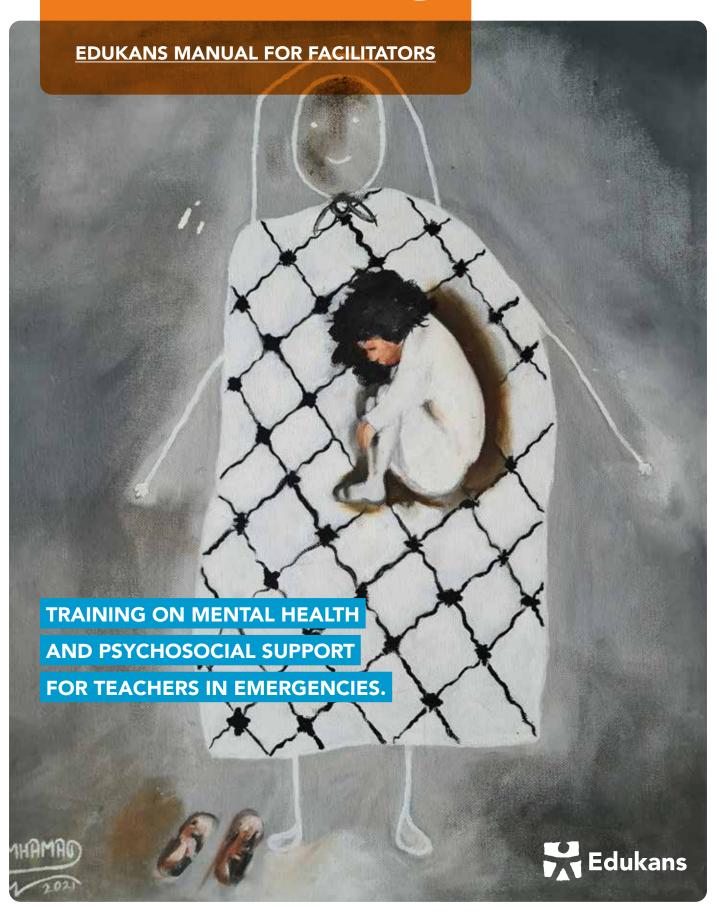
TEACHER WELL-BEING



This manual has been developed by Edukans, based on assessments with teachers and trainers in Ethiopia and Lebanon, research on location in Ethiopia, as well as desk research. This first version of the manual is to be used as a pilot project, and the impact of the modules will be monitored extensively. The specific objective is to increase the well-being and agency of teachers by providing them with skills and tools for self-care and peer support for sustainable development on well-being.

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May 2023

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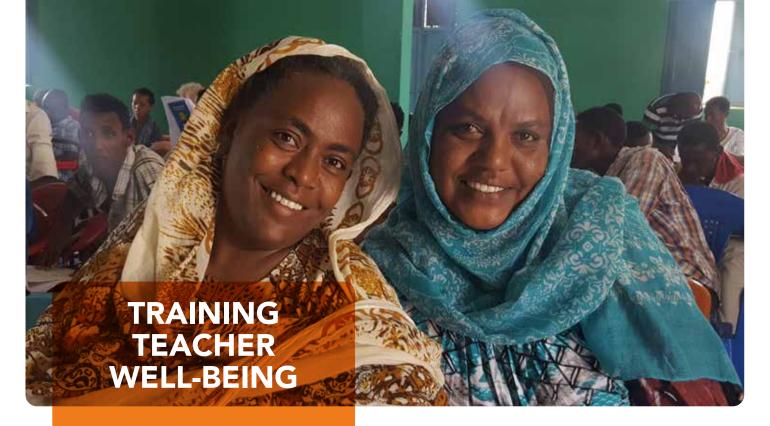
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INTRODUCTION

Humanitarian emergencies stop millions of children from going to school and threaten students' and teachers' well-being. We often support teachers who are striving to improve students' well-being and learning, but rarely focus on teachers' own well-being. Many teachers in emergency settings are extremely resilient, but some need help to support for their own well-being. Without such support they may feel isolated, angry, lost, and stressed, as the COVID-19 pandemic has made very clear. (INEE 2022)¹

This manual has been developed by Edukans to support teachers' well-being in different contexts. Edukans aims to support quality education. Its worldwide mission is to create opportunities, enabling children and young people to shape their futures with confidence. Edukans supports teachers by providing different trainings on active teaching and learning and has developed a manual on Learning and Behaviour Support². They have also developed training manuals for Social Emotional Learning (SEL) and Life Skills³ which support the development and well-being of children and youth. In this manual the well-being of the teachers itself is at the centre, because without teacher well-being quality education is at risk.

This manual has been developed based on research which took place in December 2022 in Ethiopia, entitled "Assessing Mental Health and Psychosocial Conditions of Teachers and Students in Crisis-Affected Areas in Ethiopia for Intervention", and on a needs assessment which was conducted for this manual in Ethiopia and Lebanon where Edukans has been supporting Education in Emergencies (EiE) for several years.

The manual provides trainers and facilitators with strategically selected materials that they can use to guide them in designing training programmes filled with knowledge and skills. The aim is to support teachers, enabling them to cope and to be well in various contexts of displacement, emergency or adversity.

BACKGROUND

Mental health is an integral component of health and well-being and influences academic, social and economic outcomes throughout life. Having good mental health means being better able to interact with others, function, cope and thrive. It is a basic human right. Mental health exists on a complex continuum, with experiences ranging from an optimal state of well-being to the experiencing of severe mental health conditions with related suffering, which can have a significant impact on a person's capacity to carry out daily activities. (WHO, UNESCO, UNICEF 2022)⁴

Education in Emergencies (EiE) is a powerful vehicle to promote the mental health and well-being of children and young people trapped in crises. In humanitarian responses, EiE can serve as an anchor of connection, meaning, and positive relationships for children, young people, and their communities. Teachers play a vital role in supporting communities affected by displacement. They themselves are often affected by the same challenges that students and parents face. By ensuring the well-being of both student and teacher, schools experience better results including higher grades, and increased retention. (INEE 2002)

To put teachers' well-being at the centre of the response and recovery efforts in conflict and crisis affected setting, the INEE launched its guidance notes for Teacher Well-being in Emergency Settings.



Supporting teachers who are working in emergency settings includes understanding the ways in which teachers are instrumental to students' learning outcomes, as well as recognising, valuing, and supporting their capacities, knowledge and needs. Teachers' well-being should be actively promoted by clearly defined work conditions, by including morale and peer support, and stress management spaces.

INEE focusses on three principals to increase teacher well-being:

1 Promote mental health and psychosocial support for teachers

Teachers with mental health conditions and psychosocial challenges need MHPSS services that fit their circumstances and help them to understand themselves. When they can take better care of themselves, they can create positive learning environments, manage stress, and prevent burnout.

2 Create more enabling work environments for teachers

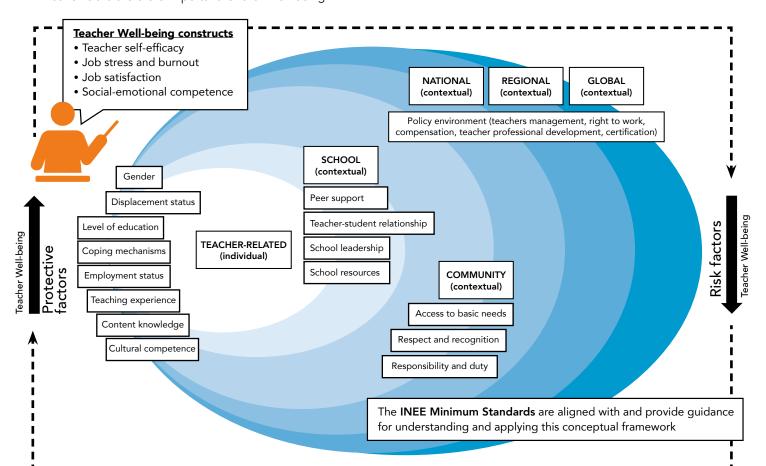
Teachers experience self-efficacy and job satisfaction when they are able to do their jobs well and with confidence. The things teachers find the most stressful are low pay, limited teaching resources, and difficult student behaviour. Teacher professional development (TPD) and professional social networks are therefore important for their well-being.

3 Enhance teacher voice, agency, and leadership in crises

It is important for teachers to share their thoughts on policies and programs that affect them because teachers are the experts on teaching, learning, and their own well-being, teachers know their students best and they feel more committed to policies when they are the ones who plan and make decisions about them. (INEE, 2022)

The research report "Landscape review on teacher well-being in low resource, crisis, and conflict-affected settings" sexamines the many factors that contribute to teacher well-being. The conceptual framework in the image shows the complexity of the issue and the multiple factors that have influence on it. This manual aims to make a (small) contribution is this complex matter. The training focusses mostly on individual teacher related factors and a little on contextual school factors. Equipping teachers with information, tools and skills to improve their own well-being and support their peers.

The training contributes to an increase in self-efficacy and agency. Although we appreciate that in such a complex area all factors are interrelated, this training does not include ideas for improving working conditions or enhancing teachers' voices. Much more has to be done on multiple fronts, school, local, national and global levels, to meet the INEE standards.



METHODOLOGY

The model of Social and Emotional Learning (SEL) by CASEL⁶ forms the backbone of this training.

CASEL addresses five broad, interrelated areas of competence:

- Self-awareness, recognizing one's emotions and values, as well as one's strengths and challenges.
- **Self-management**, managing emotions and behaviours to achieve one's goals.
- Social awareness, showing understanding and empathy to others.
- **Relationship skills**, forming positive relationships working in teams, dealing effectively with conflict.
- Responsible decision-making, making ethical, constructive choices about personal and social behaviour. (image credit: Buffalo Community⁷)

SEL is a lifelong process of developing skills that help us to be successful in school and in all other areas of life. It can be taught and applied at various developmental stages from childhood to adulthood and across diverse cultural contexts. The five competencies articulate the knowledge and skills needed for academic success, school and civic engagement, health and wellness, and fulfilling careers (CASEL, 2020). In this manual each lesson is aligned with one of the five SEL competences. In this way the topic of mental health and well-being is seen from different angles and meets the needs of different people and learning styles. It gives the participants a varied and adaptable approach to well-being.

SLIDE AND STAIRS

The modules are built on the so-called "slide and stairs model", to create the most effective ways of learning. Karin de Galan, a Dutch trainer, developed her own method to design and deliver training courses. Her working method consists of 4 steps, which we use to prepare our lesson plans.

First you SLIDE into a problem and then, step-by-step, you climb back up the STAIRS:

Step 1: WANT – you are experiencing a problem (pain and trust as conditions for learning).

Step 2: KNOW – you know more about the problem.

Step 3: UNDERSTAND – you understand and practise problem solving.

Step 4: DO – you apply what you have learned in practice.

Training can be a challenging profession. It is the trainer's job to make participants truly learn and that does not happen by itself. The goal of a training is that participants acquire new knowledge and skills they can apply in their work. That is why the first step towards a successful training is to put yourself in the participant's shoes and start by examining their current practices.⁸



TRAINING DESIGN

This training is designed around three main types of activities:

- 1. Theory to gain knowledge and understanding on mental health and well-being, and to raise awareness about mental health and psychosocial support needs.
- Exercises enabling teachers to learn skills to cope with or improve their own well-being and increase agency and selfefficacy.
- 3. Skills to give and receive peer support. Peer support enables teachers to continue to learn and improve their own wellbeing after the training has been completed. This increases sustainable support and learning among teachers.

The training focusses on well-being and mental health for teachers. Although the training is not designed for teachers to learn how to support students' well-being, a lot of the models, knowledge, and skills that are taught can also be applied to support students, for instance the window of tolerance, listening skills, psychological first aid, circle of control and more. The models and theory used in this manual are in line with international commonly used practices. They are based on international standards provided by organisations such as the WHO, UNICEF, IASC, and IFRC, or are widely used theory and practices in international psychology and social work. A list of these resources can be found on the last page of the manual.



In practice, this training most likely will be given in Africa, the Middle East or Asia, where other cultural and or religious rituals for addressing issues of well-being might be the common practice. It is important to take this into account when preparing for this training.

Well-being and coping with mental health issues is about finding the best way to deal with one's personal situation, challenges and needs. There is no one single way that works. It is about finding the right coping strategy that matches one's personal needs and situation. Cultural and religious rituals can be an important part of what works for an individual person or group. This should be taken into consideration. The facilitator should be aware of this and be open to the influence of different cultural and religious practices on people's lives.

"Talking about MHPSS helps me to find solutions to my problems, to gain from other experiences and to reduce stress levels".

- A teacher from Lebanon -

Module

Content

Objectives

MODULE 1:

Self-Awareness

- Introduction of the
- Ground rules and expectations
- Teacher well-being
- Well-being and mental health
- My own well-being
- Self-awareness and identity

KNOWLEDGE:

- Teachers understand the connection between social emotional learning and well-being.
- Teachers understand the importance of well-being for teachers in emergencies.
- Teachers understand what mental health and well-being is about.
- Teachers understand the meaning of identity.

ATTITUDE:

• Teachers are aware of their own identity and well-being.

SKILLS:

• Teachers are able to identify their needs in terms of well-being.

MODULE 2: Self-

Management

- Introduction to self-management
- Stress and the window of tolerance
- Self-care exercises
- Well-being flower
- Resilience and coping
- Well-being and self-management

KNOWLEDGE:

- Teachers know what the window of tolerance is.
- Teachers know different ways to manage emotions.
- Teachers know how well-being is constructed.

ATTITUDE

- Teachers are aware of their well-being, needs and challenges.
- Teachers are aware of different way to self-management in well-being.
- Teachers are aware of different coping skills.
- Teachers understand the importance of peer support.

SKILLS

• Teachers are able to manage emotions using breathing exercises.



Module

Content

Objectives

MODULE 3:

Social Awareness

- Social awareness
- MHPSS approach
- The effect of stigma
- Active listening
- Peer support

KNOWLEDGE:

- Teachers know the MHPSS pyramid.
- Teachers are aware of the effect of stigma.
- Teachers know different forms and basic principles of peer support.

ATTITUDE

- Teachers understand the importance of peer support.
- Teachers are aware of preventing stigma.

SKILLS

• Teachers are able to support peers by active listening.

MODULE 4:

Relationship skills

- PFA: How to help responsibly.
- Communication in PFA
- PFA Action Principals
- Case scenario roleplay

KNOWLEDGE:

- Teachers know PFA skills are important relationship skills that can be used widely.
- Teachers have a basic knowledge about PFA.

ATTITUDE

• Teachers understand why PFA is important and when to apply it.

SKILLS

• Teachers are able to support someone in distress with PFA

MODULE 5:

Responsible decision-making

- Responsible decision-making
- Circle of Control
- Solution focused mindset
- Personal plan
- Referral
- Evaluation

KNOWLEDGE:

- Teachers know what a problem-solving mindset is.
- Teachers know the importance of referral and referral pathways.

ATTITUDE

• Teachers understand how to make responsible decisions in well-being.

SKILLS

- Teachers are able to identify their circle of control and circle of concern
- Teachers are able to make a personal plan to improve their well-being.
- Teachers are able to conduct a referral conversation.



TYPES OF ACTIVITIES & ICONS

Each module starts with a lesson plan that sets out the objectives of that module and includes the materials which the facilitator needs to prepare for the training.

THE LESSON PLAN CONTINUES WITH:



INTRODUCTION

This icon explains the relevance of the topic.



THEORY

This icon means that some theory about the subject is presented.



EXERCISE

An activity to practice what you have explained in theory.



EVALUATION

This indicates that the module is evaluated and reflected on.

Every module includes multiple handouts. The handouts explain theory, a self-help tool or an exercise. The handout is to be used by the facilitator to explain the theory and exercises. Participants can use the handouts during exercises and take them home to (re)read them at a later moment. Together the handouts form a summary of the training.

Different types of activities or exercises are used during the training to make sure each module has an interactive character. It is very important to involve participants by encouraging them to do the exercises and learn from each other. This enhances the learning outcomes.

When working on well-being and mental health it is crucial to use the participants own life experiences. Awareness, sharing and reflecting on your own life and own experiences in a group or in sub-groups is part of the learning process. Although we realise that this is not easy for everyone, we also want to emphasise that this deepens the learning experience. Participants should be motivated and thanked for sharing personal experiences but must never feel forced to do so. Respecting each other's boundaries is an important principal for giving support in well-being and should be role modelled.



The list below contains the most important activities that are used in this training.



THINK-PAIR-SHARE

In this exercise, the facilitator asks one or multiple questions about the subject. Participants first get time to think about these questions by themselves. Then, they can share their thoughts with their neighbour. After that, the questions are discussed all together. In this way, everyone gets a chance to participate in class.



