



Psychological First Aid Guidelines

GENDER AND CHILD CELL
PROVINCIAL DISASTER MANAGEMENT AUTHORITY
KHYBER PAKHTUNKHWA

Message from Director General PDMA KP.

Pakistan is situated within hazards prone zone and exposed to a series of natural and man-made disasters, such as floods, cyclones, earthquakes, landslides, droughts, fire and conflicts. In a country like Pakistan rapid population growth, uncontrolled development and unmanaged expansion of infrastructure are the most common factors that result in more people being vulnerable to natural hazards than ever before. Khyber Pakhtunkhwa having a mixed topography ranges from mountains to plains with many unplanned seasonal and perennial streams, is highly vulnerable to disasters especially to floods. Additionally, proximity with Afghanistan, close borders with erstwhile FATA, militancy and conflicts had a major devastating impact on the province in the past, especially, hosting of a large number of TDPs and Afghan refugees. The vulnerability of people and especially of children, women, older people and persons with disabilities has increased during these disasters that caused a serious threat not only to the lives of all these vulnerable groups but also caused psychological well-beings of the affected people. To cope with sudden and aftermath situations of any disaster that stemmed in psychological distress or disorders among the affected populations, Gender and Child Cell, PDMA Khyber Pakhtunkhwa has framed a guidelines booklet for the practitioners, social workers, field workers, CBOs, NGOs/INGOs and line departments to scale up their response to meet the psychological needs of the vulnerable groups. I hope these guidelines would be implemented by all stakeholders in its real spirit for making the PDMA's response more integrated and inclusive.

Sharif Hussain

Director General

PDMA, Khyber Pakhtunkhwa.



Message from Program Manager Gender and Child Cell PDMA KP.

Gender and Child Cell, PDMA Khyber Pakhtunkhwa is mandated to develop new and review existing policies, SOPs, standards, guidelines and to develop Disaster Management plans at all level with lens of vulnerable groups. The Cell is also assigned to strengthen the existing response of PDMA in the context of children, women, PWDs, gender considerations and other protection concerns.

GCC has developed multiple resources on different thematic areas of protections to bring uniformity and inclusiveness in the response to any emergency situation. In Recent Covid-19 pandemic situations at global level in general and Khyber Pakhtunkhwa in particularly, many women, parents of children had approached to PDMA's Helpline 1700 for seeking Psychological support from psychologists who were available 24/7. Many PSS cases were reported to PDMA. The needs for Psychological First Aid and guidelines were felt in view of the recorded data at PDMA level. GCC with Support of Child Protection sub working group and UNCEF, Peshawar office, initiated the process of development of PFA. A serious consultations were taken place with stakeholders and followed by internal consultations at PDMA level. The developed PFA was also endorsed by CP sub working group's members and then finally approved by the Director General, PDMA Khyber Pakhtunkhwa.

I am grateful to UNICEF's Child protection section, Peshawar, Consultant and my colleague Muhammad Saddique, Monitoring & Evaluation Officer, GCC KP representing PDMA KP in child protection sub working group, for their collaborative works untired efforts for the development of PFA's Manual. I hope this manual will be resource for our partner's organizations to better respond to traumas and psychological needs.

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1. About the Handbook

Guidelines on Psychological First Aid (PFA), Guidebook for Humanitarian Workers has been developed by the Provincial Disaster Management Authority (PDMA) in Khyber Pakhtunkhwa in collaboration with UNICEF, to impart a set of skills and competencies to humanitarian workers and community helpers to help reduce the initial distress of children, their caregivers, and other vulnerable members of the community, during a humanitarian situation.

A humanitarian situation here is a generic term used to describe a single or a series of events that threaten the health, safety, property, livelihood, or well-being of an individual or a community. An individual may experience a humanitarian situation as a result of the loss of:

- Loved ones or significant others
- Control over one's own life or future
- Hope or initiative
- Dignity
- Social infrastructure and institutions
- Access to services
- Property or belongings
- Livelihoods

Humanitarian situation may cause people to lose faith in the norms, networks, and trust in the society that is supposed to protect them. They may also question the fairness of the world and doubt their faith. These are known as the psychosocial impacts of a humanitarian situation. Despite these, evidence suggests that most people do not develop severe mental health disorders if they are provided with some basic psychosocial support immediately after a humanitarian situation.

Psychological First Aid is defined as a compassionate and supportive response to someone who is suffering and may need support. The purpose is not to diagnose or provide therapy. It is made up of three steps: look-listen-link. More specifically, it can be broken down as follows: looking for signs of distress, listening actively, and linking people to support services where appropriate and available. Like first aid, this can be done by anyone who is trained to do it.¹

This guidebook is in line with the PFA resources of UNICEF, WHO, the IASC, the International Red Cross, Save the Children, and The MHPSS Collaborative.

¹ UNICEF Educational Manual. Available at:
https://www.unicef.org/mena/media/9601/file/UNICEF_MENA_TTP_total_0.pdf%20.pdf

2. What is Psychological First Aid?

Psychological First Aid (PFA) is a psychosocial support tool that is used to help people affected by an emergency, disaster, or distressing event. It is a supportive humane tool that helps a person in distress to feel heard, accepted, enabled to manage his/her distress and to get practical support. It involves actively listening to identify needs, assessing the nature of the required help, facilitating positive coping, giving information, and connecting to appropriate services. It aims to help people in:

- Feeling safe, calm, connected and hopeful.
- Accessing social, emotional and physical support.
- Feeling able to help themselves and others.
- Helping them make sense of the distressing situation
- Reducing the risk that short-term distress leads to longer-term mental health issues

Psychological First Aid is based on the understanding that people affected by disasters may experience a range of reactions (physical, psychological, emotional, and behavioral). These reactions are normal and understandable in those circumstances and may interfere with their ability to cope. In these reactions, psychological first aid may promote recovery and improved decision making.

In the aftermath of a humanitarian situation a small part of the affected population will have more complex reactions and may require specialized mental health support to assist recovery. But most people recover well on their own or with the support of compassionate and caring humanitarian workers, friends, and family. For children, psychological first aid fosters positive coping and helps prevent short- and long-term psychological problems. Research-based evidence informs that support from family, teachers, and other people in a child's immediate environment plays a significant role in the development and recovery of children, following difficult experiences.²

Psychological First Aid became popular as research in other forms of psychosocial management took place. As it was found to be the most useful in helping people feel supported and calm. Since 2002, it has been recommended as an essential part of psychosocial support in the aftermaths of a humanitarian situation.³ It is important to remember that while psychological first aid is a significant part of the multi-layered, integrated MHPSS support and interventions, it is not the only one, nor specified for use in humanitarian situations only.⁴ While the focus of this guideline is on humanitarian situations, psychological first aid is also an effective immediate intervention in non-emergency contexts, for example, after a traffic accident and with children who have been abused.

² M. Ungar (ed) (2012). *The Sociology of resilience. A Handbook*. Springer. New York

³ Bisson & Lewis 2009

⁴ Snider et. al. (2018). *Applications of Psychological First Aid around the world: summary of a five-year retrospective*. HPN

3. Why is PFA Important?

Psychological First Aid helps a person in distress feel calm, safe, and secure. Psychological First Aid is rooted in the understanding that there are times when overwhelming experiences in life can interfere with a person's ability to cope. Thus, a person may struggle with responding to distress and managing themselves, this is where active listening and calm talking from a helper is required to stabilize the person.

Psychological First Aid provides an individual with emotional support, with the aim of reducing stress and foster positive coping after an event or crisis. Elements of Psychosocial Support

Psychological First Aid is guided by the five basic elements of psychosocial support that have been gathered from research on risk and resilience, field experience and expert agreement.⁵ When providing psychological first aid these elements should be kept in mind.

The elements of psychosocial support are:

1. Ensuring safety
2. Promoting calm
3. Promoting connectedness
4. Promoting self-efficacy and group efficacy
5. Instilling hope

1. Ensuring safety

When people experience an intense situation where they feel under threat, danger, or fear, their negative psychological reactions continue as long as their perception of the threat lasts. Research has shown that experience is uniform across cultures, and these negative reactions only gradually reduce when safety is reintroduced. Ensuring safety may include:

- Removing people from, or reducing their exposure to, the threat of harm
- Helping people meet basic needs for food, water, shelter, financial, material assistance and reunification with family
- Helping people obtain emergency medical attention
- Providing physical and emotional comfort
- Providing repeated, simple, and accurate information

2. Promoting calm

During intense experiences of negative reactions, following a humanitarian situation, people face a risk of developing longer term mental health disorders if their stress reactions are not normalized timely. Some ways of promoting calm may include:

- Stabilizing people who are overwhelmed or disoriented
- Maintaining familiar environments, settings, daily routines and objects for children Explaining what happened, in particular to children in a child-friendly and age-appropriate manner, and if possible, what will happen next in simple words and by sitting at their eye level
- Providing an environment, as far as practical, removed from stressful situations or exposure to sights, sounds and smells of the emergency

⁵ SAMHSA 2010

- Listening to people who wish to share their stories and emotions, without forcing them to talk
- Remembering that there is no right or wrong way to feel
- Being friendly and compassionate even during difficult interactions with people
- Offering accurate information about the distressing event and the relief efforts underway to help survivors understand the situation
- Providing techniques and psychoeducation on stress and coping
- Reminding people when they express fear or worry, that more help and services are on the way

3. Promoting connectedness

In the wake of a humanitarian situation, having access to social support activities and networks increases opportunities for emotional understanding, knowledge to be shared, to normalize reactions, and solve problems. Social support has been found to be closely related to better emotional wellbeing and recovery from distressing events. Promoting connectedness may include:

- Helping people contact friends and loved ones
- Keeping families together
- Keeping children with parents or care givers.
- Helping establish contacts with support people
- Offering practical help to people to address immediate needs and concerns
- Providing information and directing people to the services that are available
- Respecting cultural norms regarding gender, age, family structures, and religion

4. Promoting self-efficacy

Self-efficacy is the belief that one is capable of being in control of some aspects in their life. Having a sense of control over positive outcomes in one's life is generally psychologically beneficial. Distressing events can make people feel as if they have lost control or lack the competence to manage their life. Prior to the crisis or traumatic event, people usually had some sort of routine. Through PFA we can remind them of their resilience and their ability to maintain their life prior to the event. Promoting self-efficacy may include:

- Engaging people in meeting their own needs
- Assisting with decision making, and helping them to prioritize problems and solve them

5. Instilling hope

It is found that people who remain optimistic in times of crisis are more likely to experience favorable outcomes following distressing events. This is because people can retain a reasonable degree of hope for their future. Instilling hope may include:

- Conveying an expectancy that people will recover
- Being there/being willing to help
- Reassuring people that their feelings are normal

4. Crisis, Common Reactions & Coping Strategies

Crisis / Disasters

Crisis or disasters are events of intense fear for an individual that threaten them with a loss of life, property, or freedom to make choices. Psychological first aid can be used in these situations to help people feel calm and supported. Examples include:

1. Personal Crisis

Psychological first aid skills can be applied in personal situations. Most people encounter situations in their lives where family members or friends experience crises, for example if someone loses their job, is involved in a car accident, is chronically ill or someone they love dies. Psychological First Aid helps the person in distress feel calm and supported, and able to identify what practical steps they need to take to handle the situation positively. .

