Psychological First Aid for Children

Toolkit and Manual

Level I: Basic
and
Level II: Advanced
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PREFACE

Save the Children is the world's leading independent child focused organisation with 29 national organisations working together to deliver programmes for children and their families in 120 countries.

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.

Thanks

This manual could not have been developed without the contribution of many people deeply involved in the psychosocial support to children living under distress.

Thanks to all of you.

INFORMATION ON PSYCHOLOGICAL FIRST AID FOR CHILDREN

Save the Children Denmark will contribute to Child Protection in Emergencies and post conflicts through facilitating training in psychological first aid with a focus on children. Save the Children Denmark has compiled a manual for professional Child Protection staff.

The goal is to provide tools to Save the Children’s staff and counterparts working directly with children in emergencies or in the aftermath of conflicts and natural disasters.

Why is psychological first aid for children needed?

Psychological first aid for children contributes to the prevention of short and long-term psychological problems as a consequence of distressful and traumatic incidents by fostering adaptive functioning and coping. Most children survive distressful events without suffering from long-term mental health problems, and many recover by themselves. However, the likeliness of speedy recovery increases when appropriate support is provided at an early stage, and the risk of long-term mental health problems is reduced dramatically.
Amongst characteristic symptoms suffered by children subjected to distress are flashbacks, sleep disorders, nightmares, anxiety, depression, withdrawal from others, concentration difficulties, crying, clinging behaviour and regression.

**What is psychological first aid for children?**

Psychological first aid for children is an approach to reduce the initial distress of children caused by accidents, natural disasters and conflicts. The training provides:

- Communication and comfort tools to field staffs working face-to-face with distressed and traumatized children.

- Advice to parents and primary caregivers on how to support a distressed and traumatized child.

- Surviving and comfort tools to staff and caregivers.

**Who is psychological first aid for children meant for?**

Psychological first aid for children focuses on children, but works well for parents and caregivers too, since they also suffer from severe distress in an emergency and subsequently may experience problems taking sufficient care of their children without adequate support.

**Who can deliver psychological first aid for children?**

Save the Children’s Child Protection staffs and counterparts working face-to-face with children - teachers, educators, health and social workers - and persons with a good sense of the needs of children in distress are all good providers of psychological first aid for children.

**When should psychological first aid for children be used?**

Psychological first aid for children can be used immediately after an emergency or a stressful event. The support can also be implemented days, weeks or even months after the incident.

Furthermore, psychological first aid may be used as a disaster risk reduction intervention in emergency prone areas.

**Where can psychological first aid for children take place?**

Psychological first aid for children will normally take place where professional staffs and children are getting together: at Save the Children’s child friendly spaces, schools, kindergartens and refugee camps.
SUMMARY

Psychological First Aid for Children is a toolkit and manual aiming at developing skills and competencies which may help professionals working with children reduce the initial distress of children caused by accidents, natural disasters, conflicts and other critical incidents.

The training provides:

- Tools for communication, reassurance and comfort for staffs working face-to-face with distressed children.
- Advice and guidance tools for staffs working with parents and primary caregivers. Includes suggestions on how to support a distressed child.
- Stress reduction and coping tools to support staffs and caregivers.

Target group

The primary target group for the training is professionals working face-to-face with children in emergencies. The training in Psychological First Aid is divided in two levels. The basic training is for emergency workers without specific skills for working with children and the advanced training is for Child Protection staff.

Duration of training

The training in Psychological First Aid for children Level I: Basic last for 2 full working days and Psychological First Aid for children Level II: Advanced last for 2 full working days.

Terminology:

The term distress is used in the context of unspecified psychological impacts after a type of crisis, not linked to a specified diagnosis or syndrome. Anxiety, sleeping problems, poor appetite, being withdrawn, and concentration problems that little by little will disappear with a proper caretaking are included in the term distress.

The term trauma is used for any psychological reactions to traumatic events irrespective diagnosis or not. The term traumatised is the adjective to the term trauma.

Posttraumatic Stress Disorder (PTSD) is a diagnosis used for persistent mental and emotional stress occurring as a result of injury or severe psychological shock after one or more traumatic event(s). It is characterised by certain pattern of symptoms, and it should not be used arbitrary or confused with all psychological responses on traumatic events.

Whatever we are talking about distress, trauma or Posttraumatic Stress Disorder, these responses are basically considered as normal reactions to extreme situations, considering that there are differences in personal coping, resiliency, strength and duration of the traumatic situation.

Contents

The toolkit and manual is divided into six modules:

Psychological First Aid for Children - Level I:
The first module is a presentation of the underlying principle of psychological first aid for children. The rationale, the application and a definition of the target group is at the core of this first module.

The second module introduces an eight step approach to psychological first aid for children; a model framework with a logical sequence easily adapted to fit the unique needs of children in a certain context and depending on when the support is provided following a distressing event.

**Psychological First Aid for Children - Level II:**

The third module is dealing with the psychological impact of an emergency and the risk of potential trauma. The expected immediate reactions of children after an emergency situation, the possible long-term effects of distressing events in childhood and posttraumatic stress disorder are introduced, and different reactions associated with different age groups of children are discussed.

The forth module provides practical tools for professionals working with children who have been exposed to a traumatic event. Building a trustful and confidential relationship with the children is crucial. For this purpose, diverse communication skills are introduced, including active listening. Methods to deal with different kinds of reactions are also presented in order to provide the right support to the children in distress and traumas. Advice on how to support parents and caregivers is also included in this module.

The fifth module focuses on the risk of burnout amongst professionals working face-to-face with children in distress after traumas. Supporting distressed and traumatised children is demanding, not least in the situations where the professionals have been affected by the same emergency as the children they are supporting. Signs and symptoms of burnout are described.

The sixth module provides different methods for professionals to prevent the negative consequences of working with distressed and traumatised children and families. Training in peer supervision is also included.
LEVEL I: BASIC PSYCHOLOGICAL FIRST AID FOR CHILDREN
Module 1: Introduction to the Toolkit

Psychological First Aid for Children
Module 1
Introduction

Save the Children is contributing to child protection in emergencies and post conflicts through capacity building in psychological first aid for children.

The intention is to qualify front workers in Save the Children and partner organisations in their work with children in the immediate aftermath of natural disasters, conflicts, critical incidents and unrest. Psychological first aid for children may also be applied days, weeks or even months after an emergency and may be used as a capacity building tool in disaster risk reduction intervention in emergency prone areas.

Professional Save the Children staffs and partner organisations can also use psychological first aid for children in their general work with vulnerable children, e.g. sexually abused and neglected children or children in conflict with the law.

1.1 Why, Who, When, and Where to Perform Psychological First Aid

Why, who, when, and where

1. Why is PFA needed?
2. Who is PFA meant for?
3. Who can deliver PFA for children?
4. When can PFA be used?
5. Where can PFA take place?
Why is psychological first aid for children needed?

Psychological first aid for children is contributing to preventing short and long-term psychological problems after critical incidents by supporting positive coping. Most children will overcome distressing and traumatizing events and emergencies without any long-term mental health problems. Many will recover without special support. However, the likeliness of speedy recovery is bigger when an early intervention takes place, and the risk of long-term mental health problems is reduced dramatically.

Amongst the symptoms of trauma for children are sleep disturbances, nightmares, anxiety, depression, withdrawal from others, concentration difficulties, crying, clinging behaviour, and regression.

Who will benefit from psychological first aid for children?

Psychological first aid for children is first and foremost a support to children, but parents and caregivers experiencing similar distress due to an emergency may also benefit. When parents and caregivers are in distress, and if they do not receive any kind of support, they may not be able to take sufficient care of their children, which negatively affects the recovery of the children.

Who can deliver psychological first aid for children?

Save the Children’s child protection staffs and partner organisations working directly with children; teachers, educators, health and social workers; and persons with a good sense of the needs of children in distress can all be good providers of psychological first aid for children.

When should psychological first aid for children be used?

Psychological first aid for children may be used immediately after an emergency or a distressing event. The support can also be given days, weeks or even months after the incident.

The Psychological First Aid for Children toolkit also works as a capacity building tool in disaster risk reduction interventions in emergency prone areas.

Where can psychological first aid for children take place?

Normally, psychological first aid for children takes place as an interaction between professionals working face-to-face with children and children in e.g. Save the Children’s Child Friendly Spaces, schools, kindergartens and refugee camps.
1.2. LEARNING GOAL AND CONTENTS OF THE TOOLKIT

The aim of the training in psychological first aid for children is to prevent short and long term psychological problems after natural and manmade disasters and other critical incidents by encouraging and supporting healthy coping.

Psychological first aid for children is an approach to reduce the initial distress of children. The skills of the participants should contribute to this after the conclusion of the training.

Therefore, the training will provide:

- Practical advice to support children and their families in emergencies.
- Communication and intervention tools for staffs working directly with distressed children.
- Advice to parents and primary caregivers on how to support a distressed child.
- Support tools for staffs working in emergencies.

Show the slide and sum up what the participants have learned by the end of the training:

Learning goals

➢ By the end of this training seminar the participants will be able to:
1. Identify factors that allow Helpers to be effective in providing PFA
2. Identify children’s reactions on crisis and traumas
3. Master psychological support techniques when helping children in crisis, traumatized children, and their parents
4. Identify factors enhancing the risk of burnout and secondary traumatization, and its signs and symptoms
5. Identify the needs of the caretaker’s to prevent being burned-out

1. Identify factors that allow helpers to effectively provide psychological support to children in distress.
2. Identify children’s reactions to crisis and traumas.
3. Master psychological support techniques helping children in distress and their parents.
4. Identify factors that enhance the risk of burnout and secondary distress, and signs and symptoms of these.
5. Identify the needs of the caretakers to prevent burnout.

1.3. PROGRAMME FOR THE TRAINING
Show the slide and explain the program for the following four days:

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<td>• Children’s crisis and traumas</td>
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<td>• Strains in working with traumatized children</td>
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The *Psychological First Aid for Children* training course is divided into six modules:

1. Introduction to Psychological First Aid for Children (PFA).
2. The eight steps of Psychological First Aid for Children (PFA).
3. Children’s crisis and traumas.
4. Psychological support.
5. Strains in working with distressed children.
6. Care for the helper.

The training in *Psychological First Aid for children Level I: Basic* last for 2 full working days and *Psychological First Aid for children Level II: Advanced* last for 2 full working days. The training duration is from 8:30 – 16:30.

Each module is a mix of theory, group work, discussions and role-play.

The teaching method will be interactive drawing on the participant’s own experiences from working with children and families.

The training material includes hand outs, which by the end of the training may be compiled into a guide to be used in the field.

**1.3. THE INTERVENTION PYRAMID FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES**

The focus of Save the Children’s emergency programmes is on the three bottom layers of the intervention pyramid. These three layers target the largest number of children.

During emergencies parents and caregivers often become concerned about children’s reactions to stressful events. It is important to know that people who work with children on a regular basis during emergencies as well as evidence based experience from the field has shown that the majority of children will continue their normal lives, and most children do not need long term...
interventions

Show the slide and explain the four levels of support to children:

Pyramid layer one - basic services and security
All displaced persons require access to food, shelter, water, hygiene, functioning governance systems, health care, and security in order to re-establish well-being and mitigate further psychosocial harm.

The majority of children will recover from distress quickly when they have access to food, water, shelter, health care and security.

Pyramid layer two - community and family based support
Persons who have experienced the loss of family and community support through death, separation and loss of livelihood opportunities will require specific support to restore the protection that these systems provide. These interventions might include family reunion, healing rituals for reconciliation, and/or vocational training.

Children will generally continue their normal development when family tracing and reunification, formal and non-formal education, livelihood activities, children’s clubs and other cultural services are re-established.

Pyramid layer three - focused and non-specialised support
A smaller percentage of the population with particularly stressful reactions will require more focused and non-specialised support, with attention to the individual, family and group. This psychological first aid should be provided by health workers.

Children with particularly stressful reactions need focused support for some months. The support may include counselling by social workers, teachers and health staffs in the community, and social and cultural activities with NGOs, community groups or religious leaders.
Children could also be provided with access to peer groups, children’s clubs and sport activities.

**Pyramid layer four – specialised interventions**

Specialised services are needed for a small but often neglected percentage of persons experiencing significant distress that disrupts their ability to function on a daily basis. This should be provided by trained professionals only.

This also applies to a smaller number of children. They may not be able to function on a daily basis even after they have received support and services as identified in the other pyramid layers.

These children should be referred to specialised services such as mental health professionals or specialised organisations. If local structures within the education or the health sector have proven experience of working with children in distress and traumas, the children may also be referred to these.

**Present the group work and show the slide:**

**Group work 1**

Break up into groups of 3 persons sitting next to each other to reflect on the following questions:

1. At which of the 4 levels of the distress pyramid are you working?
2. Why do you think so?
3. Each of you should mark your working position in the pyramid and explain why.

Presentation in plenary

**Group work 1**

Divide into groups with three persons in each group. Reflect and discuss:

1. At which of the four levels of the pyramid is each of you working?
2. Why are you working at this level?
3. Mark your working position in the pyramid and explain why.

Presentation in plenary.

**1.4. THE ROLE AND MANDATE OF THE HELPER**

The helpers in psychological first aid should assist children in distress as much as possible during an emergency, and the helper has to overlook the situation all the time and act professionally, even
under extremely difficult situations. In order to achieve a good result it is important that the helper remain calm and supportive during the intervention.

**Professional behaviour**

Show the slide below and explain the meaning of professional behaviour:

Operate only within the frame of your professional work and organisation

It can cause further problems and harm for people affected by an emergency if the emergency aid is not coordinated by the government, humanitarian organisations and other stakeholders. Save the Children staffs will work according to emergency policies and procedures of the organisation.

Governmental and NGO partners have to work according to their respective disaster response systems.

Be calm, courteous, organised and helpful

Children will often react irrationally and with confusion in an emergency situation. Even if you are personally affected by the incident or blamed by the children or parents you are supposed to help, you have to remain calm and courteous.

Be visible and available

It is important that you are available either face-to-face or by phone. The affected child and its family should have information about contact options.

You must dress culturally appropriate.

Maintain confidentiality
Children and their parents must feel comfortable to trust you and rely on you. You must not convey personal information to other staffs without taking the permission from the children and their parents.

If you receive information about serious criminal acts, you are obliged to break the confidentiality and convey the information to your line manager in your organisation.

**Remain within the role and mandate of your job**

If you feel uncertain about your designated role and mandate, you have to seek clarification from your line manager. Even if you feel capable of solving a problem beyond your designated role and mandate, you should only take action if this is approved by your line manager.

**Present the group work and show the slide:**

**Group work 2**

Divide into groups of 3 persons. Ask everybody to think of an attitude of a helpful person, who supported you in a difficult situation. Then think of an attitude of a person, who wasn’t that helpful in a situation, when you needed help.

1. Make a poster with a happy face and a sorry face. The groups have to write the examples of positive and negative attitudes on paper and place the examples under the faces. The groups or individuals should then explain their examples in plenum.
2. Happy face ex.: Open, flexible, available, honest, humble, listen, calm, clear, respectful, compassionate, trustful, look at strength.
3. Sorry face: Careless, ignorant, shy, talk down, demanding, impatient, don’t believe, look at weaknesses.
4. Presentation in Plenum
Learning goals: By the end of this module the participants will be able to listen, describe and use the eight steps of Psychological First Aid for Children.

A few important things to highlight:

1. The eight steps of Psychological First Aid for Children do not have to be followed in linearly.
2. The eight steps is a model framework to consider when providing responsive support to children in distress. The model is constructed in a logical sequence, but can and should be adapted to fit the unique needs of individuals or groups in the field.

