

Psychology Support Curriculum

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Introduction to PsyCorps: Defining Traumatic Events

A **traumatic event** is a great misfortune that occurs when a person is exposed to actual or threatened death, personal injury, and / or sexual violation. The human trauma response occurs as a result of direct experience or observation. In addition, **disasters** (events causing widespread damage and suffering and exceeding the coping capacity and resources of affected communities) often traumatize and have enduring impacts on survivors. There are several different types of disaster. **Personal disaster** is an individual's experience of a disastrous situation such as acute stress, horror, trauma, grief, or helplessness. **Community disaster** refers to the effect of a disaster on a community, including family, co-workers, neighbors, extended family and friends. **Acute stress reactions** are normal responses to abnormal events. Most people begin to recover a degree of normalcy after about three months. People vary in their response to traumatic events, though it appears that trauma generally impacts the thoughts, behaviors, emotions, and physiological responses of victims. Survivors across cultures often deal with disaster through stoicism and communal support.

Psychology Support Volunteers

Survivors are most influenced by helping networks that occur naturally from within the context of routine social activities. Obtaining the benefits of social resources (including disaster mental health aid following a disaster) is potentially empowering and may provide:

1. Emotional respite
2. A greater ability to engage fruitfully in recovery and reconstruction efforts.



The most influential social support is the family. The severity of symptoms experienced in the wake of a traumatic event or disaster is heavily influenced by family concerns including fears for the safety of children and loss or injury to a loved one.

Psychology support volunteers provide the greatest level of support when they train others in what they have learned. Our goal is to empower local people to serve and train others in their communities so that this support can spread. In time, the recipient of psychological support services be trained to provide additional psychological support to other community members. In this way, past survivors become the healers in their communities. Many relief organizations are utilizing trained volunteers in addition to trained professionals to provide support services. This training will equip you as community members to serve as psychological support volunteers.

Why Psychology Support?

Homegrown volunteer psychology support is useful and powerful because:

1. It is community based, so it builds on the strengths of the community
2. It is a low cost, sustainable practice.

In regions prone to natural or man-made disasters, homegrown volunteers can be trained prior to a disaster for quick mobilization when a disaster occurs. Homegrown volunteers are not 'parachute' relief workers who stay for a short period of time and then leave; they live where they provide support. While aid for food, clothing, and shelter can be adequately provided by relief workers outside an affected region, effective psychological support often requires a nuanced understanding of an affected region's culture. Psychology support trains volunteers who are already part of an existing culture, utilizing the unique coping strategies of that culture to strengthen the communities of which the volunteers are already a part. Finally, active listening is at the heart of psychology support, strengthening personal and professional relationships and therefore the community as a whole.

Elements of Psychology Support



Psychology support training consists of six interlocking modules of care, from initial assessment to learning educational tools and problem solving. The first two modules are assessment related and the last four modules are support related.

The purpose of Psychology Assessment is to evaluate a trauma survivor's needs for services. This process involves examining the mental health of the individual and determining the need and adequate referrals to support services for that person. Referral to professional services is especially important if trauma-related symptoms are significantly impeding normal functioning.

- A. When assessment reveals the need for casualty support, the psychology support volunteer refers the survivor to applicable resources and provides any needed follow-up advocacy. Casualty support services for those who have lost loved ones include condolence phone calls, support following a death, death notifications, and memorial services.
- B. Assessment for crisis intervention may uncover the risk of potential harm to self or others. If the level of acuity is low, the psychology support volunteer may provide



different components of support. If assessment reveals a high likelihood of a survivor engaging in harmful behavior toward self or others, then the psychology support volunteer will want to alert authorities and mental health professionals who can meet the survivor's immediate needs.

Psychology Support training is designed to help the psychology support volunteer to provide services to the trauma survivor. There are several different services offered by the psychological support volunteer including:

- A. Compassion through supportive listening
- B. Training in useful mind/body exercises to reduce anxiety, stress, and depression
- C. Discovering and enhancement of resilience, encouragement, hope, and growth
- D. Assessing resources and problem solving when resources are lacking -- ways of thinking and feeling that develop or strengthen more adaptive responses in the wake of a trauma event.

Closing Introductory Exercise: Among groups, take the next few minutes to:

1. Reflect together on your experiences of working with survivors of traumatic events and disasters.
 - a. What reactions have you seen among survivors?
 - b. What warning signs or risks have you seen from survivors?
 - c. What care have you seen individuals receive?
 - i. What has been ineffective?
 - ii. What has been effective?

Trauma

What is Trauma?

Trauma is exposure to actual or threatened death, serious injury, or sexual violation that is directly experienced or witnessed. The word trauma comes from the Greek language and means *injury or wound*. Psychologically, it refers to a wound of the soul. The wound of the soul is the acute stress reactions that people have when they go through and survive a traumatic event. The wound may heal over time leading to recovery, or it may persist over time causing a condition of severe distress and impairment, called post-traumatic stress disorder.

Pre-trauma history likely affects the degree to which trauma is experienced. Pre-trauma history includes exposure to previous trauma, chronic family conflict, and age (i.e., old and young individuals are more vulnerable). Factors surrounding the trauma also affect the degree to which trauma is experienced.

