERSTAND THAT...	WAYS TO HELP
<p>Not talking. Being silent or having difficulty expressing what is bothering him or her.</p>	<p>Your child needs you to express common feelings such as anger, sadness and worry about the safety of parents, friends and siblings.</p> <p>You can't force children to talk, but you can let them know they can talk to you any time they feel like talking.</p>	<p>Draw simple 'smileys' for different feelings. Tell a brief story about each one, such as, "Do you remember when the water came into the house and you had a worried face like this?"</p> <p>Explain, "Children can feel really sad when their home is damaged."</p> <p>Using toys and drawings will help children express themselves. Then use words describing feelings to check how they really felt: "This is a really scary picture. Where you scared when you saw the water coming?"</p>
<p>School-age children</p>		
<p>Feels responsible for what happened.</p>	<p>School-age children may worry that they were responsible for the disaster, or that they should have been able to change what happened. They may not tell their concerns.</p>	<p>Provide opportunities for children to tell their concerns to you.</p> <p>Offer reassurance and tell them why it was not their fault.</p> <p>Explain, "After a disaster like this, lots of kids, and parents too, keep thinking: 'What could I have done differently?' Or 'I should have been able to do something'. That does not mean they were at fault. Remember? The fire-fighter said no-one could save your pet and it wasn't your fault".</p>
<p>Retelling the event or playing out the event again and again.</p>	<p>This is a normal reaction to a crisis. If you permit the child to talk and act out the event, and if you encourage positive problem-solving through play and drawing, the child will gradually feel better.</p>	<p>Explain to your child: "You're drawing a lot of pictures of what happened. Did you know that many children do that?"</p> <p>"It might help to draw how you would like your school to be rebuilt to make it safer".</p>

HAND-OUT 5, Day 1 & 2

IF YOUR CHILD...	UNDERSTAND THAT...	WAYS TO HELP
<p>Confusion about what happened.</p>	<p>Although school-aged children have a deeper understanding of how things are linked, they are still not fully able to think in abstract terms and logically.</p> <p>At the same time, they struggle with change and at times have 'magical thinking.' Therefore, they may not fully understand what happened.</p> <p>Without clear explanations, they will 'fill in the blanks' themselves.</p>	<p>Correct misunderstandings and provide clear explanations of what really happened whenever your child asks. Avoid details that would scare your child and try to make him or her calm down by saying e.g.: "I know other kids say that more tornadoes are coming, but now we are in a safe place."</p> <p>Continue to answer questions and reassure them that the family is safe. Don't get irritated.</p> <p>Let your children know what they can expect to happen next. Tell them about plans regarding school and where they will be living.</p> <p>Remind your children that there are people working to keep families safe and that your family can get more help if needed.</p>

Adolescents

<p>May be challenging you and turning to self-harming behaviour such as using alcohol or drugs, engaging in unsafe sex or accident-prone behaviour.</p>	<p>Even under the best of circumstances adolescents are in a process of disengaging themselves from childhood and entering adulthood. This is not an easy process, which even at normal times involves some challenging behaviour. This may be reinforced when an adolescent is exposed to a crisis.</p> <p>Scolding will only make the adolescent boy or girl feel even worse.</p>	<p>Help adolescents understand that challenging the world is a dangerous way to express strong feelings such as anger. Explain: "Many teens and teenagers, and some adults, feel out of control and angry after a disaster like this. They think drinking or taking drugs will help somehow. It's very normal to feel like that, but it's not a good idea to do it. It will not make the problems go away."</p> <p>For a while keep a closer watch on where they are going and what they are planning to do. Explain: "In the present situation it is important that I know where you are and how to contact you." Assure that this is temporary and will stop when the situation has stabilised.</p> <p>Limit access to alcohol and drugs. Talk about the danger of unprotected sexual activity.</p>
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HAND-OUT 5, Day 1 & 2

