Psychological first aid training manual for child practitioners
ONE-DAY PROGRAMME
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The photos used here do not portray people affected by the specific circumstances related to situations presented in the training module.

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Introduction

WHAT IS PSYCHOLOGICAL FIRST AID (PFA) FOR CHILDREN?
Psychological first aid may be given to children in a wide range of different contexts. It is appropriate for use during an emergency situation or immediately after a critical event, such as in major emergencies like a tsunami or earthquake or in conflicts or war. It is also appropriate during or after a crisis affecting a small group of individuals. Save the Children staff, partner organisations and other professionals may also offer psychological first aid for children as a first and immediate intervention in their work with vulnerable children in a non-emergency context, for example with children who have been sexually or physically abused or neglected, as well as children in conflict with the law or after accidents.

Training in psychological first aid for children may therefore be part of an immediate response or as part of a capacity building activity in disaster preparedness in emergency prone areas, as well as when preparing staff on the global emergency response list.

SAVE THE CHILDREN PSYCHOLOGICAL FIRST AID TRAINING: ONE-DAY PROGRAMME
This one-day training is a condensed first aid training based on Save the Children’s original two-day Psychological First Aid Training for Child Practitioners. It builds on adaptations of PFA used in Japan, Denmark, Germany and Switzerland.

The training toolkit consists of this manual, together with a set of 25 PowerPoint slides, and five handouts.

This training offers child practitioners skills and competences to reduce the initial distress of children caused by accidents, natural disasters, conflicts and other critical incidents. The training features:

• communication techniques to provide reassurance and comfort for staff working directly with distressed children
• advice and guidance for staff working with parents and primary caregivers of children in distress
• suggestions for ways to support a distressed child.

It is a prerequisite that all participants should have completed a child safeguarding training prior to the PFA training.

Save the Children has also developed a one-day training on stress management for staff. This can be added to both the one-day and two-day PFA training.1

WHAT IS THE DIFFERENCE BETWEEN THE ONE-DAY AND TWO-DAY PFA TRAINING?
The main difference between the one and two-day PFA training is that the original two-day training consists of both theoretical and practical information and activities. The one-day training mainly focuses on practical activities.

The two-day PFA training provides a comprehensive explanation of PFA, detailing the main principles and techniques of providing psychological first aid to children (and their caregivers).

1 The stress management training is included in Save the Children’s Psychological First Aid Training for Child Practitioners: Two-day programme.
The one-day PFA is appropriate when participants already have a background knowledge and experience of children’s reactions in crisis. For example, it is well suited for health and education professionals who are familiar with child development.

The choice of which PFA training to implement therefore depends on the previous experience of the participants you are training.

As a facilitator of the one-day training, we recommend that you encourage the participants to familiarise themselves with the two-day training available online before this training.

### PFA ONE-DAY TRAINING SCHEDULE

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSIONS</th>
<th>ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td>8.30 - 9.00</td>
<td>Arrival and registration</td>
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<tr>
<td>9.00 - 9.45</td>
<td>Session 1</td>
<td>1.1 Energizer (The sun always shines on) (15 min)</td>
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<tr>
<td></td>
<td>Welcome &amp; introduction</td>
<td>1.2 Training schedule and overall objective for today (20 min)</td>
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<td></td>
<td></td>
<td>1.3 Ground rules (10 min)</td>
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<tr>
<td>9.45 - 10.45</td>
<td>Session 2</td>
<td>2.1 Introduction to PFA (15 min)</td>
</tr>
<tr>
<td></td>
<td>What is PFA for children?</td>
<td>2.2 Action principles of PFA (LOOK, LISTEN, LINK) (60 min)</td>
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<td></td>
<td></td>
<td>2.3 Spider’s web – linking locally (15 min)</td>
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<tr>
<td>10.45 - 11.00</td>
<td>Coffee break</td>
<td>3.1 Energizer (Group juggle or breathing energizer) (15 min)</td>
</tr>
<tr>
<td>11.00 - 12.30</td>
<td>Session 3</td>
<td>3.2 Group work and role play about children’s reactions to crisis (75 min)</td>
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<tr>
<td></td>
<td>Children’s reactions to crisis</td>
<td></td>
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<tr>
<td>12.30 - 13.30</td>
<td>Lunch break</td>
<td>4.1 Energizer (Pen in bottle) (15 min)</td>
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<tr>
<td>13.30 - 14.15</td>
<td>Session 4</td>
<td>4.2 Identifying children who need PFA (30 min)</td>
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<td>Identifying children in need of PFA</td>
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<tr>
<td>14.15 - 14.30</td>
<td>Coffee break</td>
<td>5.1 How to communicate with parents and caregivers in distress (20 min)</td>
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<tr>
<td>14.30 - 16.30</td>
<td>Session 5</td>
<td>5.2 Active communication techniques (20 min)</td>
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<td></td>
<td>PFA techniques – communicating with children in distress</td>
<td>5.6 How to communicate with children in distress (20 min)</td>
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<td></td>
<td></td>
<td>5.7 Role-play using active communication techniques (60 min)</td>
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<tr>
<td>16.30 - 16.45</td>
<td>Session 6</td>
<td>6.1 Take-home messages and pocket guide (20 min)</td>
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<tr>
<td></td>
<td>Wrap-up</td>
<td>6.2 Wrap-up (10 min)</td>
</tr>
<tr>
<td>17.00</td>
<td>Thank you for participating!</td>
<td></td>
</tr>
</tbody>
</table>

**Material needed for the training:** power points, animated movies 1 and 2, handouts 1-5, 10 small balls, a ball of string or yarn, flipchart, paper and pens
Session 1
Welcome and introduction

PURPOSE
Participants understand the content of the training and introduce themselves

MATERIALS
Ball, handout 1, slides 1-3

1.1 Introduction game “The sun always shines on”

AIM
To help the participants to identify things that they have in common and to encourage the participants to see that they are unique and different from each other as well.

MATERIALS
Space and ball or other object to throw and catch.

Note to facilitator: This activity is an excellent opportunity to learn more about who is in the group. Therefore, think about what it is that you would like to find out about the group as part of your preparation prior to the workshop.

1. Welcome the participants. Step into the circle and introduce yourself, say your name and the name of the organisation you work for or volunteer with. Step back out and ask everyone to do the same, one at a time.
2. Take the ball and ask the participants to stand in a circle. Explain to them that you are now going to read out a statement that starts with the words “The sun always shines on…” If the statement is true for someone in the group, they should take a step forward. Before reading the next statement, ask the people who have stepped forward to move back and make a big circle again.

3. Emphasise that stepping forward or remaining in the circle is voluntary – no one is forced to reveal anything about themselves if they do not want to.

4. Read some of the following statements or make up your own statements that relate to the lives of the participants: The sun always shines on…

- Everyone who thinks that children and young people are as important as adults.
- Everyone who has a relative in another country.
- Everyone who wears blue socks.
- Everyone who has felt insecure at some point in their life.
- Everyone who got up before 7 am.
- Everyone who lives in xx (name of town/community etc.)
- Everyone who likes to eat good food.

5. Once everyone is familiar with the activity, explain that you will now throw the ball to someone who can come up with his/her own statement that the group must respond to. If the person who catches the ball cannot think of a statement, s/he just throws the ball to another person.