Show the slide below and explain:

The 8 Steps in PFA for Children

- Core actions
  1. Contact and Engagement
  2. Safety and Comfort
  3. Stabilization
  4. Information Gathering: Current Needs and Concerns
  5. Practical Assistance
  6. Connection with Social Supports
  7. Information on Coping
  8. Referral to Specialized Services
Core actions:

1. Contact and engagement.
2. Safety and comfort.
3. Stabilisation.
4. Information gathering: current needs and concerns.
5. Practical assistance.
6. Connection with social support.
7. Information on coping.
8. Referral to specialised services.

2.1. CONTACT AND ENGAGEMENT

**Goal:** To respond to contact initiated by children and parents, or to contacts initiated by you, in a non-intrusive, compassionate and helpful manner.

You have to remember that the goal of your psychological first aid is to help the child reduce distress, and to assist with current needs and promote healthy coping. Your approach and attitude during the first meeting with a child after an emergency or in the aftermath of a severe event are crucial for providing the successful support.

As a professional helper you may be in contact with children and parents immediately after the distressing event, or days, weeks or even months after.

**Preparation**

**Show the slide below and explain:**

- First priority to children without parents
- Be prepared on irrational reactions
- Be prepared to be ignored or rejected
First priority to children without parents

The first priority should be given to children, who are or seem to be separated from their parents; and secondly to children and parents, who approach you. Support young children before older children, and support children, who are most affected first.

Be prepared for irrational reactions

Be prepared that neither children nor parents are thinking and reacting rationally in the immediate aftermath of an emergency situation. They may be in a state of shock. They may focus on issues out of context to the present serious, situation, or they may be mute.

Be prepared to be ignored and rejected

Be prepared to be ignored and avoided or the opposite: immense attention from children. Whatever reaction, stay with the child.

Introduction

You can establish the contact by providing practical assistance like food, water and blankets.

Your contact with the child will most likely take place in a school, a child friendly space, a youth club, a camp or a collective centre or at the child’s home.

You should try to find a corner with some level of privacy for further communication.

Show the slide below and explain your introduction:

### Introduction

- Introduce yourself
- Seek information about the situation
- Ask for permission to talk to the child
- Provide practical assistance

Introduce yourself

Always introduce yourself with your name and your title, and describe your role. Make sure that the child as well as the parents understands.
Seek information about the situation

Ask the parents to explain their situation and the situation of the child. Also ask the child how s/he experienced the situation.

Ask for permission to talk to the child

Ask the parents for permission (if present) to talk to the child alone. In that way you respect the authority of the parents. An exception from this rule is cases, when one or both parents on purpose have seriously harmed the child (e.g. child abuse or sexual abuse).

Provide practical assistance

Sometimes the best way to initiate contact is to provide some sort of practical assistance that the children need (food, water, blankets).

Attitudes

Remember that the goal of Psychological First Aid for Children is to help reduce distress, assist with current needs, and promote adaptive functioning.

The goal of Psychological First Aid for Children is not to elicit details of distressing experiences and loss.

Show the slide below and explain the attitudes:

Be respectful and compassionate

A respectful and compassionate first contact with a child and/or the parents is of outmost importance. Meet the child with trust. In some cases the gender of the helper must be considered, e.g. cases of sexual abuse.

Be patient
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 caregivers to feel some degree of safety, confidence and trust. If children have been exposed to violence or abuse the reluctance to contact will be even bigger.

**Be sensitive and focused**

Be sensitive and focused and follow the child’s pace. Encourage the children and parents or caregivers to continue their daily lives and assist with current needs.

**Accept and support emotions**

Accept the child’s emotions such as anger, guilt and grief. It is very important for children in distress that you are able to contain strong emotions. Do not tell the child how to feel, but rather mirror the feelings of sadness and despair.

**Offer hope**

Encourage the child to believe that things will be all right after all. In an emergency situation children are engulfed in despair, and they may find it very hard to see light at the end of the tunnel. Therefore, it is important to offer hope to the child without denying or minimising the present realities.

**Carry out an interview**

You need information about the emergency situation in order to provide the best possible help to the child. Try to sort out the needs of the child from the child itself or from the parents, relatives and caregivers.

The interview is also a way of initiating a good and confidential contact with the child.

**Show the slide below and explain how to carry out an interview:**

- Try to find a quiet and private setting
- Ask simple and open-ended questions
- Speak slowly and calm
- Focus on the child’s immediate needs
- Give only accurate information
Try to find a quiet and private setting
An ideal contact setting is a place where you are not interrupted. It might be a corner in a Child Friendly Space, children’s clubs, IDP camps and schools. Working in the children’s own environment also allows you to observe before you talk to the child.

Ask simple and open-ended questions
An open-ended question encourages children to tell their story in their own way. These questions usually start with *how, who, when* and *where*, and they cannot simply be answered with a “yes” or a “no”. This is a way to give voice to the child and to prevent that the child feels interrogated.

Speak slowly and calmly
Speak slowly and calmly to the children and caregivers. Look at the person you are talking to, also when you are communicating through an interpreter. Do not look at the interpreter.

Focus on the child’s most immediate needs
Focus on the child’s most immediate needs as well as the assets. Children need help to address their needs while you are listening. Ask the child where s/he feels comfortable staying during the interview.
Let parents and children be together during the interview.
If the child is very affected, talk to the parents first and then to the child.
Always ask the parents for permission.

Give only accurate information
Give only accurate information and do not guess.
Language may be a barrier for understanding.
If you are unsure about anything, you should explain that you are working on getting further information and that you will provide the child with this information as soon as possible.

Present the group exercise and show the slide:
**Group work 2**

Break up to groups of 3 persons (10 min.)
- 1 helper
- 1 child
- 1 observer

1. **Child**: Play the role of a distressed child that you now or have heard about.
2. **Helper**: Contact the child by following the advises from the handout.
3. **Observer**: How did the helper succeed in getting into contact with the child? What was successful, and what was less successful?

Present in plenary.

---

### Group work 2 (role play)

Divide into groups with three persons in each group (10 min.):

- One child
- One helper
- One observer

1. **Child**: Play the role of a distressed child that you know or have heard of.
2. **Helper**: Contact the child by following the advice from the hand-out.
3. **Observer**: How did the helper succeed in getting into contact with the child? What was successful, and what was less successful? Present in plenary.

Present in plenary.

---

### 2.2. SAFETY AND COMFORT

**Goal**: To enhance immediate and on-going safety, and provide physical and emotional comfort.

Promote safety and comfort, as the feeling of safety and comfort reduce distress and worry.

Assist children who are separated from parents and relatives, or who have suffered losses of family members.

Death notification and body identification is a critical component of providing emotional comfort and must be handled very carefully.

**Show the slide below and explain:**
Ensure immediate physical safety

Remove the child from immediate life threatening environments if possible and bring the child to a safe place, i.e. with family, relatives, in residential institution, or secure that the child is brought there by somebody you trust. Protect the child against individuals who may cause harm to the child, and take care of eventual injuries.

Provide information about disaster response activities and services

Provide information about all available services for children and how to connect the children with these services.

Give attention to physical comfort

Provide comfort. A loved toy may be soothing for younger children. Other objects and pets may have this function too.

Promote social engagement

If possible, let resourceful and calm adults and peers stay with distressed children. Give children a break from very upset adults, even if these are the parents. Offer brief explanations to children when people in their immediate environment suffer extreme reactions.

Support children who are separated from their parents/caregivers

Parents and caregivers play a crucial role for children’s safety. Give high priority to connect separated children with their parents and caregivers.

Provide a child with accurate information in easy-to-understand language if the child has to be handed over to a person the child does not know.

Do not make any promises that you may not be able to keep. You may also need to support children, if their parents or caregivers are absent or if they are too overwhelmed and not
emotionally accessible to their children.

**Help parents who are missing a child**

Assist family members, who are missing a child, by helping them to obtain updated information about missing persons (Red Cross/Red Crescent or UNHCR). Direct the family members to locations for updated briefings, and tell them where parents and children may be reunited.

**Help children who are separated from the parents**

If necessary, help children to trace family members. Stay with the child until you are sure that some family members, social institutions, orphanages or other responsible persons can take over the responsibility for the child. Consider how you may assist the child for an extended period, if needed.

**Help a child when a family member or close friend has died**

Assist the child with accurate information on what has happened, and support the child as needed. You may have to contact family members and relatives.

**Assist children with acute grief reactions**

Children who have lost a close family member or friend may be in a condition of shock. Children with acute grief reactions are prone to be confused and unable to react rationally, and they will need comforting, someone to take decisions on his or her behalf and assist with practical matters.

**Assist in collecting information about burial**

The child may need assistance in gathering information on when, where and how a burial will take place. Participate in the burial ceremony if it is appropriate and you are invited.

**Present the group exercise and show the slide:**

---

**Group work 3**

Divide into groups of 5 persons.

- An earthquake has happened 8 hours ago in a location 3 hours drive from the SC office. You and your driver have just arrived to the small town, where everything is in a mess, - the children are crying, some persons are wounded and some persons seem totally confused. You are trying to get an overlook of the situation. Suddenly you discover 5 children in the age 2 – 6 years old without any adult around, some are crying.

1. What will you do?

Presentation in plenary
Group work 3

Divide into groups of 5 persons.
- An earthquake has happened 8 hours ago in a location 3 hours drive from the SC office. You and your driver have just arrived to the small town, where everything is in a mess, - the children are crying, some persons are wounded and some persons seem totally confused. You are trying to get an overlook of the situation. Suddenly you discover 5 children in the age 2 – 6 years old without any adult around, some are crying.

1. What will you do?

Presentation in plenary

2.3. STABILISATION

Goal: To calm and orient emotionally overwhelmed and disoriented children.

You can work with stabilisation at three different levels.

Show the slide below and explain:

- Stable environments.
- Stable routines.
- Emotional stabilisation.
The three levels are elaborated in the slides:

**Provide stable environments**

- Shelter
- Family situation

**Provide stable environment**

**Shelter**

The first action is to help find safe accommodation, including a safe environment, as shelter is a pre-condition for a stable everyday life, safety and comfort.

Food and water contribute to a stable environment.

**Family situation**

Make sure that the adults are capable of caring for the child if s/he is living with his/her parents. Help empower the parents in their role of calming down their children. Do not take over the role of the parents, and avoid making comments, which may undermine their authority or ability to handle the situation. Let them know that you are available to assist in any way that they find helpful.

Try to find stable caregivers or family members, if emotionally overwhelmed children are separated from their parents, or if their parents are not coping well.

Help empower the caregiver in their role of calming down the child, and let them know that you are available to assist in any way they need.

**Provide stable routines**

The reestablishment of daily routines is very important for the recovery of the child. Routines provide a feeling of continuation and stability.

**Show the slide below and explain:**
Provide stable routines

- Attend school or kindergarten
- Leisure activities
- Social contacts
- Daily routines at home

Attend school or kindergarten

Normalise the life of the child. This includes assisting the child continue going to school or kindergarten as soon as possible. Take into account the mental condition of the child, and be aware of specific support from the school or kindergarten.

Talk to the teachers about the child’s special situation and contribute to ensure the continuation of the daily routines.

Join leisure time activities

Leisure time activities should be pursued as soon as possible. Children in severe distress may have difficulties recovering the pleasure of playing or engaging in sports. Therefore, parents and caregivers must support the children’s participation in these activities.

Social contacts

Distressed children tend to withdraw and isolate themselves from other children and adults. They need an empathic support to regain contact with peers and other people.

Daily routines at home

Daily routines like regular food, doing home work and participating in housekeeping, The child must also feel safe and have comfort before sleeping. Help the child avoid upsetting activities, e.g. scary films. Use rituals like tooth-brushing, fairy tales, songs and stories about good memories to relax before sleeping.

Show the slide below and explain:
Emotional stabilization

- Exercises on attention – here and now
- Attention on immediate goals
- Validate negative emotions

Feeling emotionally overwhelmed is a typical symptom of distress. The nervous system is permanent over-activated and manifests itself by flashbacks, nightmares, hyper vigilance, etc.

However, stabilisation of the nervous system can be trained by relaxation and grounding techniques.

**Exercises on attention – here and now**

Ask the child to look at you and tell your name.
Ask the child to observe where s/he is located, and which items are to be found in the room.

The child needs to regain control over his/her respiration. Help the child reduce anxiety and over alertness with awareness on the breathing. Teach the parents and caregivers to conduct breathing exercises with the child. Breathing exercises can also be used with groups of children.

You will find examples of breathing exercises in the group work.

**Shift attention to immediate goals**

In order to prevent chaotic thoughts you should help the child keep its attention on the most important task to be solved right now. The focus must be on solvable problems rather than problems which the child is not able to control.

**Validate negative emotions**

While you cannot prevent a child from being worried and anxious, you may help the child understand that such emotions are normal, when you have had very bad experiences. Explain to the child that even though you understand the strong negative emotions of the child, it should refrain from acting out the feelings.

You may consider contacting a mental health staff member if you fail to stabilize the child after several attempts.

**Present the role play and show the slide:**
Group work 4 (role play)

Divide into groups of 3 persons.
- 1 plays the role as a child with chock reactions
- 1 plays the role as the helper
- 1 plays the role as the observer

1. The task of the helper now is to mentally stabilize the child.
2. Which means are used? Which are helpful, and which are not helpful?

Presentation in plenary

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2.4. INFORMATION GATHERING: CURRENT NEEDS AND CONCERNS

**Goal:** To identify immediate needs and concerns, gather additional information in order to tailor psychological first aid interventions.

To provide the optimal aid after an emergency you have to gain knowledge about the emergency situation as well as the material and human consequences. Bits and pieces of information must be gathered at all eight steps of PFA. You have to respond to the affected children’s most immediate needs and provide support in a flexible manner in order to address unique needs.

As a ground rule as much information as possible must be gathered from adults.

Gathering information directly from children must be carried out with thoughtfulness. Children will have a more limited understanding of the situation compared to adults, and a misinterpretation is more likely to happen. Of course this depends on the age, acumen and maturity of the child.

Also take into consideration that information gathering from children can be a serious strain for the child. The child may feel responsible for giving correct information. If s/he fails to give important information s/he may feel guilt, which will cause even more distress. Determine that the
responsibility for solving the problems is yours and not the child’s. Although the information about the child’s experiences may help you do your work, it is not decisive.

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>23</th>
<th>Information gathering</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢</td>
<td>Personal information</td>
</tr>
<tr>
<td>➢</td>
<td>Information on family and relatives</td>
</tr>
<tr>
<td>➢</td>
<td>Information on social and cultural network.</td>
</tr>
<tr>
<td>➢</td>
<td>Local authorities, NGOs, UNICEFF, UNHCR</td>
</tr>
<tr>
<td>➢</td>
<td>Special institutions</td>
</tr>
<tr>
<td>➢</td>
<td>Giving information to the child</td>
</tr>
</tbody>
</table>

**Personal information**

Gather information on name, age, and address or ask questions that can identify the area where the child comes from (characteristic buildings, streets, landscapes). If you come across a separated child, you ask the child itself about this information. Ask respectfully and in an emphatic way how the conflict or disaster personally has affected the child. You should *never* ask the child to give detailed information of the most horrifying incidents of a traumatic event.

Ask the child about *emotional* complains like anxiety, irritability and anger, feelings of guilt and shame, sadness and *physical* complains pain, e.g. headache and stomach ache; tensions in neck, shoulders, back, hands and arms; shaking, and physical injuries.

You can talk to one child or a group of children at the same time about personal information, but they have to respond one by one. The advantage of talking to a group of children is that they can share their feelings and easier let go of personal responsibility.

**Information on family and relatives**

Ask for the names of parents/caregiver and siblings.

Also request the child to identify where s/he saw the parents last time, and ask if the child has any ideas of where the parents might be now. Ask the child to remember, but do not put pressure on the child. Ask if s/he has relatives or friends who can help.

