


Training in
Psychological First Aid
For Red Cross and Red Crescent Societies



MODULE 3
PFA for Children

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

Training in Psychological First Aid for Red Cross and Red Crescent Societies. Module 3. PFA for Children

International Federation of Red Cross and Red Crescent Societies

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It comprises:

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



Introduction

This training introduces participants to psychological first aid for children. The activities take between eight to nine hours and can be run over one in one long day or over one-and-a-half days. The training has been developed for staff and volunteers working with psychosocial support for children and those providing direct care and support to children and their caregivers in distress, such as nurses, teachers, social workers, health volunteers or ambulance workers. It aims to enable participants to:

- know more about children's reactions to distress
- know what psychological first aid for children is and what it is not
- understand the three action principles of 'Look, Listen and Link' in relation to children
- have practised providing PFA to a child and caregiver in distress
- have considered complex reactions and situations
- be aware of the importance of self-care when helping others.

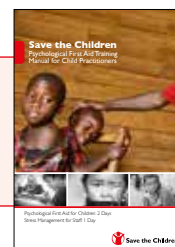
This training module is one of four on psychological first aid, which accompany a set of materials on PFA. These include an introductory book called *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies* and a small booklet, *A Short introduction to Psychological First Aid for Red Cross and Red Crescent Societies*.

The four modules are as follows:

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

Each training module is independent of each other, except *Module 4: PFA in Groups – Support to teams* which requires prior participation in *Module 2: Basic PFA*.

This training module has been inspired by and adapted from Save the Children Denmark (2013) *Psychological First Aid Training Manual for Child Practitioners*, available at <https://resourcecentre.savethechildren.net>



Working with children

It is strongly recommended that helpers providing PFA to children are trained and confident in following the child protection guidelines and protocols of the country and the National Society they work with. Find more information on the Red Cross and Red Crescent learning platform course on child protection within programming: www.ifrc.org.

The table below gives practical advice on working with children.

DO's and DON'Ts when working with children

DO

- Treat children with respect and recognize them as individuals in their own right.
- Listen to children, value their views and take them seriously.
- Ask for permission from the children, their parents or caregivers, and school management before taking any photos or videos of the children. If permission is granted, ensure all images of the children are respectful, that the children are adequately clothed and that sexually suggestive poses are avoided.
- Be aware that physically handling a child, perhaps to offer comfort, can be misconstrued by observers or by the child.
- Keep the two adult rule – make sure there are always two adults present when working with children, and stay visible to others whenever possible.
- Empower children by promoting children's rights and raising awareness.
- Discuss issues of concern with children and explain how to raise concerns.
- Organize awareness workshops with children and adults to define what acceptable and unacceptable behaviour is.
- Identify and avoid compromising or vulnerable situations that might lead to accusations.
- Speak out if you are suspicious of another person's actions or behaviour with children.
- Know who you can speak to in your workplace if you want to discuss or report suspected or known abuse.

DON'T

- Give children another topic to discuss, if they are already discussing something.
- Work with children if this may expose them to risk or danger – always work on the basis of the children's best interests.
- Force children to participate – participation should be voluntary. Try to encourage children who are not participating to participate more.
- Direct children by giving them hints – let them speak freely without imposing your views.
- Put yourself in a position where your actions or intentions with children can be questioned.
- Use any form of physical punishment, including hitting, physical assault or physical abuse.
- Shame, humiliate, belittle or degrade children or engage in emotional abuse.







Adapted from Terres des Hommes (2008) *Child Protection Psychosocial Training Manual* and Save the Children (2007) *Child-Led Disaster Risk Reduction: A Practical Guide*.

How to use this manual

This module presents a training programme on basic psychological first aid for children, which can be delivered in 8.5 hours. It uses a wide range of training methods, including presentations, active discussions, role play, and group and individual activities.

Use your judgment as the facilitator in adapting the training to meet the needs of the participants you are working with. This might mean, for example, tailoring the training programme (the ‘when’) or some of the suggested training methods for different activities (the ‘how’). However, we recommend you keep a variety of methods to cater to all types of learners and to keep the training active and interesting. We particularly recommend you use more active forms of training, such as role play, as these facilitate more effective learning.

The following icons are used in the manual:

| Icon | Meaning of icon |
|---|--------------------------|
|  | Time needed for activity |
|  | Aim of the activity |
|  | Materials needed |
|  | Facilitator’s speech |
|  | Facilitator note |
|  | PowerPoint slide |

Preparing for the training

It is important to be well prepared so the training runs smoothly. The following is a checklist of things to consider in preparation.

Venue

- Access to venue, including nearby bus or train stations, parking, washroom facilities, etc.
- Suitable temperature and lighting in training room with opportunity to darken room if using projector or screen

Setting up the room

- Consider how to set up the room to encourage participation and comfort.
- Make sure there is enough space to conduct multiple role plays at once (for example, small groups of participants), or additional rooms for people to use.
- Place a clock visible to all.

Materials

- Printed copies of training handouts and manuals
- Pens or pencils
- Whiteboard or flipcharts with stand
- Markers
- Computer and projector if using power point slides and videos.

Other

- Plan the schedule for the training.
- Plan snacks, water, tea and coffee or meals if these will be provided.
- Consider if you need a co-facilitator or someone to support you with time management, organization of meal times, or to write down key points from discussion groups on the board or flip chart.
- Facilitation skills plus good communication between facilitator and co-facilitator benefit participants in the learning they achieve.

The training programme

The training programme provided lists the sessions in this module, together with the materials needed and indicates timings for all the activities. It does not include breaks and mealtimes, or energizers, etc. Make your own schedule and plan the programme to suit local needs. See Appendix A for examples of energizers and Appendix B for two examples of training schedules. The first schedule is for a one-day training and the second for a one-and-a-half day training.



Conducting role play

There are two types of role plays you can conduct in the training. The first is 'demonstration role play' where facilitators themselves act as PFA helpers providing PFA to someone in distress. The second is 'active role play' where participants practise providing PFA to someone in distress. Try to use both types of role play.

Demonstration role play: It can be helpful to demonstrate a role play twice using the same case example. The first time, you can role play weaker use of PFA skills and common helper errors and the second time you can role play better use of PFA skills. This can help participants learn what to avoid when providing PFA.

Case studies are used for active role play. They are developed by participants themselves, using a template in the training resources. Details can be given to suit the cultural and social context in which you are working.

Instructions for active role play: Encourage participants to imagine they are experiencing the situation and reactions described in the case examples, so that they can respond to the helper's questions and behaviour realistically. Instruct those playing the role of the person in distress to pretend not to know anything about PFA. They should also not make relating to the person in distress too difficult for the helpers. This can be frustrating and interfere with the learning.

The training programme



The training programme

Module 3: PFA for children

| Activity | Time (mins) | Materials |
|---|-------------|--|
| 1. Introduction | 45 | |
| 1.1 Introduction to the training | 10 | A ball Flipchart with the training programme written on it or copies for each participant Paper and pens Flipchart and markers, tape or pins |
| 1.2 Introduction game | 25 | |
| 1.3 Training programme | 5 | |
| 1.4 Ground rules | 5 | |
| 2. What is PFA for children? | 20 | Copies of Appendix C. 1. PFA statements (cut into single statements) Prepared flipcharts listing what PFA is and what PFA is not Flipchart paper and markers |
| 3. Distressing events | 15 | Flipchart paper, post-it notes and markers |
| 4. Children's reactions to distressing events | 60 | Copies of Appendix C. 2. Children's development in different age groups Copies of Appendix C. 3. Children's reactions to distressing events |
| 5. Identifying children and caregivers that need PFA | 30 | Flipchart and markers |
| 6. Look, Listen, Link | 20 | Appendix C. 4. Look, Listen and Link cards (make three sets of cards) |
| 7. Communicating with children | 60 | Copies of Appendix C. 5. Seven techniques for helpful communication with children in distress (cut into sections) |
| 8. Demonstrating 'Look, Listen, Link' | 30 | None |
| 9. Developing case studies | 15 | Copies of Appendix C. 6. Developing case studies Paper and pens |
| 10. PFA role play | 60 | Copies of the case examples developed by groups in session 9 Copies of Appendix C. 7. Role play feedback form |
| 11. Complex reactions | 60 | Flipchart and markers Appendix C. 8. A scenario with questions If available, current local referral information |
| 12. Self-care | 45 | A ball |
| 12.1 Taking care of yourself before and after providing PFA | 35 | Flipchart and markers |
| 12.2 A breathing exercise | 10 | |
| 13. Workshop close | 15 | Appendix D: Training evaluation form |

Training sessions

1. Introduction



SLIDE 1



To welcome participants and create a shared understanding of the aims of the training.

