

TRAUMA-INFORMED PSYCHOLOGICAL FIRST AID

**A Guide for The White Helmet
First Responders**



GIJTR

Global Initiative for Justice
Truth & Reconciliation

ABOUT THE INTERNATIONAL COALITION OF SITES OF CONSCIENCE

The International Coalition of Sites of Conscience (ICSC) is a global network of museums, historic sites, archives and memory initiatives dedicated to building a more just and peaceful future by engaging communities in remembering struggles for human rights and addressing their modern repercussions. Founded in 1999, ICSC now includes more than 370 Sites of Conscience members in 80 countries. ICSC supports these members through grants, networking and training.



International Coalition of
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ABOUT THE GLOBAL INITIATIVE FOR JUSTICE, TRUTH, AND RECONCILIATION

Around the world, there are increasing calls for justice, truth, and reconciliation in countries where legacies of gross human rights violations cast a shadow on transitions from repressive regimes to participatory and democratic forms of governance. To meet this need, the International Coalition of Sites of Conscience (ICSC or the Coalition) launched the Global Initiative for Justice, Truth, and Reconciliation (GIJTR) in August 2014. GIJTR seeks to address new challenges in countries in conflict or transition that are struggling with legacies of or ongoing gross human rights abuses. The Coalition leads GIJTR, which includes eight other organizational partners: American Bar Association Rule of Law Initiative, United States; Asia Justice and Rights (AJAR), Indonesia; The Centre for the Study of Violence and Reconciliation (CSVr), South Africa; Documentation Center of Cambodia, Cambodia; Due Process of Law Foundation, United States; Fundación de Antropología Forense de Guatemala, Guatemala; Humanitarian Law Center (HLC), Serbia; and Public International Law & Policy Group (PILPG), United States. In addition to leveraging the expertise of GIJTR members, the Coalition taps into the knowledge and longstanding community connections of its 300-plus members in 65 countries to strengthen and broaden GIJTR's work.

GIJTR partners, along with members of the Coalition, develop and implement a range of rapid-response and high-impact program activities, using both restorative and retributive approaches to

justice and accountability for gross human rights violations. The expertise of the organizations under GIJTR includes the following:

- Truth-telling, reconciliation, memorialization, and other forms of historical memory
- Documenting human rights abuses for transitional justice purposes
- Forensic analysis and other efforts related to missing and disappeared persons
- Victims' advocacy, such as improving access to justice, psychosocial support, and trauma mitigation activities
- Providing technical assistance to and building the capacity of civil society activists and organizations to promote and engage in transitional justice processes
- Reparative justice initiatives
- Ensuring gender justice in all these processes

To date, GIJTR has led civil society actors in multiple countries in the development and implementation of documentation and truth-telling projects; undertaken assessments of the memorialization, documentation, and psychosocial support capacities of local organizations; and provided survivors in Asia, Africa, and the Middle East and North Africa regions with training, support, and opportunities to participate in the design and implementation of community-driven transitional justice approaches. Given the diversity of experience and skills among GIJTR partners and Coalition network members, the program offers post-conflict countries and countries emerging from repressive regimes a unique opportunity to address transitional justice needs in a timely manner, while promoting local participation and building the capacity of community partners. Since its founding, GIJTR has engaged with people from 78 countries, worked with 801 civil society organizations (CSOs), and has supported 588 community-driven projects and the collection of more than 8,800 testimonies of human rights violations.

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“To save a life is to save all of humanity.”

—Surah Al-Ma'idah-32

1. INTRODUCTION

The White Helmets (WH) is a humanitarian organization that operates in Syria, providing critical lifesaving support and service delivery to communities in northwest Syria. The WH is one of the only independent service providers in northwest Syria, with a highly trained and trusted cadre of more than 3,000 volunteers and staff capable of meeting humanitarian and stabilization needs in communities most affected by the conflict.

The WH’s work is guided by fundamental principles of international humanitarian law: humanity, solidarity and impartiality. This guides every response, every action, every life saved so that in a time of destruction, all Syrians have the hope of a lifeline, regardless of their religion or politics. WH volunteers operate in some of the most dangerous places on earth and have saved more than 100,000 lives over the past five years.¹

The WH are the main first responders to airstrikes, fires, traffic accidents, chemical attacks, and natural disasters in northwest Syria. Emergency medical services and search and rescue teams are deployed during the conflict and natural disasters to save lives and alleviate suffering. In their role as first responders, they are also a source of hope, comfort, and resilience at a time of crisis for those whom they are supporting. Thus, they are at the forefront of providing not only support related to medical and safety needs but also psychological safety and containment. Support and capacity development for first responders who are working directly with survivors is needed.

This trauma-informed psychological first aid (PFA) toolkit was developed in collaboration with the WH during a Training of Trainers workshop in December 2023 facilitated by the Centre for the Study of Violence and Reconciliation (CSVr) in partnership with the Global Initiative for Justice, Truth, and Reconciliation (GIJTR). It is designed for use by WH volunteers and staff and can be adjusted for use by other first responders working in conflict context.

