



## PRESENTATION SLIDES:

### Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training

For sub-national social service workforce in Lao PDR



SUPPORTED BY



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*Cover photo: ©UNICEF Laos/ 2004/ Jim Holmes*

# **PRESENTATION SLIDES:**

Psychological First Aid (PFA) and Mental Health and  
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For sub-national social service workforce in Lao PDR



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PRESENTATION SLIDES:  
Psychological First Aid (PFA) and Mental Health and  
Psychosocial Support (MHPSS) Training

MODULE 1: Understanding Crisis and Its Impacts

Slide 1

**Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training**

**Day 1: Understanding Crisis and Its Impact**

Supported by MoLSW, UNICEF Lao PDR and KOICA  
Trainer: Manivone Thikeo, MD, MPH, Ph.D.  
Consultant for MHPSS  
Tel: (856-20) 59536080

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**Introduction to the training**

- Introduction of the training
- Ice breaker exercise to get to know each other
- Training objective
- Agenda
- Training ground rules
- Training expectations from participants
- Pre-test

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## Training ground rules

- Read the materials before training each day
- Come in with questions to discuss if any
- Be on time after breaks.
- Mute your cell phones
- Do not interrupt someone who is speaking. Be an active listener.
- Respect others' opinions.
- Participate fully in exercises
- Always give feedback this way: First, what went well? Then, what can be better?
- During the training, participants may recall stressful personal experiences, which is normal. Reassure participants that they are under no circumstances obliged to share anything private. The trainer is there to help participants to learn.
- Keep confidentiality. Stories stay in this room.

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## Learning Goals

- At the end of the day, participants have increased understanding of what is a crisis event and what impacts it can create on individuals and communities, physically, psychosocially and mentally.
- Understand the concept of psychological and mental well-being, stress, trauma, disaster and the importance of delivering PFA and MHPSS support
- Be able to identify different types of stress, grief and mourning and introduce some basic coping mechanisms.
- Understand the linkage between disaster, trauma and psychological/mental outcome
- Understand the link between disaster/pandemic and gender-based violence and child well-being

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## Exercise

### 01

What kinds of crisis events have you encountered in your life or work or someone you know?

### 02

What physical, social and psychological reactions did people have?

### 03

What was done to help and support people?

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## COVID-19 outbreak in Lao PDR

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### CORONAVIRUS in Lao PDR

- **Number of infected cases: 41**
- **Number of death due to COVID-19: 0**
- **Number of children affected during the COVID-19 related school closure: 1,440,733** (52% are girls)

(Source: MOH, UNICEF and WHO as of 19 Dec 2020)




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## Exercise

Discuss and list the ways the COVID-19 outbreak has impacted your community.

Who are most at risk and affected by COVID-19 in Lao PDR?



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## Examples of negative impacts of COVID-19

- Full national lock-down
- Physical distancing and social isolation
- Unemployment
- Financial hardship
- School closure
- Limited access to social services
- Travel restriction
- Increased violence and protection risks
- Tensions within health systems
- Stigma and discrimination against recovered patients and families, and against health care workers treating patients are infected
- Exhaustion of frontline workers

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### Examples of people at risk or affected by COVID-19

- Those infected with COVID-19
- Children, families and relatives of people infected
- People in quarantine and isolation
- People discriminated because they had COVID-19
- Children separated from families, because of hospitalization, death of families, etc.
- Children who cannot go to schools
- Labour workers
- Who else?

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### Common reactions to COVID-19

- Fear
- Anxiety
- Depression
- Sadness
- Difficulty in sleeping
- Anger
- Grief
- Confused
- What else?

An illustration of a person with dark hair, wearing a white face mask and a blue turtleneck. The person has a sad expression with a sweat drop on their forehead. The background features a light blue world map with several red, spiky COVID-19 virus particles floating around. A white rectangular box on the left side of the illustration contains the text 'Common reactions to COVID-19' and a bulleted list of reactions.

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Natural disasters

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Flooding and dam collapse in ATP 2018

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# Disaster Events

A disaster is a critical incident that affects whole **communities** and causes massive, **widespread**, and **collective stress** and **human suffering** that requires **assistance** to recover.

Major classifications of disaster:

- Naturally occurring (earthquake, hurricane, tornado, flooding, bushfire)
- Human-caused (war, genocide, terror, etc.)
- Pandemic (COVID-19, Swine Flu, etc.)
- Accident (car accident, airplane crash, building collapsed, etc.)

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# Exercise

How can disaster amplify the pre-existing problems? Can you share your thoughts why certain people can be more vulnerable?

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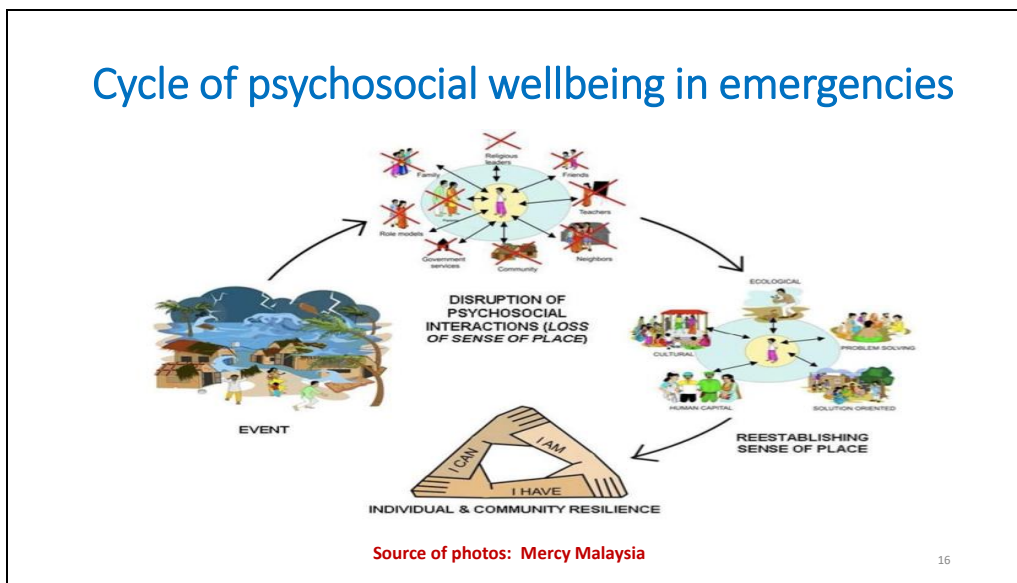
Slide 15

## The Impact of Disaster

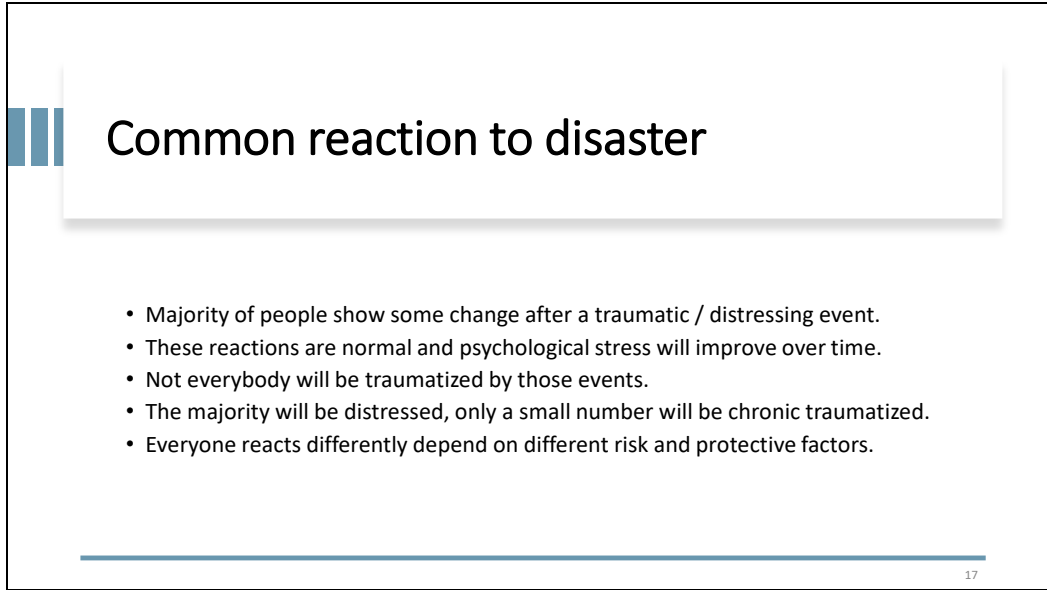
- Disasters can create a wide range of problems experienced at the individual, family, community and societal levels.
  - At the individual level, disaster can create high distress, anxiety, traumatic stress, etc.
  - At the family level, disaster can interrupt family life and separation of children from families, family financial hardship, etc.
  - At the community level, people need to be displaced, community traditional events, festival, social life and other kind of activities the community have been doing for generation can be disrupted.
- At every level, emergencies disrupt available services, increase the risks of diverse problems and tend to amplify pre-existing problems.
- The psychological trauma as a result of an event is powerful and upsetting incident that intrude on daily life.

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Slide 17

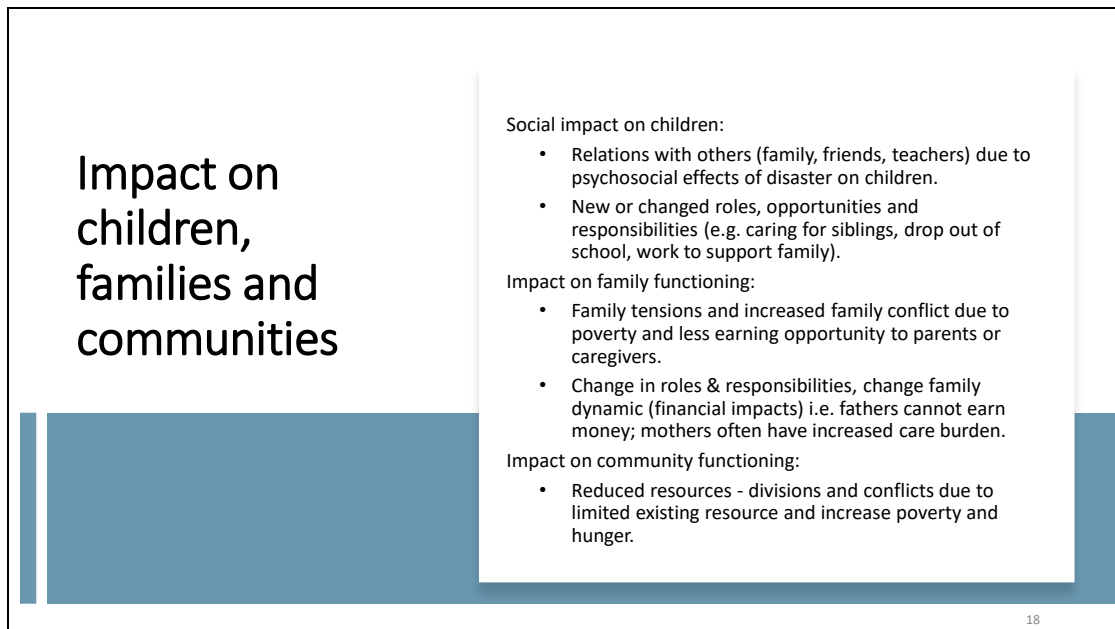


## Common reaction to disaster

- Majority of people show some change after a traumatic / distressing event.
- These reactions are normal and psychological stress will improve over time.
- Not everybody will be traumatized by those events.
- The majority will be distressed, only a small number will be chronic traumatized.
- Everyone reacts differently depend on different risk and protective factors.

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## Impact on children, families and communities

Social impact on children:

- Relations with others (family, friends, teachers) due to psychosocial effects of disaster on children.
- New or changed roles, opportunities and responsibilities (e.g. caring for siblings, drop out of school, work to support family).

Impact on family functioning:


- Family tensions and increased family conflict due to poverty and less earning opportunity to parents or caregivers.
- Change in roles & responsibilities, change family dynamic (financial impacts) i.e. fathers cannot earn money; mothers often have increased care burden.

Impact on community functioning:

- Reduced resources - divisions and conflicts due to limited existing resource and increase poverty and hunger.

