

POCKET GUIDEBOOK

FOR FIELD RESPONDERS IN MYANMAR

PREPARE

LOOK

LISTEN

LINK



**SUPPORTING CHILDREN IN DISTRESS:
PSYCHOLOGICAL FIRST AID FOR
STABILISATION AND RELIEF**

This Pocket Guidebook was developed by the UNICEF Myanmar Mental Health and Psychosocial Support Team - Child Protection Section - in collaboration with Marble Psychological Services.

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Information about this Pocket Guidebook

This pocket guidebook was designed to support you in the field. It is designed as an additional resource to the training “Supporting Children in Distress: Psychological First Aid (PFA) for Stabilisation and Relief”.

The pocket guidebook provides a brief overview of the core aspects of PFA for Children. It can support you in the process of providing Psychological First Aid to Children and caregivers at the field and community level. The pocket guidebook does not provide a complete overview of information on PFA for Children and it is not a substitute for the training.

For additional resources, you can refer to Psychological First Aid: Guide for Field Workers by the World Health Organization. This resource is available in Burmese, S’gaw Karen, Jingphaw Kachin and Shan language.

World Health Organization, War Trauma Foundation & World Vision International. (2011). Psychological first aid: guide for field workers. World Health Organization.



BACKGROUND

What is Psychological First Aid (PFA)?

First aid for the mind is just as important as first aid for the body. Psychological First Aid (PFA) provides emotional, and practical support to individuals who are having difficulty coping and may need support. Please be aware that PFA is not counselling, the provision of counselling requires a specialised degree and supervised clinical hours.

PFA involves:

- ❖ Providing practical care and support, which does not intrude;
- ❖ Assessing needs and concerns;
- ❖ Helping people to address basic needs (for example, food and water, information);
- ❖ Listening to people, but not pressuring them to talk;
- ❖ Comforting people and helping them to feel calm;
- ❖ Helping people connect to information, services and social supports;
- ❖ Protecting people from further harm.

Why is there a specific and dedicated Psychological First Aid (PFA) for Children?

Having support from family members, community members, professionals and/or other supportive persons in a child's life is the most important factor for a child's development and their recovery from difficult experiences and distressing events.

Most children can overcome distressing events without developing long-term mental health and psychosocial problems. However, emotional recovery can be improved when children receive appropriate support such as PFA at an early stage and/or support from their caregivers when they have experienced distress from a crisis event. Basic support can dramatically reduce the risk of children developing long-term mental health and psychosocial problems.

You can provide Psychological First Aid for children to prevent mental health and psychosocial problems when children experience distressing and potentially traumatic incidents.

Core Principles of Psychological First Aid



The Who, When and Where of Psychological First Aid (PFA) for Children

Who is PFA for?

PFA is for people experiencing distress, who have been recently exposed to a crises situation. PFA can be provided to children and adults but remember that not all people need or want PFA

Some people may need more advanced support than PFA alone and will need help from others, such as medical personnel or other people in the area that can help their critical needs. People who may need more immediate advanced support can include:

- ❖ People with serious, life-threatening injuries who need emergency medical care
- ❖ People who are so upset that they cannot care for themselves or their children
- ❖ People who may hurt themselves » people who may hurt others

When is PFA Provided?

Although people may need long-term support, PFA focuses on the immediate aftermath of crises. Generally, the sooner PFA can reach people, the better (hours, days, or weeks depending on safe access).

Where is PFA provided?

PFA can be offered anywhere that is safe, often in health centres, shelters or other places people gather after a crisis; try to find somewhere with privacy to respect the confidentiality and dignity of the individuals.

Do's and Dont's of Psychological First Aid

Do's

- ❖ Be honest
- ❖ Be aware of and set aside your own biases and prejudices.
- ❖ Let people know that if they refuse support now, they can still access help in the future.
- ❖ Respect privacy and keep the person's story confidential, if this is appropriate.
- ❖ Behave in consideration of the person's culture, age and gender.
- ❖ Respect children and parents/ caregivers right to be included in and make their own decisions.



Dont's

- ❖ Don't force help on people
- ❖ Don't ask anybody for any money or favour for helping them.
- ❖ Don't pressure children and families to tell you their story.
- ❖ Don't judge the child, parent or caregiver for their actions or feelings.
- ❖ Don't make false promises or give false information.
- ❖ Don't exploit your relationship as a helper.
- ❖ Don't share the person's story with others.
- ❖ Don't exaggerate your skills.