To create a positive and safe learning environment.



A ball

Flipchart with the training programme written on it or copies for each participant

Paper and pens

Flipchart and markers, tape or pins

1.1 Introduction to the training

1. Welcome everyone to the training and introduce the facilitators. Explain participants will get a chance to introduce themselves a little later.
2. Ask participants to pair up, and give them about two minutes to discuss what they know about psychological first aid. What is PFA?
3. After two minutes, ask them to find another partner and this time to discuss what PFA for children is? Why do we need PFA that focuses specifically on children?
4. Now bring everyone together. Ask volunteers to share what they think PFA is.
5. After a few responses, summarise and say:



Psychological first aid is a set of skills and attitudes for helping people in distress who need support to manage their situation and cope with immediate challenges. Once you have learnt these skills you can use them both in your personal and working life and when responding to a crisis event.

6. Now ask for some volunteers to share what they know about PFA for children. Ask them to state why they think we need PFA focused specifically on children.
7. After a few responses, summarise and say:



PFA for children is similar to PFA for adults. However, children are not little adults. They have different experiences and reactions when they are distressed, and therefore need different help and protection. Today you will learn about psychological first aid, and the three action principles, 'Look, Listen and Link,' and about how to apply these three action principles to specifically help children in distress.

1.2 Introduction game

1. Ask participants to stand in a circle and explain they are going to play a game to get to know each other. Tell them to pay careful attention to what they see and hear.
2. Give one participant the ball and ask them to say their name and something about themselves that most people do not know. For example, what hobby they have, or if they play an instrument, or if they like an unusual kind of food, etc.
3. When that person has had their turn, ask him or her to pass the ball to another person in the circle. Continue until everyone has had a turn.

4. Now explain that when you throw the ball to someone, the person who catches the ball must say the name of the person who threw it and what they shared about themselves. That person then throws the ball to another person who has to say the name of the second person who threw the ball and what they shared about themselves. Let the game continue until you think most people have had a turn.
5. After a few minutes, ask participants to find someone in the room they have something in common with and to link arms with that person. Now ask the pairs to find another pair they have something in common with. Keep multiplying the pairs (4 with 4, 8 with 8) until everyone is linked with something they all have in common. If they cannot find anything they all have in common, you can remind them they are all at this training together.
6. End the game by asking all participants to stand in a circle and reflect on the activity. Highlight that they have practised the key action principles of PFA, Look and Listen and Link. The game demonstrates the importance of attentive listening when people share information about themselves.

1.3 The training programme

1. Go through the training programme for the day and briefly explain the sessions. Give practical information, such as start and finish times, meal breaks, where to find washrooms, etc.
2. Explain that this training is on PFA for children. It includes how to recognise children and caregivers in distress and how to communicate with children. It also includes managing specific complex situations or reactions and guides helpers in strategies for self-care.
3. Tell participants there are other PFA training modules, including a half-day training on *Introduction to PFA*, a one-day training on *Basic PFA* and one on *PFA in Groups – Support to teams*. Explain what arrangements might be possible in offering these modules. Tell participants that *Module 4: PFA in Groups – Support to Teams* is only offered to those who have completed *Module 2: Basic PFA*.

1.4 Ground rules

1. Explain that it is important that the group agrees on ground rules for the training to establish a safe environment where everyone feels comfortable participating and sharing.
2. Divide participants into groups of four and ask them to list the five most important ground rules for this training.
3. After a few minutes ask each group to present their five rules. As each group reports back, ask those presenting not to repeat rules that have already been mentioned. Develop a finalised list of agreed ground rules together and write them on a flipchart. Examples of good ground rules are:
 - Turn mobile phones off during training.
 - Respect punctuality. Start and end on time, return promptly from breaks.
 - No interrupting.
 - Respect each other, including personal boundaries.
 - Everybody is invited to share his or her point of view but nobody is pressured to speak.
 - Listen with full attention.
 - When others share experiences, show a non-judgemental attitude.

- Let facilitators know of any difficulties.
 - Questions are encouraged.
 - Keep everything that is disclosed in the group confidential.
4. Make sure confidentiality is included. Stress how important it is to keep personal information shared in the training within the group and not to discuss or disclose this to others outside the group. This will encourage an open atmosphere of trust and make participants feel comfortable and safe to share personal stories and feelings. Ask everyone to raise a hand to show that they agree to the ground rules.
 5. Tell participants they do not have to participate in all activities. If they feel uncomfortable about participating in an activity, they can step back and observe.
 6. Display the list of ground rules where everyone can see it clearly during the workshop.

2. What is PFA for children?



SLIDE 2-4



For participants to familiarise themselves with what PFA for children is and what it is not.



Copies of Appendix C. 1. PFA statements (cut into single statements)
Prepared flipcharts listing what PFA is and what PFA is not, or use Pp 2-3.
Flipchart and markers



At the start of this session, try not to say anything at all to guide participants in finding out how the statements can be divided into two main categories. Let them work it out by talking with each other. The statements are actually a mix of true and false statements about PFA.

1. Randomly hand out the PFA statements.
2. Explain that you have handed out some different statements and that they belong together in one of two groups. Without giving any further instructions, ask the participants to form two groups based on how the statements could go together.
3. When they have formed two groups, ask the participants what the difference between the groups is? They should respond that some of the statements are true and some are false.
4. Ask each group to share their statements.
5. Check that participants understand what the statements mean. For example, ask someone to explain why PFA is not professional counselling or therapy and make sure they understand why this is so.
6. Show the prepared flipcharts or powerpoint slides listing what PFA for children is and what PFA for children is not.
7. Now, in their two groups, give participants a few minutes to discuss why they think there should be training that focuses particularly on providing PFA to children. Ask them to list the different reasons.



PFA is... (TRUE)

- comforting children and caregivers in distress and helping them feel safe and calm
- assessing needs and concerns
- protecting children from harm
- providing emotional support
- helping to address immediate basic needs (e.g. food, water, a blanket or shelter)
- listening to children and caregivers without pressuring them to talk
- helping children and caregivers access information, services and social support.

PFA is not... (FALSE)

- something only professionals do
- professional counselling or therapy
- encouraging a detailed discussion of the distressing event
- asking children or caregivers to analyse what has happened to them
- pressing children or caregivers for details on what happened
- pressuring children or caregivers to share their feelings and reactions.

8. After a few minutes, ask both groups to share their reason and write them on a flipchart.

Make sure the following are included:

Children

- are dependent on adults or older children for care and protection
- understand situations and react differently than adults
- have different needs according to age and gender
- need different care and support than adults.

9. Summarise the responses and say:



Children react and think differently to adults. They have specific needs related to their ages, maturity and understanding of events and reactions. They are particularly vulnerable due to their physical size, their social dependency and emotional attachments to caregivers. Therefore, we have developed training on psychological first aid for children. It focuses on how children react and how to help them best, given their specific needs.