Important: Make clear to the participants that the statements must not offend anyone and should not be too personal. Make sure that everyone who wants a turn gets an opportunity to suggest a statement.

6. When everyone has had a chance to come up with a statement, ask for the ball back. Then start calling out statements that are a little more sensitive and challenging relating to the specific circumstances that the participants are facing, for example, disaster, conflict or poverty. Examples of statements:

The sun always shines on…
- Everyone who has lived through a war.
- Everyone who had to move to a different place during a crisis.
- Everyone who has experienced an earthquake (or another disaster).
- Everyone who has lost a family member or friend to illness.
- Everyone who has been in scary situations where they got hurt or were afraid that they would get hurt.

Choose the most appropriate examples. This helps in explaining the reasons for holding these workshops and acknowledging the challenges that the participants are facing.

7. When each participant has had the chance to come up with a statement, ask to get the ball back.

8. Encourage reflection about the activity by asking the following questions:

- How did you find this activity? What was good or helpful? What did you not like?
- What did you learn from this activity?
- What are some of the things that you have in common? What are some of the differences?
1.2 Training schedule and objectives for today

**AIM**

To familiarise participants with the training schedule and overall objective for the day.

**MATERIALS**

Handout 1 (Training schedule), slides 1-3.

Show slide 1 and 2 and once again welcome the participants and thank them for joining this training session on psychological first aid for children. Refer to the previous activity and highlight the fact that one thing they all have in common is that they are here to learn about psychological first aid for children.

**Explain that the overall objective for the training is to capacitate participants in communicating with children in distress. This will enable participants to feel confident in stabilizing children and in gaining relevant information about their needs.**

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

“Today we will talk about what psychological first aid for children is, who it is for, and how you give it to children and their parents and caregivers. You are here to participate in a one-day training programme. During this training, I will share some information that has been prepared in advance, but we will all learn from each other through participating in group activities and plenary discussions.”

Show slide 3 and give handout 1 the training schedule. Explain: “There are six sessions in today's training:

- In session 1, there will be a welcome and short introduction to today’s training
- In session 2, we will learn about PFA and the action principles LOOK, LISTEN, LINK
- In session 3, we will do group work and role play about children’s reactions to crisis
- In session 4, we will learn how to identify children who need PFA
- In session 5, we will practice our active communication skills
- In session 6, we will wrap-up the day and close.”
1.3. Ground rules /mutual expectations /confidentiality

AIM

To agree ground rules to encourage trust and mutual respect among participants.

MATERIALS

Flipchart, markers.

Note to facilitator: Write the ground rules suggested below on flipchart paper before the session begins.

Explain: “We are on a tight schedule, with lots of information to get through today, so please know that if I as a facilitator stop the conversation at any point, it does not mean that the information discussed is not valid or important.”

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

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

Ask participants if they have any suggestions for additional ground rules and write them on the flipchart.

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

“If you want to know more about the facilitation principles of fun, safe and inclusive, you can find this in Save the Children’s half-day training module on facilitation skills. The manual can be downloaded at Save the Children’s resource centre.”

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1 Fun, Safe, Inclusive: A half-day training module on facilitation skills, Save the Children, 2016, http://resourcecentre.savethechildren.se/library/fun-safe-inclusive-half-day-training-module-facilitation-skills
Session 2

What is PFA for children?

**AIM**

to introduce participants to psychological first aid for children and the action principles of Look, Listen, Link

**MATERIALS**

slides 4-12, 3 large flipcharts and marker, handout 2 (Linking Locally), a ball of string or yarn

**2.1. Introduction to PFA**

**AIM**

To introduce the concept of psychological first aid for children.

**MATERIALS**

Slides 4-10

Use slide 4 to introduce the session.

Ask participants what they know about psychological first aid. Read the definition on slide 5: “PFA is a humane, supportive response to a fellow human being who is suffering and who may need support.”
Psychological first aid includes:
- Giving practical care and support that does not intrude.
- Assessing needs and concerns of people in distress.
- Helping people to access basic needs (e.g. food and water, shelter, information).
- Comforting people and helping them to feel calm.
- Helping people connect to information, services and social support by sharing information.
- Protecting people from further harm.

Psychological first aid is not:
- Something only professionals can give.
- Professional counselling.
- A clinical or psychiatric intervention
- Psychological debriefing.
- Asking someone to analyse in detail what happened to them or to put time and events in order.
- Forcing people to tell you their story.
- Asking people details about how they feel.

Use slide 8 to describe when PFA is used: "Psychological first aid for children can be given during an emergency situation or immediately after a crisis event. Training in psychological first aid for children can be done as part of an immediate response or as part of capacity building activity in disaster preparedness in emergency prone areas, as well as preparation for staff on the global emergency response list. However, psychological first aid is not only for use in connection with major emergencies such as a tsunami, earthquake or when facing conflicts or war. It may also be used during or after a crisis affecting a small group of children, such as a fire at a school, or a robbery."

“Save the Children staff, partner organisations and other professionals may also give psychological first aid to children as a first and immediate intervention in their work with vulnerable children in a non-emergency context, for example with children who have been sexually or physically abused or neglected, as well as children in conflict with the law or after accidents. Psychological first aid is also an essential skill set to navigate in everyday-life that involves working with children – it is useful when meeting anyone in slight distress, not only in the context of big crises.”

Ask participants: "Why do we need PFA specifically for children?"

Read slide 9: "In crisis situations, children react and think differently to adults. They have specific needs and vulnerabilities depending on their age, stage of maturity, physical size and social and emotional attachments to caregivers. Therefore, children need psychological first aid developed especially for children."

Ask participants: "Do you think all children need psychological first aid?"

Read slide 10: "Not all children need psychological first aid. Like adults, some children cope very well with difficult experiences. Later today, we will explore how children react to stressful events and how to identify children who are in distress and may need psychological first aid."
2.2 Action principles of PFA – LOOK, LISTEN, LINK

AIM
To enable participants to have a clear understanding of the three action principles of PFA.

MATERIALS
Three large flipcharts, pen, Handout 1 (Training Schedule, already distributed), slide 11.

Note to facilitator: Make three flipcharts headed ‘look,’ ‘listen’ ‘link’ and add the notes as below. Hang all three flipcharts on the wall. Also, prepare handout 2 beforehand by making a list of local resources.

1. LOOK
… to identify who needs PFA and take initial contact

Check for safety
Initial contact
Information

2. LISTEN
… through active communication

Active listening
Normalization
Generalization
Stabilization
Triangulation

3. LINK
… by giving practical information and referring to the right help

Practical information
Referral
Reunify child with family

Explain: “In this short session, we will discuss how to communicate with affected children through the basic principles of LOOK, LISTEN, LINK. LOOK, LISTEN, LINK are the action principles underlying psychological first aid. (They are the guiding principles presented by WHO, World Vision International and War Trauma Foundation in their training on PFA). Our focus will be on how we support children and their families.”

Show slide 11.
LOOK – to identify children who needs PFA and make initial contact

LISTEN – through active communication to receive information and calm the child

LINK – by giving practical information and referring to the right help.
Ask the participants to follow along in their training schedule and explain which sessions will address the three principles, using the notes below:

“Sessions 3 and 4 look in more detail at aspects of the first principle LOOK. Session 3 (Children’s reactions to crisis) is about children’s levels of development and common reactions to stressful events. Session 4 (Identifying children in need of PFA) considers how to identify children in need of psychological first aid on the basis of their reactions.