**Information on the social and cultural network**

Gather information on which school or kindergarten the child belongs to clubs or other social networks of the child. In some cases it also is relevant the ethnical belonging and a church.
Local authorities, NGOs, UNICEF, UNHCR

Gather information on local institutions and international aid organizations that are available for providing emergency aid for the child. If you cannot find the parents or relatives, you have to transfer the child to the social authorities or a child protection NGO or UN organisation, e.g. Save the Children, Red Cross, UNHCR and UNICEF.

Special institutions

If the child is in a need of special care, e.g. medical care, hospital, or mental care you must gather information on which special institutions or clinics are available for the child. For orphans you should provide information on local orphanages.

Giving information to the child

When all relevant information has been gathered, it is very important to provide accurate and balanced information about the emergency situation to the child.

Trusting you is crucial for the children, so you should never lie about bad news, even though your intention is to protect the children. Sooner or later they will find out eventual lies, which may damage their basic trust in you and other adults.

Present the group exercise and show the slide:

**Group work 5**

Divide into groups of 3 persons.

1. What is the most important information you need in order to address the child’s need and concern after an emergency.
2. Why is the information important?
3. How and when will you use that information?
4. Make a poster with an umbrella and write a category of information in each room: Personal, family and relatives, social/cultural/education networks, NGO/UN/ Governmental support, hospitals/orphanages/special institutions.
5. Categorize the information on paper, and place the papers in the umbrella. Presentation in plenary.
5. Categorize the information on paper, and place the papers in the umbrella.

Presentation in plenary

2.5. PRACTICAL ASSISTANCE

**Goal:** To offer practical help to children by addressing immediate needs and concerns.

In the immediate aftermath of an emergency your organisation or working place should gather information about available social support and services in the district and community – also within your own and other organisations - and how to access these services. You may use this information for networking and identification of the best possible solution for each child.

Most likely, your organisation will contribute to social services and establish activities for affected children. You should know your role and mandate in order to create realistic expectations for the children and their parents.

Empower the children to take action, and introduce them to activities, including initiatives by NGOs’ such as child friendly spaces, children’s clubs and event where children and youth can get together.

Practical assistance and needed resources are often crucial for the survival in emergency situations. Help to cope with difficult situations increase the sense of empowerment for all persons involved including the child, and the sense of empowerment can be decisive for the ability of parents and caregivers to take proper care of affected children.

Cultural and local knowledge is of utmost importance in the process of taking the right decisions. This includes insight into the local culture and religion.

You should involve relatives and key persons in the community. When you are visiting the family, you should follow the line of command within the family and the community.

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>Attitudes for practical assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Be active.</td>
</tr>
<tr>
<td>➢ Do no harm.</td>
</tr>
<tr>
<td>➢ Be practical.</td>
</tr>
<tr>
<td>➢ Draw on the survivors’ experiences.</td>
</tr>
<tr>
<td>➢ Identify connections.</td>
</tr>
<tr>
<td>➢ Children and youth participation.</td>
</tr>
</tbody>
</table>
The main approach for practical assistance should include:

**Be active**

Be active rather than passive. Be useful instead of waiting by e.g. offering food, medical aid, school material, clothes.

**Do no harm**

Use your common sense and make sure that intruders are not taking advantage of the situation. Be aware of the gender perspective. Sexually abused girls may be frightened to talk to male helpers. If this is the case, ask female colleagues to take over.

**Be practical**

Be practical and focus on connecting children to resources/networks that can address their current most important needs. Help to provide the most needed assets.

**Draw on the experiences of the children and parents**

Children, adolescents and adults from the affected area probably have better knowledge about the environment and situation; build on their experience.

**Identify the connection to parents, caregivers**

Identify the connection to parents, caregivers and the social support authorities. These people are the primary resources for children.

**Children and youth participation**

Children and youth participation is crucial. Identify areas where children can participate and feel a subsequent success. However, do not over challenge the children as they may give up and feel frustration rather than success, if the demand for participation is overwhelming.

**Show the slide below and explain:**
Use the four steps for practical assistance:

1. **Identify the most immediate needs**
   Ask the child to identify the most immediate needs and make your own assessment of what is needed. You have also to be aware of protection needs.

2. **Clarify what the needs are**
   Use clarifying questions. As a basic rule the needs can be prioritised as follows:\(\text{(The Maslow pyramid):}\)
   \begin{itemize}
   \item a. Physiological needs: Food, water, medication, clothes.
   \item b. Protection needs: Social and economic safety in the family and community.
   \item c. Love and attachment needs: Friendship, family, intimacy.
   \item d. Self-esteem needs: Confidence, achievement, respect of others, respect by others.
   \item e. Self-actualisation needs: Morality, creativity, self-development, realisation of own potentials.)\end{itemize}
   (Brug Maslows pyramide som kontekst forklaring i gruppearbejdet)

3. **Discuss and develop an action plan**
   First and foremost, the helpers must be aware of the available social services in the local community and how to access these. Discuss with the child and the parents/caregiver what measures should be taken first, second etc.
   
   By following these steps you help the child and its parents manage expectations and remain realistic.

4. **Carry out the action plan**
   Empower the child and the parents/caregiver to take action and introduce them to important people who can help. Explain what paperwork needs to be done.
   Facilitate the children in the process to practice control over their own lives.

**Present the group exercise and show the slide:**
2.6. CONNECT TO SOCIAL SUPPORT

**Goal**: To help establish contacts with primary support persons, including family members, friends and local community helpers.

Social support is related to emotional well-being and recovery following emergencies. People who are well connected to others are more likely to engage in supportive activities as recipients as well as providers.

Active people can assist the child recover in different ways.

**Different kinds of social support**

An immediate concern for most children is to re-establish contact to primary persons, e.g. parents and caregivers, family members, close friends and neighbours. Assist the child to get back in touch with these individuals in person, by phone, by e-mail and through web-based databases.

Encourage group events and bring children together for leisure time activities and make sure parents/caregivers know where their children are.

Provide pedagogical material, e.g. colouring books and toys, and facilitate the activities. Older children and adolescents may also facilitate younger children. Often, children may suggest songs and games they have played before.
In some cases, children and adolescents will not feel comfortable talking to others. Engaging them in social and physical activities or merely being present can be comforting. By joining activities like sport and games, telling stories and reading magazines together, and simply sitting together, parents and helpers can be supportive.

**Show the slide below and explain:**

**Different kinds of social support**

- Emotional Support
- Social Connection
- Feeling Needed
- Reassurance of Self-Worth
- Reliable Support
- Advice and Information
- Physical Assistance

**Emotional support**

Listen, understand, comfort and accept the child. Hug the child if this is acceptable in the cultural context.

**Social connection**

Let the child join social and cultural activities with other children. Introduce the child to children’s clubs, child friendly spaces and promote participation in community activities.

**Feeling needed**

Let the child feel important to other children and adults. Let the child feel valued, useful and productive, and let the child feel appreciated.

**Reassurance of self-worth**

Support the child to establish self-confidence and ability to handle immediate challenges by e.g. involving the child in practical, age appropriate activities, e.g. setting the table, cooking, be responsible for a pet.

**Reliable support**
Reassure the child that you will help when s/he needs you and make sure that the child always has access to reliable persons.

Advice and information

Provide the child with relevant information and good advice. Let the child understand that its reactions are common, and provide the child with good examples of positive coping towards friends, siblings and parents.

Physical assistance

Help the family with practical issues, e.g. bringing food and carrying materials, cleaning of rooms, paperwork and access to phone calls.

Present the group exercise and show the slide:

<table>
<thead>
<tr>
<th>Group work 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divide into groups of 5 persons.</td>
</tr>
<tr>
<td>- Many families with children were living under harsh conditions before the emergency in this poor region. During and after the emergency their situation became worse.</td>
</tr>
<tr>
<td>- A small town or village has been trapped in flood a month ago. The inhabitants have survived, but many homes are partly destroyed, the animals and pets drowned, and fields are still flooded. You are going to make a rapid assessment in order to support the most vulnerable households with children with food and NFI.</td>
</tr>
<tr>
<td>1. Make a poster with a town indicating dangerous areas and the social/cultural status of different locations in the village.</td>
</tr>
<tr>
<td>2. Describe categories of children, who are specific prone to vulnerability on a paper, and place the paper in the village. You may use concrete examples from you own experience.</td>
</tr>
</tbody>
</table>

Presentation in Plenum
2.7. INFORMATION ON COPING

**Goal:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

One of the best things the helper can do is to provide information about coping.

There are many different ways of coping with distress. Some coping strategies are natural, and some have to be learned or relearned. Explore with the child which coping strategies feel natural and validate these strategies.

Talk to the child and the parents/caregivers about coping strategies, and how they can be implemented for the child within the family.

Be aware of coping strategies in the local community and examine how the child can benefit from these. Rites and traditions within the culture can be very helpful coping mechanisms.

Coping can be described within four domains:

**Show the slide below and explain the following four coping strategies:**

1. Personal coping strategies
2. Coping in the family
3. Local coping strategies
4. Cultural traditions and rituals

**Personal coping strategies**

**Show the slide below and explain personal coping strategies:**
Being active

The child is active with usual activities, e.g. school work, house hold work, and leisure time activities.

Affect regulation

When upset, the child has some strategies for calming him/herself down, e.g. escaping from the upsetting situation, expressing the emotions instead of acting them out, writing, or applying relaxation techniques.

Bodily control

Breathing deeply and calmly when being emotionally overwhelmed, releasing tensions in the body, and awareness of senses in the body.

Self-comforting behaviour

Younger children need a well-known and loved object to comfort and calm down: a blanket, a doll, a toy. Children often use objects to regain control in a certain situation; they talk to the object and tell them their inner secrets. The reaction may raise concern among parents and caregivers. Instead of being concerned of this regressive behaviour, it has to be conceived as a necessary coping mechanism combating anxiety and discomfort.

Healthy lifestyle

Having regular and healthy food, good sleep routines and awareness of the importance of healthy sleep patterns despite eventual sleep disturbances, and upholding normal routines, all help the child recover more quickly.

Participating in social life
Socialising with friends in school clubs and in the family is important to bring life back to normal, even though it may feel difficult. Children should be encouraged to join healthy social relationships.

**Keeping informed**

A way to reduce anxiety and regain a feeling of control is to be informed about what is happening. This is valid for children as well. However, children must be informed in a suitable way: they have to know the truth, but they should not be overloaded with bad information, and they do not necessarily need all details.

**Seeking support**

It is crucial for the healing process that the child and family is seeking support when feeling distressed. However, to seek support requires that the child is feeling safe and trusting. This can only be established if the adults are honest and empathic.

**Self-acceptance**

Self-acceptance means that the child is able to comprehend its own reactions, accepting that distress is a result of the emergency, and that it is normal to anxious, feeling anger and having mental difficulties in the aftermath of an emergency.

**Coping in the family**

The way the family copes with an emergency is of outmost importance for a child’s recovery. Usually, the family is the most important support system for the child.

**Show the slide below and explain the coping in the family:**

- Acceptance and tolerance
- Talking with each other
- Maintaining the natural role in the family

**Acceptance and tolerance**
Accepting changes in your own role as well as those of family members in the aftermath of an emergency can be very hard. Yet, mutual understanding, acceptance and tolerance to unusual reactions are very important preconditions for the healing process.

**Talking**

Talking about what has happened and sharing emotions and difficulties is a positive way to cope with distress. Talking provides a feeling of not being alone with the problems. However, parents and caregivers should always be aware of not overloading children with their own problems.

**Maintaining the natural family roles**

In families experiencing severe distress the parents may lose their natural ability to be parents. During and after an emergency parents may be as upset as the children and show the same symptoms. Sometimes, older children take over the parental role, although this an overwhelming burden. The parents may need professional support to be able to take on the parental role again.

**Local coping strategies**

How the local authorities, institutions, and resource persons act in an emergency situation is of utmost importance.

Maybe an emergency preparedness plan is in place including local authorities and NGOs.

**Show the slide below and explain the local coping strategies:**

**Local authorities**

The local community may provide social and medical support and specific aid programmes, e.g. re-housing, family tracing, medical and material aid. The local authorities will most likely cooperate with INGO and UN organisations implementing specific emergency programmes.
Resource persons

Often, persons in the community are endowed with special mandates and resources to be activated during and after emergencies. Amongst these persons are community leaders and chiefs, religious leaders, medical and social staff.

Local institutions

Formal institutions such as schools, hospitals, orphanages and non-formal institutions like NGOs, religious institutions and charity organisations may provide support within specific areas.

Cultural traditions and rituals

Cultural traditions and rituals contribute to provide a common understanding of a situation and to offer common ways of coping. Common traditions and rituals is strength for the community, provide a sense of safety for individuals and may play an important role in the recovery process for the whole community and for the individual.

Show the slide below and explain:

### Cultural traditions and rituals

- Norms and values
- Spiritual needs
- Loss and Grief
- Burial Arrangements

Norms and values

All cultures have coping strategies when the community is affected by an emergency. Therefore, helpers should investigate if traditions and values exist that are useful for children and their families.

Spiritual needs

Families and children may seek peace and comfort in praying and visiting religious places. Spiritual practice e.g. meditation may help too.

Loss and grief
Grief is an important way to heal the wounds after serious losses – be it a person, an animal or precious assets with sentimental value.

Different cultures have different mourning traditions, and children sometimes need support from a parent, caregiver, a friend or professional front workers to undergo the mourning process.

By talking to the family and the child, traditional coping mechanism, e.g. prayers and rituals, may be explored and selected.

**Burial arrangements**

You have to respect the local burial traditions.

Often, parents and caregivers believe that children must be spared from the sadness when a loved one has passed away. The children are kept away from funerals, and in extreme cases they are even denied information about the death of parents and relatives.

However, children need to know the truth about the destiny of their family members and friends in order to come to terms with the loss.

Proposing a child’s attendance at a funeral has to be done tactfully and respectfully.

**Present the group exercise and show the slide:**

**Group work 8**

Divide in to group of 5 persons.
1. Give examples on how the local communities cope in an emergency situation in your region.
2. Give examples on how families use traditions, religion and common rituals in an emergency situation in your region.
Presentation in Plenum

**Group work 8**

Divide in to group of 5 persons.

1. Give examples on how the local communities cope in an emergency situation in your region.
2. Give examples on how families use traditions, religion and common rituals in an emergency situation in your region.

Presentation in Plenum
2.8. REFERRAL TO SPECIALISED SERVICES

**Goal**: To link traumatised children with specialised services in order to facilitate the special need of these children.

A mapping of hospitals, clinics, special residential institutions and of social and health authorities may already exist, and the local governmental authorities will probably possess information about public services and referral systems in the region.

UNICEF is responsible for the child protection cluster coordination among all acting organisations and NGOs in emergencies. The Child Protection Cluster Coordinator may usually provide information on specific services and existing referral systems.

Save the Children should identify and map the specialised, professional services for children in the district or region after an emergency. International organisations and NGOs may also set up special health and social services to assist in the emergency situation.

**Show slide and explain when a specialised service should be used:**

**Situations requiring a referral**

- An acute medical problem
- An acute mental health problem
- Worsening of a pre-existing medical, emotional, or behavioral problem
- Cases involving sexual abuse or neglect
- Ongoing difficulties with coping

**An acute severe medical problem**

An acute severe medical problem needs immediate attention.

**An acute mental health problem**

Pay attention to acute mental health problem needing immediate attention.

**Worsening of an existing medical, emotional or behavioural problem**

Take into consideration if a person is at risk of harming him/herself or others. Use/abuse of alcohol and drugs may also pose a threat.
Cases involving sexual abuse or neglect

Sexual abuse and neglect should usually be reported to the police and social authorities. The police should be involved directly if there is a referral system in place. There might also be laws and regulations in place outlining referral routines of a child to social services.

On-going difficulties with coping

If a child is still suffering severely without any improvements four weeks or more after an emergency situation, a referral should be considered.