2. Social Challenges

Staff and volunteers working in the humanitarian and development sectors support many individuals and groups of people who are marginalized and experience social isolation. Examples are women and children suffering domestic violence, socially excluded families, homeless people, older people, or people who live in institutions such as care homes for older people, alternative care arrangements for children, psychiatric hospitals, or prisons. Social exclusion and loneliness can lead to feelings of not belonging and a sense of worthlessness and loss of self-efficacy.

3. Natural Disasters

Disasters such as earthquakes, floods and fires typically affect many people at the same time and often involve large-scale devastation and loss of homes and lives. Natural disasters are frightening and often result in chaos and panic. People affected by natural disasters risk being physically hurt, witnessing the injury or even death of others, fearing for their own lives and safety, being separated from their families, and loved ones, and relocating in temporary or permanent shelters. Psychological first aid can help people find support and strength during these difficult times.

4. Man-made disasters

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

5. Interpersonal Violence

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

6. Armed Conflict

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

7. Migration

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

Common Reactions to Distressing Events

A humanitarian situation can cause strong emotional and physical reactions in a person. It may induce feelings of intense fear. The loss of valued belongings, community icons and connections to a place, loved ones and thoughts that one may die or be seriously injured can cause intense distress. These situations may be directly experienced or witnessed.. Manifestation of emotional and physical reactions are based on two things: 1) the individual's existing coping skills, 2) available sources of support. Thus, for everyone the reactions would be different: some people may experience common reactions to distress while others may experience complex reactions which would require referral and further follow-ups, whereas common reactions can be conveniently managed via psychological first aid.

It is important to remember in the context of PFA that: ⁶
1. People do not all react at the same time or in the same way to crisis
2. Not everyone needs or wants PFA
3. Witnesses to a frightening event may also be strongly affected and need PFA
4. Some people have strong reactions, but do not need PFA because they can manage their situation on their own, or have support from other sources

The first and one of the most important skill of a psychological first aid provider/helper is to learn how to recognize when someone needs PFA and how to find ways to help them. The reactions provided here relate to adults and

⁶ International Federation of Red Cross and Red Crescent Societies

older children (15-18 years old), some of the reactions of younger children are presented in the following section, and more detail on reactions may be found in the section on [considerations for PFA with children](#).

Common Reactions

People’s reaction to difficult experiences depends on the nature of their experience, resilience, age and personality, support system, usual coping methods, and previous experiences. However, the following common emotional and physical distress reactions can be expected in adults and older children immediately during and in the days, weeks, months, or years following a distressing event.⁷

- Feelings of guilt, sadness, relief, anger, fear, anxiety, confusion, uncertainty, hopelessness
- Feeling numb, increased heartbeat, sweating, shaking, trembling or shortness of breath
- Difficulty making decisions and comprehending complex information
- Difficulty communicating clearly with others
- Feelings of helplessness or powerlessness
- Feeling overwhelmed.

The following common distress reactions may be expected in younger children.⁸

- Sleep disorders
- Feelings of anxiety and depression
- Social withdrawal from others
- Concentration difficulties
- Crying
- Clinging behavior
- Regression – showing behaviors younger than actual age (bed wetting, thumb sucking)

It is important to understand the difference between stress and distress to understand these reactions:	
Stress	Distress
<i>It is an ordinary part of everyday life. More precisely defined as the body’s reaction to pressing environmental stimuli. It can be positive or negative. It is positive when it makes a person perform well, for example, in a test or an exam. However, it can also be negative and lead to distress and crisis.⁹</i>	<i>This happens when a person is unable to cope or adapt to the challenges or the situation they are facing. It can be caused by stress building up over time and can cause emotional discomfort and suffering.¹⁰</i>

Complex Reactions

Complex reactions, as the name suggests, are more severe and require referral for specialized help. Some of the most reported complex reactions following a traumatic situation are:

⁷ International Federation of Red Cross and Red Crescent Societies (2018)

⁸ Save the Children

⁹ International Federation of Red Cross Red Crescent Societies (2019)

¹⁰ ibid

1. **Panic attacks and feelings of overwhelming anxiety** – these may include an increased heartbeat, shortness of breath, pain in the chest, excessive sweating, feeling dizzy or light-headed and feeling like something very bad is going to happen to him/her right now.
2. **Anger and aggressive behavior** – when a person experience immense loss, the person may feel and express anger / aggression to feel grounded and strong. This also helps to avoid painful emotions of sadness and fear.
3. **Self-harm and suicide** – the person may start hurting him/herself on purpose, for example, by cutting or burning their skin. People do this to shift their focus from the pain of loss. Suicide is when someone intentionally takes his/her own life. It is important to always take someone seriously when they say they want to end their life, thus they should not be left alone and immediate referral must be provided.
4. **Harmful coping methods** – people may start harmful coping that may include self-medicating with drugs or alcohol, withdrawing or keeping oneself completely apart from other people.
5. **Prolonged grief** – when a person struggles with accepting and adapting to their loss, it’s called prolonged grief. It affects how the person lives their life from day to day and their social interactions. It causes extreme feelings of distress every time something reminds them of their loss.
6. **Sleep problems** – very common after traumatic events. Many people start having disturbing dreams, others may have trouble in falling and/or remaining asleep. If it persists, it may lead to other psychological and physical problems and interfere with daily living, mood, and relationships.
7. **Flashbacks** – it is also called re-experiencing when a person feels as if they are back in the moment of the original stressful event. They feel very real and leave the person confused and frightened.

For children some of the complex reactions may look like:

- Nightmares and/or night terrors
- Panic attacks
- Pseudo seizures – fits that cannot be medically explained
- Tantrums (an uncontrolled outburst of anger and frustration)
- Bed wetting
- Weight loss
- Social withdrawal

Certain factors can increase the risk of developing complex reactions: ¹¹
1. Separation from family
2. Thoughts that they were going to die
3. Extremely horrifying situation
4. History of previous traumatic experiences
5. Loss of loved ones
6. Underlying psychological disorder

Coping Strategies

When our body is attacked by bacteria or a virus, our immune system jumps in to protect us. Similarly, the brain uses certain coping skills/strategies to protect us from, and reduce, emotional distress. These coping skills are different for each person and may be helpful or unhelpful. They are differentiated by their ability to reduce or

¹¹ Australian Red Cross (2020)

manage distress. While providing psychological first aid, the provider/helper will have to guide people to recognize their coping skills and to adapt adaptive skills to manage their distress. Presented here are some examples of both:

Different Coping Strategies for Adults	
Helpful Coping Skills	Unhelpful Coping Skills
Talking to another person for support	Using alcohol or drugs
Getting needed information	Withdrawing from activities
Getting adequate rest, nutrition, exercise	Withdrawing from family and friends
Engaging in positive distracting activities (sports, hobbies, reading)	Watching too much TV or playing computer games for too long
Trying to maintain a normal schedule to the extent possible	Getting violently angry
Telling yourself that it is natural to be upset for some period of time	Excessive blaming of self or others
Scheduling pleasant activities	Overeating or undereating
Taking breaks	Working too many hours
Using relaxation methods	Doing risky or dangerous things
Using calming self-talk	Not taking care of oneself (sleep, diet, exercise, etc.)
Exercising in moderation	
Seeking counseling	
Keeping a journal	
Using coping methods that have been successful in the past	
Spirituality	

Different Coping Strategies for Children ¹²	
Helpful Coping Skills	Unhelpful Coping Skills
Self-soothing	Self-harm behavior
Calming activities (painting, drawing, music)	Substance use
Mind-occupying activities (puzzles, playing games)	Unhealthy eating
Talking to someone	Social withdrawal
Journaling (drawing, dairy writing)	Aggression
Positive self-talk	Maladaptive behaviors (Screaming, crying, kicking, throwing things)

Discussing helpful and unhelpful coping skills/strategies with the person can help them:

- Consider different coping options
- Identify and acknowledge their personal coping strengths
- Think through the negative consequences of maladaptive (dysfunctional) coping actions
- Make conscious goal-oriented choices about how to cope
- Enhance a sense of personal control over coping and adjustment

¹² Children’s Hospital Colorado

5. Providing Psychological First Aid

Who Provides Psychological First Aid?

Anyone can provide support to people in distress. However, only people trained in PFA core principles should deliver PFA on a large scale as part of a coordinated response mechanism. This means that psychosocial support is an essential part of emergency response and can be undertaken in a coordinated manner. In principle, a wide variety of people in the community – from emergency personnel to neighbors and volunteers – in addition to designated responders can provide PFA. It is important to remember that PFA is a supportive tool to reduce initial distress, it is not a psychological intervention.