GROUPWORK

Is a crucial learning method where teamwork and creativity play an important role. Many exercises can be done in groups but be sure that the exercise contains enough content to involve every member of the group.



VIDEOS/PICTURES

As a facilitator, you can use visual content to introduce or clarify your lesson. For example, by showing videos or pictures. If you visualise content, participants are more likely to be interested, and they will have a clear picture of the subject of the lesson. It can also help you explain a difficult subject.



CASE STUDIES

These are stories or experiences from people who were in a situation that compares with situations the participants may have to deal with. By analysing a case, participants get the time to think about the situation and the response of the person in the case. The lessons they learn from another person's experience can be applied in their daily life in similar situations.



ROLE PLAY

This is a learning method where two or more participants take on a certain role. They simulate a real-life situation about the subject of the module. With this method, participants learn to empathise with different situations and how to act.



MIND MAP

The theme or subject of the exercise is written in the middle of a big sheet. Participants think about associations they have with the subject. With this method, everyone is forced to think about the subject and to activate prior knowledge.



SELF-CARE EXERCISES:

These are a vital part of dealing with mental health needs. They can also be used to release tension if there are moments during the training where the group is tense.



CREATIVITY

Inserting creativity as a learning method will motivate participants. Being creative is often fun and can be done in many different manners. This may involve drawing, doing crafts, puzzles, etc.



PLENARY

This involves discussing content in a plenary way or doing other activities with the entire group. Provided everyone gets the chance to participate, plenary activities can be a lot of fun.

TIMEFRAME

The average duration of a module is 210 minutes (3.5 hours). Around 180 minutes for the lesson activities and 30 minutes for a break. Trainers are free to adapt the presented theory and activities, according to their time limit or specific needs of the group. Knowledge is built upon throughout the training which means that the modules should be conducted in the presented order.





To make our training meaningful, it should be appropriate to the learner's world of experiences. Therefore, we expect the trainer or facilitator to contextualise or adapt the resources.

The topic of well-being or mental health is perceived very differently in different contexts. This manual is based on the MHPSS framework and international guidelines by the InterAgency Standing Committee (IASC).

Mental health and psychosocial support (MHPSS) approach is about:

- 1. Protecting or promoting psychosocial well-being and/or
- 2. Preventing and treating mental health conditions.

We prefer to use the term mental health and psychosocial support in full and not separate the two, because MHPSS is a spectrum starting with well-being.



In some communities MHPSS is seen as an important part of health and is commonly talked about. In other communities it may be a topic that is perceived negatively, is associated with madness or is a taboo subject. This makes contextualizing this manual extra important.

THE IMPORTANCE OF CONTEXTUALIZING

Addressing mental health and psychosocial support (MHPSS) and well-being without considering the context and how it is perceived in the community is, in the best-case scenario, ineffective but in the worst case can be harmful. Therefore, it is key that contextualizing is done carefully. The facilitator must be aware of the way MHPSS is seen in the community, what the local cultural and religious beliefs are and which stigmas surround the topic.

Edukans endorses the importance of teaching teachers about MHPSS and explain it from an internationally accepted point of view. Nevertheless, MHPSS can still be a controversial topic and can be perceived very differently in different cultures. In some communities for instance mental health conditions are associated with madness or possession by demons. The facilitator should be aware of this and contextualise the training accordingly.

If the theory in this manual is not commonly accepted by the local community, this training should be contextualised. We advise focussing on the first part off the spectrum; well-being and psychosocial support. The SEL principals and competencies can be used to focus on strengthening the well-being of teachers, self-help, and peer-support.

This training contains a worksheet for contextualizing designed to help the facilitator to contextualise the training. It helps facilitators to prepare for using the right words, being aware of different views on MHPSS, and for referral.



Practical tips for contextualisation:

- Assess the level of knowledge, attitude, and skills in order to understand the specific needs and priorities of your learners.
- Use local language, storytelling or music to connect to the local context.
- Adapt materials where necessary to suit cultural norms and values.
- Use videos, case studies, and other examples from the local context.
- Take time for experience sharing.
- Understand the dynamics in the group and focus on inclusive facilitation (considering gender sensitivity and disability inclusion from the beginning to the end of the training).

This manual is fully editable, and you can make as many changes to it as you like. This allows you to change the learning material, reword it, translate materials into the local language, rewrite sections or supplement them with your existing materials.

THE GROUP

In addition to anticipating to the context, facilitators also need to anticipate the group.

Look at your group of participants and decide which methods are most suitable for them. Consider for example:

- The current level of knowledge of the participants.
- The available facilities and equipment.
- Do the videos and case studies suit the learners, or do they need to be adapted?
- Can learners complete the group activities, or do they need to be adapted?
- Can learners complete the activities in the timeframe given?

If not, you may need to adjust these to suit the length of time you are running the course for.

WORKSHEET CONTEXTUALIZING

There are many different cultural and religious beliefs surrounding mental health or the behaviours that people with mental health conditions exhibit. This will be of influence on the group and the way this training is perceived.

It is important that the trainers are aware of these beliefs and prepare how they will react. Facilitators should also be aware of their own religious or cultural beliefs concerning MHPSS and the influence this can have.

What kind of beliefs about MHPSS are common in the communities of the participants?				
How do these beliefs influence the training and how can they be taken into account when contextualizing?				
What words are appropriate to use in your context? Using the right words is very important. To be able to discuss MHPSS and well-being openly it is important that the participants feel comfortable with the words that are used. There may not be a precise translation, which means looking for the right words and terms for describing the following in your own language:				
Well-being:				
Mental health:				
Psychosocial support:				
Mental health conditions:				
Stress:				
Anxiety:				
Depression:				
Self-harm / Suicide:				



What are risk and protective factors in your context? In every context there are circumstances that influence the well-being of people in a positive or negative way, and this is certainly true of the circumstances of schools and teachers in emergency situations. Risk factors have negative effects on teacher well-being for instance feeling unsafe, crowded classrooms or insufficient pay. Protective factors influence the well-being of teachers in a positive way, for instance high status, feeling of purpose, support from the community.

Think about the risk and protective factors in your context and how these will affect the training.

RISK FACTORS

EFFECT ON TEACHING (OR THE TRAINING)

PROTECTIVE FACTORS

EFFECT ON TEACHING (OR THE TRAINING)

Considering Stigma	
How is receiving mental health care perceived in your context?	

There are all kinds of stigmas surrounding MHPSS and these can be a barrier to effective training. During the training it is important that teachers can talk openly about their own situation, and that they are listened to in a non-judgemental way. Be aware of the stigmas surrounding MHPSS in your culture or community in order to be able to address them.

REFERRAL PATHWAYS

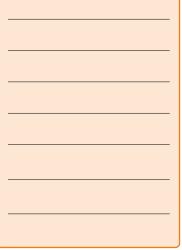
Given the high number of teachers with mental health needs word wide, it is very likely that participants may struggle with psychosocial needs or mental health conditions. They might benefit from or even urgently need specialised care. Often people who participate in a training about MHPSS become aware of their own needs, realise that they need care themselves or become more open to receiving care. As a facilitator you should prepare by having referral pathways in place so you can refer participants if necessary.

- Collect addresses of relevant support services (such as health centres, community centres or others).
- Insert the date of when the overview was created on the Referral Service Card.
- Indicate what care the centre offers.
- Indicate how the external expert can be reached.

STIGMA OR BARRIER
TO MHPSS OR
RECEIVING CARE

IO MHPSS OR
RECEIVING CARE

HOW TO TAKE THIS INTO ACCOUNT





Referral Service Card (Mental) Health services Community based services 1. 2. 2. 3. 3.

Motivating participants to receive the correct care.

As a trainer it is key to be able to refer participants to the right place and to lower any barrier to receiving support. Motivating someone to seek professional support can be part of the role of the facilitator. You can motivate someone by following these steps:

- **1.** Talk to participants individually about what you observe. Let them be accompanied by someone they trust if they wish.
- **2.** Ask the participant if they recognise your observations.
- **3.** Ask the participant if they have ever considered receiving professional support.
- **4.** Explain to the participant what your concerns are and how you feel they could benefit from (professional) support.
- **5.** Advise them which support you think is appropriate and provide them with contact information.
- **6.** Ask them what they need to help them take the step to actually seeking professional support.
- 7. Help them to overcome barriers, possibly by suggesting things that can lower the barriers for example by being accompanied by someone they trust.

In handout 1.5 basic counselling questions and tips are provided that can also support this conversation.

"Before supporting others, you should be healthy yourself".

- A teacher trainer from Ethiopia -



- Teachers understand the importance of well-being for teachers in emergencies.
- Teachers understand what mental health and well-being
- Teachers understand the meaning of identity.

• Teachers are aware of their own identity and well-being.

SKILLS:

• Teachers can identify their needs in termsof well-being.

MATERIALS

- Printed handouts for facilitator and participants:
 - 1.1 The story of Jamaa
 - 1.2 Why teacher well-being?

 - 1.4 What is identity?
 - 1.5 Basic counselling questions
 - 1.6 Test your own well-being.
- Flipchart/blackboard/whiteboard + makers/crayon
- Overview of topics from the introduction
- Digital device to play video.

- You Tube video:
- What is mental health? bit.ly/edukans-mental-health
- Well-being test (handout 1.4), also available online: Well-being Test (WHO-5) — MyMentalHealth.guide bit.ly/edukans-my-mental-health
- In other languages: WHO-5 Questionnaires bit.ly/edukans-WHO5-other-languages



Part 1 INTRODUCTION (40 min)

Getting to know each other.

Welcome the participants and introduce yourself if necessary.

Tell:

Today is the first day of your training. Because this is the first training, we should start by getting to know each other. We are going to do a little exercise.

Let all participants form pairs. Each pair will talk to each other for five minutes. They can tell their partner their name, where are they from, and some of their characteristics (you can add something light, such as your favourite food, hobbies, name of your pet(s), etc.). After five minutes, each participant will introduce their partner to the group.



INTRODUCE TEACHER WELL-BEING

Explain that in this training we use the Casel model of Social Emotional Learning (SEL) as an approach to strengthen teachers' well-being.

SEL is a lifelong process of developing skills that help us to be successful in school and all areas of life. It can be taught and applied at various developmental stages from childhood to adulthood and across diverse cultural contexts. The five competencies articulate the knowledge and skills needed for academic success, school and civic engagement, health and wellness, and fulfilling careers.

By using the SEL model as a structure for this training we approach well-being from five different angles. Since every person learns in different ways and experiences well-being differently it is important to have a comprehensive approach.

Tell:

Today is an introduction to well-being and self-awareness

GROUND RULES AND EXPECTATIONS

Explain that because this training is about well-being, we need to make sure this group is a safe environment. As soon as we start talking about our well-being, we can feel vulnerable or uncomfortable. There needs to be a safe space, trust, non-judgmental atmosphere, and confidentiality to be able to discuss well-being.

To create a safe learning environment, agree rules together with the participants.

Let the participants make groups of 4-5 people. Ask them to brainstorm rules that are needed in the classroom. For example, these can be rules about time schedules, cell phones, how to behave, how to interact with each other, etc.

Encourage them especially to think about rules concerning the sharing of personal situations or personal well-being. Let every group come up with two rules that they then share with the group. Write down each new rule on the flip chart. Try to end up with no more than 5 rules.

Make sure that confidentiality is included in the rules. Participants should feel safe to share personal information without being afraid that it will be discussed outside the group.

Ask:

What are your expectations of this training? What are your personal goals for this training, what would you like to learn? Let the participants write down their expectations for themselves. Ask some participants to share with the group. No one should be pressured to share their personal goals if they do not want to.

Explain and show an overview of the topics (from the introduction of the manual) of this training.

Part 2 TEACHER WELL-BEING (40 min)

Ask the group why they think well-being is important for teachers. Write a list on the flipchart.

<u>Divide</u> the participants into groups of four. Give the participants handout 1.1 "The story of Jamaa".

Let participants discuss the story of Jamaa and the following questions:

- Do you recognise anything about this story in yourself?
- How do you think Jamaa's stress in the previous year affected the children?
- What do you think could help Jamaa to overcome her situation?

<u>Plenary</u>

Let every group talk to the group about one of the questions. Make sure there is plenary feedback on all three questions.

Ask the participants:

- Do they experience stress or poor well-being of teachers as a problem?
- Do they want to work on it?



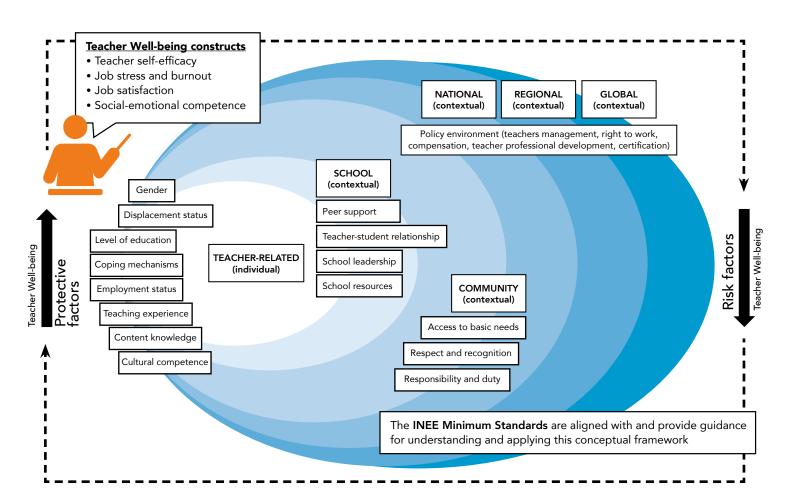
THEORY: Explain:

Teaching is one of the most stressful professions in

the world.

Use handout 1.2 'Why Teacher Well-being?' Conclude by discussing this picture:





BREAK (30 MIN

Part 3 WELL-BEING AND MENTAL HEALTH (20 MIN)



INTRODUCTION

Ask the group:

What do you think about mental health and well-being?

Write a list of ideas on the flipchart.

Show the participants the video: What is mental health? - YouTube¹⁰ (1.57)

Share handout 1.3 What is mental health? (This contains the same information as the video).

Ask the group:

 After seeing the video, do you now think differently about mental health and well-being?

Make changes or add comments on the flipchart if relevant.

Part 4 MY OWN WELL-BEING (35 min)



Our own well-being is largely determined by two questions "Who am I?" and "How do I feel?". In this exercise we first focus on how we feel, in the next part on who we are.

How someone feels can vary from day to day or even moment to moment and there are a lot of things that influence your feelings. To measure our own well-being objectively there are tools developed by psychologists that are validated in various contexts.

Explain: the handout contains a well-being test. If your score is below 50% on well-being it is recommended that you also do the test on depression and anxiety, which is included in the handout. The goal of the test it to gain awareness of your well-being in an objective way.

If someone has concerns about their test outcomes, encourage them to talk to the you or someone close to them. Explain that, as facilitator, you can support them and refer them for (professional) support if necessary.



Remind the group of the group rules that they made. Check to ensure that participants are happy that the rules provide the safety necessary to enable them to share information about their personal well-being and confidentiality.

Let the participants complete the test(s) in handout 1.4 and fill in the score individually.

<u>Make</u> groups of three participants. Make sure people are comfortable enough with the people in their group to share their personal well-being and feelings.

<u>Let</u> the participants reflect on their test with the other two members of the group.

(Only share if you feel comfortable to, if not go to question 4)

- 1. What do you want to share about your situation and how you feel?
- 2. What do you think and how do you feel about the outcome of the test?
- 3. What do you want to change or improve considering your well-being?
- 4. Let every participant write down for themselves:
 - their personal well-being needs.
 - what they want to improve.
 - how this training can support that.

Emphasise:

Talking about your feelings is often a very important first step to improving your well-being. Nevertheless, it does not have a positive effect for everybody, this must be taken into account and respected.

Optional:

If the group or any individual participant wants to share more details about their situation, handout 1.5 'Basic counselling questions' provides tips and open questions that can guide sharing. During this training the group will learn more tools and skills to support conversations about well-being. Note that for extensive sharing more time should be reserved for this exercise.

Part 5 SELF-AWARENESS AND IDENTITY (35 min)



Self-Awareness is about how we think about ourselves and who we are. It includes understanding our culture, our thoughts and feelings, and what we believe we are capable of. It is also about understanding how these things can influence our behaviour and beliefs.

For self-awareness we need:

- · A healthy sense of identity.
- Self-reflection.
- Understanding of our thoughts and feelings.
- Self-respect.
- A sense of purpose.