10. Highlight there are global and local laws and guidelines that protect children's safety. Participants should be up to date with their organization's child protection policies and guidance on how to handle disclosures and allegations of violence and abuse in their local context.
11. Refer participants to the *International Federation of Red Cross and Red Crescent Societies Online Child Protection Briefing* and encourage those who have not reviewed this yet to do so.
12. Stress that when providing PFA to someone it is important to behave in ways that respect the safety, dignity and rights of the people being helped. Ask participants to give examples of how they could do this.
13. Make sure the points listed below are mentioned:

SAFETY

Avoid putting people at further risk as a result of your actions.

Make sure to the best of your ability that the people you help are safe and protect them from physical or psychological harm.

DIGNITY

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

RIGHTS

Make sure people can access help fairly and without discrimination.

Help people to claim their rights and access available support.

Act only in the best interest of any person you encounter.

3. Distressing events



To discuss what kinds of distressing situations or events may lead to a child needing PFA.



Flipchart paper, post-it notes, markers



The post-it notes will be used for role play later in the training.

1. Ask participants to pair up with someone new. Give them a few minutes to discuss what kinds of situations they can think of where children might need PFA.
2. After a few minutes, ask for their responses. As they give their responses, ask two volunteers to write down all the suggestions on post-it notes – one example per post-it note and stick them on a flipchart. Ask them to summarise what participants are saying so the examples on the post-its are one word or a phrase. Explain that they will use these situations for role play later in the training.

Here are some examples:

- conflict with a friend
- bullying or other forms of violence
- being diagnosed with a serious illness
- relationship difficulties (teenagers)
- losing a pet
- parents' divorce
- a car accident
- a death in the family
- natural disasters
- large-scale human-related disasters or accidents
- witnessing someone being hurt or becoming ill
- being separated from family or being unaccompanied.

3. Highlight that distressing events can be individual and personal, such as something that is related to the family. Alternatively, they can be larger, more public events that affect many people together, for example due to a natural or human-related disaster.
4. Ask the participants if all children who experience distressing events need PFA?
5. Stress that, like adults, some children cope very well with difficult experiences. Not all children need PFA. Explain that the next activity is about the range of common reactions children experience to stressful experiences and how to recognise a child in need of PFA.

4. Children's reactions to distressing events



SLIDE 5



To discuss children's reactions to distressing events at different ages of development.



Flipchart and markers

Copies of Appendix C. 2. Children's cognitive, emotional and social development
Copies of Appendix C. 3. Children's reactions to distressing events

1. Divide participants into four groups and give them flipchart paper and markers. Assign each group a different age range from the following: 0 – 2 years; 3 – 6 years; 7 – 12 years; 13 – 18 years. Ask them to write the age range they have been allocated as a heading on the flipchart paper.
2. Before starting the activity, give the groups a few minutes to get to know each other a little more. Ask them to share if they have any children themselves or what experience they have in working with children.
3. Now give the groups copies of the handout on children's cognitive, emotional and social development.
4. Explain that they will hear two case stories and they have to discuss some questions in relation to the age group they have been allocated. Explain that they can use the handout to help them when discussing the questions. They can add any important points that may be missing from the handout



Questions on children's reactions:

How do you expect a child to react in this situation?

Describe both internal and external reactions.

Will the reactions be the same for boys and girls?

5. Highlight that internal reactions are feelings, thoughts and physical sensations; reactions that can be hidden. External are visible to others, such as crying, or aggressive behaviour.
6. Now read out the first case example:

A child in the local Red Cross or Red Crescent children's club where you work has not been well for some weeks. Today you heard the child was diagnosed with terminal cancer.

7. Give the groups about five minutes to discuss how they think a child in their assigned age group would react, if he or she were diagnosed with terminal cancer. Ask them to consider what differences there might be for girls and boys.
8. Now read out the second case example. Ask them to consider the same questions as before, but this time they must create a quick one-minute role play to show how a child from their age group could react internally and externally.

There has been an earthquake and the city you live in has suffered extensive damage. As you make your way through the city, you encounter a child (in the age group you are focusing on) walking in the street alone and distressed. He/she has been separated from the family and has seen several dead bodies and a lot of destruction.

9. After about five minutes, ask the groups to act out their role plays. Discuss any gender differences that were highlighted.
10. Give out copies of Appendix C. 3. Children's reactions to distressing events. Ask the groups to review the examples on this handout and compare it with their own list. Are there things they had on their list that are not on the handout? Or vice versa.
11. Continue by explaining that some children are more at risk for having stronger reactions than others when they experience something stressful.

12. Explain that there are four main categories influencing how children react. They include environmental; biological/physical; social; and caregiver and family factors.
13. Assign one category to each of the four groups and give the groups a few minutes to think of examples of how children's reactions would be influenced.
14. Divide a flipchart into four sections and head each section with the different categories. Ask for feedback from the four groups and invite a volunteer to write their examples in the relevant sections of the flipchart.

Examples of answers are shown in the flipchart illustration:

15. End the activity by highlighting how important it is to keep all possible influencing factors in mind when helping a child and their caregiver.

| | |
|---|--|
| <p>Environmental</p> <ul style="list-style-type: none"> • what they experienced • how threatening the situation was • what they witnessed | <p>Biological</p> <ul style="list-style-type: none"> • physical • development and strength • physical injuries |
| <p>Social factors</p> <ul style="list-style-type: none"> • socioeconomic factors • social support | <p>Caregiver and family factors</p> <ul style="list-style-type: none"> • caregivers reactions • caregiver and family level of distress • separation from family caregivers |

5. Identifying children and caregivers that need PFA



To identify children and caregivers that may need PFA.



Flipchart and markers

1. Remind the participants that not all children who experience stressful events will need PFA.
2. In their four groups, ask participants to consider the signs and symptoms indicating that a child in their assigned age group is in distress and needs help. Remember that expressions of distress are often culture-bound, so encourage a discussion of how children in this specific context would show they are in distress.
3. After about five minutes ask for feedback. List responses on a flipchart.
4. Refer to the earlier discussion on factors that influence children's reactions, and the importance of the caregivers' well-being and reaction to the stressful events. It is important to also consider how the parent or caregiver reacts to see if they need assistance to be able to care for the child.
5. Ask participants what signs and symptoms may indicate that a caregiver is in distress and needs PFA.

Signs of distress in a parent or caregiver may include:

 - appearing to be disorientated or confused
 - not being able to function normally and care for themselves or their child by, for example, not eating or keeping clean, despite food and washrooms being available
 - losing control over their behaviour and behaving in an unpredictable or destructive manner
 - threatening to harm themselves or others.
6. Ask participants of ways to help caregivers in distress. Explain that the same principles of 'Look, Listen and Link' apply to adults. An added focus on helping caregivers is helping them to be able to care for their own children.
7. Refer participants to the introductory book, *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies* for tips for parents and caregivers to help children in distress. Tell them they can also read more on this in Save the Children's trainings on PFA for children.
8. Highlight that if a parent or caregiver is with their child, it is important to always communicate with the parent or caregiver to ask for permission to make contact with the child.

Signs of distress in children may include:

- physical symptoms of not feeling well, such as shaking, headaches, loss of appetite, aches and pains
- crying a lot
- being agitated and panicking
- being aggressive and trying to hurt others (hit, kick, bite, etc.)
- clinging to their caregivers
- seeming to be confused or disorientated
- seeming to be withdrawn or very quiet with little or no movement
- hiding from other people
- dramatic changes in their behaviour
- inappropriate sexually explicit behaviour
- not responding to others, or not speaking at all
- being very scared.

6. 'Look, Listen, Link'



SLIDE 6-8



To introduce the action principles, 'Look, Listen and Link'.



Sets of Look, Listen and Link cards for each group
Flipchart and markers

1. Divide the participants into three groups.
2. Explain that there are three action principles that are central to PFA for children. They are 'Look, Listen and Link.'
3. Give each group a set of the 'Look, Listen, Link' cards. Shuffle the cards before you hand them out so they are mixed up in random order.
4. Ask the groups to discuss the actions described on the cards. Discuss what they mean in relation to how a helper would behave in providing PFA. Ask the groups to sort the cards into three piles (Look, Listen and Link) and to decide whether the actions should be taken in any specific order.
5. Give them about five minutes to sort the cards into the right groups and into an order, if needed.