Use existing referral systems in the country and district. Children may also be referred to other services within health and social sector, legal services and psychological support. Cases of abuse and neglect have to be reported to the police.

Temporary referral systems may be established by the UN system or international NGOs. Separated children are referred to programmes established by ICRC and UNHCR.

When a child needs specific medical or psychological professional support the helper has to follow the procedures of his/her organisation and the legal system of the country. The helper must consult his/her line manager before any referral.

Generally, parents are the ones to address the helper with concerns about their child. Often, specialised services are not available during emergencies, although it may be possible to find local solutions.

Teachers, social workers and staffs working face-to-face with children may also identify children with on-going difficulties. The child’s parents should always be informed and take part in the planning process. A period for observations and discussions with the involved staffs and parents may be needed in order to find a solution in the best interest of the child. The child may even have been in touch with specialised services, i.e. mental or medical health service, social service, drug and alcohol support groups, before the emergency and could be re-transferred to this support.

Only in acute severe cases should the child be transferred immediately and without further notice. In acute cases, the helper should join the child, until the child is handed over to a professional staff member of the specialised service. The helper should also follow up if possible with a representative from the specialised service, be it is an NGO or public service. Avoid referring to unknown volunteer staff in the specialised service, if at all possible.

The helper should gather all relevant information about the child and hand it over to the receiving professional staff in the specialised service.

Show slide and explain the needed information:
Name of child and parents, address and phone numbers

Collect as much information as possible.

The child’s situation and needs

Summarise your knowledge about the child’s situation and needs. Check the information for accuracy.

The child’s case story

Summarise in writing topics and events which the child may find hard to repeat in order to facilitate the referral. Hand over the information to the receiving representative of the organisation/service. Tell the child how the specialised service can help and what is likely to happen afterwards.

Children and adolescents under the age of 18 years need parental approval for services beyond immediate acute emergency care.

Adolescents may be less likely to self-refer when they are experiencing difficulties, and they are less likely to accept the referral without an adult engaged in the process.

In order to facilitate the referral, you should consider:

**Present the group work and show the slide:**
Group work 9

Divide into five groups. Each group selects a case where referral has been considered.

1. Describe why referral or other professional help is needed for the child.
2. Which services were available to meet these needs?
3. Describe the result.

Presentation in plenary.
LEVEL II: ADVANCED PSYCHOLOGICAL FIRST AID FOR CHILDREN
3.1. PSYCHOLOGICAL CRISIS

**Goal:** To be able to identify reactions to psychological crisis and traumas.

Psychological crisis happen to all people throughout life. Some crises are based on natural changes in our lives: when we grow from childhood to adulthood; when we get divorced; and when we fall seriously ill.

Other crises, *traumatic crisis*, are external incidents caused by traumatic events that suddenly are changing our lives. They are beyond the range of normal everyday experiences, suspending usual defence mechanisms, and cause a feeling of powerlessness and helplessness.

Distressful and traumatic events like natural disasters, armed conflicts, hostage taking, unnatural loss of loved ones, internal displacement, deadly epidemics and displacement are all examples of events causing psychological crisis.

The characteristics for all kind of crisis are that they are closely related to the current situation caused by the events. In other words, you are in a psychological crisis as long as you are not able to cope with the current situation. In most cases a crisis will be solved when the person little by little is adapting to the new life situation. The person will experience a process of grief, and then find a new direction in life.

In a natural course of crisis, the person will experience the following phases:

**Show the slide and explain psychological crises:**
1. **The shock phase**
   This phase will last from a few hours to days and even weeks. The person is in a state of chaos, having difficulties orientating in time and space, and not accepting the reality. The person may appear unaffected, but inside everything is chaos. Some persons feel immediate fear and might have difficulties finding any meaning. Most persons have irrational behaviour, and they are not able to understand the situation. Others scream, cry, become muted, are restless, or panic. Children often cling to adults and act with regression.

2. **The reaction phase**
   This phase will last from weeks to several months. The person is beginning to realise the loss and the critical situation and will fully feel the pain caused by the event. Different kinds of sentiments will appear, and conflicting emotions will happen simultaneously, e.g. grief and sorrow mixed with anger. Sleep disturbances, lack of appetite, withdrawal from others, anxiety and depression are amongst the reactions. A person can be angry and happy at the same time, even towards the same person.

3. **The processing phase**
   This phase can vary from a few months to a year or more. The mental condition is swinging from pessimism to optimism; from hopelessness to hope; from sorrow to happiness. Old routines are resumed and new are implemented. However, the person will still be emotionally overwhelmed and may cry when thinking of the event that changed the life.

4. **The new orientation phase**
   The pain has disappeared or is under control. The person have reconciled with the past event that caused the crisis. Of course the person sometimes misses the past, but new opportunities have turned up and a new direction in life has appeared. Pessimism is replaced by optimism. Going through this phase, many people feel they have grown, become experienced and mature. They feel that they have learned important lessons from life.

### 3.2. PSYCHOLOGICAL TRAUMAS

**Goal:** To be able to identify the psychological impacts of traumas and symptoms of posttraumatic stress disorder (PTSD).
A trauma is an emotional state of discomfort and stress, caused by the memories of an unusual catastrophic experience, which violated the person’s feeling of safety and injuring the feeling of integrity. As opposed to the natural course of a psychological crisis, the psychological impacts will not disappear when the situation normalises. The psychological reactions are not any longer related to the current life conditions, but to the intrusive memories of the traumatic event. Even though all normal life conditions are re-established. The person is in a state of severe distress from being mentally stuck to the past event. In other words, the person is traumatised.

If specific symptoms persist at least three month after the event you will identify the distress as Posttraumatic Stress Disorder (PTSD).

**Posttraumatic Stress Disorders (PTSD)**

Show the slide below and explain:

<table>
<thead>
<tr>
<th>41</th>
<th>Posttraumatic Stress Disorder (PTSD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Traumatic event</td>
</tr>
<tr>
<td>2.</td>
<td>Intrusive reactions</td>
</tr>
<tr>
<td>3.</td>
<td>Avoidance and withdrawal reactions</td>
</tr>
<tr>
<td>4.</td>
<td>Physical arousal reactions</td>
</tr>
</tbody>
</table>

Four criteria have to be fulfilled for the diagnose Posttraumatic Stress Disorder (PTSD). The essential feature of PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stress involving:

1. **Traumatic event**
   a. Direct personal experience of an event that involves actual or threatened death or serious injury, or threat to a person’s physical integrity. The person may have been witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or the person have learned about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close relatives or friends.
   b. The person’s response to the event must involve intense fear, helplessness or horror. For children, the response must involve disorganised or agitated behaviour.

There are three types of posttraumatic stress reactions:

2. **Intrusive reactions**
Intrusive reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or mental images of the event e.g. picturing what the person saw, or dreams about what happened. Among children, bad dreams may not be specifically about the disaster. Intrusive reactions include upsetting emotional or physical reactions to reminders of the experience. Some people may feel and act as if one of their worst experiences is happening all over again. This is called a “flashback.” The reactions can be caused by certain smells, colours and sounds.

3. Avoidance and withdrawal reactions
Avoidance and withdrawal reactions are behaviours people use to keep away from, or protect against, distress. These reactions include trying to avoid talking, thinking, and having feelings about the traumatic event, and avoiding any reminders of the event, including places and people connected to the event. Emotions can become restricted, even numb, to protect against distress. Feelings of detachment and estrangement from others may lead to social withdrawal. There may be a loss of interest in usually pleasurable activities.

4. Physical arousal reactions
Physical arousal reactions are physical changes that make the body react as if danger is still present. These reactions include constantly being alert for danger, startling easily or being jumpy, irritable or having outbursts of anger, difficulty falling or staying asleep, and difficulty concentrating or paying attention.

For younger children, distressing dreams of the event may, within several weeks, change into generalised nightmares of monsters, of rescuing others, or of threats to self or others. Young children usually do not have the sense of reliving the past; rather, the reliving of the trauma may occur through repetitive play, e.g. a child who was involved in a serious car accident repeatedly re-enacts car crashes with toy vehicles.

Because it may be difficult for children to report diminished interest in significant activities and constriction of affect, these symptoms should be carefully evaluated with reports from parents, teachers, and other observers. In children, the sense of a foreshortened future may be evidenced by the belief that life will be too short to include becoming an adult. Some children may also believe in an ability to foresee future untoward events, and they may exhibit various physical symptoms such as stomach aches and headaches.

Positive and negative stress responses
The body’s reaction to stress is biologically determined to help us survive danger. These reactions are all quite common and expected if we are under stress. Stress reactions affect all of our developmental domains. The reactions have positive potentials by helping us to survive in the situation, but the succeeding impacts can be very negative and disabling.

There are a wide variety of positive and negative reactions that children can experience during and immediately after a disaster.

Show the slide and explain stress reactions:
Normal versus traumatic stress responses

We all experience stress every now and then. However, there is a big difference between common stress and traumatic stress. If you experience more distressful and traumatic events, this will affect your mental condition additionally.

Show the slide below and explain normal versus traumatic stress responses:

Normal state

The normal state of the nervous system can be defined as a condition when a person is awake, attentive, and present in the here and now. If the arousal is below this state, you are resting, or the nervous system has shut down. If you are above this state the nervous system is more or less aroused, and you will experience some degree of stress.

Common stress

Common stress is the kind of stress all people feel when you are working up to a deadline or the work load is too big to manage. Periodically, you may feel in lack of energy and unable to deal with your daily tasks. That condition will cause stress as well. Usually, common stress is not permanent.
You will have periods where you can relax and recharge your energy level. In some periods, you may work hard for a long time, but the awareness of future relaxation opportunities, e.g. a holiday, will keep you going.

**Posttraumatic stress**

When suffering from posttraumatic stress the memory of the traumatic event will prevent you from relaxation at any time. Flashbacks, intrusive thoughts, and nightmares will keep the arousal of the nervous system at a constant high.

**Cumulative traumatic stress**

When a person has been exposed to several traumas, each trauma will contribute to raise the level of arousal so that the person successively will aggravate the mental condition. In some cases the system will suddenly be overloaded and a shutdown of the nervous system might appear (dissociation) followed by arousal to the same level as before.

**Three different types of traumatic events**

Traumatic events can be categorised into three different types.

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>Three types of traumatic events</th>
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</thead>
<tbody>
<tr>
<td>➢ Type I traumas</td>
</tr>
<tr>
<td>➢ Short-therm, unexpected traumatic event</td>
</tr>
<tr>
<td>➢ Type II traumas</td>
</tr>
<tr>
<td>➢ Sustained and repeated ordeal stressors</td>
</tr>
<tr>
<td>➢ Series of traumatic events or exposure to a prolonged traumatic event</td>
</tr>
<tr>
<td>➢ Type III traumas</td>
</tr>
<tr>
<td>➢ Vicarious exposure to a traumatic event</td>
</tr>
</tbody>
</table>

**Type I traumas**

Single traumatic event involving danger, risk or threat are usually sudden and overwhelming for most people. Examples: Natural disasters, accidents, and intentionally created catastrophes or intentionally induced single threat or injury on another person, e.g. violent attack, rape.

**Type II traumas**

This category comprises natural and manmade disasters with long-term effect, and intentionally long-term induced threats or injuries on another person e.g. hostage taking, torture, systematic persecution.

**Type III traumas**
The person has not directly been exposed to a life threatening event, but s/he has been witnessing a natural or manmade disaster and thus experienced intense fear, hopelessness or horror.

**Present the group work and show the slide:**

**Group work 10**

Break up to groups of 3 persons sitting next to each other to reflect on the following questions:
1. How does it make you feel when you are in contact with people who are experiencing intense distress and extreme reactions?
2. What kind of distress do you feel yourself when working with other people in distress?
3. Does it remind you on your own stressful experiences?
4. Do you get any symptoms (stomach ache, headache, sleeping problems)?
5. What is rewarding, and what is difficult working with children in distress?

Presentation in plenary.

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Divide into groups with three persons in each group. Reflect and discuss:

1. How do you feel when you are with people who are experiencing intense distress and extreme reactions?
2. What kind of distress do you feel yourself when working with people in distress?
3. Does it remind you of personal stressful experiences?
4. Do you get any symptoms (stomach ache, headache, sleeping disturbances)?
5. What is rewarding, and what is difficult working with children in distress?

Presentation in plenary.

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**Different age groups – different reactions**

**Children the age of 0-4 years**

Children aged 0–4 years have no or only a limited language. Their comprehension of an emergency situation depends on the reactions of the parents and other persons. The young children are sensitive to the atmosphere and the emotions of especially the parents. If the parents are scared, the children will react by being scared too. Sounds and smells also affect the young child.

**Show the slide below and explain:**
Reactions for children 0-4 years

- Clinging to parents
- Worries that something bad will happen
- Changes in sleeping patterns
- Changes in eating pattern
- Increase in crying and irritability
- No interest in playing
- Afraid of things that did not frighten them before
- Hyperactivity and poor concentration,
- Plays aggressively and in a violent way
- Stubborn and demanding
- Hits and yells at caregiver,
- Regression to younger behavior

Common reactions
- Clinging to parents.
- Worries that something bad will happen.
- Changes in sleeping patterns; fear of darkness; fear of sleeping alone.
- Changes in eating patterns; eating too much or too little.
- Increase in crying and irritability.
- May have no interest in playing and becomes listless.
- Afraid of things that did not frighten him/her before.
- Hyperactivity and poor concentration.
- Plays aggressively and in a violent way; fixated on disaster.
- Stubborn and demanding in a controlling way; hits and yells at caregiver.
- Older children may regress to younger behaviour or forget how to do things they previously were able to do, e.g. resumption of bed-wetting, thumb sucking, or stops talking.

Children the age of 4-6 years (pre-school children)
Children in the age group 4-6 years have a language, but their comprehension of the world around them is limited to their own experiences. They do not have the ability of abstract thinking, and they do not understand the consequences of an emergency situation in a larger context. These children are in an important phase of individuation, and they are especially vulnerable to external dangers, because they are still fully dependent on the parent’s way of dealing with the situation. Children in this age group are preoccupied by understanding what death is, but they have difficulties understanding the permanency of death.

Show the slide below and explain:
Reactions for children 4-6 year

- Inactive
- Does not play or plays repetitive games
- Anxiety
- Stops talking,
- Sleeping problems (nightmares),
- Eating problems,
- Clinging behavior
- Confusion or impaired concentration,
- Regression to younger behavior;
- Sometimes taking an adult role,
- Physical symptoms
- Irritability
- "Magical Thinking"

Common reactions

- Inactive; unable to follow usual routines; helpless and submissive.
- Does not play or plays repetitive games re-enacting the disaster.
- Anxiety; fear of things and situations; afraid of losing or breaking objects.
- Stops talking.
- Sleep disturbances, including nightmares.
- Eating disturbances.
- Clinging behaviour or over independence.
- Confusion or impaired concentration. The child may ask the same questions repetitively and thinks that danger is not over and will return.
- Regression to younger behaviour; resumption of bed-wetting or thumb sucking.
- Tries to comfort the parents/siblings – sometimes taking on an adult role.
- Physical symptoms like stomach aches.
- Irritability, blames him/herself.
- Little or no understanding of death as permanent. The child may keep asking when a dead person will return.
- “Magical thinking”. The child may believe that wishes will be fulfilled and thoughts will be realised.