During the Training of Trainers workshop, it was noted that there was a need not only for PFA knowledge and skill transfer, but also to contextualize PFA for the Syrian context. This includes taking into account the protracted and ongoing conflict, inadequate resources, cultural considerations, and stigma related to mental health and mental health help-seeking behavior. A trauma-informed approach to PFA not only looks at the knowledge and skill related to PFA, but also expands to include trauma-informed assumptions and principles about how PFA is conducted on the ground, for the purpose of creating a safe space, connectivity, support, and empowerment, while working toward preventing retraumatization and facilitating healing. The trauma-informed approach also acknowledges the impact of providing PFA as well as other support interventions to survivors of trauma on first responders and emphasizes the importance of self-care.

This toolkit aims to help the user understand the basic principles of Mental Health and Psychosocial Support Services (MHPSS), trauma awareness, and a trauma-informed approach to humanitarian assistance, including PFA. It demonstrates where PFA fits into the MHPSS pyramid of support interventions and gives easy-to-understand, step-by-step guidance on how to operationalize the four stages of trauma-informed PFA in the Syrian context. This is followed by a section on the principles of self-care. The toolkit concludes with a section on further reading and useful resources.

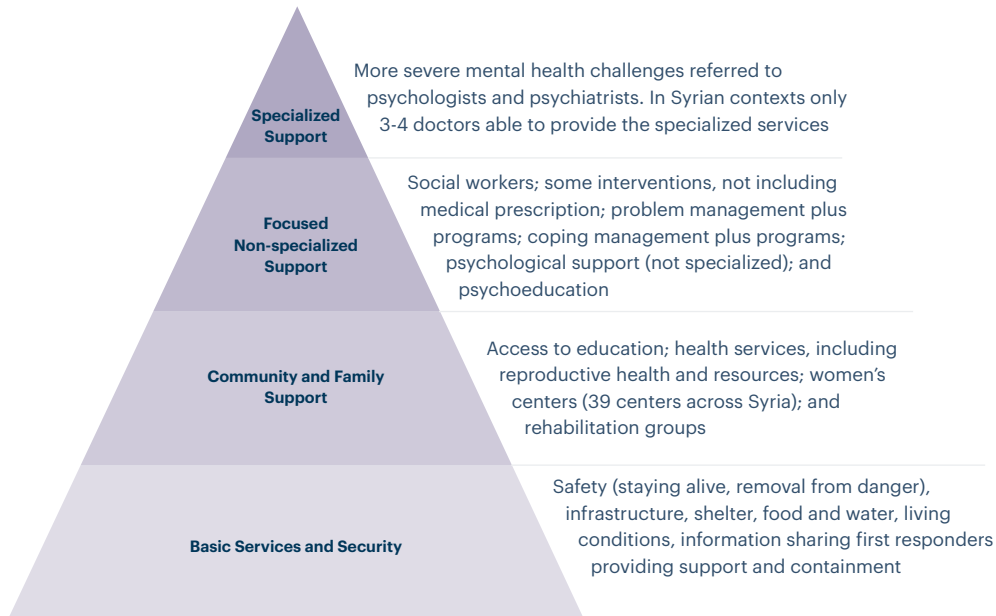
2. UNDERSTANDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

The term “MHPSS” refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions. MHPSS is not confined to a single sector, but rather requires a multi-sectoral approach with involvement of partners in health, education, and protection.²

2.1 The MHPSS Pyramid

In emergencies, people are affected in different ways and require different kinds of services and supports. A layered intervention pyramid has frequently been used to illustrate the range of complementary support services that are required.³ Typically, the bottom level of the pyramid is required by **all** people and involves non-specialized support services. The higher the level of the pyramid, the more specialized the nature of support becomes and the lower the number of beneficiaries. Specialized support at the highest level usually requires professional qualifications (e.g., psychologist, psychiatrist).

WH operationalization of the MHPSS pyramid in the Syrian context



Source: Inter-agency Standing Committee Reference Group on MHPSS (2015)

Awareness-raising, protection, and emergency and resilience programming are cross-cutting and run through each level of the pyramid. Psychoeducation (providing people with information that helps them to better understand their own behaviors and feelings and those of people around them) should also be present at all levels but will vary according to the beneficiaries' needs and the planned intervention.

Due to the contextual realities in which the WH operate, where resources such as specialized mental health service providers and targeted MHPSS services are severely limited, providing support at the bottom of the pyramid is crucial to assisting large numbers of survivors and can play a key role in building and strengthening their protective factors.

Greater awareness of trauma and its impacts assists us in identifying who needs to move up in the pyramid, including the identification of "mental health red flags" (examples of these will be elaborated on in the section that explains PFA) which can be recognized at the earliest stages of support, including when PFA is being provided. It does not require specialist training and can potentially be undertaken by WH volunteers in the immediate aftermath of a crisis event.

3. A TRAUMA-INFORMED APPROACH TO HUMANITARIAN ASSISTANCE

A trauma-informed approach is the awareness of trauma and its impacts on individuals, families, groups, communities, and organizations and utilizing that knowledge to inform program designs and intervention plans when providing support or services to trauma survivors. It requires awareness of how service provision itself can potentially exacerbate trauma and impose harm or retraumatization.