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## Other situations that can negatively affect children

- Death of parents, other family members, friends, or neighbors
- Separation from parents, family, and even the community
- Separation of parents (divorce)
- Conflict, tension, and violence in family and community life
- Displacement and refugee trauma
- Witness to other traumatic events
- Physical injury
- Sexual violence
- Violence or conflict in the household or the environment surrounding the child
- Poverty
- School violence
- Any other multiple and prolonged forms of child maltreatment
- Family members who have serious mental health issues


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## Gender Based Violence and Disaster

- **The UN General Assembly** defines violence against women as any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women (General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993). GBV is any act of violence perpetrated against a person's will because of socially ascribed power imbalances between males and females.
- Emergency disaster impacts on men, women, boys, and girls, vary greatly.
- The violence increased after the disaster because the lack of safety and surveillance
- Women and girls especially may feel more stress due to increased workloads and caregiving responsibilities, and limited access to resources and services during and after disaster or pandemic.
- Women and children are more vulnerable and exposed to different risks, including GBV, Sexual, psychological, physical and emotional abuse.
- Although majority of the data on SGBV refers to women and girls as the largest group affected, GBV affects not only women, girls but also men and boys.

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## Gender Based Violence and Disaster

- The study done by the International Federation of Red Cross and Red Crescent Societies (IFRC) in Oudomxay and Sekong after disaster showed increased GBV during and after disaster.

 <p>27% respondents heard of rape incidents after the disaster</p>	 <p>47% distressed by early marriage</p>	 <p>32% females distressed by rise in domestic violence</p>	 <p>29% males distressed by rise in domestic violence</p>
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The responsibility to prevent and respond to Sexual and Gender-Based Violence in Disaster and Crisis-Lao PDR. [www.rccr.resilience-southeastasia.org](http://www.rccr.resilience-southeastasia.org)

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## Gender Based Violence and Disaster

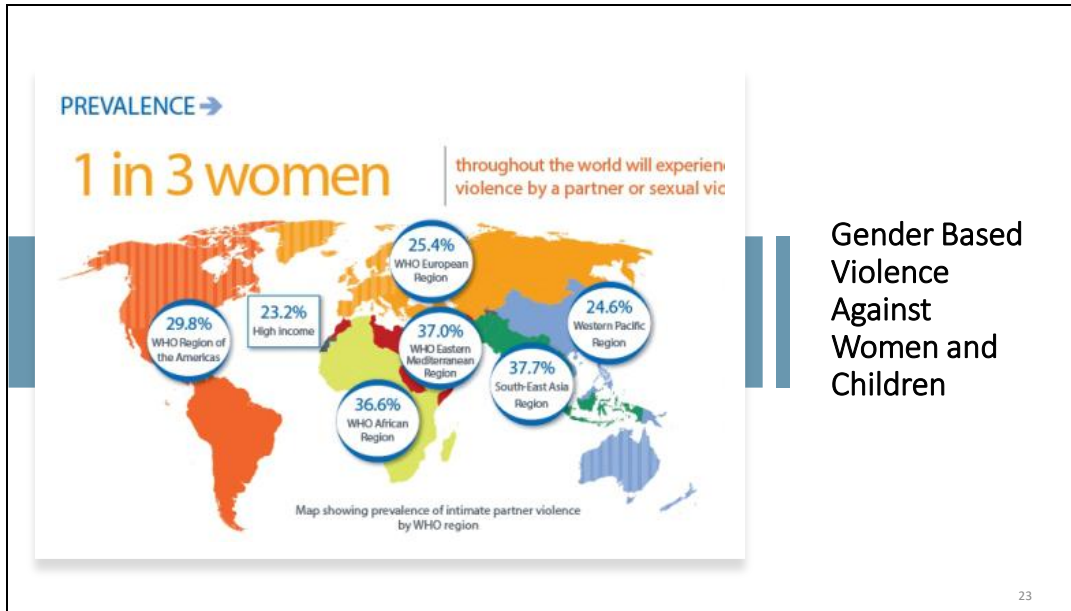
### Risk factors identified in the disaster response

 <p>Unsafe temporary housing or evacuation centres</p>	 <p>Failure to consult with women, men, boys and separately</p>	 <p>Failure to coordinate services needed for survivors of SGBV</p>
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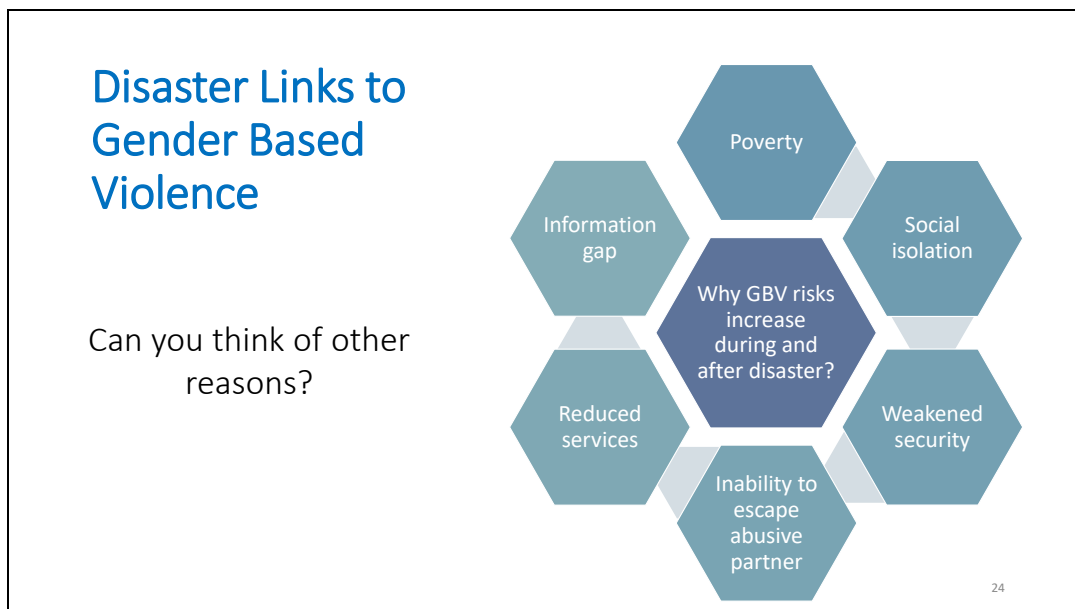
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## Critical Events Characteristic = Loss

Crises typically disrupt a person's life in many different ways. One important characteristic is **'loss.'** Examples include:

- Loss of personal relationships, close and significant loved ones
- Control over own life and future
- A sense of security, hope and initiative
- Loss of dignity, trust and safety
- Loss of a positive self-image
- Loss of trust in the future
- Social infrastructure and institutions
- Access to services
- Property and material goods
- prospects of a livelihood
- Loss of opportunity to generate an income

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## Grief

Grief is the natural reaction to loss. Grief plays an important role in the understanding of trauma. Grief is a strong, sometimes overwhelming emotion. Children experience grief differently; some have ongoing difficulties that can interfere in their everyday life.

Five stages of grief (Kübler-Ross, 1969)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

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A presentation slide with a white background and a black border. On the left side, there are three vertical blue bars of varying heights. The title "What is stress?" is centered at the top in a large, bold, black font. Below the title, there is a list of bullet points. At the bottom right corner, the number "27" is displayed in a small font.

## What is stress?

- Stress is a normal reaction to a threat or a disturbing change in the environment (stressor) that caused both physiological and psychological responses.
- It occurs when any demand is placed upon the body.
- Stress is...
  - Normal automatic physical reaction to the event.
  - Necessary for survival, developmental, and growth.
  - Preventable (avoidable).
  - Manageable.

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Slide 28


A presentation slide with a white background and a black border. At the top, there is a thick blue horizontal bar. On the right side, there are two vertical blue bars of varying heights. The title "Disaster and Stress Reaction" is centered at the top in a large, bold, black font. Below the title, there is a list of bullet points. At the bottom right corner, the number "28" is displayed in a small font.

## Disaster and Stress Reaction

- Disaster events create both physical and psychological stress because people perceived that their life is under threat or challenge .
- Four phases of stress reaction phases:
  1. Acute phase.
  2. Reaction phase.
  3. Repair phase.
  4. Reorientation phase.

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## I. Acute Phase


**At this state, the acute stress reactions may:**

- Last for minutes, hours, or days.
- **“Fight or flight”** mode response → preparation for physical activity.
- Narrowing of focus → decreases ability to think properly,
- Emotional reaction → disbelief or consternation, lack of detachment.
- Rigid behavior → irritability, anger, aggressive, violence, sad, cry, etc. affects communication.
- Panic rare but immediate attention needed.

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## II. Reaction phase


**At this state, the stress reaction phase may:**

- Last from one to six weeks.
- Have delayed reactions: previously repressed or denied feelings may surface.
- Be overwhelming, bringing powerless.
- Show characteristic reactions such as:
  - Fear of returning to the site of the event.
  - Dream of nightmares related to the event.
  - Anxiety, restlessness, insomnia.
  - Muscle tension, shaking or tremor and exaggerated startle response.
  - Increase irritability and isolation, depression.
  - Disturbing thoughts about survival, relief, guilt, grief.

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### III. Repair Phase


**At this state, the stress reaction repair phase may:**

- Lasts for one to six months.
- Difference reaction less intense, and not so overwhelming.
- Feeling of pain and hurt continue but can be cope with.
- An interest now taken in everyday life.
- Plans made for the future.

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### IV. Reorientation phase

**At this state, the stress reaction reorientation phase may:**

- Lasts for approximately six months after a distressing event and continuing.
- Heightened stress reactions substantially reduced:
  - Grief reaction may not be resolved but is accepted.
  - Most reactions will diminish gradually.
- Assessing ongoing needs is important at this phase.

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### Common reactions of children affected by disaster or traumatizing events

Reactions to Trauma				
Timing	Emotional	Mental	Physical	Behavioral
Immediate	Anger, Distress, Fear	Confusion, Disorientation	Cold sweats, Dizziness	Annoys easily, Bedwetting
	Feeling insecure	Inability to concentrate	Fatigue, Nausea	Difficulty in expression
	Feeling numb, Guilt	Memory problems	Rapid heart rate	Poor grades at school
	Helplessness, sadness	Racing thoughts	Shortness of breath	Refusing to talk, Restlessness
	Sense of hopelessness /emptiness/deep loss		Stomach ache, Tight chest	Self isolation, Sleep disturbances
			Uncontrollable shaking	Startled reactions
				Tearful for no apparent reason
Delayed	Anxiety, Depression	Constant remembering of bad experiences	Changes in appetite	Aggression, Refusing to go to school
	Emotional detachment	Flashbacks, Indecisiveness	Lowered resistance to colds and infections	Refusing to talk, Self isolation
	Fear of reoccurring trauma	Self blame, Suicidal thoughts	Nightmares, Persistent fatigue	Withdrawal
	Hostility, Irritability		Sleep disturbances	
	Mood swings, Shame			

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## Common reactions of children affected by disaster or traumatizing events

**Pre-school and young school-age children (0-6):**

- Feel helpless and exhibit feelings of anxiety and fear.
- Difficulty expressing these feelings in words
- Trouble sleeping alone and separation anxiety.
- Others will lose some speech and wet the bed.

**School-age children (7-12):**

- Feel unsafe at home or school. Struggle to focus in school and performance may decline.
- Guilt or shame around their actions or inactions during a traumatic event.
- Sleeping problems: nightmares, having a fear of falling asleep alone, or being unable to fall asleep.
- Physical pain such as headaches and stomachaches, without an obvious cause to the pain.
- Behavior change may occur with aggressive and/or reckless behaviors.

**Adolescents (13-18):**

- Guilt or shame about the traumatic events and may fantasize about revenge and retribution.
- Some youth may engage in self-destructive or risky behaviors.

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## Common vs. Severe reaction

Some examples of severe reactions that call for immediate attention and intervention and/or referral:

- unable to sleep for a week or more and is confused and disorientated
- unable to function normally and care for themselves or their family (e.g., not eating or keeping good hygiene and clean)
- lost control over their behaviour and is unpredictable or destructive
- threatens to harm themselves or others
- starts excessive or out-of-the-ordinary use of drugs or alcohol
- presents chronic health conditions which need specialised support
- presents symptoms of mental health disorders

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## What is trauma?

- Trauma can be defined as “a psychological, emotional response to a terrible event like an accident, rape, or natural disaster or an experience that is deeply distressing or disturbing effected psychological and physical well being of a person.”
- A traumatized person can feel a range of emotions both immediately after the event and in the long term.
- They may feel overwhelmed, helpless, shocked, or have difficulty processing their experiences.
- Trauma can also cause physical symptoms such as pain in the body, numbness, headache, nausea and stomach upset.