Session 5 (PFA techniques – Practice active communication) looks at how to communicate with children and caregivers in distress, addressing the principle LISTEN. It provides an opportunity of practicing communication skills in seeking to give emotional support to children and/or caregivers.

This session looks at the principle LINK. We will look at how you help children and families access basic and specific services by providing information that might help or by linking them to places where these needs may be met. When giving information, you should only provide accurate information and refrain from giving false reassurances. Never say, for example, “It’s okay – we will find your mother again,” if you do not know where the mother is.

“One of the biggest determinants of how a child copes with a stressful event is whether or not the child was separated from his/her caregivers. Helping a child reunite with his or her family is also part of the principle LINK and can be one of the most important actions in psychological first aid for children.”

Although LINK is presented as the last action principle, linking a child with his or her family may be one of the first actions that you take if you find a child who is on his/her own. If you cannot link a child with his or her family, you will need to link the child with organisations or government departments that can care for the child and help him or her to trace the family. You should refer to the Inter-Agency Guiding Principles on Unaccompanied and Separated Children and UN Guidelines for the Alternative Care of Children1 for guidance on how to do this.

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

Giving the child or caregiver accurate information can stabilise a situation and support the LINK principle. Find out where to get correct information and do not guess or make assumptions. If you are unsure about a situation, you should explain that you will find out and that you will give the child and his or her family updated information as soon as possible. Keep messages simple and accurate, and ask the person to repeat the message to be sure that he or she hears and understands the information. It may be useful to give the information to a group rather than just one individual. Never make promises. Do not be tempted to say you will be back if it is unlikely. Never promise confidentiality either if a child’s safety is at stake, or a child is at risk of doing harm to self or others.”

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2.3 Spider’s web – linking locally

**AIM**

To encourage participants to think about local links

**MATERIALS**

A big ball of yarn or string, handout 2 (Linking Locally), slides 12 and 13.

1. Ask the group to stand in a circle.

2. Holding the end of the string, pass the ball of string to a participant.

3. Invite that person to think of someone who could support a child facing difficulties (could be an individual, a group of people, an agency, an organisation, etc.) Explain that as the ball of string gets passed round, they should try not to repeat a child protection actor that has already been mentioned.

4. Each person replying should hold onto the string and then pass on the ball of string to another person. At the end, there should be a kind of spider’s web.

5. Explain that the spider’s web represents a network of protective and supportive actors to children.

Hand out the list of local resources on handout 2 Linking Locally. In plenary fill in the spaces with the participants and allow time for questions and comments. Then, follow-up with a brief discussion about how essential it is to identify the real child protection actors in this specific context and how referrals can be made.

Show slide 12 to sum up. Explain: “Most children recover and cope with the challenges they face during or after a stressful event if they are reunited with their caregivers, have their basic needs met, feel safe and out of danger, and receive support like psychological first aid for children.”

Show slide 13. Explain: “However, there will always be children who do not cope so well. Children who may need additional professional support are those who continue to be highly distressed; children who have pre-existing problems; children who show continued dramatic changes in personality and behaviour; or children who cannot function well in their daily life or who are dangerous to themselves or others.”
Session 3

Children’s reactions to crisis

AIM

To give the participants an understanding of children’s development and common reactions to crises.

MATERIALS

10 small balls.
Slide 14, four pieces of large flipcharts, markers, Handout 3 (Children’s development and reactions to crisis)

3.1 Energiser: Group juggle or breathing energiser

Note to facilitator: There are are two options for an energiser here. Choose option A if your group needs to get to know each other better and get energized. Choose option B if your group needs to relax and release tension. Alternatively, use another energiser or relaxation technique that suits the needs of your group.
A. Group juggle

AIM

To enable participants to relax and have fun. To improve attention and concentration and to help participants learn one another’s names.

MATERIALS

10 small balls.

1. Ask the participants to stand up and form a big circle.

2. Throw a ball to one of the participants and say the name of that person. It is then that person’s turn to throw the ball and say the name of another person that he or she will throw the ball to. Instruct participants to remember the name of the person they throw the ball to (this is very important). The game continues until the last person gets the ball. He or she then say your name as facilitator and throw the ball back to you.

3. Once the ball has gone around the whole group and it has returned to you, ask the participants to repeat the same exercise, throwing the ball in the same sequence of participants as the previous time.

4. Once the pattern is set, explain to the participants that now they have to keep remembering the person they threw the ball to, but also be aware of the person throwing the ball to them. Explain that you will begin the game again, but this time, they will have more than one ball going round the circle!

5. As facilitator, start the game again. Once you have thrown the first ball to ‘your’ participant and the ball has started its way through the circle, introduce a second ball, then a third ball, and so on.

6. The facilitator stops the game by removing the balls as they come back to him or her.

B. Breathing energiser with stretches

AIM

To relax the mind and reduce busy thoughts and release tension.

MATERIALS

None.

Ask the participants to sit comfortably with spine erect and shoulders relaxed. Give the following instructions:

“Keep a gentle smile on your face. Close your eyes if it feels comfortable, otherwise focus on a non-disturbing spot in front of you.

Place your left hand on the left knee, palms open to the sky.”
Using your right hand, you will place your thumb over your right nostril and your ring finger and little finger over your left nostril to open or close each nostril.

Press your thumb down on the right nostril and breathe out gently through the left nostril.

Now breathe in from the left nostril and then press the left nostril gently with the ring finger and little finger.

Removing the right thumb from the right nostril, breath out from the right.

Breathe in from the right nostril and exhale from the left.

You have completed one round of alternate nostril breathing. Let us continue with another round. Breathe in from the nostril and then press the left nostril gently with the ring finger and little finger. Removing the right thumb from the right nostril, breathe out from the right.”

Complete five more rounds and ask participants to breathe alternately through both nostrils. Remind participants: “After every exhalation, remember to breathe in from the same nostril from which you exhaled. Keep your eyes closed throughout and continue taking long, deep, smooth breaths without effort or force.”

“After round five, release the right hand down into your lap and take a few normal breaths through both nostrils, and slowly blink your eyes open if closed.”

Encourage participants to do a few simple stretches for the spine, neck and shoulders that feel good to them. Highlight how we can use simple moves to release tension and stress throughout our day.

3.2 Group work and role play

(fire at a school)

AIM

To identify common reactions to crises from children and their caregivers

MATERIALS

Slide 14, four pieces of large flipcharts, markers, Handout 3 (Children’s development and reactions to crisis)

Note to facilitator: Before this session, prepare four flipcharts with headings as follows:

- Reactions of very young children (0-6 years).
- Reactions of young children (7 to 12 years).
- Reactions of teenagers and adolescents (13 to 18 years).
- Reactions of adults (caregivers, parents, teachers etc.).

Note to the facilitator: These headings do not correspond to the headings on the handout. There are four groups on handout 3 but they are infants and toddlers 0-3, preschool 4-6, middle school 7-12, and adolescence (no age specified on the handout) this is to provide the participants with more detailed information if it is relevant for their role plays and to study further at home.
Show slide 14. Explain: “We will now discuss children’s reactions to crisis in groups. We will use a scenario about a fire in a school to do this. You will be divided into four groups – each group will focus on the reactions from different age groups.”