Key contributors to the impact of trauma include:

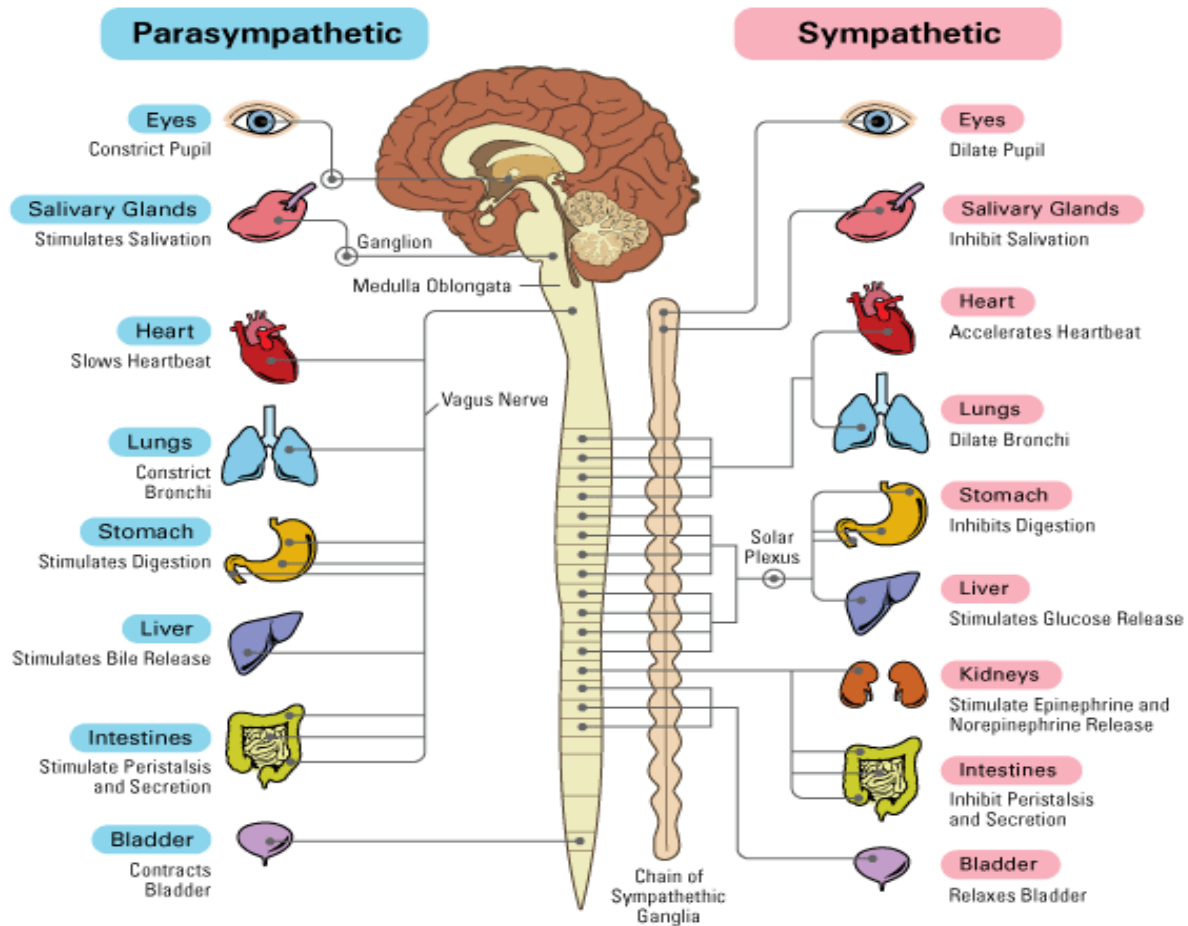
1. The severity of a traumatic event
2. Grief experienced when significant others are harmed or killed
3. Lack of social support

Trauma Presentation

Trauma reactions appear to be similar and consistent across cultures. The reactions are the result of an acute response to a feared stimulus, triggering different parts of the nervous system. The sympathetic nervous system is one part of the overall nervous system whose task is to prepare an organism to respond to danger or change in the environment. The sympathetic nervous system moves blood and oxygen away from the core to the extremities, accelerates heart action and expands lung capacity—all in preparation for action. The parasympathetic nervous system works behind the scenes to maintain normal physiological functioning such as breathing, digestion, and sleep. There are two typical forms the immediate stress response takes with characteristic cognitive, emotional and behavioral responses. The traumatic event

may induce an uproar response (fight or flight) or shutdown response (fright, and faint). The first response, associated with the sympathetic nervous system is the fight or flight response, an alarm state characterized by physical arousal, behavioral alertness and engagement with the environment along with emotional feelings that may include fear, horror, or even anger. The second response is associated with the parasympathetic nervous system, the freeze or fright response, characterized by behavioral immobilization, emotional numbness, detachment, and feelings of helplessness.

Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs



Automatic fear responses:

Freeze	<ul style="list-style-type: none">• Stop, look, listen• Evaluate the threat
Fight or Flight	<ul style="list-style-type: none">• Physical Arousal and adrenaline increase• Heart rate increase
Fright	<ul style="list-style-type: none">• Being Immobilized• A sense of helplessness
Faint	<ul style="list-style-type: none">• Pass out

Specific Mental Health Responses:

A stress reaction to trauma is a normal process; studies have shown that the majority of people recover fully within 3 to 16 months. However, survivors are less likely to recover spontaneously when they have a history of other mental health symptoms (e.g., depression, anxiety, or substance use), or if they have experienced a disaster cascade (more than one trauma superimposed on another, such as an earthquake then an epidemic, or a war and then flooding).

Acute stress reactions may result in nonspecific distress such as somatic complaints (headaches, stomachaches, non-specific pain), chronic problems in living (homelessness, inability to care for self), deterioration of social support (isolation and withdrawal) and problems specific to youth (conduct, substance abuse).