Explain that the test already provided some insight into the participants' well-being: 'how we feel'. In order to ensure one's own well-being it is also key to be aware of 'who we are' in other words, 'What is my identity?'.

Use the handout 1.6 'What is identity?' to explain the concept of identity and how it is affected in emergencies.



EXERCISE IDENTITY

Think individually about your own identity considering the three levels of identity and how it is affected by the crises and by your teaching job.

Write down what you observe.

Three levels of identity:

- 1. The self-concept. Who I am according to myself?
- The social context. Who am I in my community? (Social roles and factors such as: gender, sexuality, culture, race, nation, age, class and occupation, traditions, traditional role.)
- How do others perceive me?
 (Your family, friends, colleagues, students, neighbours, persons of authority.)
- 2. <u>Make</u> groups of three participants. Make sure people are comfortable with sharing their personal story and feelings. Share in groups of three what your identity is and get to know each other better.

Conclude:

- [Teachers][Participants] should be aware of their own transition and how that affects them.
- [Teachers]Participants] should respect the identity of their students and colleagues, and understand that their identities may be in a crisis or a state of transition.
- [Participants][Teachers] should support the process off restoring a sense of agency and efficacy.



EVALUATION (10 MIN)

Recap:

- Teaching is one of the most stressful jobs in the world.
- Teacher well-being is crucial for quality education.
- Self-awareness is the first step in improving well-being and dealing with stress.



Emphasise: that if participants need support, they should let you know and be open to your help. The next module will be about self-management, presenting various tools on how to manage our well-being.

Evaluate the first day. Include feedback on the last exercise in the evaluation round.

Let the participants share with the group:

- What they need from the group or the training to improve their Well-being.
- What went well today?
- What are improvement points?

Handout 1.1 The story of Jamaa

The room is hot. Thirty-six degrees Celsius to be exact. Dust covers the various surfaces in the room, and any movement produces small clouds of debris in its wake. 162 girls between the ages of 12 and 16 wearing purple and white uniforms are sitting in neat rows and concentrating fiercely on their teacher, Jamaa, despite the stifling heat and the noise reverberating off the corrugated tin walls. At age 21, Jamaa is not much older than her students; in fact, she studied at this very primary school. Her warm demeanour and bright smile welcome her learners' attention, while her animated voice and clear instruction hold her learners' focus despite the overcrowded, overheated classroom. Jamaa is South Sudanese, as are many of her learners, yet she has never been to that country. She has spent her whole life in Kenya and became a teacher right after graduating from secondary school. Teaching has not always been easy for Jamaa. In fact, she came close to quitting the previous year. Reflecting on her experience, Jamaa explains, "stress affected me last year...I never wanted to wake up to go to work. And every time I went to work, I was late. And I didn't care about anything. Not the students, not what I taught, because I never planned for any lesson. I'd just go to class, just teach anything, people are making noise I don't care. Teach whatever I have to teach and go out, as long as by the end of the day there is Mathematics on the board...I have taught."

(Source: INEE, USAID, ECC, 2019)

Handout 1.2 Why Teacher Well-being

Teachers play an instrumental role in ensuring their classrooms are safe environments that promote development and learning. In order to do so teachers must be well themselves.

"I came to realise the well-being of a teacher, to learners is very important in the process of learning, because when the teacher is not well, that will affect the learners in the class...Both the teacher and the learner, they should be well in health-wise, mentally, emotionally and physically because if one of them is affected, then the learning will not take place in the school."

(Quote of a teacher from Uganda, from a Kenyan refugee camp.)

Evidence supports this statement. It indicates that teachers are the strongest school-level variable associated with student learning. A strong relationship between teachers' well-being and students' social, emotional, and cognitive development is proven.

In low resource, crisis, and conflict affected contexts, education can serve as a protective factor, supporting the cognitive, social, and emotional development of affected children. Teachers in Emergencies often are affected by crises or conflict themselves. They too have experienced loss, displacement or adversity in many ways.

Teaching is proven to be one of the most stressful professions in the world. In emergency settings, in addition to teaching, teachers often have to deal with:

- Overcrowded classrooms with mixed age groups.
- Students from multiple linguistic and educational backgrounds.
- Children with varied psychosocial needs.
- Scarce teaching and learning materials.
- Limited professional development opportunities.
- Poor pay and compensation for the work they do.



It is crucial that teachers receive support for their own well-being in order to do their job well. The well-being of teachers must be prioritised for the global education community to uphold commitments outlined in Sustainable Development Goal (SDG) 4: 'To ensure quality education for all.' There are a lot of factors that influence the teachers well-being. There are both protective as well as risk factors. The context of the school, community and national, regional and global context can all have an impact on a teachers' well-being. (See image)

INEE advice in "A guidance for teacher well-being in Emergency setting" identifies three principles for how best to support teacher well-being:

- 1. Promote teachers' access to mental health and psychosocial support.
- 2. Create enabling work environments for teachers.
- 3. Enhance teacher voice, agency, and leadership.

(Source: INEE, USAID, ECC, 2019)

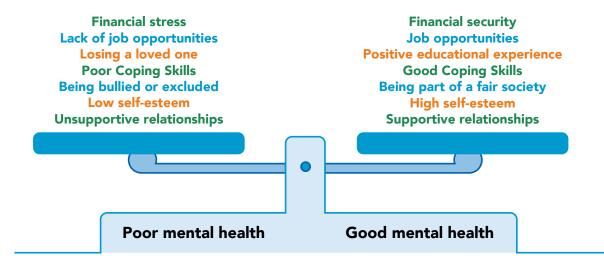
Handout 1.3 What is Mental Health?

Mental health is something we all have. It includes our thoughts and feelings about ourselves and others; how we relate to other people, how we function day to day, and how we cope with the ups and downs of life. Mental health is not about having or not having mental health problems. It is about: feeling good enough about ourselves, being able to do the things that matter to us, and having the resilience to deal with the difficult situations we all experience in life.

When talking about mental health it can be useful for us to think of it like a scale. Our mental health scale tilts between good or poor mental health depending on what is going on in our lives and the support we have around us. There are things in life that can prove a challenge to our mental health and shift the balance. These challenges come and go overtime. They may be brief or may last for many years. They can leave us feeling stressed, sad, worried, lonely, or overwhelmed. Mental health difficulties rarely just have one cause. They are often an understandable response to having to deal with the circumstances of our lives and things that have happened to us in the past.

While there are things that challenge our mental health, there are also things that can support it. These things will not necessarily prevent challenges to our mental health, but they can help us cope with what life throws at us. They can help us achieve balance in our mental health scale.

Mental health is complex because our experience of it is personal and unique. We know that the more we normalise conversations about mental health the easier it will be for young people and adults to seek the support they need when they need it. (Source: YouTube, @JigsawYMH)



Handout 1.4 Test your own well-being¹¹

This handout consists of three standard tests for well-being, depression, and anxiety.

Testing can serve as a tool and a quick outline of your current situation. Standardised tests are indicative and should not in themselves serve as a diagnostic tool.

If your results suggest that you may be experiencing problems or symptoms of deterioration in your mental health, or if you experience such problems yourself, do not be afraid to contact someone. It could be someone close to you or an expert. In any case, we recommend that you continue to monitor your own mental health and also do Self-Care exercises to improve your mental well-being.

WHO (Five) Well-Being Index (1998 version)¹²

This questionnaire is commonly used to test mental well-being.

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Please note that higher numbers mean better well-being. Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3.

Over the last two weeks:	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful and in good spirit.	5	4	3	2	1	0
2. I have felt calm and relaxed	5	4	3	2	1	0
3. I have felt active and vigorous	5	4	3	2	1	0
4. I woke up feeling fresh and rested	5	4	3	2	1	0
5. My daily life has been filled with things that interest me.	5	4	3	2	1	0

Scoring:

The score is calculated by adding together the numbers of the five answers and multiplying by four. This gives you a percentage score, 0% representing the worst possible and 100% representing the best possible quality of life.

If your score is lower than 50 points, it is recommended to that you also complete the questionnaires for depression (PHQ-9) and for anxiety (GAD-7). In any case, we recommend that you continue to monitor your own mental health and to do Self-Care exercises to improve your mental well-being.

Monitoring change:

In order to monitor possible changes in well-being, the percentage score is used. A 10% difference indicates a significant change.

(ref. John Ware, 1995).



ANXIETY SCREENING TOOL (GAD-7)

This questionnaire is commonly used in research to test anxiety among adult respondents. This test is designed for **ADULTS**. When the test is taken by children the results are not reliable.

Mark the number of the answer that suits you best and add up the numbers you have marked – total scores can range from 0 to 21 points.

Over the last two weeks how often have you been bothered by any of following problems	Not at all	Several days	More than half of the time	Nearly every day
1. Feeling nervous, anxious or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about different things?	0	1	2	3
4. Trouble relaxing?	0	1	2	3
5. Being so restless that it is hard to sit still?	0	1	2	3
6. Being easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

- 0 to 5 points: you show minimal or no anxiety:
- 6 to 10 points you show mild to moderate anxiety. It is recommended that you keep monitoring of your own mental health and selfcare to improve your mental well-being.
- 11 to 15 points you show moderate anxiety.
 It is recommended that you seek professional help. At the least, it is recommended that you keep monitoring your own mental health and selfcare to improve your mental well-being.
- 15 or more points you show severe anxiety: Immediate professional help is recommended, contact local health services.

(Source: mymentalhealth.guide)



DESPRESSON TEST (PHQ-9)

This questionnaire is commonly used in research to test depression among adult respondents. This test is designed for **ADULTS** and adolescents as young as 14 years of age. When this test is taken by younger children the results are not reliable. Mark the number of the answer that suits you best and add up the numbers you have marked - total scores can range from 0 to 27 points.

Over the last two weeks how often have you been bothered by any of following problems	Not at all	Several days	More than half of the time	Nearly every day
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, or hopeless?	0	1	2	3
3. Trouble falling or staying asleep or sleeping a lot?	0	1	2	3
4. Feeling tired or having little energy?	0	1	2	3
5. Poor appetite or overeating?	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8. Moving or speaking so slowly that other people have noticed? Or being fidgety or restless, moving a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?	0	1	2	3

Your Score:

- 0 to 4 points: you show minimal or no depression.
- 5 to 9 points: you show mild depression.

It is recommended that you keep monitoring your own mental health and selfcare to improve your mental well-being.

- 10 to 14 points: you show mild depression.
 - It is recommended that you keep monitoring your own mental health and selfcare to improve your mental well-being. Also consider professional counselling.
- 15 to 19 points: you show moderate depression. It is recommended that you seek professional help.
- 20 to 27 points: you show severe depression
 Immediate professional help is recommended, contact local health services.

(Source: mymentalhealth.guide)



Handout 1.5 Basic counselling questions (optional)

If you want to have a more in-depth conversation about someone's well-being, possibly triggered by or based on the well-being depression and anxiety test, you can use the following tips and counselling questions.

Before you start the conversation:

- Ask if the person is willing to talk to you about their situation.
- Be friendly, patient, and show your empathy.
- Tell the person that you will treat their story with confidentiality. Respect their privacy if they do not want to talk.
- Consider if this is the right time and place to talk. If not, suggest another moment to talk.
- Tell them if they do not want to talk, they can always ask for your support at another moment or in another way. Ask them if there is anyone else who can support them.

Follow the BATHE 5 key questions to structure the conversation:

B - Background: What happened? What worries or bothers you that influences your well-being in a negative way?

A - Affect: What did/do you feel in this situation? What do you feel when you explain this to me?

T – Trouble: What is the most difficult thing for you about this situation?

H – Handling: What helps you to cope with this situation?

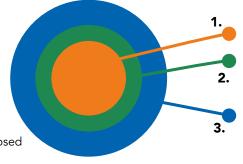
E - Empathy: Show empathy. For instance, "I'm touched by what you told me". (self-revelation)

Handout 1.6 What is identity?

Identity is a central concept in the psychosocial well-being of individuals and groups. Identity refers to the characteristics that determine who a person is (OED, 2019). The same applies to collective identities, such as community and group identities. Identity is built up out of three interrelated components:

- 1. The self-concept. Who I am according to myself.
- **2.** The social context. Social roles and factors such as gender, sexuality, culture, race, nation, age, class and occupation, traditions, traditional role.
- **3.** How others perceive me. How do my family, friends, colleagues, students, neighbours, and persons of authority look at me.

These three components are continuously feeding back on each other, negotiating between the person, their culture and their community. In addition, the self is composed of different selves, for instance the parent self, the family self, the professional self, the partner self, and so on.



Therefore, identity is in continuous evolution, and changes based on one's own experiences, encounters, education and cultural transformations at the level of the system, among others.

Identity in emergencies

Adversity and (forced) displacement affect identity on all levels. Self-concepts are called into question by victimisation, inhumanity and violence.

Social beliefs and structures are also put to question (especially in case of conflict). Family roles change, for instance, because of loss or displacement. Social status changes due to job loss. In case of displacement, the dominant culture and the host community may not share the same beliefs or cultural practices.

Host communities may not welcome the new community, or the new community may be stigmatised or victimised. Identities need adapt. This process may be painful and challenging, but its outcomes are not necessarily negative. In the process, however, confusion and disorientation can happen.

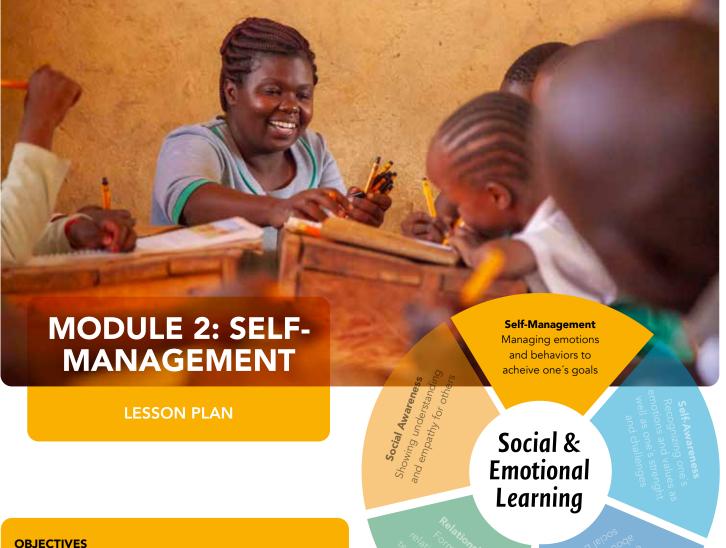


The role of the teacher

- Teachers themselves are often affected by the adversity and displacement that has taken place. Their personal identity has been affected and they need to adjust. Maybe they were not teachers before the emergency and need to internalise the identity of being a teacher.
- Teachers play an important role in the community, they are looked up to as role models. They play a part in co-constructing the identity of the affected children and parents.
- Teachers should be aware that the identity of the children they teach is often in a period of transition which may be the result of confusion, adversity, loss, and violence among other things.

(Source: IOM, 2021)





KNOWLEDGE:

- Teachers know what the window of tolerance is.
- Teachers know different ways to manage emotions.
- Teachers know how well-being is constructed.

ATTITUDE:

- Teachers are aware of their well-being, needs,
- Teachers are aware of different manners of self-management in well-being.
- Teachers are aware of different coping skills.
- Teachers understand the importance of peer support.

• Teachers are able to manage emotions using breathing exercises.

MATERIALS

- Printed handouts for facilitator and participants:
 - 2.1 Stress and window of tolerance
 - 2.2 Self-care exercises
 - 2.3 Well-being Flower
 - 2.4 Resilience and coping
 - 2.5 Case studies Mary and Thomas
 - 2.6 Well-being and self-management tips
- Flipchart/blackboard/whiteboard + makers/crayon

- Post-its
- Digital device to play video.
- You Tube videos:

The window of Tolerance bit.ly/edukans-tolerance The Fight Flight Freeze Response bit.ly/edukans-fightflight-freeze

5 Steps to Well-being Animation bit.ly/edukanswellbeing-animation

ADDITIONAL MATERIAL:

Self-care exercises - Psychosocial Support IFRC bit.ly/ edukans-video-exercise-selfcare



Part 1 INTRODUCTION (10 min)

Getting to know each other.



INTRODUCTION

Welcome the group and introduce the topic: Managing your well-being.

Explain:

Self-Management is about managing our emotions, thoughts, and actions as we work towards goals. This includes coping with stress and anxiety, persevering through challenges, and developing a sense of personal agency (a willingness and ability to take action to make a difference). It is about the belief that our voice and choices matter. That we can manage our feelings and stay motivated.

Explain that everyone experiences moments of stress or tension. We all react differently.