The actions they have been given are:



LOOK for

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

LISTEN refers to how the helper

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

LINK is to

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

6. After the five minutes, ask one group to share what actions they have chosen as belonging to the group Look. Ask another group to share what they have chosen belongs to Listen, and the last group to share what they have chosen belongs to Link. Ask each group to share if they think the actions should be done in a specific order.
7. Highlight that although there may seem to be a logical order for actions, it will always depend on the context and the needs of the child or children. For example, if a child is in distress because they have lost their parents, a PFA helper may first seek to do LINK actions to reunite the child with the parents, before undertaking some of the LOOK or LISTEN actions.
8. Address any questions on any of the actions. Check with a few different participants to see if they have understood what the actions mean in terms of providing PFA to children.

7. Communicating with children



To practise various techniques for communicating with children in distress.



Appendix C. 5. Seven techniques for helpful communication with children in distress, cut into sections

1. Start the activity by explaining that one of the most important things about providing PFA to children is knowing how to communicate appropriately with children of different ages and genders.
2. Divide participants into seven groups. Explain this session focuses on seven communication techniques that have been identified as helpful for communicating with children in distress.
The seven techniques are:
 - Initial contact
 - Gathering information
 - Active listening
 - Normalisation
 - Generalisation
 - Triangulation
 - Calming
3. Briefly explain what the seven techniques are.
4. Explain the groups will now be given some written information about one of the techniques. They have 10 minutes to discuss the technique and create a role play to demonstrate this technique to the group. They should use the role plays to emphasise what they think is important to remember about this technique when communicating with children.
5. Give copies of the techniques to the groups – a different technique to each group. Explain the role play should take up to two minutes, preferably shorter. The role plays should start with an introduction that includes details of the child's age and gender.
6. After ten minutes, ask the groups in turn to perform their role play.
7. Invite comments or questions after each role play.

8. Demonstrating 'Look, Listen and Link'



To demonstrate the 'Look, Listen and Link' action principles using two different scenarios.




None



This session is based on a technique called 'forum theatre,' where the audience decides the actions in a play. It has shown to be a powerful learning tool and stimulus for behaviour change.

There are two scenarios included in this session. You can use them or make up your own. Give a warning that the scenarios may be distressing to participants.

1. Ask the participants to sit in a semi-circle and explain the process for demonstrating 'Look, Listen, Link' will be done with the help of the participants as 'the audience,' guiding the actions of the person playing the role of a PFA helper. Explain that there will be two demonstrations based on two short scenarios and some volunteers will be needed to act the parts of children and parents.
2. This means the audience guides the PFA helper at any point of the demonstration. Any member of the audience (i.e. any participant) can stop the PFA helper and ask them to do something differently. Whenever this happens, the member of the audience must explain what part of 'Look, Listen, Link' they are directing the PFA helper to do and justify how they think it will help. Be sure participants understand that they are guiding the PFA helper and NOT the children in these demonstrations.
3. Begin the process based on the first scenario. Explain in the first demonstration you will be playing the part of the PFA helper. Ask for a volunteer to play the part of a child.
4. Now read out the scenario:


 *You (the PFA helper) are walking down a road, when you see a child who has been separated from her parents after a storm. A river flooded and the girl can't get home. She is lost, afraid, and nervous.*
5. Before beginning the actual demonstration, give the volunteer a few minutes to think about the different reactions young children have to distressing events. The volunteer should decide which key reactions he or she is going to use in playing the child in this situation. Don't discuss them with the volunteer at this point.
6. Begin the demonstration and ask the audience what you should do first as the PFA helper. Carry out the actions as audience members instruct. If participants do not agree on what you should do, initiate a discussion until there is agreement. The child responds to each of the actions taken, based on the reactions the volunteer feels are appropriate to the situation.

When you have carried out an action, you can pause and say:

 - "What should I do now?" or
 - "What should I say? And how should I say it?"
7. Continue until the child is either safely reunited with her parents or with an authority that will take responsibility for the child from that point on.

- Repeat the process based on the second scenario below. Before beginning the demonstration, ask for three volunteers, one to be an older child, one to be a parent, and one to take the role of the PFA helper.

Read out the second scenario:

 *A mother and son were involved in a car accident where the husband and father was killed. The mother and son were asleep when the accident happened.*

- Begin the demonstration in the same way as before. This time, the volunteer playing the PFA helper asks the audience what they should do first in this situation. Actions follow as guided by the audience, with reactions from the volunteers playing the mother and son.
- When both demonstrations have been completed, ask the participants to reflect on what they have observed or participated in. Discuss any challenges that may have been raised in this experience and invite solutions to the challenges from the group.

9. Developing case studies



SLIDE 9



To develop case studies for participants to use in the next session, 'PFA role play.'



Copies of Appendix C. 6. Developing case studies
Paper and pens

- Divide the participants into new groups of four.
- Give each group copies of the template for developing case studies. Explain they will have ten minutes to develop a case study that another group will use for role play in the next session.
- Go through the template and explain the steps in making up a case study:



Steps to creating a case study

- Choose one of the post-it notes that were written in session 3. 'Distressing events.' Take the post-it note back to your small group.
 - Decide on who the child and caregiver in distress might be. Give them a name and make up some information about them that a PFA helper is likely to need to know, such as gender, age, etc.
 - Provide information about the context that will set the scene for the role play. For example, is the setting rural or urban? What time of day is it? Are there other people around? Is the person alone or with others?
 - Take some time in your small groups to discuss what kinds of reactions the distressed person(s) in your case example may have. Brainstorm as many reactions you can think of and note them down on a separate piece of paper. Now choose two of these reactions for the child and two for the caregiver and add them to the template.
 - Spend a few minutes going through the details again. Make sure you have given all the information needed to enable the case study to be used in a realistic role play.
- When the groups have completed their task, collect their case studies and keep them for the role play activity later. Check that they have written the number of their groups on their papers.

10. PFA role play



SLIDE 10



To role play PFA in small groups.
To practise giving helpful feedback.



Copies of the case examples developed by groups in session 9
Appendix C. 7. Role play feedback forms



Participants will practise their PFA skills in groups of four in this session, using the case studies developed in the last session. If any groups have more than four participants, they will have to manage their time to ensure everyone has a chance to role play providing PFA to the child and caregiver.

Be aware that role plays can impact participants emotionally, if the role they are given relates to a similar personal experience or in some other way stirs a reaction. It is important to check with participants at the end of all the role plays to ensure everyone feels OK and comfortable to continue with the training. If anyone needs support, decide if this should be in the group (encouraging peer support), or if the person would benefit more from individual support.

Short 1-2-minute energizers are recommended between each role play. See Appendix A for examples of energizers.

1. Invite participants to get into their groups of four. Explain that groups will be practising PFA in a series of three role plays, with each group member taking turns at being 1) a child in distress, 2) a caregiver in distress, 3) a PFA helper and 4) an observer.
2. Explain that they will be using the case studies they developed earlier. Give out copies to each group. If a group receives the case study they created, ask them to swap with another group.
3. Explain that you will give a sign to start each of the three rounds of role play. When it's time for the next role play, the small groups should swap their case studies with other groups. Tell the groups they should not use the same case study twice, and should not use the case study they developed in their own group.
4. Before starting the exercise, go through the steps for giving feedback, as shown below. Emphasise to participants that it is important that observers use this method of giving feedback. It is a way of providing consistent, positive feedback to peers. This is an important factor for promoting learning and can be used in all kinds of settings. It is a skill that participants can apply in their work and home life.
5. Now ask the groups to organize their first round of role play. They need to decide who is going to be the person in distress, the PFA helper and the observer. Give them a few minutes to do this and to prepare for the role play. The role play should last five minutes, followed by three minutes of feedback.
6. Signal when five minutes has elapsed and their feedback time should begin. Then facilitate a short one-minute icebreaker or energizer. See Appendix A for examples of icebreakers and energizers.