Responses to Traumatic Events

Stress Reactions	
<p style="text-align: center;">Emotional Effects</p> <ul style="list-style-type: none"> • Shock • Anger • Anxiety, Fear • Despair • Emotional Numbing • Terror • Guilt (about living when others have died) • Grief or Sadness • Irritability • Helplessness • Feelings of insignificance • Loss of pleasure in activities 	<p style="text-align: center;">Cognitive Effects</p> <ul style="list-style-type: none"> • Impaired Concentration • Impaired Decision Making • Memory Impairment • Disbelief • Confusion • Distortion of Time • Decreased Self-Esteem • Decreased Self-Efficacy • Self-Blame • Intrusive thoughts and memories • Worry • Dissociation
<p style="text-align: center;">Interpersonal Effects</p> <ul style="list-style-type: none"> • Alienation • Social Withdrawal • Increased conflict within relationships • Impairment in capacity to work • Difficulty in school • Increased affiliative behavior 	<p style="text-align: center;">Physical Effects</p> <ul style="list-style-type: none"> • Fatigue • Insomnia • Sleep disturbance • Hyperarousal • Somatic complaints • Headaches • Gastrointestinal problems • Decreased appetite • Decreased libido

Responses to Traumatic Events in Children and Adolescents

In general, youth may display similar trauma responses as adults. However, some types of trauma reactions are more common or unique to children compared to adults:

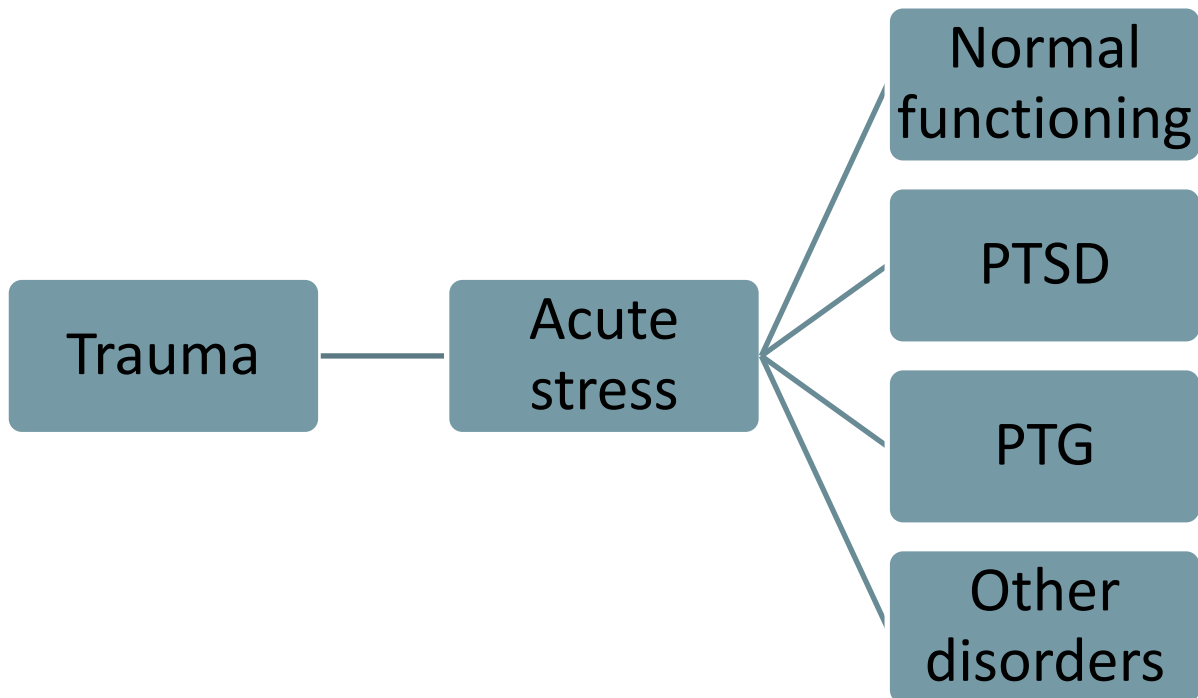
Emotional: Numbing, up to and including dissociation, is common. Children may also show increased separation anxiety or become more fearful of situations or items previously tolerated.

Cognitive/Behavioral: Children's play may express traumatic or violent themes, and children may regress from developmental milestones.

Interpersonal: Children may become more clingy or dependent on parents/caregivers OR children may become unusually stoic and independent so as not to place demands on caregivers they perceive as struggling.

Physical effects: Children are more likely than adults to express trauma or distress physically, through impaired sleep (nightmares or restless sleep), stomachaches, difficulty eating, and other GI complaints.

Long Term Responses to Trauma



Other mental health issues that may be seen after trauma are serious disorders composed of groups of symptoms; these include post-traumatic stress disorder (PTSD), depression, anxiety, panic, alcohol and drug abuse, and conduct disorder. Grief is another common reaction after a trauma that occurs when loss is involved. Grief can look like depression, but usually involves separation distress due to loss. When assessing a survivor's needs, focus first on resolving trauma issues, then look at grief. If separation distress from the loss of a loved one (i.e., grief) is great, then refer the survivor to a professional for clinical treatment.

Assessment

The objective of assessment as a psychology support volunteer is to evaluate the survivor's mental health and identify appropriate intervention or referral. Assessment is for those who exhibit an acute stress reaction and who may be impaired in their thoughts, feelings or behaviors. Assessment links people to support or protection, or to emergency / mental health care. This may involve supportive counseling, reassurance, or specific professional treatment for acute distress as indicated.