PREPARE



Prepare to deliver Psychological First Aid for Children

Crisis situations can be chaotic and often require urgent action. You should prepare, whenever possible, before you respond to the crisis event. You can prepare by:

Learning about the crisis event.

- ✓ What, When and Where did the event take place?
- ✓ How many adults and children are likely to be affected?

Learning about available support services.

- ✓ Who is providing services for basic needs such as emergency medical care, food, water, shelter or tracing family members?
- ✓ Where and how can children and families access those services?

Learning about safety and security concerns.

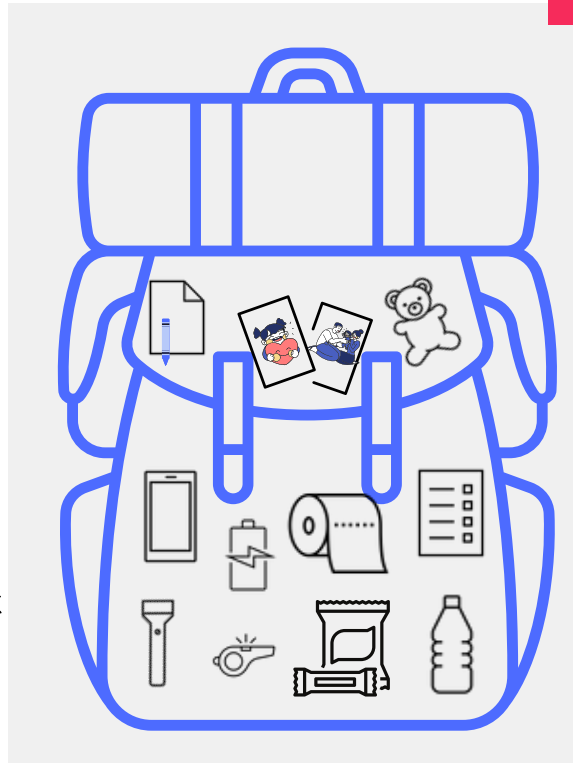
- ✓ Is the crisis event over or continuing?
- ✓ Are there any other dangers to consider in the surrounding environment such as armed groups, landmines or damaged infrastructure?

Grab-and-go Bag

As a PFA responder, it is also useful to have a grab-and-go bag prepared. A grab-and-go bag is a small backpack of essential items to grab if you have to respond quickly to an event with little or no warning.

Essential Items may include:

- ✓ Colour pencils and blank paper
- ✓ Stabilisation cards
- ✓ Small toys
- ✓ Water and dry snacks
- ✓ Tissues
- ✓ Torch and whistle
- ✓ Blankets and ponchos
- ✓ Phone charger and battery pack
- ✓ Emergency plan



Children's Reaction to Stress and Crisis

Because each child and family come with their own experiences and circumstances, it is important to tailor your interactions to meet their unique needs.

Things to be considered are:

- ❖ The age of the child
- ❖ How others, especially caregivers, react
- ❖ What the child has already experienced
- ❖ The child's level of social and emotional development
- ❖ Past experiences such as abuse, family violence, and neglect

Common Reactions to Stress and Crisis

Many of these reactions only last for a short-time, and are normal reactions to stressful events. If these reactions last for a prolonged period of time, the child may need specialist support.

Aged 0-3 Years



- Clinging to their caregivers more than normal
- Regressing to former (younger) behaviours (thumb sucking)
- Changes in sleeping and eating patterns
- Changes in play patterns
- Higher irritability
- Increased energy / excitement
- More afraid of things
- More demanding
- More frequent crying

Aged 4-7 Years



- Clinging to adults
- Regressing to former (younger) behaviours (thumb sucking, bed wetting)
- Changes in sleeping and eating patterns
- Higher irritability
- Poorer concentration
- Becoming more inactive or more hyperactive
- Stopping playing
- Takes on adult roles
- Stops talking
- More anxious or worried

Aged 8-12 Years



- Becoming withdrawn
- Frequent concern about others affected
- Changes in sleeping and eating patterns
- Increasingly fearful
- Higher irritability or Frequent aggression
- Restlessness
- Poor memory and concentration
- Physical symptoms linked to anxiety /stress such as headaches, upset tummy
- Frequently talks about the crisis event
- Repetitive play, such as rocking back and forth, hand-flapping, fidgeting with objects or repeating a phrase
- Feels guilty or blames themselves