WHO can provide PFA to WHOM	
Social/Community/Field Workers	Survivors of distressing event, accident, violence, and/or abuse
Lady Health Workers	Women and children in the community
Medical Officers	Patients seeking medical help from them
Teachers	Students and their parents/caregivers
Parents/Caregivers	Children and their extended family members
Religious Leaders	Community in general

Who Benefits from Psychological First Aid?

Any person in distress should have access to PFA, where possible. This includes children, adolescents, adults, recovery workers and first responders. The reaction of each person will depend on their pre-disposing factors (age, gender, personality, past experiences, disability, nature of loss) thus PFA providers/helpers will have to observe and look for people who need help. It is important that help is not forced on people who do not want it. PFA will help in the identification of those people who are experiencing complex reactions and may need further referrals.

It is also important to remember that not everyone experiencing an emergency or crisis will have prolonged or complex distress symptoms. They may have some protective factors including:¹³

- Good level of functioning
- Social support
- Ability to cope
- Strong moral belief systems
- Returning to normal life
- Reducing disruption

When do you Provide Psychological First Aid?

PFA can help at different times after the crisis. Most people may require it during or shortly after the crisis. Other may feel distress much later: weeks, months or even years later. Thus, PFA is provided in the aftermath of a distressing event/crisis as an emergency response, but it may be extended to people as per their need and distress reactions.

¹³ John Hopkins School of Public Health (2008)

Where do you Provide Psychological First Aid?

PFA can be delivered in any setting where it is safe for the person and the provider/helper. It can be provided at the scene of an emergency or at places where affected people gather:

- Evacuation / relief centers / camps
- Recovery centers
- Hospitals
- Homes
- Assistance centers
- Mosques
- Schools
- Businesses
- Shopping centers/marketplaces
- Airports
- Memorial services
- Community centers

Dos and Don'ts of Psychological First Aid

Always be considerate and respectful of the people while providing PFA and follow the presented ethical Do's and Don'ts:¹⁴

Dos	Don'ts
Be honest and trustworthy	Don't exploit your relationship as helper
Be aware of, and set aside your own biases and prejudices	Don't ask the person for any money or favor for helping out
Make it clear to people that even if they refuse help now, they can still access help in the future	Don't make false promises or give false information. Don't exaggerate your skills
Behave appropriately by considering the person's culture, age and gender	Don't force help on people, and don't be intrusive or pushy
Respect people's right to make their own decisions	Don't interrupt or rush someone's story (e.g., don't look at your watch or speak too rapidly)
Respect privacy and keep the person's story confidential if this is appropriate	Don't touch the person if you're not sure it is appropriate to do so
Find a quiet place to talk, and minimize outside distraction	Don't pressure someone to tell you his/her story
Stay near the person but keep an appropriate distance depending on his/her age, gender, and culture	Don't judge what the person has or hasn't done, or how he/she is feeling. Don't say: "You shouldn't feel that way" or "You should feel lucky you survived".
Let the person know you are listening e.g., nod your head or say 'hmm...'	Don't make up things you don't know

¹⁴ The Sphere Project (2011)

Be patient and calm	Don't use terms that are too technical
Acknowledge how the person is feeling and any losses or important events he/she tells you about, such as the loss of their home or the death of a loved one. "I'm so sorry. I can imagine this is very sad for you"	Don't think and act as if you would solve the person's problems for him/her.
Acknowledge the person's strengths and how they have helped.	Don't take away the person's strengths and sense of being able to care for oneself
Allow for silence	Don't talk about people in negative terms (e.g., don't call them 'crazy' or 'mad')
Provide information if you have it. Be honest about what you know and don't know and how you will follow up. "I don't know, but I will try to find out about that for you".	Don't share other people's stories

6. What are the different techniques of Psychological First Aid?

PFA does not follow a fixed pattern, the provider/helper will have to adjust his/her strategy as per the humanitarian crisis and the reaction of the affected community. Helpers may have to go through the core elements repeatedly to receive the proposed outcome¹⁵ which means that assessment may have to be repeated to better understand the person’s struggle. It depends on the situation and needs of the affected persons.

Core Elements of Psychological First Aid¹⁶

There are four basic sets of actions or core elements that guide the PFA – Prepare, Look, Listen, and Link. These core elements define the entire process of PFA that includes: identifying who requires assistance (Look), listening to the concerns and difficulties of the person (Listen), and connecting them to sources of information and practical help as per their needs (Link).

PREPARE	Assessment - LOOK	Communication - LISTEN	Connection - LINK
<ul style="list-style-type: none"> <input type="checkbox"/> Learn about the crisis event <input type="checkbox"/> Learn about available services and support mechanisms <input type="checkbox"/> Learn about safety, access, and security concerns <input type="checkbox"/> Consider physical and mental preparedness 	<ul style="list-style-type: none"> • Who needs help • Safety and security risks • Physical injuries • Immediate basic and practical needs • Emotional reactions 	<ul style="list-style-type: none"> • Approach someone • Introduce yourself • Pay attention and listen actively • Accept other's feelings • Calm the person in distress • Ask about needs and concerns • Help the person(s) in distress find solutions to their immediate needs 	<ul style="list-style-type: none"> • Access information • Connect with loved ones and social support • Access services and other help

1. Preparing for Providing Psychological First Aid

It is important to prepare well in advance for any unforeseen event that may require the delivery of PFA. Thus, for responders knowing about the situation and preparing as best as possible will ensure the provision of the most effective support. Before going into the field to provide PFA the provider/helper should:

- Learn about the crisis event
- Learn about available services and support mechanisms
- Learn about safety, access, and security concerns
- Consider his/her own physical and mental preparedness

Important questions to ask before entering an emergency site: ¹⁷	
<p>About the emergency event:</p> <ul style="list-style-type: none"> • What happened? • When and where did it take place? 	<p>About safety and security concerns:</p> <ul style="list-style-type: none"> • Is the crisis event over or continuing? • What dangers may be in the environment, such as debris or damaged infrastructure?

¹⁵ International Federation of Red Cross and Red Crescent National Societies (2018)

¹⁶ ibid

¹⁷ Psychological First Aid: An Australian Guide (2020)

<ul style="list-style-type: none"> • How many people are likely to be affected and who are they? • How long did it go on for/will go on for? 	<ul style="list-style-type: none"> • Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?
<p>About available services and support mechanisms:</p> <ul style="list-style-type: none"> • Who are the relevant authorities managing the crisis? • Who is providing for basic needs like emergency first aid, food, water, material assistance, shelter? • Where and how can people access these services? • Who else is helping? Are community members involved in responding? • Is there any system in place by Social Welfare Department, INGOs/NGOs to help families reunite? 	<p>About your own physical and mental preparedness:</p> <ul style="list-style-type: none"> • Do you have everything you might need to be away from home/office (phone, charger, medicine, drink bottle, etc.)? • Have you let family members/friends know what you are doing and how long for? • Have you made arrangements for children, people you are caring for and pets? • Do you feel emotionally ready to provide psychological first aid?

2. Assessment – LOOK

“Look” refers to the assessment of safety of the provider/helper and identifying the cases most in need of support. For this purpose, PFA workers/helpers need to gather information on what happened, what is happening, and assess the following:

- a) **Who needs help** – this is relatively simple to assess in a small event involving one or two persons. But on the sites of massive incidents like a flood, earthquake or pandemic, prioritizing who needs help can be challenging. Thus, it is important for the helpers to be aware of different distress reactions so that they can identify people who are showing expected and/or complex reactions. Accordingly, they can prioritize who needs support before the others.
- b) **Safety and security risks** – it is always important to assess the safety and security risks beforehand for the benefits of the helper and the affected people. If safety is not ensured, PFA may not be given in-person.
- c) **Physical injuries** – the next important step is to check whether the affected person has any physical injuries and to attend to those immediately. The helper can refer and attend to the person accordingly. When dealing with a child, the helper may have to assess the level of injuries and act accordingly as children may not be able to communicate their needs.
- d) **Immediate basic and practical needs** – after assessing safety, security, and physical health, the helper should assess the immediate basic needs of the person like water, clothing etc. As it will be difficult for a person to focus on what you tell him/her if he/she is hungry, thirsty, or cold. Provide emotional and practical support according to the need of the person. A very important part of providing PFA is knowing where and who provides help in accessing basic needs. Thus, the helper should have a referral list in hand. A referral list includes services mapping of the area to inform on who is offering which services where, so that people may be connected to service providers as per their needs.
- e) **Emotional reactions** – a key part of PFA is recognizing other people’s emotional reactions, accepting these without judgment and responding in a caring and understanding way. The person in distress has the need to be accepted and acknowledged for the pain he/she is feeling. Helpers must also be aware of cultural differences in emotional expression to better understand the needs of the affected population.

3. Communication – LISTEN

“Listen” refers to the way the providers/helpers communicate with the people in distress throughout their interaction. It helps the helpers develop a better understanding of survivors’ needs and concerns. This includes the most important skill called ACTIVE LISTENING. It does not just involve listening through the ear, but it means understanding what happened to the person in distress, what he/she is feeling, and his/her needs. It is being open, inquisitive, and sensitive to what the distressed person is experiencing.

- a) **Approach someone** – approach someone in distress carefully, calmly, and in an appropriate manner. The helper’s behavior and attitude influence the process of help, therefore it is important that the helper remains calm and focused throughout.
- b) **Introduce yourself** – introduce who you are, what your name is, what the name of your organization/department is and what you are here for .
- c) **Pay attention and listen actively** – let the person know that you are genuinely there to help him/her by minimizing distractions. Look at him/her directly, focus on what he/she says and how he/she behaves. Try to be at the same physical level as the person, if you are talking to a child get on your knees to come to his/her eye level. Active listening is the handiest skill here for the helper. It is a communication skill that is both verbal and non-verbal. Non-verbally you can communicate your attentiveness by body positioning, focusing on the other person, and if appropriate, touching to connect. Verbally you can rephrase, summarize, be encouraging, and supportive.
- d) **Accept other's feelings** – every person’s distress response is different. Try not to judge someone’s reaction or feelings. Remember, there is no right or wrong way to feel. Thus, be friendly and compassionate even if someone is being difficult.
- e) **Calm the person in distress** – during difficult times of high distress, people may experience strong physical and emotional reactions. They may feel confused or overwhelmed therefore the helper may calm him/her by:
 - Keeping a calm and soft tone of voice
 - Staying calm
 - If culturally appropriate, maintaining eye contact with the person
 - Reminding the person that you are here to help, and he/she is safe now
- f) **Ask about needs and concerns** – the aim of PFA is to help a person feel safe and supported in a humane way. The helper will have to ask questions to understand what help is needed by the person. The conversation in PFA is focused on what is needed right now, instead of what happened or how they feel about it. It is to convey that the person is safe now and you are here to help him/her in meeting his/her needs. A person in distress may usually be confused about his/her needs, therefore the helper may guide him/her in prioritizing those needs.
- g) **Help the person in distress find solutions to his/her immediate needs** – another important step is to identify the person’s ability to cope with distress. Ask him/her how sh/she coped with distress before now, affirming his/her ability to cope with the current situation. Ask him/her what he/she needs to feel better. Encourage him/her to use helpful coping strategies and avoid unhelpful ones.