Adopting a "trauma-informed" approach means that WH volunteers and staff:

- understand the nature and impact of trauma, including the relationship between triggers and features, and the way trauma can affect how survivors speak and behave;
- address any trauma-related needs before, during, and after interacting with the survivor;
- are capacitated on ways to detect signs of retraumatization and practice interview techniques that can mitigate the possibility of retraumatization; and
- acknowledge the impact of working with trauma (directly or indirectly) on their own well-being and putting in place coping and self-care strategies.⁴

While different fields or schools of thought may have different components of trauma-informed practice, there are a number of overlapping core principles.⁵

- **Safety.** Establishing a safe physical and emotional environment. Not only is the physical setting safe, but interpersonal interactions also promote a sense of safety through respect, predictability, consistency, etc. It is important to understand safety from the perspective of participants, as this may look different for individuals. Furthermore, it is important to keep in mind that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.
- **Trust/transparency.** Building and maintaining trust with survivors through a culture of honesty, open communication, clear expectations, and transparency around decisions. These could be done through clear, transparent communication and the sharing of information and how it will be used, especially when making referrals.
- **Support.** Awareness of formal and informal support networks (medical, legal, MHPSS, family, community, etc.) that can assist the survivor, as well as resources to assist first responders who are in need of support following the provision of an intervention.
- **Collaboration/mutuality.** Recognition that healing happens in relationships and in the meaningful sharing of power and decision-making to co-create their support pathway. Through collaboration and mutuality, survivors experience the return of control and agency that an experience of trauma can remove.
- **Empowerment/choice.** Survivor strengths are recognized and built on, cultivating a sense of agency in which survivors feel empowered to make their voices heard. This means first responders are respectful of survivors' choices.
- **Acknowledgement of culture, history, and diversity.** Survivors are not seen in isolation from their context and history, but rather are understood in relation to it.

4. TRAUMA-INFORMED PFA

Trauma-informed PFA integrates the previously mentioned trauma-informed principles into its operationalization in order to avoid the retraumatization of affected individuals during the process and promote the well-being of all parties involved, contributing to the prevention of the escalation of trauma impacts and facilitation of healing. A first step to providing trauma-informed PFA is having a basic understanding of trauma and its impacts. This awareness increases the capacity to identify “mental health red flags” and referral points on the MHPSS pyramid provide practical support in moments of distress, and avoid retraumatization.

4.1 Trauma Awareness

Since the onset of the conflict in 2011, the population of Syria has been exposed to multifaceted and ongoing trauma: no-one has escaped unscathed. As emergency first responders in an active conflict and in the aftermath of the 2023 earthquakes, the WH are burdened not only by the responsibility of saving lives in the midst of an ongoing humanitarian crisis, but also by the fear of themselves being targeted for double-tap strikes and threatened as witnesses to war crimes and violations of international humanitarian law. In the face of extraneous levels of stress on a daily basis, it is critical that all WH volunteers and staff have an understanding of what trauma is, how it may present itself, and its impacts on both victims and the volunteers. This awareness will not only enable WH staff and volunteers to ethically provide psychosocial support to others, but also safeguard their own well-being and mental health needs during the process.

What is Trauma?

Trauma is an experience wherein someone has witnessed or been confronted with an event that involved actual/threatened death or serious injury to themselves or others and created intense feelings of fear, helplessness, and/or horror—contributing to psychological or emotional injury, which may result in challenges functioning or coping after the event.

What are Sources of Trauma?

As noted, within the Syrian context, an individual may have been exposed to a single or multiple traumas due to the ongoing war and conflict. Sources of trauma in this context include but are not limited to war and conflict, airstrikes, earthquakes, forced displacement, childhood abuse and neglect, and gender-based violence, including domestic violence and rape/sexual violence.

How Does Trauma Affect Us?

Trauma affects us in different and multifaceted ways. Not everyone who experiences a crisis event becomes traumatized. However, for many, trauma shatters their assumptions about themselves and the world around them. Trauma can radically alter an individual's set of beliefs, including a view of the self as positive, a belief that the world is a meaningful and orderly place and that events happen for a reason, a belief that there will be an end to suffering, and that other human beings are fundamentally benign.

Trauma also affects individuals and communities on different time scales. For some, reactions to trauma are immediate, for others, these reactions are delayed and take place weeks or even months after crisis events. For those living in the context of conflict, the experience of trauma is not confined to a single event and can occur on an ongoing basis, further compounding and deepening its impacts.