Explain some of the common reactions: “Common reactions of children who have been through distressing events include problems with sleeping, feelings of anxiety and depression, social withdrawal from others, concentration difficulties, crying, clinging behaviour, anger and regression. Most children survive distressing events without developing long-term mental health problems and many recover by themselves. However, recovery can be helped when children receive appropriate support at an early stage, and this can reduce the risk of developing long-term mental health problems dramatically.”

Now divide the participants into four groups. Give each group a flipchart (headed with the different age groups) and a marker. Ask the group to focus on the reactions of the age group they have been given.

Now describe the scenario about the fire in a school:

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

Explain the group work: “As a small group brainstorm common reactions for the children in your age group and take notes on your flipchart. Start by thinking how people in your own community would be expected to behave, so that the reactions and behaviours are relevant to your culture.”

Now explain the role play: “Take a few minutes to read Handout 3 (Children’s development and reactions to crisis) Now, prepare a role play to show possible reactions of their age group in response to the fire at the school.”

Be strict on time and ask participants to round up, so they can be ready for discussions in plenary after 15 minutes.

After 15 minutes of group work, ask each group to present their role-play and allow time for discussion (15 minutes in total per group).

Note to facilitator: Take notes yourself during each presentation and ask a group member or another group to take additional notes on their flipcharts too. After each presentation, ask the note-taker to hang their flipchart on the wall so that everyone can see the lists of common reactions for the rest of the training.

Thank the participants for sharing and allow for questions or comments. Remind the participants that not all children have strong reactions. Just like adults, there are different ways to react.
Session 4
Identifying children in need of PFA

AIM
To enable the participants to identify children who are relevant to PFA.

MATERIALS
Empty bottle. Pen or small, straight stick. Yarn or string. Slides 15-20

4.1 Energiser: Pen in a bottle

AIM
To energize the group and enhance concentration and collaboration skills.

MATERIALS
Empty bottle. Pen or small, straight stick. Yarn or string.

Note to facilitator: Prepare for the exercise by tying four long pieces of string or yarn to a pen or small, straight stick the size of a pen. The activity will be more challenging if the strings are long (e.g. 1 metre/1 yard in length). The activity can be made even more difficult if the team leader closes his or her eyes or turns his or her back to the team.

1. Start the activity by dividing the group into four teams. Ask the team members to stand in the four corners of the selected space for the game. Explain: “These four teams represent North, South, East and West. This is not a competition but an exercise where everyone has to co-operate to succeed.”
2. Place the empty bottle in the centre of the area.

3. Ask each team to select a team leader. Give each team leader an end of one of the strings attached to the pen.

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

4. When the team leaders have succeeded in getting the pen into the bottle, ask the teams to choose new team leaders and repeat the activity as long as time permits.

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

4.2 Identifying children who need PFA

AIM

To enable participants to identify children and caregivers in need of psychological first aid after a critical event.

MATERIALS

Slides 15-20.

Explain: “In session 3, we discussed some of the common reactions that children of different age groups have to stressful events. We also looked at the factors and experiences impacting on how children react. We discussed that not all children react in the same way, and that some react more strongly than others, meaning that not all children need the same kind of support.”

Show slide 15: “In this session we will explore how we may identify children in need of psychological first aid – both in the immediate aftermath of an event and in the days, weeks and even months that follow a critical event.”

“Earlier, we talked about a fire at a school. Now, imagine that you have just arrived at the rescue site. You walk into a big tent with about 50 adults and children who have all, in one way or another, been affected by the fire. Which children are at a higher risk for negative reactions to the fire incident?”

Ask participants to turn the person sitting next to them to discuss this question for a few minutes. Then read slide 16.

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

After a few minutes show slides 17 and 18 and read what they say.

Ask the participants if something is missing when they compare the two slides with their discussions. Show slide 19 and ask: “And what about culturally specific reactions?” Allow for a brief discussion.
Show slide 20: “Parents and caregivers also react to emergencies and crises. Do you know about obvious signs of distress in parents and caregivers?” Give time for response and then show slide 21, again asking the participants if they can think of some behaviour indicating distress in caregivers which is specific to their culture and context and which therefore may not be on the list.

Explain: “Expressing emotions is acceptable in many countries. However, in some cultures, it is considered shameful or unacceptable to express strong emotions. Therefore, it is important that we are understand and are aware of what is appropriate when dealing with expressions of emotions, tears, fears, anger etc. in specific contexts.” Ask: “Can you provide examples of such differences in other cultures?” Allow for reflection and discussion.

Ask: “What about boys and girls, men and women? Are there any differences in what emotions we consider acceptable?” Allow for reflection and discussion.
Session 5

**PFA techniques – communicating with children in distress**

**AIM**

To enable participants to communicate with children and caregivers in distress.

**MATERIALS**

slide 21, Animated movie 2 on slide 22, animated movie 1 on slide 23, flipchart and markers.

Handout 4 (Active communication techniques), Handout 3 (already distributed).

**5.1 How to communicate with parents and caregivers in distress**

**AIM**

To enable participants to identify and react to parents and caregivers in distress.

**MATERIALS**

Animated movie 2 on slide 22, flipchart and markers.

**Note to facilitator:** Before the training, watch the short animated movie. It only takes a minute. The movie is about a mother who is sitting with her baby. Both are looking very distressed. A Save the Children staff member sees the mother, approaches her and guides her to a Save the Children camp. The staff there give immediate support and stabilise mother and daughter by comforting them, listening, informing and guiding the mother so she can breastfeed and care for her child.
Explain that this session is about techniques for communicating with parents who are distressed. Introduce the movie: “Now you are going to watch a short movie and then discuss it in groups. When you watch it, please pay attention to the behaviour of the different individuals (children and adults), and how they communicate with one another. Please take notes if you wish to.”

Show the animated movie 2 on slide 22.

**Note to facilitator:** the numbering of the animated movies is kept from the original manual- therefore the reverse order

Divide the participants into groups of 5-6 and ask them to discuss what they saw in the movie. Ask them to describe the behaviour and communication between the individuals in the movie.

After about five to ten minutes, ask the groups to share their observations in plenary. Write the feedback on a flipchart. When giving feedback, encourage the participants to discuss any differences between the communication in the movie and in their local context. There might be cultural differences.

Mention that the staff member in the movie provides a good example of the LOOK-LISTEN-LINK principles.

Remind the participants that Save the Children’s approach to parents is one of respect. Explain: “We may not always agree with parents, but you should always convey the message to parents that we respect them and that they are the most important people in their children’s lives. This approach aims to empower parents.”

Refer to Save the Children Programme "Positive Discipline in everyday Parenting." “Advice on handling stress reactions in children can be given if appropriate in the context, and discussions on positive discipline may be relevant.

It may be implemented in the country you are working in. Save The Children is committed to supporting parents and parenting to enhance self-confidence and positive interaction with children and parents and promote non-violent discipline.”

Explain: “Remember that in an acute situation a parent or caregiver may be in crisis, too. Do not engage in prolonged discussions. Be precise and clear, and leave the longer discussions for later. An acute situation is not the time for long-term profound changes. However, we may need to intervene if a child is being harmed. Remember that parents and caregivers are not passive receivers of support, so offer reassurance and guidance, which may help parents or caregivers care for and communicate better with their children.”