IF YOUR CHILD...	UNDERSTAND THAT...	WAYS TO HELP
<p>Fears of recurrence and reactions to reminders.</p>	<p>Fearing the return of a disaster is natural and it will take a while before the adolescent feels safe again.</p>	<p>Help the adolescent identify the scary reminders, such as certain people, places, sounds, smells, feelings, the time of day etc., and talk about the difference between the event and the reminders that occur after it. Explain: "When you're reminded, you can try telling yourself that 'I am upset now because I am being reminded, but it is different this time because there is no hurricane and I am safe.'"</p> <p>Explain that media coverage of the disaster can trigger fears of it happening again. Explain: "Watching the news report could make it worse, because they are playing the same images over and over. How about turning it off now?"</p>
<p>Concern for other survivors and families.</p>	<p>Adolescents tend to be very preoccupied with other people and how they themselves failed to do the right thing to help others.</p>	<p>Encourage your adolescents to support other people, but ensure that they don't burden themselves too much. Help identify age-appropriate and meaningful projects such as clearing rubble from school grounds, collecting money or supplies for those in need.</p>

HAND-OUT 5, Day 1 & 2

Especially for parents with young children

- Try to keep up or re-establish daily routines like preparing meals, going to school, doing daily chores etc. Let your children take part in family routines.
- Don't introduce changes such as new routines or stricter standards of behaviour. Leave that for another time.
- Exercise and other physical activity make everyone feel better.
- Make sure your children get enough rest and sleep.
- Allow your children to engage in activities like drawing and encourage them to play with other children.
- Try to maintain contact with family and friends. It can support and comfort you and your child.
- Many children need more physical contact, hugs and cuddling.
- Don't leave young children alone or with people that the child does not know well.
- Talk about your feelings in an appropriate way and allow your children to talk about theirs.
- Give your child a sense of control over his or her life. Even minor decisions, such as allowing him or her to choose between two different kinds of food, make the child feel more in control.
- Protect against disturbing reminders. Intervene if an activity makes your child upset or anxious. For example, stop watching a television show that reminds the child of the trauma or promotes feelings of worry, alarm or fear.
- As the parents and care-givers, you are the most important people in the children's lives. Be patient with yourself and be reassured that most children return to their own usual self after some time.

Especially for parents with older children

- Try to keep up or re-establish daily routines like preparing meals, going to school, doing daily chores etc. Let your children take part in family routines.
- Encourage your child to continue his or her education and work if at all possible.
- Maintain family roles if you can. For example, don't insist that your child takes on more responsibility than usual or expect them to meet the emotional needs of a distressed parent.
- Reassure your children that the event is over and they are safe, but only if this is the case. You may have to reassure them over and over again.
- Listen to your child. Take his or her concerns and feelings seriously.
- Talk. Tell your children about what happened in a way that is appropriate to their level of understanding and without going into frightening and lurid detail. Use language they understand. If you keep accurate information from them, they will 'fill in the blanks' using their experience, available information and their imagination.
- Talk to your children about how people may react to distress. Tell them their feelings are normal under these circumstances and reassure them that they will gradually feel better.
- Exercise and other physical activities make everyone feel better. Allow children to engage in activities like sports and youth clubs. Make sure your child knows that it is all right to have fun.
- Make sure your child gets enough rest and sleep.
- Allow your child to spend time with friends and family.
- There may be relevant tasks in the response or community support that your child can contribute to. Helping others is helpful.
- Talk about your feelings in an appropriate way and allow your children to talk about their feelings.
- Give your child a sense of control over his or her life. Even minor decisions such as allowing him or her to choose between two options give a sense of control.
- Be understanding. Recognise that changes in behaviour, such as mood swings, may be the way your child reacts to distressing or frightening events.

HAND-OUT 6, Day 1 & 2

CHILD PROTECTION IN EMERGENCIES

Top ten resources

The Top Ten Resources are lists of the currently most relevant materials on Child Protection, as identified by Save the Children's Child Protection Initiative (CPI).