The experience of trauma can have a fundamental impact on individuals' **behavior, feelings and emotions, thoughts, and physical well-being.**

Behavior	<ul style="list-style-type: none">• Aggression• Avoidance• Inability to concentrate or pay attention• Difficulty making decisions• Wanting to be alone
Feelings/ Emotions	<ul style="list-style-type: none">• Lack of self-confidence• Hate for self or a specific group of people• Isolation and pessimism• Wanting to be alone• Numbness• Stress and/or fear• Mood fluctuations• Self-harm• Self-blame (“Because of me, that happened.”)• Survivor guilt (“Why did I survive when XYZ did not?”)
Thoughts	<ul style="list-style-type: none">• Reduced cognitive ability• Impaired memory• Fear or distrust of others• Constant worrying thoughts• Feeling on guard/thinking that something bad is about to happen• Flashbacks/nightmares
Physical	<ul style="list-style-type: none">• Poor sleep• Fatigue• Raised heart rate• Raised blood pressure• Compromised immune system due to lack of sleep and increased stress levels• Poor appetite/weight loss• Headaches, other body pains• Shaking/trembling

Not all individuals will experience and respond in the same way in relation to a crisis event. Therefore, when assisting individuals and groups, it's important to take into account the different factors that may influence individuals' responses in order to provide the most effective support. These factors include the following:

- The nature and severity of the event(s) they experience
- Their experience of previous distressing events
- The support they have in their life from others
- Their general physical health prior to experiencing the traumatic event
- Their personal and family history of mental health problems
- Their cultural background and traditions and the meaning or explanation they have for their experiences
- Their beliefs about health, especially mental health and well-being
- Their age and gender

It is useful to consider the **protective** and **risk factors** that influence individuals' responses to crisis events. Protective factors could include religious or cultural beliefs that allow for the interpretation of events. It is important to note, however, that this could be a temporary coping mechanism that may ultimately lead to diminished faith/religious belief resulting in a delayed impact/response. Other protective factors could include a strong social support network, good physical and mental health, and secure socioeconomic status. Risk factors could include a personal and family history of mental health problems, experience of severe and recurrent crisis events, and an absent or weak social support network.

If left untreated, the negative impact of trauma on individuals can result in what has been called the "ripple effect": harming not only the affected individual (long-term mental and physical health challenges), but also having a profound impact on **interpersonal relationships** (strained family system, intergenerational cycles of trauma, communication breakdown, strained friendships, attachment issues), **local communities** (breakdown in social cohesion, educational consequences, increased criminal activity, higher rates of unemployment, increased need for health care and behavioral health services) and **broader society** (increased health care costs, elevated crime rates and burdens on criminal justice system, greater strain on public resources).⁶

4.2 What is Psychological First Aid?

PFA is designed as an early intervention to be used by mental health workers and first responders straight after a traumatic event, with the intention of helping individuals recover from the trauma of the event by providing systematic, practical helping actions that set them up for recovery.^{7,8}

Thus, PFA is a method of helping people in distress so they feel calm and supported in coping with their challenges. It is a way of assisting someone to manage their situation and make informed decisions. The basis of PFA is caring about the person in distress. It involves paying attention to the person's reactions, active listening, and, if needed, providing such practical assistance as problem-solving and help accessing basic needs.

A number of different models of PFA have been developed over the years. They are all slightly different but follow the same principles of helping people in distress by ensuring their safety, promoting calm, comforting them, talking with them, and helping them access whomever or whatever they need.

Evidence shows that people cope better following a crisis event if they:

- feel safe, connected to others, calm, and hopeful;
- have access to social, physical, and emotional support; and
- regain a sense of control by being able to help themselves.

For first responders in the Syrian context, PFA is a common tool drawn on as an immediate support intervention following a crisis event. It is an effective way to help prevent the escalation of negative trauma response symptoms by providing immediate comfort and making affected individuals feel safe. It is a one-off intervention, sometimes lasting no more than 10 minutes, wherein information about referral services and other relevant support mechanisms can be shared. A key element of PFA is trying to ensure the immediate physical security of the individual. Psychological presentations are noted by the first responder and referred onwards for further support when necessary. PFA interventions do not extend beyond providing comfort, being empathetic, and providing basic relevant information.

PFA Is...

- Non-intrusive, practical care and support
- Assessing needs and concerns of survivors/victims
- Helping people address basic needs (e.g., food, water, shelter)
- Listening, but not pressuring people to talk
- Comforting people and helping them feel calm
- Helping people connect to information, services, and social supports
- Protecting people from further harm

PFA Is Not...

- Something that only professionals can do
- Professional counselling
- Psychological debriefing
- Asking people to analyze what happened or put time and events in order
- Pressuring people to talk or describe their experiences if they do not want to
- Putting oneself at risk to help others

What are the Goals of PFA?

PFA is designed to be practical and to help with the following:

- Calming people and reducing stress
- Making people feel safe and secure
- Identifying and assisting with people's immediate needs
- Establishing a human connection
- Facilitating people's social support
- Helping people understand the crisis event and its context
- Helping people identify their own strengths and abilities to cope
- Fostering belief in people's ability to cope
- Giving hope
- Assisting with early screening for people needing further or specialized help
- Promoting adaptive functioning
- Getting people through the first period of high intensity and uncertainty after an event
- Supporting people's ability to recover

4.3 The 4 Stages of PFA: Prepare, Look, Listen, and Link

Prepare

Situational Analysis.