Ask the group to:

- Think about a situation when you felt a lot of stress yourself.
 Write on a post-it what you felt or how you reacted. (Just write down the feeling or reaction not the incident)
- Think about a situation when you saw a colleague experience a lot of stress. Write on a post-it what you saw them do. (Just write down what you observed, not the whole incident)

Stick the post-its on the flipchart so that you can return to them later.

Part 2 STRESS AND WINDOW OF TOLERANCE (30 min)

Explain that stress can be a healthy response in various different situations. It triggers the fight, flight or freeze response in situations of danger. And when we have to do a difficult task, small levels of stress help us perform well. However, when we experience prolonged exposure to a situation of adversity, stress can become toxic and have a very negative impact on the psychological and physical health of a person.

Show the video:

The Window of Tolerance¹⁴ (12.24 min)

Introduce handout 2.1 Stress and the Window of Tolerance.

EXERCISE
Discuss (so

<u>Discuss</u> (some of) the post-its. Ask the group if the feeling or behaviour on the post-it is a sign of a fight, flight or freeze reaction or a combination of these and whether it is within or outside the window of tolerance.

Part 3 SELF-CARE EXERCISES (30 min)



THEORY

Show the video:

The Fight Flight Freeze Response¹⁵ (3.05 min)

Tell participants that there are a lot of ways of coping with our feelings, stress and adversity. Every person has their own way of coping. Beside talking about our feelings and experiences, the release of body tension is a well-known effective approach.

Explain that there are many ways to release stress and reduce body tension - a walk outside, meditation, yoga, dance, or various exercises to relax the body and remove physical discomfort.

Explain that there are a lot of self-care exercises that can help to calm a person down when they are in a stress response. During this training you will be exploring a number of different techniques.

Do the self-care exercises with the group. Use handout 2.2 Self-care exercises or choose three other exercises from:

Self-care exercises – Psychosocial Support IFRC¹⁶ https://pscentre.org/multimedia/video/exercises/

BREAK 30 MIN

Part 4 WELL-BEING FLOWER (40 min)



THEORY

Explain the well-being flower in handout 2.3 Wellbeing Flower

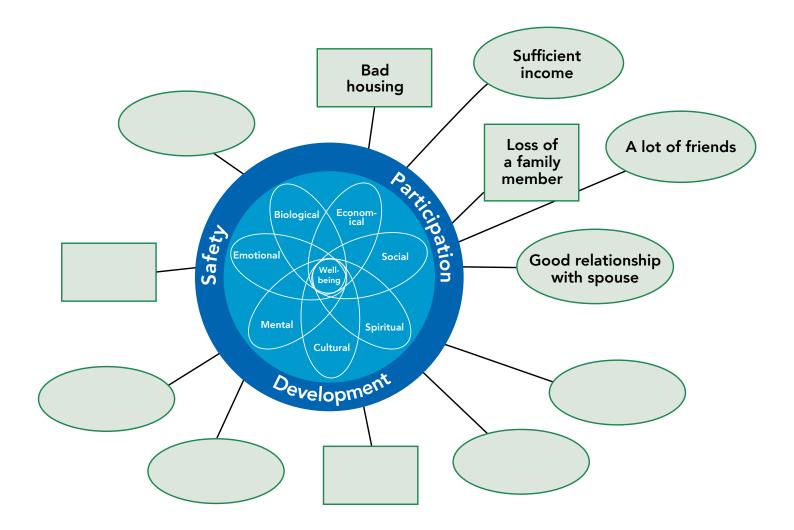
Exercise

Let the participants make a mind map for themselves, individually, about their own well-being.

Tell the participant to use the well-being flower in the centre of the mind map. Let them think about what influence every petal has on their well-being. Put positive influences in a circle and negative influences in a square.

Let every participant think about and discover what the mindmap tells them about their needs and challenges.





Part 5 RESILIENCE AND COPING (30 min)



THEORY

Explain handout 2.4 Resilience and coping.



EXERCISE CASE STUDY

Introduce the cases of Mary and Thomas in handout 2.5

<u>Divide</u> the group into groups of 4 let them discuss the cases and answer following questions.

- What factors do you see that can contribute to Mary and Thomas' resilience?
- What constructive and destructive coping strategies do Mary and Thomas use?

Part 6 WELL-BEING AND SELF MANAGEMENT TIPS (30 min)

 ${\underline{\bf Show}}$ the video: 5 Steps to Well-being Animation 17

Explain:

There are different ways of taking care of your own well-being. What is suitable for you depends on your personal preference, your family situation, social environment, culture, and your context. For instance, if you live in a crowded city, it might not be possible for you to have a mindful walk surrounded by nature. If you have small children, it might be a challenge to get a moment to yourself. Cultural and religious rituals and practices are sometimes ways for people to take care of their well-being. Also, music, art, dance, sports and exercise are common and healthy practices in which people find ways to manage their emotions and well-being.

Share handout 2.6 Well-being and Self-management tips.

Discuss: Instruct the participants to discuss in pairs what tips would help them and are feasible in their situation.

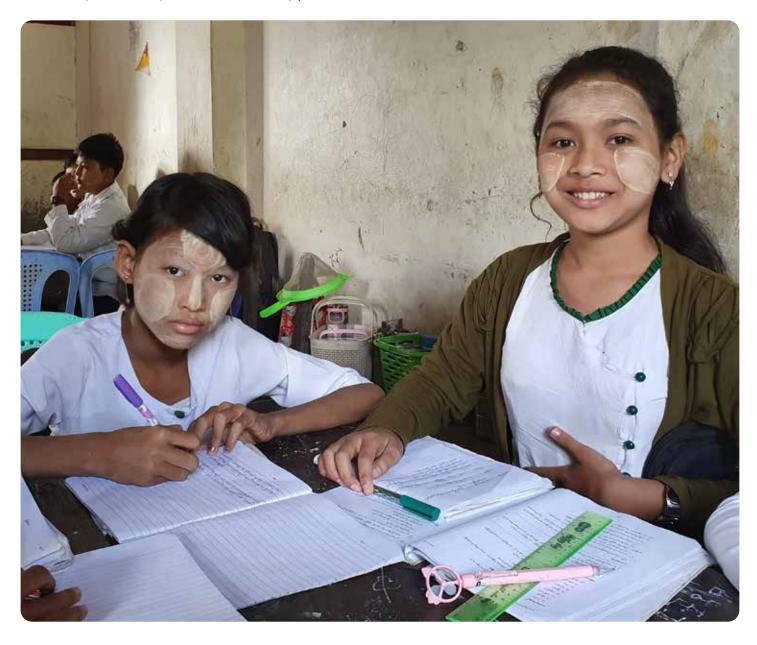




- Stress can be a healthy reaction to a situation but high levels of stress can become toxic.
- People can develop both constructive and destructive coping strategies.
- Self-care exercises and tips that suit your personal situation can help to manage stress.

Evaluate the day in a creative manner. Make sure to at least answer these questions:

- "What went well today?"
- "What are improvement points?"
- "How can you link what you have learned to daily practices?"

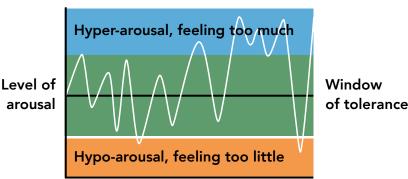


Handout 2.1 Stress & the Window of Tolerance

Stress can be a healthy response various different situations. It triggers the fight, flight or freeze response in a situations of danger. And when we have to do a difficult task, small levels of stress help us perform well. There is usually a differentiation between three levels of stress: healthy stress, tolerable stress, and toxic stress.

When we experience prolonged exposure to a situation of adversity, stress can become toxic and have a very negative impact on the psychological and physical health of a person.

The Window of Tolerance represents our ability to function and cope with all that life brings us, it is our comfort zone. Every person has a different window of tolerance depending on personal factors, experiences, and their situation. For instance life events, adversity, or one's physical health. Within our window of tolerance, we may experience negative emotions but we are able to manage them.



When something happens that is too much for our nervous system to manage, we may be forced out of our window of tolerance. This can be because of a real situation of danger or a response to something that reminds us of danger we have experienced in the past.

When we go into hyper- or hypo-arousal our body will go into fight, flight, freeze response. This is our survival mode and can feel deeply threatening and scary. We experience physical reactions, for example, a raised heart rate, sweaty palms, fast breathing or others.

The hyper-arousal can make us feel overwhelmed, anxious, terrified or angry. Hypo-arousal can make someone retreat, collapse into silence or dissociation. Both may make us unable to think or function properly for a while.

When someone experiences high levels of stress or hyper/hypo-arousal for a longer period or has experienced trauma, the window of tolerance may shrink. If this happens, it may be that it only takes something seemingly minor to push that person out of their window of tolerance and trigger a strong reaction.

We can help people by making them feel safe and bring them back into their window of tolerance. People can grow their window of tolerance through positive experiences, sharing feelings, feeling safe and having supportive relationships within which they experience empathy and understanding. (Source: YouTube @BaconHouseTeam)

Trauma is characterised by:

- Stressful memories of the traumatic event that can be triggered throughout the day.
- Nightmares/ trouble sleeping.
- Flashbacks which make someone feel they are reliving the traumatic event.
- Feeling stressed and on edge.
- Feeling emotionally and physically bad when reminded of the event.
- Trouble concentrating.
- Negative feelings about the self or others, and/or blame directed towards the self.
- Anger problems.

Traumatic experiences can affect a person socially, emotionally, behaviourally, and academically. Toxic stress and anxiety shape behaviour and can make people angry, depressed, checked out, uncooperative or distracted. (Source Edukans 2021)

Handout 2.2 Self-care exercises

The Psychosocial Centre of the IFRC has a series of 12 Self-care exercises with short videos that can help to release stress and body tension.

1. Breathing the colours you like

On busy days, many of us are stuck behind our desks without the option to get up and turn our backs on our work. An easy way to calm yourself when anxious or worried is to do a breathing exercise combined with a mental image.

- 1. Begin by taking a deep in-breath and let the exhalation be long. Let the bottom of the lungs fill while you inhale deeply, hold on for 5 seconds, exhale out slowly taking at least 10 seconds.
- 2. Next, imagine a favourite and pleasant colour being inhaled with the in-breath. Fill the lungs with a beautiful colour you like and find pleasant.
- 3. Then exhale a least favourite colour with the out-breath. Expel the air imagining the least favourite colour leaving the body.
- 4. Continue for as long as you like.

2. Neck release

On busy days, there are many things that put pressure on us. Some things are not easily solved but others can be. Try this quick exercise to release pressure on a sore neck, which will help you feel better and more prepared to solve your daily challenges.

- 1. Fold your hands in front of you intertwining your fingers.
- 2. Lift the hands or arms to the back of your head.
- 3. Let fingertips rest on each side of your neck with the thumbs resting on the base of the neck.
- 4. Gently squeeze the muscles by pressing your fingertips towards each other- then release.
- 5. Continue in rhythmic movements up and down your neck.
- 6. Do approximately 18-24 squeezes per minute.
- 7. Move your arms down to your side when finished and notice how the neck feels now.

3. Ground yourself.

This exercise can help in releasing some tension of the muscles by sensing the ground and accepting the support it gives. Follow the steps to bring a sense of connecting to the reality of the moment as well as a sense of slowing down.

- 1. Stand upright and place both feet on the ground.
- 2. Place your feet a little apart and in a parallel position, rest your arms by your sides.
- 3. Take a moment to notice how your body and breathing feel.
- **4.** Send your awareness to the soles of the feet.
- 5. Gently and slowly move the entire body from the ankle forward without lifting the heels off the ground.
- 6. Gently and slowly move the entire body from the ankle backward without lifting the toes off from the ground like a pendulum.
- 7. Gently move the entire body from the ankle joint back and forth between the two positions.
- 8. Next move to one side without lifting the other foot off the ground and lean to the other side.
- 9. Repeat these sideways pendulum-like movements a few times.
- 10. Find a comfortable upright position and notice how you feel after the ground exercise.



Handout 2.3 Well-being Flower^{18 19}

Safety, participation, and development are fundamental to a sense of well-being.

Without **safety**, people are not able to survive and well-being is impossible to achieve.

Participation ensures people have agency and can play an active role in securing and maintaining their own safety, well-being, and development.

Development can happen at an individual or societal level and refers to having opportunities to move forward, grow, or progress.

The petals in the well-being flower represent different domains that influence an individual, family, or community's well-being. They do not all need to be equal, but each contributes to having good or poor well-being.

- **Biological aspects:** Respiration, hydration, nutritional intake and overall functioning of the body. This may include having water and sanitation, public health and medical services.
- Material aspects: Houses, roads, vehicles, tools, equipment, structures in which people live and work.
- **Social aspects:** Membership and participation in social or cultural groups. Engaging in social activities with friends, family, or the community support groups,
- **Spiritual aspects:** Spiritual and religious beliefs affect functioning and restoration of cultural integrity. For example, if everyone is under lockdown no church gatherings can take place and many people are affected and miss their friends.
- **Cultural aspects:** Culture involves learned patterns of belief, thought and behaviour, and establishes norms. This can include standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotions.
- Mental (thinking and learning) aspects: Refers to functions of the mind, which includes learning how to learn, how to acquire information, and how to be able to use it.
- **Emotional aspect:** An adequate level of emotional functioning is needed to make effective use of resources and opportunities which have the potential to strengthen well-being.

(Source: JSR, 2020)



Handout 2.4 Resilience and coping²⁰

Resilience is the capacity to withstand, recover, and move on from negative experiences or crises. Resilience can be compared to a sponge which retakes its initial shape however hard you try to squeeze it or recovering from a disease. Resilience can generally be described as the result of a combination of coping strategies. There are several factors that promote or decrease an individual's resilience or vulnerability.

Individual factors

- Character/ temperament
- Intellectual capacity
- Belief in one's self (self-efficacy)
- A realistic view of one's circumstances
- Problem solving skills
- Sense of direction or mission
- Capacity for empathy
- Sense of humour
- · Capacity for adaptive distancing

Environmental factors

- Family protective factors such as: positive warm caring family relationships, good communication and interaction, family support, family traditions and rituals.
- <u>Positive working/school environment</u> such as: caring and understanding colleagues and (school) management, opportunities to learn and develop, positive work/school climate.
- Community protective factors such as: positive community norms, strong sense of belonging.

(Banaag: Resiliency, 1997 and Turner et al: From risk to resiliency 1993)

Coping is the behaviour that aims to avoid stress or unpleasant emotions. People can develop both positive/constructive and negative/destructive coping strategies.

How you can support someone coping:

- 1. Identify coping strategies.
 - What is the effect of the coping strategies? Are they constructive or destructive?
- 2. Make someone aware of their coping strategies.
 - Find out how it works for them by listening, asking questions, reflection and discussion.
- 3. Strengthen constructive coping strategies and behaviour.
 - Reinforce, encourage, show positive effects, look how to increase them.
- 4. Modify destructive coping behaviour.
 - Recognise, make them aware, look at consequences of the behaviour. Do not judge negative coping strategies but discuss how they can be replaced with alternative behaviour.

(Source: Unicef, 2003)



Handout 2.5 Case studies Mary & Thomas

Case Mary

Mary is 20 years old; she has been teaching for 2 years now. She always was a bright kid, and her dream was to become a lawyer and help people who are treated unjustly. After her village flooded the whole community was displaced, her family lost everything so four years ago, she came to live in a camp. At the time she was just preparing for her exams. In the camp she was lucky to be able to get her diploma although it was a year later. Because there were no other opportunities, she decided to become a teacher. Mary has had some teacher training, but she feels teaching is very stressful. There is so much to be done in her overcrowded classroom and she feels she can't keep up. When she gets home she just wants to cry but she can't because there is still a lot to be done in the house: cleaning, cooking, washing, taking care of her father. She hardly sleeps at night worrying about how to get everything done. In the morning she is so tired, as soon as sees the classroom she feels like she can't breathe. She thinks about quitting, but her family need the income to survive.

Case Thomas

Thomas is a teacher of 30 years old. His community was displaced because of insecurity in his hometown. Before this, he loved his job as a teacher. He used to be able to motivate his students by talking to them and encouraging them. Since the displacement his life has changed. Thomas was able to leave his town in time with his wife and two children. Unfortunately, his sister and her family where not able to get to safety and were killed. His younger brother still lives in their hometown taking care of their elderly mother in an unsafe situation.

Thomas feels guilty about leaving and about not being able to save his sister. He feels that he has failed as a brother and a son. As the oldest son he should protect his mother. Thomas often feels angry. Then he starts shouting at his family, after that he feels guilty again and he goes out and gets drunk. The next day in class the children can do no good, whenever a child makes a mistake he or she gets punished.