In the assessment process the most distressed people should be assessed first. This includes people who have:

- Experienced a direct threat to their lives or the lives of loved ones
- Witnessed the death of others
- Are seriously ill or injured / have loved ones who are seriously ill or injured
- Experienced multiple secondary consequences of a trauma such as loss of a home or decontamination processes should be given priority for assessment

While the psychology support volunteer is not a professional counselor, he or she can recognize emotional, verbal, and behavioral cues that reflect the psychological state of survivors. The questions the psychology support volunteer wants to answer when interacting with a survivor are:

- Can the survivor function or is the person too distraught?
- Can the survivor think clearly or is he or she in a state of confusion?
- Is the survivor's behavior erratic or risky?

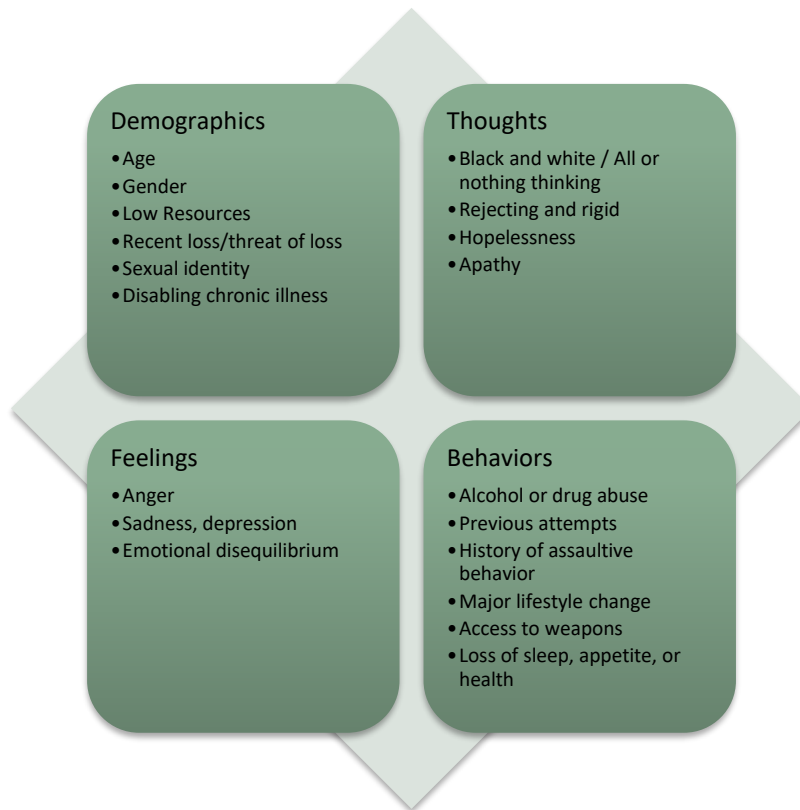
The psychology support volunteer can provide immediate crisis intervention, primarily through listening and referral in situations such as suicide threats or attempts, aggressive behaviors such as fighting or assault, depression or isolation, hysteria or panic attacks, somatic symptoms such as headaches, backaches, stomachaches etc., and separation and loss.

Types of Assessment

The Psychology Support Volunteer Assesses for:

- **URGENCY**: Is the situation happening right now- is it immediate, or is it developing slowly?
- **SAFETY RISK**: Is the survivor's physical or psychological safety in immediate danger? Is the situation potentially life threatening?
- **ACTIONS/BEHAVIOR**: Is the survivor's behavior out of control?
- **RESILIENCY**: Does the survivor have internal strengths or external resources they can use to help them cope? What is their level of hope or optimism?

Crisis Assessment: Assess for Suicide Risk / Harm to Others



Risk Factors for Suicidality and Homicidality: How likely that the person will attempt suicide/violence within 24 – 48 hours?

Lethality Level	Thoughts	Plan	Means	Timetable	Previous History of Attempts	Immediate Intervention Needed?
Level 1	New idea	No	No	No	No	No
Level 2	Old idea	No	No	No	Yes	No
Level 3	Yes	Yes	No	Yes	Yes	No
Level 4	Yes	Yes	Yes	Yes	Yes	Yes
Attempt	Yes	Yes	Yes	Yes	Yes	Yes



Development of a Helping Plan

If suicide or risk of homicide is imminent, refer to a hospital and/or the police. Take the person there or have a responsible person convey the person to the hospital. If there is a specific immediate threat towards someone, inform that person of the threat. Set up social support network for client if the threat is imminent and be available on a 24-hour basis for frequent contacts and evaluations of the potential need for hospitalization. Make sure potential weapons, as much as possible, are removed from easy accessibility. If lethality is not imminent, help the person identify some strategies to tolerate their distress.

Referral Considerations

Spend some time preparing yourself by becoming familiar with local experts and facilities to which you may need to refer. For example, where would you refer someone who had a problem with physical illness or severe mental illness? As a psychology support volunteer, it is important to create a list of referral sources that you can use when a problem is beyond the scope of your training.

Referral to Professional for:

- Extreme agitation
- Overt psychiatric disturbance
- Prolonged denial of reality
- Overwhelming bouts of anxiety
- Severe depression
- Suicidal tendencies
- Chronic bodily complaints
- Prolonged disturbances in interpersonal relationships
- Acute stress disorder
- Posttraumatic stress disorder
- Substance abuse
- Physical illness

Referral to Psych Support Volunteers for:

- Comforting and consoling a distressed person
- Protecting the person from further threat or distress as far as is possible
- Furnishing immediate care for physical necessities including shelter
- Providing goal orientation and support for specific reality-based tasks
- Facilitating reunion with loved ones when separated
- Sharing the experience
- Connecting to available social support
- Development of a supportive relationship
- Connecting to available community resources
- Help in structuring short term recovery plan (insuring basic survival needs)
- Instillation of realistic hope
- Basic Interventions
- Alleviate emotional distress
- Support resiliency
- Help implementing positive coping skills
- Ensure needed services are provided
- Screen for psychological status
- Refer for further assessment or treatment

When you are assisting someone who needs more support than you are able to provide:

Explain: That you believe they may need assistance in ways you are unable to provide, but that you care about them and will help them with that process.