(the American Psychological Association)

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# Traumatic Stress

There are two types of traumatic stress

- 1. Primary traumatic stress**--affects individuals and communities that are directly exposed to the elements of the critical event.
  - For example: people who were directly effected by dam collapsed in Attapeu Province
- 2. Secondary traumatic stress** can be incurred when an individual is exposed to people who have been traumatized themselves, disturbing descriptions of traumatic events by a survivor, or others inflicting cruelty on one another.
  - For example: social workers who interact with victims of trauma, witness horror event at the site such as dead body from damp collapsed, flight crash in the Southern Lao PDR.

(Source: CDC/ASPH Mental Health Preparedness Exemplars' Group, 2005).

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# Traumatic Stress Reaction

Signs of traumatic stress reaction:

- The effected person can't stop thinking about the event.
- Being easily reminded of the event by thing that are not very related.
- Continuing to react fearfully even when the danger has passed.
- Increase difficulty controlling emotions.
- Having nightmares related to the event.
- Being easily irritated.
- Having a low tolerance for stress.
- Being easily startle.
- Losing a sense of reality.

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Post Traumatic Stress Reactions

Avoid Thinking of the Trauma

Avoid Talking of the Trauma

Easily Frightened

Negative Mood

Negative Thinking

Always on Guard

Avoiding Places

Avoiding Activities

Flashbacks

Cannot Concentrate

Aggressive Behavior

Loss of Interest

Feeling Guilt or Shame

Substance Abuse

Sleeping Difficulty

Bad Dreams

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## Traumatic Stress Reaction

Emotional numbness or extreme agitation.

- Immediate attention and coping assistance needed.
- Referral for professional care might be necessary.
- When referring:
  - Important to inform the person concerned about your intentions.
  - Recognize that such referrals may receive very negative reactions.
  - Mental health referral may cause the affected person to be stigmatized and victimized.

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## Secondary Trauma

- Secondary trauma or vicarious traumatization is “the transmission of traumatic stress to responders by observing and/or listening to the stories of traumatic events.”
- It results when a responder's primary traumas are revisited due to the sights, sounds, stories, or issues raised by survivors.
- Helpers are at high risk to have secondary trauma if they are not prepared them well before taking roles of helpers.

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## Wrap Up



- SUMMARIZE 3 THINGS YOU LEARNED TODAY.
- NAME 2 THINGS THAT WENT WELL TODAY AND SOMETHINGS THAT NEED IMPROVEMENT.
- SHARE 1 QUESTION.

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## References

- Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. IASC: Geneva, 2007.
- Shultz, J. M., Espinel, Z., Galea, S., and Reissman, D. B., 2007b. Disaster ecology: implications for disaster psychiatry. In Ursano, R. J., et al. (eds.), Textbook of Disaster Psychiatry. Cambridge, UK: Cambridge University Press, pp. 69–96.
- World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.
- International Federation of Red Cross and Red Crescent Societies. Centre for Psychosocial Support. Psychosocial Interventions. Blegdamsvej 27, DK-2100 Copenhagen Denmark: <http://www.ifrc.org/psychosocial>
- International Federation of Red Cross and Red Crescent Societies Psychosocial Centre. Basic training in Psychological First Aid for COVID19 outbreak response adaptation and facilitation guide. <https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies>
- Vinod Singaravelu MBBS, MRCPsych. Oxford, UK. Child & Adolescent Psychiatrist and Resilience Life Coach, [Vinod.Singaravelu@yahoo.com](mailto:Vinod.Singaravelu@yahoo.com)  
American Academy of Experts in Traumatic Stress [aets.org](http://aets.org)
- Herman, J. (1992) Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror, New York: Basic Books. pg. 33.
- Psychotherapy Networker interview with Dr. Bessel van der Kolk January 11, 2017
- <https://www.psychotherapynetworker.org/blog/details/311/video-when-is-it-trauma-bessel-van-der-kolk-explains>

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## Acknowledgement

This training is developed by the Ministry of Labour and Social Welfare and UNICEF Lao PDR through the generous support from KOICA.






-END OF MODULE 1-

## PRESENTATION SLIDES:

Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training

MODULE 2: Introduction to Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS)

Slide 1

**Psychological First Aid (PFA) and Mental Health  
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**Day 2: Introduction to PFA and MHPSS**

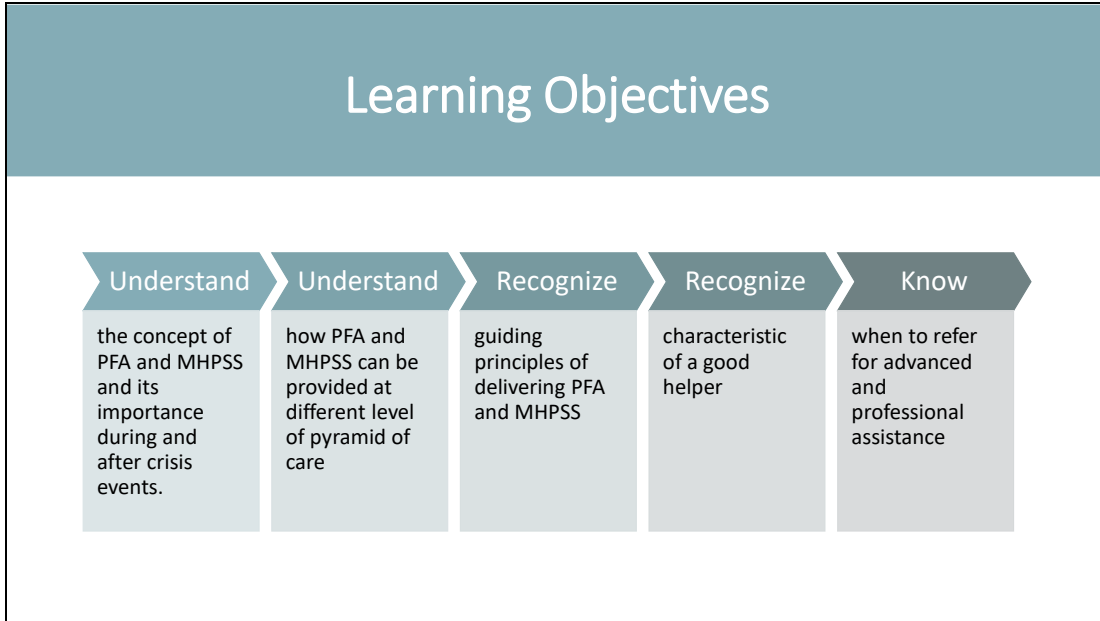
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- Keep confidentiality. Stories stay in this room.

Slide 3



Slide 4

## Exercise

- Have you ever supported people affected by disasters?
- If so, what support did you provide?
- What comes to your mind if you think about 'mental health and psychosocial support'?
- Who can provide this kind of support, when, and where?

Slide 5


# What is MHPSS?

- **Mental health** is a states of mind that a person realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his/her community. (WHO)
- **Psychosocial support**
  - **Psycho** is about feeling, thoughts, and emotions – the “inner” world of a child.
  - **Social** is about the external environment in which the child lives – family, friends, school, community, etc. – all about the relationships a child has with others.
  - **Support** is the way in which children are helped to cope with traumas and stress and to build resilience or the ability to “bounce back” from adverse conditions or events.

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# What is MHPSS? (continued)

- **Psychosocial support** refers to actions that provides immediate relief suffering, both emotional and physical, improve people’s short-term functioning and reduce long-term negative psychological effects.  
(IRFC Psychosocial Framework)
- **Mental health and psychosocial support** refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.  
(IASC Guidelines on Mental Health & Psychosocial Support in Emergency Settings, 2007)

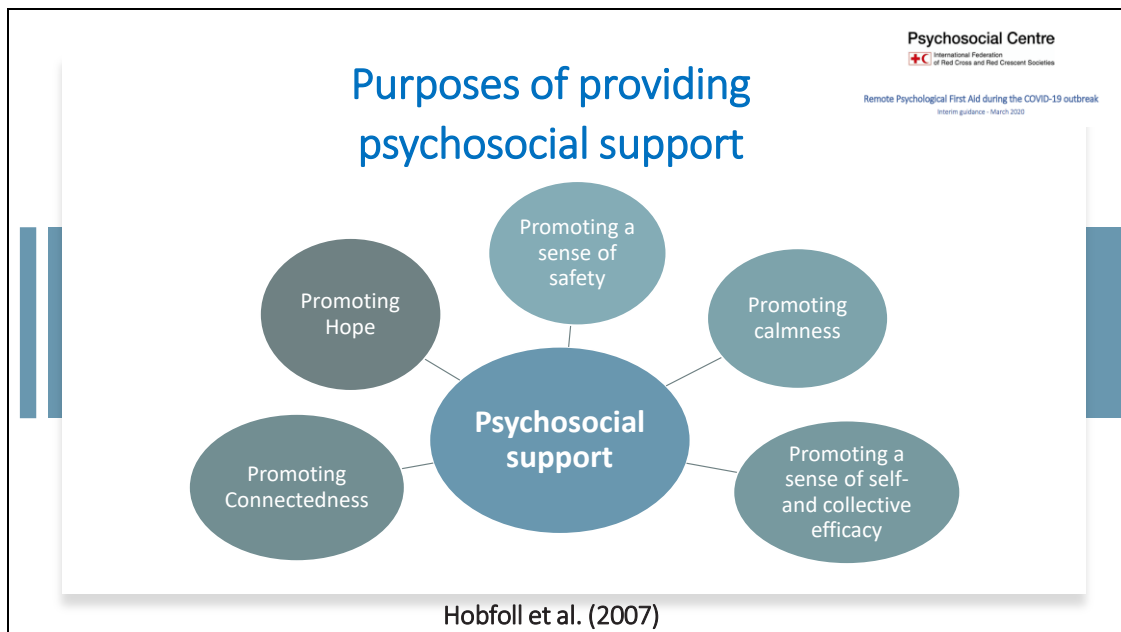




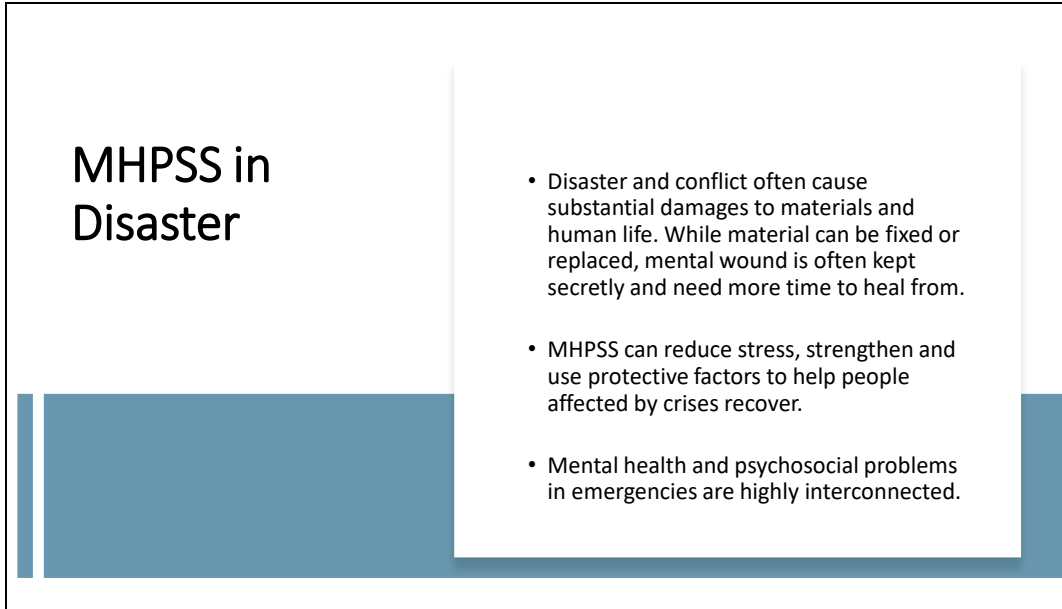
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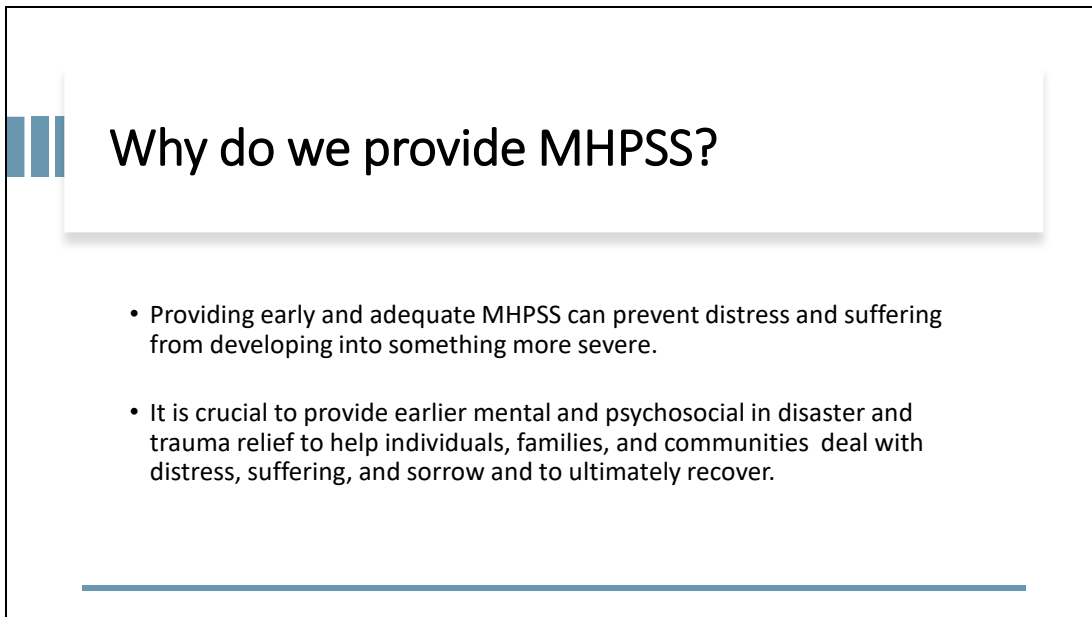
## MHPSS in Disaster