Aged 13-17 Years



- Intense grief
- Shows excessive concern for others
- Feelings of guilt and shame
- Increasingly defiant of authority (caregivers and teachers)
- Increased risk-taking
- Aggression
- Self-destructive
- Feeling hopeless

LOOK



Identifying children who may need PFA

Check for Safety

Look for children with obvious urgent basic needs

Look for children and caregivers with serious distress reactions

Children with obvious signs of distress may:

- Appear withdrawn or very quiet with little or no movements
- Show physical symptoms such as shaking or being in pain
- Act aggressively and try to hurt others (hit, kick, bite, etc.)
- Seem confused or disorientated
- Not respond / speak to others
- Hide from other people
- Cling to their caregivers
- Be very scared
- Be hysterical
- Be panicking
- Be crying



Vulnerable Groups

Different people may be more or less exposed to risks from crisis situations. Understanding who may be at greater risk is an important part of assessing who to help.

Not all vulnerabilities will be visible or obvious, so it is important to respond in a caring and empathetic way to everyone you encounter.

The list below highlights groups of people who have been found to be at greater risk of danger from crisis situations.



Unaccompanied children



Children with cognitive difficulties



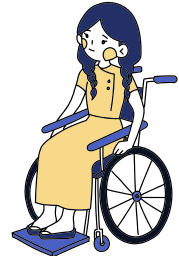
Children in families of domestic violence



Children with a caregiver(s) in distress



Street Children



Children with disabilities



Marginalised children and families



LGBTQI Community



Migrants and Internally Displaced Communities

LISTEN



Initial Contact with Distressed Children

- ❖ Sit down next to them, or squat, so that you are at eye level.
- ❖ Introduce who you are, what you do, whom you work for and what you are doing here.

E.g. "Hello, I am [name] from [organisation]. I'm here to help"

- ❖ Offer them practical assistance that you can provide, such as food, water and blankets.
- ❖ Ask open-ended questions in a gentle manner to collect as much information about the situation.

E.g. "Can you tell me a bit about your situation?"

- ❖ Listen carefully.
- ❖ Speak slowly and calmly in a way that children understand.

Communication Best Practices

All Ages

- Help them to feel safe
 - Maintain routines as much as possible.
 - Give extra support at bedtime.
 - Recognise acting out may be a sign that a child needs extra attention.
 - Help them name how they feel: Scared? Angry? Sad?
 - Let them know it is okay to feel that way, then show them the right way to behave.
-

Aged 0-3 Years



- Hold, hug and cuddle them as much as possible.
- Use a friendly tone and simple sentences.
- With children who are learning to talk, use simple phrases such as "I'm here".
- Encourage reading, singing and playing with others.

Aged 4-7 Years



- Let the child tell the story of what happened.
- Draw pictures together.
- Play games with them, and arrange for playtime with other children.
- Name the Good. Even in the most trying times, it's important to identify something positive and express hope for the future to help the child recover.

Aged 8-12 Years



- Spend time talking with the child.
- Let them know that it is okay to ask questions and to express concerns or sadness.
- Answer questions briefly but honestly.
- Play games with them, and arrange for playtime with other children.
- Find the hope.

Aged 13-17 Years



- Show that you understand their feelings and fears.
- Portray positive adult-child relationships.
- Share stories of other adolescents who are resilient and positive.
- Help them feel helpful: Give them small tasks and responsibilities in the household, then praise them for what they have done and how they have handled themselves.

Responding to Children in Distress

Children recover better if they:

- Feel safe and out of danger
- Are reunited with their caregiver, if they have been separated.
- Have their basic needs met.
- Receive support like psychological first aid for children.
- Receive ongoing emotional support from their caregiver.

Stabilisation Techniques

Immediately after a distressing event, it is important that you help a child feel safe and calm. Stabilisation techniques can help bring a child back to a calmer state.

You can use stabilisation techniques in a safe environment at the scene of a crisis, or after the event had taken place to help in environments such as IDP camps.

You can also teach them to caregivers so that they can continue to practice these techniques with their child(ren) after the event. If practised and used regularly, these tools can regulate stress, calm when distressed, promote sleep, and build resilience

Resource Alert

Remember to pack your stabilisation cards in your grab-and-go bag.







SOOTH



Babies and Toddlers take their cues for how they should be feeling from adults.