Handout 2.6 Well-being & Self-management Tips

Well-being is vitally important. Just like physical health it is crucial that you keep it healthy. Here are some tips that can help to maintain healthy.

Do the MAGIC²¹

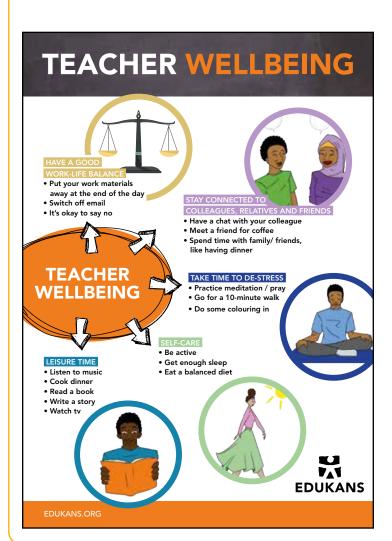
M- Mindful: Being mindful is a great tool in becoming aware of your thoughts and feelings. Our mind is forever wondering, either worrying about the past or anxious about the future. Being mindful is about focussing on the here and now. Being present, breathing, feeling, observing.

A-Active: Exercising can help lift your mood. Exercise releases happy chemicals in our brain. All kinds of exercise are okay. From taking a walk to doing exercises or playing football to dancing.

G-Generous: Being generous makes us feel good. It can be simple things, helping someone, giving a complement, being kind, serving in the community.

I-Interested: Doing something that interests you can help get your mind focused on something positive instead of your worries. Finding a hobby or doing anything you enjoy can help.

C-Connected: Being connected helps us to stay positive. Any kind of social activity can help, talking to friends and family, sharing your feelings with someone. Or just doing something together is helpful.



Having structure in our life creates some predictability. This gives us a sense of safety.



OBJECTIVES

KNOWLEDGE:

- Teachers know the MHPSS pyramid.
- Teachers are aware of the effects of stigma.
- Teachers know different forms and basic principles of peer support.

ATTITUDE

- Teachers understand the importance of peer support.
- Teachers are aware of preventing stigma

SKILLS

• Teachers are able to support peers by active listening

MATERIALS

- Printed handouts for facilitator and participants:
 - 3.1 MHPSS Approach
 - 3.2 The effect of Stigma
 - 3.3 Active listening
 - 3.4 Peer Support
- Flipchart/blackboard/whiteboard + makers/crayon
- Digital device to play video.
- You Tube videos: I had a black dog, his name was depression bit.ly/edukans-depression

Social & Emotional Learning

"Edukans training learns you how to treat each other. How to support colleagues and students".

- A teacher trainer from Ethiopia -

Part 1 SOCIAL AWARENESS (15 min)



INTRODUCTION

Welcome the group and introduce the topic: Social

Explain Social Awareness is about how we understand others, how we learn to take on different perspectives and have empathy for people, even those who are different from us. It also includes understanding how what is happening around us can influence us, and how we create and feel a sense of belonging. It is about feeling accepted and included and trusting others. Recognising why people act the way they do. This includes attempting to understand how other people's backgrounds, cultures and contexts contribute to who they are.

Tell participants that today you wil be looking at social awareness of MHPSS and the consequence of the way it is viewed by society. You will also be focussing on how we can be socially aware of the well-being our fellow teachers, our peers.

Exercising physical versus mental health

Imagine what you would do or advise in the following situations:

- Your neighbour has cut himself on a piece of glass. The cut is bleeding and it is deep.
- Someone has been hit by a car. His leg looks strange and you think it might be broken.
- Your sister is not feeling well and has a fever.
- Your spouse has nightmares every night and can hardly sleep. They are exhausted and irritable.
- Your colleague is very stressed and cries at the end of every school day.
- Your friend feels very down. He can hardly get out of bed, and this causes conflict with his family.

Let everyone write down the answer for themself. Ask different participants to briefly answer each question.

Ask the participants:

- Was it easier to handle those scenarios where there were physical injuries than those with mental difficulties (injuries)?
- Do they think they are equally important?
- Do they want to support with mental difficulties?

Conclude:

If we are physically unwell, we think it is totally normal to take good care of ourselves, give support to others or seek professional help. If we have a mental health issue, we react differently. Often, we ignore it, trivialise it, or tell people to behave better. We must realise that there is no health without mental health. We must take mental health issues seriously and take care of ourselves and others. Timely help is pivotal and can prevent small issue from growing into bigger problems.

Part 2 MHPPS APPROACH (20 min)

THEORY

Explain When we support our peers and students, we can come across different challenges and needs for MHPSS. MHPSS is a spectrum from well-being on one side to severe mental health conditions on the other. It is important to be aware of the different levels of MHPSS.

Explain the MHPSS approach in handout 3.1

Explain:

At each level a different kind of support should be available. Schools and teachers should be aware of these levels of support and have referral systems to provide care if needed. We go in to that in module 5.

By asking for help or providing support in time we can prevent mild psychosocial problems from developing into more severe mental health problems.

Part 3 STIGMA (30 min)



When we talk about the pyramid, we also have to address stigma. The way mental conditions are viewed varies a lot in different contexts. Almost all over the world people with mental health conditions are stigmatised.

Show the video:

I had a black dog, his name was depression.

This holds them back them from getting the right care.

Explain stigma and the importance of challenging stigma using handout 3.2



Divide the group into groups of four.

Let the group discuss:

- Wat kind of stigmas are present within your community or
- What can you do to challenge the stigma surrounding mental health?

Let the group come up with a dos and don'ts list on challenging the stigma in their own school and community.



BREAK 30 MIN

Part 4 PEER SUPPORT (30 min)



INTRODUCTION peer support

Tell the participants that we have seen the importance of getting timely care for MHPSS needs. Teachers are only human. So having to deal with life challenges, emotions, and adversity is only natural. We know teachers in general are at high risk of burnout and mental health issues. Teachers play a key role in our communities. They are important protective factors for children in emergencies. To be able to fulfil this role and provide quality education it is crucial that they receive proper support.

One of the factors for resilience we saw in module 2:

 Positive working environment such as: caring and understanding colleagues and (school) management, opportunities to learn and develop, positive work/school climate.

Having supportive colleagues can make a huge difference for teachers dealing with challenges in well-being. It can prevent stress factors from growing into mental health issues. There are different ways colleagues can support each other.



EXERCISE

Plenary: ask the participants to form a circle, let every participant name one (small) thing that a

colleague did that they felt supported by when they needed it, or name a method of peer support that is used in the school they (used to) work in.

Make a list of these examples of support.

When everyone has named something, continue going for a second round and third round until all ideas for support are shared with the group.

Explain:

It is important to realise that support from your environment is crucial. Having caring colleagues can make the difference. Sometimes the effect of not feeling supported or seen can be felt worse than the problem itself. To feel seen is a basic human need.

For example: If someone (child or adult) feels they are being bullied and they tell a fellow student or colleague they trust, and that person reacts negatively or denies that it is happening. The feeling of not being seen and heard can be worse than the bullying itself.

Explain:

If a colleague confides in you, it is very important to support them by listening and acknowledging their feelings. To do that we can use the method of active listening.

Part 5 ACTIVE LISTENING (35 min)



THEORY active listening

Introduce the handout 3.3 Active Listening and share it with the participants.

Exercise: Active listening

Divide into groups of three participants.

- the first participant shares a story about a difficult situation they have experienced in their life or when teaching.
- the second participant takes the role of active listener.
- the third participant takes the role of observer.

Do the active listening conversation for 3 minutes, let the observer reflect what they saw and give tips and tops in 2 minutes. Switch roles so everyone has experienced all three roles.

Part 6 PEER SUPPORT (40 min)



EXERCISE: Asking for support

Make groups of three. Ask the groups the following questions and let them discuss for a few minutes.

 How do you feel about asking a colleague for help on teaching? What if it is about well-being? Is it easy or difficult? Do you ask for help? If not, why not?

Let every group briefly share what the common feeling is about asking for help.

Now **ask** the groups:

 How would you feel if a colleague asked you for help or support on teaching? What if it is about well-being? How would you feel about that colleague, how would you react?

Share with the entire group what the differences are.

Explain that it is very common for people not to ask for support but when asked for support by others they are very willing to give it. Interestingly, helping someone else is proven to even increase our own well-being.

Because we know this, we can organise peer support beforehand. In this way we lower the barriers people feel to sharing the problems they are facing and asking for support. Peers must commit and feel the responsibly to support the other if needed.







THEORY AND EXERCISE

Share handout 3.4 Peer support.

<u>Let</u> the participants re-form the same groups.

Let them discuss 'The basic principles of peer support'. Ask them:

- What form of peer support suits you and your local situation?
- Would you be open to implementing peer support, or do you already have peer support?
- How could it be implemented in your school?



EVALUATION (10 MIN)

Recap:

- MHPSS is a spectrum between well-being and severe mental health conditions.
- Stigma can cause harm because it prevents people from seeking help.
- Peer support can increase the well-being of teachers, helping them to solve daily challenges together.

Evaluate the day in a creative manner. Make sure to at least answer these questions:

- "What went well today?"
- "What are improvement points?"
- "How can you link what you have learned to daily practices?

"We cope because of social ties and community support".

- A teacher from Ethiopia -

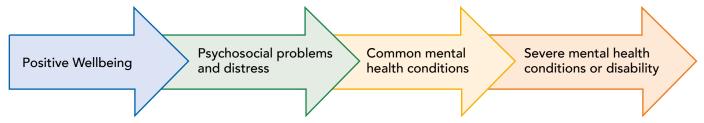


Handout 3.1 MHPSS approach

The Mental Health and PsychoSocial Support (MHPSS) approach is about:

- 1. Protecting or promoting psychosocial well-being and/or
- 2. Preventing and treating mental health conditions.

We prefer to use the term mental health and psychosocial support in full and not separate the two because MHPSS is a spectrum starting at well-being.



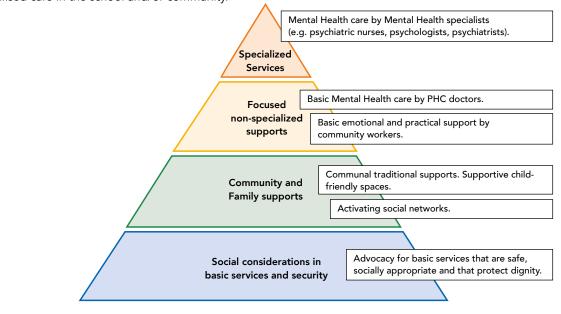
The IASC (2007) Intervention Pyramid helps to understand how to meet people's mental health needs. There are four levels of support. The higher you go up the pyramid, the fewer people will need support. All levels ask for a different kind of support. For education in emergencies the pyramid levels represent:

Basic services and security: Access to basic needs (e.g., food, water, shelter, and health); security and adequate governance for creating safe teaching and learning environments; safeguarding mechanisms in place to report and address abuse, neglect, and exploitation; access to information on legal rights and family tracing and reunification processes; and for States to sign the Safe School Declaration Act.

Community and family support: Strengthen networks of support in the community (e.g., through peer-to-peer support groups and Parent-Teacher Associations); rebuild and restore areas of natural engagement (e.g., community gardens); re-establish rituals and cultural events (e.g., commemoration events, cultural festivals); equip teachers with skills to ensure their own well-being.

Focused non-specialised support: Hire or strengthen the role of school counsellors and MHPSS focal points to recognise and respond to needs of teachers; provide individual or group focused care through scalable psychological interventions which can be facilitated by paraprofessionals (e.g., group interpersonal therapy, mindfulness sessions, stress management techniques).

Specialised support: Identify specialised services available and collaborate with protection and health sectors to establish referral systems for specialised care in the school and/or community.





Handout 3.2 The effects of Stigma

What is stigma?²²

Stigma can be defined as a set of negative beliefs and attitudes that a group of people or a society have about something. Although these beliefs and attitudes are often unfair, they create a very strong negative label.

Stigmas can differ per context, but the stigma attached to mental health conditions and self-harm exists all around the world. This stigma causes people to avoid openly talking about topics of mental health, and those struggling with mental health issues are judged and excluded.

Stigmatised people are often treated unfairly by society. They can be looked down upon, judged, and excluded. Sometimes other people openly talk about the stigmatised in a harsh or even cruel way (for example: "That person is crazy!"). In other situations, stigmatisation is more subtle and covert, for example where people do not know how to behave and react.

Living in an environment where one faces stigma or is stigmatised can affect a person so much that it leads to self-stigmatisation. In that case, the person will feel like they are not worthy of support, and they exclude or judge themselves based on the stigma. This can lead to low-self-esteem, a feeling of falling short all the time, putting yourself down, or socially excluding yourself.

Feelings of shame, guilt, loneliness, low self-esteem, and social exclusion increase the chances of developing (severe) mental health problems and decrease the chances of someone asking for help. Therefore, it is pivotal to challenge the stigma surrounding mental health conditions and self-harm.

Why is challenging stigma so important?²³

The stigma surrounding mental health prevents people from seeking help. Worldwide every year around 800,000 lives are lost due to self-harm, of which 80% happen in low-income countries. Self-harm (suicide) is the second highest cause of death amongst 15-29 year olds. And for every death due to self-harm there are 20 more attempts. Death by self-harm is preventable by providing timely care. In some countries suicide is seen as criminal offence, which increases the stigma even more.

To challenge stigma WHO advises:

- raising awareness and help challenging stigma so that more people feel able to reach out for help.
- restricting access to means of self-harm.
- share stories of hope.
- use non stigmatising language such as the term 'self-harm' instead of suicide.
- support (young) people with life skills or coping skills.
- identifying the risks of self-harm as soon as possible in order to give timely support.



Handout 3.3 Active Listening

Active listening involves not only the use of one's sense of hearing but all the senses. To enable the person to feel our warmth, acceptance, and understanding we must hear verbal messages, perceive non-verbal communication, and respond appropriately to both.

By listening actively you develop and maintain communication and make the individual feel heard, seen, and understood. To be seen and acknowledged is a basic need of every human.

Why use active listening

- Gives attention to the individual.
- Respects the individual's challenges and feelings and takes the individual seriously at all times.
- Develops self-reflection and analysis about the challenges and solutions.
- Gives structure and is an objective problem solving method.
- Facilitates and stimulates communication and expression.

How to listen actively

Start by **structuring** the story, challenge or problem.

- Gather as much information as necessary.
- Clarify the message and describe the situation without judging it.
- Help the individual to find their problem or challenge.

Summarise the story objectively after each part and subject of the conversation (only when there is sufficient new information).

- 1. Check if you, as a listener have understood the story and the message.
- 2. Give the person the feeling that you really are listening.
- 3. Encourage the person to continue talking, either to clarify or to specify.
- **4.** Give structure to and pause during the conversation (often involving a great amount of information) both for you as the receiver of information, and for the person sharing so that they do not lose track of their story.

For example, reflect with: "So if I understand correctly you are saying that ..."

Reflection of feelings

The listener should reflect on the emotions the person expresses, directly or indirectly. This is one of the most powerful skills to show you understand the persons situation and to focus on underlying things that might be the cause of the presented problem.

For example: "I can see that you feel stressed and overwhelmed by all the tasks you have." (case Mary)

"You feel angry and sad and react to that by drinking alcohol." (case Thomas)

"You are grieving the loss of your sister and have the feeling that you failed as a brother." (case Thomas)

(Source: Unicef, 2003)



Handout 3.4 Peer support

Why peer support

There are several reasons and goals for introducing peer support.

- 1. to increase the well-being of teachers.
- 2. to solve daily challenges together.
- 3. to learn from each other and increase quality of education.
- 4. to increase early recognition and prevention of stress and burnout.

Buddy support

To increase the well-being of teachers, peers can support each other by buddy support. In buddy support two colleagues agree to support each other and have regular buddy sessions. Buddies share their personal challenges with each other, consult and support each other. These can be professional challenges or relevant personal challenges. Together they look for other options, opportunities and solutions to the situation.

Intervision

Intervision is a form of (professional) development conducted in groups of 4-6 professionals. They can share the challenges they are facing, and consult and support each other. There are different methods that can be used within intervision sessions which you can research online. It is advisable to use a structured method and establish group rules that are in line with the principals below.