Refer: Provide them with information about the person or the place you are recommending.

Offer: If you are willing and feel comfortable, offer to go with the person.

Follow Up: Reassure the person that you will continue to support them and will follow up to make sure things are going well.

Referral Vignettes Exercise

1. A woman comes to you asking for your help. She says that following the flooding, her son has gone missing and she does not know where he is. She is crying and very upset, stating that she does not know who to talk to or how to find her him. She is afraid that her son is in trouble or hurt. Would you refer her to a professional or to a psychology support volunteer?
2. A man comes to see you about some distressing thoughts he has been having. He said since his fields were burned and his livestock killed, he has been very sad, is having a hard time sleeping, feels hopeless. Everything he worked for is gone. He said that he has been thinking a lot about killing himself. He said that he hasn't told anyone else yet about his thoughts, but has starting thinking of ways he could end his life. How would you assess him?
3. The authorities are evacuating homes in middle of a severe flood. They arrive at a woman's home by boat to take her to safety, but she refuses to leave her home. They are arguing back and forth getting nowhere, when someone calls you and asks you to come speak to her. How would you assess the situation and what would you say?
4. A pastor stands day after day on the spot where his church stood before the tsunami swept it and his entire congregation away. He was the only survivor – he tells you he hates himself because he told his congregation not to flee, but to trust God. He arrives at the spot at dawn and doesn't leave until dark, weeping. He wants to die, but knows to kill himself would be a mortal sin, so he just suffers. How would assess him and what would you say or do?
5. Discussion question: Do you think the way you assess people will be different because you are not only a psychology support volunteer, but also a pastor?

Listening Skills

Trust is achieved when caregivers a) give clear communication of expectations, b) give guidance for achieving goals, c) identify and harness a survivor's strengths. These behaviors are managed through active listening to the survivor, giving honest answers to a survivor's questions and in particular, reassuring children that what happened was not their fault.

Listening skills are organized around the process of listening and the content of what is actually being said (or not said). Most people listen to the issue someone brings up and then focus on providing solutions. A process focus seeks to understand what is being said by paying attention to *how* what is said is conveyed through non-verbal communication. In process, the focus is on the relationship between the speaker and listener, moving from hearing to understanding and conveying a sense of caring, then on to a solution.

The process aspect of process-oriented listening is in seeking greater understanding by asking questions. The key to questioning is:

1. For the speaker to not feel like he or she is being interrogated, but to allow questions to emerge organically from the dialogue between the speaker and listener.
2. Questions should be open ended, that is not simply yes or no answers.
3. The listener wants to listen to the speaker's story, what is included, what is being left out.
4. The listener listens with an openness and calm patience.
5. The listener should be focused on the speaker, all inner and outer dialogue is in the service of the speaker and his or her story.
6. The listener strives to be in the here and now, fully committed to the moment with the speaker.
7. **The listener seeks to listen with empathy**, a genuine feeling of warmth and concern for the speaker.
8. The listener doesn't take what is said personally, if the speaker is agitated or upset or angry, rather **the listener contains the speaker's emotions**, offering a safe and accepting place to share.



9. The listener seeks to **convey respect for the speaker's uniqueness as a person**, in fact, his or her sacredness of person.
10. The listener seeks ultimately to encourage and instill hopefulness in the survivor.
11. The listener does not directly ask about feelings. Following a traumatic event, it often is in the best interests of the survivor not to feel, numbness is a normal survival response. If the survivor shares feelings, the listener can comment empathetically, but should not dig deeper. Let the speaker lead the way in what he or she shares.
12. The listener listens with **acceptance** towards the survivor. Sometime, the listener cannot support what the survivor has done or is thinking, but the listener can always support the survivor **as a person**.
13. The listener does not give uninvited advice or input, but waits for the survivor's invitation.

Listening

1. Fully listening
2. Understanding with the heart.
3. Being vulnerable
4. Being focused in the moment
5. Being attuned

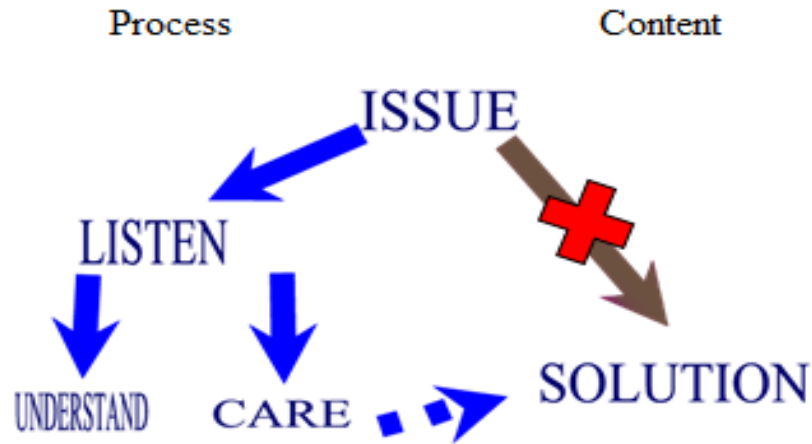


Figure Listening Skills Model

Content	Process
What is said and not said	How what is said is said
Offering solutions to issues	Non-verbal communication
Asking questions	Relationship between speaker and listener
Summarizing content	True Listening
	Caring about the sharing