Even if you are feeling stressed or anxious, talk to a baby in a soothing voice.

BASIC NEEDS



Ensure the child is able to have their basic needs met from a care giver or a professional who can help.

The child may be hungry, too cold or too hot, wet or soiled, overstimulated and in need of calming.



CONNECT

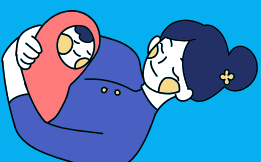


Look into baby's eyes.

Smile at the baby.

Make soothing sounds.

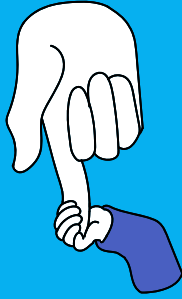
MOVEMENT



Gentle movement stimulates the movement of the womb, helping a baby feel safe.

Gently rock the baby in your arms, keeping the beat consistent or gently walk as you hold the baby.

FINGER HUGS



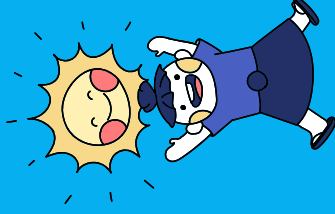
Place your thumb in the palm of your hand. Squeeze and Hug.

Count 1,2,3, Breath In and Out and release.

Repeat for all 5 fingers.

Say "I am safe".

SUN BURSTS



Lift your arms by your side and up above your head to hold the sun.

Breathe In.

Bring your arms back down your side and bend forward.

Breathe Out.

Repeat 5 times.





COLOUR RELAX



Imagine your legs are filled with the colour violet – **the vibrant violet of aubergine.**

Imagine your back is filled with the colour red – **the crimson red of strawberries.**

Imagine your tummy is filled with the colour yellow - **the golden yellow of the sun.**

Imagine your chest is filled with the colour pink - **the bright pink petals of a flower.**

Imagine your head is filled with blue – the blue of the sky on a hot summer's day.

Imagine there is a shower of **cooling moonlight** falling all over your head making you feel very happy, peaceful, calm and relaxed.

Now let the whole of your body feel happy, peaceful, calm and relaxed by letting the **cooling moonlight** flow down your whole body filling your your head, neck chest, tummy, back and legs.

BIRD BREATHS



Think of a bird slowly flapping its wings

Breathe in through your nose and slowly lift your arms up and out to the side

Breathe out and slowly bring your arms back down and bow your head

Repeat five times

CALM WORDS



Breathe in while you say to yourself

"I am ok"

Breathe out while you say to yourself

"I let go of fear"

Breathe in while you say to yourself

"I am safe"

Breathe out and say to yourself

"I let go of fear"

Breathe in while you say to yourself

"I am calm"

Breathe out and say to yourself

"I let go of fear"

BOX BREATHS

Trace your finger along the 4 edges of a box

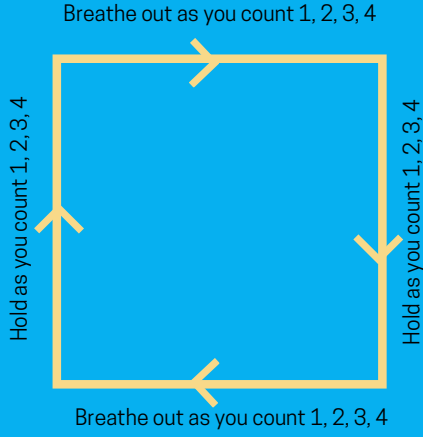
Breathe in as you count 1, 2, 3, 4

Hold as you count 1, 2, 3, 4

Breathe out as you count 1, 2, 3, 4

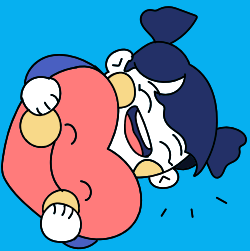
Hold as you count 1, 2, 3, 4

Repeat five times





POWER HUG



Put your left hand on
your right shoulder
Put your right hand on
your left shoulder
Squeeze into a self hug
Say "I am safe now"

5-4-3-2-1



When things are feeling overwhelming or you're stressed, it can help to take some time to focus on things right now and what's going on around you.