Children the age of 6-12 years (school children)

Children in the age group 6–12 years are gradually becoming capable of abstract thinking. They begin to understand that the consequences of an emergency situation can be much more far reaching than their own experiences is telling them. They will have an understanding of the permanency of death. Peers are becoming more important for children in this age, and they are becoming more independent from the parents. Emergencies will cause a break in this process. The children are usually very concerned about the well-being of their parents and siblings, which makes it difficult to be separated from them. At school they lose concentration and experience learning difficulties. In addition, they often withdraw from their peers.
Reactions for children 6-12 year

- Swinging level of activity
- Confused with what happened,
- Withdraws from social contact
- Talks about the event in a repetitive way
- Reluctant to go to school
- Fear
- Impact on memory, concentration and attention,
- Sleep and appetite problems,
- Aggression, irritability or restless,
- Self blame and guilt feelings,
- Somatic complaints
- Concerned about other survivors

Common reactions
- Variable level of activity - from passive to overactive.
- Confused with the emergency situation.
- Withdrawal from social contacts with family and friends.
- Talk about the event in a repetitive manner and keeps returning to details.
- Reluctant to go to school or under achieves.
- Fear, especially when s/he is reminded of the shocking events; maybe unwilling to recall the event, and fear triggered by sounds or smells.
- Fear of being overwhelmed by feelings; emotional confusion and labile mood.
- Impact on memory, concentration and attention.
- Sleep and appetite disturbances, aggression, irritability and restlessness.
- Self-blame and guilt feelings.
- Somatic complaints: complaints with no apparent cause, e.g. headaches, muscle and stomach pain.
- Concerned about other affected persons.

12-18 year old children
Children in the age group 12–18 years are in a transition period. They are changing physically and mentally and growing from childhood into adulthood. They are searching for their own identity, and thus preoccupied by the question of who they are. Normally, peers play a very important role during adolescence. The children are gradually getting engaged in social and political matters. They understand the seriousness of an emergency situation. Usually, children at this age feel an exaggerated responsibility for the family and other people, and guilt and shame are common feelings. In emergency situations children in this age group may withdraw from friends and family.

Show the slide below and explain:
Reactions for children 12-18 year

- Feels self conscious, exposed, and different,
- Guilt or shame,
- Sudden change in interpersonal relationships
- Major shift in view of world
- Increase in risk-taking behavior
- Self destructive behavior,
- Avoidant behavior
- Aggression,
- Intense grief
- Feeling hopeless,
- Defiant of authorities/parents,
- Concerned about other survivors
- May has affected them with self-pity,
- Rely on peer groups in socializing,

**Common reactions**

- Feeling self-conscious, exposed and different from others.
- Guilt or shame.
- Sudden change in interpersonal relationships with family and friends.
- Major shift in views - the world, philosophy, attitude.
- Attempt to make major life changes to become an adult.
- Increase in risk-taking behaviour, may feel invincible.
- Substance abuse and other self-destructive behaviour.
- Avoiding people, places and situations reminding him/her of the shocking events, fears reoccurrence.
- Aggression.
- Intense grief. Understands the consequences of loss better than a younger child.
- Feeling hopeless.
- Defiant of authorities/parents.
- Concerned about other affected persons; tries to be involved; re-establishing a sense of mastery and control over his/her life in order to be useful.
- May become self-absorbed and feel self-pity.
- Often rely quite heavily on peer groups in socialising, constructing views of the world and learning new coping skills to deal with their needs.

**Introduce the group work and show the slide:**
Group work 11

Divide into four groups according to the four age groups:
1. Write on a flip chart 5-10 advises to parents who have a child with the reactions mentioned within each of the four age groups.
Presentation in plenary.

Group Work 11

Divide into four groups according to the four age groups:

1. Write on a flip chart 5-10 advises to parents who have a child with the reactions mentioned within each of the four age groups.

Presentation in plenary.
MODULE 4: PSYCHOLOGICAL SUPPORT

**Psychological First Aid for Children**

**Module 4**

**Psychological support**

**Learning goal:** To be familiar with supportive tools that help distressed and traumatized children cope with their distress.

Parents are the most important persons in a child’s life, and it is the parents’ right and responsibility to raise their children. Children are normally depending on the parents and attached to them. In emergency situations many parents suffer from distress and at times trauma themselves, and subsequently lose their capacity to take proper care of their children.

As a professional helper you have to be aware of the parents’ capacity. As far as it is possible to empower the parents to regain their parental capacity, this should have first priority. At times, parents need help to understand and cope with children who have changed behaviour due to the emergency situation. Sometimes, a child needs special support from professionals without attendance of the parents, although the parents have to give their permission.

Some parents are lacking the capacity to support their children, and it may not be possible to equip them with sufficient empowerment. In such cases professionals will play more important roles and often provide direct aid to the child and psychosocial support to the parents. The family or a family member may also be the source of or part of the reason for the child’s distress. In such cases professional measurements decided by the authorities has to be brought into force.

In this module various supportive tools to approach distressed children will be presented. These tools may be used by the professional helper, and they should be introduced to parents and caregivers too, because they can benefit from using the same tools.

**Psycho-education**

Psycho-education implies that persons with a mental illness and psychological reactions to crisis learn about their own reactions. Families and relatives can also benefit from the knowledge. The aim is to normalise and defuse the situation by helping the person understand the facts about symptoms and diagnosis in a clear and concise manner.

Psycho-education is also a way of creating strategies to deal with mental illness and to make its effects accessible and understandable.
Show the slide below and explain:

The aims of psychoeducation
- Normalization
- Legitimazation
- Description of trauma reactions
- Explanation of the intervention

Normalisation

Explain to the child that its reactions are understandable and normal after being subjected to extreme experiences. Most people in the same situation would react in a similar way.

Legitimisation

Any symptom the child suffers from is a result of the distressing situation.

Description of stress reactions

Explain the normal symptoms of distress to the child.

Explanation of the intervention

Explain how you plan to help the child and who the other helpers might be. Explain the different measures, when they will be implemented and by whom. Explain also what you expect from the child.

4.1. PARENTAL SUPPORT

Goal: To enable the participants to offer parental support in order to empower parents of distressed children to take good care of their children.

When children are traumatised after natural or manmade disasters the parents often suffer too, experiencing the same responses to the traumatic event as their children. Thus, the parents’ own distress reduces their ability to fulfil their parental role, while their children are requiring more support than usual. Therefore, there is a double supportive task if the parents are to regain their competences as parents:

1. Parents need support to cope with their own traumas.
2. Parents need to understand how they can help their children overcome the traumas.

When you are supporting the parents, you are also supporting the children. As a helper for a child your primary task is not to help parents cope with their own problems, but you should be aware of their needs, and if necessary and possible refer them to specialised services. You can also assist the parents in understanding their child’s problems by offering them psycho-education.

**Show the slide below and explain parental support:**

<table>
<thead>
<tr>
<th>Parental support</th>
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<tbody>
<tr>
<td>➢ Empowerment</td>
</tr>
<tr>
<td>➢ Psycho-education on symptoms and reactions</td>
</tr>
<tr>
<td>➢ Psycho-education on supportive interventions</td>
</tr>
<tr>
<td>➢ Counseling</td>
</tr>
</tbody>
</table>

**Empowerment**

The parents are the most important persons in a child’s life. The best way to help the child is to empower the parents. Be empathic towards the parents’ own difficulties, their feelings, and their reactions in relation to the traumatic event. Be aware of the parent’s resources before the crisis, and help them rediscover these resources. You should have a supportive rather than a blaming attitude.

**Psycho-education on symptoms and reactions**

Tell the parents about the most common symptoms of distress, crisis and PTSD as well as the reactions that are common for a child at the relevant age group. Try to make the parents understand that their child’s reactions are normal reactions to an extreme situation.

**Psycho-education on supportive interventions**

Inform the parents about the importance of mourning - also for children, if they have suffered serious losses.

The parents should also be aware of the importance of good communication skills, including active listening, acceptance, tolerance and patience.

Teach the parents how to deal with different responses to distress, crisis and PTSD, according to the child’s experience.
Tell the parents about the importance of paying special attention to the well-being of the child, and focus on the parents’ capacity in order to encourage the parent’s to take care of their children.

**Counselling**

Offer counselling to the parents if they are not able to solve their problems on their own. Refer to specialised services if necessary and possible.

### 4.2. Communication

**Goal:** To achieve appropriate communication skills with children.

Good communication skills are always important when working with children and become even more essential when you are going to communicate with distressed children. Having experienced an emergency means that trust in other human beings may be lost, so the establishment of a trustful relationship with the child is a crucial precondition.

**Active listening**

Active listening is a communication technique requiring that the listener understands, interprets, and evaluates what s/he hears. The ability to listen actively improves personal relationships, because it reduces conflicts, strengthens cooperation, and fosters understanding.

Children’s voices are regularly ignored by adults, and decisions are often taken without consulting them. Especially in emergency situations, when a child is in a state of distress or even traumatised, it is of outmost importance that the child has a feeling of being heard and understood. It is equally important that the child is participating in relevant decisions regarding his or her own life.

**Group questions**

Ask the participants:

- Why do you have to listen to children in an active and empathetic way?
- Why is it important that the child is heard?
- What is the value of active listening?
- What is the positive impact of active listening?
- What may you learn from active listening?

**Show the slide below and explain:**
Validate children

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.

Mutual understanding

Active listening may lead to mutual understanding between the helper and the child, reduce false assumptions and elicit important information. The active listening encourages a sense of unity and improves the child’s willingness to cooperate with other persons and build teamwork.

Reduce stress and tension

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

Empower creative problem solving

Improved communication may empower creative problem solving.

Improve the sense of safety and hope

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

Active listening consists of five elements:

Show the slide below and explain:
1. Attentive focus
2. Paraphrasing
3. Encouragement
4. Questioning/Clarifying
5. Summarizing

1. Attentive focus

Show the slide below and explain the attentive focus:

Do not talk, just listen
Remain silent and let the child speak without interruption.

Block out any distractions
Sit with the child in a peaceful corner. Turn off your mobile phone.
Try not to interrupt or agree with the child

Just listen. This is especially important if the child is very distressed. Even if you do not believe what the child is saying, you should remain silent.

Be aware of your own body language

Look at the child, and establish eye contact. Turn your total focus to the child. Do not sit like you are almost sleeping, and do not talk on the mobile phone or communicate with other people.

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.

2. Paraphrasing

Show the slide below and explain:

---

**Paraphrasing**

- Reiterate key words
- Mirror what was said
- Describe rather than interpret what you have heard
- Keep an eye on non-verbal contradictions, e.g. Body language, to what the child is saying

---

**Reiterate key words**

Repeat the key words spoken by the child.

**Mirror what was said**

Act like a mirror – repeat what you have heard.

**Describe rather than interpret**

Describe rather than interpret what you have heard. E.g. “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 it so?”
Keep an eye on non-verbal contradictions

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

3. Encouragement

Show the slide below and explain:

**Encouragement**
- Convey warmth and positive sentiments in both verbal and non-verbal communication
- Verbal and non-verbal encouragement

Convey warmth and positive sentiments

Convey warmth and positive sentiments in verbal as well as non-verbal communication.

Verbal and non-verbal encouragement

Verbal and non-verbal communication help create openness and a feeling of safety, which is crucial when you want to build trust.

Do not touch children unless they initiate physical contact. Even if the child is crying and upset, s/he may not feel comfortable being touched by an unknown person.

In many cultures it is also inappropriate to give the child a hug. You may for example show your empathy by saying “I’m very sorry.”

4. Questioning/clarifying

Show the slide below and explain:
Questioning/clarifying

- Use open-ended questions
- Topics holding important information about the child’s perspective or experience:
  - “Would you want to tell me more about this?”
  - “Is that what you mean?”

Open-ended questions

The use of open-ended questions provides the child with the feeling that you are giving importance to his/her words. The child tells his/her story on his/her own terms and from his/her own perspective.

Topics holding important information about the child’s perspective and experience

Explore topics with important information about the child’s perspective and experience with clarifying questions like, “Would you want to tell me more about this? “I am interested in hearing more of your thoughts on…,” and “Are you saying…,” “do you mean…?”

5. Summarising

Show the slide below and explain:

summarizing

- Reflect what the child has been saying throughout the conversation
- Identify and reflect important key points the child has raised in your conversation

Reflect what the child has been saying

Reflect and summarise what the child has told you throughout the conversation.
Identify and reflect important key points the child has raised

Every now and then you should identify important key points raised by the child and highlight and combine these key points with other thoughts raised by the child to reach mutual understanding and a sort of conclusion. Having developed this understanding and conclusion together may help the child get ready for eventual planning.

- “I would like to summarise what I have understood…”
- “Let me briefly review what I’ve heard you say…”
- “Please correct me if I left anything out…”

Present the group work and show the slide:

Group work 12
Break into groups of 3 persons (10 min.)
- 1 helper
- 1 child
- 1 observer
1. Child: Play the role of a distressed child that you now or have heard about
2. Helper: Contact the child by following the advise from the handout
3. Observer: How did the helper succeed in getting into contact with the child? What was successful, and what was less successful?
Present for plenary.

Group work 12
Divide into groups with three persons in each group (10 min.):
- One helper
- One child
- One observer
1. Child: Play the role of a distressed child you know or have heard of.
2. Helper: Contact the child by following the advice
3. Observer: How did the helper succeed in getting into contact with the child? What was successful, and what was less successful?
Present in plenary.

Four ways of commenting
As a helper, you can model positive supportive responses.

Show the slide below and explain:
Four ways of commenting

- Reflective comments
- Clarifying comments
- Supportive comments
- Empowering comments and questions

Reflective comments

When you hear the child’s story it may prompt some emotions and echoes in you, or you may be tempted to analyse and interpret what the child is telling you. However, generally you should not use your own interpretation, especially if the child does not agree with you. Instead, facilitate the child’s understanding of the situation and its own feelings.

Clarifying comments

If the child’s story appears incoherent, ask clarifying 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 listen and understand. Avoid being inquisitorial when you ask questions.

Supportive comments

Validate the emotions of the child – let the child know that you understand his/her reactions. By telling the child that you feel sorry you show your compassion, and you maintain hope by letting the child know how you will provide further support.

Empowering comments and questions

Acknowledge the child’s personal resources and facilitate the child to understand that these personal resources are important in everyday life during and after the emergency situation. Encourage the child to take initiatives to solve problems, and discuss how these initiatives may be carried out.

Triangulation

Triangulation is often used to describe families where one family member refuses to communicate directly with another family member, but only with a third family member, making the third family member part of the triangle. If a child is not communicating well with one or both parents, s/he may benefit from talking to another person.
Triangulation can also be used when children are shy or afraid of talking to professionals with whom they are unfamiliar. In emergency situations triangulation is useful when communicating with children about their stressful experiences, or during examinations concerning mental disorders after the emergency. A parent, a sibling or a relative may be part of the triangle. Alternatively, an object may act as the third person.

Usually, small children are attached to and confide in a teddy bear, a doll or another object. The child feels comfortable and in control when entrusting secrets to the object. When working with e.g. silent children you may try to let the child communicate with the object, pretending that the object asks questions to the child, making it easier for the child to respond to the object. The communication is suddenly more like playing and less serious and difficult for the child.

You may also ask the child to draw or paint its experiences and feelings. Sometimes, the child will explain while drawing.

**Show the slide below and explain:**

Example:

**Helper to Anna’s preferred doll:** “I really think that Anna is sad. Do you think that is true?”

**Doll (with the helper’s distorted voice) to the helper:** “Yes, I think she has experienced some difficult things, but I’m not quite sure what has happened.”

**Doll (with the helper’s distorted voice) to the child:** “Are you really sad?”

**The child to the doll:** “I miss my mother so much.”

**The doll to the helper (with the helper’s distorted voice):** “She says she is missing her mother so much.”

**4.2. DEALING WITH TRAUMATIC RESPONSES**

**Goal:** To enhance recovery by applying appropriate tools to deal with children’s responses to traumas.
Dealing with distrust

Traumatic experiences undermine the sense of living in a safe world. The feeling of being protected by parents, the community and the wider world is challenged when you experience an emergency situation. An emergency caused by human beings induces further distrust.