Refer to the role of the media in crises: “It is advisable to protect parents and caregivers as well as children from the media, which can sometimes be invasive. Any media contact should be coordinated through the persons on the team assigned to this task. Take into account the role of modern media and that many children are active users of social media and carry smartphones. They might have access to information you are not aware of and that they might not understand — through the media or older children. Sometimes, even adolescents are scared of information they understand without adult help. The best way to help is always to give accurate, short, specific information and ask if the child has any questions to your information. Encourage the child to always ask an adult to ‘translate’ information they don’t understand and to avoid spreading rumours.”

Thank the participants and move onto the next activity.

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5.2 Active communication techniques

**AIM**

To introduce active communication techniques to participants to enable them to communicate with children in distress.

**MATERIALS**

Handout 4 (Active communication techniques), seven flipcharts – one for each technique.

**Note to facilitator:** It is important to familiarise yourself with the seven different communication techniques featured in the handout, as participants may have questions about them.

Ask participants to read Handout 4 on the seven active communication techniques:

1. Initial contact – Introducing yourself
2. Information (asking open-ended and clarifying questions)
3. Active listening
4. Normalisation
5. Generalisation
6. Triangulation
7. Stabilisation

Go through each technique and ask the participants to share examples on how to do it. Write down key words and examples on the flipcharts.

Explain that the participants will be using these techniques in a role play in the next session. Allow time for questions and comments about the techniques.

5.3 How to communicate with children in distress

**AIM**

To reinforce the LOOK, LISTEN, LINK principles in PFA for children.

**MATERIALS**

Animated movie 1 on slide 23. Paper and pens. Flipcharts from session 3 (hanging on the wall), Handout 3 (Children’s development and reactions to crisis) and Handout 4 (Active communication techniques).

**Note to facilitator:** Before the training, watch the movie. It only takes a minute. It shows the action principles LOOK, LISTEN, LINK in practice.

The movie is about a distressed child. A staff member catches sight of a 6-year-old boy on crutches supported by a 10-year-old girl looking lost and frightened near an evacuation centre (LOOK). The staff member calmly introduces herself. She comforts the children and listens to the children’s needs and concerns (LISTEN). She informs the unaccompanied children about their options and links them with immediate support (LINK).
Explain: “We are now going to explore how to communicate with children who are distressed. We are going to watch a short movie and then discuss what you saw in the movie.”

Divide the participants into the same four groups as in session 3. Give out paper and pens and remind the participants of handouts 3 and 4 in case they want to use them.

Before playing the movie, ask the participants to pay attention to the behaviour of the different individuals involved and how they communicate with each other. Ask them to pay special attention to the three principles of LOOK, LISTEN, LINK and the techniques to communicate actively with the children. Remind the participants of the action principles by pointing to the flipcharts of LOOK, LISTEN, LINK. Ask them to watch the staff member to see what techniques she uses?

Show the animated movie 1 on slide 23.

When the movie is over, ask the small groups to discuss together what they saw, especially regarding the behaviour of the individuals concerned and the communication between them.

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

If participants do not mention any of the following aspects, make sure to discuss:

- How does the staff member introduce herself and establish contact?
- How does she alternate her attention between the two children?
- Does she touch the children appropriately? If so, how and when?
- Where does the staff member demonstrate her ability to listen and encourage the children by nodding and letting them speak?
- Does the staff member let herself be distracted by the fact that one child is on crutches?
- Does the movie raise any possible cultural issues?

Thank the participants for sharing. Explain to the participants that this is one example of how PFA can be put to use, but it may also be useful in less dramatic crises.
5.4 Role play using active communication techniques

AIM

To enable participants to put the main action principles of psychological first aid to children into practice.

MATERIALS

None.

Explain: “Earlier, we talked about a fire at a school. Let’s go back to this scenario and practice the LOOK, LISTEN, LINK principles with the children affected by the fire.”

Ask the participants to separate into their four groups. Now ask each group to prepare a role play which features as many techniques of active communication as possible. Explain that they should do a role play about children in the age group they were allocated in session 3.

Remind them to use all the resources from the training, such as Handout 3 and the flipcharts they have worked on.

Give the groups 15 minutes to prepare their role play.

When they are ready, invite each group in turn to do their role play in plenary. Remind the groups not performing to pay specific attention to Look, Listen, Link and which of the communication skills from activity 5.2 the performing group puts to use. Allow time for reflection and discussion after each group has presented. Make sure to note which techniques were used in each role play.
Session 6

Wrap-up

**AIM**
To enable participants to reflect on take-home messages related to providing psychological first aid for children. To provide a pocket guide to PFA for children and wrap up the day

**MATERIALS**
Handout 5 (Pocket Guide), slide 24, ball

6.1 Take-home messages

**AIM**
To enable participants to reflect on take-home messages related to providing psychological first aid for children. To provide a pocket guide to PFA for children.

**MATERIALS**
Handout 5 (Pocket Guide), slide 24.
Ask participants to work in pairs for two minutes and discuss the most important messages they are taking home. After the two minutes, ask participants to share in plenary.

Give the participants the pocket guide (handout 5) and ask them to fold it as shown. Give participants five minutes to read it and fill in the local information by looking at their handout 2 (Linking Locally) if relevant.

Check if participants have any remaining questions about PFA for children.

6.2 Wrap-up game

**AIM**

To wrap up the one-day training on psychological first aid for children.

**MATERIALS**

Ball

1. Ask participants to stand in a circle and to think of one word or a short sentence on what they found particularly useful about today’s training. Remind participants to keep it short and focused.

2. Allow a minute for reflection before asking who would like to start and then throw the ball to this person to share their thought.

3. Keep the ball going around the circle to whoever wants to share.

4. When everyone who wanted to share has had the opportunity, ask for the ball back.

5. Thank the participants for their participation throughout the day and explain that they have now reached the end of the training schedule.
## PFA ONE-DAY TRAINING SCHEDULE

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSIONS</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Arrival and registration</td>
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</table>
| 9.00 - 9.45 | Session 1 | 1.1 Energizer (Sun always shines on)  
1.2 Training schedule and overall objective for today  
1.3 Ground rules |
| 9.45 - 10.45 | Session 2 | 2.1 Introduction to PFA (15 min)  
2.2 Action principles of PFA (LOOK, LISTEN, LINK) (60 min)  
2.3 Spider’s web – linking locally (15 min) |
| 10.45 - 11.00 | Coffee break | |
| 11.00 - 12.30 | Session 3 | 3.1 Energizer (Group juggle or breathing energizer) (15 min)  
3.2 Group work and role play about children’s reactions to crisis (75 min) |
| 12.30 - 13.30 | Lunch break | |
| 13.30 - 14.15 | Session 4 | 4.1 Energizer (Pen in bottle) (15 min)  
4.2 Identifying children who need PFA (30 min) |
| 14.15 - 14.30 | Coffee break | |
| 14.30 - 16.30 | Session 5 | 5.1 How to communicate with parents and caregivers in distress (20 min)  
5.2 Active communication techniques (20 min)  
5.3 How to communicate with children in distress (20 min)  
5.4 Role-play using active communication techniques (60 min) |
| 16.30 - 16.45 | Session 6 | 6.1 Take-home messages and pocket guide (20 min)  
6.2 Wrap-up (10 min) |
| 17.00 | Thank you for participating! | |
**Note to facilitator:** Please prepare in advance and make this list of local resources with the participants during activity 2.3. The list should contain the names of local institutions, organizations and individuals that child practitioners can link children, parents and caregivers to for further services and support. Please explain the referral procedures for each local resource, where there is one in place. Highlight the services that are open to all without referral.