Questions	Asking Questions for Understanding
Open ended	Clarify Content
Discourage yes or no answers	Clarify survivor's experiences (unpacking)
Encourage exploration	Clarify listener's understanding
Ask a question that has the answer in it	Understand meaning of words/expressions
Ask a question that offers an alternative	Understand meaning of experiences
Ask about personal strengths and interpersonal resources	Guide questions to increase depth of exploration
Ask about exceptions to the problem	Guide the survivor to greater self-awareness and solutions
Ask for a summary	Guide the survivor to answer his or her own questions
Avoid multiple choice questions	Do not try to be clever or insightful
Avoid questions for which a specific answer is sought	Timing is important
Avoid questions to satisfy your own curiosity	"I don't know" response means you missed
Avoid seeking excessive details	
Keep a caring tone when asking a question	
Keep the questions short and simple	

Exercises

1. Enact an example of poor listening: be bored, interrupt, give unsolicited advice, don't ask questions, assume you know what the survivor means with very little information.
2. Enact an example of a skilled listener: open, patient, curious, exploring, respectful, empathetic, non-judgmental, non-advice giving.

Story	Survivors story
Relationships	Actively join
Patterns	Help them tell their story
Flow	Define the core message or central meaning in what survivor is communicating
Characters	Accurately reflect back expressed feelings and thoughts
Plot	Look for thematic significance, unity and continuity in story
Chronology of events	Identify a common theme/pattern
Synthesis	Helps the survivor make sense of a particular issue in the broader context of his or her life
Meaning	Give over control of the direction of the story to the survivor

Attending	Focus
Attunement	All inner and outer dialogue is in the service of the client
Our nonverbal communication is what clients listen to first.	Here and now
We have to learn to control nonverbal communication – its semi- conscious	Being fully committed to the moment with the client
Eye contact mirrors survivor's	All inner and outer dialogue is in the service of the client
Expression mirrors survivor's	Here and now
Gestures mirror survivor's	

Listening is about understanding the survivor's story. There are four levels of listening, only one that results in true understanding.

Level 1: Misinterpreting what the survivor has shared. Misinterpretation usually occurs when I am not really listening, (formulating what I am going to say while the speaker is still talking) or when I interpret the survivor's story through my own story (denying the uniqueness and sacredness of the survivor's personal story).

Level 2: Partial understanding of the survivor's story. Partial understanding occurs when I have not asked enough of or the right questions, or when I am not attuned to the speaker as he or she shares.

Level 3: Primary empathy is when the listener understands the survivor's message and communicates back clearly, but after hearing the story does not know what to do to help. Primary empathy is uninformed caring, not catching the theme or gist of the survivor's communication.

Level 4: Advanced empathy refers to the listener's ability to capture the essence of the survivor's communication and re-convey the message in a way that offers true encouragement and hope.

Exercises:

1. Enact an example of Level 1 or Level 2 understanding of a survivor's story.
2. Enact an example of Level 3 and Level 4 understanding of a survivor's story.

Introduction to Exercises

Survivors of trauma spend a lot of time avoiding stimuli or cues that remind them of the traumatic event and they spend a lot of time ruminating or obsessively thinking about the traumatic event. Simple exercises that calm the body by helping it switch from sympathetic nervous system functioning (fight, flight or freeze system) to the parasympathetic nervous system (calm, peaceful system) and that bring the mind into a focused here and now acceptance of circumstances can be highly effective.



Body Exercises include the Heart Rate Variability Exercise, Whoosh Deep Breathing Relaxation Exercise, Progressive Muscle Relaxation and Yawning. **Mind Exercises** include Mindfulness Meditation, Body Scan Exercise, Positivity Meditation, and Encouragement and Hope.

Body Exercises

Exercise 1: Whoosh Breath Relaxation Exercise

Ideally, do the exercise sitting with a straight back; the exercise can also be done while standing.

1. Place the tip of the tongue against the ridge of tissue just behind the upper front teeth and keep it there throughout the entire exercise. Place one hand on the belly.
2. Exhale completely through the mouth, making a whoosh sound.
3. Close the mouth and inhale through the nose counting to four. Hold the breath for a count of seven, filling the belly.
4. Exhale completely through the mouth, making a whoosh sound, to a count of eight – all one breath.

5. Inhale again and repeat the cycle three more times for a total of four breaths.

Exercise 2: Progressive Muscle Relaxation

Progressive muscle relaxation is a technique for learning to control muscular tension, lower tension and stress levels and relax from feelings of anxiety. Progressive muscle relaxation can also reduce physical problems such as stomachaches and headaches and improve sleep. Use progressive muscle relaxation to practice tensing and relaxing different muscle groups. Use the steps below as a guide:

- Tighten only the muscles in your feet, while trying to keep the rest of your body relaxed and untensed. Count slowly to 3 and then relax your feet.
- Keeping your feet and the rest of your body relaxed, tighten only the muscles in your legs. Count slowly to 3, relax.
- Keeping your lower body relaxed, tighten the muscles in your hands and arms...make a fist...hold it while you count slowly to 3. Relax.
- Keep your body below your neck relaxed and tighten your face and neck...clench your jaw, frown. Hold it for a slow count to 3. Relax.
- Check all of your body for any tight muscles.

Additional Exercises

Heart Rate Variability Exercise: Heart rate variability is an indicator of how well the parasympathetic nervous system functions. Low heart rate variability has been associated with worry, pain, and stress. High heart rate variability contributes to recovery from stress, pain management, a sense of wellbeing and focused clear thinking. It is possible to increase heart rate variability through the following exercises:

Slow Breathing Exercise: Inhale for 5-seconds and exhale slowly for 15-seconds which results in about 3 breaths per minute. After breathing this way for 5 minutes blood pressure will decrease, as will heart rate.