The lists aim to guide practitioners who are new to Child Protection and support those already familiar with it in furthering their knowledge in Save the Children's Child Protection priority areas. *The Top Ten Resources* have been selected by CPI and are regularly updated. If you have feedback, please contact cpi@rb.se.

You can also find this Top Ten Resource list on Save the Children's Resource Centre.

In alphabetical order:



Action for the Rights of Children (ARC) Resource Pack: A capacity-building tool for child protection in and after emergencies

(Interagency collaboration, 2009)

This capacity-building tool is available both online and as a CD. It facilitates trainings and trainings of trainers. It aims to provide knowledge and skills to improve child protection programming, practices and interagency collaboration, based on international human rights and humanitarian and refugee law. It includes different modules, a user guide, a training manual, and a facilitator's toolkit. Also available in Arabic, French, and Spanish.



Child Friendly Space in Emergencies: A Handbook for Save the Children Staff

(Save the Children, 2008)

This handbook guides emergency response personnel and implementing partners in the rapid implementation of effective and qualitative child friendly spaces for children during and immediately after an emergency. Also available in French and Spanish. It is currently being translated into Russian.



Child Protection in Emergencies: Priorities, Principles and Practices

(Save the Children, 2007)

This publication provides a view on the main protection dangers that children face in emergencies and how to address them. It outlines a common definition and approach, programmatic priorities, program examples and legal framework and standards. Also available in French and Spanish.



CP Minimum Standards

(Child Protection Working Group, 2011)

This toolkit is a guide through the main steps in the process of planning and implementing a child protection rapid assessment in the aftermath of a rapid-onset emergency. The toolkit undergoes regular updating.



Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies

(Inter-Agency Standing Committee, 2005)

This tool aims at establishing a multi-sectoral coordinated approach to programming against gender-based violence in emergency settings. It gives practical advice on how to ensure that humanitarian protection and assistance programs for displaced populations are safe and do not increase women's and girls' risk to sexual violence. Also available in Arabic, Bahasa Indonesian, French, and Spanish.



IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

(Inter-Agency Standing Committee, 2007)

These guidelines provides a multi-sectoral framework and advice on how to facilitate an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations, for children and adults. Also available in Arabic, French, and Spanish.



Inter-Agency Guiding Principles on Unaccompanied and Separated Children

(International Committee of the Red Cross, 2004)

This publication spells out the principles of practice with separated and unaccompanied children, focusing on emergency settings. It includes prevention of separation, evacuation procedures, tracing, reunification, and care arrangements. The document is being revised in 2012. Also available in French and Spanish.



Introduction to Child Protection in Emergencies: An Inter-Agency Modular Training Package

(Interagency collaboration, 2008)

This package provides guidance on interventions for the protection of children in emergencies, offers case studies on application of policy into practice, and provides exercises and testing of the user's knowledge. It also includes a trainer's manual with guidance on how to deliver the contents. It is currently being translated into French and Spanish.



Monitoring and Reporting Mechanism Field Manual: Monitoring and Reporting Mechanism (MRM) on Grave Violations against Children in Situations of Armed Conflict

(United Nations Rule of Law Unit, 2010)

This manual provides guidance on implementing a mechanism to monitor, report, and respond to grave violations against children, and assistance on how to establish an effective monitoring and reporting mechanism. This should lead to effective advocacy and responses to protect and care for children as well as compliance with international child protection standards.



The Paris Principles: The Principles and Guidelines on Children Associated with Armed Forces or Armed Groups

(UNICEF, 2007)

The Paris Principles, a groundbreaking document signed by more than 100 countries, reflect experience and knowledge from across the globe and intend to foster greater programmatic coherence and support and promote good practice when working with children associated with armed forces or groups. Also available in Arabic, French, and Spanish.