4. Connection – LINK

This element of PFA has practical elements in terms of the provide/helper providing information and helping people attend to their basic needs, identified through the preceding ‘Listen’ phase, and access the resources they need to cope with their situation.

- a) **Access information** – help them access accurate information about the situation and their loved ones (in case they have separated from them). This can also include practical information like where to access different resources that helps in normalizing emotional reactions and the person may experience.
- b) **Connect with loved ones and social support** – it is important to connect the person with their family, either face to face or by phone or messages, to keep them updated. Helpers should assist to restore family links because social support is a huge help during humanitarian situations.
- c) **Access services and other help** – help the person in dealing with practical problems like accessing services and other support mechanisms.

Summary of Psychological First Aid

PFA is governed by the core elements, PREPARE-LOOK-LISTEN-LINK, which must be used as per the situation and the person's needs. Presented here are the techniques to be used in implementing these core elements:

Core Elements of PFA	Techniques of PFA	Description
PREPARE	Assess context	Understand the emergency and safety and security
	Identify services/support	Understand available services and support mechanism
LOOK	Contact and Engagement	Identifying who needs help, what is the nature of their needs
	Comfort and Safety	Ensure the helper and the affected person's safety and comfort before going out to deliver PFA
	Calm and Stabilization	Practice active listening, identify signs of distress, ask about coping skills, and convey support (verbally and non-verbally)
LISTEN	Collect Information on Current Needs and Concerns	Ask about priority needs, helping in figuring them out if the person appears to be confused or overwhelmed.
	Care: Provide Practical Assistance	Provide practical assistance in setting up priorities
	Connection with Social Supports	Refer to support services
	Information on Coping	Provide information on helpful and unhelpful coping skills
LINK	Linkage with Collaborative Services	Help linking to support services by providing contact details

7. Considerations for Providing Psychological First Aid to Specific Population Groups

When providing PFA to specific population or vulnerable groups, the helpers will have to adjust their strategies according to their needs and concerns. This section focuses on specific considerations that helpers should be aware of when dealing with diverse groups during humanitarian situations.

Psychological First Aid for Children

In humanitarian situations children react and think differently than adults. They have specific needs according to their ages, individual circumstances, and own resilience, and are vulnerable to adverse effects due to their physical size and social and emotional attachments to caregivers. Not all children will need PFA. Like adults, some children cope very well with difficult experiences.¹⁸ Although PFA for children follows the same principles as for adults, there are some key differences, and some additional or adjusted actions that may be required.¹⁹ PFA for children not only involves providing support to children but also providing additional support to parents/caregivers during and in the aftermaths of crisis, so that they can cope better themselves and support their children.

Who Can Provide Psychological First Aid to Children?

All adults working directly with children can provide PFA. These adults include teachers, educators, social workers, and all others who work to support children in a distressing situation.²⁰ Also children can provide PFA to each other when trained appropriately.

Common Reactions of Children

Children present reactions to distressing situations as per their developmental stage and protective factors. For example, a three-year-old child accompanied by his/her parents during a difficult situation will react differently than a three-year-old unaccompanied child. Similarly, a nine-year-old child would react different than a six-year-old child due to his/her cognitive development. Listed here are some common reactions of children to crisis, according to their age.

Common reactions to stressful events among children aged 0-3 years	Common reactions to stressful events among children aged 4-6 years
<ul style="list-style-type: none"> • They cling more to their parents. • They go back to younger behaviors. • There are changes in their sleep and eating patterns. • They cry more or are more irritable. • They are afraid of things that did not frighten them before. • They display hyperactivity and poor concentration. • There are changes in their play activity: Less or no interest in playing or only playing for short periods of time, or repetitive playing. They may play aggressively or in a violent way. • They can be more opposing and demanding than before. • They can be very sensitive to how others react. 	<ul style="list-style-type: none"> • They start clinging to parents or other adults. • They regress to younger behaviors such as thumb-sucking. • They stop talking. • Become inactive or hyperactive. • Stop playing or start playing repetitive games. • Feel anxious and worry that bad things are going to happen. • Experience sleep disturbances, including nightmares. • Change eating patterns. • Become easily confused. • Become unable to concentrate well. • At times take on adult roles. • Feel irritability.

¹⁸ Save the Children Psychological First Aid Training Manual for Child Practitioners (2013)

¹⁹ International Federation of Red Cross and Red Crescent National Societies (2018)

²⁰ Save the Children Psychological First Aid Training Manual for Child Practitioners (2013)

Common reactions to stressful events among children aged 7-12 years	Common reactions to stressful events among children aged 13-17 years
<ul style="list-style-type: none"> • Their level of physical activity changes. • They feel and behave confused. • They withdraw from social contact. • They talk about the event in a repetitive manner. • They may be reluctant to go to school. • They feel and express fear. • They experience a negative impact on memory, concentration, and attention. • They have sleep and appetite disturbances. • They show aggression, irritability, or restlessness. • They have somatic complaints (physical symptoms related to emotional stress). • They are concerned about other affected people. • They experience self-blame and guilt feelings. 	<ul style="list-style-type: none"> • Feel intense grief. • They feel self-consciousness or guilt and shame that they were unable to help those who were hurt • Show excessive concern about other affected persons. • They may become self-absorbed and feel self-pity • They may experience changes in their relationships with other people. • May also start taking risks, engage in self-destructive behavior, have avoidant behavior, and become aggressive. • They experience major shifts in their view of the world, accompanied by a sense of hopelessness about the present and the future. • They often become defiant of authorities and parents, while they start relying on peers for socializing.

Complex Reactions of Children²¹

Some children will experience complex and intense reactions when faced with intense distress. This may require referrals to specialized services and/or child protection services. Remember, that a helper must not label reactions of a child as ‘symptoms’, or speak in terms of ‘diagnosis’, ‘conditions’, ‘pathologies’, or ‘disorders’. Some complex reactions of children are:

- Risk of harm to himself/herself and/or others
- Suicidal thoughts
- Extreme persistent emotional withdrawal (no emotional response)
- Persistent whining, whimpering, uncontrolled crying
- Dissociating (the child may experience pseudo seizures or periods of detachment from surroundings)
- Hallucinations (hearing voices or seeing things/people that appear real but are created by someone’s mind)
- Anxiety attacks
- Signs of mental disability (difficulty understanding language and/or social interactions)

Providing Psychological First Aid to Children

Presented here is an overview of the core elements of PFA in supporting children.

²¹ Global Child Protection Area of Responsibility

Prepare	Assessment - LOOK	Communication - LISTEN	Connection - LINK
<ul style="list-style-type: none"> • Information on what has happened • Safety and security risks 	<ul style="list-style-type: none"> • Information on what has happened • Safety and security risks • Who the child is with or whether the child is alone • Physical injuries • Immediate basic, practical, and protection needs • Emotional reactions 	<ul style="list-style-type: none"> • Approach the child and introduce yourself • Do not instigate physical contact • Calm the child • Pay attention and listen actively • Accept and validate the child's reactions and feelings • Ask about needs and concerns with age appropriate questions • Help the child find solutions to his/her immediate needs 	<ul style="list-style-type: none"> • Assess the child's needs, with the child, if possible • Help the child access protection and services for basic needs • Give age appropriate information • If alone, connect the child with loved ones and, if needed, child protection services

Always be mindful of the child’s age and interact with him/her accordingly. Here are some additional guidelines that may support the helper while providing PFA to children.

Keep them Safe

- Protect children from being exposed to any potentially distressing scenes, like injured people or terrible destruction
- Protect children from hearing upsetting stories about the event
- Protect children from the media or from people who would want to interview them who are not part of the emergency response

Listen, talk, and play

- Listen to children’s views on their situation
- Talk with them at their eye level, and use words and explanations they can understand
- Support the caregivers in taking care of children
- Involve them in play activities or simple conversation about their interests, according to their age.

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

Connect for support

- Keep children together with loved ones
- When unaccompanied, link children with a trustworthy child protection network or agency. Do not leave the child unattended
- Ensure children are looked after by their caregivers or alternative care mechanisms that have been safely established Report child protection concerns to child protection authorities or, if not available, the police

Communication Techniques for Children in Distress²²

Helpers may use the following techniques for active communication with children in distress.