Alternate nostril breathing exercise: Instructions:

1. Place fingers at your left nostril and your thumb at your right nostril.
2. Block the left nostril with your fingers and inhale through your right nostril.
3. Then block the right nostril with your thumb and exhale through your left nostril.
4. Inhale through your left nostril, keeping the right nostril blocked.
5. Continue this process for 9 rounds.
 - Place one hand on your belly and one on your chest. Breathe in through your nose and out through your mouth. Keep your breaths slow, soft and steady.
 - As you breathe, try to breathe so that your “chest hand” is still and your “belly hand” moves up and down with your breaths.
 - If you’d like, you may close your eyes and imagine a calm and relaxing setting. Remember to keep all your muscles relaxed.
 - When you are done with this exercise, take a deep breath, stretch, and exhale.

*The most important part of the exercise is to pay close attention to the difference between the tension and relaxation.

Body Exercise for Children

Exercise 1: Balloon Breathing

1. Have child sit on chair or floor with their legs crossed.
2. Place hands on the belly (stomach) with fingers forming a circle.
3. As you breathe in, make your belly big and round like a balloon blowing up.
4. As you breathe out, feel your belly get smaller like when the air goes out of the balloon.
5. Do this 5 times.

Exercise 2: Alternate nostril breathing (see above)

Yawning: The simple act of yawning can switch the body from sympathetic nervous system functioning to parasympathetic nervous system functioning, aiding the survivor in moving from anxious fearful thoughts and feelings to more calm and peaceful thoughts and feelings. Purposefully yawn four times and then do muscle relaxation.



Mind Exercises

Mindfulness Meditation

Mindfulness is a form of contemplation that starts with focusing in on the present moment, becoming aware of the internal and external stimuli of environment and personal thoughts, sensations, and feelings. Rather than seeking a change of environment or thoughts or feelings, the survivor seeks to fully accept the life he or she is in at the moment leading to a state of peace and contentment. Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, without interpretation or judgment.

Awareness of the present moment creates a platform for dealing with distressing and painful traumatic memories and allows for planning for the uncertain future from the secure position of being in the present moment. Actually, we are never NOT in the present moment – we just sometimes lose track of that fact.

Mindfulness is not merely concentration; it is a step beyond. Concentration is a tool to bring the mind into focus and shut out mental chatter, but mindfulness is a heightened state of awareness for what is occurring in the present moment; it is “presence” of mind. Growing in moment-to-moment awareness helps with coping with the stressful and anxious thoughts and feelings of everyday life. Rather than being on emotional autopilot influenced by negative past experiences and fears of future occurrences, mindfulness uses the present moment to deal with life’s challenges in a clear-minded, calm, assertive way.

Additional Exercises

Body Scan Exercise: Sit or lie down in a comfortable position, making there are minimal distractions. Begin to pay attention to and become aware of the body’s physical sensations starting with the feet; any pain, discomfort, coolness, warmth, tension, tightness. Don’t judge any sensation as good or bad, or try to change it, just be aware. Slowly allow awareness to drift up from the feet to the lower legs, again simply paying attention to any physical sensations in that part of your body, including any tightness, pain, discomfort or pleasant feelings. Slowly let your awareness drift further up your body, paying attention to and being aware of all of the parts of your body – your upper legs, hips, buttocks, pelvic region, stomach, chest, your lower

Mindfulness Grounding Exercise for Children

5-4-3-2-1 Grounding (aka 5 Senses Meditation)

Note: This works best if you let child say what they are observing out loud, or if the group leader models the exercise for the children. If there is any small item to suck on (candy, gum, or sip of juice) that can help with the last item.

1. Sit quietly with legs crossed
2. Close your eyes and take 3 big belly breaths
3. Open your eyes and use your senses to notice:

5 things you can see

4 things you can feel

3 things you can hear

2 things you can smell

1 thing you can taste

Resilience

Encouragement and Hope

The main goal of the psychology support volunteer is to offer encouragement and hope to the survivor. Being around others helps people to feel hopeful and encouraged. Support volunteers offer a presence to survivors and may promote an environment of care and empathic listening. Empathic listening is the process of feeling the privilege of listening to the survivor's story; this process helps pave the way for encouragement and hope. The survivor being focused in the here and now and aware of thoughts and feelings and accepting of their situation offers grounding for encouragement and hope. Encouragement is what the psychology support volunteer gives the survivor, and hope is the survivor's response. The psychology support volunteer wants the survivor to know that there is light at the end of the tunnel. Despite the traumatic event, the survivor endured and that is cause for hope for the future. The psychology support volunteer helps the survivor to focus on one obstacle at a time, to feel safe and secure in the here and now and make progress inch by inch. Survivors tend to be focused on what has gone wrong and what might go wrong in the future; but the psychology support volunteer, while being empathetic to this perspective, is focused on what has gone right and what can go right in the future.

Building Resiliency:

Resiliency Factors are conditions that help a person survive during and recover from a crisis or trauma.

Connection: A sense of belonging to something bigger than one's self or being a valued member of a group.

- This is formed through connection to family, to teachers, to mentors, to faith, to friends, and / or to neighbors.
- Those people demonstrate to a person that he/ she is connected by showing support, trust, trustworthiness, respect, integrity, care, and a willingness to listen.

Acceptance of Change: An acceptance of and interest in difference or change, and a perspective of seeing adversity as a learning opportunity or a chance to use creativity and innovation rather than as a barrier to progress.

- Showing flexibility in how one thinks, makes decisions, and responds rather than adhering to a fixed pattern that may no longer fit the situation.
- This can be encouraged by helping people see the knowledge they have gained from a crisis or traumatic event (encouraging an attitude of “curiosity”) and use that knowledge to plan for the future (thus fostering innovation).
- Helping people to consider multiple solutions to a problem (rather than looking for the single right one) can also promote flexible thinking and thus adaptation.