Updated May 2012

HAND-OUT 7, Day 1 & 2

Further reading

- M. Ungar (ed) (2012). *The Social Ecology of resilience. A Handbook*. Springer, New York.
- IFRC Reference Centre for Psychosocial Support/Save the Children Denmark (2012). *The Children's Resilience Programme. Psychosocial support in and out of schools. Facilitator handbook 1: Getting started*.
<http://resourcecentre.savethechildren.se/library/childrens-resilience-programme-psychosocial-support-and-out-schools-facilitator-handbook-1>
- Action for the rights of children (2009). *ARC Resource Pack. Facilitator's Toolkit* page 41-42;
<http://www.arc-online.org/documents/pdfs/ARC-FacToolkit-2009.pdf>
- Pickles T, Pavilion (1995). *Toolkit for Trainers*, Brighton, England, as presented in the *Action for the Rights of Children resource pack: Facilitator's toolkit*.
<http://www.arc-online.org/documents/pdfs/ARC-FacToolkit-2009.pdf>
- Pynoos, Steinberg, Layne et al (2009). *DSM-V PTSD diagnostic criteria for children and adolescents: A developmental perspective and recommendations*.
http://www.academia.edu/1201576/Pynoos_Steinberg_Layne_et_al._2009_.DSM-V_PTSD_diagnostic_criteria_for_children_and_adolescents_A_developmental_perspective_and_recommendations
- Save the Children (2010). *Save the Children Child Protection: Taking action against all forms of abuse, neglect, violence and exploitation*.
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- Save the Children (2012). *Save the Children's Child Safeguarding Policy: Rules for Keeping Children Safe*.
<http://resourcecentre.savethechildren.se/library/save-childrens-child-safeguarding-policy-rules-keeping-children-safe>
- National Child Traumatic Stress Network – National Center for PTSD (2006). *Psychological First Aid Field Operations Guide. 2nd Edition*.
<http://resourcecentre.savethechildren.se/library/psychological-first-aid-field-operations-guide-2nd-edition>

HAND-OUT 7, Day 1 & 2

- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.
<http://www.sphereproject.org/handbook/>
- Child Protection Working Group (CPWG) (2012). *The Minimum Standards for Child Protection in Humanitarian Action Handbook* page 92.
<http://cpwg.net/minimum-standards/>
- WHO (2011). *Psychological first aid: Guide for field workers*.
http://www.who.int/mental_health/publications/guide_field_workers/en/index.html
- UN Guidelines for the Alternative Care of Children (2010).
<http://resourcecentre.savethechildren.se/library/united-nations-guidelines-alternative-care-children>
- Danny Brom, Ruth Pat-Horenczyk and Julian D. Ford (2009). *Treating Traumatized Children. Risk, Resilience and Recovery*. Routledge, New York
- Cathy A. Malchiodi (2008). *Creative Interventions with Traumatized Children*. The Guildford press, New York
- Save the Children US (2009), *Journey of Hope*.
- Save the Children (2004), *So you want to involve children in research?*

HAND-OUT I, Day 3



Louise Dyring Mbae/Save the Children

TRAINING SCHEDULE:

Stress management for staff

DAY 3

TRAINING SCHEDULE: Stress management for staff

8:30 – 9:00	Session 0: Preparation	Registration
9:00 – 10:30	Session 1: Introduction: What is stress?	1. Welcome and introduction 2. What is stress?
10:30 – 11:00	Tea/coffee break	
11:00 – 12:00	Session 2: Types of stress	1. Balloon exercise 2. Types of stress 3. Check list: Signs of stress
12:00 – 13:00	Session 3: Over- and under-involvement	1. Over- and under-involvement
13:00 – 14:00	Lunch break	
14:00 – 15:30	Session 4: Ways to reduce stress	1. Stress-reducing activity 2. Ways to reduce stress
15:30 – 16:00	Tea/coffee break	
16:00 – 17:15	Session 5: Practice	1. Stress-reducing activity 2. Active listening and mentoring
17:15 – 17:30	Wrap-up and evaluation	