- Disaster and conflict often cause substantial damages to materials and human life. While material can be fixed or replaced, mental wound is often kept secretly and need more time to heal from.
- MHPSS can reduce stress, strengthen and use protective factors to help people affected by crises recover.
- Mental health and psychosocial problems in emergencies are highly interconnected.

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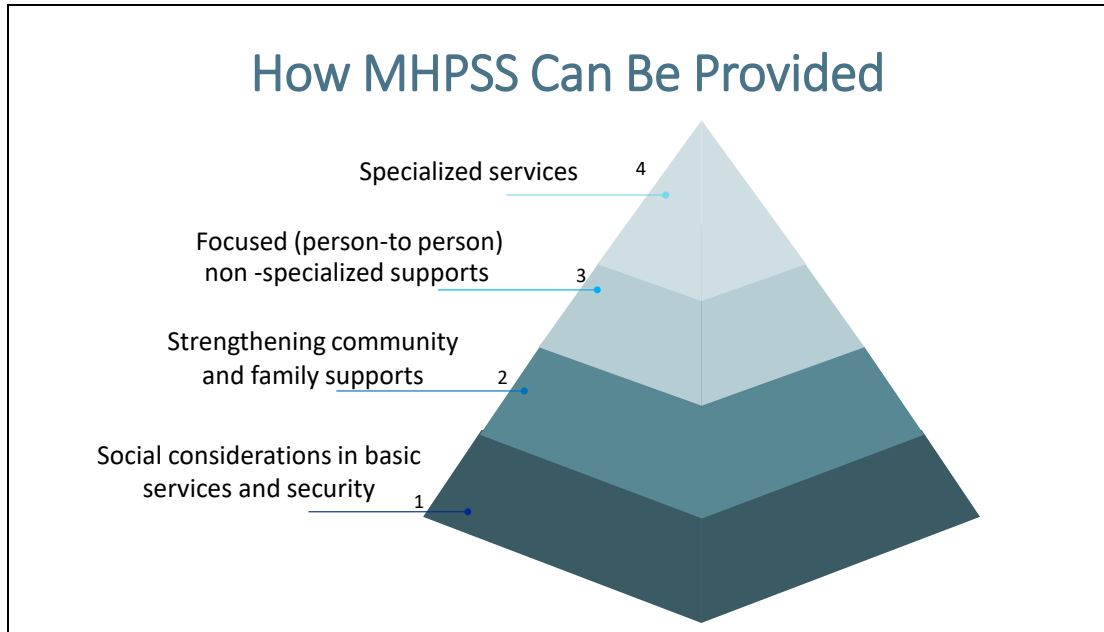
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## Why do we provide MHPSS?

- Providing early and adequate MHPSS can prevent distress and suffering from developing into something more severe.
- It is crucial to provide earlier mental and psychosocial in disaster and trauma relief to help individuals, families, and communities deal with distress, suffering, and sorrow and to ultimately recover.

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## 4 Layers of providing MHPSS

**Level 1:** can be done by inside and outside aids organizations which focus on re-establish security, safety & basic services (water, food, shelter & health services) – advocacy for basic services that are safe, socially appropriate & protect dignity.

**Level 2:** can be done by inside and outside aids organizations that promote and / or provide everyday activities such as schooling, activating social networks and communal traditional supports, supportive age-friendly spaces.

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## 4 Layers of providing MHPSS (Cont.)

**Level 3:** social workers and health staff can provide onsite for psychological first aid, basic mental health care by trained primary healthcare doctors or refer for outside service, provide activities in child friendly spaces to support for basic emotional & other practical support as needed.

**Level 4:** services provide by mental healthcare specialists (psychiatric, nurses, psychologists, psychiatrists, etc.). Child Friendly Service workers refer person to specialist services for diagnosis & support for those 6-8 weeks after emergence if still not showing signs of improvement.

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## Principles of providing MHPSS

- Primary focus on physical and material care and protection people from danger.
- Immediate intervention: be direct, active and remain calm
- Focus on the “here” and “now” situation
- Provide accurate information about the situation
- Do not give false assurances
- Recognize the importance of taking action
- Reunite with family members
- Provide and ensure emotional support
- Focus on strengths and resilience
- Encourage self-reliance
- Respect feelings of others

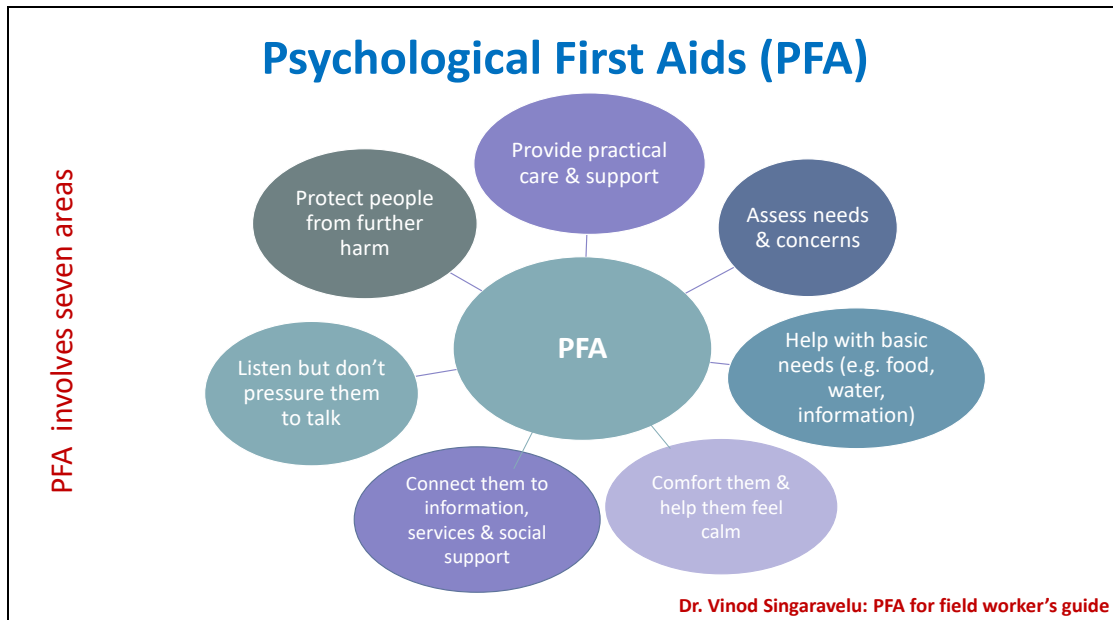
Slide 15

# What is Psychological First Aids (PFA)

PFA is a humane and supportive response to a fellow human being who is suffering and who may need support. It is an acute intervention of choice when responding to the psychosocial needs of children, adults and families affected by disaster and pandemic.

Source: Psychological First Aid for All, WHO

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## Psychological First Aid is “not”

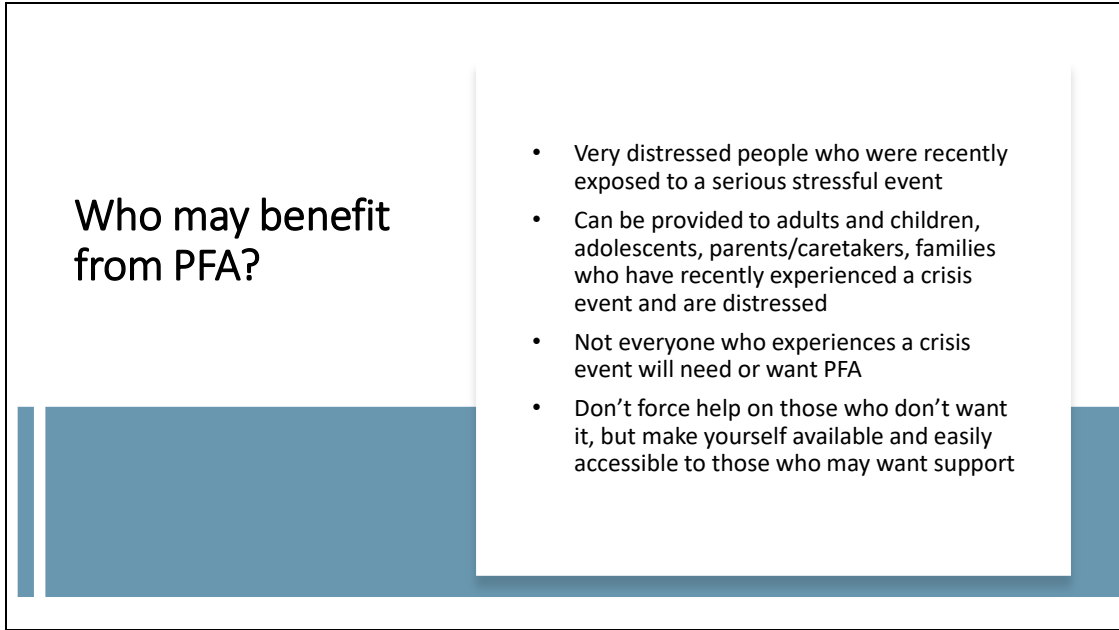
- Not something only professionals can do
- Not psychological debriefing
- Not professional counselling or therapy
- Not encouraging a detailed discussion of the event that has caused the distress, traumatic experiences and losses
- Not asking someone to analyze what has happened to them
- Not pressing someone to talk for details on what happened
- Not pressuring people to share their feelings and reactions to an event.
- Not something that everybody who has been affected by an emergency will need.