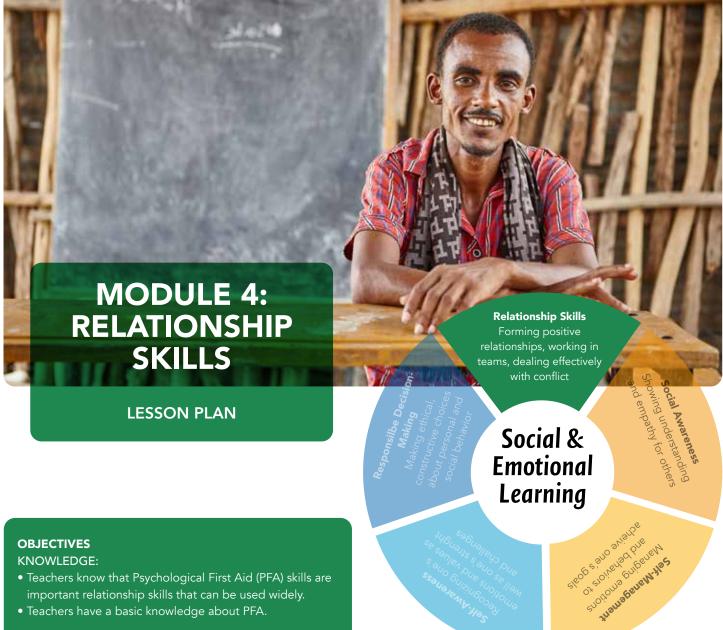
Whenever you give any kind of peer support take these basic principles into account:

Basic principles of peer support:

- 1. Trust: Peers cannot help their peer if there is no trust. Before giving any support, establish trust. Your peer feels free to express and share their concerns when they can trust somebody.
- 2. Confidentiality: Respect the privacy of your peer. Assure them that everything will be kept in strict confidence. Confidentiality is very important and enhances dignity.
- **4.** Active Listening: The peer-supporter should listen actively. Reflect, structure, summarise what the peer tells you and reflect their feelings.
- 5. Self-Determination: The peer can make their own decisions about life. The role of the peer-supporter is to ask questions and to provide options and opportunity. Help explore alternatives that best suit your peer and the situation (coping strategies).
- 6. Positive approach: Emphasise what the peer does well focus on approval instead of disapproval.
- 7. Focus on feelings: It is often essential to discuss the peer's feelings (both open and hidden ones) to help them.
- **8.** Empathy: Empathy is the ability to recognise, understand, and share the thoughts and feelings of another person. It is important to understand the peer and their problems from their point of view. This provides emotional support.
- 9. Non-Judgemental: The peer-supporter should not judge the story of their peer or what they have experienced.
- 10. Warmth and openness
- 11. Equality and mutual respect: there must be mutual respect and equality between peers. Initially, one peer will be the supporter, the next time it can be the other way around.

(Source Unicef 2003)





- important relationship skills that can be used widely.
- Teachers have a basic knowledge about PFA.

ATTITUDE:

• Teachers understand why PFA is important and when to apply it.

SKILLS:

• Teachers are able to support someone in distress with PFA.

MATERIALS:

- Printed handouts for facilitator and participants:
 - 4.1. PFA: How to help responsibly.
 - 4.2 Communication in PFA
 - 4.3 PFA action principles
- Printed handouts for facilitator:
 - 4.4 Notes Roleplay Communication, Prepare instruction for exercise.
 - 4.5 Case scenarios for performing the roleplay exercise.
 - 4.6. Example conversations, after roleplay exercise.
- Digital device to play video.
- You Tube videos: Learning Psychological First Aid (PFA), Supporting people in need timely bit.ly/edukans-pfa

Content

All the handouts in this module have been retrieved from: Psychological first aid: Facilitators manual for orienting field workers and Guide for field workers by World health organisation (WHO 2011).

https://www.who.int/publications/i/item/9789241548205 https://www.who.int/publications/i/item/9789241548618 Note: check whether the guide is already available in the local language on the WHO website.



Part 1 RELATIONSHIP SKILLS

AND PFA (10 min)



INTRODUCTION

Welcome the group and introduce the topic: Relationships skills.

Explain Relationship Skills are about how we get along with others and how we form lasting friendships and connections. This includes communicating clearly, solving problems together, managing conflicts and disagreements, standing up for ourselves and others, and asking for and offering help. Relationship skills are important to improve your own well-being and to support others.



EXERCISE THINK-PAIR-SHARE

Explain the think-pair-share exercise:

• Think of people in distress you have had to deal with as a teacher. Who were they?

Was it a student, colleague, parent or someone else?

- Think about a time when you needed support yourself.
- What did someone say or do that was helpful?
- What did someone say or do that was not helpful?

Share your thoughts with your neighbour for 5 minutes.

Ask the participants:

- Was it difficult/easy to give support?
- Did they know what to say or do?

Explain:

Today we focus on psychological first aid (PFA). PFA is a set of skills that can be used to support people after a crisis or when they are in distress. The skills you learn in PFA are useful in many different situations and can also be used outside of crisis situations. The skills can be used to support students, colleagues or parents as a teacher.

Explain in this lesson they will need to use the listening skills from module 3. The skills we learn today will add to our skills for peer support.

Part 2 PSYCHOLOGICAL FIRST AID (PFA) (30 min)



THEORY

Explain that as a teacher it is important to have PFA skills. When people in distress are supported well this

can help them recover from an event. If people use PFA it can prevent extra harm. In moments of human vulnerability, PFA may remind us, and give us some simple skills, to attend to each other with more consciousness, kindness, compassion.

Show the video:

Learning Psychological First Aid (PFA), Supporting people in need timely²⁵ (2.45 min)

Explain PFA²⁶ is important, first-line psychosocial support for people affected by crisis events. Like medical first aid, PFA is not enough on its own. Immediately after a crisis event, those who assist are often family members, neighbours, teachers, community members and first responders of various kinds (emergency medical teams, police, firefighters).

PFA can be used anywhere by anyone to provide emotional and practical support to those in distress. It is not a psychological 'intervention' or therapy. You can integrate PFA into your daily work, whatever it is. It can be used in your community and family life

Explain handout 4.1 How to help responsibly.



EXERCISE SOCIAL AND CULTURAL NORMS

Discuss in groups of three:

- What are social and cultural norms in your community which you need to consider?
- What can go wrong if you do not apply to these principles?

<u>Let</u> every group share one answer on both questions.

Part 3 GOOD COMMUNICATION

(40 min)

Explain:

The way you communicate with someone in distress is very important. People who have been through a crisis event may be very upset, anxious or confused. Some people may blame themselves for things that happened during the crisis. Being calm and showing understanding can help people in distress feel more safe and secure, understood, respected, and cared for appropriately.



EXERCISE COMMUNICATION

Prepare the instructions for the helper on small notes from handout 4.4.



<u>Divide</u> the group into pairs. Every pair performs a roleplay while the group observes and takes notes.

Explain:

One participant plays a person in distress and the other one is the helper. The distressed person comes to the helper to tell their story. The helper will respond using the instructions on the note.

Give each helper one instruction note. Remind the helpers not to share their instructions with the affected person they are "helping."

After the roleplay let the participant discuss the exercise in groups of four (two pairs)

<u>Let</u> them write down dos and don'ts for communication considering all the roleplays they took part in or observed.

Show and discuss the dos and don'ts from the handout 4.2 Communication in PFA.

BREAK 30 MIN

Part 4 PROVIDING PFA (30 min)



THEORY

Explain the PFA action principles in handout 4.4: PFA Action principles.



EXERCISE ROLEPLAY PFA (60 MIN)

Explain that you are going to practice PFA in roleplay by using three scenarios

Ask participants to go into the three groups according to their case scenarios.

Give the groups five minutes to discuss and prepare the role plays described at the bottom of their case scenario instructions.

Explain that the roleplays performance should take no more than five minutes.

Remind participants:

- To keep in mind the action principles: Prepare, Look, Listen and Link
- To stay in their roles throughout the role play and try not to laugh.
- That if they feel stuck during a role play, they can ask another participant for tips, or to take over (someone from their own group if possible).

Explain that the role play instructions provide guidance for the main characters in the role play. Each group is free to decide how they would like to approach their scenario for example, who will perform the role play, if they will have one or more helpers, and so on.

Ask each group in turn to perform their role play. They can first give the other participants a basic description of their case scenario and the scene they are role playing.

Every group has five minutes perform their role play, and five minutes for feedback, questions and discussion on their role play.

Discuss the feedback questions with the entire group:

- 1. What do the helpers feel they did well and what could be better?
- 2. What do the affected people felt went well and could have been better?
- **3.** What did the observers see that has not yet been mentioned yet?

After all three role plays explain that in handout 4.6 example conversations are given.

Discuss what went well and what can be improved. This handout can also be used for reference after the training has concluded.



EVALUATION (10 MIN)

- PFA is a set of skills that can be used by anyone to assist someone in crisis.
- PFA can be used to assist in various situations in one's professional and personal life.
- The steps involved in PFA: Prepare, Look, Listen, Link

Evaluate the day in a creative manner. Make sure to at least answer these questions:

- "What went well today?"
- "What are improvement points?"
- "How can you link what you have learned to daily practices?

PREPARE	 Learn about the crisis event Learn about available services and supports Learn about safety and security concerns 				
LOOK	 Observe for safety Observe for people with obvious urgent basic needs Observe for people with serious distress reactions 				
LISTEN	 Make contact with people who may need support Ask about people's needs and concerns Listen to people and help them feel calm 				
LINK	Help people address basic needs and acces services Help people cope with problems Give information Connect people with loved ones and social support				



Handout 4.1 PFA: How to help responsibly.

In a crisis there are five key factors that influence better mental health outcomes:

- feeling safe
- feeling calm
- feeling able to affect some aspect of the crisis situation
- feeling connected with others
- retaining a sense of hope

Most adults and children recover well over time, especially if their basic needs are met. Adults and children with severe or long-lasting distress may require more support.

The three key ethical principles of PFA are:

Safety

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

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

Dignity

Treat people with respect and according to their cultural and social norms.

Rights

Make sure people can access help fairly and without discrimination.

Help people to claim their rights and access available support.

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

Helping responsibly also means taking care of your own health and well-being.

ETHICS

Ethical dos and don'ts are offered as guidance to avoid causing further harm to the person you are trying to help, to provide the best care possible and to act only in their best interest. Offer help in ways that are most appropriate and comfortable to the people you are supporting. Consider what this ethical guidance means in terms of your cultural context.

DO'S

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

DON'TS

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



Handout 4.2 Communication in PFA

The way you communicate with someone in distress is very important. People who have been through a crisis event may be very upset, anxious or confused. Some people may blame themselves for things that happened during the crisis. Being calm and showing understanding can help people in distress feel more safe and secure, understood, respected, and cared for appropriately.

Someone who has been through a distressing event may want to tell you their story. Listening to someone's story can be a great support. However, it is important not to pressure anyone to tell you what they have been through. Some people may not want to speak about what has happened or their circumstances. However, they may value it if you stay with them quietly, let them know you are there if they want to talk, or offer practical support like a meal or a glass of water. Don't talk too much; allow for silence. Keeping silent for a while may give the person space and encourage them to share with you if they wish.

To communicate well, be aware of both your words and body language, such as facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person. Each culture has its own particular ways of behaving that are appropriate and respectful. Speak and behave in ways that take into account the person's culture, age, gender, customs, and religion.

THINGS YOU SAY AND DO

- Try to find a quiet place to talk and minimise outside distractions.
- Respect privacy and keep the person's story confidential if this is appropriate.
- Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- Let them know you are listening; for example, nod your head or say "hmmmm...."
- Be patient and calm.
- 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."
- Give information in a way the person can understand keep it simple.
- Acknowledge how they are feeling and any losses
 or important events they tell you about, such as loss of
 their home or death of a loved one. "I'm so sorry. I can
 imagine this is very sad for you."
- Acknowledge the person's strengths and how they have helped themselves.
- Allow for silence.

THINGS NOT TO SAY OR DO

- Don't pressure someone to tell their story.
- Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly).
- Don't touch the person if you're not sure it is appropriate to do so.
- 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."
- Don't make up things you don't know.
- Don't use terms that are too technical.
- Don't tell them someone else's story.
- Don't talk about your own troubles.
- Don't give false promises or false reassurances.
- Don't think and act as if you must solve all the person's problems for them.
- Don't take away the person's strength and sense of being able to care for themselves.
- Don't talk about people in negative terms (for example, don't call them "crazy" or "mad").



Handout 4.3 PFA Action Principles

WHAT IS PFA? Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.

Providing PFA responsibly means:

- 1. Respect, safety, dignity, and rights.
- 2. Adapt what you do to take account of the person's culture.
- 3. Be aware of other emergency response measures.
- **4.** Look after yourself.

PREPARE

These important preparation questions can help you to understand the situation you are entering to offer PFA more effectively and to be more aware of your safety.

The crisis event:

- What happened?
- When and where did it take place?
- How many people are likely to be affected and who are they?

Available services and support:

- Who is providing for basic needs like emergency medical care, food, water, shelter, or tracing family members?
- Where and how can people access those services?
- Who else is helping? Are community members involved in responding?

Safety and security concerns:

- Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?
- What dangers may be in the environment, such as rebels, landmines, or damaged infrastructure?
- Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?

LOOK

Crisis situations can change rapidly. What you find at the scene may be different from what you learned before entering the crisis situation. Therefore, it is important to take time – even a few moments – to "look" around you before offering help. If you suddenly find yourself in a crisis situation without time to prepare, this may be just a quick scan. These moments will give you a chance to be calm, be safe, and think before you act. See the following table for questions to consider and important messages as you "look" around you.

LISTEN

Listening properly to people you are helping is essential to understand their situation and needs, to help them to feel calm, and to be able to offer appropriate help.

Learn to listen with your:

- **Eyes** giving the person your undivided attention.
- Ears truly hearing their concerns.
- Heart with caring and showing respect.

LINK

Although each crisis situation is unique, people who are affected often need:

- Basic needs, such as shelter, food, and water and sanitation.
- Health services for injuries or help with chronic (long-term) medical conditions.
- Understandable and correct information about the event, loved ones and available services.
- Being able to contact loved ones, friends and other social supports.
- Access to specific support related to one's culture or religion.
- Being consulted and involved in important decisions.

PEOPLE WHO NEED MORE THAN PFA ALONE:

Some people will need much more than PFA alone. Know your limits and ask for help from others who can provide medical or other assistance to save lives.

People who need more advanced support immediately:

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

THINGS CAREGIVERS CAN DO TO HELP CHILDREN Infants

- Keep them warm and safe.
- Keep them away from loud noises and chaos.
- Give cuddles and hugs.
- Keep a regular feeding and sleeping schedule, if possible.
- Speak in a calm and soft voice.

Young children

- Give them extra time and attention.
- Remind them often that they are safe.
- Explain to them that they are not to blame for bad things that happened.
- Avoid separating young children from caregivers, brothers and sisters, and loved ones.
- Keep to regular routines and schedules as much as possible.
- Give simple answers about what happened without scary details.
- Allow them to stay close to you if they are fearful or clingy.
- Be patient with children who start demonstrating behaviours they did when they were younger, such as sucking their



thumb or wetting the bed.

• Provide a chance to play and relax, if possible.

Older children and adolescents

- Give them your time and attention.
- Help them to keep regular routines.
- Provide facts about what happened and explain what is going on now.
- Allow them to be sad. Don't expect them to be tough.
- Listen to their thoughts and fears without being judgmental.
- Set clear rules and expectations.
- Ask them about the dangers they face, support them, and discuss how they can best avoid being harmed.
- Encourage and allow opportunities for them to be helpful.



Handout for facilitators 4.4 Notes for Role play Communication

BAD COMMUNICATION HELPER

As the distressed person talks to you and tells you their story, do the following:

Look around the room and appear distracted.

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

As the distressed person talks to you and tells you their story, do the following:

Change the subject frequently.

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

As the distressed person talks to you and tells you their story, do the following:

Give advice you were not asked for.

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

As the distressed person talks to you and tells you their story, do the following:

Judge the other person: "You should not have said/done..."

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

As the distressed person talks to you and tells you their story, do the following:

Interrupt and prevent the speaker from telling their story.

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

As the distressed person talks to you and tells you their story, do the following:

Talk to or text someone else on the phone whilst the speaker is talking.

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

As the distressed person talks to you and tells you their story, do the following:

Pressure the person to tell their story (sensitive, upsetting details)

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

As the distressed person talks to you and tells you their story, do the following:

Talk about your own problems/tell the person about someone else's problems.

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



Handout 4.5 Case scenarios

PFA Case Scenario 1:

Natural Disaster

You hear that a large earthquake has suddenly hit the centre of the city. Many people have been affected and buildings have fallen. You and your colleagues felt the shaking but are okay. The extent of the damage is unclear. The school you work for is an important pillar in the community and a lot of students live in the affected area. You and your colleagues are asked to assist survivors, and to support any severely affected people you encounter.