Active Communication Techniques	Description

²² Child Protection, Global Protection Cluster

<p>Initial Contact</p>	<p>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 the child’s context and culture, maintain eye or make physical contact, such as holding the parent or child’s hand, or having your arm around the person or on his or her shoulder. If uncertain, avoid touch.</p> <p>Even if the child knows who you are, this does not mean that he/she knows your role or responsibility in a particular situation. Hence, it is important to clarify what your role is, for example: <i>“When a difficult experience like this has happened, my role is to talk to the children to see if there is anyone who would like to share their thoughts.”</i></p>
<p>Information</p>	<p>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, <i>“Where were you when it happened?”</i> or <i>“How come that you did not eat anything today?”</i> Examples of clarifying questions are <i>“I am interested in hearing more of your thoughts on...”</i>, and <i>“Are you saying...?”</i> <i>“Do you mean...?”</i></p> <p>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, practice your listening skills and focus on the basic needs the child or adult expresses in such circumstances.</p>
<p>Active Listening</p>	<ol style="list-style-type: none"> 1. Listen more, talk less – 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. Create as peaceful a place as possible block out any distractions, and turn off your mobile phone or put it on silent. Be aware of your own body language and the appropriate body language required 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 to avoid being completely face-to-face with the child. 2. Paraphrase – paraphrasing means repeating the key words spoken by the child or caregiver. Helpers must act like a mirror by using the child’s language. It conveys that you are listening and concentrating on what the child is sharing with you. 3. Encourage – 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 for building trust. 4. Summarize – reflect and summarize what the child is telling you in the conversation. This communicates that you have heard him/her, and you

	<p>are trying to understand. Also, by summarizing you are clarifying if you have understood the information correctly.</p>
<p>Normalization</p>	<p>In or after a crisis, children may be confused about their own reactions and feelings and they may not share this confusion with anyone. Normalization means that we reassure a child that his or her reactions are common and normal in relation to a distressful event. The key point is that the child should know that there is nothing wrong with him/her. Tell the child that his or her reaction is very common, rather, he/she is experiencing a common reaction to an unusual situation. You may, for example, say:</p> <p>Normalization helps the child 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.</p>
<p>Generalization</p>	<p>The purpose of generalization is to widen the perspective to help the child realize that many other children share his or her reactions. It is not sufficient for the child to realize 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.</p> <p>You may, for example, say:</p> <ul style="list-style-type: none"> - <i>“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.”</i> - <i>“I know one girl who is now doing much better after she talked to her mother about what was troubling her,”</i> - <i>“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”.</i>
<p>Stabilization</p>	<p>When children and their parents or caregivers are very distressed, the first helpful thing you can do is to help them become calm. Stabilizing the situation is one of the ultimate goals of PFA. There are several 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 stabilize 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.</p> <p>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</p>

	<p>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, <i>“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.”</i></p>
Triangulation	<p>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 some 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.</p> <p>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 he/she remains silent, you could say, “May I ask your mum instead?” If the child nods, ask the adult.</p> <p>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.</p> <p>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?”</p>

Providing Psychological First Aid Responsibly to Child Survivors of Sexual Abuse²³

When dealing with children during a distressing situation, PFA providers/helpers must ensure that they are firm on the policy of **do no harm**. They must provide comfort to the child, treat every child fairly, maintain confidentiality, and ensure the safety of the child. In some cases, it may be unclear how to support the best interest of the child and his/her physical and mental well-being. If ever unsure about the safety of the situation, helpers must inform the child that they will need to confidentially speak to another service provider or team member that may have more knowledge on how to ensure his or her safety.

DO’s and DON’Ts for Providing Psychological First Aid to Children	
DO’S	DON’TS
LOOK	
Ask the child/adolescent if they want to find a quiet and private place to talk. Make sure it is a place where others can see you, but not hear you.	DO NOT direct the child/adolescent to go to a quieter or private place or isolate the child against his/her will.
Ensure that you are sitting at his/her eye level. Maintain open body language	DO NOT touch, hug, or make physical contact as this can be traumatizing, uncomfortable and distressing.

²³ IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012

Ask girls and boys if they want to talk to an adult woman or man of the same gender	
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LISTEN	
Listen attentively and pay attention to non-verbal body communication.	DO NOT interview or assess. Do not write anything down, take pictures or verbally share information about the child/adolescent or their experience.
Be calm and patient, accepting what is being said without passing judgment.	DO NOT display shock, disbelief, anger, or any other reactions that may cause the child/adolescent distress.
Let the child/adolescent express himself/herself and use his/her own words	DO NOT use big words or speak more than the child/adolescent

LISTEN-COMFORT	
Reassure the child/adolescent that it is OK to tell you what happened	DO NOT make promises you cannot keep such as saying “everything will be OK” when it is not within your control to assure a child’s well-being.
Respect the child’s opinion, beliefs, and thoughts	DO NOT force the child/adolescent to continue talking with you if s/he does not want to.
Use comforting statements appropriate to the cultural context...examples include: “I believe you” – build trust “I am glad that you told me” – builds a relationship with the child “Thank you for sharing your experience” –expresses empathy “You are very brave to talk with me” – reassuring and empowering	

LINK	
Ask if there is someone that the child/adolescent trusts, and if s/he wants help in reaching out to this person, or accompaniment to find this person.	DO NOT force a child/adolescent to have their caregiver or any other person with them when s/he talks to you as these individuals may have perpetrated the violence, or the child/adolescent may not want to share their experience with them.
Stay with the child/adolescent until she/he feels safe or is in the care of someone who she/he identifies as safe and trusted	DO NOT leave a child/adolescent unattended while she/he is in distress (for example, crying, angry or in shock).
Provide the child/adolescent and adult s/he trusts with accurate, relevant information on services that are available and how to access them	DO NOT try to solve the situation yourself, plan or make decisions for the child/adolescent.
Say what you know and what you do not know. Say “I do not know” or “I do not have that information” if you do not have the information requested.	

Psychological First Aid for People with Physical or Mental Health Conditions or Disabilities

For people with physical or mental health conditions or disabilities the basic principles remain the same, but the following considerations may be kept in mind while providing PFA to them.

- Ask people if they have any special health condition need – high blood pressure, heart condition, asthma, anxiety, and other mental disorders, that may require special care
- People with a disability, particularly a cognitive disability, may become anxious when their routine is disturbed
- Face and speak directly to the person rather than through the companion, attendant or sign-language interpreter who may also be present. For example, do not say ‘tell her...’ or ‘can he...’
- Use first person language regarding the disability. This means to put the person first rather than the disability they may have. For example, ‘Aslam has an intellectual disability’, not ‘Aslam is disabled.’
- Never speak about the person as if he/she were invisible, cannot understand what is being said or cannot speak for himself/herself. If a person requires an interpreter or carer to assist him/her in conversation, make sure there is enough time for the person to absorb information and respond on his/her own
- People with limited mobility or sight or hearing will have difficulties finding their family members or accessing support services.
- Pregnant women may experience severe stress from the crisis that could affect the pregnancy.

Psychological First Aid for People at Risk of Discrimination or Violence

This may include women, people from certain ethnic or religious groups, and people with disabilities. The basic elements of psychological first aid will remain the same, but the following considerations may be focused on their support.

- They may be overlooked when basic needs are assessed
- They may be left out of decisions about aid, services or places to go
- They may be targeted by violence including sexual violence and exploitation.
- They need special care to ensure their safety. Connect with loved ones and give information on available services.

Psychological First Aid for Women Survivors of Violence²⁴

Women survivors of violence may include victims of, but not limited to, domestic violence, harassment, and abuse (physical, psychological, sexual). When a provider/helper provides PFA to women survivors after a distressing incident, they must prepare themselves before approaching the survivor. The following guidelines may be used when approaching women survivors of violence.

Survivor-centered approach: For a woman survivor, it is very important to help her regain her self-confidence by empowering her.

- **Respect** the survivor’s choices, wishes, rights, and dignity.
- **Safety** of the survivor should be the number one priority.

²⁴ How to support survivors of gender-based violence when a GBV actor is not available in your area. Reliefweb

- **Confidentiality** is one of the basic rights of every person, the survivor can choose to whom she will or will not tell her story. A woman survivor of violence shares her story with the helper in great trust, that story must be kept confidential unless it threatens her or someone else’s life.
- **Non-discrimination** means providing equal and fair treatment to anyone in need of support.
- **Provision of Information** should be a helper’s priority in empowering the victim. As per their need, information for services must be shared with the victims.

Providing Psychological First Aid

1. *Prepare*

Helpers must always talk to a Gender Based Violence specialist first to understand the various GBV services available in the area. The helpers should carry out a quick service mapping themselves as well. Helpers must remember their role and mandate and provide non-judgmental and non-discriminatory support to people in need, regardless of marital status, disability status, age, ethnicity/tribe/race/religion, sexual orientation, gender identity, whether the person has perpetrated/committed violence, and the situation in which violence was committed.

2. *Look*

DO’s and DON’TS in LOOK while providing PFA to Women Survivors of Violence	
DO’s	DON’TS
Allow the survivor to approach you. Listen to her needs.	DO NOT ignore someone who approaches you and shares that she has experienced something bad, something uncomfortable, something wrong and/or violence.
Ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.	DO NOT force help on people by being intrusive or pushy
Ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	DO NOT pressure the survivor into sharing more information beyond what she feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.
Provide practical, culturally appropriate, support like offering water, a private place to sit, a tissue etc.	DO NOT overreact. Stay calm DO NOT ask if someone has experienced GBV, has been raped, has been hit, etc.

Here are some examples of what a helper can say to a survivor:

- “You seem to be in a lot of pain right now, would you like to go to the hospital/health center?”
- “Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having a conversation here?”
- “Would you like some water? Please feel free to have a seat.”

3. *Listen*

DO’s and DON’TS in LISTEN while providing PFA to Women Survivors of Violence	
DO’s	DON’TS

Treat any information shared, with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor’s permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor	DO NOT write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media
Manage any expectations on the limits of your confidentiality	DO NOT ask questions about what happened. Instead, listen and ask what you can do to support.
Manage expectations on your role.	DO NOT doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.
Listen more than you speak	
Say some statements of comfort and support; reinforce that what happened to them was not their fault	DO NOT make comparisons between the person’s experience and something that happened to another person. Do not communicate that the situation is “not a big deal” or unimportant. What matters is how the survivors feels about their experience.

Here are some examples of what a helper can say to the survivor:

- “How can I support you?”
- “Everything that we talk about together stays between us. I will not share anything without your permission.”
- “I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you.”
- “Please share with me whatever you want to share. You do not need to tell me about your experience for me to provide you with information on support available to you.”
- “I’m sorry this happened to you.”
- “What happened was not your fault.”