HAND-OUT 2, Day 3

Learning points on stress

LEARNING POINTS on stress¹

- A stress reaction basically prepares us for fight or flight.
- In small doses, stress can be good and helpful.
- However, when you are overburdened and your ability to cope is inadequate, stress becomes a threat to your physical and emotional well-being and has a negative effect on your performance. You're out of balance.
- Stress affects your mind, body and behaviour in many ways. The specific signs and symptoms of stress can be divided into physical, emotional, mental, spiritual and behavioural domains, and they vary from person to person.
- There are different kinds of stress: basic stress, cumulative stress, burn-out and traumatic stress or critical incident stress.
- Basic stress is a reaction to changes in your day-to-day environment. Generally, positive stress can help you adapt, but too much stress can disrupt your balance and be harmful.
- Cumulative stress is an accumulation of basic stress. It happens when the body is no longer able to overcome stress, and the stress symptoms continue or become worse.
- Burn-out is also called 'depression at work.' It occurs when you feel overwhelmed and unable to meet constant demands in the workplace.
- Traumatic stress or critical incident stress result from exposure to a critical incident and is a normal reaction to an abnormal event.

¹ Antares Foundation, <http://www.antaresfoundation.org/>

HAND-OUT 3, DAY 3

Checklist: Signs of stress

	NEVER score 1	SOMETIMES score 2	OFTEN score 3
1. I feel tense or nervous			
2. I have a lot of physical complaints (e.g., headaches, palpitation, chest or stomach pains, chronic colds)			
3. I feel chronically tired or fatigued, even when I have had enough sleep			
4. I feel jumpy or "on edge" (e.g. the smallest noise makes me jump)			
5. I'm sad and feel like I could cry			
6. I have lost my sense of humour			
7. I have trouble making decisions. I go over the issues in my mind, again and again, and they don't get any clearer			
8. I feel overwhelmed or fearful. I long for a place where I can feel safe			
9. I act impulsively or take risks I shouldn't take			
10. I have trouble concentrating or focusing on my work			
11. I have trouble planning and thinking clearly			
12. I am less efficient or more disorganised at work than usual			
13. I misplace or lose things I need for work or forget appointments or forget to do tasks			
14. I have sleep problems (e.g. trouble falling asleep or staying asleep, or sleeping too much, or nightmares)			
15. I am irritable; minor inconveniences or demands annoy me a lot (e.g., I over-react to the failings of others, or I find myself arguing with friends or family members more than I used to)			

For 'never' score 1 point. For 'sometimes' score 2 points. For 'often' score 3 points.

Now add up your total score:

Under 20: Your state of stress is normal, given your working conditions.

From 20 to 35: You are showing signs of stress and need to take action.

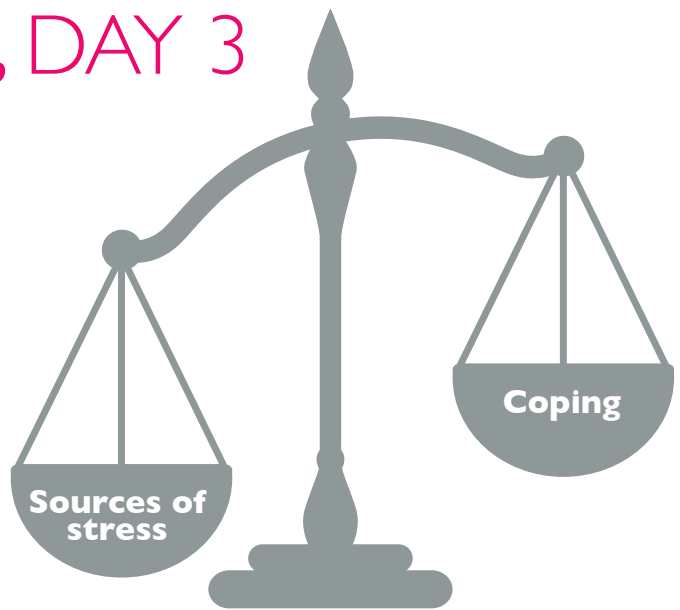
From 36 to 45: You may be under severe stress. Ask for help from someone close to you and from your supervisor or manager. You may also contact your doctor.