As you PREPARE to help, ask yourself:

- Am I ready to help?
- What information do I have about the crisis situation?
- Will I travel alone or together with colleagues?

As you move about the city, what is important to LOOK for?

- What services and support are available?
- Where can you provide PFA safely?

As you make contact, how can you best LISTEN to people's concerns and give comfort?

How can you help distressed people to feel calm?

What can you do to LINK people with information, services, and their loved ones?

• What challenges might you encounter when trying to link people?

CASE SCENARIO 1: ROLE PLAY

<u>Consider</u> how you will approach affected people to offer assistance, according to the PFA principles of Prepare, Look, Listen and Link. In particular, discuss and prepare the role play below.

Note: These instructions provide guidance for the main characters in the role play. As a group, feel free to decide how you would like to approach this scenario, i.e., who will perform the role play, if you will have one or more helpers, and so on.

Instructions to helper(s):

You have encountered a woman standing outside the rubble of a fallen building. She is crying and shaking, although does not appear to be physically injured. Provide PFA and demonstrate how you will approach her to LISTEN and help her to feel calm.

Instructions to survivor:

You are a woman who witnessed the building falling during the earthquake. Your colleagues were inside, and you are very upset and shocked, crying and shaking. You are not sure what has happened or what to do.

CASE SCENARIO 2: VIOLENCE AND DISPLACEMENT

Refugees are being brought to your community in trucks and told that they will be staying in this new place near to the school you work. They were relocated because of the war in their previous area. As they disembark from the trucks, some of them are crying, some appear very fearful, some seem disoriented, while others are sighing with relief. Most are afraid and doubtful of this new place, and have no idea where they will sleep, eat, or receive health care. Some seem scared when they hear any loud noise, thinking they are hearing the guns again. There are many children among the refugees. The school is asked to help with the distribution of food and to help provide PFA at distribution sites.

As you PREPARE to help, consider:

- What is the background of the people you will be helping?
- What services are being provided in the place the refugees are being received, and how can you coordinate with other helpers?

As you encounter the group of refugees, what is important to LOOK for?

• What different types of reactions do you observe among the refugees?

As you make contact with people among the refugee group, how can you best LISTEN to their concerns and give comfort?

- People who have experienced or witnessed violence may feel frightened. How will you support them and help them feel calm?
- How can you find out the needs and concerns of people who likely need special assistance, such as women?

What can you do to LINK people with information, loved ones, and services?

 What accurate information is available about the situation and available services?



CASE SCENARIO 2: ROLE PLAY

Consider how you will approach the refugees to offer assistance using the PFA principles of Prepare, Look, Listen and Link. In particular, discuss and prepare the role play below.

Note: These instructions provide guidance for the main characters in the role play. As a group, feel free to decide how you would like to approach this scenario, i.e., who will perform the role play, if you will have one or more helpers, and so on.

Instructions to helper(s): At the edge of the refugee group, you notice a boy of about 10 years old standing alone and looking very frightened. Show how you will approach him and offer PFA.

Instructions to child: You and your older sister fled your village when you heard gunfire and got lost from your parents. You were separated from your sister when getting on the trucks. You are thirsty, tired, and frightened.

CASE SCENARIO 3: ACCIDENT

You and your colleagues are travelling on a busy village road in a safe part of the country when up ahead you see an accident. It appears that a man who was crossing the road with his wife and young daughter was hit by a passing car. The man is lying on the ground, bleeding and not moving. His wife and daughter are near him. His wife is crying and shaking, while his daughter is standing motionless and silent. Some villagers are gathering on the busy road near the scene of the accident.

You need to react quickly in this situation, but take a moment to stay calm and consider the following:

- What needs to be done urgently?
- How can you stay safe and help keep affected people safe from harm?

As you encounter the people involved in the accident, what is important to LOOK for?

• Who needs assistance? Who can help you?

As you make contact with the people involved in the accident, how can you best LISTEN and provide comfort?

• How can you help the mother to care for her daughter?

What can you do to LINK affected people with information and practical support?

• How can you help to keep the affected family together?

CASE SCENARIO 3: ROLE PLAY

<u>Consider</u> how you will approach the affected people to offer assistance using the PFA principles of Prepare, Look, Listen and Link. In particular, discuss and prepare the role play below.

Note: These instructions provide guidance for the main characters in the role play. As a group, feel free to decide how you would like to approach this scenario, i.e., who will perform the role play, if you will have one or more helpers, and so on.

Instructions to helper(s): You have made a quick scan to be sure you could approach the scene of the accident safely. The injured man has been attended to appropriately. The wife remains very distressed, and her daughter is still standing nearby mute and withdrawn. Demonstrate how you will assist the mother and her daughter, and LINK them with information and loved ones.

<u>Instructions to Mother:</u> All you can think of is your injured husband and you are very distressed. You feel overwhelmed and don't know what to do in this situation.

<u>Instructions to Daughter:</u> You are frightened and confused by what has happened. Your mother is very upset, and you are not sure how to ask for help or comfort.



Handout 4.6 Example conversations

Case Scenario 1 Natural Disaster: Sample conversation with distressed woman.

In this conversation, you have come to a woman standing outside the rubble of a fallen building. She is crying and shaking, although she does not appear to be physically injured.

You: Hello, my name is __. I'm a teacher from __ school, I volunteered to help. May I talk with you?

Woman: It's terrible! I was going into the building when it started shaking! I don't understand what's happening!

You: Yes, it was an earthquake, and I can imagine it was terrible for you. What is your name?

Woman: I'm Jasmina - Jasmina Salem. I'm very scared! [shaking, crying] I wonder if I should go in there and try to find my colleagues? I don't know if they're all right!

You: Ms. Salem, it's not safe at all to go in the building now, you may get hurt. If you like, we can talk just over there where the area is safer, and I can sit with you for a while. Would you like that?

Woman: Yes, please. [You move to a quieter place a short distance away from the scene of the fallen building where rescue and medical people are working.]

You: Can I get you some water? [If available, offer practical comfort like water or a blanket.]

Woman: I just want to sit here a moment. [You sit quietly near the woman in silence for two to three minutes, until she begins to speak again.] I feel terrible! I should have stayed in the building to help people!

You: I can understand that.

Woman: I ran outside. But I feel so badly for the other people! **You:** It's difficult to know what to do in a situation like this. But it sounds as though you acted on good instincts when you ran from the building, or you might have been injured.

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

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

In this sample conversation, notice that you:

- introduced yourself by name and told the person the agency you work for.
- asked the person if they would like to talk.
- addressed the person by their name, respectfully using the last name.
- protected the distressed person from further harm by moving to a safer place.
- offered the distressed person some comfort (for example, some water).

- listened and stayed near the person, without forcing them to talk
- reflected back to the person ways they had acted appropriately.
- took the time to listen.
- identified the person's needs and concerns.
- acknowledged the person's worry over the possible loss of colleagues.
- offered to help connect the person with their family members.

What can you do to link people with information and practical support?

- What challenges might there be in this situation to finding out about available resources (food, shelter, water) or services for affected people?
- What worries and concerns may be on people's minds?

What practical suggestions could I give to help them address their problems?

- What information will affected people want? Where will I find updated and reliable information about the crisis event?
- What can I do to connect people with their loved ones or services? What challenges might there be?
- What may children and adolescents or people with health conditions need? How can I help link vulnerable people with loved ones and services?

Case scenario 2 Violence and displacement: Sample conversation with an unaccompanied child

At the edge of the refugee group, you notice a boy of about 10 years old standing alone and looking very frightened. You [getting down on one knee at the eye level of the child]: Hi, my name is ____. I'm a teacher from ___school and I'm here to help. What is your name?

<u>Child</u> [looking down and speaking softly]: Adam.

You: Hi Adam. You just had a long ride to get here. Are you thirsty? [Offer something to eat or drink or some other practical comfort like a blanket if you have it.] Where is your family?

Child: I don't know. [beginning to cry]

You: I can see you're scared, Adam. I will try to help you and connect you with people who will help to locate your family. Can you tell me your surname and where you are from?

<u>Child:</u> Yes, I'm Adam Duvall. I'm from __ village.

You: Thank you, Adam. When is the last time you saw your family?

Child: My older sister was there when the trucks came to bring us here. But now I can't find her.



You: How old is your sister? What is her name?

Child: Her name is Rose. She's 15.

You: I will try to help you find your sister. Where are your parents?

Child: We all ran from the village when we heard the gunfire. We got lost from my parents. [crying] You: I'm sorry, Adam. That must have been scary for you, but you're safe now.

Child: I am scared!

You [in a warm, natural manner]: I understand. I would like to help you.

Child: What should I do?

You: I can stay with you for a while, and we can try to find your sister. Would you like that?

Child: Yes, thank you.

You: Is there anything else worrying you or anything that you need?

Child: No.

You: Adam, it is important that we talk with the people over there who can help find your sister or other family. I will go with you to talk to them.

[It is essential to help the child to register with a reputable family tracing or child protection organisation, if available.] In this sample conversation, notice that you:

- saw an unaccompanied child in the crowd of refugees.
- got down on one knee to speak with the child on his eye level.
- spoke calmly and kindly to the child.
- found out information about the child's family, including the name of his sister.
- stayed with the child while identifying a trustworthy family tracing organisation that could organise a safe place for the child to stay until his family is found.

What can you do to link people with information and practical support?

- What basic needs might people have? What services do I know are available? How can people access them?
- What accurate information do I have about the plans for caring for these refugees? When and where can people find more information about what is happening?
- How can I help to protect vulnerable people, such as women or unaccompanied children, from further harm? How can I help link vulnerable people with loved ones and services?
- What special needs might people have, including those who have been exposed to violence?
- What can I do to connect people with their loved ones or services?

Case scenario 3 Accident:

Sample conversation and actions: medical emergency

As you make a quick scan of the accident, you look to make sure you can approach the scene of the accident safely. The road is a busy one and there is some traffic still passing by the affected people and the onlookers. You are also worried the father may be seriously injured.

You: Has anybody called for an ambulance?

Villagers: No.

You [to a nearby villager]: Could you please call for an ambulance right away?

Villager: Yes, I will!

You [to other onlookers]: We need to try to redirect the traffic. Can you please help with this? [Some villagers go to flag down the passing cars and redirect traffic.] [As you approach the affected people, you notice one of the villagers is about to move the injured man.]

You: Please don't move him! He may have an injury to his neck. An ambulance has been called.

[If you or someone nearby is trained to do so, give physical first aid to the injured man. Check or ask someone around you to help make sure the wife and daughter are not injured. Once the injured man is attended to appropriately, and you are sure the other affected people are not seriously injured, provide PFA.]

You [to the wife]: My name is ____. An ambulance has been called. Are you or your daughter injured? Wife [sobbing and shaking]: No, I'm not hurt.

You [to the wife, calmly and warmly]: What is your name? **Wife** [crying]: Hanna, you can call me Hanna...Oh, my husband! My husband!

You: Hanna, I understand that you are very frightened. An ambulance has been called to help your husband. I will stay with you for a while. Do you and your daughter have any other needs or concerns right now?

Wife: Is my daughter okay?

You: Your daughter does not seem to be injured. Can you tell me her name so I can talk to her?

Wife [reaching out to take her daughter's hand]: This is Sarah. **You** [warmly and on the eye level of the child]: Hi Sarah. My name is ____. I'm here to help you and your mom.

[The conversation continues, and you learn that the daughter is not talking. The mother says this is unusual for her daughter but stays focused on her husband. The mother also says she wants to go with the father to the hospital to stay with him. The daughter is at risk of spending the evening alone at home.]



You: Hanna, it would be much better if your daughter stays with you or someone you trust. She seems to be very frightened by what happened, and it is best for her not to be left alone right now. Is there someone you trust who could stay with her?

Wife: Yes, my sister could help. Sarah likes her very much.

You: Can I help you to call your sister?

Wife: Yes, please!

[You help the wife to contact her sister and it is arranged that the daughter will be with her aunt for the evening. You also advise the mother to bring the daughter to a health clinic if she stays silent over the coming days.]

You: When the ambulance arrives, I will find out where they will take your husband and let you know if you and your daughter can go with them.

[When the ambulance arrives, you find out how the family can be kept together when the injured man is taken to hospital.]

In this sample conversation and actions, notice that you:

• first quickly scanned the crisis situation to be sure it was safe to enter and to see who was seriously injured.

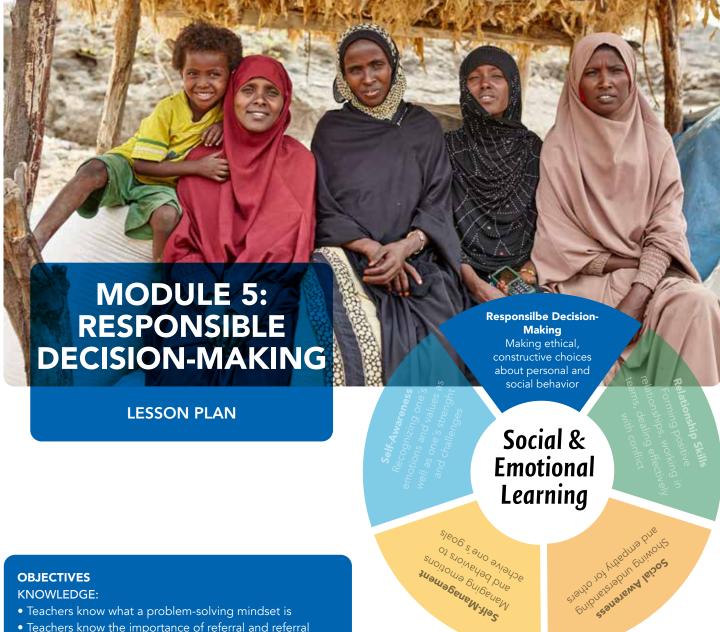
- made sure an ambulance was called immediately for the injured man and prevented him from being moved and possibly injured further.
- tried to work in a way that prevented further harm or danger to others (for example, being careful of the traffic in the road)
- spoke respectfully and warmly to the wife and daughter.
- addressed the child on her eye level.
- helped the wife to make appropriate arrangements to look after her daughter.
- took steps to help the family stay together when the injured man was taken to hospital.

What can you do to link people with information and practical support?

- What basic needs may the non-injured, distressed people in this crisis situation have?
- What worries and concerns may be on the minds of the different people in this scenario?
- What information will they want?
- What can I do to connect people with their loved ones who may help to support them?







KNOWLEDGE:

- Teachers know what a problem-solving mindset is
- Teachers know the importance of referral and referral pathways.

ATTITUDE:

• Teachers understand how to make responsible decisions in well-being.

SKILLS:

- Teachers are able to identify their circle of control and circle of concern.
- Teachers are able to make a personal plan to improve their well-being.
- Teachers are able to conduct a referral conversation.

MATERIALS:

- Printed handouts for facilitator and participants:
- 5.1 Circle of Control
- 5.2 Solution focused mindset
- 5.3 Solution focused questions for Mary and Thomas
- 5.4 Personal Plan
- 5.5 Referral
- 5.6 Training Evaluation Form

" I feel better if I practice yoga and meditation. I also listen to calm music

to relax". - A teacher from Lebanon -

- Flipchart/blackboard/whiteboard + makers/crayon
- Digital device to play video.
- You Tube videos: Circle of Control bit.ly/edukans-circle-of-control



Part 1 RESPONSIBLE **DECISION-MAKING** (10 min)



INTRODUCTION

Welcome the group and introduce the topic responsible decision-making.

Explain: Responsible Decision-Making is how we make positive and informed choices. This includes thinking about the consequences of our actions, being curious and open-minded to new perspectives and information, and identifying solutions that benefit us and the community. It requires critical thinking and considering the well-being of others and self. Understanding impact and consequence.



EXERCISE STAND UP IF ...

Ask the group to stand up if the following applies to them. Let everyone sit down after every question. Stand up if:

- you think you can influence your own well-being.
- you think others can help you influence your well-being.
- you already do things in daily life to affect your well-being positively.
- you have a plan to improve you own well-being.

Ask the participants that stand up in response to the last question if they want to tell the group about their plan and why they made it.

Ask the participants:

- Do you want to work on improving your well-being after the training?
- Do you want to apply what your learned in the training?

Tell participants that making a plan for our own behaviour is proven to improve lives. Often when we are overwhelmed with emotions, we are not able to think straight and cannot think of what we need to do. If we make a plan beforehand we have more control over our situation and know what to do. This increases agency. This is also an example of responsible decision making.

Tell participants that they are going to make a personal plan for their own well-being.