4. *Link*

DO’s and DON’TS in LINK while providing PFA to Women Survivors of Violence	
DO’s	DON’TS
Respect the rights of the survivor to make their own decisions.	DO NOT exaggerate your skills, make false promises, or provide false information
Share information on all services that may be available, even if not GBV specialized services.	DO NOT offer your own advice or opinion on the best course of action or what to do next
Tell the survivor that she does not have to make any decisions now, she can change her mind and access these services in the future	DO NOT assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm
Ask if there is someone, a friend, family member, caregiver, or anyone else whom the survivor trusts to go to for support.	DO NOT make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc.

<p>Offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone she trusts.</p>	<p>DO NOT try to make peace, reconcile, or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)</p>
<p>Ask for permission from the survivor before taking any action</p>	<p>DO NOT share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor’s family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor</p>
<p>End the conversation supportively.</p>	<p>DO NOT ask about or contact the survivor after you end the conversation</p>

Here are some examples of what a helper can say to the survivor:

- “Our conversation will stay between us.”
- “I am not a counselor; however, I can provide you with the information that I have. There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?”
- “Here are the details of the service including the location, times that the service is open, the cost (if applicable), transport options and the person’s name to whom you can talk.”
- “Is there anyone that you trust to whom you could go for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- “When it comes to next steps, what you want and feel comfortable with are the most important considerations.”
- “Do not feel pressured to make any decisions now. You can think about things and always change your mind in the future.”
- “I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you during our conversation and listen to your concerns.”
- “It sounds like you have a plan for how you would like to go from here. That is a positive step.”

REMEMBER ALL PEOPLE HAVE RESOURCES TO COPE, INCLUDING THOSE WHO ARE VULNERABLE. HELP THEM USE THEIR OWN COPING RESOURCES AND STRENGTHS.

8. Specific Guidelines for PFA providers/helpers

This section focuses on targeted guidelines for community helpers (teachers, parents, religious leaders) to provide PFA to their community. These may be shared with the community, or with a specific group of helpers, as the community may benefit even more when it receives support from its own people.

Teachers

Teachers get to spend extensive time with children and can help them cope with their distress after a distressing event. Here is a set of activities²⁵ of PFA that teachers can use in schools to provide a long-lasting, positive influence on trauma-related stress.

1. Recognizing Learners Stressors (Look):

Children have different reactions to adverse events in their environment. Culture influences the ways in which we express emotions. In some cultures, for example, it is not appropriate to show strong emotions like crying loudly, while in others it is widely accepted. It is good, for teachers, to learn more about different cultural practices, especially those present in their area, community, or province.

Activities to Reduce Stress and Support Students' Well-being	
My Special Place	<p>Sometimes the world around us can be overwhelming. By taking a moment to imagine being somewhere else without stress, students can relieve their current stress. Below is an activity to help students imagine such a place.</p> <p>Instructions for students:</p> <p>Sit or lie down in a comfortable position, close your eyes, and relax</p> <p>Take several deep slow breaths through your nose and into your belly</p> <p>Keep breathing slowly and softly. Gentle long inhales then gentle long exhales.</p> <p>Listen and follow the story in your mind attempting to imagine being in the story:</p> <p><i>“Imagine that you are standing on a white sandy beach. It’s early in the morning, and everything is quiet. The sun is rising slowly, and you can feel the warm light on your face and your body. You are feeling happy and peaceful. The sand beneath your bare feet is soft and warm. A light breeze strokes your face. The sky is blue and open, and birds are flying and singing above. This place is safe, and you can relax here. This is a place you can always come back to, which is always there, inside your heart. You can visit whenever you want. Now, very gradually, notice your breathing again – the gentle rhythm of inhales and exhales. Notice the feeling of the air on your skin. Very softly begin to wiggle your fingers and toes. Inhale and take a big stretch. Exhale deeply. When you are ready, open your eyes.”</i></p>
Mindful Walk	<p>Another way to help students relax and lower their stress levels is to take a walk around your school grounds.</p> <p>Instructions</p> <p>Take your children to the school yard.</p> <p>Ask them to begin to walk around the playground in total silence.</p>

²⁵ https://www.unicef.org/mena/media/9601/file/UNICEF_MENA_TTP_total_0.pdf%20.pdf

	<p>Instruct them to simply notice everything around them – all the tiny details: the colors, the textures, the smells, the sounds, the feeling of the sunshine or breeze.</p> <p>Instruct them to re-enter the classroom in silence, sit down, and draw something beautiful that they noticed as they were walking – it can be anything, no matter how big or small.</p> <p>They should try to keep it secret from their neighbors</p> <p>Afterwards, ask children to share what they have drawn.</p>
Belly Breathing	<p>Often when we are stressed our breathing becomes shallow, high in our chests, and we forget to breathe deeply into our bellies. Abdominal breathing is very calming and helps us to draw oxygen deep into our lungs.</p> <p>Instructions for students:</p> <p>Place your hand on your stomach.</p> <p>Take 5 deep breaths, spend 5 seconds breathing in, and 5 second breathing out.</p> <p>With children you can explain that, when they inhale, they are blowing up their tummy softly like a balloon, and when they exhale, the air is going slowly out of the balloon again.</p>
Letter Writing	<p>Many of your students may have been unable to see some of their friends or family members during the pandemic. Writing a letter can help them celebrate the relationship with that person even if they are not present.</p> <p>Instructions:</p> <p>Ask children to write a letter or draw a picture for a loved one whom they have not seen in a long time.</p> <p>What would you like to say to them if they were sitting with you today?</p> <p>What did you love about them?</p> <p>What did you appreciate?</p> <p>What memories about them make you smile?</p>

2. Improving Communication (Listen):

When communicating, keep a calm tone of voice, friendly posture, and start by asking a caring question such as, *'Hi Anum. I noticed that you are quieter than usual today. How are you feeling?'* Practice active listening, listen carefully, allowing the other person to speak without interruption or distraction. Repeat an important part of what the person has been saying to show that you have been listening and to correct any misunderstanding. Summarize the main points of the conversation at the end.

Communication DOS	Communication DONT'S
Keep an open, relaxed posture	Don't cross your arms
Look at the person	Don't look at something distracting
Use culturally appropriate eye-contact	Don't stare
Maintain a calm tone of voice	Don't shout or speak too quickly
Take time to ask how they understand what you are saying	Don't mumble in a way that makes it difficult for them to understand you
Take time to ask if they are comfortable speaking about the topic	Don't assume they understand and don't rely on simple yes or no answers
	Don't assume they are comfortable

3. Linking Students to Resources (Link):

Teachers can help the students re-establish their normal social relationships and stay connected to others to experience social support. One of the most common reactions to distress is often emotional and social isolation. Restoring and building connections promotes stability, recovery, and predictability in people’s lives. Similarly, students with specific needs must be linked to services like health, protection, and counseling.

Parents and Caregivers

A parent or caregiver is usually in best position to help the child in case of a distressing event. Parents can seek help from mental health professionals and their child’s teachers and help the children feel calm and supported during difficult times. Here is a modified protocol of PFA that can be used by parents to support their children through trauma.²⁶

Parents and caregivers need to be aware of their child’s experience and reactions. Disasters or crisis events can change the child in multiple ways e.g., his/her thoughts, feelings and behaviors can change considering the fear and threat experienced. The situation can be frightening depending on the associated outcomes of the disaster. Thus, a parent needs to know all these before they proceed to providing PFA.

Common Reactions	Contributing Factors
<ul style="list-style-type: none"> •Trouble sleeping •Problems at school •Trouble listening •Not finishing work or chores •Irritability •Sadness •Anger •Withdrawn and quiet 	<ul style="list-style-type: none"> •Loss of a family member or friend •Seeing serious injury or the death of another person •Family members who are missing after the event •Getting hurt or becoming sick due to the event •Being unable to evacuate quickly •Home loss, family moves, changes in schools or neighborhoods, and/or loss of belongings •Past traumatic experiences •Pet loss

Once you know about the things that can affect your child after a traumatic event you can start with the PFA²⁷.

1. Listen

Pay attention to the child’s verbal and non-verbal expression of feelings. Let your child know that you are willing to listen and talk about the traumatic event. The following questions may be used as a guide to steer the conversation with the child.

- What does your child think happened, and is now happening?
- What does your child understand about the help disaster responders give to people during and after an event?
- What is your child most upset about?

²⁶ Listen, Protect, and Connect. Psychological First Aid for Children and Parents (2006)

²⁷ Global Child Protection Area of Responsibility r

- What is your child most confused about?

Furthermore listen, observe, and take notes about other changes you notice in the child particularly in the following areas:

- Changes in behavior and/or mood
- Changes at school
- Changes in sleep and/or eating habits
- Changes with family and/or friends

2. Protect

Parents can make their child feel calm and supported by doing some or all of the following:

- Answer questions simply and honestly (you may need to do this many times).
- Try to clear up any confusion your child has. Let your child know that he or she is not to blame for the disaster.
- Provide opportunities for your child to talk, draw, and play, but don't force it.
- Learn what is in place and what is coming up in your neighborhood in response to the disaster.
- With your child's help, develop a family safety plan and practice it.
- Talk to your child about what is going on to make him or her safe at home, at school, and in your neighborhood.
- Limit access to television and newspapers that show disturbing scenes of the disaster. Remember that what's not upsetting to you and other adults may upset and confuse your child.
- Talk about common reactions that adults and children may have during and after a disaster.
- Maintain "normal" daily tasks and activities as much as possible, limit unnecessary changes.
- Encourage your child to express his or her thoughts and feelings about what has happened. Let your child know you are interested in what he or she thinks and feels, and listen attentively when your child talks to you.
- Take a break occasionally from talk and activities related to the disaster.
- Find ways for your child to feel helpful to your family and others (helping around the house, neighborhood, or school).

3. Connect

Reaching out to family, friends, and people in your neighborhood will help the child after a disaster. These connections will build strength for both the child and the parents. The following ways may be considered to strengthen connection:

- Find people who can offer support to your child and your family.
- Keep communication open with others involved in your child's life (doctors, teachers, coaches, etc.).
- Check out school and community resources for disaster survivors.
- Spend extra time with your child and family.
- Encourage after-school activities for your child.
- Have a family meeting and discuss how everyone can stay in touch if separated during or after a disaster. Create a Family Communications Plan.
- Set small goals with your child. Praise him or her for even small achievements.