Step 1 The observer asks the PFA helper to reflect on:

- What went well?
- What would he or she do differently next time?

Step 2 The observer gives his or her feedback to the PFA helper:

- The observer starts with positive feedback and is specific in what went well.
- The observer gives specific feedback about areas to improve (if necessary).
- The observer ends with an overall positive comment.

Step 2 The observer asks the participants playing the child and caregiver in distress to give additional feedback:

- The person in distress starts with positive feedback and is specific in what went well.
- The person in distress gives specific feedback about areas to improve (if necessary).
- The person in distress ends with an overall positive comment.

7. Repeat the instructions as above for the second, third and fourth role play, until everyone has played all four roles – the child in distress, the caregiver in distress, the PFA helper and the observer.
8. After the four rounds of role play, gather the participants and thank them for their efforts. Check that everyone feels OK and are now out of their roles. If needed, do another short energizer before the final discussion.
9. Spend the last few minutes reflecting with participants on their experiences. Ask them to comment on what was easy and what was difficult. Encourage everyone to give examples of how to manage what was difficult and then give your own input.

11. Complex reactions



To discuss complex reactions and the factors that may cause even more distress.
To discuss referral systems for professional help.



Flipchart and markers
Appendix C. 8. A scenario with questions
If available, current local referral information



Prepare for this session by familiarising yourself with local guidelines for making child protection referrals. Also get an accurate list of current local referral information, if available.


1. Explain that certain reactions and situations may be more complex than others when helping children. In these situations, it is usually necessary to refer the children for further help from others.

2. Ask the participants to form groups of three and give them about five minutes to think of three examples of complex reactions which children may have when in extreme distress.
3. Ask the groups to share their examples in turn. As they do, write them on a flipchart, but do not repeat the same example.
4. When all groups have given their input, ask one more time if they feel anything is missing from the list. Try to ensure all the examples below are included:

Examples are when a child:

- is at risk of harming him or herself or others
- expresses suicidal thoughts or tries to commit suicide
- shows extreme, persistent withdrawal like no emotional response, flat expressions
- persistently whines or whimpers or cries uncontrollably
- is detached from surroundings and does not engage emotionally like he or she used to
- experiences hallucinations (auditory or visual)
- experiences continuing anxiety attacks
- acts out sexually explicit behaviour
- shows signs of mental disability, such as permanent difficulties understanding language and social interaction.

5. Now move onto discussing factors that may cause children and caregivers even more distress. Start by saying:

 *Sometimes people have reactions to distressing events that are more complex than the ones described earlier. There are certain factors that increase the risk of developing stronger and more complex reactions. Can you think of what these are?*

Examples include:

- if a child is separated from his or her parents or caregivers
 - if a child has been abused and needs protection from further harm
 - if more than one child (or parent or caregiver) needs help.
6. Stress that in these circumstances or when someone displays any of the complex reactions that have been mentioned here, a PFA helper should always refer the child for professional help, if available.
 7. Now give the groups copies of Appendix C. 8. A scenario with questions. Give them 10 minutes to read the scenario and answer the questions.
 8. After 10 minutes ask for feedback from the big group. Ask them what kinds of challenges they expect in responding to a situation like this. Discuss each challenge, asking participants to come up with solutions for these challenges before giving your own input.

Use the following notes to make sure participants address the questions raised appropriately:



Questions and sample answers for the scenario:

1. What reactions do you expect to see at the accident site?

We expect to see many different reactions. Some children and adults may be panicking, confused, disorientated, in shock, angry, or unable to feel anything. Others may be calm and composed and able to help and support their peers.

2. Who will you help first? Why?

We will work together to try to identify those who need our help the most, first. This is not always easy to do in a situation with many people in distress, but there are specific things to look out for, that are clear indications that someone needs help. One of these is if a person is panicking and experiencing physical discomfort, such as difficulty in breathing or feeling as if they are about to faint. We would also look out for any children who are in distress and do not have a parent or teacher close by to talk to.

3. Who else will you contact for more help if needed?

There is a good local children's hospital and we can refer anyone in need of physical medical treatment to this facility. For parents or other relatives in shock and grief, there is a local support group that offers support to families affected in this way.

9. Ask the participants what kinds of referral services are available in their contexts and who they would refer children to for further professional help or for other services. Make sure you discuss local guidelines for making child protection referrals.
10. If available, provide the participants with an updated list of local referral information.

12. Self-care



To raise awareness of the importance of self-care and to practise a calming, breathing technique.



Flipchart and markers


12.1 Taking care of yourself before and after providing PFA

1. Start the activity by asking participants to make pairs. Ask them to discuss what they think they might find personally challenging in providing PFA to people in distress. Examples of challenges are:
 - Being emotionally affected by the suffering of others
 - Feeling you did not do enough or could not solve the person's problems
 - Feeling bad that you were unable to help more people (in large scale events)
 - Feeling frightened that the distressing experience may happen to you.
2. Now ask the pairs to discuss how they themselves typically react when they experience challenges in their work or other areas of life.
3. Ask them to share examples of how they personally have coped with such challenges before or how people they know have coped. Ask them if they reached out for help from others?

Examples of answers are:

- By talking to someone about their feelings and challenges
- By taking some time off work to rest
- Exercising.

4. Continue by saying:

 Providing psychological first aid to people in distress can be difficult both physically and emotionally for the helper. It is hard meeting and talking to people who are in distress, and even though you provide the best help you can, you may still be left with a feeling that you did not do enough. The action principles of 'Look, Listen and Link' also apply in self-care, as has been demonstrated in this activity so far. You have shared ways you yourself react when faced with challenges and feeling overwhelmed. These are the signs and symptoms you can LOOK for. You also shared examples of action that you took, to address the reactions you had – which shows that you LISTENED to yourself. For many of you, the action you took involved LINKING with someone else.

Helping others can be challenging. We will now focus on the things you can do to take care of yourself, both before you provide help and after.

5. Ask the participants to get up and walk around the room and talk to each other about ways they think they can take care of themselves in **preparation** for providing PFA to people in distress. Ask them to talk to a few different people to hear different ideas.
6. After a few minutes and observing that they have had several conversations, bring everyone back to a circle. Ask them to share some of the ideas they talked about. List their examples on a flipchart.

You can include the following if participants do not mention them:


- Knowing your own limits, i.e. recognizing the limits of your expertise and competence and knowing when to refer someone for specialised help.
 - Calming yourself by being mentally prepared before you go to help.
 - Knowing who you will work with if paired with another colleague or in a team, and knowing what everyone's roles are.
 - Having the number of your team leader or someone else you know you can call if you need help with referral.
 - Having solid knowledge of the local referral system and procedures (for example, knowing who to contact if you encounter a child who has been separated from his or her family; or what to do if someone discloses an experience of sexual or gender based violence).
7. When everyone has shared their ideas, ask the participants to get up and walk around again, but this time talk about what they can do to care for themselves **after** providing PFA to someone.
 8. Again, after a few minutes and observing that they have had several conversations, bring everyone back to a circle. Ask them to share some of their ideas on what you can do to care for yourself after providing PFA to someone. List the examples on a flip chart.

Include the following if participants do not mention them:

- recognizing and allowing reactions, i.e. being aware of mood changes or ways you have been affected by providing PFA and accepting this as part of the experience
- knowing and recognizing signs and symptoms of extreme stress and burnout

- seeking support if needed, i.e. recognizing if you need support from others, for example some time to talk about what you experienced. Stress the importance of support from family, friends and peers when discussing support from others
 - know and practise self-care strategies.
9. Do a quick brainstorm with participants on different examples of self-care strategies, such as exercise, eating and sleeping well, spending time with friends, etc.
 10. Explain that you will now do a short breathing exercise that is helpful in managing feelings of stress.