HAND-OUT 4, DAY 3

Sources of stress

List your own sources of stress in the table.

My sources of stress: _____



Have a look at the sources of stress you've listed. Which of the sources you've listed are personal sources?

Which sources do you think are work-related?



HAND-OUT 5, Day 3

Secondary traumatisation

SYMPTOMS OF SECONDARY TRAUMATISATION

An altered outlook on life: Witnessing the distress and trauma of children and their parents and care-givers may lead the helper to lose basic trust in other people and the way he or she thought life was.

An altered identity: A changed outlook leads to changes in relationships with others and to one's own character and personality.

Problems in close relationships: The exhaustion from working in a hectic environment with distressed people, and often for long hours without a break, is likely to affect interactions with family and friends. It may be difficult to share the gravity of what you have experienced. This may create a distance between you and your loved ones.

Concentration and memory difficulties: All of the above symptoms, together with sleep deprivation, are likely to lead to difficulties with concentration and memory.

Survivor guilt: It is hard to watch others suffer. Sometimes it can lead to feelings of guilt about why people you are helping have suffered so much while you have not.

Increased negative arousal: Working in a stressful, hectic environment with children and families in distress is not a relaxing experience. It often requires focused action and communication with many different people in different ways.

Difficulties distinguishing between work and private life: The constant feeling that the distressed children and families depend on you may lead to a confusion of the boundaries between work and private life. In extreme cases, work and private life merge totally. This is especially true when you live and work in the same compound as your colleagues round the clock during an emergency. This can affect the relationship with your family and friends in a negative way.

Decreased tolerance level: Being preoccupied by children's traumas over an extended period of time may make you less tolerant of other people's problems. You may become irritated and emotionally distant to family and friends. You may also become so used to trauma that you stop being able to feel any empathy for people with other difficulties.

Fear of working with certain categories of people: Helpers with a huge workload, too many tough cases, and cases that trigger their own anxiety, may gradually become fearful of working with cases exposing their own vulnerability. These are normal reactions when having a heavy workload over extended periods. If you don't feel confident, ask a colleague to take over.

HAND-OUT 6, Day 3

Examples of strategies to reduce stress

Psychological, emotional and personal

- Monitor yourself: Be aware of your signs of stress and react to reduce or prevent bad stress.
- Focus on specific issues that can be changed. Don't dwell on larger problems beyond your control.
- Have realistic expectations of yourself.
- Do things you enjoy: reading books, listening to music, playing games, engaging in your hobbies.
- Practise relaxation techniques like meditation and yoga.
- Don't forget to pay attention to the present and your everyday life and family.
- Remember your sense of humour.
- Maintain a healthy balance between serious and joyful activities.
- Participate in relevant religious or spiritual practices.

Physical

- Keep your body in good shape, and remember to exercise.
- Get plenty of good sleep.
- Eat regularly and eat healthy food.
- Limit alcohol and tobacco.

Social

- Maintain a good social network: Stay in touch with family and friends.
- Remain socially active: Spend quality time with friends and family.
- Share your feelings with colleagues, friends or family.
- Communicate your needs to others.
- Provide support to others and show that you care about them.

Work-related

- Reach out to your supervisor if you need help.
- Ask for clear job descriptions so you know what is expected of you.
- Try to vary your work so you don't do the same thing all the time.
- Be prepared for difficult periods of work.
- Take a break when you need it.
- Create a peer support system.
- Don't work more hours than you need to.
- Spend quality time with colleagues for relaxing and having fun.

How supervisors and team leaders may support

- Be available for emergencies at all times.
- Hold regular meetings to provide guidance and support.
- Provide supervision and capacity building.
- Provide helpers with clear job descriptions, roles, responsibilities and expectations.
- Encourage and support your helpers.
- Respect confidentiality so that people can feel safe admitting stress and seeking help.
- Create an environment where helpers are able to talk and share their problems openly without fearing the consequences.
- Emphasise self-care.
- Refer helpers to professional help if necessary.