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## The fundamental principle of Do No Harm

Safety	Dignity	Rights
<ul style="list-style-type: none"> <li>• Avoid putting people at further risk as a result of your actions.</li> <li>• Make sure to the best of your ability that the people you help are safe and protect them from physical or psychological harm.</li> </ul>	<ul style="list-style-type: none"> <li>• Treat people with respect and in accordance with their cultural and social norms.</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure people can access help fairly and without discrimination.</li> <li>• Help people to claim their rights and access available support.</li> <li>• Act only in the best interest of any person you encounter.</li> </ul>

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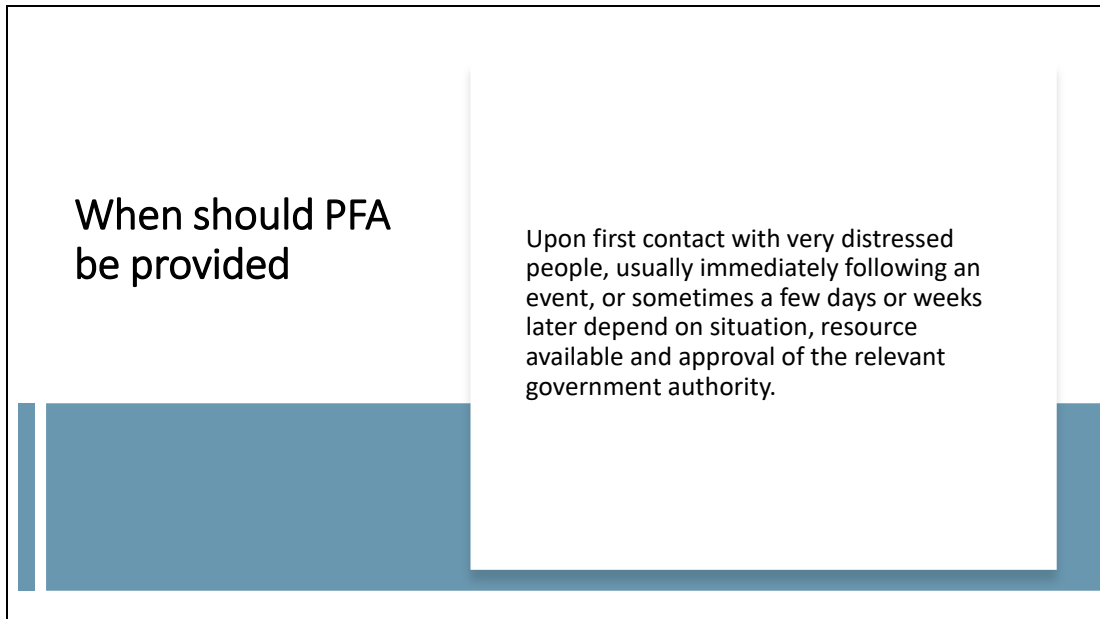
**Who may benefit from PFA?**

- Very distressed people who were recently exposed to a serious stressful event
- Can be provided to adults and children, adolescents, parents/caretakers, families who have recently experienced a crisis event and are distressed
- Not everyone who experiences a crisis event will need or want PFA
- Don't force help on those who don't want it, but make yourself available and easily accessible to those who may want support

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**When should PFA be provided**

Upon first contact with very distressed people, usually immediately following an event, or sometimes a few days or weeks later depend on situation, resource available and approval of the relevant government authority.

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**Where should PFA be provided?**

- PFA can be provided anywhere or place where it is safe and had some privacy for you and affected people when appropriate. (shelters, temporary housing, assistance center, crisis and emergency hotline, etc..)
- Privacy is essential for confidentiality and to respect the person's dignity, for those who have been exposed to certain types of crisis events such as sexual violence.

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**Ethical consideration when providing PFA**

**Do's**

- Be honest and trustworthy.
- Respect people's right to make their own decisions.
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.



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## Ethical consideration when providing PFA

### Don'ts

- Don't exploit your relationship as a helper.
- Don't ask the person for any money or favor for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people, and don't be intrusive or pushy.
- Don't pressure people to tell you their story.
- Don't share the person's story with others.
- Don't judge the person for their actions or feelings.

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## Roles of helper in delivering PFA and MHPSS

Helpers referred to those who provide PFA and MHPSS services to the affected community and people. They can be social workers, health staff, community workers, volunteers, etc.

- At any time while interacting with person and their family, the helper applies companionate and respectful communication.
- When psychosocial issue is identified, the helper provides specific psychosocial support to the person by using his/her skills.

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## Questions to ask yourself as a helper

Consider following questions as you prepare to offer PFA in different cultures:

<b>Dress</b>	<ul style="list-style-type: none"> <li>• Do I need to dress a certain way to be respectful?</li> <li>• Will impacted people need certain clothing items to keep their dignity and customs?</li> </ul>
<b>Language</b>	<ul style="list-style-type: none"> <li>• What is the customary way of greeting people in this culture?</li> <li>• What language do they speak?</li> </ul>
<b>Gender, Age, and Power</b>	<ul style="list-style-type: none"> <li>• Should affected women only be approached by women helpers?</li> <li>• Who may I approach? (In other words, the head of the family or community?)</li> </ul>
<b>Touching and Behavior</b>	<ul style="list-style-type: none"> <li>• What are the usual customs around touching people?</li> <li>• Is it all right to hold someone's hand or touch their shoulder?</li> <li>• Are there special things to consider in terms of behavior around the elderly, children, women or others?</li> </ul>
<b>Beliefs and Religion</b>	<ul style="list-style-type: none"> <li>• Who are the different ethnic and religious groups among the affected people?</li> <li>• What beliefs or practices are important to the people affected?</li> <li>• How might they understand or explain what has happened?</li> </ul>

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## Preparing to deliver PFA

Learn about the situation:

- Learn about crisis event.
- Learn about available services and supports.
- Learn about safety and security concerns.
- Learn about what affected people might needs

Whenever possible in responding to a crisis situation:

- Follow the direction of relevant authorities managing the crisis;
- Learn what emergency responses are being organized and what resources are available to help people, if any;
- Don't get in the way of search-and-rescue or emergency medical personnel; and
- Know your role and the limits of your role

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### Before going to a crisis site, learn the situation

<b>The crisis event</b>	<ul style="list-style-type: none"> <li>• What happened?</li> <li>• When and where did it take place?</li> <li>• How many people are likely to be affected and who are they?</li> </ul>
<b>Available services and supports</b>	<ul style="list-style-type: none"> <li>• Who is providing for basic needs like emergency medical care, food, water, shelter or tracing family members?</li> <li>• Where and how can people access those services?</li> <li>• Who else is helping?</li> <li>• Are community members involved in responding?</li> </ul>
<b>Safety and security concerns</b>	<ul style="list-style-type: none"> <li>• Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?</li> <li>• What dangers may be in the environment, such as rebels, landmines or damaged infrastructure?</li> <li>• Are there areas to avoid entering because they are not secure (E.g. obvious physical dangers) or because you are not allowed to be there?</li> </ul>




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## What affected people may need

People who have been through a crisis will often need:

- Practical things – like a blanket, food, water, shelter
- Medical care for injuries or a help with chronic medical conditions
- Safety and protection
- Information – about the event, loved ones, available services
- Someone who is willing to listen
- To be able to contact loved ones
- Specific support related to their culture or religion
- Being consulted and involved in decisions that affect them.

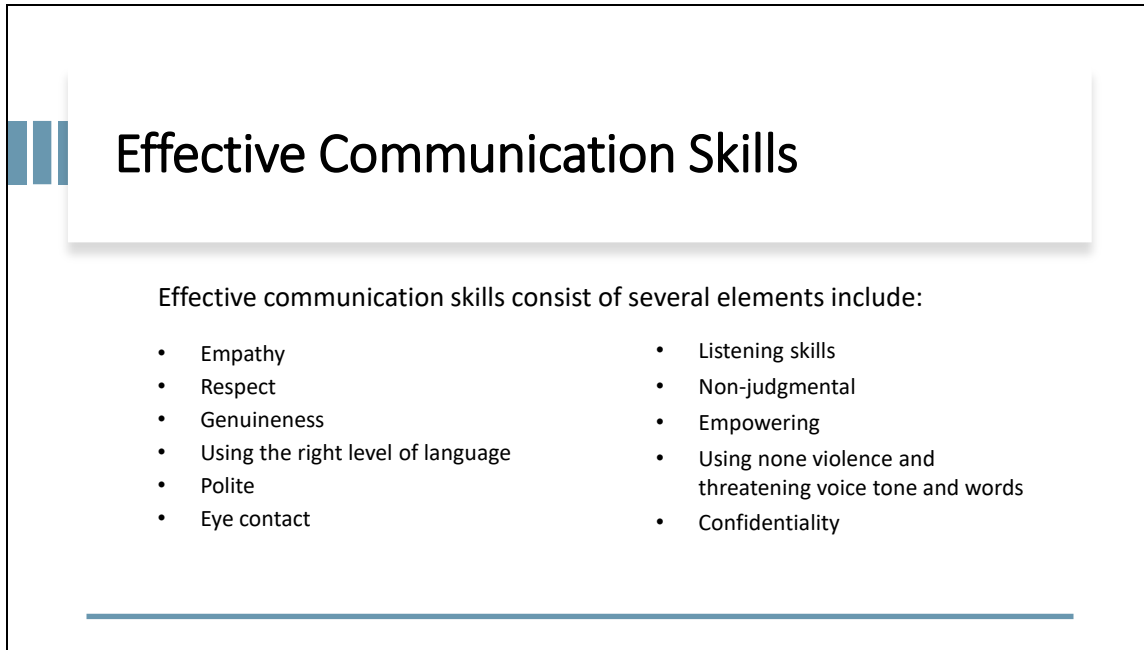
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<h3>3 Basic Action Principles of PFA</h3>	
<p><b>Look</b></p> 	<ul style="list-style-type: none"> <li>✓ Check for safety.</li> <li>✓ Check for people with obvious urgent basic needs.</li> <li>✓ Check for people with serious distress reactions.</li> </ul>
<p><b>Listen</b></p> 	<ul style="list-style-type: none"> <li>✓ Approach people who may need support.</li> <li>✓ Ask about people's needs and concerns.</li> <li>✓ Listen to people and help them to feel calm.</li> </ul>
<p><b>Link</b></p> 	<ul style="list-style-type: none"> <li>✓ Help people address basic needs and access services.</li> <li>✓ Help people cope with problems.</li> <li>✓ Give information.</li> <li>✓ Connect people with loved ones and social support.</li> </ul>

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<h3>Essential skills and quality of those who offering MHPSS</h3>	
<ul style="list-style-type: none"> <li>• Listening skills</li> <li>• Communication skills</li> <li>• Politeness</li> <li>• Patience</li> <li>• Caring attitude</li> <li>• Trustworthiness</li> <li>• Honesty</li> <li>• Kindness</li> </ul>	<ul style="list-style-type: none"> <li>• Reliable</li> <li>• Accountable</li> <li>• Approachability</li> <li>• Empathy</li> <li>• Non-judgmental approach</li> <li>• Commitment</li> <li>• Not taking advantage from vulnerable people</li> </ul>

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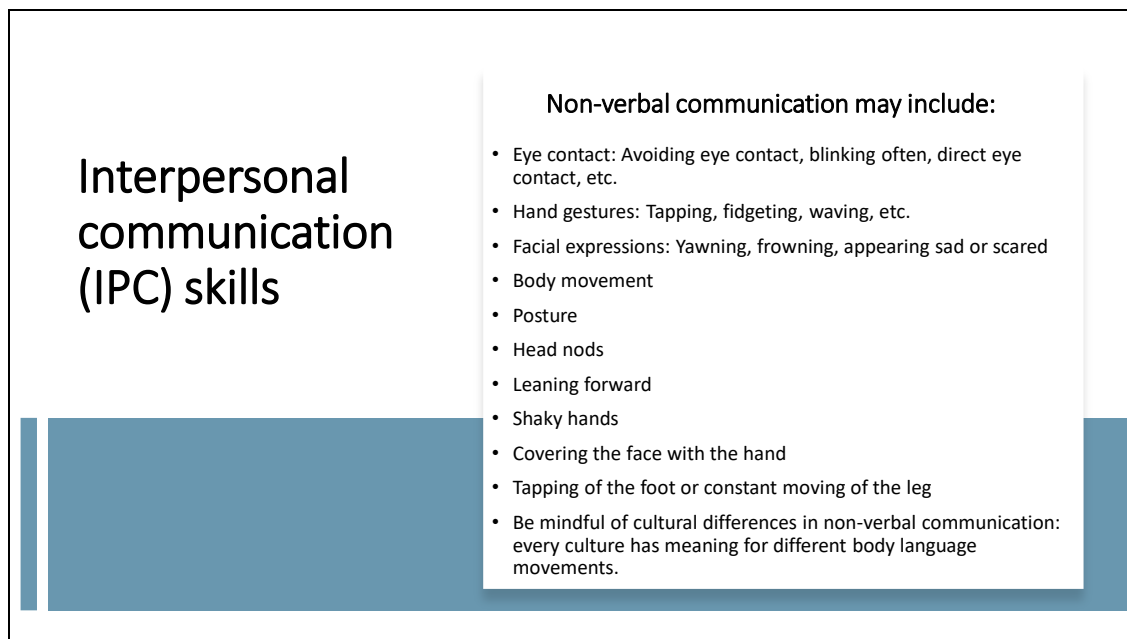


## Effective Communication Skills

Effective communication skills consist of several elements include:

- Empathy
- Respect
- Genuineness
- Using the right level of language
- Polite
- Eye contact
- Listening skills
- Non-judgmental
- Empowering
- Using none violence and threatening voice tone and words
- Confidentiality

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## Interpersonal communication (IPC) skills

Non-verbal communication may include:

- Eye contact: Avoiding eye contact, blinking often, direct eye contact, etc.
- Hand gestures: Tapping, fidgeting, waving, etc.
- Facial expressions: Yawning, frowning, appearing sad or scared
- Body movement
- Posture
- Head nods
- Leaning forward
- Shaky hands
- Covering the face with the hand
- Tapping of the foot or constant moving of the leg
- Be mindful of cultural differences in non-verbal communication: every culture has meaning for different body language movements.