12.2 A breathing exercise

 **Breathing exercises may sometimes evoke strong emotional reactions. Be aware of this and be prepared to respond in a discrete and comforting manner so the person is not impacted negatively.**

1. Ask participants to sit in a circle or stand with enough space around them so they are not touching anyone else.
2. Ask them to sit upright, or while standing, just to be still for 30 seconds or so. They should focus on the connection between their feet and the ground, or the chair and their body, if they are sitting. Ask them to focus on being connected to the ground.
3. Now ask them to put one hand on their belly and another on their chest. Ask them to quietly focus on their breathing, but without changing it. They should notice if they are breathing into their chest or into their belly.
4. Quietly ask participants to breathe slowly and deeply into their belly, and releasing their breath slowly through their mouth. Practise this for a few minutes.
5. End the activity by explaining that controlling our breath is one of the most effective ways to make ourselves feel calmer if we are in a situation leading to distress.

13. Workshop close



To end the workshop with evaluation of the training and a short reflection on what the participants have learnt.



Appendix D: Training evaluation form

1. Ask the participants to sit in a circle.
2. Explain that you have now reached the end of the two-day training on 'PFA for children' and that you would like some feedback on the training to help improve it for the future.
3. Give participants the training evaluation form and ask them to complete it. When everyone has finished, collect the completed forms.
4. End the training by asking everyone to stand up and share a few words about the most valuable things they feel they have learnt. Add your own comments and thank everyone for their participation.
5. Say goodbye and tell the group about any options for further training in PFA.

Appendices



Appendix A: Energizers

Trick ball

Ask the participants to stand in a circle. Ask for a volunteer to stand in the middle (the leader). Now tell everyone in the circle to put their hands behind their backs. The leader sometimes throws the ball at somebody and sometimes pretends to throw the ball. If someone reaches for the ball, when it has not been thrown, she or he must stand in the middle and be the new leader.

Catch my finger

Ask the participants to stand in one big circle with you. Now explain you are going to do a little exercise to stimulate their concentration and fast reactions. Ask everyone to hold up their index finger on their right hand. Now ask everyone to hold up the palm of their left hand – ask them to turn their hand so that the palm is nice and flat and is facing up. Now ask everyone to lay their right index finger gently on the open palm of the left hand of the person standing on the right. Let them stand like this for a few seconds, and check that everyone is doing the right thing.

Explain that when you shout “CHEESE!” (or choose any random word), everyone has to try to catch the index finger of their neighbour on the left, whilst also trying to avoid having their own index finger caught by their neighbour on the right. Try it a few times to make sure everyone has got the hang of it. When you have done it a few times, let a volunteer be the one who shouts the chosen word. Do it until you feel everyone is energized.



Train of silly walks

Ask the participants to stand in a circle. Now ask them all to turn to their right. The facilitator breaks the circle so there is a beginning and an end. Now tell the leader of the line to start walking. The train can move anywhere and the leader can change the walk, make noises, wave their arms and so on, and the rest must copy the exact movements and sounds. After about 30 seconds, let someone else be the leader. Continue switching till the time for the activity is over.

Balloons up high

If you have a lot of participants at the workshop, divide them into groups of about five in each group. Explain that you are going to give each group a balloon, and their job is to keep the balloon in the air. The balloon should not touch the ground! Give each group a balloon and tell them to start. After about a minute, give them another balloon and tell them they must keep this one in the air too. Repeat this a few times, until the participants are energized!

Appendix B: Sample training schedules

Here are two sample training schedules for module 3, which include breaks as indicated. The first is for a one-day training and the second for a one-and-a-half day training. The timing and structure can be adapted to suit facilitators' and participants' needs.

| TRAINING SCHEDULE 1: ONE-DAY TRAINING | | |
|---------------------------------------|--|--|
| Time | Training programme | Materials |
| 08:30 – 09:15 | 1. Introduction | A ball Flipchart with the training programme written on it (or copies for each participant) Paper and pens Flipchart and markers, tape or pins |
| 09:15 – 09:35 | 2. What is PFA for children? | Copies of Appendix C. 1. PFA statements (cut into single statements) Prepared flipcharts listing what PFA is and what PFA is not Flipchart paper and markers |
| 09:35 – 09:50 | 3. Distressing events | Flipchart paper, post-it notes, markers |
| 09:50 – 10:50 | 4. Children's reactions to distressing events | Copies of Appendix C. 2. Children's development in different age groups Copies of Appendix C. 3. Children's reactions to distressing events |
| 10:50 – 11:05 | BREAK | |
| 11:05 – 11:35 | 5. Identifying children and caregivers that need PFA | Flipchart and markers |
| 11:35 – 11:55 | 6. 'Look, Listen, Link' | Appendix C. 4. Look, Listen and Link cards (make three sets of cards) |
| 11:55 – 12:55 | 7. Communicating with children | Copies of Appendix C. 5. Seven techniques for helpful communication with children in distress (cut into sections) |
| 12:55 – 13:55 | LUNCH | |
| 13:55 – 14:25 | 8. Demonstrating 'Look, Listen, Link' | None |
| 14:25 – 14:40 | 9. Developing case studies | Copies of Appendix C. 6. Developing case studies Paper and pens Copies of the case examples developed by groups in session 9 Copies of Appendix C. 7. Role play feedback form |
| 14:40 – 14:55 | BREAK | |
| 14:55 – 15:55 | 10. PFA role play | Copies of the case examples developed by groups in session 9 Appendix C. 7. Role play feedback forms |
| 15:55 – 16:10 | BREAK | |
| 16:10 – 17:10 | 11. Complex reactions | Flipchart and markers Appendix C. 8. A scenario with questions If available, current local referral information |
| 17:10 – 17:55 | 12. Self-care | Flipchart and markers |
| 17:55 – 18:10 | 13. Workshop close | Appendix D: Training evaluation form |

TRAINING SCHEDULE 2: ONE-AND-A-HALF-DAY TRAINING

| Time | Training programme | Materials |
|----------------|--|--|
| DAY ONE | | |
| 09:00 – 09:45 | 1. Introduction | A ball Flipchart with the training programme written on it (or copies for each participant) Paper and pens Flipchart and markers, tape or pins |
| 09:45 – 10:05 | 2. What is PFA for children? | Copies of Appendix C. 1. PFA statements (cut into single statements) Prepared flipcharts listing what PFA is and what PFA is not Flipchart paper and markers |
| 10:05 – 10:20 | 3. Distressing events | Flipchart paper, post-it notes, markers |
| 10:20 – 10:35 | BREAK | 15 |
| 10:35 – 11:35 | 4. Children’s reactions to distressing events | Copies of Appendix C. 2. Children’s development in different age groups Copies of Appendix C. 3. Children’s reactions to distressing events |
| 11:35 – 12:05 | 5. Identifying children and caregivers that need PFA | Flipchart and markers |
| 12:05 – 13:05 | LUNCH | 60 |
| 13:05 – 13:25 | 6. ‘Look, Listen, Link’ | Appendix C. 4. Look, Listen and Link cards (make three sets of cards) |
| 13:25 – 14:25 | 7. Communicating with children | Copies of Appendix C. 5. Seven techniques for helpful communication with children in distress (cut into sections) |
| 14:25 – 14:40 | BREAK | 15 |
| 14:40 – 15:10 | 8. Demonstrating ‘Look, Listen, Link’ | None |
| 15:10 – 15:25 | 9. Developing case studies | Copies of Appendix C. 6. Developing case studies Paper and pens |
| 15:25 – 15:40 | Review day one | Depends on review methods |
| DAY TWO | | |
| 09:00 – 09:15 | Recap of day one and introduce day two | Depends on recap and introduction methods |
| 09:15 – 10:15 | 10. PFA role play | Copies of the case examples developed by groups in session 9 Appendix C. 7. Role play feedback forms |
| 10:15 – 10:30 | BREAK | 15 |
| 10:30 – 11:30 | 11. Complex reactions | Flipchart and markers Appendix C. 8. A scenario with questions If available, current local referral information |
| 11:30 – 11:45 | 12. Self-care | Flipchart and markers |
| 11:45 – 12:00 | 13. Workshop close | Appendix D: Training evaluation form |

Appendix C: Training resources

1. PFA statements



Print out and cut into single statements for use in session 2. Make enough copies for all the participants in your training group. You may have to repeat some statements.