HAND-OUT 7, Day 3

My ways of coping:



HAND-OUT 8, Day 3

Examples of stress-reducing activities

The three relaxation exercises in this hand-out combine breathing and muscle relaxation. If you are instructing others, read the directions in a calm, slow voice, allowing time for the participants to inhale and hold their breath, to exhale slowly, and to tighten, then relax their muscles slowly, as indicated in the instructions.

If you are doing the exercises on your own, read them carefully and make sure you understand what to do and when *before* you start the exercise, so that you are not in doubt when you are doing the exercise. This will help you relax.

Exercise 1

Find a comfortable seated position. Close your eyes or defocus your eyes. If needed, you can always make adjustments during the exercise. Quiet moves will not disturb your relaxation.

Help your body to begin relaxing by taking a few slow, deep breaths. Then, breathe in slowly while you silently count to four. Hold your breath and count silently to four. Then let your breath out in an easy, soothing way while counting to four. Count silently to four before you take the next inhalation while counting silently to four; hold your breath while you count silently to four; breathe out while counting silently to four. Continue this for a few more minutes.

Then, take a few deep inhalations through your nose and let out your breath more powerfully with a big sigh through your mouth, imagining that you are breathing out the tension in your body.

Exercise 2

Find a comfortable seated position, or lie down. Close your eyes or defocus your sight. Make a very tight fist with both hands, so tight that you can feel the tension in your forearms. Now, let go of the tension suddenly. Notice the feeling of relaxation flowing up your arms. Make a tight fist with both hands again and suddenly let go. Again, notice the feeling of relaxation in your arms.

Let the feeling of muscle relaxation travel slowly through your arms, then through your shoulders and into your chest, into your stomach, into your hips. Continue to focus on this feeling of relaxation, moving it into your upper legs, through your knees, into your lower legs, your ankles and feet. Let this feeling of relaxation move slowly from your shoulders into your neck, into your jaw, forehead and scalp.

Take a deep breath, and, as you exhale, you may relax even more. You can deepen your relaxation by practising this again.

If you continue the exercise, you will gradually become even more relaxed. Each time you breathe out you can continue to drift even deeper into a state of comfort and relaxation. When you are relaxed, as you are now, you can think more clearly or simply allow yourself to enjoy feelings of comfort, serenity, and quiet.

When you're ready, you can gently start moving your hands and feet, maybe stretch and yawn, and slowly open your eyes, as though you are waking from a wonderful nap.

Afterwards this exercise you will probably feel more alert and energetic, with a greater feeling of personal confidence and control over how you feel and how you think.

Exercise 3

Exercise 3 should not be used until you are able to carry out exercises 1 and 2 effectively.

Find a comfortable seated position. Close your eyes or defocus your eyes. Take two or three deep breaths. Each time, hold your breath for a few seconds, then let it out slowly, concentrating on the feeling of the air leaving your body. Now tighten both fists, then tighten your forearms and biceps. Hold the tension for five or six seconds. Now relax the muscles. When you relax the tension, do it suddenly, as if you are turning off a light.

Concentrate on the feelings of relaxation in your arms for 15 or 20 seconds. Now tighten the muscles of your face and make your jaw tense. Do this for 5 or 6 seconds, and relax. Concentrate on the relaxation for 15 or 20 seconds.

Then arch your back and press out your stomach as you take a deep breath. Hold your breath for a few seconds and relax.

Now tighten the muscles in your thighs and calves and buttocks. Hold the tension for a few seconds and relax. Concentrate on the feelings of relaxation throughout your body while you breathe slowly and deeply.



Save the Children works in 120 countries. We save children's lives. We fight for their rights. We help them fulfil their potential.

Our vision is a world in which every child attains the right to survival, protection, development and participation.

Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.



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