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## IPC: Attitudes and behavior

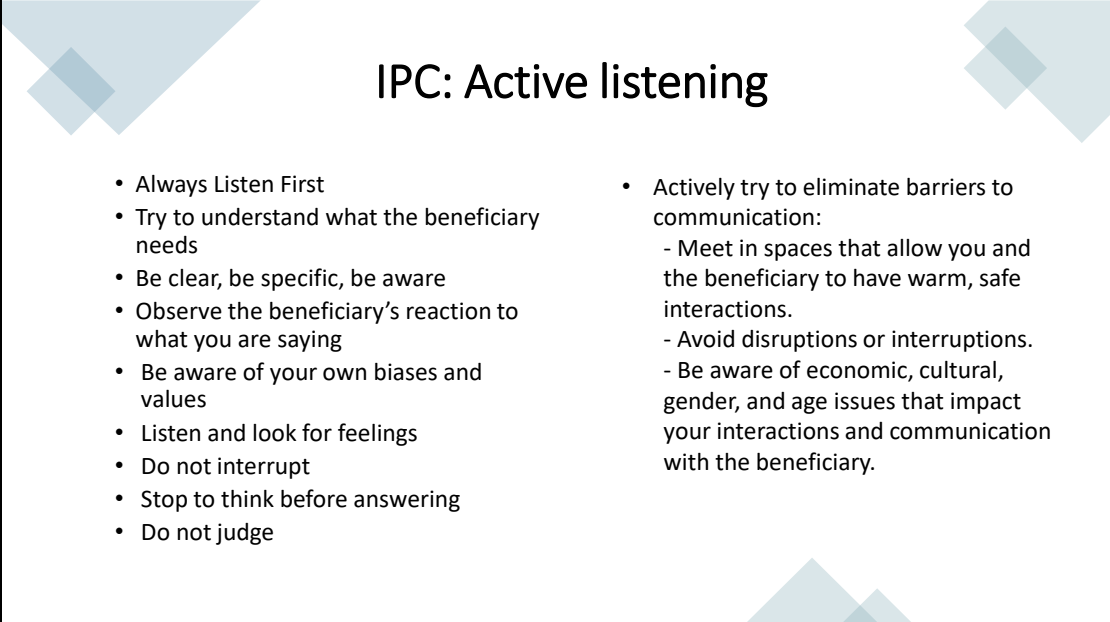
Attitudes and behavior to increase trust and confidence

- Friendly and empathy eye contact and look at speaker face
- Open and welcome posture
- Keep an appropriate distance
- Keep calm and relaxed

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## IPC: Active listening

- Always Listen First
- Try to understand what the beneficiary needs
- Be clear, be specific, be aware
- Observe the beneficiary's reaction to what you are saying
- Be aware of your own biases and values
- Listen and look for feelings
- Do not interrupt
- Stop to think before answering
- Do not judge

- Actively try to eliminate barriers to communication:
  - Meet in spaces that allow you and the beneficiary to have warm, safe interactions.
  - Avoid disruptions or interruptions.
  - Be aware of economic, cultural, gender, and age issues that impact your interactions and communication with the beneficiary.

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## IPC: Giving feedback

- Be sure the person is ready to receive feedback
- Speak in a calm voice
- Describe observed behaviors and reactions
- Describe rather than interpret
- Focus on recent events or actions that can be changed
- Give sincere praise where due
- Responding in a way that shows
  - Support
  - Encouragement
  - Giving helpful Feedback, Asking for constructive Feedback
  - Shows Respect
  - Reflective – examples:
    - “What I heard you say was \_\_\_\_\_. Is this correct?”
    - “Based on what you have described, it seems like you are feeling overwhelmed, is this correct?”

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## IPC: Questioning

- Ways of asking the question is very important for collecting information and helping applicants to answer questions openly or collaboratively.
- Too many questions may confuse children and families or produce defensiveness.
- Too few questions place the burden of the interview on the beneficiary and can lead to omission of important areas for exploration.
- Focuses attention in a particular direction. Can move the conversation from general to specific, and clarify inaccuracies or inconsistencies.
- Ways of asking questions: open vs. closed, and mixed.
  - *Open questions* encourage exploration and allow the applicant to express thoughts and feelings.
  - *Open questions are used when we need the long answer or descriptive information*


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## IPC: Questioning

- *Closed questions* are used when we would like to know specific information and simple responses and can usually be answered in with a minimal response it can be short sentence or just one word such as “yes” or “No”.
- Open and close questions are useful for the conversation and can encourage the respondents continue the conversation. For example:
  - How do you feel about the affected of this disaster?
  - Ask the beneficiary gently whether it is okay to document the conversation in writing

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## IPC: Reflecting

- Reflecting skills are ways to encourage the beneficiary to continue talking, and also lets the beneficiary know you are listening.
- Minimal responses, encouragers, or small prompts.
- Minimal responses also assist in staying with the beneficiary’s story.
- Examples:
  - One to two word encouragers such as “I see”, “Yes.”
  - Verbal utterances like “Um Hum,” “Ehh”, head nods, hand gestures.
  - Key word encouragers like “That’s good”, “Nice work”, “How exciting.”
  - Try to use words the beneficiary is likely to use.




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## Exercise

Show a Video  
Bad communication and good communication for field worker working at the community with affected people

- Introduction: <https://youtu.be/qD9doDjFzww>
- Good approach: <https://youtu.be/VE5NX8Ux2o4>
- Bad approach: <https://youtu.be/45Vr7lqQFHI>
- Care giver (1): <https://youtu.be/V-367wohzS0>
- Care giver (2): <https://youtu.be/xENIIOGYekE>
- Full video: <https://youtu.be/kJvRwRQJpaU>



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## Communicating with special groups

While general communication and listening skills can be applied when communicating with parents and other adults, there is a need to use different communication skills when engaging with different groups such as children, youth, persons with disabilities, and the elderly.

- Young children (0-12)
- Adolescent (13-18)
- People with disabilities
- Elderly

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## People who may need specialized help in crisis

- Children including adolescents who are affected by a crisis may be at risk for sexual violence, abuse and exploitation, which tends to be more common in the chaos of large crisis situations.
- Young children are often particularly vulnerable since they cannot meet their basic needs or protect themselves, and their caregivers may be overwhelmed.
- Older children and young people who may be trafficked, sexually exploited or forced to work.
- Girls and boys often face somewhat different risks.
  - Example: girls face the greatest risk of sexual violence and exploitation, and those who have been abused may be stigmatized and isolated.
- Children with disability: Children with disabilities, orphans, and child headed households may require extra support from an adult to help them cope with disaster or traumatic events

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## People who may need specialized help in crisis

People with health conditions or physical or mental disabilities may need special assistance.

- Help them to get to a safe place.
- Help them to meet their basic needs, such as being able to eat, drink, get clean water, care for themselves, or to build shelter from materials handed out by agencies.
- Ask people if they have any health conditions, or if they regularly take medication for a health problem. Try to help people get their medication or access medical services, when available.
- Stay with the person or try to make sure they have someone to help them if you need to leave. Consider linking the person with a protection agency or other relevant support, to help them in the longer term.
- Give them information on how to access any services available.

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## People who may need specialized help in crisis

- People at risk for discrimination or violence.
- People at risk of discrimination or violence may include women, people from certain ethnic or religious groups, and people with mental disabilities. They are vulnerable because they may be:
  - Left out when basic services are being provided;
  - Left out of decisions about aid, services or where to go; and
  - Targeted for violence, including sexual violence.
- Be aware of these people and assist them by:
  - Helping them to find safe places to stay;
  - Helping them to connect with their loved ones and other trusted people; and
  - Providing them with information on available services and helping them to link directly with those services when necessary.

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### Good Example from Laos – Natural disaster

In 2018 Attapeu:

- Child friendly spaces established for the first time in the country to provide safe spaces and psychosocial/learning supports for more than 3,000 children
- LWU mobile counselling for women, men, children, elderly and others
- MOLSW identified vulnerable people (i.e. orphans and children with disabilities) and conduct regular home visits and follow-up.
- PFA training for frontline workers from the Gov, UN and INGOs

Child Friendly Space activities provided by field workers

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### Good Example from Laos – COVID-19 prevention and response

- MHPSS TV/Radio programmes and PSAs through community loudspeakers in 4,800 villages, reaching more than 3.4 million (through the partnership between MICT, MOLSW, LWU, LYU, UNICEF & UNFPA)
- Parenting posters “keeping positive” disseminated to quarantine camps and nearby villages
- LYU / LWU helplines offering psychosocial counselling & identifying cases of violence, trafficking and exploitation
- Integration of MHPSS messages into back to school campaign
- Online PFA training for national and sub-national LSW staff

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## Referral

- When and where to refer the affected person to professional help and assistance depend on the situation and service available in the areas.
- National Guidelines on Protection, Assistance and Referral for Victims of Trafficking (2020)

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## Understanding when to make a referral

- The problem is beyond helper’s capability, level of training and purpose of the psychosocial support program.
- You have a difficulty maintaining real contact with the person.
- When a person hints or talks openly of suicide.
- When a person seems to be socially isolated.
- When a person presents imaginary ideas or details of persecution.
- When you become aware of child abuse, sexual exploitation, GBV, trafficking or any criminal activities.
- When you see persistent physical violence symptoms developing.
- When you become aware of dependency on alcohol or drugs.
- When you see the person engaging in risk behavior.
- When you yourself become restless, confused and have recurring bad thoughts or dreams about the case.

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## How & where to refer

- Inform the person concerned about your intentions and plans to further support the person
- Offer different possibilities to the person concerned
- Assure the person that you will continue your support until referral is completed and the person is no longer wanting to have your support

**Confidentiality is key:** Confidentiality is a difficult issue, especially when abuse is disclosed. A person making a referral may prefer not to disclose the name or identity of the perpetrator. You should always be aware that how you choose to deal with all allegations or suspicions of abuse must be based on the fundamental principle that *the welfare of the child is paramount*.

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## Where to refer

- LWU helpline: 1362 (toll-free)
- Village CPN (consult cases with CPN members, including MOLSW volunteer, LWU volunteer, LYU volunteer, village head and deputy head, security focal person, village health volunteer, education focal person, etc.)
- Referrals to district/provincial/national MOLSW and LWU and other specialised services (education, health, etc.)

Under no circumstances should a helper attempt to deal with a potential case of abuse alone. It is important that everyone is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional social service workforce following a referral to them regarding a concern about a child. The primary responsibilities of the person who first suspects or is told of abuse is to report it, and to ensure that their concern is taken seriously.


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## Do's and Don'ts when making referrals

### DO's

- Stay calm.
- Listen and hear what the person is saying.
- Give time and space to the person so they can say what they need to say.
- Reassure the child (or other individual) that s/he has done the right thing to report this situation.
- Record the reported abuse in writing.
- Refer the case to the appropriate service provider.
- Follow up regularly.



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## Do's and Don'ts when making referrals

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- **DON'T's**
- Do not panic.
- Do not ask leading questions.
- Do not give false promises.
- Do not make a child repeat the story unnecessarily.
- Do not try and remember everything to write it down later. Write it down as you are being told of the situation.
- Do not try to deal with a situation of abuse alone.
- Do not bring the child into your own house. Avoid meeting children in inappropriate places (hotel, bar, etc.). If a child needs to be removed immediately from her/his home, IZU needs to contact the social service professionals and local authorities, who can recommend where to place the child in an emergency foster care family.