- Build on your child’s strengths. Find ways to help your child use what he or she has learned in the past to help your child deal with the disaster.
- Remind your child that a disaster is rare, and discuss other times when he or she has felt safe.
- Learn and seek out other information that may be helpful to you, your child, and family.

Tips for parents and care givers to help children in distress:²⁸

Infants

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

Young children

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

Older children and adolescents

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

Religious Professionals

A community religious professional works primarily with people they know well. However, while delivering PFA, they will be meeting new people continuously, work in diverse settings, and encounter unfamiliar situations and circumstances. It may be a demanding and draining experience for them overall. But PFA gives them skills and

²⁸ International Federation of Red Cross and Red Crescent National Societies (2018)

procedures to provide calm and safety to survivors of trauma. The following approach²⁹ may be used for delivering PFA.

1. Professional Behavior

- Operate only within the framework of an authorized disaster response system
- Model healthy responses; be calm, courteous, organized, and helpful
- Be visible and available
- Maintain confidentiality as appropriate
- Remain within the scope of your expertise and your designated role
- Make appropriate referrals when additional expertise is needed or required by the survivor
- Be knowledgeable and sensitive to issues of culture and diversity
- Pay attention to your own emotional and physical reactions, and practice self-care
- Avoid statements that judge a survivor's beliefs or coping strategies
- Support survivor's spiritual needs without imposing your own beliefs

2. Guidelines for Delivering Psychological First Aid

- Politely observe first, don't intrude. Then ask simple respectful questions to determine how you may help
- Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be intrusive or disruptive
- Often, the best way to make contact is to provide practical assistance (food, water, blankets)
- Be prepared that survivors will either avoid you or flood you with contact
- Speak calmly. Be patient, responsive, and sensitive
- Speak slowly, in simple concrete terms; do not use acronyms or jargon
- If survivor wants to talk, be prepared to listen. When you listen, focus on hearing what they want to tell you and how you can be of help
- Acknowledge the positive features of what the survivor has done to keep safe and to cope
- Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed
- Give information that is accurate and age-appropriate for your audience
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not the translator or interpreter
- Remember that the goal of PFA is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses

3. Some Behaviors to Avoid

- Unless you are a community religious professional dealing with a member of your own congregation, do not impose or prescribe your own religious beliefs or practices
- Do not try to convert someone to your religion
- Do not make assumptions about what survivors are experiencing or what they have been through
- Do not assume that everyone exposed to a disaster will be traumatized or distressed

²⁹ Psychological First Aid. Field Operations Guide for Community Religious Professionals (2006)

- Do not pathologize. Most acute reactions, even strong ones, are understandable and expectable given what people exposed to disaster have experienced. Do not label reactions as “symptoms”, or speak in terms of “diagnosis”, “conditions”, “pathologies”, or “disorders”
- Do not talk down to or patronize the survivor, or focus on his/her helplessness, weakness, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to helping others in need, both during the disaster, and in the present setting
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm manner helps affected people feel safer and more able to cope
- Do not “debrief” by asking for details of what happened
- Do not speculate or offer possible inaccurate information. If you cannot answer a survivor’s question, say you cannot, and then do your best to learn the facts

9. Referral in Psychological First Aid

Referral is an important part of PFA, as it links the person in distress with sources of help and support. Referrals are rooted in the assessment conducted during PFA that the person in distress needs more, or other, help than the helper can give. Examples of such help are provision for basic needs, medical help, social support, family tracing, child protection services, support to survivors of sexual and gender-based violence, financial support, legal advice and mental health and psychosocial support. When possible, it is best to work together with the person in distress to prioritize the order in which referrals should be made. If a person has been hurt physically, referral for medical assistance is always a first action. If the person is in emotional distress, the first action is to help calm the person down. When the person is calm, then it will be possible to talk with him or her quietly and find out what help they need and take action to refer them for other help, if appropriate.

How to Refer

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

- Always prioritize the confidentiality and security of the person in distress
- Inform the person about the different options, if relevant, and help the person make informed decisions about the way forward
- Get their informed consent on the plan of action before proceeding
- Follow the procedures and requirements of the service referred to.

Recognizing one's limits as a helper

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

Procedures will in some instances involve consultation with and approval by the helper's line manager or team leader. Referral can mean contacting a service and linking the person in distress directly or giving the person the contact details and asking them to make the contact themselves. What action is appropriate depends on the situation and how the person in distress is affected.

Referral List

The referral list prepared by the Technical Working Group on Psychological First Aid may be used by any Department/Organization in Khyber Pakhtunkhwa for referral purpose when providing psychological first aid.

10. Monitoring & Evaluation of PFA

Monitoring is a process of collecting and analyzing information to compare how well a project or program is being implemented against expected results. Monitoring provides regular feedback and indications of progress, or lack of progress, in the achievement of intended results.

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

Psychological first aid can be integrated into psychosocial programs in multiple ways, for example as training activities to build capacity of field workers, or as an intervention for people in distress. Accordingly, indicators for monitoring and evaluation (M&E) will be developed. Here is an example³⁰ of how PFA activities may be included in an M&E system with specified goals, outcomes, outputs, indicators, and means of verification.

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

Different tools can be used in a programme management cycle to measure progress against proposed indicators on psychological first aid, for example, change in level of knowledge can be measured for training sessions, number of personnel trained, and number of services and referrals provided by them may be measured.

Information Management in Psychological First Aid

When organizations/departments implement PFA during a humanitarian crisis, the aim is to provide support to people in distress and to ensure that the organization is providing appropriate services as well as referrals as required. During the implementation of PFA the helpers should record the following information for analysis and record.

³⁰ Federation of Red Cross Societies

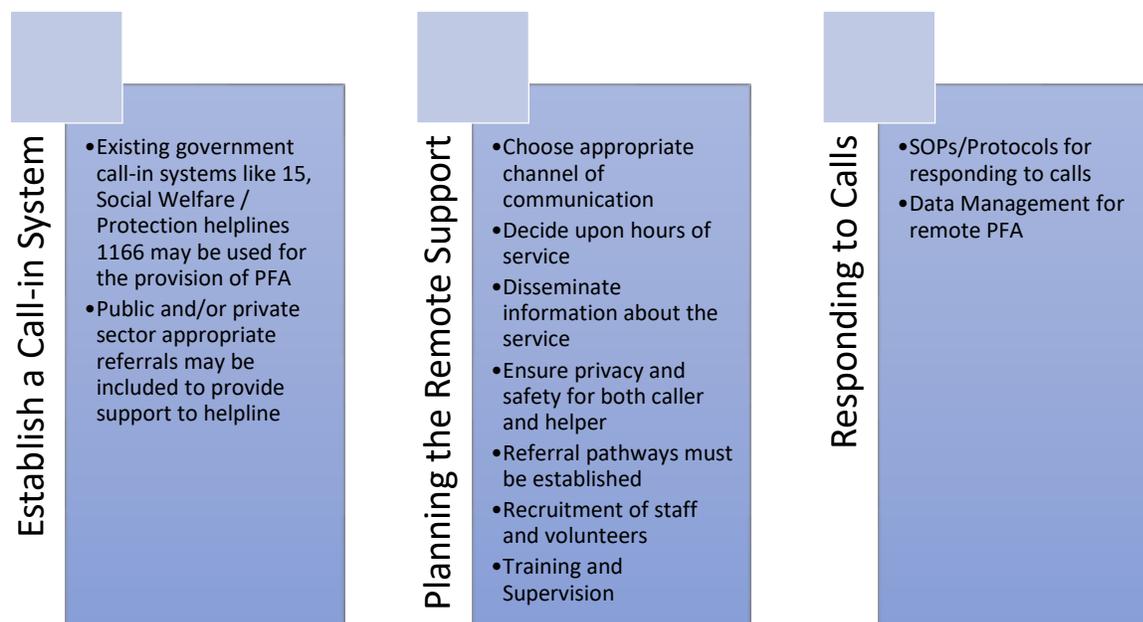
Outputs	Indicators	Means of Verification
Data Management for Psychological First Aid		
Demographics <ol style="list-style-type: none"> 1. Age 2. Gender 3. Location 4. Education 	Assessment <ol style="list-style-type: none"> 1. Nature of distress 2. Extent of exposure 3. Distress responses 4. Identified needs 	Outcome of Intervention <ol style="list-style-type: none"> 1. Referral 2. Follow-up 3. Closure

The data gathered from a PFA intervention facilitates the consolidation of trauma responses within the community and to assess the extent of support provided to the different levels of the community. It also informs decision making in the context of a humanitarian crisis and for future similar events.

Remote Psychological First Aid

During the COVID-19 pandemic, the need for remote PFA was felt as helpers could not go into the field in view of their own security. Thus, the International Federation of Red Cross Red Crescent Societies (IFRC) developed remote PFA guidelines that have been widely since 2020.

Remote PFA follows the core principles of PFA except that it is provided remotely over phone or through online media. Organizations/Departments may consider the following guidelines to integrate remote PFA systems within their existing services.



Once the organization has established a mode of call-in and planned its remote support, it is important to pay attention to establishing ground rules for responding to calls.

Responding to Calls

For an effective remote PFA program, it is important that SOPs/protocols are in place and data is accurately recorded. For this, the organizations/departments should invest sufficient planning into developing and culturally adapting their protocols to the region/area, and plan their workforce accordingly

1. *Help Responsibly* – PFA requires that the helpers act responsibly and focus on the ethical considerations.
 - a) **Cultural Contexts:** While providing PFA, providers/helpers may often find themselves in awkward situations which are culturally inappropriate, for example where a man provides support to a woman, which is culturally inappropriate in Khyber Pakhtunkhwa. It is important to be aware of one's own, as well as the help seeker's cultural background. Similarly, considerations must be paid to age, gender and religious beliefs, resulting in concrete actions or inactions like avoiding to physically touch a person.
 - b) **Safety, dignity, and rights:** Behave in ways that respect the safety, dignity, and rights of the persons you help.