Show the slide below and explain:

In order to build a trustful relationship you must:

Be honest

Honesty is crucial when you want to inspire confidence. Never break your promises and do not act in ways leading to distrust. Be honest about your limitations. Explain the child that you also are looking after other children. Never take advantage of your contact with a child, and always use a decent language.

Be patient

Let the child dictate the pace. Do not hurry the child, as this may incur resistance. Remember that “slow is fast.”

Be humble and respectful

Express that you believe in what the child is saying and acknowledge the child’s concerns. The child is the expert. All you can offer is guidance.

Validate the child’s distrust

Refrain from persuading the child to trust you. Instead, validate the fact, that the emergency has made trust difficult.

Validate difficult emotions without judging
A child may vent his or her anger towards the parents or primary caregivers. Do not judge anger or other powerful emotions. Just listen and acknowledge the child’s distresses.

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>Dealing with distrust – part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Model calmness, use clear thinking and common sense.</td>
</tr>
<tr>
<td>➢ Be genuinely warm, compassionate, empathetic, and caring.</td>
</tr>
<tr>
<td>➢ Be self-aware and do not project personal feelings to the child.</td>
</tr>
<tr>
<td>➢ Be a good listener, an active listener.</td>
</tr>
</tbody>
</table>

**Be calm, think straight and use common sense**

You must be calm yourself in order to comfort a distressed child. Be prepared to listen to tough stories without being upset and respond reasonably. You should be empathic, but do not show or voice your own emotions.

**Be genuinely warm, compassionate, empathetic, and caring**

Show your sympathy and acknowledge the child’s feelings in words and action.

**Be self-aware and do not project personal feelings onto the child**

While you have to show that you care for the child, you also have to control your own negative feelings. You should never become upset and angry on behalf of the child.

**Be a good listener, an active listener.**

**Dealing with sleep disturbances**

Sleep disturbances are a common problem when a person is in distress, live through a crisis and suffer from PTSD. Children with PTSD may experience intrusive thoughts and images, while distressed children often have nightmares and children wake up anxious, maybe screaming, and disoriented.

Some children end up sleeping during the day and remain awake at night. Establishing a regular sleeping pattern with around nine hours of sleep at night and sticking to the family’s normal wake up time is important.
Only infants should nap at daytime.

**Show the slide below and explain:**

![Slide: Dealing with sleeping disturbances]

- Avoid activities provoking anxiety and tension.
- Do not eat and drink too much just before bedtime.
- Promote a safe sleep environment.
- Use relaxation exercises.

Healthy sleep patterns have to be taught to parents in order to secure that the child sleeps well at night.

**Avoid activities provoking anxiety and tension**

Make the child aware about activities provoking anxiety and tension, so the child may avoid such activities. This includes scary and emotional films at TV and stimulants like coffee and tea.

**Do not eat and drink too much just before bedtime**

Inform the family and the child about the importance of having proper main meals at the ordinary time schedule in order to avoid that the child feels like eating and drinking just before bedtime. This also includes sweets. However children should not go to sleep hungry.

**Promote a safe sleep environment**

Adults may help a child may find calm in many ways, e.g. by singing lullabies and tell and read stories. Games and magazines may also help divert intrusive thoughts especially for older children. Children and families practicing a religion will benefit from prayers.

Do not try to persuade the child that there is nothing to be afraid of. Rather explore the anxiety and help the child develop a more realistic picture of the situation. You may ask, “What proves that it should happen?” and “What proves that it will not happen?”

**Use relaxation exercises before the sleep**

Relaxation exercises at bedtime may also be useful. Younger children need guidance. Older children may learn to do the exercises on their own.
Help the child find a positive image - “a safe place.” Focus on a specific situation in the child’s life representing a good memory in a safe environment like a nice picnic with the family, or a summer vacation with a loving grandmother.

The child may keep this image as a “mantra” to be activated whenever negative intrusive thoughts appear when trying to fall asleep.

If the child does not fall asleep within 20-30 minutes, s/he may get up for some time and engage in relaxing activities, e.g. reading a magazine and playing a game until the child is sleepy.

**Show the slide below and explain**

<table>
<thead>
<tr>
<th>67</th>
<th>Dealing with nightmares</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Comfort the child.</td>
<td></td>
</tr>
<tr>
<td>➢ Get into a sitting position.</td>
<td></td>
</tr>
<tr>
<td>➢ Tell the child that you take care.</td>
<td></td>
</tr>
<tr>
<td>➢ Look around and identify objects.</td>
<td></td>
</tr>
<tr>
<td>➢ Breath calmly.</td>
<td></td>
</tr>
<tr>
<td>➢ Serve a little drink of water.</td>
<td></td>
</tr>
<tr>
<td>➢ Lie down and find “the save place.”</td>
<td></td>
</tr>
</tbody>
</table>

**Comfort the child**

Turn on the light. Ask the child to get into a sitting position, and ask if the child would like a sip of water or herbal tea. Breastfeeding is very soothing for infants. Tell the child that you are here, and that you will take care.

**Secure awareness**

Suggest the child to look around and identify objects and persons in the room in order to make the child aware of the actual surroundings. Ask the child to breath calmly. Consider singing a song, saying a prayer, provide a beloved toy for comport, maybe hang a dream catcher near the bed, or use traditional relaxing herb medicine.

**Sleep again**

Let the child lie down again and make him or her focus on the inner image of “the safe place.”
Dealing with flashbacks

Flashbacks are intrusive thoughts provoked by images, smells, sounds, tastes and situations reminding the child of a stressful or traumatic situation. Flashbacks disturb concentration and memory and may lead to learning difficulties. Flashbacks also trigger anxiety.

Show the slide below and explain how to cope with flashbacks:

Identify the flashback

Flashbacks feels like real occurrences taking place here and now and subsequently causes a lot of anxiety.

Help the child perceive the elements of the flashback. Then, help the child identify that the flashback is not real, but rather a thought or an image only existing in the brain. Thinking of the flashback as an image or a thought may help the child dissociate him/herself from the flashback and gradually understand that images and thoughts are not dangerous, and that they pass.

Create awareness

When flashbacks appear, regain quiet breathing. Relax as much as possible. Identify time and place, and distinguish the flashback from the present. Flashbacks are out of the conscious control of the child and appear spontaneously, so it does not make sense to ask the child to forget about the past.

Return quietly to the present task

You cannot fight flashbacks. If you try hard not to think of the word “house” for the next 60 seconds, the word will surface anyway – and even more often if you really try to stifle the word. Help the child accept that thoughts and images pop up, and that the child may let them go by quietly returning to the task s/he was performing before the flashback, e.g. homework, housekeeping, cooking, eating or sleeping.
Dealing with anxiety

Anxiety is provoked by real threats as well as scary imaginations and dreams. Distressed or traumatised children may also experience anxiety when they experience events similar to those causing the distress in the first place. The child may sweat and quiver.

If there is a real threat the child has to be protected as far as possible, and the caregiver should stay with the child in order to comfort and calm down the child.

Show the slide below and explain how to deal with anxiety provoking thoughts:

- Regain control over the body
- Explore the anxiety provoking thoughts
- Reduce exposure to identifiable triggers for anxiety.
- Provide safe, predictable environments.
- Help the child to keep attention on things s/he can influence and control.

Regain control over your body

Help the child regain control over the body by breathing calmly all the way into the stomach. Ask the child to feel his or her feet on the ground. Release tensions in shoulders, neck, back, arms, hands, legs and feet. Use relaxation techniques.

Explore the anxiety provoking thoughts

Explore the anxiety provoking thoughts with the child. Do not judge. Explore if the perceived threat is real and help the child distinguish between thoughts and reality. Ask the child “What proves that there is a real danger,” and, “What proves that the threat is not real?”

Reduce exposure to identifiable anxiety triggers

Protect the child against anxiety triggers. E.g. if a girl has been raped by a strange man, she should not be left alone with strange men in the future.

Provide safe, predictable environments

You have to identify a safe and peaceful place, even if it might difficult during an emergency.

Help the child focus on activities and objects s/he can influence and control
Usually, distressed children are preoccupied by issues they cannot influence, or by questions with no answers: “Why did this earthquake happen to me?” “How can I get my mother back?”

Help the child focus on issues it may influence. E.g., “How can I improve my math skills?” Or, “How can I improve my physical condition?” Help the child turn the attention from big, overwhelming questions to issues that may be dealt with in the present. Explain that you can control what you are going to do today and tomorrow, but you cannot control your thoughts and the future.

**Show the slide below and explain:**

![Dealing with anxiety – part 2](image)

- Adapt expectations for performance and behaviour
- Encourage physical exercise.
- Encourage socializing with other children.

**Adapt expectations for performance and behaviour**

When everything seems chaotic, it is very important to help the distressed child take only small steps at a time. Changes come little by little, and expectations must be adapted to be manageable for the child.

**Encourage physical exercise**

Physical exercise positively influences anxiety. Running, swimming, cycling and ball games are physically exhausting and induce an accelerated pulse rate, which reduces anxiety.

**Encourage socialising with other children**

Help the child keeping in touch with other children to prevent isolation.

**Exercise no. 1 – relaxation technique**

You may introduce the relaxation technique to children like this:

“After a scary experience you may feel overwhelmed with feelings and unable to stop thinking about what happened. Use ‘grounding’ to make you feel less overwhelmed.

Relaxation and grounding turn your attention and thoughts from inside of yourself back to the outside world. This is how you can do it.”
Tell the participants that we are going to test the relaxation technique now.

Ask them to find a place to sit and then follow these simple directions:

- **Sit in a comfortable relaxed position** with your legs and arms uncrossed.
- **Breathe** slowly and deeply in and out.
- Look around and **name five non-distressing objects that you can see**. For example, “I see the floor,” “I see my shoe,” “I see a table,” “I see a chair,” “I see a person sitting next to me.” Children may also mention colours in their surroundings.
- **Breathe** slowly and deeply in and out.
- Now name five non-distressing sounds you can hear. For example, “I hear a man talking,” “I hear myself breathing,” “I hear some children playing,” “I hear someone walking in the next room,” “I hear someone typing on a computer.”
- **Breathe** slowly and deeply in and out.
- Now **name five non-distressing things you can feel**. For example, “I can feel this wooden chair with my hands,” “I can feel my toes inside my shoes,” “I can feel my feet pressing against the floor,” “I can feel a toy in my hands,” “I can feel my lips press together around my tongue.”
- **Breathe** slowly and deeply in and out.

### Dealing with depression

When you are depressed, you may be sad, lack energy and desire, and you are probably suffering from low self-esteem. You may experience sleep disturbances and concentration difficulties. For depressed people it is hard to imagine that things will improve. Sometimes, depression is accompanied by suicidal thoughts.

**Show the slide below and explain:**

#### Dealing with depression (1)

- Explore the onset of the depression and eventual suicidal thoughts.
- Set feasible goals

**Explore the onset of depression and suicidal thoughts**

Explore the onset of the depression with the child and parents/caregiver. Investigate if the depression is caused by a specific event. Investigate if the child has suicidal thoughts and if so,
address the thoughts and probe how serious they are. If the child is suicidal, you should transfer the child to specialised service. Never underestimate suicidal thoughts.

Set feasible goals

Listen carefully to the child in an emphatic way. Use active listening. Help the child set feasible goals and support the child’s small steps forward.

Show the slide below and explain:

Help the child engage in activities it can influence and control

Let the child achieve a feeling of success by engaging it in activities it can influence and control, and help the child give up activities bound to fail.

Support the child in the feeling of being valuable and important

Support the child in the feeling of being a valuable and important person for relatives, friends and as a human being.

Do not put pressure on the child

Do not put pressure on the child and avoid attitudes and comments that may give the child the feeling of being wrong or difficult because of the depression.

Dealing with anger

A child who has been in or is part of an emergency situation, exposed to violence or witnessed violence of others, or been bereaved or seriously humiliated will naturally feel anger and maybe act aggressively. Facing anger can be very frightening, and you may have the feeling that the anger or aggressions are directed towards you. The child may act hostile towards you, but you can help him or her cope with the anger by remaining calm and supportive and avoid responding with resentment.
Show the slide below and explain:

Dealing with anger

- Validate the feeling of anger.
- Explore the root cause of the anger.
- Express the angry feelings.

Validate the feeling of anger

Allow the child to feel angry; validate the feeling as a normal reaction to a stressful situation. Explore why the child is angry in order to avoid that the anger is being directed at the wrong person.

Explore the root cause of the anger

Try to understand the child’s feelings in order to find the root cause of the anger to solve the problem. Parents should be role models, but they may be causing the anger too.

Express the angry feelings

Let the child express the angry feelings, even if the anger is directed at you. However, you have to limit aggressive behaviour by helping transform the aggression into words.

Dealing with shame and guilt

The sense of guilt has to do with a person’s relationship to his/her own actions. Guilt is a penitence for having done something wrong, having failed or having demanded or expected something unrealistic from yourself or others.

Children often take the blame for problems not at all caused by them. A child may e.g. imagine that s/he to be blamed for his/her parents’ divorce, because s/he has been naughty.

The feeling of shame is related to fear of being abandoned from the family or the community. Breaking unwritten codes of honour within the family, the community and the society may lead to the feeling of shame or for others to blame you, which also leads to shame.

Show the slide below and explain:
Dealing with feelings of guilt and shame

➢ Validate the feeling.
➢ Explain that it is normal to wish that you had reacted in a different way to avoid a disastrous situation.
➢ Tell the child that it did not possess the power to cause the disaster.
➢ Help the child regain the feeling of being accepted and respected.

Children need to regain the feeling of respect and acceptances from people they feel have abandoned them. Children often bear the blame for events where they are absolutely innocent. Children will especially feel shame in sexual abuse cases. However, feelings are facts that a person has to cope with, so you have to help the child discover the root causes of these feelings.

To help the child overcome the feelings of guilt and shame you can:

Validate the feeling

Try to understand why the child has these feelings.

Wish to act in a different way

Explain that it is normal to wish that you could have reacted in a different way to avoid the disastrous situation for the child and the family.

No power to cause the traumatic event

Tell the child that it did not possess the power to cause the disaster. A disaster is never a child’s responsibility.

Dealing with stressful and traumatic disclosure

Children should never be forced to reveal difficult experiences, but you must be ready to listen if the child feels like sharing his or her experiences with you.

Some professionals are concerned that it may be harmful for the child to disclose stressful and traumatic experiences. They fear that the child’s emotions may get out of control, but generally children benefit from telling their stories as long as you practice active listening and are aware of the child’s reactions.

Show the slide below and explain:
Listen and respond to the child

You have to listen and respond to everything the child is telling you.

Normal reactions to extreme events

Emphasise that the child’s reactions are normal and healthy responses to extreme events. Tell the child that other children react the same way if they have similar experiences.

Validate emotions

Ask the child how s/he feels about sharing stressful and traumatic experiences with you. Some children will say that they do not like to talk about their experiences. In that case you should propose the child to stop. Never put a pressure on the child. Listen if the child wants to talk.

Acknowledge that the child has chosen to talk

Acknowledge when a child chooses to share its stressful and traumatic experiences. Sharing experiences with other people can induce a feeling of not being alone, of being embraced and accepted.

If there is any sign of dissociation: Stop!

If the narrative becomes repetitive and without progression you may ask open-ended questions encouraging the child to elaborate the story. Make sure the child is mentally present and aware. Otherwise, the narrative should be stopped. The same applies if the child shows any signs of dissociation – changing character and personality. Tell the child that you think that it is too hard to talk about these experiences, and propose that you may help the child cope.

Present the group work and show the slide:
Group work 13

Break up into 4 groups. Describe 4 different scenarios based on possible case stories from the local community (30 minutes).
1. Describe a case
2. Identify the main problems
3. What are the steps taken so far to solve the problems and what is next step
4. Use experience from the lessons, which has been presented so far

Presentation in plenary

Group work 13

Divide into four - five groups (30 minutes).