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## Exercise: Service mapping

In group, discuss and identify services available at your locality, considering the following criteria:

- Types of services
- Name
- Cost (LAK)
- Targeted groups
- Eligibility criteria
- Service location
- Key contact info
- Others

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Form for Reporting to the National Center for Crisis and Disaster Response

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Date: \_\_\_\_\_ Time: \_\_\_\_\_

5. Description of Incident: \_\_\_\_\_

6. Type of Incident: \_\_\_\_\_



7. Reporter's Name: \_\_\_\_\_

8. Reporter's Contact Information: \_\_\_\_\_

Reporting tool

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### Ending your help

-  Use your best judgment of person's needs and your own needs.
-  Explain you are leaving and, if possible, introduce them to someone else who can help.
-  If you linked them with services, be sure they have contact details and know what to expect.
-  No matter what your experience, say goodbye in a good way, wish them well.



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## Wrap Up for Day 2 training

- 1**  
Summarize 3 things you learned today.
- 2**  
Name 2 things that went well today and somethings that need improvement.
- 3**  
Share 1 question.

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## Acknowledgement

This training is developed by the Ministry of Labour and Social Welfare and UNICEF Lao PDR through the generous support from KOICA.



The slide features four logos: the Ministry of Labour and Social Welfare (Lao PDR), KOICA (People Peace Prosperity Planet), IPCREA (International Programme on the Impact of the COVID-19 Pandemic), and UNICEF Lao PDR (ພ້ອມເຕັກທຸກກຸ່ມ).

-END OF MODULE 2-

PRESENTATION SLIDES:  
Psychological First Aid (PFA) and Mental Health and  
Psychosocial Support (MHPSS) Training

MODULE 3: Practice and Self-Care

Slide 1





**Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training**

**Day 3: Practice and self-care**

Supported by MoLSW, UNICEF Lao PDR and KOICA  
Trainer: Manivone Thikeo, MD, MPH, Ph.D.  
Consultant for MHPSS  
Tel: (856-20) 59536080

Slide 2

**Learning Objectives**


	Can apply lessons learned from day 1 and 2 and practice with case scenarios and real situations		Can demonstrate how to apply the principles of PFA and MHPSS
	Can demonstrate good communication skills with individuals in difficult situations		Understand how to take care of oneself and prevent burn-out

Slide 3

## Different methods to deliver PFA and MHPSS

There are different ways to help:

- Face-to-face
- Phone calls
- Video calls
- SMS/WhatsApp/Messages



**Psychosocial Centre**  
International Federation of Red Cross and Red Crescent Societies  
Remote Psychological First Aid during the COVID-19 outbreak  
Interim guidance - March 2020

Slide 4

## Crisis Event Simulation Exercise - Group 1

**Group 1. People effected by disaster event.**

- **Participants' instructions:**  
Read the case scenario below carefully.

“A large flooding suddenly hit the villages in the middle of the workday. Houses have been flushed away, there is widespread roadside destruction, and you are among the many people who have been affected. You are a diverse group of people (young and old, men and women) who have survived and are now in a shelter. You have each been affected in different ways and are distressed, but none of you have life-threatening injuries.”

Slide 5

# Characters

**Roles:**

- *Unaccompanied girl (10), alone and separated from families during the crisis. She is frightened.*
- *Pregnant woman with a child under 12 months.*
- *Very distressed but unharmed person whose family is lost in the disaster*
- *Person in shock who cannot speak*
- *Person with non-life-threatening injuries*
- *Nervous person who is upset and starting to upset others*
- *Person who is relatively calm and able to give an account of what happened*
- *A fragile, elderly person.*
- *A child with disability (cannot walk)*

Slide 6

## Crisis Event Simulation Exercise – Group 2

**Group 2 instructions for helpers:**

- Read the case scenario carefully.

*“You were trained to be a PFA delivery team. You hear that a massive flood has suddenly hit villages in the middle of the workday. Many people have been affected, and houses have been flushed away. The extent of the damage however remains unclear. You have been requested by the Prime Minister’s Office’s Disaster Committee and your ministry to assist affected people in a local shelter by providing emergency support.”*

Note: none of the affected people you will encounter have life-threatening injuries.

Slide 7

## As you PREPARE to help, ask yourself the following:

- Am I ready to help?
- What information do I have about the crisis situation?
- Will I travel alone or together with colleagues?
- As you move about the village what is important to LOOK for?
- What services and supports are available?
- Where can you provide PFA safely?
- As you make contact, how can you best LISTEN to people's concerns and give comfort?
- How can you help distressed people to feel calm?
- What can you do to LINK people with information, services and their loved ones?
- What challenges might you encounter when trying to link people?

Slide 8

## Bad Communication Exercise (20 minutes)

- This exercise will help participants understand how bad communication can affect their work and people they are helping.
- Form a pair. One person plays a role of a distressed person who has lost his/her house due to heavy rain and the other plays a role of a helper.
- Next slide is only for the one who plays the role of a helper. For those who play a distressed person, please do not look.
- Discussion (5 minutes)

Slide 9

## Bad Communication Exercise (continued)

**Instructions for the helper**  
A distressed person should try to explain what has happened and try to seek help from the helper.

While the distressed person starts talking, the helper should do the following:

➤ Pretend to look around the room and appear distracted.	➤ Pressure the person to tell his/her story (sensitive, upsetting details)
➤ Interrupt and prevent the speaker from telling their story.	➤ Judge the other person: "You should not have said/done..."
➤ Change the subject frequently.	➤ Use many "technical" terms
➤ Talk to or text someone else on the phone when the speaker is talking.	➤ Talk about your own problems/tell the person about someone else's problems
➤ Give false promises/reassurances	

*Stay in your role throughout the interaction, even through it may not be how you would normally act! (This is only for learning purposes.)*

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Slide 10

# Discussion


**To distressed people:**

- What was it like as a person affected by this disaster?
- How did you feel? Did you feel supported by the helpers?
- Did you feel any empathy towards you? Was a helper a good listener?
- Was there anything the helpers said NOT helpful, or that they could have done better?

**To helpers:**

- What was it like as a helper responding to this situation?
- As a helper, what did you do well? Did you feel that you were making a difference?
- What could you as helper(s) have done better?
- Was there anything the helpers said NOT helpful, or could have done better?

Slide 11



## Sample good communication with a distressed adult

**Case:** *You met a woman sitting outside of a severely damaged house. She is crying and shaking, but she does not appear to be physically injured.*

**You:** Sabaidee, my name is.... I am working with the MoLSW. May I talk with you?

**Woman:** It's terrible! My house was flushed away by sudden flooding. I don't understand what is happening!


**You:** Yes, there was a flooding, and I can imagine it was terrible for you. May I ask what is your name?

**Woman:** I am Noy. I am very scared, and I don't know where to find my siblings. I don't know if they are alright! I need to look out for them!

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Slide 12



## Sample good communication with a distressed adult

**You:** Noy, I understand that you want to see your siblings and know they are okay. However, it is not safe to walk around now. You may get hurt. If you like, we can ask for a help to authorities and stay in a safer area. I can sit with you for a while. Would you like that?

**Woman:** Yes, please.  
*[You move to a quieter place nearby, moving away from the scene of the damage house where a rescue team is working.]*

**You:** Can I get you some water? (If available, offer practical comfort like water or a blanket)

**Woman:** No thank you. I just want to sit here for a moment and calm down.  
*[You sit quietly near the woman in silence for two to three minutes, until she begins to speak again.]*

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Slide 13

**Sample good communication with a distressed adult**

**Woman:** I feel terrible! I should have stayed in the house to help people!

**You:** I can understand that.

**Woman:** I ran outside. But I feel so bad for the other people who died!

**You:** It's difficult to know what to do in such situation. But it sounds as though you acted on good instincts when you ran from the house, or you might have been injured.

**Woman:** I saw them take a body out of the mud. I think it was my friend! *[crying]*

**You:** I'm so sorry. There is a rescue team working, and they will find out later how the people are and who were in the houses.

*[The conversation continue for another 10 minutes with you listening to the woman's story and asking for her needs and concerns. The conversation wrap up as follow.]*

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Slide 14

**Sample good communication with a distressed adult**

**Woman:** I need to find out if my family is alright, but I lost my phone. I don't know how to contact my family.

**You:** I can help you call your family, and then we can figure out together how to get to them.

**Woman:** Thank you. That would help a lot.

Slide 15

## Examples of key phrases that convey empathy

- I understand your concerns
- You have the right to be sad/angry/frustrated/etc.....
- I hear what you are saying
- I understand that you are worried
- In this situation, your reaction is natural
- Maybe we can discuss possible solutions together
- What I can offer you is
- I am concerned about you and would like to suggest a place where someone can help you (Link the effected person for further support)

Slide 16

## Preparing to help during COVID-19

- Safety and security: choose a method of interaction that is safe for you and the person in distress
- Prepare your equipment: e.g. PPE, airtime, Internet, etc.
- Know the latest local COVID-19 response protocol (be prepared to adapt along the way)
- Know the local referral system and be ready to share
- Be aware of groups with specific needs (e.g. children, older adults, people living with pre-existing health conditions)
- Have psychoeducation materials ready to share (e.g. on healthy coping strategies, sleeping better, etc.)

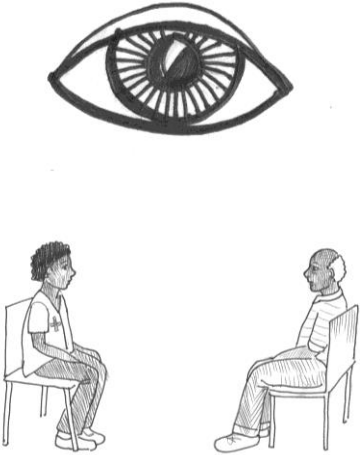


**Psychosocial Centre**  
International Federation  
of Red Cross and Red Crescent Societies  
Remote Psychological First Aid during the COVID-19 outbreak  
version guidance - March 2020

Slide 17

## Important considerations

- Three principles of PFA: Look, Listen and Link
- Information on what has happened and is happening.
- Is it safe enough to be at the crisis site?
- What services and supports are available?
- Are there people with obvious urgent basic needs?
- Are there people with obvious serious emotional reactions?
- Who may likely be in need of special help?
- Where can I provide PFA?




The slide features a large illustration of a human eye with a detailed iris and pupil, positioned above two line-drawing figures of people sitting in chairs and facing each other, representing a counseling session.

Slide 18

## Remote PFA

- There are certain situation that are not safe for you and your team to provide PFA on site.
- You can provide PFA and other support counseling via phone, WhatsApp, skype, etc..
- The principal of PFA such as prepare.....look, listen, and link will also apply the same as you do face to face.




A photograph of a blue sign with white text that reads "EMERGENCY PHONE AND CRISIS COUNSELING". The sign is tilted and mounted on a dark, textured surface.

Slide 19

## Tips

- Introduce yourself
- Pay attention and listen actively
- Accept others' feelings
- Calm the person in distress
- Ask about needs and concerns
- Find a solution to the caller's immediate needs and problems.
- But don't make a decision for them. Suggest a way.




The slide features two illustrations. The top one is a realistic drawing of a person's face, looking down with a sad expression while holding a mobile phone to their ear. The bottom one is a line drawing of a human ear in profile, with a black cross symbol next to it, suggesting medical attention or a health-related concept.

Slide 20

## Questions

- Have you ever provided remote help?
- When providing remote help, do you have any ways to help someone in distress be calm?




The slide includes a photograph of a person sitting on a red surface, wearing a blue shirt and jeans. They have their head buried in their hands and are holding a white smartphone to their ear, appearing to be in a state of distress or frustration.

Slide 21

## Calming someone in distress




- Keep the tone of your voice calm and soft
- Try to stay calm yourself
- Assure the person you are listening
- Explore physical symptoms and assess if there is a need for medical help
- Remind the person of your intent to help and that they are safe, if it is true
- Encourage calmness and mindful breathing
- Make sure the person is in a safe place, and encourage the person to ground with the earth or chair they are sitting on.




Slide 22

## Helping people in quarantine or isolation

- Stay socially close even if maintaining physical distance
- Daily routine
- Set goals and be active
- If living with others plan time alone and together
- Don't forget humour
- Maintain hope
- Use stress management techniques
- Accept feelings



Slide 23



## Caring for Ourselves

***Exercise (5 minutes)***

- What do you do to take care of yourself and manage your stress?
- Why caring for yourself and your team is importance before, during and after working in a crisis situation?