SAFETY	Avoid putting people at further risk because of your actions. Ensure to the best of your ability that the persons you help are safe. Protect them from physical or psychological harm.
DIGNITY	Treat people with respect and in accordance with their cultural and social norms.
RIGHTS	Ensure people access help fairly and without discrimination. Help people claim their rights and access available support. Act only in the best interest of any person you encounter.

Providers/ helpers must also be mindful of the basic rights of children. Children need to be protected, comforted and explained about what is happening to them and around them, in child friendly and age-appropriate terms. Never disregard children considering them too young to understand. Children observe everything very keenly and are greatly impacted by the events happening around them.

- c) **Confidentiality:** Maintaining confidentiality means that information about someone should not be shared with others without the informed consent (prior permission) of the person. This means not sharing information with family members, co-workers, doctors, other NGOs, the media, etc. without prior informed consent. There are certain exceptions to this rule that are about the safety of the person, his/her immediate family, or others. For example, if the person is hurt and unable to talk, you may have to call for medical help and share details of his/her injury and condition without being able to get prior consent.
2. *SOPs/protocols for responding to calls* – staff allotted to the call service should have detailed guidelines on how to respond to calls to remotely help people feel calm and supported . Since the support is not provided in-person, direct questions must be employed, and the staff should be trained accordingly.
 - a) **Look:** While doing the assessment of a person's needs remotely, his/her immediate emotional and practical needs must be inquired, along with his/her current situation and imagined or realistic risks.
 - b) **Listen:** While communicating, begin the conversation and introduce yourself, pay attention and listen actively, accept feelings, calm the person if distressed, ask about his/her needs and concerns and help him/her find solutions to his/her needs and problems.
 - c) **Link:** In the end refer the caller to a services, it may include accessing information, connecting with loved ones and social support, tackling practical problems, or accessing other services. Helpers must

have a referral directory (developed through service mapping in the area to list all the organizations providing support services) with the names and contact details of all the service providers.

- d) Calming Techniques:** If the caller appears to be distressed and panicked, the helper may offer calming/relaxation techniques like deep breathing or conducting a grounding exercise.
 - e) Ending the call:** In the end, summarize the conversation and wish him/her well. The helper may also inform of ways to contact the help line again for further guidance.
3. *Data Management for remote psychological first aid* – the organization should have clarity on the data it wants to collect on remote PFA services. As a standard, statistical information such as age, gender and location should be collected from all callers to later analyze trends and types of distress in the considered population. The data may be collected and analyzed through information management tools such as excel or internal MIS to structure for analysis. The helpers must also be provided with regular supervision to ensure quality of their services.

11. Self-care during Humanitarian Emergencies

The work of first responders and helpers is very rewarding but challenging and stressful. It is not uncommon for humanitarian workers to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated while doing their work. They may want to do more, and this may give them guilt and feelings of inadequacy, or they may feel burnout because of the effort their work demands. All this discomfort is a parcel of their job and has a direct impact on their job performance as well as personal life. Providing psychological first aid can be difficult both physically and emotionally. Thus, helping responsibly includes taking care of their own health and well-being first.

This section highlights how helpers can use PFA to support and take care of themselves and deal with stressful situations in personal lives.

Helpers Stress

Stress is the body's way of alarming a person that things are getting out of their comfort zone. It is our body's response to internal and external triggers, such as thoughts or feeling; and/or a disturbing news, a deadline etc. If it is not possible to relax between demands, or there is not enough time to unwind between the problems, the stress builds up. It is not the actual difficulty of the task that causes chronic stress; it may be the sheer quantity or continuity of work.

Another important factor is that providers/helpers need to recognize their own limits (professional boundaries) and limitations (personal constraints). Helpers may encounter situations or hear about issues or problems that others are facing, that challenge their own moral standards and attitudes. This can lead them to unfairly judge the person in distress based on their own biases or beliefs. It is important for PFA providers/helpers to be aware of their own experiences, biases and beliefs and try to keep an open and non-judgmental attitude in their role as a helper to others. Understanding one's own preferences and limits as a helper is an important prerequisite for providing psychological first aid. For example, some people feel comfortable helping others individually, on a one-to-one basis, whereas others prefer to help as a member of a team. Others prefer not to work with children because they find it too distressing when children are hurt or abused. It is important to know the limits to one's skills and knowing when and where to refer someone for other help. Thus, helpers need to be aware of their own needs, accept their own reactions, and access the support they need themselves to cope.

Signs of Helper's Distress

It is important that helpers are aware of signs and indications of stress and burnout so that they can take timely necessary actions to prevent themselves from distress.³¹ Stress will not resolve spontaneously without adopting specific measures. People need to take steps to break the cycle of stress. It is important to identify what causes stress for you and put in place some steps to reduce stress. This sort of self-care is especially important if we wish to support others during times of crisis.³²

³¹ Federation of Red Cross Societies (20??)

³² Gordon, R (2005)

Physical	Emotional	Mental	Spiritual	Behavioral
<ul style="list-style-type: none"> • Problems with sleeping • Stomach problems like diarrhoea or nausea • Rapid heart rate • Feeling very tired • Muscle tremors and tension • Back and neck pain • Headaches • Inability to relax and rest • Being frightened very easily 	<ul style="list-style-type: none"> • Mood swings • Feeling over-emotional • Being quickly irritated • Anger • Depression, sadness • Anxiety • Not feeling any emotions 	<ul style="list-style-type: none"> • Poor concentration • Feeling confused • Disorganized thoughts • Forgetting things quickly • Difficulty making decisions • Dreams or nightmares • Intrusive and involuntary thoughts 	<ul style="list-style-type: none"> • Feeling of emptiness • Loss of meaning • Feeling discourages and loss of hope • Increasingly negative about life • Doubt • Anger at God • Alienation and loss of sense of connection 	<ul style="list-style-type: none"> • Risk-taking • Over-eating or under-eating • Increased smoking • Having no energy at all • Hyper-alertness • Aggression and verbal outbursts • Alcohol or drug abuse • Compulsive behavior • Withdrawal and isolation

There are different types of stress and some of these signs or indications may be short lived and due to a day-to-day stress (routine challenges on life that keep us alert), whereas some of these signs may persist and cause trouble to the helper in carrying out their day-to-day routine that may indicate cumulative stress that could lead to acute or critical stress if not managed timely.

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

Look, Listen, Link for Self-care

When providing psychological first aid to others, the principles ‘Look, Listen, Link’ can help you recognize risk factors in relation to your own wellbeing, what your personal limitations are, and what kinds of situations may be overwhelming or particularly stressful for you. This can help you to build awareness of your strengths and weaknesses as a helper and know when to call for help from others.

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

<p>LOOK at your reactions</p> <ul style="list-style-type: none"> • Are there physical, emotional, mental, spiritual or behavioral signs that may be a cause of concern? • Have you noticed changes or new signs within yourself which could indicate a concern? • Are certain symptoms not going away? 	<p>LISTEN to your inner voice</p> <ul style="list-style-type: none"> • "I am too busy to take a break" • "This was too difficult for me. I don't really know what I'm meant to be doing" • "I don't think I'm the right person to be here" • "I'm not coping as well as everyone" 	<p>LINK with others or engage in activities</p> <ul style="list-style-type: none"> • Reach out for support from others • Start activities that make you feel better
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Here are some protective factors that can provide support to a helper.

Personal Protective Factors	Organizational Protective Factors
<ul style="list-style-type: none"> • Belonging to a team • Finding work meaningful • Being motivated to help others • Maintaining daily routines and structures • Being able to leave work behind and take a rest • Knowing there is support available when it is needed • Being able to give support to, and receive support from team members • Maintaining one’s cultural practices and beliefs • Belonging to a caring family or community. 	<ul style="list-style-type: none"> • Regular meetings which bring all staff and volunteers together and foster a feeling of belonging to a team • An organizational culture where people can talk openly and share problems and respect the principle of confidentiality • Showing appreciation for the work of volunteers • Reasonable working conditions through policies and strategies • Providing clear information about how to access available support. • Having internal safeguarding mechanisms in place to know where and how to report any concerns and misbehaviors by any member of the institution

Self-Care in a Crisis

The emotional labor involved in successfully managing our own feelings whilst attending to the needs and distress of others can be very demanding (both at work and at home) in times of crisis. It is important that we are all able to talk openly and honestly about our mental health and wellbeing: Looking after our mental health is just as important as our physical health. Using the ABC of self-care in crisis can really help us to maintain our own personal resilience and strength in the face of increasing stress and emotional labor.

It is important to remember that self-care is not an emergency response plan to be activated when stress becomes overwhelming, or that having a good self-care plan means you are acting selfishly. Healthy self-care can renew our spirits and help us become more resilient.

Awareness	Balance	Connection
<ul style="list-style-type: none"> • Awareness of your own responses • Acknowledge and accept feelings and thoughts • Activate self-compassion and calm coping strategies 	<ul style="list-style-type: none"> • Breaks: regularly recharge at work • Boundaries: leave work at work • Basics: routine, eat well, hydrate, exercise, sleep 	<ul style="list-style-type: none"> • Colleagues: kindness to and from peers • Community: virtual and physical connection with family and friends • Cherish values: the meaning and importance of your work

Supervision and Peer Support

Consistent supervision through a humanitarian crisis can support a helper in the provision of their duties. Having a supervisor means they share their responsibility and have a space to process their day-to-day stress and seek expert advice. A team of helpers must be supported by seniors/experts in supervisory role.

12. PFA Resources

International Federation of Red Cross and Red Crescent National Societies, 2018, a Guide to Psychological First Aid for Red Cross Red Crescent Societies

International Federation of Red Cross Red and Crescent National Societies, 2019, A Short Introduction to Psychological First Aid for Red Cross and Red Crescent Societies

The Sphere Project and the Inter Agency Standing Committee

World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological First Aid: Guide for field workers. WHO. Geneva

Gordon, R (2005). Information and advice about stress, trauma and psychological first aid.