Conduct a situational analysis before you set out into the field:

- Find up-to-date information about the crisis event, including details regarding the number of people affected, the location, and what to expect when you get there.
- Is it safe? Is there a secure place where PFA can be conducted?
- Think about necessary **resources**. Ascertain and secure the availability of basics such as water, food, and blankets. Is the mobile phone network operational? How many available first responders in the area are trained in PFA?
- Identify other service providers that are also on the ground in response to the current crisis.
- Draw up a **service map**. Collect information on existing formal and informal support services for referrals.

Self-preparation.

Be aware of the potential risks to yourself and identify risk mitigation measures.

- Assess whether you are OK to provide PFA. Part of being trauma-informed is acknowledging when you are triggered and unable to step into the field, as you may cause more harm to others or yourself. Identify if there is another role that you can play if you are not able to provide PFA.
- Understand how you may be affected by engaging with individuals in distress and how to stay psychologically safe following a crisis event. Familiarize yourself with self-regulation/emotional regulation tools (Annex 1)
- Be aware of available support structures, including peer-to-peer support.

- Be aware of how to stay physically and mentally healthy (refer to the section on self-care).
- Increase your understanding of trauma and its impacts to make sense of responses from others.
- Be aware of and sensitive to the cultural context (norms and traditions). This involves:
 - respecting culture and beliefs;
 - being open minded;
 - being up front about things you don't know and asking questions about a person's culture and beliefs;
 - doing your best to understand the survivor's culture, religion, etc.;
 - keeping your distance in conversation, when culturally appropriate;
 - avoiding eye contact/making eye contact, as a sign of respect, when culturally appropriate;
 - avoiding touch, when culturally appropriate; and
 - considering the appropriateness of being alone with the opposite sex and whether it would be more appropriate for a female to be provided with PFA by a female first responder.

Look

- **Identify what has happened and is happening.**
- **Identify who needs help and who is a priority (physical injuries, mental health red flags, women, children, elderly, individuals with disabilities).**

If necessary, set out a triage system, prioritizing those who are most in need of attention, be it medical or psychological assistance.

In instances when there are a large number of affected individuals and “mental health red flag” cases, prioritize whoever you see first. If the affected individuals greatly outnumber first responders, make sure that you prioritize those who are especially vulnerable or have the most acute needs.

- **Identify safety and security risks.**
Is the location safe following the crisis event? Will you need to move affected individuals to a more secure location?
- **Identify the immediate basic and practical needs of the affected individuals/group.** These may include medical support, shelter, food, and/or locating family members.
- **Be aware of emotions and reactions to the crisis event (refer to the trauma awareness section for more information), including any “mental health red flags.”**

Observe emotional reactions, both visual (what you are seeing/observing while engaging with them) and content (what you are hearing/what they are telling you). Is there a disconnect between what someone is saying and how they are behaving?

Look out for the following **mental health red flags**:

- Individuals standing alone and isolated
- Individuals who appear to have no reaction/are in shock, or are crying a lot/highly distressed and appear unable to function
- Individuals displaying intense fear and anxiety (including rapid eye movement, heavy breathing and shaking, heart palpitations)
- Suicidal or homicidal intentions
- Individuals who are disorientated/confused (out of touch with reality/don't know where they are or what has happened) or auditory or visual hallucinations (seeing images or hearing sounds that are not present)

Ensure that all those who display any of the above “mental health red flags” do not leave the scene until they have received basic emotional support and are referred to additional support if needed.

Listen

- **Introduce yourself and what you are doing.**

In the aftermath of a crisis, it is important to remember that individuals may feel confused, scared, and unsure who can help them. It is important to be clear when you introduce yourself, stating your name, organization, and purpose.

- **Be clear, concise, and practical.**

Good, mindful communication skills are key to an effective trauma-informed PFA intervention. In essence, this is the ability to communicate to the survivor that they have your undivided attention and to ensure that they feel heard and safe even if what they are saying is difficult to hear. It involves both verbal and non-verbal communication. Always keep it simple, clear, and practical and avoid double questioning.

Stigma around mental health can create barriers to traumatized individuals accessing the family, community, and other MHPSS support they need. Be mindful of using non-technical/clinical language as an important step in combatting negative perceptions about mental health care. As trusted service providers in the community, WH volunteers can play a crucial role in getting across the message of the need to access mental health support in an accessible and culturally sensitive manner.

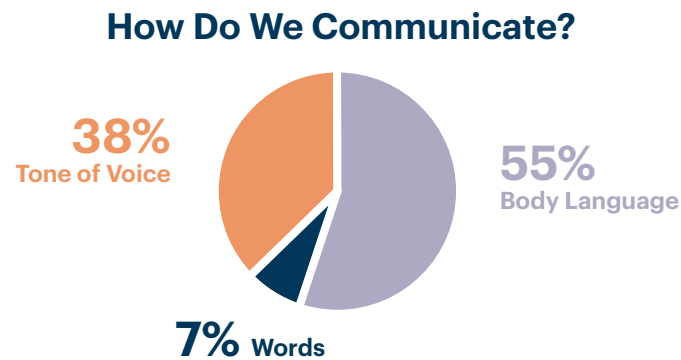
Tips for Asking Questions During PFA:

- Explain why you are asking those specific questions.
- Paraphrase and reflect back the survivors' response to an open-ended question. This lets the survivor know that you are listening, encourages them to share more, and helps to avoid falling into a question-answer-question-answer (repetitive) pattern.
- Avoid asking too many questions and making the engagement seem like an interrogation.
- Avoid probing unnecessarily or too deeply.
- It is important to provide a safe space and to just listen.