<table>
<thead>
<tr>
<th>Government offices and institutions:</th>
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<th>Police and other law enforcement agencies:</th>
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<th>Civil society organizations:</th>
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<th>UN organizations:</th>
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<th>Doctors:</th>
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<th>Psychological and mental health support:</th>
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<th>Religious institutions:</th>
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HANDOUT 2 – 2/2

Linking Locally

Making Referrals

It is important that adults do everything they can to protect children and young people from harm and secure their wellbeing. You might be in direct contact with children and young people and their caregivers on a regular basis. It is therefore important to discuss the responsibilities you have in responding to a child and a young person expressing a need for further support.

Examples of young people who may need more help are those who:

• show signs of, or raise suspicion of physical, sexual or emotional abuse and/or maltreatment
• indicate a need for individual psychosocial support or psychological counselling
• are living with mental disorders and need clinical psychological or psychiatric treatment
• need medical attention for physical ailments or illnesses
• have learning difficulties and would benefit from educational assistance.

If a referral is needed because of child abuse concerns, involvement of the police or a child protection unit is most likely needed. If sexual abuse is suspected, make sure you are familiar with the procedures. Never link a child without the presence of parents or consent from parents or other legal guardian that you may accompany the child/young person. Make sure that you are aware of the correct first point of referral. It may be medical services or police. If you do this incorrectly, you may cause difficulties in the case management that follows.

Sometimes a referral will be needed to specialized mental health services. The following situations call for referral for mental health services:

If someone:

• has experienced severe mental health problems in the past and starts to show signs of reoccurrence.
• talks about hurting or killing themselves, or hurting others, or tries to hurt themselves.
• has extreme fears that interfere with daily functioning or in other ways cannot function daily in their lives.
• shows signs of dependency on alcohol or drugs.
• has hallucinations or delusions.
• experiences prolonged apathy (lack of enthusiasm and emotional emptiness) or remains very distressed.
• maintains dramatic changes in personality and behavior.

Examples of different agencies and organizations that may be available to support young people in need of further support include:

• Social support services (including alcohol/drug addiction support)
• Family reunification and unaccompanied child support services
• Police child protection unit or officers trained in communicating and supporting children
• Other essential services needed in an emergency (food, water, shelter, health services, and education)
• Mental health specialized services.
Making a referral means knowing:

• what reasons warrant making a referral (e.g. signs of distress in a child that are cause for concern).
• what the legal framework looks like: When are you obliged to make a referral regardless of the principle of confidentiality?
• who to speak to within their own organization, such as the supervisor, project manager, school principal, etc. about a child who is causing concern.
• what roles field coordinators or training facilitators have with regard to making referrals.
• who to contact to make the referral (which service/what are their contact details/which officer?)
• how to make the referral about the specific concern (e.g. physical or mental health, possible abuse, etc.)
• what documents or other information is needed for the referral (for example using a referral form).
• what follow-up to expect from the service.
• about the IASC MHPSS referral form and if your organization is using it.
### HANDOUT 3 – 1/3

**Children’s development and reactions to crisis**

**Child development – overview of stages**

<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>COGNITIVE DEVELOPMENT</th>
<th>EMOTIONAL DEVELOPMENT</th>
<th>SOCIAL DEVELOPMENT</th>
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</thead>
<tbody>
<tr>
<td>Stage: Infants</td>
<td>Watches faces intently</td>
<td>Baby and caretaker are emotionally attached to one another</td>
<td>Begins to develop a social smile</td>
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<tr>
<td>and toddlers</td>
<td>Follows moving objects</td>
<td>Attachment</td>
<td>Enjoys playing with other people and may cry when playing stops</td>
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<tr>
<td>0-3 years</td>
<td>Recognizes familiar objects and people at a distance</td>
<td>Baby is anxious when separated from main caregiver at around the age of 8 months</td>
<td>Becomes more communicative and expressive with face and body</td>
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<td></td>
<td>Points to an object or picture when it’s named for them</td>
<td>Throughout the second year, the child will swing back and forth between independence and clinging. Demonstrates increasing independence.</td>
<td>Imitates behavior of others, especially adults and older children</td>
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<tr>
<td></td>
<td>At the age of 2, recognizes names of familiar people, objects, and body parts</td>
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<td>Increasingly aware of him/herself as an individual separate from others</td>
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<td></td>
<td>Is able to say several single words (by fifteen to eighteen months). At the age of 2,</td>
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<td>Increasingly enthusiastic about company of other children</td>
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<td></td>
<td>begins make-believe playing. Uses simple phrases (by eighteen to twenty-four months).</td>
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<td></td>
<td>Points to an object or picture when it’s named for them</td>
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<td>Repeats words overheard in conversation.</td>
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<tr>
<td>Baby and caretaker are emotionally attached to one another</td>
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<td>Throughout the second year, the child will swing back and forth between independence and clinging. Demonstrates increasing independence.</td>
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<tr>
<td>Stage: Preschool</td>
<td>At the age of 3-4, completes 3 - 4 piece puzzles</td>
<td>Shows affection for familiar playmates.</td>
<td>Imitates adults and playmates. Can take turns in games. Understands ”mine” and ”his / hers”</td>
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<tr>
<td>4-6 years</td>
<td>Understands concept of “two” sorts of objects by shape and color</td>
<td>Interested in new experiences. Increasingly inventive in fantasy play. More independent. Imagines that many unfamiliar images may be “monsters”</td>
<td>At the age of 5-6: Wants to please friends. Cooperates with others and negotiates solutions to conflicts</td>
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<tr>
<td></td>
<td>Understands the concepts of “same” and “different”</td>
<td>Views self as a whole person involving body, mind, and feelings</td>
<td>At the age of 5-6: More likely to agree to rules</td>
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<td></td>
<td>Has mastered some basic rules of grammar</td>
<td>Shows more independence and may even visit a next-door neighbor alone</td>
<td>Likes to sing, dance, and act</td>
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<td></td>
<td>Speaks in sentences of five to six words. Tells stories.</td>
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<td>At the age of 5-6: More able to distinguish fantasy from reality</td>
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<td></td>
<td>Begins to have a clearer sense of time. Recalls parts of a story</td>
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<td></td>
<td>Understands the concept of same/different. Engages in fantasy play</td>
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<td>5-6: Can count ten or more objects. Correctly names at least four colors. Better</td>
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<td>understands the concept of time. Knows about things used every day in the home</td>
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<td>(money, food, appliances)</td>
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## Child development – overview of stages