Describe four scenarios based on case stories from the local community and look into how the helper may solve the problems.

1. Describe the case.
2. Identify the main problems.
3. What has been done so far to solve the problems and what is the next step?
4. Use your knowledge from this training.

Presentation in plenary
MODULE 5: STRAINS WHEN WORKING WITH DISTRESSED AND TRAUMATISED CHILDREN

**Goal:** To prevent burnout and secondary traumatisation in front workers.

**5.1. THE EMPATHIC STRAIN**

When you work with distressed and traumatised children you have to comprehend extreme human sufferings, losses and disappointments. You will be a witness to psychological crisis, anxiety, mental breakdowns, suicidal attempts, hopelessness, desperation, unrest, and often vehement aggressions. When the emergency intentionally are caused by human beings you will be confronted with the results of human evil to a degree that can be hard to understand and to adapt to emotionally.

Maybe you are affected directly by the conflict or incident. You may have to deal with your own distress after the traumatic event, and the meeting with distressed and traumatised children may trigger your own anxiety. You must expect to be touched, affected and burdened when you are working with distressed and traumatised children, and you risk burnout.

**Burnout**

Burnout implies physical and mental exhaustion leading to a negative attitude to work and subsequent loss of ability to pay attention and care for children.

*Show the slide below and explain the symptoms you have to be aware of:*
Burn-out symptoms

- Physical symptoms
- Mental symptoms
- Family problems
- Substance abuse

Physical symptoms

Frequent headaches, stomach ache, sleep disturbances, loss of appetite, and a feeling of being worn out.

Mental symptoms

Mood swings, guild feelings about not doing your work well and letting down the children you are supposed to help, lack of initiative, depression.

Interpersonal problems

Conflicts with colleagues because of disagreements about yours and your colleagues’ level of involvement may take place.

It may be difficult for you to take the problems of your spouse and children serious, because these problems seem minor compared to the distressed children and families you working with.

Substance abuse

Some front workers resort to alcohol and drug abuse when the burden becomes too heavy to carry.

If you are acquainted with some of the mentioned symptoms you have a good reason to suspect that your working conditions have influenced your physical and mental health. Private problems, or a combination of both, may provoke the same symptoms.

You may feel burnt-out both in your working life and your private life, and burnout is a risk to all staffs in an organisation. However, the field staffs working face-to-face with children are especially at risk, because they are confronted with human suffering on a daily basis. Often, front workers have too many tasks, they may not feel appreciated, and they frequently have to deal with local authorities which may be lacking understanding.

Show the slide below and explain:
### Reasons for burning-out

- Diffuse working conditions
- Unclear role and mandate in the work
- Your own expectations

---

### Diffuse working conditions

Huge workload, unclear roles and mandate, including lack of job description, limited scope to influence your own work situation and lack of control, lack of resources and staff in the organisation may lead to burnout.

### Unclear role and mandate in the work

Prolonged exposure to people living under severe stress and trauma; lack of support from the organisation and colleagues; unrealistic expectations concerning how many children you may help; lack of acceptance and acknowledgement from others are other risk factors.

### Your own expectations

Many front workers are demanding too much from themselves, and they may be demanding too much from others.

---

**Present the group work and show the slide:**

### Group work 14

Divide into groups with three persons in each group.
1. Share symptoms on burnout you recognise.
2. Do any of the work related reasons for burnout apply to you? If yes, which?

Presentation in plenary
**Group work 14**

Divide into groups with three persons in each group.

1. Share symptoms on burnout you recognise.
2. Do any of the work related reasons for burnout apply to you? If yes, which?

Presentation in plenary

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**Secondary traumatisation**

Some front workers having worked for an extended time with traumatised persons 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.

Show the slide below and explain the symptoms:

![Secondary Traumatization - Part 1]

**An altered outlook**

Most well-functioning people with support capacity have grown up in safe and predictable environments. They experience the world as a good and safe place to live, and they possess basic trust. When working with distressed and traumatised people, who all have experienced the world as dangerous, and who have lost their basic trust in other people, you may become be affected by their outlook.

**Altered relationship to own identity**

When your outlook and your relationship with others are changing, you may also experience gradual changes in your own character and personality. Approximately 15 per cent of professionals working face-to-face with traumatised people on a daily basis are estimated to suffer secondary
traumatised. Professionals working face-to-face with traumatised children are probably even more at risk because of children’s vulnerability which we easily identify with our own children.

**Concentration and memory difficulties**

You may have concentration difficulties, if you have long working days without proper breaks. Sleep disturbances may add to concentration and memory difficulties.

**Problems in intimate relations**

When you are spending an extreme number of hours working with serious problems and human suffering it may gradually become hard to relate to your own family.

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**Secondary traumatization – part 2**

- Survivor guilt.
- Increased negative arousal.
- Difficulties distinguishing between work and private life.
- Decreased tolerance level.
- Fear of working with certain categories of people.

---

**Survivor guilt**

Many professionals consider themselves as privileged when they compare their own situation with the affected children and families. They may feel ashamed over their advantages and their luck, which they apparently possess for no specific any reason. The question, ”Why didn’t the emergency hit me?” leads to “survivor guilt.”

**Increased negative arousal**

When the need is immense, you easily feel that your efforts are not enough. The constant consciousness that you ought to do more is leading to guilt feelings. This will keep you alert and prevent you from much needed relaxation.

**Difficulties in distinguishing between work and private life**

The constant feeling that the distressed children and families depend on you may lead you to confuse the boundaries of what is work and what is private life. In extreme cases work and private life will merge totally. This affects the relationship with your family and friends in a negative way.
Decreased tolerance level

Being preoccupied by children’s distress over an extended period of time may make you less tolerant to normal people’s problems. You may become irritated and emotionally distant to family and friends.

Fear of working with certain categories of people

Professionals with a huge work load, too many tough cases, and cases that trigger their own anxiety may gradually become fearful of working with cases exposing own vulnerability. However, when professionals avoid these cases, their self-confidence is at stake.

5.2. OVER INVOLVEMENT AND UNDER INVOLVEMENT

Your own involvement in a child’s situation plays an important role in burnout. Basically, there are two conflicting ways of relating to distressed and traumatised individuals: over involvement and under involvement. Both are potentially risky.

Show the slide below and explain:

**Over involvement**

**Saviour attitude**

As a helper your ambition may be that of a saviour of distressed children and their families. Failure will result in serious disappointment and lack of trust in own abilities and capacity.

**Doing everything yourself**
As helper you have the opinion that no one is as good, professional and committed as you. You may also think that the children only trust you.

**Settling everything**

You carry to extremes your responsibility for the child, and you will leave behind no tasks to the parents and the child. 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 emotionally taxing.

**Exaggerated preoccupation with people’s problems**

Exaggerated preoccupation with people’s problems may change the way you experience the world from basically being a safe place to an unsafe place. Distressed people are perceived as victims rather than survivors, and your focus is on problems rather than on resources. The risk of burnout is high.

**Under involvement**

**Cynicism**

Cynicism is an attitude covering carelessness with the distressed child and the family. You probably feel that the children and the families should pull themselves together, and there is no really reason to support them. You may also believe that the children and the families 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 family. You do not support the child, although it is a part of your job. You may not want to address cultural and religious barriers preventing support to e.g. raped women.

**No responsibility for children’s and parent’s reactions**

The cynic staff may also ignore his or her responsibilities, avoid supporting the children and their families and disregard their reactions.

**Lack of empathy**
When you resist helping the child, you also resist understanding the child and its 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 subject**

When a child or the family talk about their difficulties, you change the subject and talk about something else.

**An ideal attitude**

**Involve yourself as a helper**

On the one hand you involve yourself as a helper. You wish to know more about the child, its 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 stance, and you are well aware that one day you will not any longer be helping the child. You are not a part of the family, only supporting it and you are not available 24 hours. You identify what you realistically can do for the family, and you know your limitations.

**Try to feel as the child feels**

On one hand you use your empathic skills to identify yourself with the children’s emotions, thoughts and situation. On the other hand you keep a professional distance. You do not confuse the feelings and thoughts of the children with your own.

**Try to balance your engagement**

While you feel responsibility to serve the children 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 a helper of 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 engage yourself in activities which differ from your professional life, e.g. the wellbeing of your own family and leisure activities.
Normative and personalised reactions

Show the slide below and explain:

Service providers reactive styles
- Normative reactions
- Personalized reactions

Normative reactions

These are reactions almost every staff would have when meeting people in distress and hearing their stories. It is normal to feel horror and sorrow when you are told about terrible, and you may feel anger when you hear about children having been exposed to evil acts committed by fellow human beings. It is also normal to cry.

Personalised reactions

These includes reactions of the helper deriving from being reminded of own vulnerabilities way back from your own childhood. Personalised reactions are specific to you, based on your specific personal experiences. E.g. if you have grown up with an alcoholic father, you may be prone to over involvement or under involvement when you work with children of alcoholic families. If you have experienced distress yourself you may react stronger, when you hear about other persons’ distress. If you have lost a parent during your childhood, you may react stronger when you hear about children’s loss of a parent.

Present the group work and show the slide:
Group work 15

Divide into groups with three persons in each group (15 min.)

1. Share when and how you have been over and under involved.
2. Discuss the reasons why.

Presentation in plenary
MODULE 6: CARE FOR THE HELPER

Goal: To learn strategies in order to avoid burnout and secondary distress.

Working with distressed persons involves a risk of burnout and secondary distress. However, burnout and secondary distress can be prevented by paying appropriate attention to the problem, and by taking precautions at organisational and at personal level.

6.1. WORK RELATED COPING STRATEGIES

Ask for a clear job description

You should have a clear job description containing role, mandate and goals for your job in order to prevent overlap with other professionals and overload.

Vary your work

Varying work days will prevent exhaustion.
Maintain the boundaries between working hours and leisure time

During emergencies long work hours are needed, but this should not continue forever. If you for some reason never get to have relaxing periods where you can re-establish contact with colleagues, family and friends, you are at risk of burnout.

Develop a realistic action plan

Keep track of how much time you can allocate to each child and family, and how many children and families you have to support.

Be realistic

Be realistic about the impact of your efforts. Too high expectations provoke dissatisfaction and stress. Do not ignore physical and psychological symptoms of stress.

Peer support

Exchange regular peer support with your colleagues. Assist colleagues in regaining self-consciousness. Encourage instead of criticise. Detect each other’s resources. Maintain confidentiality. Seek help to solve problems and let your colleagues listen to the issues you are dealing with.

Support and debriefing

If you are overwhelmed by the meeting with a distressed child you should contact your line manager or a colleague you trust. Share your experiences with him/her. Good advice may be needed, but often it is enough to share your feelings.

Supervision

Work with people in distress and trauma requires supervision to prevent burnout. The optimal supervision is done by an external professional supervisor, who can help you and your colleagues take appropriate steps in your work with distressed children. You have to request supervision from your line manager or arrange peer supervision.

Capacity building

Take care of your further education and professional update. You need current inspiration and professional development of your skills if are to keep the motivation to help people in distress. You should take any opportunity to join training and workshops when offered.

Huge and continuous workload
You need periods of relaxation and time off. Make sure that you at least have one day off every week without any work or work related activities.

**Be prepared for difficult periods**

Be prepared for difficult periods. When you cannot see any progress, it is frustrating. Then, you have to remember the good times and the victories you already have had.

### 6.2. PERSONAL COPING STRATEGIES

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>Personal coping strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Psychologically</td>
</tr>
<tr>
<td>➢ Physically</td>
</tr>
<tr>
<td>➢ Socially</td>
</tr>
</tbody>
</table>

Personal coping strategies are personal initiatives you may take to prevent burnout and secondary distress. Keep an eye on your own habits. How do you take care of your mental health, your physical health, and your social life? All these areas are important if you want to avoid strains in your work life.

**Psychological**

**Show the slide below and explain:**
Psychologically

- Take care of your mental health.
- Practice relaxation exercises.
- Pay attention to the present.
- Remember your sense of humour.
- Maintain a healthy balance between serious and joyful activities.
- Seek professional help if you are having symptoms of burnout or secondary distress.

Take care of your mental health

Read books, listen to music, play games, enjoy your hobbies, exercise, walk, and have fun every day. These are all stress reducing activities.

Practice relaxation exercises

Meditation, yoga and body scan are all techniques which help calm down the nervous system.

Remember your sense of humour

When working with emergencies and disasters, a counterbalance is very important. Remember your sense of humour and your ability to laugh with other people. Humour helps you maintain an emotional distance to problems you are facing in your work.

Pay attention to the present

You can easily be overwhelmed by all the bad things in the world, and life may turn meaningless. Normal problems in the family and in your surroundings may seem ridiculous. Remember to be mentally present and pay attention to your everyday life and your own family too.

Maintain a healthy balance between serious and joyful activities

Life is not only about work, and it is not just fun and leisure either. Both elements are important. Check if your life is balanced.

Seek professional help if you are having symptoms of burnout or secondary distress

If you are having symptoms of burnout or secondary distress you should ask your line manager for professional help.
Physical

Show the slide below and explain:

- Keep your body in a good shape
- Good and enough sleep
- Take care of your nutrition.

Keep your body in a good shape

Physical exercise prevents depression and anxiety. All kinds of sports, walking, or just moving your body in a healthy way is recommended.

Good and enough sleep

Sleep is essential for your concentration and your ability to be present and aware. These are important qualities when working with distressed children.

Take care of your nutrition

Eat regularly and eat healthy food. This is important for your mental and physical level of energy, which also is crucial in a demanding job working with distressed children.

Social

Show the slide below and explain:
Socially

- Maintain a good social network.
- Be ready to ask for help.
- Remain social active.

Maintain a good social network

You need a good social network with people who have jobs different from yours. When working with socially and mentally disadvantaged children it is important to meet people with energy and less severe problems. Socialise with your family and relatives.

Be ready to ask for help

If you are becoming emotionally overwhelmed by your work with distressed children, having difficulties dealing with your worries for the children, or starting to have symptoms on either burnout or secondary traumatisation, you have to ask for help. Sometimes, it is sufficient just to talk to somebody you trust; in some situations you may need professional help. Often, supervision is an appropriate help, but at times it may necessary to seek psychological support or medical treatment.

Remain social active

Remain social active by having activities with your friends and family. Engage in interests totally different from what you are doing in your work life - sport and games, bird watching, handicrafts, volunteer work.

Present the group work and show the slide:
6.3. SUPERVISION

Providing psychosocial assistance is demanding. While you draw on theories and your professional knowledge, there is no handbook where you can find all the answers to the problems you are facing. You also use yourself, your personal experiences, and informal personal qualifications, which is an advantage and at the same time a weakness. Lingering negative personal experiences and distress from your own childhood may blur your ability to assess a situation in the present. In addition, helpers in many emergency areas are also personally affected by the emergency and thereby in the same psychological state of mind as the children they are expected to support.

Guidance in the shape of supervision must be offered to all front workers dealing with mental health problems, be it in psychology, psychiatry, psychiatric nursing, social work, or education. The purpose is to enhance the front workers’ functionality in doing psychosocial work and to monitor the quality of services offered to the children and families. Supervision may be practiced in groups as peer supervision.

Peer supervision works as mutual professional support in small groups. The groups are autonomous and meet on a regular basis. There is no leader; the participants must be equal and share the responsibility for the group. The aim of the meetings is:

1. To provide emotional support and social company to therapists working within the same area in order to avoid isolation.
2. To give the groups the possibility to maintain and develop their professional knowledge. Practical experiences are shared with members of the group, and theories are studied and discussed.
3. To give the participants the opportunity to analyse and discuss acute problems and cases.