Part 2 CIRCLE OF CONTROL (30 min)



THEORY

Show the video: Circle of Control (1.25 min)

Explain and share the handout 5.1 Circle of Control.

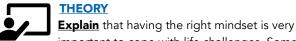


EXERCISE CIRCLE OF CONTROL

<u>Let</u> all participants make a circle of control about their own well-being.

- Think about what influences your well-being (you can use your well-being flower mind map).
- What is within your circle of control?
- What is outside your circle of control?
- Think of new things that you can do within your circle of control.

Part 3 SOLUTION FOCUSED MINDSET (40 min)



important to cope with life challenges. Sometimes people are so preoccupied with their emotions or with what has happened to them they are unable to think about solutions or cope in a constructive way. The solution focused mindset can create another approach to one's situation. By focussing on small steps going towards a new formulated future.

Explain handout 5.2 Solution focused mindset.



EXERCISE SOLUTION FOCUSED MINDSET

Divide the participants into groups of three and distribute the cases of Mary and Thomas (handout 2.5)

Let the groups think about:

- What do Mary and Thomas focus on if they have a problem focused mindset?
- What can Mary and Thomas focus on when they have a solution focus mindset?
- What questions would you ask Many and Thomas to find out which solutions can work for them?

Share handout 5.3 Solution focused questions for Mary and Thomas.

Explain that the solution focused mindset it about helping the



other person find their own solution. It is not about giving them the solution. What works for me does not necessarily work for vou!

BREAK 30 MIN

Part 4 PERSONAL PLAN (40 min)



EXERCISE

Tell the group they are going to work on their own personal plans.

Share handout 5.4 My Personal Plan or let the participants draw the plan on a big piece of paper.

Explain:

Making a personal plan helps to make changes in your daily life. During the training they have already gained a lot of insight and information about their own well-being which they can use in their personal plan. Look at the previous exercises:

- Well-being test
- Identity circles
- Self-care exercises and tips
- Well-being flower
- Peer support
- Circle of control

Maybe they have discovered new things about themself, maybe they have ideas about how they wish to do things different. In this last part of the training, they can make their own plan. They should think about their:

- Strengths and qualities.
- Needs and challenges.
- What works for you in coping or improving your well-being?
- Who can support you, in work and in your personal life?

Explain that you want them all to leave with a concrete plan they can start doing immediately. Remind them to think about the questions in the middle of the plan which will help them to kick into action.

- What will I do?
- When will I do it?
- What or who do I need to do it?

Let the participants spend 15-20 minutes on making their personal plans individually.

Let them share their plans in pairs with someone they trust and let them ask each other:

- What is the first small step you want to make after the training?
- Who are you going to share this plan with in your private life and/or in your professional life?

My personal strenghts and qualities:

My personal needs and challenges:

What can I do to cope and/or improve my own wellbeing? What works for me?

Who can support me in my personal and/or proffessional life and how? What can I do te get this support?

Part 5 REFERRAL (40 min)



EXERCISE STAND UP IF ...

Ask the group to stand up if the following applies to them. Let everyone sit down after every question.

Stand up if:

- you know your school has referral pathways in place.
- you have ever motivated someone to receive professional support.
- you know a colleague that has referred someone to professional care.
- you feel comfortable to motivate someone to seek professional care.



THEORY

Introduce handout 5.5 Referral.

Explain A lot of people find it quite hard or uncomfortable to have a referral conversation. Therefore, it is important to practice and prepare well what you want to say. Make sure you tell what the person you want to help what you have observed and what your concerns are without passing judgement. Let the person make their own choice and respect that.



EXERCISE REFERRAL CONVERSATION

Divide the participants into groups of three. Let the groups practice a short role play of a referral conversation. Use the cases of Mary and Thomas as examples. Let the participants follow the steps in "Motivating to receive the right care" in the handout.

- one participant plays the referrer.
- one participant plays Thomas or Mary.
- one participant is the observer.

<u>Let</u> every group briefly tell the rest ,what went well or was work for improvement.



EVALUATION (20 MIN)

Recap:

- By focussing on the circle of control you can be more proactive, it will make a positive difference in emotions, relationships and results.
- Making a personal plan helps to make changes in your daily life.
- Although teachers are extremely resilient sometimes professional help is needed.

Evaluate the last session of the module by requesting that the participants complete handout 5.6 The Teacher Training Evaluation Form

Do a last round in the group. Ask:

- What is your most important take away from this training?
- What is your small next step to improve your well-being after the training?

<u>Close</u> the training by thanking the participants for their openness and sharing.

Emphasise that the facilitator can be asked for support if anyone wishes to talk or wants help.



Handout 5.1 Circle of Control

When bad things happen in the world or in our lives, we can feel helpless. Most of the things that happen we have no control over. We can choose to focus on the thing that we do have influence on.

Going through our daily lives we operate in two circles.

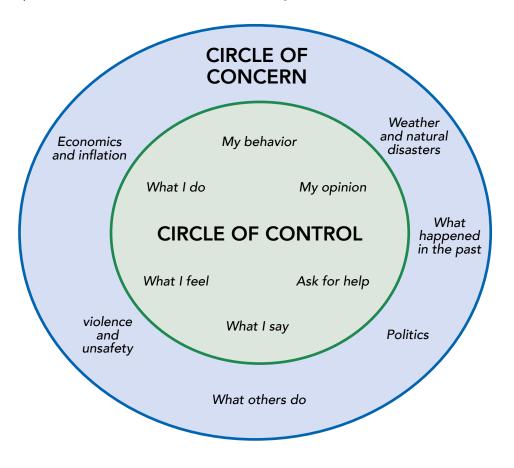
- 1. Our circle of concern

 These are things that we care about or may even affect us but over which we have little or no control.
- **2.** Our circle of control

 These are things which we can influence or control.

When people are reactive, they focus on the outer circle: the circle of concern. They spend time and energy on things that they really can do nothing about. As a result, their circle of control shrinks.

When people are proactive, they focus on their inner circle: the circle of control. Their efforts will make a positive difference in emotions, relationships, and results. As a result, their circle of control grows.^{27 28}



Handout 5.2 Solution focused mindset²⁹

Often people who have a lot of challenges in their lives tend to focus on the problem. We call this a problem focused mindset. If we want to improve our feelings or well-being, focussing on the (causes of the) problem will not help us. The more we focus on our problems, the worse we feel.

Instead, we must switch to finding out what does work for us. This is different for every person. To create a solution focused mindset, we have to start thinking about how we want to see the future. You can do that by describing what the situation looks like when it is solved or when you are able to cope well. A lot of the time we are unable to change our situation or things that others do.

But we are able to change the way we cope with it.

1. First, we define the future.

• Describe in terms of your own behaviour: What you would do differently if you were coping well? What would you do differently in your (realistic) desired situation?

2. Discover what works for you:

- What are you already doing which might contribute to your desired situation?
- Are there exceptional moments when you do better? What happens in that tiny moment when you feel a little better? Can you create that more often?
- What things have made you feel better in the past, what used to work for you?
- What skills and qualities do you have that can help you feel /cope better?

3. Define small steps

To do things differently you need to formulate small steps that you can do right away.

- What are you going to do differently?
- What / who do you need to do it?
- Are you willing and able to do this?
- Reward yourself and reinforce every small step forward.

Being solution focused is not about ignoring the problem. It is about acknowledging the problem which needs to be approached and solved in a different way.



Handout 5.3 Solution focused questions for Mary and Thomas

Mary

If Mary is problem focused, she thinks about what happened to her and her problems:

- Her dream of becoming a lawyer has fallen apart.
- She has been living in the camp for 4 years already.
- Her village is gone.
- Her family lost everything.
- Her classroom is overcrowded.
- She feels she can't keep up.
- She has a lot of work outside school.
- She can't sleep at night

If Mary is solution focused, she thinks about how the positive things in her life can help her cope:

- She is a bright lady.
- She has 2 years of teaching experience.
- She has her diploma.
- She has a job.
- She has had some training.
- She is taking care of her family.

Define the future: Mary

- **1.** If Mary could cope well, what would she do differently? What behaviour would she show instead?
- **2.** Sample questions for Mary to help her find her own solution:
- What positive things in her life can help her to cope?
- Are there days (or moments) that she is able to cope better? What happens on these days?
- Are there things she likes about teaching?
- Are there ways for a teacher to help people that are being treated unjustly (like a lawyer)?

She could say for instance:

- I would create some daily time to relax.
- I would learn more about good teaching.
- I would appreciate myself for doing the best I can.
- I would ask for help in the household.
- **3.** What small steps does Mary want to take to change her situation? She might say:
- I can talk to my family about my stress and ask how they can help.

Thomas

If Thomas is problem focused, he thinks about what happened to him and his problems:

- His community is displaced.
- His sister was killed.
- He has failed as a brother.
- He gets angry at his family.
- He feels guilty.
- He gets drunk.
- He punishes his students.

If Thomas is solution focused, he thinks about how the positive things in his life can help him cope:

- He has the ability to teach and motivate students.
- He brought his family to safety.

His younger brother takes good care of his mother.

Define the future: Thomas

- **1.** If Thomas could cope well, what would he do differently? What behaviour would he show instead?
- **2.** Sample questions for Thomas to help him find his own solution:
- What did he used to love about being a teacher? Does he still have moments that he loves teaching? In what circumstance?
- Are there days he can cope well with his loss? What does he do on these days?
- Are there good days with his family? What happens on these days?

He could say for instance:

- I would play football with my kids.
- I would pray when I'm angry (instead of drinking).
- I would show my family that I'm grateful that they are safe.
- I would call my brother frequently to give him moral support.
- **3.** What small steps can Thomas take to change his situation? He might say:
- Start playing football with my kids today!



My personal strenghts and qualities:	My personal needs and challenges:
Vhat can I do to cope and/or improve my own wellbeing? Vhat works for me?	Who can support me in my personal and/or proffessional life and how? What can I do te get this support?

Handout 5.5 Referral

Mental health is as important as physical health. Getting mental health care is a human right. Although teachers are extremely resilient sometimes professional help is needed to support one's mental health or well-being.

Asking for or receiving support is nothing to be ashamed of. It is our responsibility to take care of our own health and that of our loved ones. Considering the high numbers on mental health needs amongst teachers worldwide it is very likely that your colleagues, people in your social network, or you yourself may struggle. They may benefit from, or even urgently need, specialised care.

Often people who participate in a training on MHPSS become aware of their own needs and needs of others. They realise that they need care or become more open to receiving care. Teachers and schools should prepare by having referral pathways in place.

Create a referral service card: (Source Edukans, 2021)

- Collect addresses of relevant support services (such as health centres, community centres or others).
- Write the date the overview was created on the Referral Service Card.
- Indicate what care the centre is specialised in.
- Indicate how the external expert can be reached.

Motivating others to receive the right care.

As a teacher it is important to be able to refer others to the right place and to lower the barriers to receiving support. Motivating someone to seek professional support is a part of the role of a teacher. You can motivate someone to seek care by following these steps and questions. Make sure you tell the person who you are trying to help what you have observed and what your concerns are without passing judgement. Let the person make their own choices and respect that. Remember the active listening skills and basic principles of peer support.

- 1. Talk to the person in private what you have observed. Let them be accompanied by someone they trust if they wish.
- 2. Tell them what you have noticed and ask the person if they recognise this.
- 3. Ask the person if they have ever considered receiving professional support.
- 4. Explain to them what your concerns are and how you feel they could benefit from (professional) support.
- 5. Advise them which support you thinks would be appropriate and provide them with contact information.
- 6. Ask them what they need to take the first step towards actually seeking professional support.
- **7.** Help them to overcome barriers, possibly suggest things that can lower the barriers, for instance being accompanied by someone they trust.



Handout 5.6 Training Evaluation form

Please indicate your impressions of the items listed below:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training met my expectations.					
2. I will be able to apply what I learned.					
3. The training objectives were identified and followed.					
4. The content was organised and easy to follow.					
5. The materials distributed were relevant and useful.					
6. The trainers were knowledgeable.					
7. The quality of instruction was good.					
8. The trainers met the training objectives.					
9. Group participation and interaction were encouraged.					
10. Adequate time was provided for questions and discussion.					

- **11.** What aspects of the training did you like the most?
- **12.** What aspects of the training could be improved?
- 13. Other comments?

(Source: Edukans 2021)

Resources

- 1 INEE, 2022, Guidance note, Teacher Well-being in Emergency Settings, Inter-agency Network for education in Emergencies
- 2 Edukans, 2021, LEARNING & BEHAVIOUR SUPPORT Enabling Inclusive Learning EDUKANS MANUAL FOR FACILITATORS, Hendien Maat, Judith Pietersma, Aniek Santema.
- **3** Edukans 2019, Life Skills Manual for facilitators, Aniek Santema.
- 4 WHO, UNESCO, Unicef, 2022, Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments A BRIEFING NOTE FOR NATIONAL GOVERNMENTS.
- **5** INEE, USAID, ECCN 2019, Landscape Review: Teacher Well-being in Low Resource, Crisis, and Conflict-affected Settings Teacher Social-Emotional Well-being Task Team Education Equity Research Initiative Danielle Falk, Emily Varni, Julia Finder Johna & Paul Frisoli Washington, DC August 2019
- **6** Advancing Social and Emotional learning CASEL https://casel.org/
- **7** Buffalo Community partners, retrieved from: https://bcchp.org/the-importance-of-social-emotional-learning-in-children/
- 8 Training with the Karin de Galan method https://www.schoolvoortraining.nl/wp-content/uploads/2022/03/Training-with-the-Karin-de-Galan-method.pdf
- **9** IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Inter-Agency Standing Committee 2007
- **10** Video retrieved from: YouTube, @JigsawYMH, What is mental health? https://www.youtube.com/ watch?v=sgCtfRGLmi8

- **11** Well-being Test (WHO-5) retrieved from: MyMentalHealth.guide https://www.mymentalhealth.guide/get-tested/well-being-test-who-5
- **12** Mental health Services, WHO-5 Questionnaires https://www.psykiatriregionh.dk/who-5/Documents/WHO-5%20 questionaire%20-%20English.pdf
- **13** IOM, 2021, manual on Community based Mental Health and Psychosocial Support in Emergencies and Displacement, IOM Geneva.
- **14** Video retrieved from YouTube: @ BeaconHouseTeam, The window of Tolerance https://www.youtube.com/watch?v=nZnJMyNT620
- **15** Video retrieved from YouTube: @Braive, The Fight Flight Freeze Response https://www.youtube.com/ watch?v=jEHwB1PG_-Q
- **16** IFRC, Self-care exercises Psychosocial Support IFRC https://pscentre.org/multimedia/video/exercises/
- 17 Video retrieved from YouTube: @ nhsbswicb322, 5 Steps to Well-being Animation https://www.youtube.com/watch?v=x6bz_ekkrYA
- **18** Jesuit Refugee Service (JRS) 2020, MHPSS Teacher Training Modules: retrieved from: https://inee.org/resources/ jrs-mhpss-teacher-training-modules
- 19 The well-being flower is adapted by the IFRC psychosocial reference centre from the original model of well-being proposed by Williamson, J. & Robinson, M. (2006)
- 20 Unicef 2003: TRAINING HANDBOOK ON Psychosocial Counselling for Children in Especially Difficult Circumstances A trainer's Guid, Third edition 2003 (Revised and updated) Editor Mark J. D. Jordans 21 Retrieved from YouTube: @

- nhsbswicb322, 5 Steps to Well-being Animation https://www.youtube.com/ watch?v=x6bz_ekkrYA
- 22 Advance Afrika, Edukans 2020, Mentorship Training Lesson manual, Bridging Opportunities for Effective and productive Livelihoods of Youth Inmates an Ex-Inmates on Northern Uganda (BopLyn)
- **23** WHO 2019, Retrieved from Youtube: @WHO, https://www.youtube.com/watch?v=v0EV_6UPZmA
- 24 All the handouts in this module is retrieved from: Psychological first aid: Facilitators manual for orienting field workers and Guide for field workers by World health organisation (WHO 2011). https://www.who.int/publications/i/item/9789241548205
- https://www.who.int/publications/i/item/9789241548618
- 25 Retreived from YouTube: @ hongkongredcross Learning Psychological first Aid (PFA), Supporting people in need timely, https://www.youtube.com/watch?v=2GxBXu3nGVg&t=163s
- **26** Retrieved from: Presentation: Basic Psychosocial Skills (including PFA) Understanding, Building & Scaling Leslie Snider, 2021
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- **28** The cirkel of controle is based on the Circle of Influence by Steven Covy.
- **29** Solution focussed mindset based on Solution focus brief Therapy developed by Insoo Kim berg and Steve Shaza, Milwaukee in 1970's