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<th>SOCIAL DEVELOPMENT</th>
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</thead>
<tbody>
<tr>
<td><strong>Stage: Middle childhood 7-12 years</strong></td>
<td>Interested in facts</td>
<td>Signs of low or high self-esteem become clearer. Gradually gains emotional control.</td>
<td>Peer group identity gradually more important.</td>
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<td>Begins to understand alternative perspectives and begins to use logic in order to solve problems.</td>
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<td>Fear of social exclusion.</td>
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<td></td>
<td>Inductive reasoning is also developed in this stage.</td>
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<td>Understands cultural and social norms</td>
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<td></td>
<td>Child can be adventurous and inventive but benefits from structure</td>
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<td></td>
<td>Increased attention span.</td>
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<tr>
<td><strong>Stage: Adolescence 13-18 years</strong></td>
<td>Abstract and logical thinking and young people are able to use deductive reasoning.</td>
<td>Begin to see their future and can feel both excited and apprehensive about it. Strong conflicts with parents usually decline around adulthood, but mood swings and behavior changes are often part of the process.</td>
<td>Strong Identification with heroes, role models.</td>
</tr>
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<td></td>
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<td></td>
<td>Common for younger teens to think they're immune from anything bad happening to them. They are likely to engage in risky behavior.</td>
</tr>
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## CHILDREN’S DEVELOPMENT AND REACTIONS TO CRISIS

### CHILD DEVELOPMENT – OVERVIEW OF STAGES

#### COMMON SIGNS OF PSYCHOSOCIAL DISTRESS AMONG CHILDREN

<table>
<thead>
<tr>
<th>0-3 years</th>
<th>4-6 years</th>
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<tr>
<td>May cling to caregivers.</td>
<td>Start clinging to parents or other adults.</td>
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<td>Regression to younger behavior.</td>
<td>Regress to younger behavior such as thumb-sucking.</td>
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<td>Changes in sleep and eating patterns.</td>
<td>Stop talking.</td>
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<td>Crying and irritability.</td>
<td>Become inactive or hyperactive.</td>
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<td>Afraid of things that did not frighten them before.</td>
<td>Stop playing, or start playing repetitive games.</td>
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<td>Hyperactivity.</td>
<td>Feel anxious and worry that bad things are going to happen.</td>
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<td>Changes in play activity/play patterns.</td>
<td>Experience sleep disturbances, including nightmares.</td>
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<td>More opposing and demanding behavior than before or overly cooperative.</td>
<td>Change eating patterns.</td>
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<td>Very sensitive to other people’s reactions.</td>
<td>Become easily confused.</td>
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<td>Be unable to concentrate well.</td>
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<td>At times, take on adult roles.</td>
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<td>Show irritability.</td>
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<th>7-12 years</th>
<th>13-18 years</th>
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<td>Changed level of physical activity changes.</td>
<td>Feel intense grief.</td>
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<td>Confused feelings and behavior.</td>
<td>Feel self-conscious, or guilt and shame that they were unable to help those that were hurt.</td>
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<td>Withdrawal from social contact.</td>
<td>Show excessive concerns about other affected persons.</td>
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<td>Talk about the event in a repetitive manner.</td>
<td>May become self-absorbed and feel self-pity.</td>
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<td>Show reluctance to go to school.</td>
<td>Changes in interpersonal relations.</td>
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<tr>
<td>Feel and express fear.</td>
<td>Increase in risk-taking, self-destructive and/or avoidant behavior or show aggression.</td>
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<tr>
<td>Experience a negative impact on memory, concentration and attention.</td>
<td>Experience major shifts in their view of the world.</td>
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<tr>
<td>Have sleep and appetite disturbances.</td>
<td>Feels a sense of hopelessness about the present and the future.</td>
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<tr>
<td>Show aggression, irritability or restlessness.</td>
<td>Become defiant of authorities and caregivers.</td>
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<tr>
<td>Have physical symptoms related to emotional stress.</td>
<td>Start to rely more on peers for socializing.</td>
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<td>Concerned about other affected people.</td>
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<tr>
<td>Experience self-blame and guilt feelings.</td>
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For more information, see Save the Children (2013) Psychological First Aid
Techniques for active communication with children in distress

1. This handout features seven techniques for active communication with children in distress:
   1. Initial contact – introducing yourself
   2. Information (asking open-ended and clarifying questions)
   3. Active listening
   4. Normalisation
   5. Generalisation
   6. Triangulation
   7. Stabilisation

Be aware that not all techniques are always used. Use the communication techniques that are relevant in the particular situation. Always start with the initial contact, but other techniques are not necessarily used in the order in which they are presented here.

Technique 1. Initial contact – introducing yourself
- What is your name?
- Who are you working for?
- Why are you there?

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

Even if the child knows who you are, this does not mean that they know your role or responsibility in a particular situation. Hence, it is important to clarify to the child what your role is, for example: “When a difficult experience like this has happened, my role is to talk to the children in the camp to see if there is anyone who would like to share their thoughts.”

Technique 2. Information (asking open-ended and clarifying questions)
Use open-ended questions to better understand the situation. Open-ended questions are questions that normally cannot be answered with a “yes” or a “no.” They often begin with “why,” “when,” “where,” “what” and “who.” Children are encouraged to tell their story on their own terms and from their own perspective. For example, say, “Where were you when it happened?” or “How come that you did not eat anything today?” Examples of clarifying questions are “I am interested in hearing more of your thoughts on…”, and “Are you saying…?” “Do you mean…?”

Open questions are useful in circumstances where the child’s story seems incoherent. They can clarify what happened and give you information about their feelings and thoughts. When facilitating psychosocial group activities with children, open questions encourage active participation among children, creative thinking and problem solving.

Be careful not to probe when asking open questions. In a crisis, remember that you are there to help reduce distress, not to probe into the details of what has happened to the child or the adult. Probing can harm the person in the initial phase after a distressful event. Instead, practise your listening skills and focus on the basic needs the child or adult expresses in such circumstances.

Technique 3. Active listening
There are five elements in active listening:
HANDOUT 4 – 2/3

Active Communication Techniques

1. Attentive focus
   Do not talk - just listen. Stay quiet and let the child speak without interruption. Use your body language to show that you are listening and concentrating on what the child is saying. Block out any distractions. Create as peaceful a place as possible and turn off your mobile phone or put it on silent.

   Be aware of your own body language and the appropriate body language in the cultural context. Make eye contact if this is appropriate in accordance with cultural practice. Sit or stand in a position that puts you at the same level as the child. Be aware of the child’s personal space, depending on age, gender and context. You may need to sit in an angle to the child in order to avoid being completely face to face with the child.

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

   Sometimes certain issues, words and situations may trigger personal emotions that makes listening difficult for you. These may lead to for example judgements from your side. It is important that you recognise and control your own listening barriers and emotional triggers, to succeed in giving the child or caregiver your undivided attention.

2. Paraphrasing
   Paraphrasing means repeating the key words spoken by the child or caregiver. Act like a mirror – not in a mechanical or parrot-like way, but as a way of using the same type of language as the child. This shows the child that you are listening and concentrating on the information that the child is giving you. It also gives you an opportunity to verify that you have understood the information correctly.

   Paraphrasing also means repeating what a child or caregiver has said but with different words. It is important to describe or reflect rather than interpret what you have heard. To reflect a description of a feeling, you might say, “It sounds like this experience made you feel angry. Is that so?” Always give the child an opportunity to make corrections if needed. Say, for example, “What I have understood is…” and “did I get that right?”

3. Encouragement
   Active listening also includes encouragement. Convey warmth and positive sentiments in verbal as well as non-verbal communication. This helps create openness and a feeling of safety, which is crucial when you want to build trust. Paraphrasing can be used as one way to encourage the child to say more. Raise the tone of your voice at the end of your own sentences so that it sounds a little like a question to encourage the child to continue.