- Use "minimal encouragers" to:
 - Show that you are listening
 - Let the person know that they are doing well
- Examples of minimal encouragers: "I can see that this is really difficult for you. I so appreciate your strength and courage." "You are doing really well." "Are you OK to go on?"

Do Not	Do
Use cliches/phrases that are overused and oversimplify complex issues, such as, "Everything happens for a reason," "Tomorrow is another day," "Time heals all wounds," etc.	Offer a simple nod or say, "Mmmm," which is better to indicate acknowledgement and support. Do not disagree with the survivor if they choose to use any of these phrases.
Over-elaborate or ramble	Give yourself time to think before responding—and keep your responses short and to the point. Be mindful to avoid long silences that may exacerbate the survivor's fear or anxiety.
Over-identify	Remain yourself, but allow yourself to feel what they might be feeling.
Give advice	Listen with the intent to understand rather than give advice or try to fix the problem.
Mimic or parrot	Reflect back what you are hearing in your own words.
Make diagnoses	Focus on the meaning they make of the situation/event (not the meaning you make of it).

- **Pay attention and listen actively.**
PFA is more about active listening than giving advice. Active and open listening helps create a human connection.
- **Be aware of your own body language.**
Be mindful of your own body language. Engage in active listening through eye contact, hand gestures, and facial expressions. Listen with your whole body. Show empathy through your reactions. Acknowledge their responses and the impact of the experience on them, while remaining calm. Be aware of cultural sensitivities and act accordingly.



- **Acknowledge the individual's emotions without judgment.**

Showing empathy is another key element of an effective trauma-informed PFA intervention. Empathy is not sharing the same experiences as the survivor of trauma; rather, it is communicating, in a caring manner, that you have heard and understand what they are thinking and feeling. By understanding with empathy, we



validate and normalize, and acknowledge the individual's feelings as they are, with no judgment, as no feeling is wrong.

Empathy differs from sympathy and apathy. Sympathy is feeling sorry for the person, which can lead to you also crying or getting upset, which doesn't help the person who is themselves emotional or experiencing something challenging. Apathy, such as ignoring their feelings and what they are going through, means not feeling for the individual at all and could be linked to our own trauma responses of wanting to disconnect from the difficult content we are hearing.

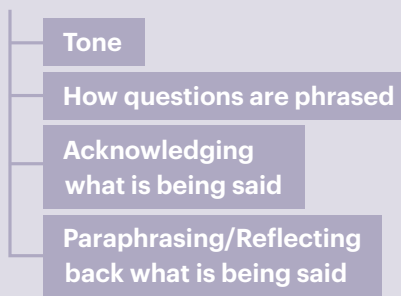
- **Calm the person in distress.**
Be familiar with grounding skills you can draw on when an individual has a high level of distress. Simple grounding skills are useful when providing PFA, especially when an individual appears disconnected from the present. Simply calling their name repeatedly in a calm and gentle tone can draw them into the present to engage with you.

- **Identify needs and concerns—paraphrase and provide feedback for what you have heard.** This is also containing, as the individual feels heard and their needs acknowledged by you.
- **Be mindful of your tone of voice. It’s not what you say, it’s how you say it.** Remember that, at times, you may be saying all the right things but are communicating something different through your tone and body language. Tone and body language are important and can communicate either judgment or nonjudgment.

Verbal

- **A calm tone**
- **Simple questions and responses that encourage the participant to answer and tell their story**
- **Acknowledgements (e.g., “...go on”, “Mmmm”)**
- **Summarizing and repeating back what the participant has said**
- **Reflecting on content, feeling and meaning**

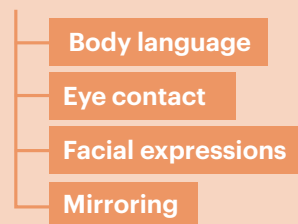
Verbal



Non-verbal

- **Nodding**
- **Making eye contact**
- **Mirroring the participant’s posture**
- **Mirroring the participant’s facial expression**
- **Mirroring the intensity of the participant’s feelings**
- **Body language**

Non-verbal



Link

- **Assist the individual to access support.**
- **Access information—be clear and concise.**
- **Help the individual connect with loved ones and social support.**
- **Tackle practical needs/problems.**
- **Access services and other help—keep your service map on hand.**

All PFA workers should have a service map with them when providing PFA support services. A service map is a list of service providers in the area that can provide survivors with support and make up your referral system. This can include medical, legal, social etc service providers. Ensure that referral systems are defined within an up-to-date service map of formal and informal service providers. It is crucial that these services are known to be operational.

It is important to build relationships with service providers in the area in order to have a good understanding of what they can offer survivors. In some contexts, it may be necessary to personally connect the affected individual with the service provider. Where this is not possible, sending the affected individual to the service provider with some form of documentation gives greater credibility and may result in the individual more likely to be seen.

In the context of PFA and the aftermath of a crisis, it is at times difficult to have a formal referral form that holds all the needed information for a comprehensive referral. Adopting a more concise process may be useful for first responders to assist survivors. This can be thought as a “ticket system,” whereby survivors who are in need of referral can be handed a ticket by the first responder that has basic referral information and the first responder’s contact information. This simplified system also provides an element of confidentiality and does not take a lot of time to complete, which is useful especially when first responders have to attend to a large number of affected individuals.

- **Consent.** Always take consent before making a referral. Take referral forms with you whenever you are engaging with survivors and will be providing support. Just be aware that there may not always be time to complete the documentation, in which case you can use the ticket

system mentioned previously. Consent not being obtained before a referral is made results in a breach of confidentiality and can put lives at risk. Verbal consent can be taken if time is limited. You should never pressure an individual into giving their consent; nor can you force someone to go to the recommended service provider. In the case of children under 18 years of age, seek consent from a parent or guardian. In the absence of a parent or guardian, always act in the best interests of the child. If referrals are made to service providers, only share the basic information necessary for a first visit. This will help protect the identity of the affected individual and mitigate any security risks.

5. SELF-CARE

An area often overlooked when it comes to PFA is the aftercare required for the teams that provide this service. Due to the nature of the context that WH staff and volunteers are regularly exposed to, teams often respond to large numbers of people and/or are called out to respond to multiple disasters in a short period of time. Repeated exposure to trauma and distress can take an immeasurable toll on the individuals and teams providing the service. The risk of emotional and physical exhaustion is high. When this happens, volunteers and staff are vulnerable and more prone to experience burnout, compassion fatigue, vicarious trauma, or other caregiving-related mental health issues. Cultivating self-care habits is an important way to prevent and/or recover from exhaustion.⁹

5.1 Vicarious Trauma

Vicarious trauma is an occupational challenge for individuals directly or indirectly working with victims of trauma due to the continuous exposure to trauma content in the course of their work

This work-related trauma exposure can occur from experiences such as listening to details about trauma that other people have lived through, reading reports or documents that contain details of traumatic events, and/or reviewing images or video footage of traumatic events.

Human beings are empathetic by nature, so engaging with traumatic details will inevitably have an impact on us. Sometimes the impact is immediate and you may read or see something that affects you at that moment in time. Often, though, you do not feel an immediate impact; and over time, ongoing exposure to traumatic information can have a significant impact.

The way different individuals deal with vicarious trauma can be negative, neutral, or positive. These can change over time and will vary from person to person, particularly with prolonged exposure.

Features of Vicarious Trauma:

- Avoidance
- Feeling that work is less meaningful
- Negative shifts to views about the world, yourself, and/or your relationships
- Becoming either more cynical or fearful OR becoming more appreciative of what you have OR both
- Thinking a lot about the trauma content you have been exposed to

The impact of vicarious trauma can be greater on volunteers and staff who have not received training on PFA or other aspects of MHPSS. There is therefore an urgent need for all volunteers and staff operating on the ground to be trained in trauma-informed PFA.

It is important to acknowledge that volunteers and staff may also have been survivors themselves or have experienced the same traumas as those whom they are supporting. It is therefore vital to be mindful of the impact that these traumas have on first responders and that they are able to recognize their own trauma responses (body, mind, emotions, social). It is also crucial that they be aware of what support is available.

A trauma-informed psychological first aider is equipped with the know-how of administering PFA to others, as well as the skills to take care of their self, in addition to an awareness of available support structures/services. As part of the “PREPARE” stage of PFA, making linkages to intentional support structures results in resilient and effective responders, and is critical to a successful intervention. This support and supervisions could be in the form of organized debriefing sessions for teams on a regular basis, and where possible, peer support or referral to existing individual and voluntary structures that provide psychosocial support. This creates an organizational culture of self-care/self-reflection and also serves as a protective and preventative measure against vicarious trauma. Sharing experiences and coping strategies decreases isolation and fosters solidarity, interconnection, and support. This, in turn, enhances the quality of services and increases resiliency.

Prevention Strategies

- Take care of your well-being**
- Establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace**
- Invest in your self-care and daily self-care practices, including sleep and nutrition care**
- Journal your experiences with trauma exposure**
- Establish spaces of support with friends or family or networks that have similar work experiences as you do**
- Accessing peer support and debriefing to discuss and reflect on your experiences**

For tips on practicing self-care, see Annex 2.

6. RESOURCE MATERIALS/ FURTHER READING

[C. Wilson et al., "Trauma-informed Care," Encyclopaedia of Social Work \(2013\),](#)

[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings \(2007\),](#)

[IFRC, A Guide to Psychological First Aid \(2018\),](#)

The IFRC Psychosocial Centre has a wide range of useful guides and tools that are available to download at https://pscentre.org/resources/?srch=&resource_type=guides_tools&resource_language%5B0%5D=english&filter_sort=mostrelevant.

[Headington Institute, Understanding and Addressing Vicarious Trauma.](#)

[UNHCR Operational guidance on MHPSS.](#)

[WHO, Psychological First Aid: Guide for Field Workers \(2011\).](#)

ANNEX 1: SELF/EMOTIONAL REGULATION TOOLS

Grounding through the five senses: Grounding is a self-soothing skill that helps keep you in the present and helps you reorient yourself to the here and now, and to reality.

You can use grounding techniques when you are feeling distressed, overwhelmed by emotions, or anxious to create a soothing space that helps you calm down and regain clarity; you don't need any material to do this, only your five senses. Find a comfortable position and begin focusing on your breath—in and out. As you focus on your breath, through your five senses, identify the following:

Grounding Technique

5	Things you can see	
4	Things you can hear	
3	Things you can touch	
2	Things you can smell	
1	Things you can taste	

Breathing Technique to Calm Self When Distressed

For the next few moments, focus on calming your mind by focusing on your breathing. Allow your breathing to center and relax you. Breathe in... and out.

In... Out...
In... Out...

Continue to breathe slowly and peacefully as you allow the tension to start to leave your body.

Release the areas of tension, feeling your muscles relax and become more comfortable with each breath.

Continue to let your breathing relax you.

Breathe In...2...3...4...
Hold...2...3...
Breathe Out...2...3...4...5...

Again

Breathe In...2...3...4...
Hold...2...3...
Breathe Out...2...3...4...5...

Continue to breathe slowly, gently, comfortably...

Let the rate of your breathing become gradually slower as your body relaxes.

ANNEX 2: TIPS FOR PRACTICING SELF-CARE

- 1. Identify what activities help you feel your best.** Self-care for one person will mean something completely different for another. One person may need more alone time, for example, while another may nurture themselves by spending more time with friends. Rediscover your passions and sense of purpose by finding out what makes you feel good about being you.
- 2. Put it on your calendar—in ink!** Take a close look at your calendar and carve out chunks of time for self-care.
- 3. Sneak in self-care wherever you can.** If you don't have huge chunks of time, you can still fit in little moments of relaxation. Don't wait to add self-care to your life until your schedule frees up (you might be waiting forever!). Even taking five minutes to close your eyes and take a few deep breaths, or a few minutes of listening to music, can help reduce your stress level.
- 4. Take care of yourself physically.** This means getting enough rest, eating nutritious foods, and exercising. Eat more greens, fruit, nuts, pulses; and don't over-indulge in coffee, alcohol, or high fat and sugar foods. Exercise releases the endorphins that give you a feeling of well-being. Even taking a 10-minute walk (alone, with friends, or with your children) can make a big difference.
- 5. Know when to say no.** Your health and well-being come first. If you have a hard time saying no, cultivate the skill of setting boundaries.

6. **Check in with yourself regularly.** Ask yourself the following critical questions: “Am I working too much?” Do I feel tapped out?” What do I need to take away, and what would I like to add?” Check for the warning signs listed previously.
7. **Surround yourself with great people.** Make sure that the people in your life are upbeat and positive and know how to enjoy life.
8. **Consider the quality of self-care.** Go for quality, especially when the quantity is lacking. Focus on relaxing activities such as prayer, deep breathing, listening to music, journaling, and practicing mindfulness. This could also include taking a vacation, going to therapy/counseling, and/or taking advantage of peer support groups.
9. **Remember that self-care is non-negotiable.** In order to live a healthy and rewarding life, self-care is a necessity. With that attitude, it becomes very natural and easy to do.

Adapted from the following sources:

- <http://psychcentral.com/lib/how-clinicians-practice-self-care-9-tips-for-readers/>
- <http://ct.counseling.org/2011/01/taking-care-of-yourself-as-a-counselor/>
- <http://www.helpguide.org/articles/stress/preventing-burnout.htm>


Endnotes

1. [The White Helmets website.](#)
2. [UNHCR. Emergency Handbook: MHPSS.](#)
3. [The MSP and MHPSS Intervention Pyramid.](#)
4. [MENA Community Protection Network. Disclosing and identifying international protection needs in the Middle East and North Africa, Training Module 3: trauma-informed, victim-centered approaches. April 2023](#)
5. [Easton-Calabria, E. Trauma-informed Anticipatory Action: Considerations for Refugees and Other Displaced Populations. September 2022.](#)
6. [Haslem, H. The Ripple Effect: Applying the Social Ecological Model to Adverse Childhood Experiences. November 2023.](#)
7. [Ruzek, J.I.; Brymer, M.J.; Jacobs, A.K.; Layne, C.M.; Vernberg, E.M & Watson, P.J. \(2007\). Psychological first aid. Journal of Mental Health Counseling, Volume 29 \(Number 1\). Pages 17-49. \[https://www.researchgate.net/publication/277775039_Psychological_First_Aid\]\(https://www.researchgate.net/publication/277775039_Psychological_First_Aid\)](#)
8. [IFRC. A Guide to Psychological First Aid. 2018.](#)
9. [Plan International. Self-care manual for humanitarian and development workers. January 2020.](#)



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