Purpose: A sense of having meaning in life.

- A sense of purpose can form by participating in something meaningful, being involved in relevant, engaging activities, and having the opportunities for responsibility and contribution.
- Others can help to show a person that he/she is needed and has purpose by maintaining high expectations of that individual.
- Providing consistent communication of messages that an adult or a child can and will succeed, maintaining the belief in a person’s resilience, and pointing out ways for the person to use his/her strengths to overcome weaknesses or adversity is essential.

People Experience Growth through Adversity:

- Adults or children who have experienced trauma feel stronger when they recognize the internal assets/strengths in themselves.
- When you listen to others, try to point out to them the ways in which you see them possessing connection to others, purpose, or acceptance of change, or the ways they demonstrate cooperation, empathy, problem solving, self-efficacy, self-awareness, or aspirations.

Resiliency Exercises for Children

Exercise 1: Rose, Thorn, Bud

Can be done verbally or have child draw a flower while doing it.

Rose = Something good that is happening (today or this week)

Thorn = Something bad that is happening

Bud = Something they're looking forward to

Exercise 2: 3 hugs and 1 wish

3 hugs = 3 things they are grateful for or that make them feel safe/happy

1 wish = 1 thing that they wish was different

Problem Solving

Sometimes, the situation you are helping might involve more solutions than you are able to offer. It is best to be aware of all of the resources in your area. In addition, you may need to compile and share the resources that your community has to offer. Ask yourself:

1. Is there a mental health professional in your area to refer people?
2. What information does your community offer in terms of overall health?
3. What community resources are available? Do people have knowledge of these resources?
4. Do you feel that the helpers in your community are confident in their abilities? Can you encourage empathy, social support, and leadership?

Ethical Considerations

There are two key ethical considerations to keep in mind throughout the process of providing psychology support:

- A. **Do No Harm**: This is the overriding ethical requirement for volunteers providing psychological first aid. Volunteers must seek to promote growth and aiming to meet the needs of victims.
- B. **Know and Honor your Competency Level**: You are being trained as volunteers, but not as professionals. Respecting and honoring your competency level means not trying to work beyond your level of training. It is critical that psychology support providers know that they are not trained or competent to act as professional counselors and to present themselves as such. While professionals created the information in this manual, the content was modified to fit the ability level of community members.

Commonalities exist for current country codes of ethics worldwide:



Compassion Fatigue

Most disaster rescue workers only experience mild, normal stress reactions, and disaster experiences may even promote personal growth and strengthen relationships. Aid workers who directly experience or witness any of the following during or after the disaster are at greatest risk for severe stress symptoms and lasting readjustment problems:

- Life threatening danger or physical harm (especially to children)
- Exposure to gruesome death, bodily injury, or dead or maimed bodies
- Extreme environmental or human violence or destruction
- Loss of home, valued possessions, neighborhood, or community
- Loss of communication with or support from close relations
- Intense emotional demands (such as searching for survivors or interacting with bereaved family members)
- Extreme fatigue, weather exposure, hunger, or sleep deprivation
- Extended exposure to danger, loss, emotional/physical strain
- Exposure to toxic contamination (such as gas or fumes, chemicals, radioactivity)

The psychological problems that may result from disaster experiences include:

Emotional reactions:

- Avoidance: temporary shock, numbing, helplessness, hopelessness
- Hyper arousal: fear, grief, anger, resentment
- Depression: guilt, shame
- Anxiety: Panic

Cognitive reactions: confusion, disorientation, indecisiveness, worry

- Shortened attention span
- Difficulty concentrating

- Memory loss
- Unwanted memories
- Self-blame
- Intrusive re-experiencing

Physical reactions:

- Tension, fatigue, edginess, difficulty sleeping
- Bodily aches or pain, startling easily, racing heartbeat, nausea
- Change in appetite, change in sex drive

Behavioral reactions

- Isolation
- Withdrawal
- Increased use of alcohol and drugs

Interpersonal reactions at school, work, in friendships, in marriage, or as a parent:

- Distrust; irritability
- Conflict; withdrawal; isolation; feeling rejected or abandoned; being
- Distant, judgmental, or over-controlling

How can you manage stress after the disaster?

- Maintain as normal a routine as possible
- Get adequate rest i.e., limit duty to no more than 12 hour stretches
- Eat regularly
- Stay with the same team for the duration of duty
- Talk about feelings as they arise
- Look for support
- Attend a debriefing or religious service
- Stay in contact with family
- Take each day one at a time

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Acknowledgments

The development of the *Psychology Support Curriculum* owes a debt of gratitude to the models that have come before it. PsyCorps' original model, *Flexible Psychological First Aid (FPFA)* (Thoburn & Goodwin, 2005; Stewart et al., 2012), developed after the South Asian Tsunami, pioneered training for indigenous volunteers. FPFA was followed by *The Health Support Team Curriculum (HST)* (Mauseth, McGuire, Thoburn & Adams, 2010), a cognitive behavioral model for training indigenous volunteers developed following the 2010 Haiti Earthquake. Recent research on the factors comprising the HST curriculum (Thoburn, Mauseth, Cecchet, McGuire & Adams (2013) point to interpersonal process factors as most significant to survivors and trainees alike, which has led to the development of the current *Psychology Support Curriculum (PSC)* (Thoburn, Carlile, Clark, Holguin, Kurtz & Olson, 2016). The interpersonal process focus of PSC emphasizes interpersonal skills such as listening, offering encouragement and hope, and mind/body process exercises. Material on children and exercises for children was provided by Mezulis, 2022.

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