   In some circumstances, physical touch may contribute to a sense of encouragement. However, in many cultures or contexts it is inappropriate to give an unknown child a hug (remember that you do not know the child’s history). Instead, you may show your empathy by saying for example “I’m very sorry to hear this” or “I will stay next to you all the time while we search for your mother.”

4. Summarising
   Every now and then, reflect and summarise what the child has told you so far in the conversation. This shows that you have listened and that you are trying to understand. In addition, you are verifying if you have understood the information correctly. Having developed this understanding may help the child get ready for making plans. For example, you can say, “I would like to summarise what I have understood…”, or “Let me briefly review what I have heard you say…” and “Please correct me if I left anything out…”
Technique 4. Normalisation
Normalisation and generalisation (see technique 5) are communication techniques that usually work well with children and adults alike.

In or after a crisis, children may be confused about their own reactions and feelings and they may not share this confusion with anyone. Normalisation means that we reassure a child that his or her reaction is common and normal in relation to a distressful event. The key point is that the child should know that his or her reactions are understandable and human, and that the reactions do not mean that there is something wrong with him/her. Children may be confused about their own reactions and feelings and they may not share this confusion with anyone. Tell the child that his or her reaction is very common and the reactions and feelings do not mean that there is something wrong with him/her. Rather, he/she is experiencing a common reaction to an unusual situation.

Normalisation helps the child to link his or her reactions to the situation and understand that there is a reason for these feelings and reactions. This helps the child reduce the sense that the world has turned upside down and gives hope to the child that things can return to normal.

Accept and support all emotions the child may express or show. While you cannot prevent a child from showing strong emotions, you may help the child understand that such emotions are common after bad or unexpected experiences. For example, you can say, “I can see that you are afraid. Many children experience fear. This is very common after an experience like this.”

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

Technique 5. Generalisation
Generalisation is related to normalisation. The purpose of generalisation is to widen the perspective to help the child to realise that many other children share his or her reactions. It is not sufficient for the child to realise that his or her reactions are common and perfectly normal in an unusual situation. It is important to stress that many other boys and girls are sharing the same feelings and reactions. This helps reduce the feeling of isolation and can give hope.

You may, for example, say: “I know a lot of boys and girls who are feeling the same way as you are. Some of them are your age, some are older. I also know some children who are now feeling much better.” Alternatively, you may say: “I know one girl who is now doing much better after she talked to her mother about what was troubling her,” or “Many boys and girls feel the way you do when they experience the things you have experienced. Your reactions are very similar to others in the same situation”.

Technique 6. Triangulation
Sometimes children, especially younger children, find it very intimidating and scary to talk to strangers. If a child does not want to talk to you directly, talk to the child through another person, or using a toy or other objects you find suitable (for example, by using a photo, tree, or a person from book). This is called triangulation, because a third person or object becomes part of the conversation, and the three of you form a triangle. This is a non-threatening way of communicating with children who do not trust you yet.
When using triangulation you should still relate primarily to the child to make him or her feel that you are focusing on him or her. For example, if you ask a child how old he or she is, and s/he remains silent, you could say, “May I ask your mum instead?” If the child nods, ask the adult.

Confirm that you still are focusing on the child by looking at the child again and say “Ah, you are five years old?” Eventually, even the shyest child usually starts talking, if s/he feels safe and secure and a bit distracted from his or her emotions.

If the child is not with his or her parents or caregivers, you can use a toy like a puppet or a teddy bear for triangulation. You can say: “Your teddy bear looks tired, he must have walked a long way today. Maybe he would like some water. Would you like some water as well?”

Here is a case study showing how normalisation and generalisation can be put into practice:

Eight-year-old Marlene had seen her father beat her mother all her life. The violence escalated after her father lost his job two weeks ago. One day, the violence was so bad that the mother had to go to the hospital. Marlene's teacher knew about the case from the social services, but Marlene did not talk about it in class. After school, Marlene said to her teacher “I am very tired.”

The teacher asked, “Do you want to tell me why you are tired?” Marlene said, “I don’t sleep very well.”

The teacher said, “Yes, I know that many boys and girls find it difficult to sleep if they are worried about something” (generalisation). “It is very common not to sleep well if you are sad, angry or confused about something; especially if it involves someone you love” (normalisation).

Technique 7. Stabilisation
When children and their parents or caregivers are very distressed, the first helpful thing you can do is to help them become calm. Stabilising the situation is one of the ultimate goals of PFA. There are a number of ways you can do this and it involves both WHAT you are saying and HOW you are doing it.

All the techniques described above help to stabilise the situation. Using a calm, low, comforting voice and non-threatening body language also help.

Other techniques are also helpful. One of them is called ‘grounding.’ If the parent or child is panicking or looks disoriented, try to encourage them to focus on non-distressing things in the immediate environment. For example, try to shift their attention to something you can see or hear – with a parent you could comment on a sound or object in the nearby surroundings. Help the parent or child to reduce the feeling of panic or anxiety by asking them to focus on their breathing, and encouraging them to breathe deeply and slowly.

If a child reacts negatively, for example with aggression, you can try to calm the situation and validate the child’s emotions and encourage the child to cope with this feeling in a different way. Explain to the child that you understand his or her anger, but also tell him or her that it will not help to act out these feelings. For example, you can de-escalate a potential conflict by saying, “It is okay to be angry, but please do not hit others when you are angry. I am here to take care of you and to keep you and your friends safe.”
### MAIN PRINCIPLE I:
**Look**
… to identify who needs PFA and take initial contact

- Check for safety
- Initial contact
- Information

### MAIN PRINCIPLE II:
**Listen**
… through active communication

- Active listening
- Normalization
- Generalization
- Triangulation
- Stabilization

### MAIN PRINCIPLE III:
**Link**
by giving **practical information** and refer to the right help

- Practical information
- Referral
- Reunify child with family

**Main providers in my community for linking children, parents or caregivers with services or support**
e.g. services with their emergency numbers, referrals and other notes

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<tr>
<th>Provider 1</th>
<th>Provider 2</th>
<th>Provider 3</th>
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**General tips:**
- Do not probe
- Be sensitive and focused
- Primary focus is the child, but always include and empower the caregiver when possible
- Provide accurate, age-appropriate information
- Help children and families access services and social support
- Remember to take care of yourself and your colleagues

**How children react depends on:**
- Age and developmental stage
- How others react (especially parents and caregivers)
- What they have experienced
- Past experiences such as abuse, family violence and neglect

**Common reactions to critical events:**
- Fear that the event will take place again
- Worry that their loved ones or they themselves will be hurt or separated
- Reactions to seeing their community destroyed
- Reactions to separation from parents and siblings
- Sleep or eating disturbances
- Crying
- Anger and irritability

**When to worry about a child: Who needs more than PFA?**
Children may need more support if they:
- Remain very distressed
- Maintain dramatic changes in personality and behavior
- Cannot function daily in their lives
- Feel threatened
- Are at risk of doing harm to themselves or others

NB! If a child is severely distressed, avoid leaving him or her alone. Stay with the child until the reaction has passed or until you can get help from others.
Save the Children works in 120 countries. We save children’s lives. We fight for their rights. We help them fulfil their potential.

Our vision is a world in which every child attains the right to survival, protection, development and participation.

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