PFA is something only professionals do.

PFA encourages a detailed discussion of the distressing event.

PFA means asking children or caregivers to analyse what has happened to them.

PFA means protecting children from harm.

PFA means pressuring children or caregivers to share their feelings and reactions.

PFA means comforting children and caregivers in distress.

PFA means helping children and caregivers to address immediate basic needs (food, water, a blanket or shelter).

PFA means listening to children and caregivers without pressuring them to talk.

PFA means pressing children or caregivers for details on what happened.

PFA means providing emotional support.

PFA means assessing needs and concerns.

PFA means helping children and caregivers feel safe and calm.

PFA means professional counselling or therapy.

PFA means helping people access information, services and social support.



2. Children’s cognitive, emotional and social development

| Cognitive development | Emotional development | Social development |
|--|--|---|
| Infants and toddlers (0-2 years) | | |
| <p>Watches faces intently and follows moving objects</p> <p>Recognizes familiar objects and people at a distance</p> <p>Points to object or picture when named for them</p> <p>At the age of 2, recognizes names of familiar people, objects, and body parts</p> <p>Is able to say several single words (by 15 - 18 months). At the age of 2, begins make-believe playing</p> <p>Uses simple phrases (by 18 - 24 months). Repeats words overheard in conversation.</p> | <p>Baby and caretaker are emotionally attached to one another</p> <p>Attachment</p> <p>Baby is anxious when separated from main caregiver at around the age of 8 months</p> <p>Throughout the second year, the child will swing back and forth between independence and clinging</p> <p>Demonstrates increasing independence.</p> | <p>Begins to develop a social smile</p> <p>Enjoys playing with other people and may cry when playing stops</p> <p>Becomes more communicative and expressive with face and body</p> <p>Imitates behaviour of others, especially adults and older children</p> <p>Increasingly aware of him/herself as an individual separate from others</p> <p>Increasingly enthusiastic about company of other children.</p> |
| Preschool (3-6 years) | | |
| <p>At the age of 3-4, completes 3 - 4-piece puzzles</p> <p>Understands concept of two different objects by shape and colour</p> <p>Understands the concepts of “same” and “different”</p> <p>Mastered basic rules of grammar</p> <p>Speaks in sentences of five to six words. Tells stories</p> <p>Begins to have a clearer sense of time. Recalls parts of a story</p> <p>Understands concept of same/different. Engages in fantasy play</p> <p>5-6: Can count ten or more objects. Correctly names at least four colours. Better understands the concept of time. Knows about things used every day in the home (money, food, appliances).</p> | <p>Shows affection for familiar playmates. Interested in new experiences</p> <p>Increasingly inventive in fantasy play. More independent. Imagines that many unfamiliar images may be “monsters”</p> <p>Views self as a whole person involving body, mind, and feelings</p> <p>Shows more independence and may even visit a next-door neighbour alone.</p> | <p>Imitates adults and playmates</p> <p>Can take turns in games</p> <p>Understands the concept of “mine and yours”</p> <p>At the age of 5-6: Wants to please friends. Cooperates with others and negotiates solutions to conflicts</p> <p>At the age of 5-6: More likely to agree to rules</p> <p>Likes to sing, dance, and act</p> <p>At the age of 5-6: More able to distinguish fantasy from reality.</p> |

| Cognitive development | Emotional development | Social development |
|---|---|--|
| Middle childhood (7-12 years) | | |
| <p>Interested in facts</p> <p>Begins to understand alternative perspectives and begins to use logic for problem solving</p> <p>Inductive reasoning is also developed in this stage</p> <p>Child can be adventurous and inventive but benefits from structure</p> <p>Increased attention span.</p> | <p>Signs of low or high self-esteem become clearer</p> <p>Gradually gains emotional control.</p> | <p>Peer group identity gradually more important</p> <p>Fear of social exclusion</p> <p>Understands cultural and social norms.</p> |
| Adolescence (13-18 years) | | |
| <p>Abstract and logical thinking and young people are able to use deductive reasoning.</p> | <p>Begins to see the future and can feel both excited and apprehensive about it</p> <p>Strong conflicts with parents usually decline around adulthood, but mood swings and behaviour changes are often part of the process.</p> | <p>Strong identification with heroes, role models</p> <p>Common for younger teens to think they're immune from anything bad happening to them. They are likely to engage in risky behaviour.</p> |

3. Children's reactions to distressing events

COMMON SIGNS OF PSYCHOSOCIAL DISTRESS IN ALL AGE GROUPS:

Fear that the distressing event will happen again
 Worry that loved ones will be hurt and fear of separation
 Reaction to destruction
 Sleeping problems
 Mood swings

COMMON SIGNS OF DISTRESS IN CHILDREN AGED 0-2 YEARS:

May cling to caregivers
 Regression to younger behaviour
 Changes in sleep and eating patterns
 Crying and irritability
 Afraid of things that did not frighten them before
 Hyperactivity
 Changes in play activity/play patterns
 More opposing and demanding behaviour than before or overly cooperative
 Very sensitive to other people's reactions.

COMMON SIGNS OF DISTRESS IN CHILDREN AGED 3-6 YEARS:

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

COMMON SIGNS OF DISTRESS IN CHILDREN AGED 7-12 YEARS:

Changed level of physical activity
 Confused feelings and behaviour
 Withdrawal from social contact
 Talk about the event in a repetitive manner
 Show reluctance to go to school
 Feel and express fear
 Experience a negative impact on memory, concentration and attention
 Have sleep and appetite disturbances
 Show aggression, irritability or restlessness.

COMMON SIGNS OF DISTRESS IN CHILDREN AGED 13 – 18 YEARS:

Feel intense grief
 Feel self-conscious, or guilt and shame that they were unable to help those that were hurt
 Show excessive concerns about other affected persons
 May become self-absorbed and feel self-pity
 Experience changes in interpersonal relations
 Increase in risk-taking, self-destructive and avoidant behavior or show aggression
 Experience major shifts in their view of the world
 Feels a sense of hopelessness about the present and the future
 Become defiant of authorities and caregivers
 Start to rely more on peers for socializing.

4. 'Look, Listen Link' cards

Facilitator's note: Print three sets of cards, one for each group

| | | |
|--|---|--|
| Find out information on what has happened and is happening | Approach the child or parent | Help affected persons access information |
| Find out who needs help | Introduce yourself | Connect with loved ones and social support |
| Assess safety and security risks | Pay attention and listen actively | Help the persons tackle practical problems |
| Assess physical injuries | Accept and validate the child's reactions and feelings | Help persons access services and other help |
| Assess immediate, practical and protection needs | Calm the child or parent | Find out who the child is with or is the child alone |
| Assess emotional reactions | Ask about needs and concerns with age-appropriate questions | Help find solutions to needs and problems |

5. Seven techniques for helpful communication with children in distress



Facilitator's note: Print the handout and cut out each of the seven sections so that you can give one communication technique to each group.



HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN

1. Initial contact: introducing yourself

Always begin by explaining who you are and what you are doing there.

For example, say:

- What is your name?
- Who are you working for?
- Why are you there?

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

Even if the child knows who you are, this does not mean that they know your role or responsibility in a given situation. Hence, it is important to clarify to the child what your role is, for example: "When a difficult experience like this has happened, my role is to talk to the children in the camp to see if there is anyone I can help as this is a difficult situation."



HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN

2. Gather information (ask clarifying questions)

Use open-ended questions to better understand the situation. Open-ended questions are questions that normally cannot be answered with a "yes" or a "no". They often begin with "when," "where," "what" and "who".

Children are encouraged to tell their story on their own terms and from their own perspective. For example, say, "Where were you when it happened?" or "How is it that you did not eat anything today?"

Examples of clarifying questions are "I am interested in hearing more of your thoughts on ...", and "Are you saying ...?" "Do you mean ...?"

Such questions are useful in circumstances where the child's story seems incoherent. They can clarify what happened and give you information about their feelings and thoughts. Be careful not to probe when asking questions. In a crisis, remember that you are there to help reduce distress, not to ask for details of what has happened to the child or the adult. Probing, which is asking for more details, can harm the person in the initial phase after a stressful event. Instead, practise your listening skills and focus on the basic needs the child or adult expresses in such circumstances.

HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN

3. Active listening

Active listening is more than just hearing what someone says. It includes verbal and nonverbal skills.

Non-verbal listening skills

Nonverbal listening is demonstrated through body language, eye contact, the space between one and the other person, body positioning, focusing on the other person, and if appropriate, touching to connect. With non-verbal skills you show that you are listening and concentrating on what the child is saying. Block out any distractions. Create as peaceful a place as possible and turn off your mobile phone or put it on silent. Do not talk much – just listen. Stay quiet and let the child speak without interruption.

Be aware of your own body language and the appropriate body language in the cultural context. Make eye contact if this is appropriate in accordance with cultural practise. 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, as this can sometimes seem intimidating.

If you are working with a translator, ensure that the translator is aware of these non-verbal skills also.

Verbal listening skills

Verbal aspects of active listening are asking questions to improve understanding of the situation; paraphrasing and summarizing what the person has said in your own words (to confirm understanding), and being encouraging and supportive

Asking questions to clarify the situation is a key part of active listening, as it enables the helper to get a better understanding of what has happened and what the child or caregiver needs. It is important when asking questions to not be judgmental or intrusive but to ask questions that are sensitive and respectful to the child or caregivers' experiences.

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

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

Every now and then, reflect and summarise what the child has told you so far in the conversation. This shows that you have listened and that you are trying to understand. In addition, you are verifying if you have understood the information correctly. Having developed this understanding may help the child get ready for making plans. For example, you can say, "I would like to tell you what you have told me so I can make sure I have understood everything you have said?"

Active listening also includes encouragement. Convey warmth and positive sentiments in verbal as well as non-verbal communication. This helps create openness and a feeling of safety, which is crucial when you want to build trust. In some circumstances, physical touch may contribute to a sense of encouragement. However, in many cultures or contexts it is inappropriate to give an unknown child a hug (remember that you do not know the child's history). Instead, you may show your empathy by saying for example "I'm very sorry to hear this" or "I will stay with you until we find more help."

HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN**4. Normalisation**

Normalisation and generalisation are communication techniques that usually work well with children and adults alike. Children in distress may be confused about their own reactions and feelings and may not share this with anyone. Normalisation means reassuring a child that his or her reactions are normal. The child should know that their reactions are understandable and do not mean that something is wrong with him/her.

Normalisation can help the child reduce the sense that the world has turned upside down and give hope that things can return to normal. Accept and support all emotions the child may express or show. For example, you can say, “I can see that you are afraid. Many children experience fears. This is very common after experiences like this.”

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

**HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN****5. Generalisation**

Generalisation is related to normalisation. The purpose of generalisation is to help the child realise that many other children share the same feelings and reactions. This helps reduce the feeling of isolation and can give hope. You may, for example, say: “I know a lot of boys and girls who are feeling the same way as you are. Some of them are your age, and some are older. I also know some children who are feeling much better now, because feelings often change over time”.

Alternatively, you may say: “I know one girl who is doing much better now after she talked to her mother about what was troubling her,” or “Many boys and girls feel the way you do when they experience the things you have experienced. Your reactions are very similar to others in the same situation”.

HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN

6. Triangulation

Sometimes children, especially younger children, find it very intimidating and scary to talk to strangers. If a child does not want to talk to you directly, talk to the child through another person, or using a toy or other objects you find suitable (for example, by using a photo, tree, or a person from a book). This is called triangulation, because a third person or object becomes part of the conversation, and the three of you form a triangle. This is a non-threatening way of communicating with children who do not trust you yet.

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

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

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



HELPFUL SKILLS FOR COMMUNICATING WITH CHILDREN

7. Calming

Calming is one of the key goals of PFA. When children and their parents or caregivers are distressed, calming them is one of the first actions you will take.

There are various ways you can do this and it involves both **WHAT** you are saying and **HOW** you say it:

Use a calm, low, comforting voice and non-threatening body language. If the child or parent are panicking or seem disoriented try to encourage them to focus on non-distressing things in the immediate environment. For example, try to shift their attention to something you can see or hear – with a parent you could comment on a sound or object in the nearby surroundings. Help the parent or child to reduce the feeling of panic or anxiety by asking them to focus on their breathing, and encouraging them to breathe deeply and slowly.

If a child reacts negatively, for example with aggression, you can try to calm the situation and validate the child’s emotions and encourage the child to cope with this feeling in a different way. Explain to the child that you understand his or her anger, but also tell him or her that it will not help to act out these feelings. For example, you can de-escalate a potential conflict by saying, “It is OK 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.”

Another way of calming is to allow silence and giving a child or caregiver time to just be still. It is good to give people some time after they have experienced something distressing to be still and quiet.

6. Developing case studies

Created by GROUP No. _____

Briefly describe the distressing event: _____

Think of a name for a child affected by the event: _____

Think of a name for a caregiver affected by the event: _____

Provide some personal information about the child and caregiver: (e.g. gender, age, marital status, etc):

Child: _____

Caregiver: _____

Think of a context: (e.g. setting, time of day, private or public situation, others around? etc.)

List two reactions the child may have:

1. _____

2. _____

List two reactions the caregiver may have:

1. _____

2. _____

7. Role play feedback forms

Name of participant observed: _____

| FEEDBACK FORM | | |
|--|----------------------|---|
| Action principle and actions | Level of completion* | Comments and examples What went well? What could be improved? |
| LOOK refers to whether the helper looked for: | | |
| information on what had happened and was happening | | |
| who the child was with or was the child alone | | |
| safety and security risk | | |
| physical injuries | | |
| immediate basic, practical and protection needs | | |
| emotional reactions | | |
| LISTEN refers to how the helper: | | |
| approached the child and introduced themselves in an appropriate way | | |
| calmed the child (and caregiver) | | |
| paid attention and listened actively | | |
| accepted the child's and caregiver's reactions and feelings | | |
| asked about needs and concerns with age-appropriate questions | | |
| helped the person(s) in distress find solutions to their immediate needs and problem | | |
| LINK refers to whether the helper: | | |
| assessed the child's needs, with the child, if possible | | |
| helped the child access protection and services for basic needs | | |
| found solutions to their immediate needs and problems | | |
| tackled practical problems | | |
| connected with loved ones and social support | | |
| accessed services and other help | | |

*) Level of completion: 2: Done well, 1: Done adequately; 0: Not done

8. A scenario with questions

Scenario

A bus transporting children and teachers back from a school trip has had a serious accident very close to its destination of the school where the principal, parents and families were waiting. A teacher on the bus contacted the principal to tell her about the accident. Two children and one of the teachers have died and others are badly injured. When the principal shared the news with the waiting parents, they panicked and got in their cars to race over to the accident site. You have been called to prepare a team to go to the accident site to provide PFA to the children, their parents and other caregivers.

Questions

1. What reactions do you expect to see at the accident site?

2. Who will you help first? Why?

3. Who else will you contact for more help if needed?

Appendix D: Training evaluation form

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