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Slide 24

### Compassion fatigue

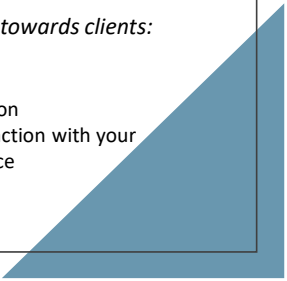
Those who are regularly exposed to other people's distressing experiences, and who are regularly empathizing with these individuals can begin to feel themselves affected by the trauma and experience *compassion fatigue*. Compassion fatigue can increase distress and anxiety levels. It is important to remember that "all emotions are contagious" – the good ones and the bad ones.

*Changes in the feeling towards oneself:*

- Increased self-doubts regarding one's abilities
- Unsure of one's choice to be a helper

*Changes in feeling towards clients:*

- Loss of interest
- Lack of compassion
- Decreased satisfaction with your community service



Slide 25

## Burn out

- Burnout often comes as a result of stress you feel when you have not been able to manage multiple responsibilities very well.
- Burnout is usually related to work responsibilities, family responsibilities, and the demands or needs of others in your environment.
- Feeling really stressed can lead to feelings of burnout or being overwhelmed and defeated when it comes to job and family obligations.
- It is important to remember that **burnout is a process, not an event**. Everyone has their own breaking point and burnout is our body's way of telling us that, "enough is enough".

Slide 26

## Self-awareness

- Self-awareness is having a clear understanding of your personality, your strengths and weaknesses (areas to improve upon), your thoughts, beliefs, motivations, and emotions.
- Having greater self-awareness will help you better understand other people, and how they perceive you, your attitudes, and your responses to them in any particular moment.
- What are your strengths and weaknesses?
  - Example: I feel happy when I help people and this gives me a motivation to continue my work. (strength)
  - Example: I feel very tired and have low energy when I skip lunch and cannot focus at work (weakness). So I always make sure to have a full lunch.

Slide 27

**Self-care is:**

- Being able to take care of personal, social, spiritual, physical, emotional, and psychological needs.
- Serves as a preventive measure to combat stress.
- Prevents you from feeling overwhelmed.
- Serves as “protective gear” against difficulties in life that may affect your emotional, mental, and physical health.

There are many obstacles to self-care; some include a lack of energy, too many other responsibilities, and not wanting to appear weak or vulnerable. Another obstacle is a person’s difficulty in putting herself or himself first and the inability to recognize that her or his needs deserve to be a priority.

# Self-care

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Slide 28

## Important questions to ask yourself

**Before:**

- Are you ready to help?

**During:**


- How can you stay physically and emotionally healthy?
- How can you support colleagues?

**After:**

- How can you take time to rest, recover and reflect?



Slide 29



## Ensure your well-being

- Spend time with family
- Enjoy a good meal
- Do fun activities – things you enjoy on a regular basis
- Do things that make you feel good
- Exercise
- Sing and dance
- Attend cultural celebrations
- Eat a healthy diet
- Get enough sleep and rest

There are many areas of self-care that can contribute to your overall wellbeing. Some of these areas of self-care include activities and practices that relate to physical, psychological, emotional, spiritual, relationship, and workplace or professional self-care.

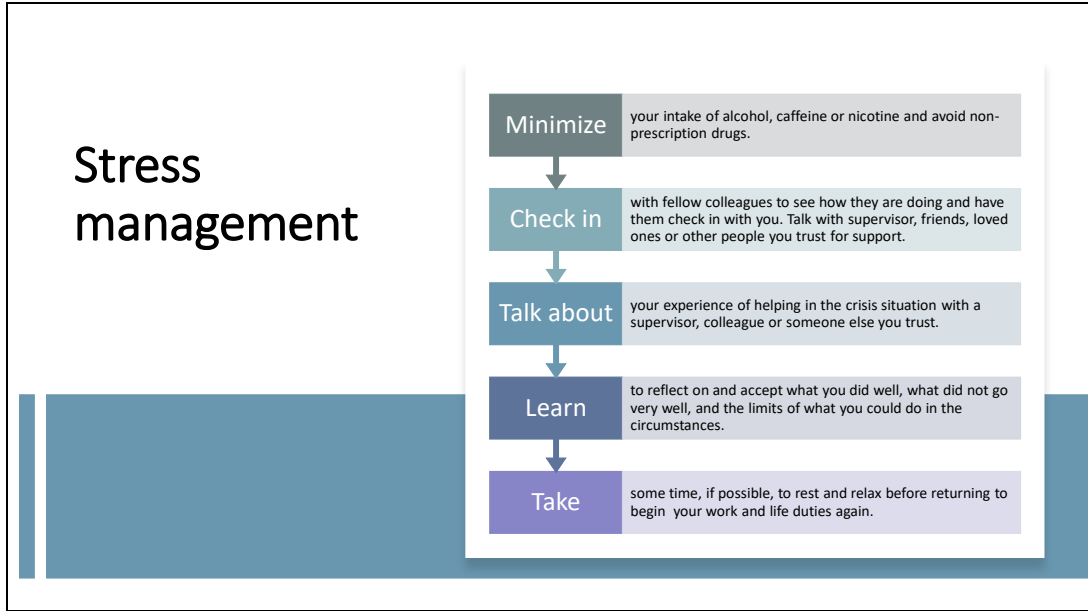
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Slide 30

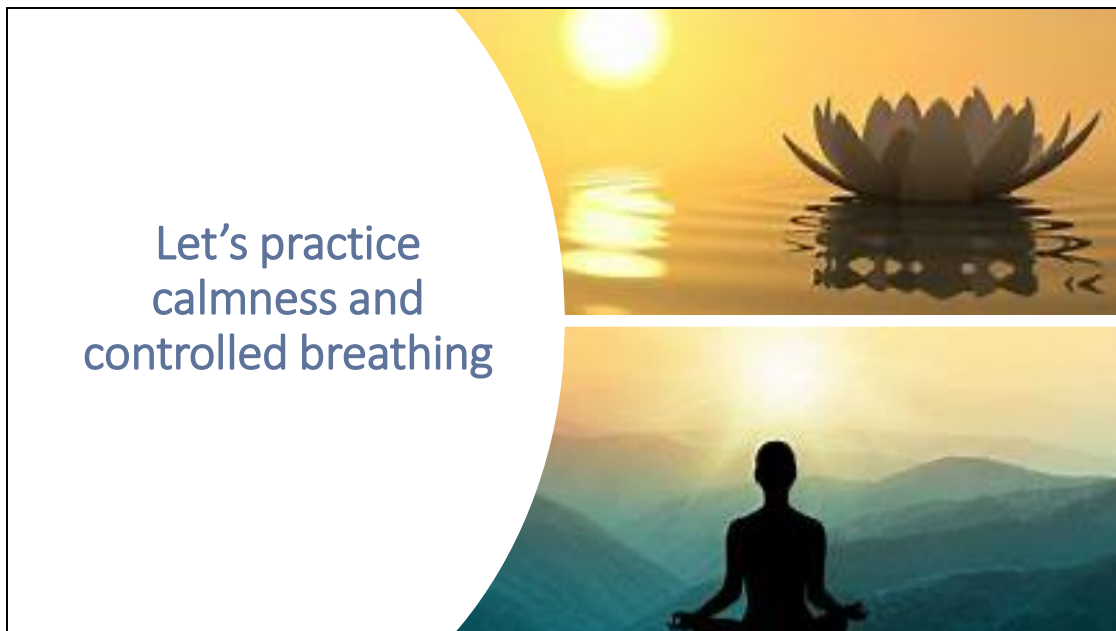
## Stress management

- Think about what has helped you cope in the past and what you can do to stay strong.
- Try to take time to eat, rest and relax, even for a short period.
- Try to keep reasonable working hours so you do not become too exhausted.
- People may have many problems after a crisis event. You may feel inadequate or frustrated when you cannot help people with all their problems.
- Remember that you are not responsible for solving all problems. Do what you can to help people.

Slide 31



Slide 32



Slide 33

## Things to remember

- If you find yourself disturbed by upsetting thoughts or memories about the event, feel very nervous or extremely sad, have trouble sleeping, or drink a lot of alcohol or take drugs, it is important to get support from someone you trust.
- Speak to a health care professional or, if available, a mental health specialist if these difficulties continue for more than one month.

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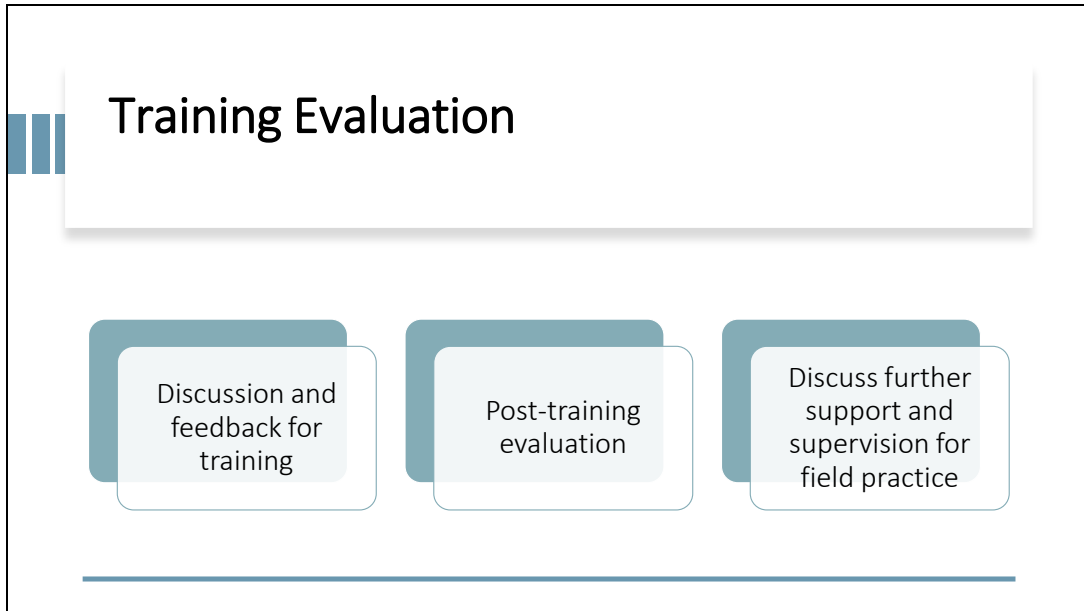
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Slide 34

## Wrap Up for Day 3 training

- 1 SUMMARIZE 3 THINGS YOU LEARNED TODAY.
- 2 NAME 2 THINGS THAT WENT WELL TODAY AND NEED IMPROVEMENT.
- 3 SHARE 1 QUESTION.

Slide 35



The slide features a title box at the top with the text "Training Evaluation". Below the title, there are three rounded rectangular boxes arranged horizontally, each containing a step in the evaluation process. The first box is "Discussion and feedback for training", the second is "Post-training evaluation", and the third is "Discuss further support and supervision for field practice".

## Training Evaluation

- Discussion and feedback for training
- Post-training evaluation
- Discuss further support and supervision for field practice

Slide 36



The slide features a title "Reference" in a large font. Below the title, there is a block of text providing contact information for Dr. Vinod Singaravelu, including his qualifications, location, and contact details.

## Reference

Dr. Vinod Singaravelu MBBS, MRCPsych. Oxford, UK. Child & Adolescent Psychiatrist and Resilience Life Coach, [Vinod.Singaravelu@yahoo.com](mailto:Vinod.Singaravelu@yahoo.com); Tel: +44-7950585367

Slide 37

# Acknowledgement

This training is developed by the Ministry of Labour and Social Welfare and UNICEF Lao PDR through the generous support from KOICA.



The image contains four logos arranged horizontally. From left to right: 1. The logo of the Ministry of Labour and Social Welfare of Laos, featuring a circular emblem with a gear and a scale, and the Lao text 'ໄສສສ'. 2. The KOICA logo, with the text 'KOICA' in large blue letters and the tagline 'People Peace Prosperity Planet' below it. 3. The IPCREA logo, featuring a circular emblem with a hand holding a plant, and the text 'IPCREA' below it. 4. The UNICEF Lao PDR logo, with the text 'unicef' in white on a blue background and the Lao text 'ເພື່ອເດັກທຸກໆຄົນ' below it.

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-END OF MODULE 3-



**PRESENTATION SLIDES: Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) Training for Sub-national Social Service Workforce in Lao PDR**

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Lao People's Democratic Republic July 2021

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Website: [www.molsw.gov.la](http://www.molsw.gov.la)

Tel: 021213005