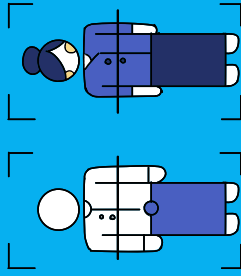
Focus on things right now, and slowly name:

- 5 things you can see
- 5 things you can hear
- 5 things you can touch or feel

Then, name:

- 4 more things you can see
- 4 more things you can hear
- 4 more things you can touch or feel

BODY SCAN



Sit somewhere comfortable and quiet and close your eyes

Notice your breath and feel your belly rising and falling.

Slowly notice and relax each part of your body, starting with your head, neck, shoulders. Notice your arms, your hands, your fingers. Feel your clothes on your skin, and your body pressed against your chair, or the floor.



CLOUD WATCH



Look up at the clouds in the sky

Name what shapes you can see

Try to find 5 different shapes





Take a moment to feel the temperature.
Concentrate down your body more to your
legs, knees, feet and toes.
Feel yourself sinking down as you relax further
and further down.

When you're ready, open your eyes again and
stretch.



LINK



Referrals

If somebody requires help that is beyond your expertise you should refer and link the client with a service provider who can provide the required support.

Steps for Making a Referral

- 1) Identify the problem - what does the person need
- 2) Identify which organisation, agency or service provider can meet this need
- 3) Contact the Service Provider to Confirm if they can support eligibility
- 4) Explain the referral to the child/caregiver
- 5) Obtain informed consent from the caregiver
- 6) Make the referral
- 7) Follow up to check the referral was successful

Guiding Principles for Referrals

- ✓ Confidentiality
- ✓ Informed Consent
- ✓ Respect for the Child / Caregiver
- ✓ Do not make promises or create expectations
- ✓ Promote Safety and Security.



Referral Services

With your team or community, map the available resources and type of support you can link people in need too. This may include available services by humanitarian organizations and/or community-based services such as religious groups, places of worship, women's groups, and disabled persons organizations etc.

You can then complete this information sheet for available and up-to-date services in your area and keep it in a place where you can easily access it.

Child Protection	Information	
	Focal Points	
Mental Health and Psychosocial Support	Information	
	Focal Points	
Legal	Information	
	Focal Points	
Health	Information	
	Focal Points	

Sexual and Reproductive Health	Information	
	Focal Points	
WASH incl. dignity kits	Information	
	Focal Points	
Shelter	Information	
	Focal Points	
Food and Nutrition	Information	
	Focal Points	
Services for adolescents / youth	Information	
	Focal Points	
Services for people with disabilities	Information	
	Focal Points	



Services for sexual and gender minorities	Information	
	Focal Points	
Services for child or female headed household	Information	
	Focal Points	
Other	Information	
	Focal Points	
Other	Information	
	Focal Points	

Making a Referral

When making a referral to all types of support services:

- Be non-judgmental
- Be patient
- Have and show a caring attitude
- Be trustworthy
- Be approachable
- Ensure confidentiality

Referral Form(s)

Referral forms vary across sectors and organisations. It is recommended that you ask your organisation to provide a referral form.

However, a referral form should always include the following information:

- Referrer Details including: Name, Agency, Phone / Email and Location
- Receiver details including: Name, Agency, Phone / Email and Location
- Client Information including: Name, Phone, Age, Sex, Language
- Reason for the referral.
- Referral support services needed
- If a client is under 18 a referral must also include: Name of the Primary Caregiver, Relationship to the Child, Contact Information for the Caregiver and Informed consent.
- If a child is separated/unaccompanied, this such be noted on the referral form.
- Signature of consent from caregiver and referrer.

Key Note

The referral form is not a tool to detect persons with mental, neurological and/ or substance use (MNS) disorders, rather it can be used to refer persons to mental health care services for assessment and further management.

Follow Up

Follow up with the client and the receiving agency to ensure the referral was successful and exchange information, where the person's consent allows for this.

Areas for follow up include:

- ❖ Did the person receive the planned services?
- ❖ What was the outcome?
- ❖ Was the person and/ or the caregiver satisfied with the referral process, and the services received?

Who Can use a Referral Form?

The referral form and guide can be used by any service provider for example, by a Doctor working in a primary healthcare centre referring a child to a child friendly space or a nutrition feeding programme, or a Case Manager referring a client for physical rehabilitation.

Remember

It is your duty to keep children safe and protect them from harm

It is your duty to keep the information about the child / family safe

BE READY

PREPARE, LOOK, LISTEN, LINK