**Show the slide below and explain the setting for peer supervision:**

<table>
<thead>
<tr>
<th>Setting</th>
</tr>
</thead>
</table>
| 1. Form a big circle.  
2. Let every one share their cases.  
3. Make a priority list.  
4. Select the most urgent case from the list.  
5. Select a group members to be the supervisor.  
6. The supervisor and the person to be supervised are seated next to each other. |

1. All group members sit in a big circle.  
2. Every one shares the cases they want under supervision.  
3. Make a priority list.  
4. Select the most urgent case from the list. The one in charge of the case is now to be under supervision.  
5. The person under supervision selects one of the group members to be the supervisor.  
6. The supervisor and the person under supervision are seated next to each other facing the group in order for everyone to follow. The supervisor is in charge of the procedure.

**Show the slide below and explain:**

<table>
<thead>
<tr>
<th>4 steps of supervision</th>
</tr>
</thead>
</table>
| 1. Clarification  
2. Identification of challenges  
4. Evaluation |

Clarification
The supervisor interviews the person under supervision for a thorough presentation of the case, including:

1. Background of the child and his/her family.
2. Event leading to the requirement for professional assistance.
3. What problems is the child/family facing?

The supervisor invites the rest of the group to discuss and consider:

1. Are there important parts of the case that has not been examined during the interview?
2. How do the group members understand the problem of the child/family?
3. The supervisor and the peer group are not allowed to criticise the person under supervision, and in this phase no one may suggest solutions. The supervisor is in charge of maintaining these rules.
4. The supervisor asks the person under supervision about the value of the peer group’s reflections. Has anything come up shedding new light on the case?

Identification of challenges

5. The supervisor now has to explore the helper’s challenges. Which professional challenges are the helper facing? E.g. what is the appropriate way of proceeding? Which emotional challenges is the helper facing? Is the helper opposing necessary actions which may hurt the child or parents? Explore the person under supervision’s fear of certain reactions from the child or family.
6. The supervisor invites comments from the peer group. How do the group perceive the problems?

Solutions

7. The supervisor encourages the person under supervision to find solutions based on the reflections from the group.
8. The supervisor invites the group to challenge the solutions suggested by the person under supervision. What are the advantages, and what are the pitfalls?

Evaluation

9. The supervisor is responsible for making the person under supervision feel comfortable about the way forward.
10. Evaluate the process with the entire group.
Group exercise

Divide into groups with six-nine persons in each group. (45 min.)

1. One participant present a difficult case concerning a distressed child. The case has to be from the person’s work life.
2. The person under supervision selects a peer to be the supervisor.
3. The rest of the group (the reflecting team) forms a half circle around the supervisor and the one under supervision.
4. Follow the four steps presented.
5. Presentation in plenary.
ANNEXES

1. PLANNING OF PFA TRAINING

The manual in *Psychological First Aid for Children* provides the frame for the training. The manual is available in an electronic version and in a hard copy.

**The manual package**

The manual includes:

1. A PowerPoint presentation with key points.
2. A manual with theoretical presentations and group work exercises.
3. Hand-outs with key messages.

The training in *Psychological First Aid for Children* for children is divided into two levels. Level I Basic training and level II advanced training and include six modules:

**Level I: Basic training**

Module 1: Introduction to *Psychological First Aid for Children*.
Module 2: The eight steps of *Psychological First Aid for Children*.

**Level II: Advanced training**

Module 3: Children’s crises and trauma.
Module 4: Psychological support.
Module 5: Strains in working with traumatized children.
Module 6: Care for the helper.

Level I Basic training is planned to last for 2 full work days, and level II Advanced training is also planned to last for 2 full work days. The full training program will last for 4 working days 8:30 – 16:30.

The trainers may decide to prioritise certain issues and the explanations can be elaborated in keeping with the trainer’s own knowledge and wording. The trainers may e.g. add case stories and relevant examples from his/her own experiences from emergencies and daily work with vulnerable children.

Each module has specific objectives and work as a mix of theory, group work, discussions and role-plays which the trainer may shuffle according to the group’s needs.

The participants are provided with hand-outs, which by the end of the training may be compiled into an abbreviated guide in *Psychological First Aid for Children* and used during field work.
Criteria for selection of participants

The target group for the Psychological First Aid for Children level I and II training is field staffs working with children in risk areas of conflicts, and natural and manmade disasters and field staff working face-to-face with children already affected by such incidents. Generally, the participants are selected amongst the Save the Children Child Protection staffs, the local partner NGOs and local authorities working directly with children at field level. Experience from the pilot testing shows that volunteers and young staff without solid field work experience only benefit to a limited extend from the training.

The training also can take place weeks or months after the disaster, since the staff rarely can take 2 - 4 days off in the immediate aftermath of an emergency. At the time of the training the field staffs have extended experience of working with distressed children. Participants working with Child Friendly Spaces have specific mentioned that the advanced training was very useful concerning identification and support to distressed and traumatized children.

The Psychological First Aid for Children level I training can be used as Disaster Risk Reduction (DRR) training or as preparation for Child Protection staff from the “roster”, who are going to work in emergencies.

It is recommended that the number of participants at each training course should not exceed 25 persons, which ensures the best dynamics in the group work.

Focal person and budget

The Psychological First Aid for Children training will most likely be conducted in close coordination with a Save the Children regional, country or field office. It is advisable to nominate a focal person from Save the Children and a coordinator for communication to take care of the practical arrangements. The preparation should be done at least one-two months before the training.

The focal point will act as the link between the trainers and the Save the Children office. The focal person is probably a child protection manager or advisor in the country, or a child protection field person on location where the training has to be conducted. It is advisable that the training is equipped with a specific budget, and that the focal person is overall responsible for the budget and the arrangement, including accommodation and transport for staffs, trainer and participants.

The focal person should also be overall responsible for translation of PowerPoint presentation, hand-outs, programme and other written material. All materials for translation should be sent to the country office approximately one month before the arrangement. Remember to include translation of the written material and an interpreter in the budget.

Information material and programme

The focal person should be responsible for distribution of information material to relevant NGOs and GO partners. The focal person should also make sure that participants are invited according to the selection criteria.

The PowerPoint presentation is used every day during the training. It is therefore advisable to conduct the training at a location with electricity. However, in case of power failure it is suggested to bring hard copies of all materials.
The focal person should be responsible for supplying stationary and other materials during the training. The stationary includes:

- Laptop and PowerPoint projector.
- Flip chart, markers, tape, small papers.
- Folder, pen and paper for participants.

**Language**

The Save the Children field staffs normally speak some English, but staffs from the local partner NGOs and governmental partners will most likely only speak their local language. The participants have to be relatively fluent in English, else they will not benefit from the training. Therefore, it is recommended always to use an interpreter during the whole training, and translate all written material to the local language.

**Accommodation and venue**

The duration of the training is 2 - 4 days from 8:30 - 17:30. It is recommended to find a venue out of town in order to strengthen the team spirit. Preferably, the venue should be close to the region where the participants live and work.

The participants may need to arrive the day before the training and depart the morning after the last training day. The training period can be extended with half a day in order to work more profound with specific thematic areas according to the local needs.

**Evaluation and certificate**

Evaluation is the final session. It is recommended to use the evaluation template in the manual in order to include all aspects of the training.

The trainer can additional draw a simple template on a flip chart with five “smiley’s” – happy, sad and angry faces ranging from “very satisfied” to “not meeting the expectations.”

At the very end of the training all participants should receive a certificate with name, training course, venue and dates. See template included in the annex to this manual.
Psychological First Aid for Children

Three day training programme in Psychological First Aid for Children

xx xx 2011

Save the Children

1. **Background**
Psychological first aid for children will contribute to prevent short and long-term psychological problems after traumatic incidents by fostering adaptive functioning and coping. Most children will survive traumatic events without suffering from long-term mental health problems. Many will recover by themselves. However, the chances of speedy recovery increases the earlier appropriate support is provided, and the risk of long-term mental health problems is reduced dramatically. Psychological first aid for children can be used immediately after an emergency or a traumatic event. The support can also be implemented days, weeks or even months after the incident.

2. **Aim of the training**
The goal is to provide tools to Save the Children’s staff and counterparts working directly with children in emergencies or in the aftermath of conflicts and natural disasters. Psychological first aid for children is an approach to reduce the initial distress of children caused by accidents, natural disasters or conflicts.

The training provides:
- Communication and comfort tools to staff working face-to-face with distressed children.
- Advice to parents and primary caregivers on how to support a distressed child.
- Surviving and coping tools to staff and caregivers.

Psychological first aid for children can be used immediately after an emergency or a traumatic event. The support can also be implemented days, weeks or even months after the incident.

3. Participants
Save the Children’s Child Protection staff and counterparts, local NGO and GO working face-to-face with children - teachers, educators, health and social workers - and persons with a good sense of the needs of children in distress can all be good providers of psychological first aid for children.

<table>
<thead>
<tr>
<th>1. Day</th>
<th>Activity</th>
<th>Presentation by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Module 1: Introduction to Psychological First Aid for Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 - 9:30</td>
<td>Welcome and introduction of the participants and the thematic area (presentations 60 min)</td>
<td></td>
</tr>
<tr>
<td>9:30 - 10:30</td>
<td>Module 1: The intervention pyramid (presentation and group work 60 min)</td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:30</td>
<td>Module 1: The role and mandate of the helper (presentation and group work 60 min)</td>
<td></td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>Coffee break (30 min)</td>
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</tbody>
</table>

<p>| <strong>Module 2: Eight steps of Psychological First Aid for Children</strong> | | |
| 12:00 - 13:00 | Module 2.1: Contact and engagement (presentation and group work 60 min) | |
| 13:00 - 14:00 | Lunch (60 min) | |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 15:00</td>
<td>Module 2.2: Safety and comfort</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Coffee break</td>
<td>(15 min)</td>
</tr>
<tr>
<td>15:30 – 16:30</td>
<td>Module 2.3: Stabilisation</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>19:00</td>
<td>Dinner</td>
<td></td>
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<tr>
<td>2. Day</td>
<td><strong>Activity</strong></td>
<td><strong>Presentation by</strong></td>
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**Module 2: Eight steps of Psychological First Aid for Children**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
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<tbody>
<tr>
<td>8:30 - 9:30</td>
<td>Catch up with the group work from yesterday</td>
<td>(presentation 15 min)</td>
</tr>
<tr>
<td>9:30 - 10:30</td>
<td>Module 2.4: Information gathering</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Coffee break</td>
<td>(30 min)</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Module 2.5: Practical assistance</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Module 2.6: Connection with social support</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>13:00 - 14:00</td>
<td>Lunch</td>
<td>(60 min)</td>
</tr>
<tr>
<td>14:00 - 15:00</td>
<td>Module 2.7: Information on coping</td>
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</tr>
<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Coffee break (30 min)</td>
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<tr>
<td>15:30 - 16:30</td>
<td>Module 2.8: Referral to specialised services</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td>19:00</td>
<td>Dinner</td>
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<tr>
<td>3. day</td>
<td>Activity</td>
<td>Presentation by</td>
</tr>
<tr>
<td></td>
<td><strong>Module 3: Psychological distress, crisis and traumas</strong></td>
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</tr>
<tr>
<td>8:30 - 8:45</td>
<td>Catch up with the group work from yesterday</td>
<td>(presentation 15 min)</td>
</tr>
<tr>
<td>8:45 - 9:15</td>
<td>Module 3.1: Psychological distress, crisis and trauma</td>
<td>(presentation 30 min)</td>
</tr>
<tr>
<td>9:15 - 10:15</td>
<td>Module 3.2: Psychological distress, crisis and trauma, continued</td>
<td>(presentation, 60 min)</td>
</tr>
<tr>
<td>10:15-11:15</td>
<td>Coffee break</td>
<td>(30 min)</td>
</tr>
<tr>
<td>11:15 - 12:00</td>
<td>Module 3.2: Psychological distress, crisis and trauma, continued</td>
<td>(group work 45 min)</td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Session 4.1: Active listening</td>
<td>(presentation and group work 60 min)</td>
</tr>
<tr>
<td></td>
<td><strong>Module 4: Psychological support</strong></td>
<td></td>
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<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>13:00 - 14:00</td>
<td>Lunch (60 min)</td>
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<tr>
<td>14:00 - 15:00</td>
<td>Session 4.2: Dealing with traumatic responses (60 min)</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Coffee break (30 min)</td>
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<tr>
<td>15:30 - 16:30</td>
<td>Session 4.2: Dealing with traumatic responses, continued (presentation and group work 60 min)</td>
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<tr>
<td>19:00</td>
<td>Dinner (60 min)</td>
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</table>

### 4. Day Activities

**Presentation by**

**Module 5: Strains in working with distressed children**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>8:30 - 8:45</td>
<td>Catch up with the group work from yesterday (15 min)</td>
</tr>
<tr>
<td>8:45 - 9:45</td>
<td>Module 5.1: The empathic strain – burnout (presentation, 60 min)</td>
</tr>
<tr>
<td>9:45 - 10:15</td>
<td>Module 5.1: The empathic strain – burnout (group work 30 min)</td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td>Coffee break (15 min)</td>
</tr>
<tr>
<td>10:30 -11:15</td>
<td>Module 5.2: Over and under involvement (presentation 60 min)</td>
</tr>
<tr>
<td>11:15 - 12:00</td>
<td>Module 5.2: Over and under involvement (group work 60 min)</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Lunch</td>
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<tr>
<td></td>
<td>(60 min)</td>
</tr>
<tr>
<td>13:00 - 13:15</td>
<td>Module 6.1: Work related coping strategies</td>
</tr>
<tr>
<td></td>
<td>(presentation 15 min)</td>
</tr>
<tr>
<td>13:15 - 14:00</td>
<td>Module 6.2: Personal coping strategies</td>
</tr>
<tr>
<td></td>
<td>(presentation group work 45 min)</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Module 6.3: Training in supervision</td>
</tr>
<tr>
<td></td>
<td>(presentation 30 min)</td>
</tr>
<tr>
<td>14:30 – 15:45</td>
<td>Module 6.4: Group work in supervision</td>
</tr>
<tr>
<td></td>
<td>(presentation group work 75 min)</td>
</tr>
<tr>
<td>15:45 - 16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td></td>
<td>(15 min)</td>
</tr>
<tr>
<td>16:00 – 16:30</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>(30 min)</td>
</tr>
</tbody>
</table>

**Evaluation Template**

Evaluation of *Training in Psychological First Aid for Children*

Please complete the evaluation form using the scale from 5-1:

- 5. Very good
- 4. Good
- 3. Satisfactory
- 2. Less good
- 1. Not good at all
<table>
<thead>
<tr>
<th>Topic</th>
<th>Evaluation and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concept/theory</strong></td>
<td>Were the concept and the theoretical parts of the training relevant to your work? Please mark your response:</td>
</tr>
<tr>
<td></td>
<td>5 4 3 2 1 NA</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
</tr>
<tr>
<td><strong>Examples and cases</strong></td>
<td>Were the examples and cases relevant to your work context? Please mark your response.</td>
</tr>
<tr>
<td></td>
<td>5 4 3 2 1 NA</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Were the methods relevant to your work context? Please mark your response.</td>
</tr>
<tr>
<td></td>
<td>5 4 3 2 1 NA</td>
</tr>
</tbody>
</table>
## Participation

How active were you during the training? Please mark your response.

| 5 | 4 | 3 | 2 | 1 | NA |

Comments:

## Atmosphere

How was the atmosphere in the group during the training? Please mark your response.

| 5 | 4 | 3 | 2 | 1 | NA |

Comments:
<table>
<thead>
<tr>
<th>Topic</th>
<th>Evaluation and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilitation</strong></td>
<td>Overall, how was the facilitation? Please mark your response.</td>
</tr>
<tr>
<td></td>
<td>5  4  3  2  1  NA</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
</tr>
<tr>
<td><strong>Arrangement</strong></td>
<td>How well was the training organised? Please mark your response.</td>
</tr>
<tr>
<td></td>
<td>5  4  3  2  1  NA</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY