

Psychological First Aid (PFA) during COVID-19 Response

Guidance for work with forcibly
displaced populations in
countries of asylum and refuge



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This guidance was developed by the International Rescue Committee’s Resettlement, Asylum, and Integration (RAI) department in March of 2020 during the initial response phase of COVID-19 in the United States and Europe. The guidance was adapted from the World Health Organization’s *Psychological First Aid during Ebola Virus Disease Outbreaks*, developed in 2014¹ as well as PFA materials from the National Child Traumatic Stress Network (NCTSN),² the International Federation of Red Cross and Red Crescent Societies’ COVID-19 Interim PFA Guidance,³ and John Hopkins University⁴.

¹ https://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/

² <https://learn.nctsn.org/course/index.php?categoryid=11>

³ <https://pscentre.org/wp-content/uploads/2020/03/IFRC-PS-Centre-Remote-Psychological-First-Aid-during-a-COVID-19-outbreak-Interim-guidance.pdf>

⁴ <https://www.jhsph.edu/academics/continuing-and-executive-education/professional-trainings/rapidpfa/>

Section 1 – Care for Helpers

In times of crisis and disaster, helpers often provide lifesaving and affirming services to those in need. Many times, this can come at the cost of their own wellbeing. It is imperative that helpers prioritize their own health as well as personal or family needs at this difficult time. In addition, helpers should be aware that the changes and concerns caused by the COVID-19 pandemic may cause increased stress as they take on a helping role for others.

Providing support to people impacted by the COVID-19 pandemic can be rewarding and difficult. It is important for all helpers to think about, and make a plan for, how they will practice self-care so they can sustain themselves in this important work. Below are some general work-related stress management tips for PFA during a crisis⁵:

- Engage in frequent and regular supervision.
- Think about what has helped you cope in the past and what you can do to stay strong and healthy.
- Take time to eat, rest and relax.
- Try to keep reasonable working hours to avoid exhaustion and burnout.
 - o Recognize that the COVID-19 response will last for weeks and most likely, months and that the pace of the work needs to be managed for long-term sustainability.
- Remember that you are not responsible for solving all problems, nor is it realistic or possible for you to do so.
- Check-in with colleagues to see how they are doing and to have them check in on you – find ways to support each other.
- Talk with friends, loved ones and others you trust for support.
- Rely on accurate sources of information about the situation and limit reading or listening to media and news which causes you stress or worry.

Additionally, IRC's Duty of Care program has developed specific resources to support staff welfare and ensure a safe and healthy working environment during this crisis. This includes:

- [COVID-19: Maintaining Psychosocial Wellbeing and Resilience During the Outbreak](#)
- [Family Care During COVID-19](#)
- [Extensive FAQ on COVID-19 Provided by the CDC](#)
- [Konterra: Managing Stress and Anxiety During an Infectious Disease Outbreak](#)
- [Konterra: Self-Care During Quarantine or Self-Isolation](#)
- [Helping Children Deal with Stress Related to the Outbreak \(IASC & WHO\)](#)
- [Helping Health Care Workers Cope with Stress Related to the Outbreak \(IASC\)](#)
- [Helping Older Adults Cope with Stress During the Outbreak \(IASC\)](#)
- [Managing Anxiety and Other Reactions to COVID-19](#)
- [Managing Our Emotions During a Pandemic](#)
- [Access free COVID-19 related meditations and calming exercises through Headspace](#)

These and other materials can be accessed at IRC's Duty of Care page at <https://doc.rescue.org/staff/>

⁵ https://www.who.int/mental_health/emergencies/psychological_first_aid_ebola/en/

Section 2 – Understanding Psychological First Aid (PFA)

Psychological First Aid (PFA) is an evidence-based intervention that was developed to help stabilize and mitigate psychological distress and facilitate coping and functioning in the immediate aftermath of disasters and other tragic events like terrorism-related violence. Some of the traditional approaches utilized in PFA must be adapted to fit the needs of a pandemic or epidemic, where the ability to engage clients, connect to social supports, and connect to community resources may be compromised. Therefore, the material presented in this guidance adheres to the basic principles of PFA while modifying them for the unique context of a pandemic.

In any severe or mass event, like a pandemic, it is common to have a rapid increase in the number of people experiencing distress, including being scared, confused, overwhelmed, uncertain, angry, and sad. PFA is designed to help decrease this initial stress to help people make informed decisions, while fostering adaptive coping that can increase long-term resilience.

PFA is not counseling or therapy, and workers do not have to be trained in mental health to utilize the basic principles learned through PFA. Anyone can benefit from PFA, including frontline workers. It can be a standalone intervention, or it can be incorporated into activities across diverse sectors including health, employment, case management, and more. There are 5 basic principles of PFA that helpers seek to promote:

1. **Safety**- Individuals may be concerned about their own safety, the safety of their loved ones, and their community. Helpers can promote a sense of safety by providing accurate information, helping people plan, and/or connecting people to resources and services where possible and appropriate.
2. **Calmness**- Pandemics cause fear, distress, and anxiety among the general public and some groups in particular. Helpers promote a return to calm by behaving in a calm manner, allowing people to express emotion, and providing compassionate response.
3. **Connectedness**- Isolation, quarantine and general disruptions of normal activities often mean separation from loved ones, community members, and the general sense of connectedness that people share with one another. Exploring options of continued connection, including regular times for check-in, can reduce a sense of isolation even when physical distance is necessary.
4. **Hope**- During times of great uncertainty it may feel as though everything is falling apart; an important part of managing that feeling of overwhelm and distress is through hope. Simply by being present, listening, and offering practical supports where possible, helpers lay a foundation for hope.
5. **Self & community efficacy**- The disruption of daily living and unpredictability of life during the COVID-19 outbreak can leave many feeling overwhelmed and vulnerable. It is important for helpers to remind individuals of, and where possible connect them to, the individual, familial, and community strengths and resources that are available.

PFA is...	PFA is NOT...
providing non-intrusive, practical care and support	something that only professionals can do
assessing needs and concerns	counselling or therapy
helping people address basic needs (food, shelter, medical treatment, information)	a detailed discussion of the event that caused the distress
listening to people, but not pressuring them to talk	asking someone to analyze what happened to them or to put time and events in order
comforting people and helping them to feel calm	pressuring people to tell you their feelings and reactions to an event
helping people connect to information, services, and social supports	having all the answers to questions or being able to provide all the things someone needs

Section 3 – PFA Core Actions: Prepare, Engage, Listen and Link

PFA consists of four types of actions, which historically have included Prepare, Look, Listen and Link. Because of the nature of a pandemic there may not be an opportunity to “Look” or observe face-to-face. For this reason, “Look” has been changed to “Engage” to cover the ways in which you may connect with people and gather information on safety, urgent basic needs, and serious emotional reactions.

Prepare	Engage	Listen	Link
<p>Plan for how you will engage with clients during the pandemic, including appropriate safety measures and privacy.</p> <p>Organize what information, resources, and supports you might offer.</p>	<p>Contact: Think about how you will initiate contact, or respond to contact, in a way that helps build trust and rapport.</p> <p>Information Gathering: Determine what questions you might ask that are <u>non-intrusive, compassionate, and helpful</u> to identify needs and concerns, gather additional information, and tailor PFA interventions.</p>	<p>Calm and Stabilize: Utilize active listening skills to calm and orient people who may be overwhelmed or fearful.</p> <p>Safety: Pay attention to immediate and ongoing safety issues, including if the person is not able to function at this time.</p>	<p>Social Supports: Encourage brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.</p> <p>Information and Services: Provide accurate information on COVID-19 and available services needed at this time or in the future.</p> <p>Coping Strategies: Help clients identify coping skills and/or strategies to reduce distress and promote adaptive functioning.</p>

An illustrative case study can be found in Section 9 - each section below on the four core actions will have a corresponding section of the case study to give examples of what the action can look like in practice.

Section 4 – Prepare

Plan⁶

When working remotely, it is important to have a plan for confidential and effective communication with clients. Considerations for confidentiality and privacy include:

- Where (physical location within your remote space) you can communicate with clients that ensures privacy, including making sure that any materials or notes are either devoid of private client information or secured
- How you will inform clients about privacy conditions and get permission to communicate under these conditions
- Where you will record the client's assent to communication
- How you can encourage client privacy (i.e., asking if they have a private space to talk)

If a helper is unknown to the client, they should think about how they are going to introduce themselves, their role, and the purpose of their contact to build trust and rapport. If they are known to the client, they will still want to explain the purpose of their contact. This can be as simple as, *"I am calling from IRC to see how you are and if you have any urgent needs or concerns."*

In preparing for remote work, it will be helpful to decide with clients how you will communicate with each other in the absence of face-to-face meetings. Below are considerations for planning around methods of communication with clients:

- Determine all possible options of communication. Record information in the client file about phone number(s) and emails(s); whether clients have access to a phone and/or computer; internet access and whether the household has a data plan that can support communication. Explore what communication apps the client may have.
- Choose a communication method, ideally one that is secure and has encryption to better protect privacy.
- Make sure clients consent to the method of communication and understand any privacy limitations. Ensure this consent is recorded in casenotes.

Organize

Before engaging in Psychological First Aid, staff should educate themselves about COVID-19 including:

- What is [COVID-19](#) and how can I protect myself and others from getting infected?

Four everyday measures that can help prevent you from getting COVID-19 or spreading it to others.

They should be practiced by **all IRC staff**, in **all** locations, at **all** times.



Wash
your hands often, using soap and water or alcohol-based hand rub. Avoid touching your face, unless your hands are thoroughly cleaned.



Cover
mouth & nose when coughing and sneezing. Discard any used tissue immediately and wash hands



Avoid
close contact with anyone who has cough or fever - maintain at least three feet / one metre distance



Stay home
if you feel sick with fever or cough. Follow guidance from your local health authorities and notify your manager.

⁶ Retrieved from [Comprehensive Case Management for COVID Guidance](#)

- What to do if you [suspect you may be sick with COVID-19?](#)

Staff should also be familiar with [IRCs Risk Categorization and Response Plan](#) and be working closely with their local leadership on what services they should be delivering during this time and how they should be delivering them. Staff should also be familiar with materials in the COVID-19 Field Offices Reference folder in Box on [Staff & Client Safety](#), which contains significant information, including bilingual information which can be shared with clients.

Because situations and responses may differ from one location to another, try to gather the following for your locale:

- How local agencies including IRC are responding. For example, where and how people can access food, routine healthcare for chronic conditions, and medication, and/or any local or national supports regarding eviction, rent/mortgage payments, housing supports, and unemployment and financial supports.
- How people who may have the disease should seek help (e.g., know the contact information for key service providers). In many locations, this will include the criteria for seeking out COVID-19 testing and procedures for scheduling and accessing medical care (i.e. avoid going to the doctor without first calling).
- Where people can go to obtain more information, such as particular websites, text message alert systems, or reputable media and social media sites.
 - Share general safety practices as defined by the [Centers for Disease Control and Prevention \(CDC\)](#) and [World Health Organization](#) (social distancing, wash hands, etc.)
- Contact information for relevant mental health and psychosocial resources in your area for people who may extra need help in coping.
- What type of crisis response is available should a person be imminently unsafe or in crisis.

Providing accurate information may also involve dispelling myths and rumors that often arise during disease outbreaks. Rumors and myths that blame certain people for the disease outbreak can be dangerous and may lead to violence. They may also lead to people trying fake, harmful treatments that can result in unnecessary illness and even deaths. Try to be aware of the more common rumors so that you are prepared to respond with reliable and accurate information.

People at risk of discrimination or violence may need special protection to be safe in a crisis and may need extra help to address their basic needs and access available services. In addition to the general PREPARE, ENGAGE, LISTEN and LINK procedures outlined, be aware of specific ways you can assist people at risk of discrimination or violence.

Section 5 – Engage

Contact

When reaching out to individuals with whom the helper does not share a language, engaging interpreters will be necessary. In the best of circumstances, working with interpreters can be challenging and adding the complication of remote contact with individuals adds another layer of challenge. In addition to general best practices for interpretation⁷, in the context of remote PFA during COVID-19 response, it may be helpful to spend a few minutes on the phone with the interpreter before calling the client to:

- Explain the purpose of the call and the general information that will be shared
- Let them know of any specific terms or phrases that are important (for example, the term “mental health” doesn’t always have a comparable direct translation in some languages)
- Encourage the interpreter to stop the conversation to ask you for clarification if there’s anything they don’t understand

Even though “Listen” is covered in the next step, it is critical throughout all PFA. Be sure to allow space and time for listening during engagement. An open-ended question such as, “How are you doing?” is often a simple and sufficient prompt. Without being physically in front of each other, it is even more important to speak slowly, calmly and clearly while also listening with warmth and empathy.

Information Gathering

Some helpers may be in a more pro-active role while others may be in a more reactive role. For example, pro-active helpers may be those who are calling to check in on the well-being of current clients or may be seeking to find clients who have a particular type of need (i.e., food). Reactive helpers are those that may be in a public response role (i.e., medical providers), or may be in another sector (i.e., employment), with someone seeking them out for assistance. Regardless of the role, helpers will want to check for the following and may find it useful to complete a more robust [Safety & Wellness Plan](#) with clients:

- **Safety** – Is the person currently unsafe for any reason including have significant medical symptoms, being without shelter, experiencing violence, etc.?
- **Distress and Dysfunction** – Is the person able to function effectively to stay safe and maintain activities of daily living?
- **Basic Needs** – Can the person meet their most basic needs right now including access to food, water, needed medical care, medicine, etc.?
- **Priorities** – What is most important or most urgent for this person at this moment?
- **Supports** – What other support systems (i.e., friends, family, etc.) can they access right now, including those that can be accessed remotely?
- **Other needs** – Depending on your role and available services and supports, consider asking about other needs that you might be able to address safely (e.g., hygienic supplies, clothing, etc.).

If you are in a sector that is not tasked with or used to managing safety and wellness issues, work with your supervisor and colleagues to develop a response plan that outlines roles and responsibilities.

⁷ https://healtorture.org/sites/healtorture.org/files/Interpreter_Guidelines_0.pdf

Section 6 – Listen

As stated in the “Engage” section, listening occurs throughout PFA and is one of the most important skills a helper can have. Listening:

- Tells people that they are valuable and that they matter
- Provides a space for people to express their emotions, which often helps people feel calmer
- Assists helpers in discerning urgent needs and concerns
- Helps build trust and rapport which can assist helpers in encouraging clients to engage in behavior and activities that may be needed to maintain safety
- Offers opportunities for comfort and connection

Calm and Stabilize

Helpers should be prepared that a pandemic can cause many normal emotional reactions including anxiety, fear, feeling overwhelmed, uncertainty, and much more. Sometimes people need to express themselves and release their emotions before turning to a more logic-based discussion. People’s emotional expression can also provide insight into their current state and their most pressing concerns. Active listening promotes calmness and can help stabilize people when they are distressed or overwhelmed. Common listening techniques that helpers can use include:

- **Speak calmly, slowly and in a sensitive manner.** Remember that as a helper you can promote a sense of calm and stability in the conversation by using a calm tone of voice, maintaining a comfortably slow pace of conversation, and using active listening techniques.
- **Silence.** Most helpers want to “help” and can make the mistake of trying to move to solutions too quickly. Wait for longer pauses to let you know that the person is done before responding. Given that much of this work may be done remotely during a pandemic and that people may not have the opportunity see each other and observe non-verbal cues, saying things like, “uh huh,” “hmmmm,” “OK,” can let people know you are still there without interrupting their expression.
- **Paraphrase.** Using paraphrases is one of the most effective active listening techniques available and lets the other person know they have been heard while also allowing helpers to verify information. Paraphrasing is essentially taking what someone else says, turning it into your own words and reflecting it back to them. For example:

Person	Helper
I just feel like I don’t know what to do. I can’t go to work and so I have no money coming in. How am I going to pay my rent? How am I going to feed my children?	It sounds like there are a lot of unknowns right now and you are worried about how you are going to take care of your family.

- **Validate.** Where possible affirm that people’s emotions, concerns and feeling are normal. This helps them feel less alone and out-of-control. Some helpful validation responses might include things like, “*Given what is going on, that sounds like a normal response,*” or “*I think anyone would be having a hard time right now.*”
- **Anticipatory Guidance.** Let people know what is normal to expect, including when and how to reach out should things get worse. This includes emotionally, physically, functionally, and with safety and basic needs. For example, “*It is normal to feel overwhelmed and anxious during this*

time. You may feel that way until things go back to a more normal routine. However, if you start to feel worse and you are having a hard time functioning or are thinking about harming yourself, I want you to....” Or “From what you have said, you have enough food and other basic needs to last your family for two weeks. If something unforeseen happens and this changes, I want you to....”

- **Recognize** that IRC clients have experienced disaster, war, epidemics, and crises and that the COVID-19 pandemic may bring up reminders of those experiences. While some clients may struggle with these reminders, others will look at their past experiences as proof that they have survived similar or worse situations. Without reminding them of difficulties they have faced, it is important to help clients remember and recognize the coping skills that they used in the past and their inherent resilience while also honoring and giving space for each individual to react in their own way.
 - For example, empty grocery store shelves may be triggering for individuals who have experienced food shortages and famines. In this instance, you can remind clients that many empty store shelves are temporary, and they will be restocked as they are mostly a result of people buying more food than normal, but [not of a food shortage](#).

REMEMBER

- PFA is not counseling or therapy. Helpers do not need to assess or diagnose.
- Helpers should not pressure the person to talk or probe difficult or distressing events.
- Keep your tone of voice calm and soft.
- Remind the person that you are there to help them.

Safety

Helpers should pay attention to and listen for any signs of immediate and ongoing safety issues in conversations with clients. This may include access to basic needs such as food, shelter, and medical care, as well as clients who are actively experiencing violence and/or have significant mental health needs.

Having emotional reactions during this time is normal and does not necessarily indicate a safety issue or concern. However, helpers need to consider more serious psychological or emotional reactions that impair functioning or safety. A key is often to look at the Intensity, Frequency, and Duration of a common reaction. For example, some common reactions include:

- physical symptoms (shaking, headaches, tiredness, loss of appetite, aches and pains that have a non-medical basis)
- crying, sadness, depression and grief
- anxiety and fear
- feeling overwhelmed
- having difficulty making decisions or being confused
- being “on guard” or “jumpy”
- worrying that something bad is going to happen
- insomnia, sleep disturbances and nightmares

It is important to be mindful of your role as a helper and your role prior to COVID-19 response. It is not expected that everyone will become experts or feel 100% comfortable in responding to safety needs. In these instances, helpers DO want to gather enough information to know what appropriate next steps to take. For example, if someone says they are feeling “very bad” a helper should ask them what “very bad” means since their answer to that questions might necessitate a wide range of linkages and supports.

- irritability and anger
- guilt and shame (for surviving, infecting others, or for not being able to help or save others); confusion, emotional numbness, or feeling unreal or in a daze

However, helpers should be aware that any of the above symptoms may be of concern if they are very intense, are happening many times during a day, or happening over a long period of time. For example, crying is normal. If someone is crying many times a day and this has been happening every day for a period of weeks, it is of more concern. Helpers can ask things like:

- **What does this look like for you?** *“You say you have headaches; can you tell me what those look like?” “You say you are sad; can you tell me what being sad looks like for you?”*
- **How often is this happening?** *“You say you are unable to sleep. Is that every night or just some nights?”*
- **How long has this been happening?** *“You say you are having nightmares. How long has that been happening?”*

Helpers should have a plan to respond to symptoms that are particularly intense, very frequent, and are lasting over a long period of time. Helpers also should also have a plan to respond to the below serious issues of concern, regardless of intensity, frequency, or duration:

- Not being able to care for themselves or their children
- Expressing they are thinking about hurting or killing themselves or others
- Not responding to others, or not speaking at all
- Any other response that decreases functioning so that safety or basic needs cannot be maintained

Plans should include adhering to IRC safeguarding policies and state mandatory reporting guidelines for child abuse and neglect, elder abuse, suicide, and homicide.

In times of crisis, incidences of family violence tend to increase as formal and informal sources of support are strained and sometimes eliminated. Social distancing and self-isolation can lead to families spending more time together in close quarters during times of high financial and social stress. In the context of COVID-19, isolation, which is often one of the greatest risk factors for survivors of intimate partner violence, is one of the greatest protective factors against the virus. As a helper, be aware of signs of violence in the home. An example of a nonjudgmental/nonthreatening way of opening the conversation to safety in the home is:

Family Violence refers to domestic violence or intimate partner violence (DV/IPV), intergenerational violence, and child abuse and neglect.

“We know that many families are under immense stress at this time, whether it’s due to financial difficulties, uncertainty, or the stress of having everyone, including children, in the home together for most of the day. We know that there can be times when stress and frustration are expressed through anger and violence. No one should have to experience violence, even during such uncertain and stressful times. IRC is here to support you should you or anyone you know experience anything like this or need support in identifying positive ways to manage stress and frustration.”

Section 7 – Link

After a person has had the opportunity to express themselves, helpers can discern the next steps by:

- Reflecting the needs and concerns they have heard expressed
- Asking questions (if needed) to determine additional needs, supports, concerns (see the section on Engagement)
- Inquiring about clients' priorities

Pandemics can strain resources and make it more difficult to access resources that may be available. Helpers may have to prioritize their assistance based on the most urgent needs that threaten safety.

Social Supports

Social supports are one of the best predictors of future resilience. Help people to identify friends and relatives that they can go to for support and connection, even if it is done remotely. If a person lets you know that prayer, religious practice or support from religious leaders might be helpful for them, try to connect them with their spiritual community, always observing safety measures.

Information and Services

Try to get as much information as you can before you offer people support and information, and recognize that you may not have all the answers at any given moment, especially when policies and situations are rapidly evolving. Try to ensure vulnerable people know about existing services and how to obtain information. Additionally, you may share information about:

- How to stay safe
- Measures the government is taking to support victims during and after the outbreak
- Their rights to treatment and care, legal rights, being treated with dignity, etc.
- Their responsibility to follow the guidance of local authorities and health workers
- Services and supports
- How to access services and other things they need

When providing information ensure that you:

- Explain the source of the information and how reliable it is
- Say only what you know – do not make up information or give false reassurances
- Keep messages simple and accurate, and repeat the information to be sure people hear and understand it
- Let people know if you will keep them updated on new developments, including where and when

When giving information, be aware that helpers can become targets of the frustration, stress, and anger people may feel, especially when their expectations of help have not been met by you or others. In these situations, try to remain calm, be understanding and recognize that much of what the client may be expressing is not a personal attack on you, but rather an expression of frustration in a safe relationship that you have created with them. In this instance, your role may simply be to listen and validate the client's frustration.

Consider what other services and supports may be available to the person at this time. Are there online groups, supportive services that can reach through the telephone or internet, faith-based services online, or any ways that people can stay connected and supported?

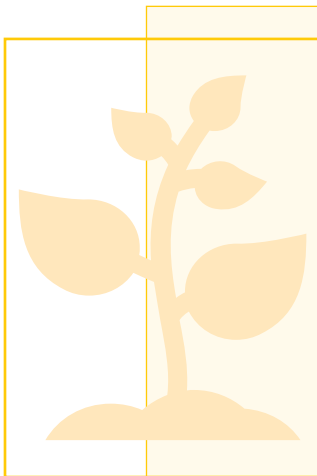
Coping Strategies

Important information can also include ways to cope or encourage wellbeing during this difficult time. This will help people to feel stronger and to regain a sense of control.

Everyone has natural ways of coping. A good place to begin providing information about coping is to:

- Ask the person to consider how they have coped with difficult situations in the past and affirm their ability to cope with the current situation
- Ask the person to think of people they trust and can talk to
- Ask the person what helps them to feel better
- Ask the person what types of activities they can do on a daily basis to help them keep a routine

Helpers can also encourage people to use positive coping strategies, while avoiding negative strategies (see the following table). You will need to adapt the following suggestions to consider the person's culture and what is possible in the particular crisis.



Encourage Positive Coping Strategies

- Maintain or create routines, including sleep schedules
- Limit media and news consumption about COVID-19, especially if this causes worry and stress
- Eat as regularly as possible and drink water
- Talk and spend time with family, friends, and community (even if done remotely)
- Discuss feelings and concerns with someone you trust
- Engage in activities that help you relax (walk, sing, pray)
- Take time for physical exercise: move, stretch, walk, dance, laugh
- Find safe ways to help others in the crisis and get involved in community efforts (this may be calling to check in on someone)
- Avoid abusing substances such as alcohol to manage stress
- Avoid using violence or aggression to express anger, frustration or stress

If people seem overwhelmed and are having a hard time continuing the conversation, helpers can encourage them to use grounding exercises to help them reconnect to the present moment and their physical setting, these can include breathing exercises, movement, or activities in which the person is using observation and connecting to their five senses⁸.

Additional guidance regarding key MHPSS considerations in relation to COVID-19 can be found through the Inter-Agency Standing Committee's [MHPSS Briefing Note](#). This includes suggestions for supporting particular populations in coping including older adults, people with disabilities, children, adults in isolation/quarantine and response workers. Remember, if possible, it is important to follow-up with people after providing PFA. Set a date and time to check-in and be sure to honor that appointment since not doing so can negatively impact people's sense of trust and support.

GROUNDING EXERCISE

- Place their feet on the floor
- Tap their fingers or hands on their lap
- Notice things in their environment: 4 things they can see, 3 things they can touch, 2 things they can hear, 1 thing they can smell or taste

⁸ For some additional grounding exercises: <https://rescue.box.com/s/xsqks95gnfzrcph2mgm6smt6shuue1e6>

Section 8 – PFA Best Practices

Things to Say and Do	Things <u>NOT</u> to Say and Do
Listen – first and foremost, individuals need to be heard and listened to in crises.	Don't feel like you must have all the answers, even regarding IRC services.
Respect privacy and confidentiality as in 'normal' times, including obtaining and documenting verbal consent for services and sharing of information	Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
Let them know you are listening; for example, say "mhmmmm..."	Don't use terms that are too technical.
Be patient and calm.	Don't speculate with clients about the state of the world, the virus, etc.
Provide factual information, if you have it. Be honest about what you know and don't know. "I don't know, but I will try to find out about that for you."	Don't tell them someone else's story.
Give information in a way that any person can understand – keep it simple.	Don't talk about your own troubles.
Acknowledge how they are feeling and any losses or important events they tell you about, such as the loss of their loved ones. "I'm so sorry. I can imagine this is very sad for you."	Don't share your personal contact information.
Acknowledge the person's strengths and how they have helped themselves.	Don't pressure people to tell you their story.
Allow for silence.	Don't share personal details of the person's story with others.
Be honest and trustworthy.	Don't exaggerate your skills.
Respect people's right to make their own well-informed decisions.	Don't make promises about when or how the client's situation may change.
Make it clear to people that even if they decline help now, they can still access help in the future.	Don't think and act as if you must solve all the person's problems for them.
Behave appropriately by considering the person's culture, age and gender.	Don't take away the person's strength and sense of being able to care for themselves.

Section 9 – Case Study

Prepare

Francis is a case worker who has been asked to reach out to former clients to make sure they understand about COVID-19, are safe, and have their immediate basic needs met. Francis has never worked with the Abate family, but in reading their file he has the following information:

- The Abate family consists of two adults and three children ages 16, 10 and 6.
- The family arrived about one year ago and their case was closed approximately six months ago.
- The case notes state that Mr. Abate speaks English well and that at the time of case closure he was working at the airport and his wife was unemployed.

As Francis prepares to call Mr. Abate, he considers:

- He does not know Mr. Abate and the case was closed six months ago. Mr. Abate may wonder why someone from IRC is calling him. Therefore, Francis prepares what he will say to Mr. Abate.
- Should the Abate's need it, Francis gathers information about any financial relief available for clients, including: the availability of public assistance for food (SNAP, WIC, etc.), school lunch programs, food distribution centers and times; what IRC is able to offer in the form of doorstep drop offs or financial assistance; local regulations for rent collection during COVID-19 including any moratoriums on rent collection or public assistance options. He also knows that Mr. Abate has three children at home so he gathers what school supports he knows about including those at his IRC office.
- While it is noted that Mr. Abate speaks English, Francis makes sure he has the number to reach a phone interpreter should it be needed.
- Francis also gather where Mr. Abate can find information on COVID in Amharic so both he and his wife can read information directly and look for regular updates.

Engage

Francis: Hi Mr. Abate. My name is Francis and I am calling from the International Rescue Committee, which is the agency that worked with you when you first came to the United States. At that time, Joseph was your case worker. Because of the Coronavirus pandemic we are reaching out to all of our previous clients to check to see how they are and to make sure they have information about the virus. Do you have a few minutes for talk with me? [Francis not only says the agency, but also who the Abate's worked with before to give Mt. Abate two reference points.]

Mr. Abate: OK. I am glad you called. I lost my job a week ago and things are very bad. They are very bad.

Francis: I am so sorry to hear you lost your job. When you say 'very bad' can you tell me more what you mean? [Francis validates the difficulty of Mr. Abate losing his job while asking for further clarification since 'very bad' could mean a wide range of things from very severe to less severe.]

Mr. Abate: They said they would rehire me as soon as this was over, but no one knows when it is going to be over. My whole family are stuck in the house every day and no one tells us anything. Now, I don't know what is going to happen. What if I become homeless? What then? I don't know what to do and no one will help me. I tried to apply for unemployment and the computer crashed. What if I can't feed my family? It is so I can't even sleep at night.

Francis: It sounds like there is a lot of worry and uncertainty right now. [Notice Francis' use of paraphrasing.]

Listen

Mr. Abate: What can you really do for me? Can you get me my job back? No, you cannot! You know, you brought us here to this country and now look. I would have been much better at home. At least there, I knew how to be poor. You know the virus is not even there! It is here! Here in this country and now I have no money and no one. What can you do? You can do nothing!

Francis: This pandemic has thrown so much into chaos and so many people are out of work and scared about how they will feed their families, and pay their bills. [Pause] **[Francis does not take Mr. Abate's distress personally, nor does he refute Mr. Abate's accusation. Instead, Francis validates the emotion underlying Mr. Abate's words.]**

Mr. Abate: With no money coming in I can't pay my bills. I can't. So what can you do? Nothing! You cannot pay my bills for me. You cannot get my job back. You can do nothing!

Francis: You are right. I can't get your job back for you, which is the one thing you want. And while I can't do that, I can try and see if I can help in other ways. [Pause]

Mr. Abate: You know my father told me not to come. He told me that America would be very bad for me. I think he is right. We should not have come. Maybe we should not have come.

Francis: Mmmmmm **[Notice that Francis is staying silent more while also making sure Mr. Abate knows he is listening.]**

Mr. Abate: I love my children. I cannot let them go hungry. I cannot let them be homeless. What would we do? Nothing is the way it is supposed to be. I think nothing is the way it is supposed to be.

Francis: OK

Mr. Abate: So what can you do? What can you do really?

Francis: I hear that you are worried about your job and whether or not you should have come to the United States, but it sounds like your biggest and most immediate worry right now is making sure you can take care of your family – pay your bills, make sure your children are fed. Is that true? **[Francis asks Mr. Abate to confirm his assumption is true. This allows him to not only check his assumptions, but also to give more power to Mr. Abate.]**

Mr. Abate: Yes.

Francis: I wish I could tell you when this would all be over and things will go back to normal. Unfortunately, I am not sure anyone knows for sure right now. What I can do though, is find out more about your immediate worries and see if there is anything we can do to get you help and support. Is it OK for me to ask a few questions?

Mr. Abate: Yes, but what about my job?

Francis: You having a job is really important, and I do want to pay attention to that. Right now with things so uncertain, we have to go step by step. First is to make sure your family is safe. The next step is see what benefits including unemployment you may be eligible for so you can have steady support until things become more certain in the world. The next step after that is to look at employment. **[Francis affirms that having a job is really important while also being realistic about what can be done right now.]**

Mr. Abate: OK

Francis: I wanted to ask some questions to make sure you and your family have enough food for the next two weeks and that we have a plan for paying rent. I also want to make sure no one in the family needs medical care or medicine, and that you have information about the virus so you can keep you and your family safe. Are you OK if I start by asking you some questions about food? [Notice Francis provides a framework for what questions he will be asking and asks for permission to begin.]

Mr. Abate: OK

[Francis begins asking questions about Mr. Abate's immediate needs]

Link

Francis: So I wanted to recap what we talked about. It sounds like your family has enough food for the week and you can pay your rent and utilities for this month, but you are uncertain about next month. Did I get that right?

Mr. Abate: Yes.

Francis: And it also sounds like you need help applying for unemployment.

Mr. Abate: Yes.

Francis: What I would like to do is have one from our economic team reach out this week to assist you with applying for unemployment. I would also like to touch base next week to make a plan for your rent, utilities, and food. Does this sound OK? **[Francis makes a plan for next steps since he will not have time to deal with all of Mr. Abate's needs on this call.]**

Mr. Abate: It is not a job, but it is OK.

Francis: You know, this situation is so hard and the feelings you are having are normal and they may go on for a while. Do you have anybody you can talk to about how you are feeling? **[Francis provides anticipatory guidance that Mr. Abate's feelings may continue for a while and pivots to discussing supports to manage those feelings.]**

Mr. Abate: I talk to my wife. She listens and helps.

Francis: That's great you have that support.

Mr. Abate: I also like to talk to my father.

Francis: Are you able to talk to him often?

Mr. Abate: I talk to him most days now that I am not working.

Francis: With so much physical distancing, it is more important than ever that we have people we can talk and connect to. Being at home with three children all day is not easy for any of you. What else are you doing to take care of yourselves?

Mr. Abate: Right now I have to help the children with school. My wife does not speak English so I have to help. We only have one computer so they have to take turns. It is difficult and they are really not getting a good education. Plus, I need to use a computer to find a job and apply for unemployment.

Francis: I think the expectations we all have for ourselves are having to shift. It's hard to do all the things we used to do when we are stuck at home, and especially when you have five people sharing one computer.

Mr. Abate: That's what I told the children. I told them that they have to read and learn in other ways!

Francis: Reading is such an incredible way to learn. Is your family able to do anything to help manage the stress and pressure of the situation right now?

Mr. Abate: Like what?

Francis: What were the things you did before that you felt helped? **[Francis starts with asking what things the family already does that are helpful.]**

Mr. Abate: We like to go to play soccer but the play fields are all closed now.

Francis: Is your family able to go for walks? [Francis tries to find something similar to what the family has done before to propose.]

Mr. Abate: Yes, we can go for walks. It's not easy to get three children out of the house.

Francis: True. It's not easy.

Mr. Abate: I like to walk but it is stressful to take my whole family.

Francis: Are you going for walks now?

Mr. Abate: Is it OK to go for walks? I thought we cannot leave our home.

Francis: Yes. You can go for walks in your family group or by yourself as long as you stay six feet away from other people.

Mr. Abate: Are you sure?

Francis: There is so much information out there and many of it is confusing. I am going to give you some reliable places you can look up this information on internet so you don't have to take my word. You can read it yourself and stay up to date on the latest news or changes. [Francis gives current and important information for his locale while also empowering Mr. Abate with where he can get this information directly.]

Mr. Abate: So you think I can walk?

Francis: Yes. But I will also give you the government web site where I read that so you can read for yourself.

Mr. Abate: OK

Francis: As a parent, taking care of yourself is important. If you can manage your stress and anxiety, it will help you manage it in your children. This next week, do you think you could take more walks? Even if they are just for 15 minutes at a time? [Francis has discerned from what Mr. Abate said that he may want to walk by himself. Francis validates that and starts by proposing a small and manageable increment.]

Mr. Abate: For 15 minutes it is OK.

Francis: That's great!

[Francis finishes exploring coping mechanisms with Mr. Abate. He also provides Mr. Abate with up-to-date COVID information in both English and Amharic. Francis reviews the things that they have discussed and confirms the next time they will discuss. He makes sure Mr. Abate has emergency numbers. Francis ends by asking Mr. Abate if he has any questions for him.]